PO Box 601340
San Diego, CA 92160-1340
P: 877-824-8376
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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 Probation 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 Probation 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 Probation 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 Psychological Evaluation Quality Assurance Checklist

This section will include the following information:

- The Psychological 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.

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TERM Psychological 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).
- ☐ Test data is included (i.e. available numerical scores such as standard scores or T-scores). appropriately interpreted.
- ☐ Test data is interpreted according to designated test publisher's manual and in keeping with professional standards.
- ☐ 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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Psychological Evaluation Procedures

This section will include the following information:

- A list of non-exhaustive objective measures is provided in this section as a resource. Please note, Optum TERM does not endorse nor approve specific measures.

- Providers are expected to be knowledgeable of and ensure that updated measures are being administered based on the referral need and in consideration for the population being evaluated.

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Psychological Evaluation Procedures

Although there is no "TERM approved" list, the following chart offers a non-exhaustive summary of possible psychological evaluation procedures. It is the evaluator's responsibility to select the most updated version/edition measure based on the specific referral questions that have been normed and empirically supported for the population being assessed.

Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Cognitive/Intellectual Functioning	Bayley Scales of Infant and Toddler Development	16 days – 42 months
	Wechsler Preschool & Primary Scale of Intelligence (WPPSI)	2.6 – 7.7
	Differential Ability Scales (DAS)	2.6 – 17.11
	Kaufman Brief Intelligence Test (KBIT)	4 – 90
	Kaufman Assessment Battery for Children	3 – 18
	Wechsler Intelligence Scale for Children (WISC) **(Spanish versions available)**	6 – 16.11
	Test of Nonverbal Intelligence (TONI) **(Spanish, French, German, Chinese, Korean, Vietnamese, and Tagalog)**	6 – 89.11
	Comprehensive Test of Nonverbal Intelligence	6 – 89.11
	Leiter International Performance Scale	3 – 75+
	Wechsler Abbreviated Scale of Intelligence (WASI)	6 – 90.11
	Wechsler Adult Intelligence Scale (WAIS)	16 – 90.11
	Other standardized assessment measures with demonstrated reliability and validity.	

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Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Neuropsychologi	Beery-Buktenica Developmental Test of Visual Motor Integration	2 – 99.11
	NEPSY	3 – 16
	Bender Visual-Motor Gestalt Test	4 – 85
	Children's Memory Scale (CMS)	5 – 16
	California Verbal Learning Test, Children's Version (CVLT-C)	5 – 16.11
	Behavior Rating Inventory of Executive Functioning (BRIEF)	5 – 18
	Test of Memory and Learning (TOMAL)	5 – 60
	Wide Range Assessment of Memory and Learning (WRAML)	5 – 90
	Comprehensive Trail-Making Test (CTMT)	8 – 79.11
	Delis-Kaplin Executive Functioning System (D-KEFS)	8 – 89
	Conners Continuous Performance Test (Conners) **(Spanish version available)**	8+
	Wisconsin Card Sorting Test (WCST) **(Spanish version available)**	6.5 – 89
	California Verbal Learning Test (CVLT3)	16 – 90
	Wechsler Memory Scale (WMS)	16 – 90.11
	Other standardized assessment measures with demonstrated reliability and validity	

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Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Academic Achievement	Batería Woodcock-Muñoz **(Spanish version of WJ)**	2 – 90+
	Woodcock Johnson Tests of Achievement (WJ)	2 – 90+
	Wechsler Individual Achievement Test (WIAT)	4 – 50.11
	Kaufman Test of Educational Achievement (KTEA)	4 – 25.11
	Wide Range Achievement Test (WRAT)	5 – 85+
	Other standardized assessment measures with establish reliability and validity	
Adaptive Functioning	Adaptive Behavior Assessment System (ABAS) (Caregiver/Teacher/Adult forms) **(Spanish version available)**	0 – 89
	Vineland Adaptive Behavior Scales (Vineland) (Interview/Caregiver/Teacher forms) **(Spanish version available)**	0 – 90
Drug/Alcohol Use	Review of all available collateral data, in conjunction with assessment measures	
	Substance Abuse Subtle Screening Inventory Adolescent and Adult Forms, (SASSI) **(Spanish version available)**	13+
	Drug Abuse Screening Test (DAST)	Adolescents/Adults
	Michigan Alcohol Screening Test (MAST)	Adolescents/Adults
	Other standardized assessment measures with demonstrated reliability and validity	

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Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Personality & Psychopathology	Personality Inventory for Children (PIC) **(Spanish version available)**	5 – 19
	Jessness Inventory-Revised (JI-R)	8+
	Millon Pre-Adolescent Clinical Inventory (M-PACI)	9 – 12
	Hare Psychopathy Checklist – Youth Version (PCL-YV)	12 – 18
	Personality Assessment Inventory – Adolescent (PAI-A)	12 – 18
	Adolescent Psychopathology Scale (APS)	12 – 19
	Millon Adolescent Clinical Inventor (MACI) **(Spanish version available)**	13 – 18
	Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A) **(Spanish version available)**	14 – 18
	Hare Psychopathy Checklist (PCL)	18+
	Minnesota Multiphasic Personality Inventory (MMPI) **(French and Spanish versions available)**	18+
	Personality Assessment Inventory (PAI) **(English and Spanish versions available)**	18-89
	Other standardized assessment measures with demonstrated reliability and validity	

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Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Emotional & Behavioral Functioning	Achenbach Behavior Checklist (parent/teacher/self-report forms available) (CBCL/TRF/YSR) **(English and Spanish versions available)**	1.5 – Adult (depending on form utilized)
	Behavior Assessment System for Children (BASC) (Parent/Teacher/Self-Report forms)	2 – 21.11 (depending on form utilized)
	Brief Symptom Inventory (BSI) **(Spanish and French versions)**	13+
	Trauma Symptom Checklist for Young Children (TSCYC)	3 – 12
	Children's Inventory of Anger (ChIA) **(Italian version available)**	6 – 16
	Diagnostic Interview for Children and Adolescents (DICA)	6 – 17
	Conner's Comprehensive Behavior Rating Scales (Conner's CBRS) **(Parent/Teacher/Self Report forms)** **(Spanish version available)**	6 – 18
	Adult Manifest Anxiety Scale (AMAS) **(Spanish, Italian, and Romanian versions available)**	19+
	Revised Children's Manifest Anxiety Scale (RCMAS) **(Spanish and Italian versions available)**	6 – 19
	Children's Depression Inventory (CDI)	7 – 17
	Symptom Assessment-45 (SA-45)	13+
	Child PTSD Symptom Scale (CPSS) **(Spanish version available)**	8 – 18
	Beck Youth Inventories (BYI)	7 – 18
	Trauma Symptom Checklist for Children (TSCC)	8 – 16
	Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA)	8 – 18
	Beck Depression Inventory (BDI) **(Spanish versions available)**	13 – 80

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Psychological Evaluation Procedures

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Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Emotional & Behavioral Functioning (Continued)	Beck Anxiety Inventory (BAI) **(Spanish version available)**	17 – 80
	Empirically guided structured and semi-structured clinical interview, such as the Kiddie-SADS or NIMH DISC-IV	
	Other standardized assessment measures with established reliability and validity	
Parenting	**Review of all available collateral data, in conjunction with assessment measures**	
	Adult-Adolescent Parent Inventory (AAPI) **(Spanish, Creole, and Arabic versions available)**	Adolescents/Adults
	Child Abuse Potential Inventory (CAPI)	18-99
	Parenting Stress Index (PSI)	Caregivers
	Other standardized assessment measures with demonstrated reliability and validity	
Domestic Violence Risk	Review of all available collateral data, in conjunction with assessment measures	
	Spousal Assault Risk Assessment (SARA)	Adults
	Ontario Domestic Assault Risk Assessment (ODARA)	Adults
	Domestic Violence Risk Appraisal Guide (DVRAG)	Adults
	Other standardized assessment measures with demonstrated reliability and validity	
Sexual Behavior Problems	Review of all available collateral data and psychosexual history in conjunction with assessment measures	
	Child Sexual Behavior Inventory (CSBI)	2 – 12
	Other standardized assessment measures with demonstrated reliability and validity *Note: Please refer to the online appendix Specialized Optum TERM Panel Evaluations for additional guidelines (located online on the Optum website under the TERM Manuals tab)*	

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Psychological Evaluation Procedures

Although there is no "TERM approved" list, the following chart offers a non-exhaustive summary of possible psychological evaluation procedures. It is the evaluator's responsibility to select the most updated version/edition measure based on the specific referral questions that have been normed and empirically supported for the population being assessed.

Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Juvenile Firesetting Risk	Review of all available collateral data, in conjunction with assessment measures	
	Juvenile Firesetter Child and Family Risk Surveys (semi-structured juvenile and family interview)	3 – 18
	Comprehensive FireRisk Evaluation (semi-structured juvenile and family interview)	3 – 18
	Other standardized assessment measures with demonstrated reliability and validity *Note: The highest degree of accuracy is achieved if the juvenile interview and interview with at least one caregiver are conducted.* *Please refer to the online appendix Special Optum TERM Panel Evaluations for additional guidelines (located online on the Optum website under the TERM Manuals tab)*	
Juvenile Competency to Stand Trial	Review of all available collateral data in conjunction with appropriate assessment measures. Pursuant to WIC 709, the evaluator must assess whether the minor suffers from a mental disorder, developmental disability, or developmental immaturity and whether the condition impairs the minor's competency. Formal psychological testing in domains of functioning relevant to assessment of competency as clinically indicated (e.g., IQ, academic achievement, personality and psychopathology)	
	Juvenile Adjudicative Competence Interview (JACI) (semi-structured interview)	Juveniles
	Other structured interview schedules or standardized competency assessment measures with demonstrated reliability and validity and developmental appropriateness/applicability to the Juvenile Court system. *Note: Currently, all the available standardized competency assessment instruments are designed for use with adults and no juvenile norms have yet been published.* *Please refer to the online appendix Specialized Optum TERM Panel Evaluations for additional guidelines (located online on the Optum website)*	

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Psychological Evaluation Procedures

Although there is no "TERM approved" list, the following chart offers a non-exhaustive summary of possible psychological evaluation procedures. It is the evaluator's responsibility to select the most updated version/edition measure based on the specific referral questions that have been normed and empirically supported for the population being assessed.

Domain of Functioning	Possible Evaluation Procedures	Age Range Appropriate for Test Administration
Juvenile Threat Assessment	Review of all available collateral data, in conjunction with assessment measures.	
	Structured Assessment of Violence Risk in Youth (SAVRY)	12 – 18
	Risk-Sophistication – Treatment Inventory (RSTI)	9 – 18
	Psychopathy Checklist – Youth Version (PCL)	12 – 18
	Psychosocial Evaluation & Threat Risk Assessment (PETRA)	11 – 18
	Workplace Assessment of Violence Risk (WAVR-21 v3)	18+
	Other standardized assessment measures with demonstrated reliability and validity *Please refer to the online appendix Specialized Optum TERM Panel Evaluations for additional guidelines (located online on the Optum website)*	

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Child and Family Well-Being Psychological 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
*Check the **ONE** box below that indicates the rationale for the psychological evaluation.* ***Do not** refer if the child is in therapy with a TERM provider. The diagnosis should be included in the initial treatment plan.*	*Check the **ONE** box below that indicates the rationale for the psychological evaluation.* ***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.*
☐ 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. ☐ Diagnostic Clarification: (*If selected, check the ONE box below that indicates the rationale for the psychological evaluation)* ☐ The child/youth/NMD's primary therapist is recommending a psychological evaluation for diagnostic clarification and treatment purposes. ☐ 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	☐ Diagnostic Clarification: (*If selected, check the ONE box below that indicates the reason for the psychological evaluation):]* ☐ 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. ☐ 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

youth's behavior) and an evaluation is being requested to clarify diagnosis and appropriate interventions.

☐ WIC 300C – Serious Emotional Damage and there is no therapist who can document.

☐ Court ordered psychological evaluation (please fill out section D with specific behaviors, symptoms, etc.) AND the following:

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

adherence to the case plan. These are the identified barriers:

☐ Psychiatric evaluation recommends a comprehensive psychological evaluation.

☐ Court ordered psychological evaluation (please fill out section D with specific behaviors, symptoms, etc.) AND the following:

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

☐ 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.

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
*Please check the **ONE** box below that indicates the rationale for the psychiatric evaluation.*	*Please check the **ONE** box below that indicates the rationale for the psychiatric evaluation.*
☐ 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	☐ 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

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.	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.
☐ 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.	☐ 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.
☐ 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.	☐ 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.
☐ Court ordered psychiatric evaluation (please fill out section D with specific behaviors, symptoms, etc.) AND the following: **NOTE:** Please convey the reason the court is asking for the evaluation?	☐ Court-ordered psychiatric evaluation **NOTE:** Please convey the reason the court is asking for the evaluation?

G. NEUROPSYCHOLOGICAL EVALUATION	
CHILD/YOUTH/NMD	**PARENT**
*Please check the **ONE** box below that indicates the rationale for the psychiatric evaluation.*	*Please check the **ONE** box below that indicates the rationale for the psychiatric evaluation.*
☐ 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	☐ 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

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 Psychological 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:
    - Adoption Evaluation
    - Diagnostic Clarification and Treatment Recommendations – Child/Adolescent
    - Emotional Damage Evaluation of a Child/Adolescent
    - Diagnostic Clarification and Treatment Recommendations – Parent
    - Mental Disability Evaluation of a Parent (FC 7827)
    - Adoptive Evaluation of Prospective Adoptive Parent
- Optum TERM requires consistent and specific format for all evaluation reports; please review The Format and Required Elements of a CFWB Psychological Evaluation. These documents represent the minimal requirements expected of CFWB and Probation psychological and psychiatric reports.

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.**
- **Interns are not able to accept Medi-Cal cases 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 Psychological Evaluation (Adoptions) - CHILD/YOUTH

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

ALL EVALUATIONS OF A CHILD/YOUTH

Please include the following elements in your evaluation:

a. Review of educational and mental health records documenting child's status prior to the abuse/neglect, if available, to obtain estimate of pre-morbid functioning.

b. Review of CWS Jurisdiction/Disposition Report, other significant additional court reports i.e. those that document major changes in the child's situation.

c. Review of the History of Child Placements report, if child has not just become a dependent.

d. Review of child's most current Health and Education Passport.

e. Collateral interviews with teacher(s), past mental health providers, extended family members or friends who knew the child prior to the abuse/neglect (if that is applicable).

f. Clinical interview and behavioral observation of the child.

g. General screen of the child's cognitive/intellectual functioning using appropriate assessment instruments, paying special attention to assessment of impairment in attention and concentration.

h. For evaluations of Emotional Damage (W&I Code 300c): Compare current cognitive functioning with pre-morbid level of functioning (if possible)**.**

i. Objective measures of personality and psychopathology, normed and validated with internal measures of validity/response bias, are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the report (i.e., due to cognitive or psychiatric compromise, lack of age appropriate measures, literacy limitations, or significant defensiveness invalidating results). An appropriate alternative is to rely on other assessment components (behavioral observation, collateral reports, clinical interview) and acknowledge potential consequent limitations in the report. The lack of normative data and objective scoring limit the usefulness of projective or "performance-based" instruments in the forensic context. Reliance on instruments that lack requisite scientific validity and/or reliability will not meet TERM standards for quality review.

j. Objective, standardized instruments that assess trauma-related symptomatology also should be utilized whenever indicated and feasible based on the child's age and cultural/linguistic background. Consider administration of trauma-specific instrument, such as Trauma Symptom Checklist for Children (TSCC; Briere, 1996).

k. DSM-5-TR diagnosis including code specifiers.

Diagnostic Clarification and Treatment Recommendations for TERM Psychological Evaluation (Adoptions) - CHILD/YOUTH

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

ADOPTION EVALUATIONS OF A CHILD/YOUTH

An adoption is finalizing for a child and an evaluation of the child's social, emotional, behavioral, and cognitive functioning is required as part of the adoption finalization process.

Specific questions to address and document in the evaluation narrative include:

a. What is the child's cognitive/intellectual functioning?
b. What is the child's emotional and psychological functioning?
c. What impact, if any, has this child's history of abuse, neglect, and/or multiple placements had on the development of emotion and cognitive regulation?

If therapy and/or other interventions appear to be indicated at this time:

a. What are the treatment recommendations?
b. Are there specific cultural/linguistic considerations regarding intervention choice or approach?
c. Is there a specific treatment modality or intervention that may be most appropriate?
d. For a child with this clinical presentation, what is the typical required length of treatment to see a significant reduction in symptoms and/or increase in psychosocial functioning?

Diagnostic Clarification and Treatment Recommendations for TERM Psychological 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/

ALL EVALUATIONS OF A CHILD/YOUTH

Please include the following elements in your evaluation:

a. Review of educational and mental health records documenting child's status prior to the abuse/neglect, if available, to obtain estimate of pre-morbid functioning.

b. Review of CWS Jurisdiction/Disposition Report, other significant additional court reports i.e. those that document major changes in the child's situation.

c. Review of the History of Child Placements report, if child has not just become a dependent.

d. Review of child's most current Health and Education Passport.

e. Collateral interviews with teacher(s), past mental health providers, extended family members or friends who knew the child prior to the abuse/neglect (if that is applicable).

f. Clinical interview and behavioral observation of the child.

g. General screen of the child's cognitive/intellectual functioning using appropriate assessment instruments, paying special attention to assessment of impairment in attention and concentration.

h. For evaluations of Emotional Damage (W&I Code 300c): Compare current cognitive functioning with pre-morbid level of functioning (if possible)**.**

i. Objective measures of personality and psychopathology, normed and validated with internal measures of validity/response bias, are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the report (i.e., due to cognitive or psychiatric compromise, lack of age appropriate measures, literacy limitations, or significant defensiveness invalidating results). An appropriate alternative is to rely on other assessment components (behavioral observation, collateral reports, clinical interview) and acknowledge potential consequent limitations in the report. The lack of normative data and objective scoring limit the usefulness of projective or "performance-based" instruments in the forensic context. Reliance on instruments that lack requisite scientific validity and/or reliability will not meet TERM standards for quality review.

j. Objective, standardized instruments that assess trauma-related symptomatology also should be utilized whenever indicated and feasible based on the child's age and cultural/linguistic background. Consider administration of trauma-specific instrument, such as Trauma Symptom Checklist for Children (TSCC; Briere, 1996).

k. DSM-5-TR diagnosis including code specifiers.

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

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

DIAGNOSTIC CLARIFICATION AND TREATMENT RECOMMENDATIONS - CHILD/YOUTH

Diagnostic Clarification and Treatment Recommendations are needed.

Specific questions to address and document in the evaluation narrative include:

a. Based on the documentation described in section above, what are the likely precipitants of the recent escalation symptoms (if relevant to the referral question checked above)?
b. Based on the documentation described in section above, what might account for the youth’s failure to progress in treatment as expected (if relevant to the referral question checked above)?
c. What is the child’s cognitive/intellectual functioning?
b. What is the child’s emotional and psychological functioning?
    i. What impact, if any, has this child’s history of abuse, neglect, and/or multiple placements had on the development of emotional and cognitive regulation?
    ii. If there has been an increase in symptoms or inappropriate behavior reported by the SW, caregiver, or the therapist, what are the apparent or suspected precipitants?
    iii. Do you suspect that the child has experienced any new abuse/trauma that has not been disclosed to CWS?
    iv. For a child with this clinical presentation, what is the typical required length of treatment to see a significant reduction in symptoms and/or increase in psychosocial functioning?
    v. Are there any current alcohol or other substance abuse issues? If so, how might these impact the child’s response to treatment?
c. Is continuation of therapy appropriate at this time? If so, are there specific treatment recommendations? Are there specific cultural/linguistic considerations regarding intervention choice or approach? Is there a specific treatment modality that may be most appropriate?
d. Should therapy be discontinued at this time? If so, please explain.

Diagnostic Clarification and Treatment Recommendations for TERM Psychological Evaluation (Emotional Damage) - CHILD/YOUTH

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

ALL EVALUATIONS OF A CHILD/YOUTH

Please include the following elements in your evaluation:

a. Review of educational and mental health records documenting child's status prior to the abuse/neglect, if available, to obtain estimate of pre-morbid functioning.

b. Review of CWS Jurisdiction/Disposition Report, other significant additional court reports i.e. those that document major changes in the child's situation.

c. Review of the History of Child Placements report, if child has not just become a dependent.

d. Review of child's most current Health and Education Passport.

e. Collateral interviews with teacher(s), past mental health providers, extended family members or friends who knew the child prior to the abuse/neglect (if that is applicable).

f. Clinical interview and behavioral observation of the child.

g. General screen of the child's cognitive/intellectual functioning using appropriate assessment instruments, paying special attention to assessment of impairment in attention and concentration.

h. For evaluations of Emotional Damage (W&I Code 300c): Compare current cognitive functioning with pre-morbid level of functioning (if possible)**.**

i. Objective measures of personality and psychopathology, normed and validated with internal measures of validity/response bias, are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the report (i.e., due to cognitive or psychiatric compromise, lack of age appropriate measures, literacy limitations, or significant defensiveness invalidating results). An appropriate alternative is to rely on other assessment components (behavioral observation, collateral reports, clinical interview) and acknowledge potential consequent limitations in the report. The lack of normative data and objective scoring limit the usefulness of projective or "performance-based" instruments in the forensic context. Reliance on instruments that lack requisite scientific validity and/or reliability will not meet TERM standards for quality review.

j. Objective, standardized instruments that assess trauma-related symptomatology also should be utilized whenever indicated and feasible based on the child's age and cultural/linguistic background. Consider administration of trauma-specific instrument, such as Trauma Symptom Checklist for Children (TSCC; Briere, 1996).

k. DSM-5-TR diagnosis including code specifiers.

Diagnostic Clarification and Treatment Recommendations for TERM Psychological Evaluation (Emotional Damage) - CHILD/YOUTH

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

EMOTIONAL DAMAGE EVALUATIONS OF A CHILD/YOUTH

A petition has been or will be filed under Section 300(c) (Emotional Damage) and there is no therapist for the child who can evaluate and document emotional damage.

Specific questions to address and document in the evaluation narrative include:

a. An opinion, based on documentation described in above section, regarding whether the child has been negatively impacted emotionally by the abuse and/or neglect that precipitated the current Child Welfare Services referral or case.
b. The specific emotional and/or behavioral concerns that require intervention.
c. Specific treatment or assessment recommendations, including:
    i. Description of appropriate therapeutic milieu in which child can be optimally and safely treated.
    ii. Any additional testing or assessment (e.g. psychotropic medication evaluation) that would facilitate the child’s ability to reach optimal potential in psychosocial functioning.
    iii. Particular therapeutic approaches that may be most appropriate, given the child’s age, developmental level, cultural context, and clinical presentation. iv. Estimated length of treatment, based on current presentation.

Diagnostic Clarification and Treatment Recommendations for TERM Psychological Evaluation - PARENT

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

DIAGNOSTIC CLARIFICATION AND TREATMENT RECOMMENDATIONS EVALUATION - PARENT

Diagnostic Clarification and Treatment Recommendations are needed. Please see the accompanying Evaluation Request Form (04-178) to see if the client is already being seen by a licensed mental health professional and review all provided history from the provider and social worker to see why diagnostic clarification and treatment recommendations are needed at this time.

Evaluation narrative MUST include the following components:

a. What is the parent's cognitive/intellectual functioning? Is there evidence of impairments that would prevent parent from substantially benefiting from services within legal timelines for this case?
b. What is the parent's emotional and psychological functioning? Are criteria met for any Psychotic, Mood, or Anxiety Disorder (DSM-5-TR disorder) or Personality Disorder (DSM-5-TR disorder)? If so, would these disorders prevent parent from substantially benefiting from services within the legal timelines for this case?
c. For a client with this clinical presentation, what is the typical required length of treatment to see a significant reduction in symptoms and/or increase in psychosocial functioning?
d. Are there indications of personality pathology that do not meet full criteria for a diagnosis but that may negatively impact ability to safely parent? What is the parent's level of insight, judgment, and motivation to participate in services? What are the implications regarding the parent's ability to parent safely and/or benefit from reunification services, including therapy?
e. Are there any other diagnostic considerations that may be impacting the parent's motivation to participate in services or that may be impacting the parent's insight, judgment, and/or ability to benefit from treatment?
f. Are there any current alcohol or other substance abuse issues? If so, how might these impact the parent's response to treatment and/or ability to safely parent?
g. Is continuation of therapy appropriate at this time? If so, are there specific treatment recommendations? Are there specific cultural/linguistic considerations regarding intervention choice or approach? Is there a specific treatment modality that may be most appropriate.
h. Objective measures of personality and psychopathology, normed and validated with internal measures of validity/response bias, are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the report (i.e., due to cognitive or psychiatric compromise, lack of age appropriate measures, literacy limitations, or significant defensiveness invalidating results). An appropriate alternative is to rely on other assessment components (behavioral observation, collateral reports, clinical interview) and acknowledge potential consequent limitations in the report. The lack of normative data and objective scoring limit the usefulness of projective or "performance-based" instruments in the forensic context. Reliance on instruments that lack requisite scientific validity and/or reliability will not meet TERM standards for quality review.

Diagnostic Clarification and Treatment Recommendations for TERM Psychological Evaluation (FC7827) - PARENT

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

MENTAL DISABILITY EVALUATION OF PARENT (FC 7827)

Does this parent have a mental disability, as defined in Family Code Section 7827? Mental disability is defined as a "mental incapacity or disorder that renders the parent unable to care for and control the child adequately"

Evaluation MUST answer questions a. and b. to meet Family Code Section 7827 criteria:

a. If the parent does have a mental disability, does the disability render the parent incapable of utilizing reunification services?
b. If the parent is capable of utilizing reunification services, what is the parent's prognosis for ability to benefit from services and begin to safely parent this child within twelve months?

PLEASE NOTE: legal timeline for b. above is six (6) months (not twelve months) if child is under 3 years of age. **CHECK IN CLIENT/CASE INFORMATION TO DETERMINE IF CASE INCLUDES A CHILD UNDER 3 YEARS OF AGE**. For parents with children under 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.

Evaluation narrative MUST address the following components:

Cognitive/Intellectual Functioning: What is the parent's cognitive/intellectual functioning? Do these concerns render the parent incapable of utilizing reunification services? To what extent do these concerns affect the parent's prognosis to benefit from services within the legal timelines?

Emotional/Psychological Functioning including Personality/Characterological Traits: Are diagnostic criteria met for any clinical disorders as described under DSM-5-TR? Are criteria met for a personality disorder or intellectual disability (DSM-5-TR diagnoses) or are there are significant characterological traits?

Defensiveness/Level of Insight: How defensive is the parent regarding admission of the protective issues and/or mental health concerns? What level of insight does parent appear to have, based on this assessment, regarding the protective issue and/or mental health concerns?

Based on the assessment of all of the above factors, please answer Family Code Section 7827 criteria a. and b. above.

Treatment: What are the treatment recommendations, **if any**, that could promote this parent's ability to safely parent **within the legal timelines**? Are there specific cultural/linguistic considerations regarding intervention choice or approach?

Diagnostic Clarification and Treatment Recommendations for TERM Psychological Evaluation - PROSPECTIVE ADOPTIVE PARENT

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

ADOPTION EVALUATION OF PROSPECTIVE ADOPTIVE 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:

a. What is the client's cognitive/intellectual functioning?

b. What is the client's emotional and psychological functioning?

   i. Concerns regarding a Psychotic, Mood, or Anxiety Disorder (DSM-5-TR mental health concerns): Are there indications of significant mental illness, such as psychotic symptoms or significant major depression? If so, please comment on the potential for impacting client's ability to safely parent.
   ii. Concerns regarding a Personality Disorder (DSM-5-TR pathology): Are there indications of personality or character pathology? What is the client's level of insight and judgment regarding parenting an abused and/or neglected child
   iii. What are the implications regarding the client's ability to parent safely and/or benefit from services to facilitate a permanent adoption, including therapy?

c. Are there any other diagnostic considerations that may be impacting the client's motivation to participate in services or that may be impacting the client's insight, judgment, and/or ability to safely parent?

d. Are there any current alcohol or other substance abuse issues?
   i. If so, what are your treatment recommendations?
   ii. How might substance abuse impact this client's ability to safely parent?

e. Are there specific cultural/linguistic considerations regarding intervention choice or approach?
   i. If so, is there a specific treatment modality that may be most appropriate?

The Format and Required Elements of a CFWB Psychological Evaluation

The **Format** and **Elements** described represent the minimal requirements required of a CFWB Psychological 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: 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.

CFWB Case Number:

Protective Services Worker's Name:

Protective Services Worker's Phone Number:

Protective Services Worker's Fax Number:

Location of Evaluation: State where the evaluation took place.

Date of Evaluation: List all dates of when interviews and testing took place.

Date of Report: State the date the report was written.

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 psychological assessment data.

Referral Questions: Please list verbatim the referral questions that are being addressed in the report. If no specific referral questions were provided, please indicate and provide information regarding the purpose of the evaluation.

Reason for CFWB Involvement: Describe the reason that CFWB is involved in the case. Identify whether the case is High Risk, 300e, and/or High Profile, per PSW report.

Tests Administered: List each psychological, educational, neuropsychological, mental status exam and/or interview test/method that was administered. Document the reason if using an instrument that is unusual and/or specific to the special need(s) of the client. List the scoring method utilized when appropriate (e.g., WISC, MMPI).

Documents Reviewed: List each document that is reviewed, including the title, author, and date of each document.

Persons Interviewed: Collateral interviews or data collection must be conducted with relevant parties (e.g. Caregivers, Mental Health Providers, and Protective Service Workers). List the name, relationship to the client, and date of the interview. If no collateral sources were interviewed or provided additional data, please list here the extenuating circumstances that prevented this from occurring.

Family Constellation: List names and all ages of parents/guardians/siblings; identify the child's placement.

Background Information: Describe pertinent background information obtained from interviews and records. Indicate source(s) of information. Describe contradictions in the information when relevant. Elicit and describe examinee's reasons for involvement with CFWB. Address and describe history of childhood abuse and neglect. Include information about relevant medical history, mental health history/treatment, substance abuse, violent behavior, domestic violence, criminal record, sexual behaviors, school/grade level and social adjustment, work adjustment and history, and marital status/history. In general, this background information should be focused and relevant to the current protective issues and referral questions.

Mental Status/Behavioral Observations: Describe findings of the mental status examination and behavioral observations during testing and interview.

Tests Results/Interpretation of Findings: Describe results of each specific psychological/cognitive/educational test given. If a test is administered, the provider must describe the results of that test in the report, including available numerical test scores (e.g., standard scores, T scores). Describe the examinee's personality organization (including traits and features) using common, valid and reliable objective measures of personality. Integrate and summarize all test results, including collateral data, and provide a description of the client's cognitive, behavioral, and emotional functioning. Describe discrepant test findings or discrepancies among data sources if they exist. Comment on the impact of functioning on client's ability to parent or, if client is a child, on child's psychosocial functioning at home, school, and with peers.

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.

Summary and Conclusions: Summarize pertinent case identifiers, risk factors, and evaluation findings. Describe how the evaluation findings may impact the client's ability to parent or child's psychosocial functioning, the client's ability to engage in the reunification process, and potential for mitigation of identified risk factors. 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. List each referral question and provide an appropriate response to each of the questions that were to be addressed in the evaluation. If a referral question could not be answered, please indicate and explain why. 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.

Recommendations: Provide relevant treatment recommendations to address diagnoses if this is necessary for addressing the protective issues, amelioration of risk factors for parenting safely or healing from experiences of abuse and/or neglect, and the lowest level of care at which client can be safely treated. Remember that treatment recommendations must consider the legal timeline of the case and must specify whether a parent is likely to benefit from the recommended services within the legal timeline for that case.

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

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Medi-Cal Funded CFWB Psychological Evaluation

This section will include the following information:

- Pre-authorization is required for all Medi-Cal funded cases, even if the referral originated from CFWB. Optum Public Sector San Diego Psychological Testing Guidelines is included to assist providers in understanding general information for Medi-Cal funded psychological evaluations.

- Pre-Authorization Request Form for Medi-Cal Psychological Testing is included for reference.

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Optum Public Sector San Diego Psychological Testing Guidelines

Introduction

Psychological testing is a set of formal procedures utilizing current reliable and valid tests designed to measure the areas of intellectual, cognitive, emotional and behavioral functioning in addition to identifying psychopathology, personality style, interpersonal processes, and adaptive skills. Psychological testing is considered a Specialty Mental Health Service that requires pre-authorization.

General Requirements for Psychological Testing

1. Psychological testing benefits may be available to active Medi-Cal beneficiaries. The following are examples of potential limitations or exclusions:
    a. Services for the primary purpose of evaluating an excluded mental health diagnosis.
    b. Services required for purposes of school, sports or camp, travel, career, employment, insurance, or marriage.
    c. Services required for purposes of adoption that do not otherwise meet medical necessity criteria.
    d. Services related to judicial or administrative proceedings or orders that do not otherwise meet medical necessity criteria.
    e. Services conducted for purposes of medical research.
    f. Services required to obtain or maintain a license of any type.
    g. Services not consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines.
2. Prior to testing, a clinical evaluation of the client must be completed either by the requesting psychologist or a qualified referring mental health professional. The evaluation must be comprehensive and complete enough to:
    a. Identify specific, outstanding clinical questions that must be answered by psychological testing in order to establish the client's diagnosis or inform the treatment plan; and
    b. Guide development of an appropriate testing battery.
3. The provider must be an independently doctoral-level psychologist licensed and practicing within the scope of licensure and competence.
4. The tests and number of hours requested must be appropriate to answer specific clinical questions that could not be answered by the clinical evaluation. The following are also considered:
    a. Whether there are any role conflicts that would impact the provider's objectivity (e.g. previous or ongoing therapeutic relationship with the client or client's family members);
    b. Whether testing was completed within the last 6 months and if so, the rationale for retesting;
    c. Whether the client has abstained from abusing alcohol or drugs for at least 6 weeks prior to testing.
5. The number of hours requested and approved must include the total time necessary to complete face-to-face test administration, scoring, interpretation, and report writing. The number of hours

    that may be approved is typically based on standards published in test publications and will not exceed 150% of published test administration time. Additional time for the initial diagnostic interview and for a subsequent feedback session may also be requested.

6. A testing request may be submitted by fax or mail using the Psychological Testing Request Form. Providers may access the form on https://www.optumsandiego.com.

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Psychological Testing (96101)

Any of the following criteria must be met:

1. A clinical evaluation was inconclusive and additional information which can be derived from psychological testing is needed to establish the client's behavioral health diagnosis. Examples include, but are not limited to:
    a. The client presents with symptoms that could be indicative of more than one behavioral health condition, and a differential diagnosis could not be made.
    b. The client presents with atypical symptoms.
2. A clinical evaluation was inconclusive and additional information which can be derived from psychological testing is needed to inform the treatment plan. Examples include, but are not limited to:
    a. Outstanding questions about the client's level of functioning must be answered in order to gauge the client's capacity to participate in behavioral health treatment.
    b. Outstanding questions about a change in the client's presenting symptoms must be answered in order to gauge the adequacy of the treatment plan.
    c. There are outstanding questions about why a client's response to treatment has not been as expected.

Authorization Determination Turnaround Time

Reviewers comply with specific determination turnaround time requirements for reviewing and reaching coverage determinations, as outlined in Medi-Cal Title 9 Medical Necessity criteria. Turnaround time is 14 calendar days.

Peer Review

Peer Reviewers are doctoral-level licensed psychologists. The Peer Reviewer will possess at least the same level of licensure as the provider requesting coverage, have competency in the same or similar specialty area, and hold an active, unrestricted license. The Peer Reviewer will offer to conduct telephonic peer-to-peer review with the requesting provider should the requested number of hours of testing service exceed the number of hours that may be approved. A Peer Reviewer will be available to conduct a peer review of any testing request prior to issuing a modification or full denial. The exception to this is situations where the adverse determination is based on an administrative reason (e.g. client not active to Medi-Cal, excluded mental health diagnosis), which may be issued by the Clinical Director or designee.

Denials of Psychological Testing Requests

The following are examples of types of denials that may be issued:

a) **Service is a Coverage Exclusion Based on Medi-Cal Title 9 Criteria**: Testing is excluded from coverage when it is for school/educational purposes. Additional common types of testing requests for which denials may be issued include but are not limited to: testing for court-ordered or otherwise legally required purposes that does not otherwise meet medical necessity criteria; testing for purposes related to child custody determination, licensure/certification or career or workplace behaviors, and testing related to non-DSM diagnostic conditions or non-Covered diagnostic conditions.

b) **Service Not Meeting Optum Public Sector San Diego Testing Guideline Criteria for Authorization**: Testing may not be approved if the testing request does not meet Optum Public Sector San Diego FFS Medi-Cal Psychological Testing Guidelines. Common types of testing requests for which denials may be issued include but are not limited to: situations where number of hours requested exceed established reimbursable timeframe guidelines, requested tests in a battery are redundant or duplicative, and use of measures that do not meet professional standards.

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F: 877-624-8376
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Client Appeals and Provider Disputes of Denials

A client or authorized client representative or provider acting on behalf of a client has the right to request an appeal of a modified or denied request. The written Notification of Action (NOA) will include a description of the client appeal process, and the Letter of Determination will include a description of the provider dispute process. Questions about the appeal/dispute process may be addressed by contacting the FFS Provider Line at 1-800-798-2254, or by consulting the www.optumsandiego.com website and/or the FFS Provider Handbook.

Pre-Authorization Request
Medi-Cal Psychological Testing

To request authorization fax or mail to:
Optum Public Sector San Diego
PO Box 601340
San Diego, CA 92160-1340
Fax: (866) 220-4495

Note: Psychological testing must be pre-authorized. Requests will be processed within 14 calendar days from date of receipt. An incomplete form may delay processing. Authorizations are based on the client's Medi-Cal eligibility, Optum Policies & Procedures, and Psychological and Neuropsychological Testing Guidelines. For questions please call (800) 798-2254 option 3, then 4.

Client Information		
Client Name to Receive Testing:	DOB:	
Medi-Cal#:		
Psychologist Information		
Psychologist Name:	Degree:	
Psychologist Address:	Suite:	
City:	State:	Zip:
NPI #: Click or tap here to enter text.	Phone:	Fax:
Testing Information		
Testing Dates of Service Requested: Start: End:		
Has a Diagnostic Interview (90791) Taken Place? ☐ Yes ☐ No	Date of Diagnostic Interview: Click or tap here to enter text.	
Referred by Child Welfare Services: ☐ Yes ☐ No	Court Ordered: ☐ Yes ☐ No	
Purpose of Testing: (Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.) Click or tap here to enter text.		
List All Tests Required: (Please spell out name of tests. Indicate if administering select or supplementary subtests.) Click or tap here to enter text.		
Professional Who Referred Client to Psychological Testing Information		
Name: Click or tap here to enter text.	Phone: Click or tap here to enter text.	
Degree: Click or tap here to enter text.	Specialty: Click or tap here to enter text.	
Case Background: (Include current level of care, specific behaviors and symptoms and concern and impact on current functioning, risk factors, assessment/testing history including dates and types of prior evaluation, co-existing medical, psychiatric, substance abuse conditions, etc.) Click or tap here to enter text.		
Diagnostic Information		
Current ICD Diagnostic Code and DSM Diagnostic Label: Click or tap here to enter text. (If no diagnosis exists, write "None")		
Rule-Out Diagnostic code and names to be evaluated: Click or tap here to enter text. ICD Diagnostic Code: Click or tap here to enter text. DSM Diagnostic Label: Click or tap here to text. enter		

Applicable CPT Codes Units or Hours Requested	
****Please note the Psychological Testing Evaluation, Test Administration, and Scoring Hours may not collectively exceed 11 hours of service total.**	
A. Psychiatric Diagnostic Evaluation: (Not included in the 11 hours from D) 90791 (Maximum 1 unit):	**C. Test Administration and Scoring:** 96136 (First 30 minutes, maximum 1 unit) 96137 (Each additional 30 minutes)
B. Psychological Testing Evaluation: 96130 (First hour, maximum 1 unit): 96131 (Each additional hour):	**D. Total number of hours requested in B & C:** (Cannot exceed 11 hours)

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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 Psychological and Neuropsychological 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.
    - Please note that on occasion, a specialized referral question may be requested, which will be indicated either in the Minute Order or Probation Psychological and Neuropsychological Evaluation Referral. 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 Probation Psychological Report
    - Format and Required Elements of a Juvenile Mental Competency Evaluation
    - Format and Required Elements of a Juvenile Threat Assessment

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.**
- **Interns are not able to accept Mental 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)

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

- 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 Psychological and Neuropsychological Evaluation Referral

Youth's Name: **Date of Court Order:** _____
ID #: **Report Due to Optum (no later than 2 days prior to court hearing):** _____
Youth's DOB: **Accepting Evaluator:** _____
Probation Officer: **Date Accepted:** _____
PO Telephone: **Optum Fax Number: 877-624-8376**
Attorney: **Youth's Location:** _____
Attorney Email: _____

Guidelines for Probation Psychological and Neuropsychological Evaluations

- **Psychological evaluations** are requested when the Court suspects that the juvenile presents with a mental health or substance abuse problem. Specialized referral questions may be added when the Court has additional concerns. All evaluations should address the psychological factors related to the index behaviors of concern. **Note to evaluator:** In addition to the clinical interview, collateral interviews, record review, and any additional available records, please utilize standardized and empirically validated procedures as needed for assessment of intellectual functioning, academic achievement, personality, and psychopathology, and risk factors to self and others. You need to inform the readers of your findings, the foundations for your clinical opinions along with the relevant limitations to your conclusions.
- **Neuropsychological evaluations** are indicated *after* a comprehensive psychological evaluation has been completed and a neuropsychological evaluation has been recommended. This type of evaluation should identify neuropsychological deficit(s), if present, and recommend appropriate treatment, rehabilitation, and educational remediation for a youth.
- Please note, psychological evaluations and neuropsychological evaluations are completed by evaluators with a PhD or PsyD. Evaluators with an MD or DO and who are approved to conduct psychiatric evaluations are not to accept psychological or neuropsychological evaluations.
- If you encounter challenges reaching collateral contacts or receiving background records, please contact the youth's attorney and/or the probation officer. If there are continued concerns about the availability of collateral information after contacting the youth's attorney and probation officer, please document in the evaluation report attempts made to obtain the information and any consequent limitations to evaluation conclusions.

Required Referral Questions for All Cases:

1) Briefly summarize the youth's current behavioral and emotional functioning. Include strengths as well as weaknesses. Relevant risk factors such as antisocial attitudes and associations, dysfunctional family dynamics (including history of abuse and/or domestic violence), or trauma history should be included.
2) Describe the youth's intellectual functioning (IQ), current educational achievement, and any learning disabilities.
3) Does the youth have a mental health diagnosis?
4) Does the youth have a substance abuse or dependence diagnosis?
5) Is there any history or evidence of self-harming behaviors, aggressive or assaultive behaviors, sexual acting out, fire setting, or participation in gangs?
6) What interventions and treatment services are recommended to address the mental health or substance abuse issues identified? Is a referral for psychiatric evaluation for medications advised?
7) What, if any, additional case specific questions should this report address?

Specialized Referral Questions:

Family Violence Evaluations (In addition to questions 1-7 above, please respond to the following):

☐ What level of risk does the youth present to him or herself or to family members if placed back in the family home? What placement is recommended if the family home is not feasible?

Fire Setting Evaluations (In addition to questions 1-7 above, please respond to the following):

☐ What level of risk does the youth present for fire setting?

Sexual Offender Evaluations (In addition to questions 1-7 above, please respond to the following):

☐ What level of risk does the youth present for sexual acting out and/or sexual assaultive behaviors?

Threat Assessment Evaluation (In addition to questions 1-7 above, please respond to the following):

☐ What level of risk does the youth present for targeted violence?

Neuropsychological Evaluations:

☐ Please address the following specific behaviors or issues with a suspected neuropsychological cause:

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

Accepting Evaluator: _____
Date Accepted: _____
Optum Fax Number: 877-624-8376
Youth's Location: _____

This packet includes:

☐ Court Order

☐ Probation face sheet

☐ Police report

☐ Detention Reports (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

The assessment should be based on the integration and synthesis of multiple sources of information, including:
• 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.
  ○ 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
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.

Relevant Resources
Office of Juvenile Justice and Delinquency Prevention US Fire Administration: Youth Firesetting

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):

Adult Psychosexual Risk Evaluation (CFWB) **Juvenile Sexual Behavior Problem Risk Assessment** (Juvenile Probation) *For CFWB evaluations, the provider must be approved by the California Sex Offender Management Board
Methods of Evaluation
The assessment should be based on the integration and synthesis of multiple sources of information, including: • 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 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. NOTE: Caution should be taken when assessing children in this context; providers should guard against projecting adult constructs onto children.
Relevant Resources
Association for the Treatment of Sexual Abusers California Coalition on Sexual Offending California Sex Offender Management Board (CASOMB) San Diego County District Attorney

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

The assessment should be based on the integration and synthesis of multiple sources of information, including:

- 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:
  - Structured competency interview schedule (e.g., Juvenile Adjudicative Competence Interview; Grisso, 2005).
  - Standardized competency assessment instruments normed and validated for the juvenile population.

    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.
- 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

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.

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.

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
California Welfare and Institutions Code- WIC § 709 http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=709 Assembly Bill No. 1214 http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1214 Grisso, T. (2005). *Evaluating juveniles' adjudicative competence: A guide to clinical practice.* Sarasota, FL: Professional Resource Press.

Neuropsychological Evaluation (CFWB, Juvenile Probation)
Methods of Evaluation
The assessment should be based on the integration and synthesis of multiple sources of information, including: • 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 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.
Relevant Resources
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.

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
The assessment should be based on the integration and synthesis of multiple sources of information, including: • 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 clinical disorder, as described under the latest DSM, are critical to case conceptualization, consideration should be given to the use of focused measures of psychopathology as an adjunct to any broad based measures that have been administered (e.g., psychopathy, substance use disorders, personality/characterological traits) • 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 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. 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.

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
The assessment should be based on the integration and synthesis of multiple sources of information, including: • 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 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.

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
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? **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? **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? **Reference: A Primer on Threat Assessments accessed at http://www.nothreat.com/primer.htm**

Optum

The Format and Required Elements of a Probation Psychological Evaluation

The **Format** and **Elements** described represent the minimal requirements required of a Probation Psychological 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: 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.

Probation Regis Number:

Probation Officer's Name:

Probation Officer's Phone Number:

Probation Officer's Fax Number:

Minor's Attorney's Name:

Minor's Attorney's Phone Number:

Minor's Attorney's Fax Number:

Location of Evaluation: State where the evaluation took place.

Date of Evaluation: List all dates of when interviews and testing took place

Date of Report: State the date the report was written.

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.

Referral Questions: Please list verbatim the referral questions that are being addressed in the report. If no specific referral questions were provided, please indicate and provide information regarding the purpose of the evaluation.

Reason for Probation Involvement: Describe the reason that Probation is involved in the case.

Tests Administered: List each psychological, educational, neuropsychological, mental status exam and/or interview test/method that was administered. Document the reason if using an instrument that is unusual and/or specific to the special need(s) of the client. List the scoring method utilized when appropriate.

Documents Reviewed: List each document that is reviewed, including the title, author, and date of each document.

Persons Interviewed: Collateral interviews or data collection must be conducted with relevant parties (e.g. Caregivers, Mental Health Providers, and Probation Officers). List the name, relationship to the child, and date of the interview. If no collateral sources were interviewed or provided additional data, please list here the extenuating circumstances that prevented this from occurring.

Family Constellation: List names and all ages of parents/guardians/siblings; identify the child's placement.

Background Information: Describe pertinent background information obtained from interviews and records. Indicate source(s) of information. Describe contradictions in the information when relevant. Describe reasons for involvement with law enforcement and/or Probation. Address and describe history of delinquent behavior and previous consequences/rehabilitative efforts. As appropriate, include information about substance abuse, violent behavior, history of fire-setting, child abuse and neglect, domestic violence, sexual behaviors, school/grade level, work, marital/parental status, and mental health/medical history. In general, this background information should be focused and relevant to the current mental health issues, safety issues, placement concerns and referral questions.

Mental Status/Behavioral Observations: Describe findings of the mental status examination and behavioral observations during testing and interview.

Tests Results/Interpretation of Findings: Describe results of each specific psychological/cognitive/educational test given. If a test is administered, the provider must describe the results of that test in the report, including available numerical test scores (e.g., standard scores, T scores). Describe discrepant findings when indicated. Describe the client's cognitive, behavioral, and emotional functioning. Describe the examinee's personality organization (including traits and features) using common, valid and reliable objective measures of personality. Provide an integrated interpretation of all the available data including interview(s), collateral data, observations, and test results.

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.

Summary and Conclusions: Summarize pertinent case identifiers, victim/community safety, risk factors, recidivism, and evaluation findings. Describe how the evaluation findings may impact the rehabilitation process and amelioration of identified risk factors. 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. List each referral question and provide an appropriate response to each of the questions that were to be addressed in the evaluation. 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.

Recommendations: Provide relevant recommendations to address diagnoses, amelioration of risk factors, placement concerns, victim/community safety, recidivism, and evaluation findings.

Signature and Date: 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.

The Format and Required Elements of a Juvenile Threat Assessment

The **Format** and **Elements** described represent the minimal requirements for a Juvenile Threat Assessment. 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: Fill in the name of the client.

DOB: ____yeas, ____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.

Probation Regis Number:

Probation Officer's Name:

Probation Officer's Phone Number:

Probation Officer's Fax Number:

Minor's Attorney's Name:

Minor's Attorney's Phone Number:

Minor's Attorney's Fax Number:

Location of Evaluation: State where the evaluation took place.

Date of Evaluation: List all dates of when interviews and testing took place.

Date of Report: State the date the report was written.

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.

Referral Questions: Please list verbatim the referral questions that are being addressed in the report. If no specific referral questions were provided, please indicate and provide information regarding the purpose of the evaluation.

Reason for Probation Involvement: Describe the reason that Probation is involved in the case.

Tests Administered: The evaluator shall conduct an evidence-based risk assessment utilizing standardized and empirically validated procedures for assessment of risk factors. List each psychological, educational, neuropsychological, risk assessment tool, mental status exam that was administered.

Documents Reviewed: List each document that was reviewed, including the title, author, and date of each document. If any information is unavailable to the provider, he or she shall document in the report efforts to obtain that information and any consequent limitations to the evaluation.

Persons Interviewed: Collateral interviews or data collection must be conducted with relevant parties (e.g. Client, Caregivers, Mental Health Providers, Probation Officers, Teachers, Attorney). List the name, relationship to the child, and date of the interview. If no collateral sources were interviewed or provided additional data, please list here the extenuating circumstances that prevented this from occurring and any consequent limitations to evaluation conclusions.

Family Constellation: List names and all ages of parents/guardians/siblings; identify the child's placement.

Background Information: Describe pertinent background information obtained from interviews and records, including review of history, risk and need factors. Describe reasons for involvement with law enforcement and/or Probation. Address and describe history of delinquent behavior and previous consequences/rehabilitative efforts. As relevant, include information about substance abuse, social isolation/loneliness, violent behavior, history of firesetting, child abuse and neglect and other adverse childhood experiences, domestic violence, sexual behaviors, school/grade level, work, parental status, mental health/medical history, and any history of 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 source(s) of information for these inquiries. Describe contradictions in the information when relevant.

Mental Status/Behavioral Observations: Describe findings of the mental status examination and behavioral observations during testing and interview.

Tests Results/Interpretation of Findings: Describe results of each specific psychological/cognitive/educational test/risk assessment tool administered. Document the reason if using an instrument that is unusual and/or specific to the special need(s) of the client. List the scoring method utilized when appropriate. If a test is administered, the provider must describe the results of that test in the report, including available numerical test scores (e.g., standard scores, T- scores). Describe discrepant findings when indicated. Describe the client's cognitive, behavioral, and emotional functioning. Provide an integrated interpretation of all the available data including interview(s), collateral data, observations, and test results. 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 the assessment should be assessed and discussed.

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.

Summary and Conclusions: Summarize evaluation findings and explain the basis of your risk assessment, following ethical and professional guidelines for communicating risk predictions. List each referral question and provide an appropriate response to each of the questions that were to be addressed in the evaluation, including discussion of the basis for your clinical conclusions along with any relevant limitations. 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.

Recommendations: Provide relevant recommendations to address diagnoses, amelioration of risk factors, placement concerns, victim/community safety, recidivism, and evaluation findings.

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