Per Penal Code Section 2978(b), the Department of State Hospitals (DSH) and California Department of Corrections and Rehabilitation (CDCR) annually locate and contact Independent professionals who are eligible and willing to serve as Independent Evaluators for the Board of Parole Hearings (BPH).

The following will briefly outline the background of the Mentally Disordered Offender (MDO) program pursuant to Penal Code Section 2960-2981, and explain the role of evaluators and the application process:

BACKGROUND

Penal Code Section 2960 (PC 2960) et. seq. provides for a system of evaluation and subsequent mental health treatment a condition of parole for certain CDCR inmates.

ROLE OF INDEPENDENT EVALUATORS

Independent Evaluators are appointed and used by BPH under the following circumstances:

1. When there is nonconcurrence between CDCR and DSH on whether a prisoner met MDO criteria for involuntary psychiatric treatment as a condition of parole, the independent evaluator will then conduct a subsequent evaluation;

2. For initial certification hearings before BPH (PC 2962);

3. For outpatient placement hearings (conducted at Atascadero, Metropolitan, Napa or Patton State Hospitals) (PC 2964); and

4. For annual review hearings (either in the state hospital or in a local Forensic Conditional Release Program throughout the State) (PC 2966).

ELIGIBILITY

To be eligible for appointment by BPH, Independent Evaluators must meet four criteria:

1. Be either a licensed psychiatrist or a licensed psychologist with a doctoral degree in psychology;

2. Have at least five years of experience in the diagnosis and treatment of mental disorders; and,

3. Not be a State Government (or Forensic Conditional Release Program) employee.

4. Must be able to pass a background check by the Department of Justice.

Contractors who regularly visit CDCR institutions or have regular contact with CDCR inmates or parolees are required to have a documented annual TB test and Evaluation. A CDCR institution may require proof of TB test and Evaluation prior to entering a CDCR institution.
APPOINTMENT AND COMPENSATION

Independent Evaluators are appointed and compensated by BPH. The rate paid for the current fiscal year is $750.00 per evaluation and is inclusive of: 1) a review of all available CDCR files and the prisoner/parolee’s medical (psychiatric) records, 2) an examination of the prisoner/parolee, 3) a written evaluation report. BPH will also reimburse mileage at the State rate.

APPOINTMENT TO BPH’s LIST OF INDEPENDENT EVALUATORS

If you are interested in being considered by BPH as an Independent Evaluator, please provide a completed application to:

Department of State Hospitals
Forensic Services-MDO Unit
1600 9th Street, 4th Floor, Room 410
Sacramento, California 95814

Or fax to (916) 653-2257, Attn: Laura Ford

If you are currently on the DSH/CDCR Independent Evaluator list for Fiscal Year 2013/2014, you must resubmit your application for Fiscal Year 2014/2015.

If you are included on DSH/CDCR Independent Evaluator list for Fiscal Year 2014/2015 and at any time during the Fiscal Year 2014/2015 there is a change in your status (you become a State Government or CONREP employee, or your license has been revoked, etc.), you must contact Maria Latino at (916) 651-3206 in order to have your name removed from the list.

DEADLINE

The deadline for the submission of the application to the Department of State Hospitals is Friday, May 30, 2014.

If you have any questions regarding the BPH process for choosing Independent Evaluators from the list, please contact Yolanda DeLa Torre at BPH MDO Unit, (916) 445-3665.
I am interested in serving as an Independent Evaluator of Mentally Disordered Offenders for the State Board of Parole Hearings. In making this application, I CERTIFY that:

1. I am a:  
   - [ ] Psychiatrist; or,  
   - [ ] Licensed Psychologist with a doctoral degree in Psychology

2. I have at least five (5) years of experience in the diagnosis and treatment of mental health disorders.

3. I am NOT a State Government or a Forensic Conditional Release Program employee.

4. I am willing to perform evaluations on parolee/patients in the following geographic locations:
   a. ________________________________  d. ________________________________
   b. ________________________________  e. ________________________________
   c. ________________________________  f. ________________________________

5. I am competent to perform psychiatric examinations in the following language(s) in addition to English:
   a. ________________________________
   b. ________________________________

In signing this application, I am aware that representatives of the State Board of Parole Hearings will verify any representations I have made on this application and do declare under penalty that the statements made herein are true and correct.

<table>
<thead>
<tr>
<th>Printed Name</th>
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<tbody>
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<td>Business Street Address</td>
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<tr>
<td>Office Telephone Number</td>
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<td>Unlisted Yes</td>
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<tr>
<td>Signature</td>
<td>Date</td>
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</tbody>
</table>

Please sign and date application before returning by fax or mail to:  

DUE DATE: May 30, 2014

Department of State Hospitals  
Forensic Services Division  
1600 9th Street, Room 410  
Sacramento, CA 95814