

SECTION 14: COURT-REFERRED CASES

14.0 Court-Referred Cases

14.0.1 Referrals

Select organizational Providers may accept referrals from the County through the DBH Child Welfare Mental Health (CWMH) Team and attempt to contact the client within a week of receipt of the referral. A face-to-face appointment must be completed within 20 days of receipt of the referral. If an appointment cannot be scheduled within this timeframe, the provider must return the referral packet to the Fresno County Mental Health Plan (FCMHP) Child Welfare Mental Health (CWMH) Team as soon as possible.

14.0.2 Payment

Requests for payment for services will follow the same procedure as outlined in the Billing Section.

14.0.3 Quarterly Report

The Department of Social Services and the court require the submission of quarterly activity reports detailing the work accomplished during the reporting period, work to be accomplished during the subsequent reporting period, and problems, existing or anticipated which should be brought to the County's attention through the CWMH Team.

14.1 Specialty Mental Health Services – Definitions and Requirements

14.1.1 Mental Health Assessment

Information Desired by the Judge:

1. Does the individual (minor or adult) have a need for mental health treatment? Can the individual benefit from such treatment?
2. Does the individual need access to other mental health services?
3. Does the individual need an evaluation for psychiatric medication?

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Definition

A structured, analytical interview of the client conducted by a Licensed/Waivered Mental Health Clinician, which includes a clinical assessment, mental status examination, and definition or rule out of clinical diagnosis (DSM 5). Requires review of available records of any previous mental health treatment, and CPS referral documents, with contact as possible with the referring social worker.

Outcome

A written clinical summary with any recommendations for mental health services. As necessary, a referral for a psychiatric or psychological evaluation regarding the need for medication and/or a consultation regarding a diagnosis and treatment plan. A letter to the CPS social worker or case manager based on the assessment, with indication of any need for treatment (may include recommendations or suggestions on the overall case plan, such as whether the client would benefit from drug treatment, anger management, or parenting programs) and information regarding whether, and to whom the client was referred for further evaluations.

Service Code Utilized and Billing

When billing for this service, provider shall use the assessment code: **103**. A maximum of 120 assessment minutes will be authorized and may be billed if utilized. If the mental health assessment is of an infant 0-36 months old, up to 180 units will be allowed. The Infant and Family Mental Health (IFMH) Addendum must be completed and submitted with the assessment and plan of care.

14.1.2 Psychological Evaluation I

Information Desired by the Judge

Will be specified by the court at the time the study is requested and will be included in the referral packet information. However, information requested will often be in the nature of:

1. Does the individual have a disabling mental disorder (e.g., schizophrenia, schizoaffective disorder, depressive disorder, or bipolar disorder)?

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2. Does the individual show evidence of mental retardation?
3. Does the individual have a disabling brain disorder due to organic condition?
4. Does the individual have a diagnosed condition/disability that impairs their parenting, and if so, what services should be provided to remedy the impairment?
5. Is the parent capable of utilizing reunification services?

Outcome

A formal written report to the court that includes comprehensive diagnostic information and an overall assessment of functioning, with recommendations for treatment of any problem(s) deemed necessary per clinical assessment, and answers to questions asked.

Definition

A structured analytical interview with the client conducted by a Licensed Psychologist or Waivered Psychologist under supervision of a Licensed Psychologist that includes a clinical assessment, mental status examination, and may include use of testing instruments, and definition or rule out of clinical diagnosis (DSM 5). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible.

Service Code Utilized and Billing

When billing for this service, provider shall use the assessment code: **96**. A maximum of 480 individual assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

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14.1.3a Psychological Evaluation II-a

Information Desired by the Judge

1. Does the parent(s) or guardian(s) suffer from a mental disability? Mental disability is defined to mean that the parent suffers any mental incapacity or disorder which renders the parent unable to adequately care for and control the child.
2. If the parent suffers from such a mental disability, does the disability render the parent incapable of utilizing reunification services?
3. If the parent suffers from such a mental disability and that disability does not render the parent incapable of utilizing reunification services, does the mental disability nevertheless make it unlikely that the parent will be capable of learning from reunification services within the statutory time limits so that he/she will be able to adequately care for the child?

Definition

A structured analytical interview with the parent or guardian, which consists of clinical assessment, use of testing instruments, mental status examination, definition or rule out of clinical diagnosis (DSM 5), and is performed only by a Licensed Psychologist with a doctoral degree in psychology and at least five (5) years of postgraduate experience (no waived staff). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible.

Outcome

A formal written report to the court that includes an overall assessment of functioning and answers to the above three questions. If, in the evaluator's opinion, the parent could learn from reunification services within the statutory time limits, the report should include recommendations regarding what services should be included.

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Service Code and Billing

When billing for this service, provider shall use the assessment code: **96**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be pre-authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, the provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

14.1.3b Psychological Evaluation II-b

Evaluation pursuant to Welfare and Institutions Code 361.5(b)(5) – severe physical abuse of a child under the age of 5

Information Desired by the Judge

The Juvenile Court may order reunification services be provided to the parent or guardian, only if the Court can find, based upon competent evidence, that: 1) Reunification services are likely to prevent re-abuse or continued neglect of the child; or that, 2) Failure to try reunification will be detrimental to the child because the child is closely and positively attached to that parent. Please note that the child/parent attachment referenced here is that which is felt or exhibited by the minor towards the parent, not vice versa.

The following are the issues you need to address in your report regarding your evaluation of the parent/guardian and the minor. The law identifies the following factors as being “among the factors indicating that reunification services are unlikely to be successful.”

1. The failure of the parent to respond to previous services.
2. The fact that the child was abused while the parent was under the influence of drugs or alcohol.
3. A past history of violent behavior.
4. Whether the parent’s behavior is unlikely to be changed by services.

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Outcome

A formal written report to the court that includes comprehensive diagnostic information and an overall assessment of functioning, with recommendations for treatment of any problem(s) deemed necessary per clinical assessment, and opinions as to whether reunification services are likely to prevent re-abuse or continued neglect of the child and whether failure to try reunification will be detrimental to the child because the child is closely and positively attached to that parent.

Definition

A structured analytical interview with the parent or guardian, which consists of clinical assessment, use of testing instruments, mental status examination, and definition or rule out of clinical diagnosis (DSM 5). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible.

Service Code and Billing

When billing for this service, provider shall use the assessment code: **96**. A maximum of 480 individual assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

14.1.3c Psychological Evaluation II-c

Evaluation pursuant to Welfare and Institutions Code 361.5(b)(6) – severe physical harm or severe sexual abuse

Information Desired by the Judge

The court may deny reunification services to a parent whose child has been made a dependent of the Juvenile Court as a result of severe sexual abuse or the infliction of severe physical harm on that child or a sibling. In order to deny reunification services to a parent, the statute requires the court to find that “it would not benefit the child to pursue reunification services with the offending parent or guardian”.

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The Court has ordered the minor and the parent/guardian to undergo a psychological evaluation to assist in determining whether or not the minor would benefit from the pursuit of reunification services with the parent/guardian. In determining whether providing reunification services will benefit the minor, the court is to consider any information it finds relevant, including:

1. The specific act or omission comprising the severe sexual abuse or the severe physical harm inflicted on the child.
2. The circumstances under which the abuse or harm was inflicted on the child.
3. The severity of the emotional trauma suffered by the child.
4. Any history of abuse of other children by the offending parent or guardian.
5. The likelihood that the child may be safely returned to the care of the offending parent or guardian within 18 months with no continuing supervision.
6. Whether or not the child desires to be reunified with the offending parent or guardian.

Please consider these factors and any other information you consider relevant in rendering your opinion as to whether or not the minor would benefit from the pursuit of reunification services.

Outcome

A formal written report to the court that includes comprehensive diagnostic information and an overall assessment of functioning, with recommendations for treatment of any problems(s) deemed necessary per clinical assessment, and an opinion as to whether providing reunification services will benefit the minor.

Definition

A structured analytical interview with the minor, parent or guardian, which consists of clinical assessment, use of testing instruments, mental status examination, and definition or

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rule out of clinical diagnosis (DSM 5). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible.

Service Code Utilized and Billing

When billing for this service, provider shall use the assessment code: **96**. A maximum of 480 individual assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

14.1.4 Psychological Evaluation – Risk Assessment

Definition

This study is conducted to determine the level of risk a child will experience if returned to (or, in some cases, allowed to visit with) their parent. The study is most frequently requested at the initial detention hearing or during the reunification period, after services have been provided to a parent, and prior to the child being returned home. A structured analytical interview with the parent or guardian, which consists of clinical assessment, use of testing instruments, mental status examination, and definition or rule out of clinical diagnosis (DSM 5). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible.

Outcome

A formal written report to the court that includes comprehensive diagnostic information and an overall assessment of functioning, with recommendations for treatment of any problem(s) deemed necessary per clinical assessment, and an opinion as to whether there is risk of the child being physically, sexually, and/or emotionally abused by the parent if the child is allowed to visit with the parent or is returned home. If the opinion is that there would be risk in visitation, the provider should include recommendations regarding what (if any) visitation is recommended. For example, would supervision eliminate the risk? Are there

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particular persons who should/should not supervise? Would visitation limited to certain locales eliminate the risk, etc.?

Service Code and Billing

When billing for this service, provider shall use the assessment code: **96**. A maximum of 480 individual assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

14.1.5 Family Psychodynamic Formulation

Information Desired by the Judge

1. What are the conflicts and dysfunction that exist within the family unit?
2. Can the family work together to resolve their conflicts/dysfunction to meet the best interests of the child?
3. What are the needs of the family as a unit?
4. What is needed for the family to reach an appropriate resolution regarding the placement of the child?

Definition

A structured analytical interview conducted by a Licensed Mental Health Clinician or Waivered Psychologist if under the supervision of Licensed Psychologist, which consists of a clinical assessment (define or rule out clinical diagnosis using DSM IV-TR) and family session(s) with all relevant family members, to identify the roles inhabited by the members and their interactive patterns. Also includes a review of all available CPS and mental health records and interview with relevant professionals (CPS, school personnel, therapists, etc.).

Outcome

A formal written report that includes an evaluation of family psychodynamics, the impact on family members, recommendation for any needed mental health treatment services and/or other interventions that may assist the family

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to reach a needed resolution (for example, appropriate placement of a child).

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When billing for this service, provider shall use the assessment code: **98**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, the provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

14.1.6 Bonding Study

14.1.6a Bonding I: Information Desired by the Judge

1. Do the child and the parent have a parent/child relationship (as opposed to that of a child with a friend, occasional baby-sitter, or extended family member)? If yes, describe the relationship.
2. If the answer to question #1 is yes, does the child have a substantial, positive emotional attachment to the parent such that the child would be greatly harmed if this parent/child relationship were terminated?
3. If the answer to question #2 is yes, would continuing this parent/child relationship promote the well-being of the child to such a degree as to outweigh the well-being the child would gain in a permanent home with adoptive parents?

Definition

This study is conducted when the case is set for a permanent plan hearing and possible termination of parental rights. It is a structured forensic, analytical interview including a mental health assessment (define or rule out clinical diagnosis using DSM 5) of both parent(s) and the child(ren). It includes assessment of the interaction between the parent(s) and the child(ren) and may include the use of testing instruments as needed to more accurately gauge the strength of the bond between parent and child. It may also include the current care provider(s) or prospective adoptive parent(s) when ordered by the court.

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These studies are to be performed only by a Licensed Mental Health Clinician with appropriate experience or a Waivered Psychologist working under a qualified Licensed Psychologist. Qualified clinician will have completed: 20 hour training in Child Custody that is required by the BOP in California for psychologists (if the child is 0-36 months old), training in the Marshak Interaction Method, and training or experience in providing forensic evaluations for the court.

14.1.6b Bonding II: Information Desired by the Judge

Will be specified by the court at the time the study is requested, and will be included in the referral packet information.

Definition

The study is requested for a specific purpose other than Bonding I. It is a structured forensic, analytical interview including a mental health assessment (define or rule out clinical diagnosis using DSM 5) of both parents or whoever has been identified by the court to participate in the study and the child(ren). It includes assessment of the interaction between the parent(s) and the child(ren). Testing instruments may be used as needed to more accurately gauge the strength of the bond between parent and child. Bonding Study II may be performed by a qualified licensed mental health clinician as defined in Bonding I section.

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Reporting on Bonding Studies I and II

Outcome

A formal written report that includes an assessment of the attachment between child and parent, the observations and results from the interview with parent and child (or other adult), and answers to the identified questions.

Service Code Utilized and Billing

When billing for Bonding I or II Studies the provider shall use the assessment code: **97**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, the provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

14.1.7 Attachment Assessment

A baseline assessment for purposes of reunification planning, recommendations to dependency court, and mental health treatment planning.

Information Desired by the Judge

1. Is the child attached to the parent/caretaker? In answering this question describe the nature of the attachment relationship based on the adult's behaviors, the child's behaviors and the interaction of the two.
2. Is the parent/caretaker bonded to the child? In answering this question describe the nature of the attachment relationship based on the adult's behaviors, the child's behaviors and the interaction of the two.
3. Are there any concerns about parent/caretaker's history or behaviors that would prevent a recommendation for that parent/caretaker to have contact with or participate in parent-child attachment treatment with this child? In answering this question describe the nature of reported history or observed behaviors that raises this concern.
4. Is there evidence to suggest that this parent/caretaker dyad is at risk for attachment related difficulties? If yes,

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is mental health intervention recommended? If yes, please answer the following:

- a) What type of services would be most likely to optimize the attachment?
 - b) Who should participate in the intervention?
 - c) How intensively and over what time period should services be provided?
5. Does the child already show evidence of attachment-related difficulties or disturbance? If yes, is mental health intervention recommended? If yes, please answer the following:
- a) What type of services would be most likely to optimize the attachment?
 - b) Who should participate in the intervention?
 - c) How intensively and over what time period should services be provided?

Definition

The Attachment Assessment is requested for reunification and treatment planning. It is a structured analytical interview performed only by a Licensed Mental Health Clinician with appropriate experience that includes a clinical assessment of the interaction between the parent/care provider(s) and the child. IFMH training is required if any of the children are 0-36 months old. The Court may order the assessment of any parents being considered for reunification or any other adults who are being considered for permanent placement. The Clinician may choose, for behavior comparison or treatment planning, to assess the relationship with the current foster parent or other adults in the child's life who have had a major role as an attachment figure or emotional support. Testing instruments may be used as needed to more accurately gauge the strength and quality of the attachment between parent and child.

Outcome

A formal written report for the court that includes an assessment of the attachment between child and parent and/or caregivers, the observations and results from the interview with parent/caregivers and child, and answers to the identified questions. A formal assessment and Plan of Care submitted to Managed Care to authorize further services if treatment is deemed medically necessary.

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Service Code Utilized and Billing

When billing for this service, provider shall use the assessment code: **99**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

Provider must refer beneficiary to the FCMHP when provider determines that additional mental health services are necessary after performing a psychological evaluation, bonding study, family psychodynamic formulation, or attachment assessment. The same provider who performed these special services and recommended treatment cannot provide continuing mental health treatment to the same beneficiary.

14.1.8 Court Testimony

Outcome

On-site court testimony of assessment and evaluation findings; recommendations for treatment and service plan regarding reunification, maintenance, and termination of parental rights; justification for recommendations.

Service Code Utilized and Billing

When billing for this service, provider shall use the code: **3CT**. Provider may bill only for the actual time spent testifying in court.

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14.1.9 Court Report

Outcome

Documented report of assessment and evaluation findings; progress in treatment; recommendations for treatment and service plan regarding unification, maintenance and termination of parental rights; and justification for recommendations.

If a court report (**CR**) is submitted covering the quarter for which a **QR** is due, provider may submit this report to MC, using the **QR** form or a format that includes all the required elements in addition to the **CR**. This will keep providers in compliance with the **QR** requirement (Section 14.1.3) and avoid duplication.

Service Code Utilized and Billing

When billing for this service, provider shall use the code: **3CR**. Provider may only bill for court reports separately when prepared for purposes other than for the four services described above.

Clinician's Quarterly Reports must be billed using the code: **3QR**. Provider may only bill for **CR** or **QR**. Double billing will be disallowed if providing similar information for the same period of service.

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