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

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 of Referral:		CFWB Office/Program	<select>		
Name of SW		Phone No:		SW Email:	
PSS Name:		PSS Phone No.:		PSS Email:	
Manager Name		Manager Phone No.		Manager Email	

Assigned/Covering PSS Signature: _____

Note To Provider: If you are unable to locate the SW with information provided above, call Hotline Records at (858) 514-6995 and provide code "BHS2021" to obtain SW information.
If you are searching for the assigned child's attorney for the purposes of an ROI, please call CLDSS Main line at 858-221-0404.

B. CLIENT INFORMATION (SELECT ONLY ONE EVALUATION TYPE PER CLIENT)

<Select Evaluation Type> is requested for: <Select One>

Provide full legal name below					
Last Name:		First Name:		Alias	
DOB:		State ID:		Two Digit Person Number	
Gender:	<select>		Pronoun(s):	<select>	
Language:	<select>	Ethnicity:	<select>	If "Other" Ethnicity specify	
If service is to be provided in a language other than English, specify language: <select>					
Address:			Phone Number		
☐ Parent is homeless	Zip code where parent is most frequently located:				
Cultural Considerations:					

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Only complete if referring a child/youth/Non-Minor Dependent			
Is in out-of-home care? <select>			
Child/Youth's Current Placement <select>		If "Other," specify:	
Caregiver/Placement Name		Phone Number	
Does child/youth/NMD have a Fetal Alcohol Syndrome Disorder diagnosis (FASD)?			<select>
Has the child/youth/NMD been diagnosed with Autism Spectrum Disorder?			<select>
Is the child/youth/NMD active to Regional Center?			<select>
Has an IEP?	<select>	If yes, specify the qualifying condition:	
Was the child/youth/NMD prenatally exposed to substances?		<select>	If yes, what substances

*The evaluation report is due within 30 days of receipt of the 04-178 and background records. For youth at Polinsky Children's Center (PCC) or Youth Transition Campus (YTC), where CFWB is the lead agency and the evaluation is court-ordered, the evaluation report is due within 10 business days of the TERM provider accepting the assignment and receiving all relevant records. Complete below only if requesting an expedited evaluation for a youth at PCC or YTC.

☐ **Expedited Evaluation Requested** **Due Date**

Reason for expedited request

C. FUNDING SOURCE

Select only one funding source. If the client has Medi-Cal, CFWB funds cannot be used

Email: FC-Clerical.HHSA@sdcounty.ca.gov to verify Medi-Cal for child/youth who are in out-of-home care

Mental health services will be provided in:	☐ San Diego County	☐ Other	
Medi-Cal Number or CIN number		**Issue Date**	
☐ CFWB Funds **Use if the client does not have Medi-Cal or using private insurance**			

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C. CASE INFORMATION

Case Status:	<select>	Highly Vulnerable Child Case	<select>	Court Ordered:	<Select>
Date of Next Court Hearing:					

To avoid conflicts of interest, list legal names of the family members who will be receiving treatment through Optum TERM and children/youth/NMD who are involved on the case plan.

Legal Name / Alias	Relationship to Child/Youth/NMD	DOB
1. /		
2. /		
3. /		
4. /		
5. /		
6. /		
7. /		

Describe the incident that brought this family to the attention of CFWB (e.g. impact on child):

D. Reason for Evaluation (See Parent Evaluation and Child Evaluation Flow Charts)

What is the current status of the case? :

Why is the evaluation requested at this time?:

If this is court ordered, convey the reason the court is asking for the evaluation:

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 an evaluation; if unclear please consult with staff psychologist ☐ Not applicable
If yes, explain

Safety Alerts for Evaluator

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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

Select one type of evaluation on next page

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

*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.*

☐ 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 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 (fill out section D)

PARENT

*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.*

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

☐ Psychiatric evaluation recommends a comprehensive psychological evaluation.

☐ Court ordered psychological evaluation (fill out section D)

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CHILD/YOUTH/NMD	PARENT
	☐ 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.

See Next Page Below

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F. Autism Spectrum Disorder Evaluation

Date consulted with Staff Psychologist (Required):

NOTE: Diagnostic clarification and treatment recommendations for TERM Autism Spectrum Disorder (ASD) evaluations may be requested for children, youth, and adults who show signs of possible atypical neurodevelopment in any of the following areas: cognitive functioning, communication, social or emotional functioning, or restricted and repetitive behaviors. ASD evaluations conducted through TERM include all components of a comprehensive psychological evaluation and must incorporate validated, autism-specific diagnostic tools to support differential diagnosis and treatment planning.

CHILD/YOUTH/NMD	PARENT
*Check the **ONE** box below that indicates the rationale for the psychological evaluation.*	*Check the **ONE** box below that indicates the rationale for the psychological evaluation.*
Diagnostic Clarification: (*If selected, check the ONE box below that indicates the rationale for the ASD evaluation)*	Diagnostic Clarification: (*If selected, check the ONE box below that indicates the rationale for the ASD evaluation)*
☐ The child/youth/NMD's treating licensed mental health professional is recommending an ASD evaluation for diagnostic clarification and treatment purposes.	☐ The parent's treating licensed mental health professional is recommending an ASD evaluation for diagnostic clarification and treatment purposes.
☐ CFWB is requesting an ASD evaluation for diagnostic clarification and treatment purposes to clarify autism-related concerns (e.g. social communication or behavior).	☐ CFWB is recommending an ASD evaluation for diagnostic clarification and treatment purposes to clarify autism-related concerns (e.g. social communication or behavior).
☐ DSEP Screening recommended an ASD evaluation	☐ Court ordered (fill out section D with specific behaviors, symptoms, etc. and the reason for the court order).
☐ Court ordered (fill out section D with specific behaviors, symptoms, etc. and the reason for the court order)	

G. 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 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.	☐ The client's treating licensed mental health professional is recommending a psychiatric evaluation for diagnostic clarification and treatment purposes, because the parent is showing signs of significant mental illness (e.g. appears to exhibit psychotic symptoms or significant behavioral/personality concerns) that are interfering with appropriate adherence to the case plan. A review of current medications, as a part of the comprehensive evaluation of medical and mental health status is requested.
☐ 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 psychological evaluation (fill out section D)	☐ Court ordered psychological evaluation (fill out section D)

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H. NEUROPSYCHOLOGICAL EVALUATION

Date consulted with Staff Psychologist (Required):

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

CHILD/YOUTH/NMD	PARENT
*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 decline. Child/youth/NMD must be seen by a neurologist or general practitioner prior to referral.	☐ The parent's treating licensed mental health professional is recommending a neuropsychological evaluation for diagnostic clarification and treatment purposes, because the parent is showing signs of cognitive deficits that are interfering with appropriate adherence to the case plan or effective parenting. There is concern for a history of developmental or brain trauma or progressive cognitive decline. Parent must be seen by a neurologist or general practitioner prior to referral.
☐ 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.	☐ 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 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.	☐ 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 psychological evaluation (fill out section D)	☐ Court ordered psychological evaluation (fill out section D)

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I. 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:
- ☐ Child/youth resides outside California on approved ICPC Case.
- ☐ 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. Child/youth and/or Child and Family Team has assessed a need for a specific evaluation and the Out-of-County Mental Health Plan is not providing the services. (This selection requires payment to be authorized with CFWB County funds)

SW 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 Evaluations.* 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

1. 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).

2. Under California Rule of Court 6.6.12, an attorney may disclose a mental health evaluation from a juvenile dependency court record to their client when the client is both the subject of the evaluation and represented by that attorney; a court order is not required. While CFWB, if appropriate, encourages a feedback session with the evaluator to support trauma-informed communication of results, a feedback session is not required for the release of the evaluation.