

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO SITTING AS THE JUVENILE COURT		<i>For Court Use Only</i>
Street Address: 3341 Power Inn Road		
Mailing Address: 3341 Power Inn Road		
City and Zip Code: Sacramento, CA 95826		
Branch Name: William R. Ridgeway Family Relations Courthouse Juvenile Dependency Court		
Name of Person to be Evaluated/Assessed:		Case Number:
Case Name:		Department:
Judicial Officer:		Next Court Date:
COURT ORDERED PSYCHOTROPIC MEDICATION EVALUATION OR MENTAL HEALTH ASSESSMENT – FOR CHILDREN		

The Court orders the Department of Child, Family and Adult Services (DCFAS) to make the child available for the following evaluation(s) or assessment(s):

1. **CAPS Urgent Evaluation Re: Administration of Psychotropic Medications**

The Court has received a request to administer psychotropic medication to the child. The Court requires additional guidance as to what medications are appropriate for this child with this child’s symptoms and behaviors. The DCFAS shall refer the child to ACCESS and notify CAPS Medical Director and Program Coordinator of the referral within 5 court days of the issuance of this order. The DCFAS is authorized to release to CAPS those DCFAS and Dependency Court records necessary for the completion of the evaluation. The Court shall set a hearing approximately **20 court days** from the issuance of this order.

DCFAS shall immediately provide to CAPS the following: copy of this Court Order, JC-E-366, relevant Dependency Court Report(s), Health and Education Passport, copy of JV-220 and the current mental health provider’s Core Assessment, Initial Psychiatric Evaluation and Medication Service Plan.

The evaluation shall address all of the items below and the completed evaluation will be provided to the DCFAS within **15 court days** of the issuance of this order. The DCFAS shall file a report with the CAPS evaluation and any additional relevant information within 2 court days prior to the hearing set above.

- a. What is the child’s current DSM diagnosis? Please identify clinically significant symptoms and behaviors.
- b. What are his/her treatment needs, including the appropriate medication regiment?
- c. Is the current medication regiment meeting the child’s needs? If not, what is recommended?

Case Name:	Case Number(s):
------------	-----------------

- d. What other therapeutic services are recommended for the child?
- e. Does the child pose a danger to self or others?
- f. Is the child in need of intensive hospital-based treatment?
- g. What types of community-based services are recommended? (For example, psychotherapy, Therapeutic Behavioral Services, youth and/or family advocate, school based interventions, caregiver support, coordination with medical provider, etc.)
- h. Is psychological testing recommended?
- i. Other, specify:

2. **Provider Mental Health Assessment and Recommendation for the Child**

The child currently has a mental health provider. A mental health assessment and recommendation from the child’s mental health treatment team is required to assist the Court in reviewing provided services and determining mental health needs. The DCFAS shall inform, and provide a copy of the Court’s order, to the child’s mental health treatment team within **5 court days** of the issuance of this order. The DCFAS is authorized to release to the selected mental health professional those DCFAS and Dependency Court records necessary for the completion of the assessment. The Court shall set a hearing approximately **30 court days** from the issuance of this order.

DCFAS shall obtain from the mental health provider (preferably in writing) information that addresses all of the items below, and file with the court a report at least 2 court days prior to the hearing set above.

- a. What is the child’s current DSM diagnosis? Please identify clinically significant symptoms and behaviors.
- b. What mental health services are being provided to the child?
- c. Is the child benefiting from treatment? Is the child making progress towards meeting identified treatment goals?
- d. What type(s) of interventions are recommended for the child that is not currently in place? (For example, Therapeutic Behavioral Services, client and/or family advocate, school based interventions, caregiver support, coordination with medical provider, etc.)
- e. Is the care provider or parent in need of any specialized services or training to assist in the care of the child?
- f. Is the child in need of a psychiatric medication evaluation?
- g. Is the child in need of intensive hospital-based treatment?
- h. Is psychological testing recommended?
- i. Other, specify:

Case Name:	Case Number(s):
------------	-----------------

3. **CAPS Mental Health Assessment and Recommendation for the Child**

The child does NOT currently have a mental health provider. The child appears to have a mental illness and requires a mental health assessment to assist the Court in determining mental health needs. The DCFAS shall refer the child to ACCESS and notify CAPS Medical Director and Program Coordinator of the referral within 5 court days of the issuance of this order. The DCFAS is authorized to release to the selected mental health professional those DCFAS and Dependency Court records necessary for the completion of the evaluation/assessment. The Court shall set a hearing approximately **30 court days** from the issuance of this order.

DCFAS shall immediately provide the following: copy of this Court Order, JC-E-366, relevant Juvenile Dependency court reports and Health and Education Passport.

The assessment shall address all of the items below. DCFAS shall obtain from CAPS the mental health assessment and recommendation that addresses all of the items checked below, and file with the court a report at least 2 court days prior to the hearing set above.

- a. What is the child’s current DSM diagnosis? Please identify clinically significant symptoms and behaviors.
- b. What type of treatment and/or service is recommended for the child? (For example, psychotherapy, youth and/or family advocate, school based interventions, caregiver support, coordination with medical provider, etc.)
- c. Is the care provider or parent in need of any specialized services or training to assist in the care of the child?
- d. Is the child in need of a psychiatric medication evaluation?
- e. Is the child in need of intensive hospital-based treatment?
- f. Is psychological testing recommended?
- g. Other, specify:

4. **CAPS Mental Health Assessment Second Opinion to Primary Mental Health Provider**

The child currently has a mental health provider. After following the procedures set forth in section 2 (Provider Mental Health Assessment and Recommendation) the Court determines a second opinion to the primary mental health provider’s assessment is required. The DCFAS shall refer the child to ACCESS and notify CAPS Medical Director and Program Coordinator of the referral within 5 court days of the issuance of this order. The DCFAS is authorized to release to the CAPS clinician those DCFAS and Dependency Court records necessary for the completion of the evaluation/assessment. The Court shall set a hearing approximately **30 court days** from the issuance of this order.

Case Name:	Case Number(s):
------------	-----------------

DCFAS shall immediately provide the following: copy of this Court Order, JC-E-366, relevant Juvenile Dependency court reports, Health and Education Passport, copy of JV-220 and the current mental health provider’s Core Assessment, Initial Psychiatric Evaluation and Client Treatment Plan.

DCFAS shall obtain from CAPS the Mental Health Assessment Second Opinion that addresses all of the items below, and file with the court a report at least 2 court days prior to the hearing set above.

Please specify below what specifically the Court identifies to be missing or of concern in the provider’s mental health assessment.

(Specify here)

- a. What is the child’s current DSM diagnosis? Please identify clinically significant symptoms and behaviors.
- b. What type of treatment and/or service is recommended for the child? (For example, Therapeutic Behavioral Services, client and/or family advocate, school based interventions, caregiver support, coordination with medical provider, etc.)
- c. Is the caregiver or parent in need of any specialized services or training to assist in the care of the child?
- d. Is the child in need of a psychiatric medication evaluation?
- e. Is the child in need of intensive hospital-based treatment?
- f. Is psychological testing recommended?
- g. Other, specify:

5. Prior to evaluation/assessment, a release of information shall be obtained from child’s counsel.

Date: _____

▶ _____
Judicial Officer of the Juvenile Court