



PO Box 601340
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www.optumsandiego.com

Dear TERM Provider:

Thank you for your commitment in becoming a TERM provider. Your role in the evaluation of parents and youth involved with Child and Family Well-Being (CFWB) and Juvenile Justice can offer valuable information to assist with case decision making to ensure appropriate services are in place that addresses safety and improve overall functioning.

Given the forensic nature of CFWB and Juvenile Justice evaluations, providers should ensure that the evaluation reports are factual, objective, and clearly written for the Courts. This handbook serves as a resource for TERM providers who conduct psychological evaluations for CFWB and Juvenile Justice and includes information relevant to TERM evaluations. The documents contained in this resource are for informational purposes and do not constitute legal/evaluative advice.

Please feel free to contact us at 877-824-8376 for any questions about TERM guidelines or processes. We also appreciate any ideas you may have to help us serve you better. Thank you for partnering with Optum TERM in serving the clients of the County of San Diego.

Respectfully,

Optum TERM Team



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TERM Evaluation Quality Assurance Checklist

This section will include the following information:

- The Evaluation Quality Assurance checklist is a resource for providers to use to ensure that psychological evaluations follow TERM guidelines and contains all of the required elements.

TERM Evaluation Quality Assurance Checklist

- Report submitted by provider within required time-frame.
- Report adheres to the required Format and all required Elements are present
- Collateral sources of information have been consulted (e.g., background records, interviews with caregivers) or an explanation of the extenuating circumstances which precluded this is provided.
- Testing measures are appropriate for the client's population, consistent with the rationale for testing, and with established validity and reliability. At least one objective measure of personality/psychopathology/emotional and behavioral functioning is utilized (or an explanation of the extenuating circumstances which precluded this is provided), if applicable.
- Test data is included (i.e. available numerical scores such as standard scores or T-scores) and appropriately interpreted, if applicable.
- Test data is interpreted according to designated test publisher's manual and in keeping with professional standards, if applicable.
- Diagnostic impressions and conclusions are supported by the evaluation data and background information. Alternate hypotheses are considered.
- Recommendations are appropriate, supported by the evaluation data, and within scope of licensure and role of a TERM provider.
- Referral questions are addressed with sufficient detail for the reader to follow the logic of the evaluator. The connection between data and opinions are made clear.
- Documentation of any mandated child abuse report is included, if applicable.
- Report documentation is written in impartial and unbiased language.
- Report is signed by provider.



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Child and Family Well-Being Referral Form

This section will include the following information:

- CFWB will complete the 04-178 Request for TERM-Appointed Evaluator if needing an evaluation, which will provide information regarding the case and focus of evaluation. The referral includes CFWB contact information (i.e. Protective Service Worker (PSW), Protective Services Supervisor (PSS), and Regional Manager), demographic information for the client, Court dates, case background, and reason for referral. Please pay close attention to the Court and due dates on the form to ensure that the referral can be accommodated within the specified timeframe.

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:

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 harm.
- Child sexual abuse or sexual exploitation is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care

resulting in serious harm or imminent danger of serious harm.

The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

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.

Caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

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.

The family refuses access to the child, or there is reason to believe that the family is about to flee.

Domestic violence exists in the household and poses an imminent danger of serious harm to the child.

Other (specify):

SDM Risk Factors:

Previously investigated abuse/neglect allegations

Caregiver blames the child for the incident

Caregiver employs excessive/inappropriate discipline

Any child in the household is younger than 2 years old in the where the maltreatment incident reportedly occurred.

Prior or current CFWB case history

Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child

One or both caregivers have a history of abuse or neglect as a child

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.

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.

The family is experiencing homelessness or housing insecurity

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 treatment.

Primary or secondary caregiver has past or current alcohol/drug use that interferes with family functioning

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 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>Check the ONE box below that indicates the rationale for the psychological evaluation.</p> <p>Do not refer if the child is in therapy with a TERM provider. The diagnosis should be included in the initial treatment plan.</p> <ul style="list-style-type: none"> <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. <input type="checkbox"/> Diagnostic Clarification: (If selected, check the ONE box below that indicates the rationale for the psychological evaluation) <input type="checkbox"/> The child/youth/NMD’s primary therapist is recommending a psychological evaluation for diagnostic clarification and treatment purposes. <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 	<p>Check the ONE box below that indicates the rationale for the psychological evaluation.</p> <p>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> <ul style="list-style-type: none"> <input type="checkbox"/> Diagnostic Clarification: (If selected, check the ONE box below that indicates the reason for the psychological evaluation):] <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. <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

<p>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:</p> <p>NOTE: Please convey the reason the court is asking for the evaluation:</p>	<p>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:</p> <p>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 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.</p>
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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</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</p>

<p>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 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:</p> <p>NOTE: Please convey the reason the court is asking for the evaluation?</p>	<p>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 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</p> <p>NOTE: Please convey the reason the court is asking for the evaluation?</p>
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G. NEUROPSYCHOLOGICAL 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'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</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</p>

decline. Child/youth/NMD must be seen by a neurologist or general practitioner prior to referral.

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.

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.

Court ordered neuropsychological evaluation

NOTE: Please convey the reason the court is asking for the evaluation?

history of developmental or brain trauma or progressive cognitive decline. Parent must be seen by a neurologist or general practitioner prior to referral.

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.

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.

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).



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Child and Family Well-Being Psychiatric Evaluation Referral Questions

This section will include the following information:

- CFWB will determine the type of referral questions that need to be addressed, which will be identified on the 04-178 referral form. Providers are expected to address all the questions, which may include extenuating circumstances/limitations preventing the evaluator from fully addressing the question. The following are the different type of referral questions, which can also be located on the [Optum website](#):
 - Psychiatric Evaluation of Child/Youth
 - Psychiatric Evaluation of Parent
- Optum TERM requires consistent and specific format for all evaluation reports. Please review The Format and Required Elements of a CFWB-Probation Psychiatric Evaluation as it represent the minimal requirements expected of CFWB and Probation psychiatric report.

Use of Interns:

- ✚ Prior to assigning the client to an intern, supervisors are responsible to assess whether the referral is appropriate for intern assignment and must be present during the clinical interview.
- ✚ Pre-license interns are not able to accept Medi-Cal cases, 300e/i/f cases, Highly Vulnerable Child (HVC), and Family Code 7827 (FC7827).
- ✚ Reports should include information as to who conducted portions of the assessment (clinical interview, measures, etc.).

Diagnostic Clarification and Treatment Recommendations for TERM Psychiatric Evaluation - CHILD/YOUTH

See TERM Handbook sections on "Required Format and Elements of a CFWB Psychological Evaluation" posted on Optum TERM Website www.optumsandiego.com/

PSYCHIATRIC EVALUATION OF CHILD/YOUTH

Diagnostic Clarification and Treatment Recommendations are needed. Please see the accompanying Evaluation Request Form (04-178) and review all provided history from the social worker to see why diagnostic clarification and treatment recommendations are needed at this time.

Evaluation narrative MUST include the following components:

1. Please describe the client's current mental status. What are the behavioral health or developmental disability issues that affect this client?
2. Does the client's presentation meet criteria for a specific DSM-5-TR **diagnosis/ diagnoses?** Please describe.
3. What are the appropriate treatment recommendations?
 1. What psychotropic medications should be prescribed or adjusted? What are the appropriate dosages? How should the medications be monitored? What side effects can the client expect?
 1. Please describe how we may best help this youth stabilize her mental health.
 2. Are there cultural/linguistic issues with regard to treatment that should be considered?
4. Is a comprehensive psychological evaluation indicated? If yes, how would this be helpful?
5. Is there anything else we should know that you think may help us help this youth?

Diagnostic Clarification and Treatment Recommendations for TERM Psychiatric Evaluation - PARENT

See TERM Handbook sections on "Required Format and Elements of a CFWB Psychological Evaluation" posted on Optum TERM Website www.optumsandiego.com/

PSYCHIATRIC EVALUATION OF PARENT

Diagnostic Clarification and Treatment Recommendations are needed. Please see the accompanying Evaluation Request Form (04-178) and review all provided history from the social worker to see why diagnostic clarification and treatment recommendations are needed at this time.

Evaluation narrative MUST include the following components:

1. Please describe the client's current mental status. What are the behavioral health or developmental disability issues that affect this client? What is the impact of the mental health issues on the protective issue(s)? Please describe. How do the mental health issues impact parenting overall?
2. What are the identified risk factors that may impact the reunification process?
3. What are the appropriate treatment recommendations?
 1. What psychotropic medications should be prescribed or adjusted? What are the appropriate dosages? How should the medications be monitored? What side effects can the client expect?
 2. Is there a specific therapeutic treatment modality that may be most appropriate? How long should treatment last given the current diagnostic issues? Are there cultural/linguistic issues in regard to treatment that should be considered?
4. How will treatment impact the parent's ability to benefit from reunification services within the required timelines?
5. Is a comprehensive psychological or neuropsychological evaluation indicated? If yes, how would this be helpful?



The Format and Required Elements of a CFWB/Probation Psychiatric Evaluation

The **Format** and **Elements** described represent the minimal requirements required of a CFWB or Probation Psychiatric Evaluation. The required “Elements” describes the information that should be addressed under each heading/section of the report. If an element is not included in the report, it is necessary to provide a valid reason. Additional relevant information may be included in the evaluation report.

Reports should be submitted with a professional letterhead on the first page of the report that includes contact information including the provider’s office/ mailing address and phone number. Please be advised that an attorney may release the evaluation report directly to the client or the parents/guardians of the client. An asterisk (*) indicates that this element is required. If it is not included in report, the report will not be accepted.

***Client’s Name:** Fill in the name of the client.

***D.O.B.:** ___ years, ___ month

***Gender/Ethnicity/Cultural/Religious Background:** List relevant ethnic, cultural and/or religious identifiers.

***Primary Language:** List primary language used and any other languages that the client utilizes.

***Location of Evaluation:** List location where the evaluation took place.

***Date of Evaluation:** List all the dates of when interviews and evaluation took place.

***Date of Report:** List the date the report was written.

***CFWB Case Number/Probation Regis Number:**

***Protective Worker/Probation Officer’s Name:**

***Protective Worker/Probation Officer’s Phone Number:**

***Protective Worker/Probation Officer’s Fax Number:**

***Minor’s Attorney’s Name (for use in Probation cases only):**

***Minor’s Attorney’s Phone Number (for use in Probation cases only):**

***Minor’s Attorney’s Fax Number (for use in Probation cases only):**

***Referral Questions:** Please list verbatim the specific questions posed by the requestor (i.e., PSW, PO, and Judge). Protective issues in CFWB cases and dangerousness (if pertinent) in Probation cases should be addressed.

***Sources of Information:** List all sources of information reviewed or used in the development of the resulting opinion and report. Include phone conversations, other clinicians’ reports, psychological testing reports, and people interviewed or who completed standardized questionnaires as collateral data. If no collateral data were obtained via interview or data collection, please list here the extenuating circumstances that prevented this from occurring.

***Confidentiality Advisement:** Confirm that the client has been advised that this evaluation is for purposes of writing a report for the Court and that any information obtained during this evaluation may appear in such a report. Indicate that the client understood/did not understand the nature of the evaluation and limits of confidentiality. The reader of the report should also be advised that the report contains sensitive information subject to misinterpretation by those untrained in interpreting psychiatric evaluation data.

***Background Information:** Include how the client came to the attention of the Court, how CFWB/Probation is involved in the case, police involvement, prior Court actions, and information about the client's placement. Briefly include results from previous evaluations.

***History of Present Illness:** Incorporate details of signs and symptoms of current psychiatric illness, time course, stresses and contributing events, current and past medications and their effects/side effects.

***Past Psychiatric History:** Include prior episodes of mental illness, hospitalizations, medications taken, treatments, and placements.

Past Medical History: Include prior or existing medical conditions, medications, operations, and hospitalizations.

Family History: Include psychiatric, medical, and school function history.

Developmental History: Include pregnancy/prenatal history, delivery and postnatal events, highlights of early development, and ongoing developmental difficulties.

Substance Abuse History: Include substances used, treatment received, and ongoing symptoms or disability related to substance use/abuse including the use/abuse of prescription medications.

Sexual History: Include information on gender identity, sexual activity, signs or symptoms of dysfunction, and ongoing issues.

School History: Include current school placement, school functioning, presence of an Individualized Education Plan (IEP), and current remediation.

Social/Cultural/Family Events History: Include major family events like divorces, moves, immigration.

Legal/Social Services History: Include information about arrests, convictions, probation requirements, placements, CFWB contacts, etc.

***Mental Status Exam:** Include information about overview (level of consciousness, appearance, dress and hygiene, attitude, motor behavior); speech and language (fluency, rate, quantity, loudness, clarity, receptive or expressive abnormalities, vocabulary); mood and affect (including suicidal ideation and behavior, homicidal ideation and behavior); thought processes (form, content, and perceptions); obsessions and rituals; cognitive functioning including short term memory, long term memory/memory consolidation, abstract reasoning, and cognitive flexibility; insight and judgment, and interpersonal style as manifested during the evaluation.

***Case Formulation/Summary:** Provide a relatively brief biopsychosocial summary of the client. Explain diagnostic symptoms within the client's particular context, how these symptoms contributed to the process of differential diagnosis, and conceptual understanding of the client.

***Diagnoses:** Provide diagnostic impressions according to the Diagnostic and Statistical Manual of Mental Disorders-5-TR (DSM-5-TR). Corresponding diagnostic codes from the ICD-10 (International Classification of Diseases) are required. The principal diagnosis should be listed first, with additional diagnoses listed thereafter, in order of significance. V codes are appropriate if they are the focus of clinical attention. Justification for all diagnostic impressions should be provided (e.g., criteria from the DSM-5-TR). Simply listing diagnostic rule-outs is not helpful, as the client was referred for a psychological evaluation specifically to rule-out competing diagnoses.

***Recommendations:** Answer the specific referral questions using information related to the diagnoses and/or case summary and conceptualization. Offer treatment recommendations that are supported by the evaluation documentation, including types of medications as well as other therapeutic interventions to address the psychiatric and/or physical health concerns. Provide prognosis regarding psychiatric functioning; ensure prognosis addresses the legal time limits of the case if this is a CFWB referral. If asked to address placement issues, discuss lowest level of placement needed to safely treat client without specifically naming a particular program. Opinions about protective issues or dangerousness in the community are helpful if pertinent.

***Signature and Title:** Please sign and date the report. Please do not use a computer-generated signature.



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Juvenile Probation Evaluations

This section will include the following information:

- San Diego County Juvenile Probation Psychological Referral Process provides information as to how probation handles an evaluation that is ordered by the Court.
- Probation TERM Evaluator Records Release Protocol reviews the Probation process of releasing records to evaluators.
- Probation Evaluation Referral form contains demographic information, including probation contacts, due date of the report, date of Court Order, referral questions, and collaterals. Please pay close attention to the Court and due dates to ensure that the referral can be accommodated within the specified timeframe.
 - It is the provider's responsibility to only accept referrals in which they have the approved specialty areas.
- Specialized Optum TERM Panel Evaluation is a resource that outlines the minimum guidelines for specialized evaluations. Below are the different types of Specialized referrals:
 - Juvenile Fire Setting Risk Assessment (Juvenile Probation)
 - Adult Psychosexual Risk Assessment (CFWB)/Juvenile Sexual Offender/Behavior Problem Risk Assessment (Juvenile Probation)
 - Juvenile Competency to Stand Trial (Juvenile Probation)
 - Neuropsychological Evaluation (Juvenile Probation/CFWB)
 - Family Code 7827 Evaluation (CFWB)
 - Juvenile Threat Assessment (Juvenile Probation)
- Optum TERM requires consistent and specific format for all psychological and psychiatric evaluation reports to ensure standardized reporting of information and to assist the reader to efficiently obtain the information needed for case decision making. These templates have been approved by Juvenile Probation and it is expected that all providers use this format and include all required elements in the reports. Included are the templates below:
 - Format and Required Elements of a CFWB-Probation Psychological Report
 - Format and Required Elements of a Juvenile Mental Competency Evaluation

Use of Interns:

- ✚ **Prior to assigning the client to an intern, supervisors are responsible to assess whether the referral is appropriate for intern assignment and are required to discuss the case with the referring party.**
- ✚ **Supervisors are required to inform the client and/or attorney of the planned use of an intern a minimum of 3 days prior to the evaluation.**
- ✚ **Supervisors must be present during the clinical interview.**
- ✚ **Pre-licensed interns are not able to accept competency evaluations.**
- ✚ **Reports should include information as to who conducted portions of the assessment (clinical interview, measures, etc.).**

San Diego County Juvenile Probation Department

PSYCH Referral Process

1. After Court, a phone call or email will be sent to Probation Aide (PA) Jessica Cruzado from Juvenile Probation Court Officers advising that a Psychological evaluation has been ordered from Court. The Court Officers will provide:
 - Name of minor
 - ID number
 - Date of next hearing
 - The names of the first 3 available doctors on the OPTUM/TERM list if they were selected in court. The evaluators name will reflect in the order of preference in the court order.
- For Post Adjudication cases, the Probation Officer will contact PA Cruzado or DPO Yadira Gutierrez (back-up) for the list of the first 3 available Evaluators.
2. PA Cruzado will print the following documents for PSYCH ordered on all *Adjudication Pending* cases.
 - Current Minute Order with the following statement. If not included, make sure to contact the court officer for the court clerk to revise the order.

THE COURT ORDERS:

The minor is continued detained in Juvenile Hall pending further hearing.

CARE, CUSTODY AND CONTROL OF THE MINOR IS TO BE UNDER THE SUPERVISION OF THE PROBATION OFFICER.

Custody is taken pursuant to WIC 726(c). The welfare of the ward requires that custody be taken from the parent or guardian.

THE COURT HAS REVIEWED AND SIGNED A PROTECTIVE ORDER.

The minor shall undergo a psychological evaluation. The County Treasurer is authorized to pay \$1800.00 for

each psychological evaluation authorized. The minor's counsel chooses the following three doctors from the

Optum Health TERM Team list, in order of preference: PSYCHOLOGIST X, PSYCHOLOGIST Y, PSYCHOLOGIST Z. The doctor is ordered to prepare an evaluation report, including any addenda as necessary, which will be reviewed for quality by the Optum Health TERM Team. Such report shall be provided by the Optum Health TERM Team to the minor's counsel. After the case is adjudicated, the report shall be provided to the prosecuting attorney and probation officer.

- J1081 Psychological and Neuropsych Eval Referral form
- Minor's Face Sheet
- Minors Police Report (Synopsis only)
- Detention Reports
- Individualize Education Plan (if any and within 1 year)
- Previous Psychological Evaluation (if any and within 1 year)

These are the documents needed in the PSYCH packet for Post Adjudication which will be put together by the Probation Officers:

- Minute Order stating the PSYCH evaluation referral
 - J1081 Psychological and Neuropsych Eval Referral form
 - Face Sheet
 - Current Court Reports (social studies/ Violation Report/ Detention Reports/ Permanency Planning Hearing Report, etc.)
 - Individualize Education Plan (if any and within 1 year)
 - Previous Psychological Evaluation (if any and within 1 year)
3. PA Cruzado will then complete the contact form. This will have all of the minor's information such as date of next hearing and due to OPTUM/TERM Date. It will also include the first 3 available Doctors that were either picked by Court or through TRES (Optum).
4. PA Cruzado will contact the first evaluator on the list to offer the PSYCH referral evaluation. PA Cruzado will leave a message via email or phone call with the following information:
- Name of the minor
 - Next court hearing
 - Due Date (to Optum/TERM)
 - In custody or out

The evaluators will have 4 hours to respond before contacting the next evaluator. If the evaluator does not respond within this timeframe, PA Cruzado will proceed with contacting the next evaluator on the list. If no response or if the evaluator declines, then another set of 3 evaluators will be obtain from Optum Tres.

5. Once an evaluator had accepted the referral. All the documents in Section 2 will be encrypted and emailed or faxed over to the accepting evaluator. Then a copy of the minute order and J1081 Psychological and Neuropsych Eval Referral form will be faxed to Optum/TERM.
6. PA Cruzado will send a copy of the minute order with the name and contact information of the accepting evaluator will be forwarded to Corey Brisk from Behavioral Health Services. His department will forward necessary information to the evaluator to ensure that the evaluation is being conducted thoroughly. *As for post-adjudicated cases, the assigned probation officer will be responsible in sending the information to the appropriate BHS personnel.*
7. PA Cruzado will make a contact input in PCMS on when the evaluator accepted the referral and who the evaluator is.
8. Lastly, PA Cruzado will log monthly Statistics for tracking purpose.

Probation TERM Evaluator Records Release Protocol

The minute order for a TERM Psychological evaluation includes the following language:

PY190: All records, including but not limited to medical, education, special education, probation, child welfare, mental health, regional center, and court records regarding the youth, shall be made available upon request to the evaluator assigned to the case. Use of these records is for the sole purpose of preparing the court-ordered evaluation and report. The records shall not be used for any other purpose.

- Probation staff shall use existing protocol to secure a psychologist; Probation will send a copy of the minute order to the psychologist.
- Probation shall send a copy of the minute order and psychologist name/contact information including email address to County of San Diego HIMS.
- County of San Diego HIMS shall determine if the youth has received services.
- If no records available, County of San Diego HIMS shall send, via encrypted email, a notice to evaluator that no records were found.
- County of San Diego HIMS shall send, via encrypted email, a copy of the Client Roster Report (if available) to the evaluator.
- County of San Diego HIMS shall determine if the youth have received services from the BHS STAT-Team.
- If the youth has been opened for service by the BHS STAT, COSD HIMS shall email the minute order and name/contact information, and email address of the assigned psychologist to the BHS STAT-Team Program Manager, or his/her designee.
- STAT-Team Program Manager shall review the clinical record.
- BHS STAT-Team shall send, via encrypted email, the select clinical records to the psychologist.

Probation Psychiatric Evaluation Referral

Youth's Name:
ID #: Youth's DOB:
Probation Officer:
Telephone:
Attorney:
Attorney Email: ___

Date of Court Order:
Report Due:
Accepting Evaluator:
Date Accepted:
Youth's Location:

Guidelines for Ordering Probation Psychiatric Evaluations

- **Psychiatric Evaluations** are indicated when the Court desires a written opinion concerning the youth's need for psychiatric medications. This type of evaluation would address the psychiatric and/or medical condition(s) related to the delinquency issues.
- **Psychiatric evaluations are completed by evaluators with a MD or OD. Evaluators with an MD or OD and who are approved to conduct psychiatric evaluations are not to accept psychological or neuropsychological evaluations.**

Referral Questions for Psychiatric Evaluations: (Select Relevant Questions Only)

- 1. What is the youth's current cognitive functioning in terms of judgment, insight, and reality orientation?
- 2. What is the youth's current behavioral and emotional functioning?
- 3. What are the strengths and weaknesses of the youth's interpersonal relationships?
- 4. What impact has the youth's childhood/family experiences had on his/her current behavior?
- 5. Does the youth have a mental health diagnosis? If so, please identify.
- 6. Does the youth have a substance abuse and/or dependence diagnosis? If so, please identify.
- 7. What risk factors are present related to the youth's commitment to a delinquent lifestyle? Does the youth participate in a gang, "crew," or other antisocial group?
- 8. What interventions and treatment services are recommended to address the identified mental health/substance abuse problems? {If the youth has had long term residential treatment services, clarify if further residential treatment is indicated.} Does the youth have a mental health diagnosis amenable to psychiatric treatment? Are psychiatric medications advised?
What other interventions are recommended to reduce the probability of re-offending?
- 9. Medication Recommendations.
- 10. What is the youth's potential to be victimized within a correctional institution?
- 11. Other: Please talk with the PO for discussion of other possible concerns:

This Packet includes:

- Court Order
 - Probation Face Sheet
 - Police Report
 - Detention Report (if any)
 - IEP Reports (if any)
 - Copy of previous psychological evaluation
- Additional forms or reports:

An email with the minute order and J1081form was sent to the Health Information Management (HIM Department) at himdept.hhsa@sdcounty.ca.gov on ____. Additional information will be forwarded to the evaluator, if applicable to the case.



Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CFWB and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Provider Handbook and TERM Clinical Specialty Criteria for Evaluators):

Juvenile Fire Setting Risk Assessment (Juvenile Probation)
Methods of Evaluation
<p>The assessment should be based on the integration and synthesis of multiple sources of information, including:</p> <ul style="list-style-type: none"> • Empirically guided comprehensive clinical interview, to include details of fire setting history, frequency of incidents, method, motive, consequences, family and environmental factors, and review of known associated risk factors. An independent history of the minor’s fire setting behaviors should also be obtained from collateral sources. <ul style="list-style-type: none"> ○ Examples of published structured interviews include the Juvenile Fire setter Child and Family Risk Surveys, Fire setting Risk Interview and the Child Fire setting Interview, as well as, the Comprehensive Fire Risk Evaluation ○ The highest degree of accuracy is achieved with these measures if both the juvenile interview schedule and interview with at least one caregiver are conducted • Behavioral observations and formal mental status exam • Collateral interviews and review of all available collateral data, including fire or police incident report(s) • If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information • Use of empirically guided inventories or tools for assessment of fire setting behavior as applicable • Other standardized assessment measures with demonstrated reliability and validity to assess cognitive functioning, achievement abilities, personality and psychopathology, social, emotional and behavioral functioning, history of trauma and its impact on the client, as well as other domains of functioning as specified by referral questions • The impact of self-presentation on the validity of psychological tools should be recognized and assessed <p>Estimation of risk level, community safety, and identification of treatment needs should be the immediate focus. The evaluation should be guided by available best practice guidelines. Any psychological tests utilized should be relevant to understanding risk, empirically supported, and appropriate to the minor’s age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to risk estimation will NOT meet quality review standards.</p>
Relevant Resources
<p>Office of Juvenile Justice and Delinquency Prevention</p> <p>US Fire Administration: Youth Firesetting</p>



Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CFWB and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Provider Handbook and TERM Clinical Specialty Criteria for Evaluators):

<p>Adult Psychosexual Risk Evaluation (CFWB) Juvenile Sexual Behavior Problem Risk Assessment (Juvenile Probation)</p> <p>*For CFWB evaluations, the provider must be approved by the California Sex Offender Management Board</p>
Methods of Evaluation
<p>The assessment should be based on the integration and synthesis of multiple sources of information, including:</p> <ul style="list-style-type: none"> • Empirically guided comprehensive clinical interview, to include psychosexual history and review of: past trauma history, deviance and paraphilia’s, sexual and non-sexual offense history, known associated dynamic and historical risk factors, situations or circumstances under which sexual behavior problems occur, current perceptions about offense, interpersonal relationships, motivation for treatment, and response to prior interventions • Behavioral observations and formal mental status exam • Collateral interviews and review of all available collateral data, including victim statements and arrest records for all offenses • If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information • Psychological tools designed for the evaluation of sexual behavior problems as applicable (such as the Child Sexual Behavior Inventory for ages 2-12, or Child Sexual Behavior Checklist for ages 12 years and younger) and other empirically guided risk assessment strategies as applicable if supported by current literature and appropriate to clinical circumstances • Other standardized assessment measures with demonstrated reliability and validity to assess cognitive functioning, achievement abilities, personality and psychopathology (including psychopathy in adults), as well as other domains of functioning as specified by referral questions • The impact of positive self-presentation on the validity of psychological tools should be recognized. Assessment of response style/bias is required for all evaluations <p>Risk appraisal, victim/community safety, and identification of treatment needs should be the immediate focus of the evaluation. Evaluations should be guided by available best practice guidelines. Any psychological tests utilized should be relevant to understanding risk, empirically supported, and appropriate to the client’s age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to risk estimation will NOT meet quality review standards.</p> <p>NOTE: Caution should be taken when assessing children in this context; providers should guard against projecting adult constructs onto children.</p>
Relevant Resources
<p>Association for the Treatment of Sexual Abusers</p> <p>California Coalition on Sexual Offending</p> <p>California Sex Offender Management Board (CASOMB)</p> <p>San Diego County District Attorney</p>



Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CFWB and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Provider Handbook and TERM Clinical Specialty Criteria for Evaluators):

Juvenile Competency to Stand Trial (Juvenile Probation)
Methods of Evaluation
<p>The assessment should be based on the integration and synthesis of multiple sources of information, including:</p> <ul style="list-style-type: none"> • Empirically guided comprehensive clinical interview, to include review of significant features of the minor’s social, emotional, cognitive, and behavioral development, medical and mental health history, educational history, current developmental and clinical status, and family context • Behavioral observations and formal mental status examination as it relates to the demands of the specific legal case • Collateral interviews and review of all available collateral information, including but not limited to court records, Probation and CFWB records, and Regional Center records • The provider shall consult with the minor’s counsel and any other person who has provided information to the court regarding the minor’s lack of competency • If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information • Assessment of functional abilities related to the legal standard of competency to stand trial (e.g. factual and rational understanding, competency to assist counsel). Selection of competency assessment tools should be based on appropriateness for the minor’s developmental and clinical status. Examples of competency assessment tools include: <ul style="list-style-type: none"> ○ Structured competency interview schedule (e.g., Juvenile Adjudicative Competence Interview; Grisso, 2005). ○ Standardized competency assessment instruments normed and validated for the juvenile population. <p><i>Note: Currently, all the available standardized competency assessment instruments are designed for use with adults and no juvenile norms have yet been published at the time of this document.</i></p> • Other standardized assessment measures that are appropriate for the client’s age, language proficiency, and cultural background and with demonstrated reliability and validity to assess domains of functioning as indicated by referral questions and relevance to assessment of competency (developmental maturity, cognitive functioning, personality and psychopathology, history of trauma and the impact on the client, social, emotional and behavioral functioning) • The impact of self-presentation on the validity of psychological tools should be recognized and assessed • Evaluators should be familiar with local competency remediation services to inform their recommendations, and should consider any legally mandated time parameters for remediation <p>Analysis of competency to stand trial and provision of a remediation opinion should be the immediate focus of the evaluation. The evaluation should be guided by available best practice guidelines. Any psychological tests or assessment tools utilized should be empirically supported, relevant to understanding competency, and appropriate to the minor’s age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to competency assessment will NOT meet quality review standards.</p> <p>Pursuant to California Welfare and Institutions Code 709, the evaluator must assess whether the minor suffers from a mental illness, mental disorder, developmental disability, or developmental immaturity and whether the condition impairs the minor’s competency. A minor is incompetent to proceed if he or she lacks sufficient present ability to consult with counsel and assist in preparing his or her defense with a reasonable degree of rational understanding, or lacks a rational as well as factual understanding, of the nature of the charges or proceedings against him or her.</p>



Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CFWB and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Provider Handbook and TERM Clinical Specialty Criteria for Evaluators):

Juvenile Competency to Stand Trial (Juvenile Probation) - continued -
Relevant Resources
<p>California Welfare and Institutions Code- WIC § 709 http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=709</p> <p>Assembly Bill No. 1214 http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1214</p> <p>Grisso, T. (2005). <i>Evaluating juveniles' adjudicative competence: A guide to clinical practice</i>. Sarasota, FL: Professional Resource Press.</p>
Neuropsychological Evaluation (CFWB, Juvenile Probation)
Methods of Evaluation
<p>The assessment should be based on the integration and synthesis of multiple sources of information, including:</p> <ul style="list-style-type: none"> • Empirically guided comprehensive clinical interview to include a complete neuropsychological history (e.g., presenting psychological and neuropsychological symptoms, developmental, medical and psychiatric history, medications, neurological tests) • Behavioral observations and formal mental status exam • Collateral interviews and review of all available collateral data • If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information • Standardized neuropsychological measures with demonstrated reliability and validity to assess relevant domains of cognitive functioning (general intellect, higher level executive skills, attention and concentration, learning and memory, language, visual-spatial skills, motor and sensory skills) • Other standardized assessment measures with demonstrated reliability and validity to assess emotional, behavioral and adaptive functioning as specified by referral questions • The impact of self-presentation on the validity of psychological and neuropsychological tools should be recognized and assessed <p>Neuropsychological status as it relates to the case plan should be the immediate focus of the evaluation. The evaluation should be guided by available best practice guidelines and any (neuro) psychological tests utilized should be empirically supported and appropriate to the client's age, clinical status, and ethnicity. If client has been referred for a comprehensive evaluation, neuropsychological screening will NOT meet quality review standards.</p>
Relevant Resources
<p>American Academy of Clinical Neuropsychology Practice Guidelines for Neuropsychological Assessment and Consultation National Academy of Neuropsychology. Official Statement on Independent and Court-Ordered Forensic Neuropsychological Evaluations.</p>



Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CFWB and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Provider Handbook and TERM Clinical Specialty Criteria for Evaluators):

Family Code 7827 Evaluations (CFWB)
Methods of Evaluation
<p>The assessment should be based on the integration and synthesis of multiple sources of information, including:</p> <ul style="list-style-type: none"> • Empirically guided comprehensive clinical interview, to include review of significant historical information, such as family of origin, educational history, mental health and medical history, substance use history, marital history, work history, criminal history, current symptomatology, treatment history and parents’ use of clinical intervention, sources of stress and support, interpersonal relationship history, history of parenting, parental acceptance of responsibility, capacity for empathy, and readiness to change • Behavioral observations and formal mental status exam • Collateral interviews and review of all available collateral data • If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information • Standardized assessment measures with demonstrated reliability and validity to assess relevant aspects of parental functioning as specified by referral questions (cognitive functioning, parenting skills, personality and psychopathology, history of trauma and its impact on the client, emotional functioning, and adaptive functioning as appropriate • If symptoms of a particular Axis I or Axis II disorder are critical to case conceptualization, consideration should be given to use of focused measures of psychopathology as an adjunct to any broad based measures that have been administered (e.g., psychopathy, substance use disorders) • The impact of positive self-presentation on the validity of psychological tools should be recognized. Assessment of response style/bias is required for all evaluations • As most tests have not been adequately validated or normed for the child protection population, a conservative approach to interpretation of findings should be adopted (e.g., seeking corroboration across multiple information sources, clearly noting any limitations to the tests’ use in the evaluation report) • Prognosis for remediation within the legal time limits specified for the case must be included. Note: The date by which parent must demonstrate substantial progress in services is listed on CFWB Form 04-178 and should be referenced when addressing prognosis. Any interventions proposed must be achievable within this timeframe <p>The immediate focus of the evaluation should be the determination of ability to safely parent the child(ren), capacity to benefit from services within legal time parameters, and identification of specific interventions to restore functioning and/or assist the parent in gaining requisite parenting skills if capacity to benefit has been determined. The evaluation should be guided by available best practice guidelines and any psychological tests utilized should be relevant to understanding parenting capacity, empirically supported and appropriate to the client’s age, clinical status, and ethnicity. Unstructured clinical judgment or failure to address legal timelines will NOT meet quality review standards.</p> <p>Pursuant to Family Code 7827, “mentally disabled” as used in this section means that a parent or parents suffer a mental incapacity or disorder that renders the parent or parents unable to care for and control the child adequately. A proceeding may be brought where the child is one whose parent or parents are mentally disabled and are likely to remain so in the foreseeable future.</p>



Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CFWB and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Provider Handbook and TERM Clinical Specialty Criteria for Evaluators):

Family Code 7827 Evaluations (CFWB) - continued -
Relevant Resources
American Psychological Association. Guidelines for psychological evaluations in child protection matters.
California Family Code 7827

Juvenile Threat Assessment (Juvenile Probation)
Methods of Evaluation
<p>The assessment should be based on the integration and synthesis of multiple sources of information, including:</p> <ul style="list-style-type: none"> • Empirically guided comprehensive clinical interview • Review of history, risk and need factors to include individual, family, school-related, peer-related, and environmental risk and protective factors (i.e., history of aggressive conduct; adverse childhood experiences; family dynamics/parenting; antisocial peer associations; social isolation/loneliness; behavioral, cognitive and personality factors; antisocial attitudes/values/beliefs; substance abuse history; developmental/medical/psychiatric history; academic achievement/history; medication compliance; *threat posturing/preparatory behaviors/rehearsal fantasies or actions). Evaluator shall inquire about youth’s internet and social media usage and shall seek information about digital devices owned, used or borrowed. Evaluator shall note sources for these inquiries (subject, parents, teachers, peers, etc...) • Behavioral observations and formal mental status exam • Collateral interviews and review of available collateral data • If any information is unavailable to the provider, he or she shall note in the report the efforts to obtain that information and any consequent limitations to the evaluation • Standardized psychological measures with demonstrated reliability and validity to assess relevant domains of functioning as specified by referral questions • Evidence-based risk assessment utilizing empirically validated risk assessment tools relevant to the purpose of the assessment, as appropriate to the context. • Any limitations to the selected tools and measures and their interpretation should be documented and discussed in the report • The impact of self-presentation and response style on the validity of psychological and neuropsychological tools should be recognized and assessed <p>Estimation of risk level, community safety, and identification of treatment needs should be the immediate focus. The evaluation should be guided by available best practice guidelines. Any psychological tests utilized should be relevant to understanding risk, empirically supported, and appropriate to the minor’s age, clinical status, and ethnicity. Use of unstructured clinical judgment with regard to risk estimation will NOT meet quality review standards.</p>



Specialized Optum TERM Panel Evaluations

The following chart summarizes minimum standards for specialized CFWB and Juvenile Probation evaluations (to be used in conjunction with Optum TERM Provider Handbook and TERM Clinical Specialty Criteria for Evaluators):

Juvenile Threat Assessment (Juvenile Probation) -continued -
Relevant Resources
Association of Threat Assessment Professionals Risk Assessment Guideline Elements for Violence: Considerations for Assessing the Risk of Future Violent Behavior (2006).
American Academy of Psychiatry and the Law. Ethics Guidelines for the Practice of Forensic Psychiatry.
American Psychological Association. Ethical Principles of Psychologists and Code of Conduct.
American Psychological Association. Specialty Guidelines for Forensic Psychology.
Definition of Key Terms
<p>Threat posturing: Communication of a threat. Consider the following: 1) Has a threat been communicated? If so, was the communication direct or indirect, verbal, written, text message, social media posting? 2) Have there been hostile or aggressive behaviors upon a person? If so, were the behaviors verbal, physical, personal space intrusions, malicious glaring? 3) Have there been hostile aggressive behaviors upon objects such as vandalism, destruction of property, throwing/breaking objects, punching walls, pounding tables, slamming doors? 4) Is there a history of violent behaviors? 5) Have recent behaviors escalated in intensity, frequency and/or duration? 6) Has there been a narrowing of focus upon a target?</p> <p>Preparatory behavior: Investing time & resources towards a malicious act. Consider the following: 1) Researching & planning, developing checklists, & “how-to’s” 2) Have any weapons, supplies, ammunition, or equipment been procured? 3) Have there been any predatory behaviors such as open source data searches of targets or surveillance 4) Has there been any testing of security & responses or trial runs? 5) Has there been a ramping up of these behaviors?</p> <p>Rehearsal fantasies and actions: Obsessions & fixations with malicious themes. Consider the following: 1) Have there been any communications of what will transpire or leakage of malicious intent? 2) Is there evidence of romanticizing past incidences of violence? 3) Has there been any evidence of “costuming” of omnipotent characters or tactical gear? 4) Is there emotional/psychological investment into fantasies or increased risk of impelling one into action?</p> <p>Reference: A Primer on Threat Assessments accessed at http://www.nothreat.com/primer.htm</p>



The Format and Required Elements of a CFWB/Probation Psychiatric Evaluation

The **Format** and **Elements** described represent the minimal requirements required of a CFWB or Probation Psychiatric Evaluation. The required “Elements” describes the information that should be addressed under each heading/section of the report. If an element is not included in the report, it is necessary to provide a valid reason. Additional relevant information may be included in the evaluation report.

Reports should be submitted with a professional letterhead on the first page of the report that includes contact information including the provider’s office/ mailing address and phone number. Please be advised that an attorney may release the evaluation report directly to the client or the parents/guardians of the client. An asterisk (*) indicates that this element is required. If it is not included in report, the report will not be accepted.

***Client’s Name:** Fill in the name of the client.

***D.O.B.:** ___ years, ___month

***Gender/Ethnicity/Cultural/Religious Background:** List relevant ethnic, cultural and/or religious identifiers.

***Primary Language:** List primary language used and any other languages that the client utilizes.

***Location of Evaluation:** List location where the evaluation took place.

***Date of Evaluation:** List all the dates of when interviews and evaluation took place.

***Date of Report:** List the date the report was written.

***CFWB Case Number/Probation Regis Number:**

***Protective Worker/Probation Officer’s Name:**

***Protective Worker/Probation Officer’s Phone Number:**

***Protective Worker/Probation Officer’s Fax Number:**

***Minor’s Attorney’s Name (for use in Probation cases only):**

***Minor’s Attorney’s Phone Number (for use in Probation cases only):**

***Minor’s Attorney’s Fax Number (for use in Probation cases only):**

***Referral Questions:** Please list verbatim the specific questions posed by the requestor (i.e., PSW, PO, and Judge). Protective issues in CFWB cases and dangerousness (if pertinent) in Probation cases should be addressed.

***Sources of Information:** List all sources of information reviewed or used in the development of the resulting opinion and report. Include phone conversations, other clinicians’ reports, psychological testing reports, and people interviewed or who completed standardized questionnaires as collateral data. If no collateral data were obtained via interview or data collection, please list here the extenuating circumstances that prevented this from occurring.

***Confidentiality Advisement:** Confirm that the client has been advised that this evaluation is for purposes of writing a report for the Court and that any information obtained during this evaluation may appear in such a report. Indicate that the client understood/did not understand the nature of the evaluation and limits of confidentiality. The reader of the report should also be advised that the report contains sensitive information subject to misinterpretation by those untrained in interpreting psychiatric evaluation data.

***Background Information:** Include how the client came to the attention of the Court, how CFWB/Probation is involved in the case, police involvement, prior Court actions, and information about the client's placement. Briefly include results from previous evaluations.

***History of Present Illness:** Incorporate details of signs and symptoms of current psychiatric illness, time course, stresses and contributing events, current and past medications and their effects/side effects.

***Past Psychiatric History:** Include prior episodes of mental illness, hospitalizations, medications taken, treatments, and placements.

Past Medical History: Include prior or existing medical conditions, medications, operations, and hospitalizations.

Family History: Include psychiatric, medical, and school function history.

Developmental History: Include pregnancy/prenatal history, delivery and postnatal events, highlights of early development, and ongoing developmental difficulties.

Substance Abuse History: Include substances used, treatment received, and ongoing symptoms or disability related to substance use/abuse including the use/abuse of prescription medications.

Sexual History: Include information on gender identity, sexual activity, signs or symptoms of dysfunction, and ongoing issues.

School History: Include current school placement, school functioning, presence of an Individualized Education Plan (IEP), and current remediation.

Social/Cultural/Family Events History: Include major family events like divorces, moves, immigration.

Legal/Social Services History: Include information about arrests, convictions, probation requirements, placements, CFWB contacts, etc.

***Mental Status Exam:** Include information about overview (level of consciousness, appearance, dress and hygiene, attitude, motor behavior); speech and language (fluency, rate, quantity, loudness, clarity, receptive or expressive abnormalities, vocabulary); mood and affect (including suicidal ideation and behavior, homicidal ideation and behavior); thought processes (form, content, and perceptions); obsessions and rituals; cognitive functioning including short term memory, long term memory/memory consolidation, abstract reasoning, and cognitive flexibility; insight and judgment, and interpersonal style as manifested during the evaluation.

***Case Formulation/Summary:** Provide a relatively brief biopsychosocial summary of the client. Explain diagnostic symptoms within the client's particular context, how these symptoms contributed to the process of differential diagnosis, and conceptual understanding of the client.

***Diagnoses:** Provide diagnostic impressions according to the Diagnostic and Statistical Manual of Mental Disorders-5-TR (DSM-5-TR). Corresponding diagnostic codes from the ICD-10 (International Classification of Diseases) are required. The principal diagnosis should be listed first, with additional diagnoses listed thereafter, in order of significance. V codes are appropriate if they are the focus of clinical attention. Justification for all diagnostic impressions should be provided (e.g., criteria from the DSM-5-TR). Simply listing diagnostic rule-outs is not helpful, as the client was referred for a psychological evaluation specifically to rule-out competing diagnoses.

***Recommendations:** Answer the specific referral questions using information related to the diagnoses and/or case summary and conceptualization. Offer treatment recommendations that are supported by the evaluation documentation, including types of medications as well as other therapeutic interventions to address the psychiatric and/or physical health concerns. Provide prognosis regarding psychiatric functioning; ensure prognosis addresses the legal time limits of the case if this is a CFWB referral. If asked to address placement issues, discuss lowest level of placement needed to safely treat client without specifically naming a particular program. Opinions about protective issues or dangerousness in the community are helpful if pertinent.

***Signature and Title:** Please sign and date the report. Please do not use a computer-generated signature.



The Format and Required Elements of a Juvenile Mental Competency Evaluation

The **Format** and **Elements** described represent the minimal requirements required of a Juvenile Mental Competency Evaluation. The required “Elements” describes the information that should be addressed under each heading/section of the report. If an element is not included in the report, it is necessary to provide a valid reason. Additional relevant information may be included in the evaluation report.

Reports should be submitted with a professional letterhead on the first page of the report that includes contact information including the provider’s office/ mailing address and phone number. Please be advised that an attorney may release the evaluation report directly to the client or the parents/guardians of the client.

Name:

Date of Birth:

Age: ____ years, ____ month **Gender:**

Race/Ethnicity:

Primary Language:

Court Number:

Requested By:

Minor’s Attorney’s Name:

Minor’s Attorney’s Phone Number:

Minor’s Attorney’s Fax Number:

Date of Evaluation:

Location of Evaluation:

Date of Report:

Confidentiality Advisement: Confirm that the client has been advised that this evaluation is for purposes of writing a report for the Court and that any information obtained during this evaluation may appear in such a report. Indicate that the minor understood/did not understand the nature of the evaluation and limits of confidentiality. The reader of the report should also be advised that the report contains sensitive information subject to misinterpretation by those untrained in interpreting psychological assessment data.

Reason for Referral: Indicate the reason for referral specified by the referral source. Provide a factual summary of the circumstances that led to the minor’s referral to Juvenile Court (i.e., date of arrest, specific charges).

Tests Administered: List each psychological test and mental competency interview/assessment that was administered. All psychological tests utilized should be standardized, empirically supported for the minor’s population, and directly relevant to the assessment of competency.



Collateral Records Reviewed: List each document that was reviewed, including the title, author, and date of each document. Make note of any data that was not available for review.

Persons Interviewed: List all of the interviews that were conducted, including the name of the interviewee, relationship to the minor, and date of the interview. If no collateral interview was obtained, list the extenuating circumstances that prevented this from occurring and attempts that were made even if unsuccessful. Note: Collateral informants must be advised of limitations to confidentiality.

Relevant Background Information: Describe pertinent background information obtained from interviews and records and indicate source(s) of information. In general, this background information should be focused and relevant to adjudicative competency. Describe contradictions in the information when relevant.

Past Legal History:

Developmental/Medical History:

Family History:

Mental Health History: Include any legal psychiatric findings, such as past evaluations of competency.

Substance Abuse History:

Academic History:

Psychosocial History/Peer Relationships:

Mental Status/Behavioral Observations: Describe findings of the mental status examination and behavioral observations during testing and interview. Describe client's approach to the evaluation and any barriers to the client's ability to engage and overall performance, along with consequent limitations to the validity of the evaluation. Include client's orientation, appearance, motivation, mood, thought content/process, communication, motor functioning, mental capacities (i.e., memory, concentration, abstraction, fund of information).

Tests Results/Interpretation of Findings: Please evaluate whether the minor suffers from a mental disorder, developmental disability, developmental immaturity, or other condition and, if so, whether the condition or conditions impair the minor's competency (Welf. & Inst. Code, § 709).

Psychological Test Data: A brief explanation of the nature and purpose of each test administered should be provided, and results should be explained in a straightforward manner avoiding (or defining) clinical jargon.

Competency Abilities: Describe results from the Juvenile Adjudicative Competence Interview (JACI), including relevant functional strengths and deficits; inclusion of quotes offered by the minor or specific behaviors observed is helpful to the reader. Information about competency functioning obtained from other sources should also be discussed (i.e., relating test findings, collateral data, and mental status results to competency abilities to provide insight into how minor will interact with attorney and in court hearings). Explain how any identified deficits can be expected to impact the minor's functioning in the actual case.

Diagnostic Impressions Relevant to Competency: Provide diagnostic impressions relevant to adjudicative competency according to the Diagnostic and Statistical Manual of Mental Disorders-5-TR (DSM-5-TR). Corresponding diagnostic codes from the ICD-10 (International Classification of Diseases) are required. Justification for all diagnostic impressions should be provided (e.g., criteria from the DSM-5TR). Diagnostic rule-

outs should be used sparingly and only when there is insufficient information in the available data to clearly identify a diagnosis.

Response to Referral Questions: List each referral question followed by your response (either “yes” or “no” is required, along with a more detailed response that synthesizes history, mental status, collateral data, and testing results). If a referral question could not be answered, please indicate and explain the reason(s). This could be a qualified response to the question and/or a description of what information would be needed to answer the referral question(s) adequately.

- 1) *In the opinion of the evaluator, does the minor have a mental disorder? Is there a DSM disorder that affects the minor’s competency?*
- 2) *In the opinion of the evaluator, does the minor have a developmental disability? Is there a developmental disability that affects the minor’s competency (“Developmental disability” means a disability which originates before an individual attains age 18; continues or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. The term includes autism, mental retardation, cerebral palsy, epilepsy, and disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation)?*
- 3) *In the opinion of the evaluator, is the minor developmentally immature? Is the minor incompetent due to developmental immaturity (See Timothy J. v. Superior Ct. (2007) 58 Cal. Rptr. 3d 746)?*
- 4) *Is the minor able to understand the nature of the proceedings? Does the minor lack a rational as well as factual understanding of the nature of the charges or proceedings against him or her?*
- 5) *Is the minor able to assist his/her attorney in the conduct of a defense in a rational manner? Does the minor lack sufficient present ability to consult with counsel and assist in preparing his or her defense with a reasonable degree of rational understanding?*
- 6) *In the opinion of the evaluator, is the minor competent to stand trial? If no, is the minor likely to benefit from attempts at restoration? If the minor is not found to be competent, is the minor likely to benefit from remediation? What modalities of intervention are recommended for remediation; are there any relevant treatment recommendations?*
- 7) *Does the evaluator have any information to suggest the minor is a danger to himself/ herself or to others or is gravely disabled?*

Careful discussion of the reasons supporting your conclusions is critical. For example, if you conclude that the minor is not competent your report must clearly state the reasons for your conclusion along with discussion of the supporting data. Note: Competency evaluations for juveniles should be made in light of juvenile rather than adult norms. With regard to the question of developmental immaturity, you should describe the minor being examined in comparison to average children of the same age.

Signature and Date: Please sign and date the report. Please do not use a computer-generated signature.