

Optum **TERM Network**

Juvenile Probation – CWS Evaluator: Provider Application

Prepared By:



Optum TERM Network

Optum TERM is a mental health program developed under the direction of the Board of Supervisors and managed by Optum Public Sector San Diego through a contract with the County of San Diego Health & Human Services Agency (HHS) Behavioral Health Services. The Optum TERM mission is to improve the quality and appropriateness of mental health services provided to the clients of HHS CWS and Juvenile Probation. In addition to contracting and credentialing providers Optum is responsible for monitoring the work of the TERM network providers through a quality review process. You can obtain additional information about Optum TERM at the website: <https://www.optumsandiego.com> or you can contact Optum TERM staff directly at 1-877-824-8376 (Option 4).

Application Process *(An Application Does Not Guarantee Acceptance to the Network)*

Enclosed is the Application for providers who want to join the Optum TERM Provider Network as a Juvenile Probation Evaluator and/or CWS Evaluator. An application checklist is included to assist you in collecting all the required documentation. Please ensure your curriculum vitae is current and includes the clinical experience and training necessary to support the specialties requested on your application. To begin the application process, please submit the completed application and supporting documentation to:

Optum Public Sector
Attention: Provider Services
P.O. Box 601370
San Diego, CA 92160-1370
Fax: 877-309-4862
Email: sdu_providerserviceshelp@optum.com

If you have any questions, please contact **Provider Services at 1-877-824-8376, Option 3**. We appreciate the opportunity to work with you in serving the clients of the County of San Diego.

IMPORTANT NOTE: All providers that render any service(s) that may be billable to Medi-Cal must also apply to the San Diego Fee For Service Medi-Cal Network. Only providers whose services cannot be billed under Medi-Cal may apply to be TERM Only Providers.

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PRACTITIONER APPLICATION
 San Diego County Mental Health Plan for TERM Network (Evaluator)

Application Checklist	
<input type="checkbox"/>	Curriculum Vitae (CV) - It is very important that your CV be detailed including descriptions of relevant education, training, and professional experience conducting evaluations, populations evaluated, and types of referral questions addressed. <u>This detail is required to approve you to evaluate various age groups or specialties.</u> Include the dates and locations of education and post-graduate training
<input type="checkbox"/>	Writing Sample - is a required part of the application and must be submitted with your application in order for it to be considered complete; please ensure you have included a completed Evaluation Writing Sample Packet available at available at www.optumsandiego.com >County Staff & Providers>TERM Providers>Applications. Please see Exhibit “A” for instructions.
<input type="checkbox"/>	Certification – Certificate must be submitted when required by the specialty criteria as stated in this application
<input type="checkbox"/>	Specialty Criteria Requirement Section: must include any training, education, supervision/consultation and/or experience that may not be included on your CV. If additional space is needed you may include a “Evaluator Documentation Addendum” available at https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/term-providers.html .
<input type="checkbox"/>	Attestation – Application Process Reviewed and Understood: on page (4) must be signed and dated.
<input type="checkbox"/>	TERM Evaluator Clinician Specialty Requirements: on page (16) must be signed and dated.
<input type="checkbox"/>	Continuing Education: Applicant understands that CEU certificates DO NOT need to be submitted with the original application, however, they may be required at the first (1 st) and subsequent recertification (every 3 years). Applicant must be aware of the Continuing Education requirements for each of the specialties being requested and plan accordingly to complete them and maintain the certificates for future submittal as required.

IMPORTANT: Review of the CV is completed by TERM clinicians based on the following:

Glossary of Application Terminology and Requirements

Training: For the purpose of completing the TERM Panel Application, the word “training” refers to any Continuing Education Units (CEUs) that you acquire in effort to stay current with the specialty you are requesting approval for. Training can also include formal, didactic learning that is obtained by attending courses that are specific to the specialty.

Supervision/Consultation: For the purpose of completing the TERM Panel Application, “Supervision and/or Consultation” refer to obtaining clinical supervision and/or in consultation with peers who have experience with the specialty you are attesting to.

Experience: Refers to any direct practice, therapeutic treatment, and/or psychological evaluations of children and/or adults in the areas of competence and/or diagnoses you are attesting to, as the *primary* focus of treatment and/or evaluation.

Clarification: Clarification of your experience, training and/or supervision/consultation may be requested during the application process. If “clarification” is requested under any area of competence and/or diagnoses, TERM is requesting specific, detailed information of your experience, training and/or supervision/consultation.

Curriculum Vitae (CV): A record of your academic and professional achievements. A CV is a thorough account of your professional training and experience. Please include a CV with your TERM Panel Application and ensure it includes detailed information of your training, supervision/consultation, and experience treating and/or performing psychological evaluations in each of the areas of competence and diagnoses to which you are attesting.

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Last Name: [Click here to enter text.](#) **First Name:** [Click here to enter text.](#) **MI:** [Click here to enter text.](#)

Degree Type: MD PhD PsyD

License Number: [Click here to enter text.](#)

Optum Application Process for the County of San Diego TERM Network (Evaluator)

Curriculum Vitae (CV): Must be current and include the clinical experience and training necessary to support the specialties requested on this application. Include descriptions of populations, specialties, and disorders treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training. **Dates of employment must include the month and year.**

- **Important: The CV submitted with the application** will be reviewed for the education, clinical experience and training to support the specialties requested on this application.
 - If the CV does not support the education, clinical experience and training for the specialties requested on this application you will receive notification that your application has been removed from further consideration.
 - You are welcome to reapply in 6 months

Application:

- TERM Clinician Specialty Requirements (Evaluator): on page (4) must be signed and dated.
- Optum will require documentation to verify you meet the criteria outlined under TERM Clinician Specialty Requirements pertaining to the specialty or specialties designated.
- Review and complete the application in it's entirety. Only select the age ranges and specialties in which you have the experience and training and are willing to treat in your practice.
- CV must be included with the application at the time of submittal.
- Signatures required on pages: 4 and 16

Writing Sample(s):

- A Writing Sample is a required part of the application and must be submitted with your application in order for it to be considered complete.
 - A TERM Team Clinician will review the Writing Sample and contact you if additional documentation is needed.
 - Only one (1) revision will be accepted
 - If the Writing Sample revision does not meet TERM Documentation Guidelines you will receive a letter advising you that your application has been removed from further consideration.
 - You are welcome to reapply in 6 months

Continuing Education: CEU certificates DO NOT need to be submitted with your original application, however, they may be required at your first (1st) and subsequent recredentialing (every 3 years). Please ensure you are aware of the Continuing Education requirements for each of the specialties you are requesting and plan accordingly to complete them and maintain the certificates for possible future submittal. We will notify you of the outcome within ten (10) business days of the decision.

I have read and understand the Optum Application Process for the County of San Diego TERM Network.

Printed name of Applicant: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

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The **TERM** Network is a specialized panel focusing on evaluation and treatment of children and families referred through the dependency and delinquency systems. Due to the forensic and high risk nature of the referrals, specialized treatment and evaluation experience is required. While completing this application please **ONLY** check those specialties to which you meet the criteria.

Curriculum Vitae: It is very important that your CV be detailed including descriptions of relevant education, training, and professional experience conducting evaluations, populations evaluated, and types of referral questions addressed. This detail is required to approve you to evaluate various age groups or specialties. Include the dates and locations of education and post-graduate training.

Psychological Evaluation Specialty Criteria:

Please document below any other relevant information pertaining to your qualifications for the specialty criteria below.

CEU certificates DO NOT need to be submitted with your original application, however, they may be required at your first (1st) and subsequent recredentialing (every 3 years). Please ensure you are aware of the Continuing Education requirements for each of the specialties you are requesting and plan accordingly to complete them and maintain the certificates for future submittal as required.

Infant –Toddler: 0 months – 3 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> ▪ Licensed psychologist, LMFT, LCSW or LPCC ▪ Completion of didactic training and supervised clinical experience treating infants and toddlers ▪ Experience to include EITHER: <ul style="list-style-type: none"> ▪ Post-licensure certification as an infant-family and early childhood mental health specialist prenatal to 3 years endorsement or prenatal to 5 years endorsement OR <ul style="list-style-type: none"> ▪ A minimum of two (2) years treating infants and toddlers within the last five (5) years ▪ Minimum of twelve (12) hours of continuing education in topics relevant to infant/early childhood mental health and/or child development within the last three (3) years
Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

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Preschool: 3 - 5 years Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating children between the ages of 3-5 years
- Experience to include EITHER:
 - Post-licensure certification as an Infant-Family and Early Childhood Mental Health Specialist prenatal as 3 - 5 years endorsement or prenatal to 5 years endorsement
 OR
 - A minimum of two (2) years treating children between the ages of 3 - 5 years within the last five (5) years
- Minimum of twelve (12) hours of continuing education in topics relevant to infant/early childhood mental health and/or child development within the last three (3) years

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

Children: 6 - 12 years Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating children between the ages 6-12 years
- A minimum of two (2) years within the last five (5) years of practice treating children ages 6-12
- Minimum of twelve (12) hours of continuing education in topics relevant to child mental health and/or child development within the last three (3) years

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

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Adolescents: 13 - 17 years Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating children between the ages 13-17 years
- A minimum of two (2) years within the last five (5) years of practice treating children ages 13 and older
- Minimum of twelve (12) hours of continuing education in topics relevant to child/adolescent mental health and/or child/adolescent development within the last three (3) years

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
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Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
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Older Adults: 60 years and older Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating older adults
- A minimum of two (2) years within the last five (5) years of practice treating older adults
- Minimum of twelve (12) hours of continuing education in topics relevant to geriatrics/gerontology and/or older adult mental health within the last three (3) years

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
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Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
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Specific Criteria for Evaluations: (Prerequisite: *Must meet age range specialty criteria*)

Autism Spectrum Disorder (ASD) Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> ▪ Licensed psychologist ▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. ▪ Completion of didactic training and supervised clinical experience in the evaluation and treatment of ASD, including the administration of measurement tools specific to ASD ▪ A minimum of two (2) years clinical experience with the ASD population within the last five (5) years ▪ Minimum of twelve (12) hours of continuing education in topics relevant to the assessment of ASD within the last three (3) years 	
Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

Juvenile Competency Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Psychologist Criteria:</u></p> <ul style="list-style-type: none"> ▪ Licensed psychologist ▪ Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above ▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. ▪ Expertise and training in the forensic evaluation of juveniles, and shall be familiar with competency standards, competence remediation standards and accepted criteria used in evaluating competence ▪ Minimum of 12 hours of continuing education in topics relevant to juvenile competency evaluations in the last three (3) years <p><u>Psychiatrist Criteria:</u></p> <ul style="list-style-type: none"> ▪ Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population ▪ Expertise and training in the forensic evaluation of juveniles, and shall be familiar with competency standards, competence remediation standards and accepted criteria used in evaluating competence ▪ Minimum of 12 hours of continuing education in topics relevant to juvenile competency evaluations within the last three (3) years 	
Experience, Supervision/Consultation continued on the next page	

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Juvenile Competency Evaluation - <i>Continued</i>	
Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

Juvenile Firesetter Evaluation: Probation - Involved Youth <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>Psychologist Criteria:</u></p> <ul style="list-style-type: none"> ▪ Licensed psychologist ▪ Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above ▪ Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results. ▪ Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations ▪ Minimum of twelve (12) hours of continuing education related to the topic of Juvenile Firesetting and Arson within the last three (3) years <p><u>Psychiatrist Criteria:</u></p> <ul style="list-style-type: none"> ▪ Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population ▪ Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations ▪ Minimum of twelve (12) hours of continuing education related to the topic of Juvenile Firesetting and Arson within the last three (3) years Completion of Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population ▪ Expertise and training in the forensic evaluation of juveniles, and supervised experience conducting juvenile firesetter evaluations ▪ Minimum of 12 hours of continuing education in topics relevant to juvenile firesetting and arson within the last three (3) years
Experience, Supervision/Consultation continued on the next page

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Juvenile Firesetter Evaluation: Probation - Involved Youth - <i>Continued</i>	
Experience	<ul style="list-style-type: none"> Click here to enter text. Click here to enter text. Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> Click here to enter text. Click here to enter text. Click here to enter text.

Neuropsychological Evaluation: CWS & Probation- Involved Youth <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Licensed psychologist To include EITHER: <ul style="list-style-type: none"> Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology OR <ul style="list-style-type: none"> Completion of courses in Neuropsychology including: Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology AND <ul style="list-style-type: none"> Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution AND <ul style="list-style-type: none"> A minimum of two (2) years of experience in Neuropsychological Assessment within the last five (5) years Minimum of twelve (12) hours of continuing education in topics relevant to neuropsychology within the last three (3) years 	
Experience	<ul style="list-style-type: none"> Click here to enter text. Click here to enter text. Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> Click here to enter text. Click here to enter text. Click here to enter text.

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Children & Adolescents with Sexual Behavior Problems Evaluation: Probation - Involved Youth
 Yes No

- Licensed psychologist
- Meet criteria for specific age group(s) 0 through 17 as outlined as within the Age Category section above
- Combination of direct clinical practice with youth with sexual behavior problems and specialized training for a minimum of 500 hours within the preceding 2 years, including experience evaluating youth with sexual behavior problems; 350 of those were direct face-to-face or providing supervision; OR 2,000 hours over lifetime.
- Minimum of 30 hours of continuing education in core topics relevant to evaluation of children and adolescents with sexual behavior problems in the last three (3) years.
- Core topics include contemporary research regarding the etiology of sexually abusive behavior; research-identified risk factors for the development and continuation of sexually abusive behavior; contemporary research and practice in the areas of assessment, treatment, and management of sexual behavior problems in juveniles; research-supported, sexual offense-specific risk assessment tools for juveniles; treatment of sexual abuse victims.
- Core topics include contemporary research regarding the etiology of sexually abusive behavior; research – identified risk factors for the development and continuation of sexually abusive behavior; contemporary research and practice in the areas of assessment, treatment, and management of sexual behavior problems in juveniles research-supported, sexual offense-specific risk assessment tools for juveniles; treatment of sexual abuse victims

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

Family Code 7827 Evaluation: CWS - Involved Parents Yes No

- Meet criteria for evaluator of CWS-Involved Parents or Prospective Adoptive Parents as outlined in the section above
- Minimum of five (5) years of postgraduate clinical experience in the diagnosis and treatment of adult emotional and mental disorders

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

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Threat Assessment Evaluation: Probation- Involved Youth Yes No

Psychologist Criteria:

- Licensed psychologist
- Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above
- Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results
- Minimum of 24 hours of continuing education in topics germane to juvenile threat assessment evaluation in the last three (3) years evaluations for adults involved in child welfare services in the last three (3) years

Psychiatrist Criteria:

- Completion of a Child and Adolescent Psychiatry Fellowship or other accepted training with the child and adolescent population
- Expertise and training in the forensic evaluation of juveniles, including supervised experience conducting threat assessment evaluations
- Minimum of 24 hours of continuing education in topics germane to juvenile threat assessment evaluation in the last three (3) years

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

CWS Involved Parents or Prospective Adoptive Parents Evaluation Yes No

- Licensed psychologist
- Didactic education and training in psychometrics, test construction, validation processes, test interpretation, ethics of psychological assessment and statistics pertaining to interpretation of test results
- Completion of didactic training and supervised clinical experience in the evaluation of adults involved with the child welfare services
- A minimum of two (2) years clinical experience within the last five (5) years of practice treating adults, including psychological assessment/testing
- Minimum of twelve (12) hours of continuing education in topics relevant to conducting psychological evaluations for adults involved in child welfare services in the last three (3) years

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

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CWS - Involved Youth Evaluation Yes No

- Licensed psychologist
- Meet criteria for specific age group(s) 0 through 17 as outlined within the Age Category section above
- Didactic education and training in psychometrics, test construction, validation processes, test interpretation, ethics in psychological assessment and statistics pertaining to interpretation of test results
- Completion of didactic training and supervised clinical experience in the evaluation of children and adolescents
- A minimum of two (2) years within the last five (5) years of practice treating children/adolescents including psychological assessment/testing
- Minimum of twelve (12) hours of continuing education in topics relevant to psychological evaluation of children and adolescents in the last three (3) years

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

Adult Psychosexual Risk Evaluation: CWS - Involved Parents Yes No

- Licensed psychologist
- Didactic education and training in psychometrics, test construction, validation processes, test interpretation, and statistics pertaining to interpretation of test results.
- Expertise and training in the forensic evaluation of adults, and supervised experience conducting adult psychological evaluations
- Approved by California State Sex Offender Management Board (CASOMB) <http://www.casomb.org> AND continue to meet CASOMB requirements for recertification and continuing education requirements as outlined within CASOMB certification criteria

Experience	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
Supervision/ Consultation	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.

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Please complete the following grids. Only check areas in which you specialize, have experience and are willing to treat in your practice.

Juvenile Probation Evaluator: *(Not included under the Specialty Criteria)*

Disabilities:	Children 6 - 12	Children 13 - 17
Blind/Vision Impaired	<input type="checkbox"/>	<input type="checkbox"/>
Deaf (ASL Fluent)	<input type="checkbox"/>	<input type="checkbox"/>
Developmentally Delayed	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Special Probation Issues:		
707 Evaluation (Fitness for Juvenile Court)	<input type="checkbox"/>	<input type="checkbox"/>
Gangs	<input type="checkbox"/>	<input type="checkbox"/>
Medication Evaluation (MDs only)	<input type="checkbox"/>	<input type="checkbox"/>
School Issues	<input type="checkbox"/>	<input type="checkbox"/>
Born Positive Toxicity (Pos Tox)	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Violence - Other	<input type="checkbox"/>	<input type="checkbox"/>

Areas of Competence and Clinical Expertise		
Adoption Related Issues	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Issues	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Dependency/ Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Co-Occurring Disorders - Mental Health/ Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQIA	<input type="checkbox"/>	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Trauma and Stress Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Serious Emotional Disturbance (SED)	<input type="checkbox"/>	<input type="checkbox"/>
Born Positive Toxicity (Pos Tox)	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Exposed	<input type="checkbox"/>	<input type="checkbox"/>
Neglect Victim	<input type="checkbox"/>	<input type="checkbox"/>
Child Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>

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CWS Evaluator: (Not included under the Specialty Criteria)

Disabilities:	Infants 0 - 3	Preschool 3 - 5	Children 6 - 12	Adolescents 13 - 17	Transitional Youth 18 - 22	Adults 23- 59	Older Adults 60+
Blind/Vision Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmentally Delayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas of Competence and Clinical Expertise:							
Adoption Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Attachment Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical Dependency/ Substance Abuse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Occurring Disorders-Mental Health/Substance Abuse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQIA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma and Stress Related Disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious Emotional Disturbance (SED)			<input type="checkbox"/>	<input type="checkbox"/>			
Born Positive Toxicity (Pos Tox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Domestic Violence Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Neglect Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Child Physical Abuse Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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Signature on this page is required of all TERM Network applicants. Failure to sign this form will cause a delay in the processing of your application.

I hereby attest that all of the information in this application is true and accurate to the best of my knowledge. I shall maintain proficiency in all specialty areas I selected on my application to the TERM network.

I understand that Optum may require documentation to verify that I meet the criteria outlined under the TERM Clinical Specialty Requirements pertaining to the specialty or specialties I have selected on this application. I agree to cooperate with an Optum TERM Network audit, if requested, to verify that I meet the required criteria.

Printed name of Applicant: [Click here to enter text.](#)

_____ [Date: Click here to enter a date.](#)

Exhibit "A"

Writing Sample Packet

Psychological Evaluations

The Writing Sample Packet for Psychological Evaluations will be found on our website at www.optumsandiego.com >County Staff & Providers>TERM Providers>Applications

The screenshot shows the OPTUM San Diego website. At the top left is the logo and name. At the top right are links for 'Login | Register' and a search box. A dark navigation bar contains links for 'Home', 'County Staff & Providers', 'Access & Crisis Line', 'Consumers & Families', 'Community Resources', and 'About Us'. Below this is a breadcrumb trail: 'Home > County Staff & Providers > TERM Providers'. The main heading is 'TERM Providers'. A sub-heading states: 'This page is utilized by TERM providers to obtain documents and related materials needed for continued work with Child Welfare Services and Probation clients.' At the bottom is a horizontal menu with tabs: 'Applications', 'Communications', 'Forms', 'DV Victims Group Treatment', 'Manuals', 'Quick References', 'CSA NOP/NPP Treatment', 'Psychological Evaluations', and 'CWS Treatment Plans'. An orange arrow points from the breadcrumb trail to the 'Psychological Evaluations' tab.

- Additional information pertaining to Psychological Evaluations will be located at the Psychological Evaluations Tab.

Name	Description
04-178 Parent Evaluation Questions - Diagnostic Clarification and Treatment Recommendations.pdf	CWS Psychological Evaluation Resources
04-178 Parent Evaluation Questions - FC 7827.pdf	CWS Psychological Evaluation Resources
04-178 Parent Evaluation Questions - Prospective Adoptive Parent.pdf	CWS Psychological Evaluation Resources
04-178 Parent Evaluation Questions - Prospective Adoptive Parent.pdf	CWS Psychological Evaluation Resources
04-178 Youth Evaluation Questions - Adoption Evaluation.pdf	CWS Psychological Evaluation Resources
04-178 Youth Evaluation Questions - Diagnostic Clarification and Treatment Recommendations.pdf	CWS Psychological Evaluation Resources
APA Guidelines for Psych Evals In Child Protection Matters.pdf	CWS Psychological Evaluation Resources
APA Speciality Guidelines Forensic Psych.pdf	TERM Psychological Evaluation Resources
CWS Form 04-178 Request for TERM Appointed Evaluator.pdf	CWS Psychological Evaluation Resources
Probation Psychological Evaluation Referral Form.pdf	Juvenile Probation Psychological Evaluation Resources
Psych Testing Guidelines.pdf	TERM Psychological Evaluation Resources
Psych Testing Request Form 012016.pdf	TERM Psychological Evaluation Resources
Psychological Evaluation QA Checklist (docx)	TERM Psychological Evaluation Resources
Psychological Evaluation Procedures.pdf	TERM Psychological Evaluation Resources
Sample Psych Testing Request Form 012016.pdf	TERM Psychological Evaluation Resources
Specialized Optum TERM Panel Evaluations.pdf	Juvenile Probation Psychological Evaluation Resources
TERM Psychological Evaluation Handbook (pdf)	
The Format and Required Elements of a CWS Psychological Evaluation.pdf	CWS Psychological Evaluation Resources
The Format and Required Elements of a Juvenile Mental Competency Evaluation.pdf	Juvenile Probation Psychological Evaluation Resources
The Format and Required Elements of a Probation Psychological Evaluation.pdf	Juvenile Probation Psychological Evaluation Resources