

# BOARD OF PAROLE HEARINGS



## **Mentally Disordered Offender Independent Evaluator Appointment Program Effective October 1, 2018**

**Purpose:** The purpose of this program is to comply with Penal Code section 2962(d)(2) and Penal Code section 2966, which requires the Board of Parole Hearings (Board) evaluate offenders to determine whether they meet the mentally disordered offender (MDO) criteria. Pursuant to these sections, the Board is required to hire independent clinicians, as defined by Penal Code section 2978, which includes psychiatrists and psychologists who have a doctoral degree in psychology (clinicians).

Upon appointment by the Board, clinicians shall provide independent evaluations to potential MDOs in state prisons when there is a difference of opinion between the California Department of Corrections and Rehabilitation (CDCR) and the Department of State Hospitals (DSH). Clinicians may also be asked to provide independent evaluations by the Board when requested by an offender. These evaluations may be peer reviewed in order to ensure quality and thoroughness and may be later considered by a court of law. In addition, clinicians may also be subpoenaed to testify at Superior Court proceedings.

**Clinician  
Panels:**

The Board has grouped the 34 existing adult prisons located throughout the state and Patton State Hospital into 13 panels based on their geographic proximity to each other. Each panel shall be posted on the Board's website. The Board has designated Atascadero State Hospital (ASH) as a separate panel, panel 14. The fourteen panels are identified on the attached table with a corresponding map. Assignments to county jails are made based on the proximity of the jail to a CDCR institution.

The Board shall maintain a list of clinicians assigned to each panel. For a clinician to be included on a panel, all minimum qualifications (MQs) must be satisfied annually. Once a clinician is offered an appointment the clinician must accept the appointment within 24 hours, unless a shorter time frame is required for an expedited case. All panel clinicians shall be appointed on a rotating basis from a randomized list.

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Clinicians may apply for as many panels as they choose. Clinicians may only be permitted to apply for the ASH panel if the clinician applies for at least one other panel and regularly accepts assignments from the Board.

### Minimum

Qualifications: Clinicians must satisfy the following MQs annually to be appointed:

- (1) Referral by DSH and CDCR pursuant to Penal Code section 2978;
- (2) Submit a current resume;
- (3) Possess five years full time work experience in the diagnosis and treatment of mental disorders pursuant to Penal Code section 2978;
- (4) Possess and maintain a current, valid license in good standing with the California Board of Psychology;
- (5) Provide annual documentation of symptom free tuberculin skin testing and evaluation;
- (6) Meet the necessary requirements to be eligible for entrance to each of the panel's facilities, and follow all institution and hospital dress code requirements, including seasonal requirements for flu shots or wearing a breathing mask;
- (7) Attend the eight hour MDO orientation in full (including at least one hour regarding the Americans with Disabilities Act);
- (8) Annually sign and submit the MDO Evaluator Participation Form;
- (9) Open and maintain an account in the Board's Disability & Effective Communication System (DECS) database. The DECS database is a comprehensive repository of information related to each offender's disabilities. Clinicians are to provide at own cost all hardware/software that will enable access to this database information; and
- (10) Open and maintain a "Watchdox" account by registering an email address for access to electronic email files.

Exclusion: Pursuant to state law, clinicians shall not be California state government employees. Penal Code section 2978(a) reads "[a]ny independent professionals appointed by the Board of Parole Hearings for purposes of

## MDO Independent Evaluator Appointment Program

this article shall not be state government employees.” Therefore, no CDCR or DSH employees (whether full time, part time, or contract) may be used by the Board for independent MDO evaluations.

### Removal

#### From Panel:

If a clinician demonstrably fails to review the offender’s DECS history in preparation for an evaluation, repeatedly misses the due date for reports, fails to complete MDO reports in compliance with the standardized report format, or fails to meet in-person with the offender, the matter shall be referred to the Executive Officer to determine whether the clinician shall be removed from one or all panels. If the offender refuses to meet with the clinician then the clinician shall document their attempt to talk to the offender in-person.

If a clinician is referred to the California State Board of Psychology for alleged misconduct, the clinician shall notify the Board immediately of said referral and may be suspended from all panels during the pendency of the action at the discretion of the Board. A clinician disciplined by the State Board of Psychology shall be permanently removed from all Board panels.

If a clinician is charged with a felony crime in any jurisdiction, the clinician shall notify the Board of said charges and be suspended from all panels during the pendency of the action. A clinician convicted of a felony in any jurisdiction or failing to timely report felony charges to the Board shall be permanently removed from all Board panels.

In the event a clinician fails to qualify for entrance to a facility, the clinician shall be suspended from the specific panel(s) for three months in order to resolve the matter with the facility. If the matter is not resolved after three months, the clinician shall be permanently removed from the specific panel.

#### Invoicing:

Invoices are available on the Board’s website at: [http://www.cdcr.ca.gov/BOPH/MDO\\_Evaluators.html](http://www.cdcr.ca.gov/BOPH/MDO_Evaluators.html). (see BPH form 1450-B). Clinicians shall submit one invoice for each evaluation with an original signature in blue ink. Incomplete invoices shall be returned to the clinician. Invoices shall not be submitted until all related work is completed for each report or the fiscal year closes. In order to ensure timely payment, invoices should not be submitted later than six months after the report is complete.

The compensation rates for completing MDO evaluations are \$750.00 for a certification report, \$650.00 for an annual report, and \$550.00 for a placement report.

## MDO Independent Evaluator Appointment Program

### BPH Panel Groupings by Location

<b>Panel 1</b>	PBSP
<b>Panel 2</b>	CCC, HDSP
<b>Panel 3</b>	CMF, SOL, SQ
<b>Panel 4</b>	FOL, MCSP, SAC,
<b>Panel 5</b>	CHCF, DVI, SCC
<b>Panel 6</b>	CCWF, VSP
<b>Panel 7</b>	CTF, SVSP
<b>Panel 8</b>	ASP, COR, KVSP, NKSP, PVSP, SATF, WSP
<b>Panel 9</b>	CMC
<b>Panel 10</b>	CAC,CCI, LAC
<b>Panel 11</b>	CIM, CIW, CRC, Patton State Hospital
<b>Panel 12</b>	CVSP, ISP
<b>Panel 13</b>	CAL, CEN, RJD
<b>Panel 14</b>	Atascadero State Hospital



# Map of California's Correctional and Rehabilitation Institutions



## MDO Independent Evaluator Appointment Program

BOARD OF PAROLE HEARINGS

STATE OF CALIFORNIA

### INDEPENDENT EVALUATOR INVOICE - MDO

Send Invoice to:  <b>Board of Parole Hearings</b> <b>PO Box 4036</b> <b>Sacramento, CA 95812-4036</b>  <b>Attn: Accounting Liaison Unit</b>	Prisoner/Parolee Name: _____ <i>(Only one invoice per prisoner/parolee)</i> CDCR Number: _____ Location: _____ Evaluation Date: _____
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Initials	Description of Service Rendered	Reimbursement Rate
_____ initials	<input type="checkbox"/> Certification Report	\$750.00
_____ initials	<input type="checkbox"/> Annual Report	\$650.00
_____ initials	<input type="checkbox"/> Placement Report	\$550.00
<b>Total Billing</b>		

I certify by my initials above that the service was rendered and acknowledge the reimbursement rate represents the maximum compensation which can be received for each type of service. I also certify I am duly licensed to practice and in good standing with the State of California, Department of Consumer Affairs, Board of Psychology.

Check if this is a change of address

Signature (in blue ink)	Name (print)	Social Security #	
Address (number and street)	City	State	Zip Code

### BOARD APPROVAL

Signature	Title	Date
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BPH 1450-B (05/15)

## MDO Independent Evaluator Appointment Program

### ***MDO INDEPENDENT EVALUATOR PARTICIPATION FORM***

I agree to all of the terms described in the 2018 MDO Independent Evaluator Appointment Program (consisting of seven pages) as well as the reimbursement rates described herein (see BPH Form 1450-B). I acknowledge that the Board has not made an offer of employment or a guarantee of appointment. I understand failure to meet or maintain the terms described above may result in my removal from the list of eligible state appointed clinicians entitled to provide evaluations to the Board.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Office Telephone Number

\_\_\_\_\_  
Cellular Number

\_\_\_\_\_  
E-mail Address

Please mark your selection of panel(s).

<b>Panel Number</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>	<b>#6</b>	<b>#7</b>	<b>#8</b>	<b>#9</b>	<b>#10</b>	<b>#11</b>	<b>#12</b>	<b>#13</b>	<b>#14</b>