

UBH TERM

NEWSLETTER

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NOVEMBER 2009



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TERM MANAGER MESSAGE

Greetings from UBH TERM! We have just completed our first quarter and want to thank providers and partner agencies for making the transition go so smoothly and routinely collaborating with UBH TERM staff. This kind of productive collaboration can only help the clients with whom you work on a daily basis.

We understand that we have changed "how things used to be done" with the prior TERM Team and we greatly appreciate the TERM Providers' willingness to work with us.

Our mission, which we share with you as the provider, is to offer objective and forensically-based treatment and evaluations to the children and families involved with CWS and Probation Services.

Our team's core functions are:

- to support providers in submitting high quality reports to Child Welfare Services (CWS) and Probation and
- to act as an objective consultant on Treatment Plans and Psychological Testing reports.

This edition of the UBH TERM Newsletter includes clarification and updates on several policies and procedures. Also included are several new policies that arose from discussions with the Court, CWS, Probation and the TERM Advisory Board. Further, we continue to work on streamlining procedures to make them more efficient.

Finally, we are in the process of revising the UBH TERM Provider Handbook, which will be available early next year.

As Program Manager, my "door" is always open. Please feel free to email or call me if you have other questions or suggestions.

Tyler J. Gabriel, Ph.D.
UBH TERM Manager

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POLICY AND PROCEDURE UPDATES

The following policy and procedural changes have been reviewed and approved by the TERM Advisory Board and Governing Board. These policies and procedures will be effective January 1, 2010:

NEW TERM POLICIES

1. OBJECTIVE PERSONALITY TESTING REQUIRED FOR ALL PSYCHOLOGICAL EVALUATIONS.

Generally acceptable standards for conducting forensic evaluations call for the use of standardized psychological assessment techniques which demonstrate adequate levels of reliability, validity and include measures of response style or bias. Objective personality testing (such as, but not limited to the MMPI, MAPI, MCMI, PAI) that is properly normed and validated with internal measures of validity are required for all Psychological Evaluations. (Reference: Melton, G. B., Petrila, J., Poythress, N.G., & Slobogin, C. (2007). *Psychological Evaluations for the Courts: A Handbook for Mental Health Professionals and Lawyers, Third Edition*. New York, NY: The Guilford Press, or Heilbrun, K. (1992). The Role of Psychological Testing in Forensic Assessment. *Law and Human Behavior, 16 (3), 257-72*.)

2. SEND ALL PSYCHOLOGICAL EVALUATIONS AND TREATMENT PLANS/UPDATES ONLY TO UBH TERM.

This is a significant change in the procedure providers have followed in the past. As of January 1, 2010 all TERM Providers are required to submit Psychological Evaluations or Treatment Plan/Updates (ITP or TPU) to UBH TERM only. Do not submit these Evaluations, ITPs or TPUs to PSWs, Probation Officers or the Court. UBH TERM will forward your work products to the appropriate recipient after they have passed quality review. This new procedure will ensure that the Courts, PSW's and Probation Officers receive documents that have met TERM quality standards and will prevent different versions of the same report reaching the Court.

3. COURT TESTIMONY DISCLAIMER: TERM Providers treating or evaluating CWS-involved clients without a CWS Referral

Background: TERM Providers occasionally receive referrals for clients involved with CWS from sources other than PSWs, and thus provide treatment without coordinating with the PSW. Since consultation with the PSW has not occurred, the Provider does not have a complete understanding and documentation of the client's protective issues. In these situations, the Provider's credential as a TERM clinician can be misleading to the Court. Therefore, this new policy provides guidelines for Providers to follow:

The TERM provider is required to make the Court and the Client aware when a TERM Provider is working with a CWS-involved client outside of the standard referral process. This policy is the direct result of complaints about Providers working with CWS clients outside of the routine CWS referral process.

Policy:

1. TERM Providers may accept the referral of a CWS-involved client without it being a PSW-generated referral or otherwise having CWS documentation of the protective issues involved in their client's case. If that Provider then gives testimony to the court, s/he is expected to provide a disclaimer to the court that: A. Explains s/he has received this case outside of the routine CWS referral process, B. Their knowledge of the protective issues and other collateral data is limited, and C. The recommendations they provide are based on limited data.

If a Provider learns, after beginning work with a client, that the client is involved in the CWS system, the Provider is required to inform the client about this policy above and to discuss the advantages and disadvantages of continuing the evaluation or treatment without the involvement of CWS. The Provider is required to offer the

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client the following options: A. Remaining with the Provider but with a Release of Information for the Provider to collaborate with CWS under TERM procedures, or B. Having the evaluation/treatment conducted by a different TERM Provider with the referral and the appropriate documentation provided by CWS, or C. Continuing treatment with the Provider not coordinating treatment with CWS, with the understanding that the Provider may have limited information about their case.

The client's choice should be documented by the Provider in the client's treatment record.

PROCEDURE CLARIFICATION

LETTERS TO PROTECTIVE SERVICE WORKERS

UBH TERM has learned that some Providers may be asked to submit treatment updates or progress reviews in letter form to PSWs. TERM policy has always been that Providers need to submit only ITPs or TPUs to PSWs regarding treatment planning or client progress. Do not send letters that summarize a treatment plan or treatment progress to PSWs. If a PSW requests a letter, please remind him/her that case progress reports must be submitted using the ITP or TPU.

FOR YOUR INFORMATION **(FYI)**

In this section of the newsletter we will include bits of helpful information for TERM Providers

REFERRAL OF NON-CWS MEDICAL CLIENTS

If you do not want referrals of MediCal clients who are not involved with Child Welfare Services, please notify UBH Provider Services at 1800-798-2254 option 7. You will be listed as "closed to MediCal referrals" so that the Access and Crisis Line staff will not refer you MediCal clients who are not involved with CWS. You can still receive referrals of clients who have MediCal and are involved with CWS.

SEEKING INFO FROM CWS?

Are you having difficulty reaching a PSW? Do you need assistance with obtaining an authorization or therapy referral form? Have a complaint about a PSW or CWS process? Please contact Dr. Sara Maltzman at 858-514-4727 or Sara.Maltzman@sdcounty.ca.gov

LOOK FOR OUR SATISFACTION SURVEY

UBH TERM will be emailing providers and representatives from our partner agencies a satisfaction survey via "Survey Monkey." Look for this email survey in the next month.

UBH TERM COMPLAINT PROCESS

One of UBH TERM's responsibilities is to investigate complaints about TERM Providers. When UBH TERM staff receives a complaint a staff clinician is designated the lead in the investigation of the complaint. Once UBH TERM is in receipt of all the necessary documentation from the complainant, the Provider is contacted. Details of the complaint are always discussed with the Provider in order to obtain their input. Depending on the nature of the complaint, UBH TERM may request documentation from the complainant and the Provider. Complaints are then reviewed by a committee of licensed clinicians who determine whether the complaint is **substantiated, unsubstantiated, or rescinded**. Complaints that are substantiated may result in the following:

- Additional monitoring of the provider
- Required consultation
- Additional training
- Limiting the scope of practice
- Adherence to a corrective action plan
- Ceasing referrals or authorization of any new or existing clients
- Temporarily restricting, limiting or suspending the provider's credentialing status
- Terminating the provider's credentialing status

UBH TERM provides monthly aggregate complaint data to the TERM Advisory Board.

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UBH TERM has received 15 complaints since July 1st, 2009 when our contract began. Of these 15 complaints: 6 were substantiated, 4 were unsubstantiated; 5 are in the investigation phase. One complaint was referred to the Credentialing Committee.

THE UBH CLINICAL TECHNOLOGY ASSESSMENT COMMITTEE

The Clinical Technology Assessment Committee (CTAC) reviews the medical and scientific literature that examines the use of new technologies and new applications of existing technologies for psychiatric assessment and treatment. CTAC also reviews existing technologies when questions arise as to their currency or application. CTAC recommends as best practice those treatments for which there is published scientific evidence of efficacy and safety. This evidence must consist of controlled studies of adequate sample size, published in highly regarded, peer reviewed journals. CTAC provides these recommendations with the understanding that implementation will vary within UBH units, reflecting individual benefit designs and exclusions.

CTAC membership includes the Vice President of the Employer Division, Medical Directors from the Health Plan and the Employer Divisions, representatives from the Public Sector Division and Provider Relations, the Assistant Vice President for Research and Evaluation, the UBH Employer Division Clinical Pharmacist and a psychiatric consultant who works outside of UBH and has a primary academic medical center affiliation.

CTAC meets quarterly to consider any issues submitted for review. Requests for review may be submitted by members of the clinical staff from United Behavioral Health or United Health Care. Providers and other interested parties may refer to the CTAC website:

http://ubhweb.uhc.com/ubh/clinical_policy_standards/nw_techs/index.html for detailed information on a variety of treatments.

UBH TERM has received several inquiries about the use of Holding Therapy for Reactive Attachment Disorder (RAD). Additionally, several providers advocated the use of SPECT scan for the diagnosis of ADHD.

Holding Therapy as a Treatment for RAD

CTAC states, "There is no empirical support for Holding Therapy as a treatment for RAD, and nationally recognized practice guidelines have identified other suitable psychosocial treatments for this condition. Additionally, policy statements from major professional societies and legislation in at least one state condemning this technology raise concerns about whether it is a safe, ethical, or legal treatment.

Recommendation:

It is recommended that the technology not be included in the UBH benefit plan."

Therefore, UBH TERM will not authorize the use of Holding Therapy in the treatment of children.

SPECT for Assessment of ADHD

CTAC states, "There is insufficient evidence from well-controlled studies in peer-reviewed literature and nationally recognized best practice guidelines for the use of SPECT scan as a clinical tool for the assessment of ADHD. Other first-line assessment methods are amply supported in the literature and in best practice guidelines. Additionally the literature and governmental sources have raised concerns about the clinical risk of using this technology as a research tool with pediatric subjects.

Recommendation:

SPECT scan as a clinical tool for assessing ADHD should be considered experimental and unproven. It is recommended that SPECT scan not be included in the benefit plan as a clinical tool for assessing ADHD."

UBH TERM will not authorize the use of SPECT scan in the assessment of ADHD.

Given these statements, UBH TERM cannot support the use of these treatments or techniques. If you have any questions on these or other approaches please call or email us. We are always willing to provide consultation on any such issue or treatment question.