

## 6.1 - Psychological Evaluation, Mental Health Assessment, Parent Capacity Assessment and Parent Evaluation Program Chapter-Permanency



|   |            |  |                            |                          |                         |
|---|------------|--|----------------------------|--------------------------|-------------------------|
|   | Countywide |  | Department: Human Services | X                        | Division: Child Welfare |
| Supersedes: Prior Versions  |            |  |                            | Effective Date: 8/1/2019 |                         |
| Authority: Wake County Human Services Child Welfare Leadership Team   |            |  |                            |                          |                         |
| Originating Department/Division/Section: Human Services/Child Welfare/Section (Child Protective Services, Continuous Quality Improvement, Permanency, Administration, etc.) |            |  |                            |                          |                         |

### I. Purpose:

The purpose of this document is to provide guidance to our practice for services provision in the WCHS - Child Welfare Division. We as a Child Welfare agency must offer services to the child/youth and parents that we work with that are appropriate to the needs of the individual and designed to best address the behavior.

### II. Description of Standard:

This protocol outlines the criteria and process for referring a client receiving Ongoing services, In Home Services and Permanency Planning Services, to included caregivers and kinship providers. A referral for a Psychological Evaluation, Mental Health Assessment, Parent Capacity Assessment or to the Parent Evaluation Program may be warranted when its court ordered, recommended from a staffing, CFT or deemed appropriate as a need.

### Referral Process:

1. Social Worker staff case with supervisor prior to making referral.
2. Social Worker complete the following forms:
  - Universal Referral for Parent Form (complete sections identified for Psychological Evaluation).
  - Consent of Adult for Psychological Evaluation – signed by client.
  - Wake County Human Services Consent to Release Personal and Medical Information (to release to psychologist) – signed by client.
3. Include a list of referral questions pertinent to the client and their specific case. Below are some examples of questions to ask:
  - Does the client have any diagnosable psychological disorders?
  - What treatment or services plan recommendations can you offer on this client's behalf?
  - How cooperative will this client be with treatment and service plan recommendations?
  - What is this client's prognosis for successfully addressing/resolving his/her problem?
  - Does this client need parent education services?
  - Does the client have any cognitive or learning problems that need to be considered or addressed?
  - Should this client be referred for a psychiatric evaluation?
  - Does this client appear to understand his/her responsibilities and contributions to the problems he/she is experiencing?
4. In addition to the forms and your questions, PLEASE ATTACH THE CHECK LIST WITH ALL SUPPORTING DOCUMENTS.

5. Email your completed packet to: [psychological.evaluations@wakegov.com](mailto:psychological.evaluations@wakegov.com) in PDF format as well as all attachments.
6. The Executive Secretary will email packets to assigned provider. The assignment for the provider depends on their availability.
7. The provider will contact the social worker and set a date for the evaluation.
8. Prepare client for evaluation and confirm that client has transportation for appointment. Evaluation generally take 3 – 5 hours to complete. If there is any reason to believe a client will not make the appointment on his/her own, consider assisting client with transportation.

**Contacts:**

- Dr. Robert Aiello, Carolina Care and Counseling 919-676-1497 (phone), 919-676-1430 (fax), [drbobaiello@aol.com](mailto:drbobaiello@aol.com)
- Dr. Yoch, Main Street Clinical Association, 919-286-3453 ext.105, [docyoch@aol.com](mailto:docyoch@aol.com)
- Dr. Bryte Marziano UNC Parent Evaluation Program, 919-368-0110

**Attached Documents:**

1. Referral Form
2. Consent Form
3. Parent Education Program (PEP) Checklist
4. Carolina Care and Counseling (Dr. Aiello) Checklist
5. Main Street Clinical Associates (Dr. Yoch) Checklist

**III. Definitions:**

- CPS – Child Protective Services
- CQI – Continuous Quality Insurance
- PP&P – Permanency Planning and Prevention
- PEP – Parent Education Program
- CWLT – Child Welfare Leadership Team
- CFT – Child and Family Team Meeting
- PE – Psychological Evaluation
- MHA – Mental Health Assessment

**IV. Applicability/Exceptions:**

This protocol is applicable to:

- Child Protective Services – HS Sr. Practitioners and Supervisors
- Permanency Planning and Prevention – HS Sr. Practitioners and Supervisors

**V. Fiscal/Resource Impact**

- Wake County agrees to pay the provider for approved services provided, up to and not to exceed the maximum contract amount to Carolina Care and Counseling contract amount of One Hundred Nine Thousand and 00/100 Dollars (\$109,000.00) during the term of this agreement with no minimum payment guarantee. This amount consists of Federal funds (CFDS#93.556) and include other state and local funds.
- Wake County agrees to pay the provided for the approved services provided, up to and not to exceed the maximum contract amount to Main Street Clinical Associate contract amount of Twenty-Five Thousand and 00/100 Dollars (\$25,000.00). This amount consists of Federal funds (CFD#93.556) and include other state and local funds
- UNC Parent Evaluation Program (PEP) – Dr. Bryte Marziano funding for evaluations through Alliance.

**VI. Data Description**

Main Street Clinical Associate – Dr. Karin Yoch, Ph.D., completed 10 psychological evaluations during FY 2018-2019.

Carolina Care and Counseling – Dr. Robert Aiello, Ph.D., completed 30 psychological evaluations during FY 2018 – 2019.

UNC Parent Evaluation Program (PEP) – Dr. Bryte Marziano, Ph.D. received 27 referrals during FY 2018-2019. Total number of referrals screened in and accepted for evaluation were 19 or the 27. Total number of completed assessments were 14.

**VII. Protocol Responsibility and Management:**

- A. This protocol is reviewed annually by the Division of Child Welfare, Continuous Quality Improvement Section.

**VIII. Subject Matter Consultants:**

- A. Child Welfare Leadership Team
- B. Child Welfare Supervisors – Child Protective Services and Permanency Planning and Prevention
- C. Carolina Care and Counseling
- D. Main Street Clinical Associate
- E. UNC Parent Evaluation Program

**IX. References:**

- A. eWakeTalent
- B. HR policy
- C. State policy location in the DHHS Manual

- X. <https://www.ncdhhs.gov/divisions/social-services/permanency-planning-policy-protocol->
- D. State Statute
- F. Federal Legislation

**XI. Related Documents:**

Provide Link When Possible

**XII. Appendix/Form:**

Provide Link When Possible

**XIII. History**

| Effective Date | Version | Section(s) Revised | Author/Reviewer |
|----------------|---------|--------------------|-----------------|
| August 1, 2019 | I       |                    | WCHS CWLT/CQI   |
|                |         |                    |                 |