TERM Newsletter

SUMMER 2012

INSIDE THIS EDITION

Advancing the Partnership Between TERM and DLG

Dependency Legal Group of San Diego (DLG) represents indigent families in San Diego County's Juvenile Dependency Court. Unless private counsel has been retained, the Court will appoint an attorney from DLG to represent parties in the cases that come into the Juvenile Court dependency system. OptumHealth TERM and DLG have established a memorandum of understanding (MOU) to work cooperatively together in delivering and supporting quality services to individuals receiving services through the TERM provider panel. The MOU specifies that DLG and OptumHealth agree to the following:

- Reimbursement Process: DLG will reimburse TERM panel providers for completing new treatment plan updates at DLG request and for telephonic and in-person Court testimony according to a pre-determined fee schedule. A copy of the fee schedule is available upon request by contacting the main DLG telephone number at 619-795-1665. (*Note*: It is DLG policy that if a subpoena for testimony is retracted less than 24 hours before the date of the testimony that DLG will pay the appropriate rate from the fee schedule. If a subpoena for testimony is retracted at least 24 hours before the date of testimony, no fees will be paid).
- Complaint Process: DLG staff will utilize the TERM complaint process to document and resolve any concerns identified about TERM network providers, and OptumHealth will investigate and resolve, to the extent possible, complaints submitted by DLG.
- Information Sharing: DLG staff will provide information for TERM stakeholders on the legal process, and OptumHealth will distribute information to TERM stakeholders through the TERM Newsletter or TERM Provider Handbook as needed.
- Communication: OptumHealth and DLG will participate in regularly scheduled meetings to discuss issues that arise and will work collaboratively to resolve issues to the extent possible.

We are committed to working with our partners toward improving the system of care. As a next step, we are in the process of developing a MOU to support coordination between the Adult Probation Department and the TERM Team.

Is Your Practice Information Current?

When access information is outdated or inaccurate, it becomes a barrier to treatment. As a TERM panel provider, it is imperative that your access information stays current to ensure timely access to care. Please be sure to update any changes to the following:

- Address of your practice
- Phone number
- Secure fax number
- Licensure
- Languages spoken
- Treatment expertise

If you are unavailable to see new clients, please let us know. We offer you the opportunity to designate yourself as temporarily unavailable for new referrals. In this way, clients will not be referred to you when you do not have current availability. Update your information in our system by contacting OptumHealth Provider Services at 877-824-8376, Option 3.

To support timely access to care, please also make it a basic part of your business practice to return referral inquiry calls from clients or referring agencies within 24 hours.

Handling Requests for Client Records

It is a requirement that treatment plans and evaluation reports are submitted *only* to OptumHealth, for distribution to the intended recipients by TERM on completion of the quality review process. While there are times that providers may be asked to supply copies of reports or records directly to other parties (e.g., Social Security Administration, other providers or involved individuals), there are complex confidentiality rules surrounding release of juvenile case records that must be observed.

Welfare and Institutions Code section 827 and rule 5.552 of the California Rules of Court are the main sources that govern the confidentiality of juvenile case files. W&IC section 827 and rule 5.552 specifically govern reports prepared by providers in connection with a Juvenile Court case and documents made available to Protective Services Workers and Probation Officers in preparation of reports to the court.

Before any records from juvenile case files can be released, a petition for disclosure must be filed by the requesting party and reviewed and decided by a judge. For these reasons, providers should decline all requests for release of documents and should instead direct the individual requesting the information to the Juvenile Court for assistance:

(858) 634-1600
San Diego Juvenile Court
Attention: Disclosure Desk
2851 Meadow Lark Drive
San Diego, CA 92123

Treatment Record Documentation Requirements

Maintenance of thorough, high-quality documentation is a key provider obligation. Not only is it a service for the client, but it is also a protection for the provider and is especially important in cases that are involved in the Court system. OptumHealth has developed comprehensive standards for documentation and maintenance of clinical records that are in line with the standards established by recognized national accrediting organizations. OptumHealth requires all network clinicians to maintain records in a manner consistent with these standards and to conform to all applicable statutes and regulations. These documentation standards include details on recording clinical assessments, recommendations, treatment interventions, and client response to treatment. They also address the need to document coordination of care activities, informed consent and special status situations. It is important to note that treatment records need to be stored in a secure area, and practice sites must have an established procedure to maintain the confidentiality of treatment records.

OptumHealth may review clinician records in response to potential quality-of-care issues or investigations of stakeholder complaints brought to OptumHealth's attention. The audit focuses on the completeness and quality of treatment record documentation. For the full list of documentation requirements, please refer to Appendix A of the TERM Provider Handbook, which is available online at www.optumhealthsandiego.com (once on the website highlight County Staff & Providers, select TERM Providers, then the Manuals tab).

Care Coordination

All TERM providers are required to coordinate care with the referring agency as well as with other professionals involved in a client's case. In cases in which the client is the holder of privilege, the client's written consent to exchange information with other professionals involved in the case should be obtained during the initial diagnostic assessment session. In addition to the required work product submission, communication should take place at the time of intake, during treatment, and at the time of discharge or termination of care. This communication should be documented in the client's treatment record, and any feedback relevant to the client's treatment progress should be incorporated into treatment planning. The collaboration achieved through your coordination of care makes a big impact on your client's quality of care and optimal clinical outcomes.

Private Pay Evaluations

On rare occasions, Delinquency Court may order a minor's family to pay out of pocket for a psychological evaluation referred through the TERM process. Situations in which this occurs would include instances in which the family has demonstrated means to pay for such services. TERM evaluators will be notified of these arrangements at the time of referral, and the information will also be included in the Court's minute order. Evaluators accepting such referrals may wish to work with the family and minor's counsel to obtain payment up front.

Child Welfare Services Updates

VICTIMS OF CRIME FUNDING

As of 6/15/12, the Child Welfare Services (CWS) policy for social workers regarding Victims of Crime (VOC) applications was updated. For minor's therapy, first the parent's signature will be sought on the application. If the parent is unwilling or unable to sign, the CWS social worker will forward the application to the minor's attorney for signature. The CWS social worker will submit the application to the Victim Compensation Program. Medi-Cal funding will be sought first, VOC funding second. While the State's updated VOC application form includes a "County Social Worker" box (section 13a), San Diego County will not be utilizing that box at advice of counsel. Contact CWS Policy Analyst Leah van Lingen at leah.vanlingen@sdcounty.ca.gov or 858-616-5942 for further information.

TREATMENT PLAN TIPS

- Want to make filling out Treatment Plans more efficient? One way to do this is to simply use the identified protective issues on the Referral form (General Neglect, Physical Abuse, Emotional Abuse, Sexual Abuse, Severe Neglect) when filling out "Protective Issue" on the Treatment Plan. This saves time and streamlines the process by eliminating the need for narrative explanations in this section.

- Several providers have reported difficulties with the formatting of the CWS treatment plan template when using a Mac computer. TERM has created an alternative form fill version of the treatment plan for Mac users. Please call our Clinical Support Services Team at 877-824-8376, Option 1, to request a copy of the alternative version.

- Use of the SMART goal framework can be a helpful tool in setting treatment goals that are meaningful and aligned with TERM treatment plan guidelines. SMART goals are:

  Specific: Define outcomes the client is expected to achieve (e.g., reduction of identified risk factors, improved functioning in relevant areas).

  Measurable: Frame goals in observable terms (e.g., what would you need to see the client doing differently to conclude that treatment is working?).

  Agreed upon: Collaborate with the PSW and client in choosing goals. Goals should be mutually understood and agreed upon.

  Relevant: Goals should be tied to the identified clinical and protective issues, and tailored to the facts of the specific case. The focus should be on reducing risk, improving parenting capacity, helping children heal from abuse or neglect.

  Time-bound: Choose goals that are attainable within a brief period of time given the legal time lines set for CWS cases.

Child Welfare Services Updates

THERAPY INFORMED CONSENT GUIDELINES

Therapists should be especially attentive to informed consent issues with clients referred to treatment at the request of a third party such as Child Welfare Services. Attention to the consent process helps protect therapists from potential complaints (e.g., regarding disclosure of information, disagreements with office policy or nature of treatment).

For Voluntary Services clients or pre-jurisdiction cases (in which CWS has filed a petition but the Court has not yet taken jurisdiction), parents are responsible for signing the Consent for Treatment and the Authorization to Use or Disclose Protected Health Information forms for themselves and their children.

For Dependency Court clients, the "court-ordered" box on the Therapy Referral Form will be checked. For parents, CWS forwards to the provider the Authorization to Use or Disclose Protected Health Information form signed by the parent; however, at the initiation of therapy, the therapist should provide a thorough informed consent process including the limits of confidentiality and privilege, fees, and information about the nature of the therapy, role of the therapist, and anticipated risks and benefits. Other issues to be clarified include that the therapist will be providing treatment progress updates to the PSW and may be subpoenaed to provide Court testimony. For children, CWS forwards to the provider the Consent for Treatment and the Authorization to Use or Disclose Protected Health Information forms signed by either the parent or the Court. The therapist should explain the nature and purpose of treatment and limits of confidentiality to the child in age appropriate language.

Therapists are required to appropriately document the consent/assent process in the client's treatment record. If an adult client refuses to sign the consent form or otherwise does not agree to the treatment process or coordination of care with CWS, this decision must be noted in the clinical record and should be shared with the referring agency so that the Court can be notified (if services are Court-ordered).

Child Welfare Services Updates

CHILD WELFARE SERVICES PSYCHOLOGICAL EVALUATIONS: WHEN IS A THERAPIST REFERRAL INDICATED?

Psychological evaluations may be requested by the Protective Services Worker (PSW) at various stages of a client's involvement with CWS. For parental evaluations, initial questions may include assessment of the parent's mental health status, how it impacts parenting abilities, and identification of the parent's service needs. After working with a parent for a period of time, referral questions may entail assessing what has interfered with the parent's ability to benefit from services, and whether identified obstacles can be resolved in the legal timeframe. Later stages of the case may also give rise to concerns about whether the parent is able to benefit from reunification services within the established legal time limits. Most common referral issues for children concern assessment of the child's emotional and psychological needs, planning intervention strategies aimed at improving the child's functioning and mitigating the effects of abuse or neglect, and identification of the least restrictive level of care in which the child can be safely treated (when the child does not have a therapist to provide input). San Diego County CWS utilizes a structured decision tree in determining whether an evaluation referral is consistent with CWS policy regarding appropriate and necessary services. It is important to note that there are very few circumstances under which a psychological evaluation is included in the client's case plan.

Role of the Therapist

While psychological evaluation can yield important information not available from other sources, please take into account the following considerations prior to recommending referral for a CWS psychological evaluation:

- As noted above, CWS psychological evaluation is distinct from a standard clinical assessment in its purpose and scope.
- Whether the evaluation is ordered by the Court or is requested by the PSW or therapist, it is likely that the evaluation findings will be introduced into court proceedings and may have legal implications.
- Please do not recommend evaluation for diagnostic and treatment planning purposes unless there are unusual or complex clinical circumstances that warrant formal testing. It is expected that the treating therapist, as a licensed mental health professional, will be able to conduct a thorough differential diagnostic assessment and develop an appropriate plan of clinical intervention.
- Please consider whether other types of services might be more appropriate, such as a medication evaluation.
- A clear and compelling clinical rationale for recommending any services should be documented. Please be mindful in making such recommendations that information gained from the service needs to be specifically relevant to the protective concerns. Recommendations that are unlikely to be helpful for the client's specific case plan should be avoided. Also, please note testing may not be feasible if the client has special language or cultural needs or active/recent substance abuse.

For more information on the purpose and goals of evaluation referrals in CWS cases, please review the CWS Assessment Guidelines which are located in Appendix Q of the TERM Provider Handbook.

Juvenile Probation Updates

TOWARD BEST PRACTICE IN JUVENILE RISK ASSESSMENT

Specialized referral questions such as risk factors for recidivism, aggressive/assaultive behavior, sexually assaultive behavior, and potential to engage in fire setting behaviors should be informed by specialized testing. While personality tests such as the Jesness Inventory-Revised, Adolescent Psychopathology Scale, MMPI-A, and Personality Inventory for Youth can offer helpful information, such measures form only one part of an evaluation of risk. Best practice research shows that the assessment process is improved when standardized measures of risk and needs are included (Hoge & Andrews, 2010).

A variety of standardized measures is available for the assessment of risks and needs in youth involved in the delinquency system. Examples of comprehensive risk/needs assessment instruments include:

- Early Assessment Risk Lists for Boys and Girls
- Structured Assessment of Violence Risk in Youth
- Youth Level of Service/Case Management Inventory 2.0

A search of the literature should be conducted prior to selecting measures to ensure there is reliability and validity for use with the client being evaluated. Detailed reviews of selected measures and meta-analyses of validation research are available (e.g., Sattler and Hoge, 2006; Edens, Campbell, and Weir, 2007; Schwalbe, 2007, 2008). The Buros Mental Measurements Yearbook is also a source of information.

Recommended readings:

- Hoge, R.D. & Andrews, D.A. (2010). *Evaluation for Risk of Violence in Juveniles*. New York: Oxford University Press.
- Grisso, T., Vincent, G., & Seagrave, D. (2005). *Mental Health Screening and Assessment in Juvenile Justice*. New York: Guilford Press.

MENTAL COMPETENCY EVALUATION UPDATE

Juvenile competency evaluators may wish to consider modifying the terminology used in the Juvenile Adjudicative Competency Interview (JACI) for minors being adjudicated in Juvenile Court to ensure consistency with terminology used in this setting. For example:

- In the Plea Bargains/Agreements section, note that a minor does not receive a sentence in Juvenile Court, but instead a disposition.
- Juvenile Court uses the term "true findings" rather than "guilty". The alternative prompt provided, "admitting to the offense", would be appropriate.
- Jury trials are not used in San Diego Juvenile Court. This optional item can be omitted from the interview.

Please also ensure that terminology used in report writing is accurate.

Clinical Resources

VICARIOUS TRAUMA: IDENTIFICATION AND PREVENTION

There is growing empirical research documenting the impact of trauma work on those in the helping professions. Also known as compassion fatigue or secondary trauma, "vicarious traumatization" is the cumulative transformative effect upon professionals who work with victims of trauma (Pearlman & Saakvitne, 1995). Despite being trained to maintain a certain degree of professional distance, therapists are not insulated from the effects of traumatic content. While not all providers who work with victims of trauma will experience vicarious traumatization, there is strong agreement in the literature that such professionals are at risk to experience some degree of vicarious traumatization over the course of their careers.

Factors that can affect development of vicarious traumatization include younger age, type of caseload, intensity and duration of traumatic exposure, and similarity of traumatic content to the professional's own life circumstances. Common warning signs of vicarious traumatization noted in the literature include:

- Isolating
- Late documentation/paperwork
- Feeling tired all the time
- Poor sleep
- Decreased exercise
- Decreased self care
- Somatic symptoms
- Experiencing feelings such as numbness, despair, emotional exhaustion, irritability
- Disruption in the professional's worldview, often around sense of spirituality, hope, or safety
- Disruption in the professional's sense of self
- Disruption in the therapeutic alliance

As helping professionals, we all have a responsibility to take care of ourselves and to nurture our own capacity to help (van Dernoot, 2009). Given the nature of TERM work, use of vicarious traumatization prevention and intervention strategies is imperative. Successful strategies noted in the literature include:

- Develop awareness of which kinds of cases tend to be more challenging for you and manage caseload accordingly
- Write down 3 personal warning signs that you may be experiencing vicarious traumatization and conduct self-assessments on a regular basis
- Develop a list of your familiar coping strategies and make sure to use them
- Maintain balance among work, play, exercise, and rest
- Stay connected with others, personally and professionally
- Obtain ongoing professional development

Clinical Resources

VICARIOUS TRAUMA: IDENTIFICATION AND PREVENTION CONT'D

- Have a personal and professional self-care plan
- Tend to your spirituality (if applicable)
- Develop a collegial support network
- Seek consultation, supervision, or personal therapy as needed
- If you are a clinical supervisor, make sure to incorporate active work on vicarious traumatization prevention with trainees
- Professional codes of ethics dictate that it is not appropriate to practice if functionally impaired by vicarious trauma. Consider a balance in work load when needed

For additional information, the following references are recommended:

- Figley C.R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In Figley, C.R. (Ed), *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner/Mazel.
- Pearlman, L. & Saakvitne, K. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: W.W. Norton.
- Van Dernoot Lipsky, L. (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler.

Training Opportunities

- County of San Diego HHSA presents the We Can't Wait 2012 Conference: From Science to Practice-Relationships Matter on Friday September 28 & Saturday September 29, 2012 at the Town & Country Hotel. The training is FREE and will offer CE hours. For more information, contact Tracy Fried at tracy@tracyfried.com or 760-230-2080.
- Free online training is offered by the Child Abuse Mandated Reporter Training Project at http://www.mandatedreporterca.com/ The goal of the training is for mandated child abuse reporters to carry out their responsibilities properly.
- BHETA offers free training to providers who contract with County Mental Health. Free CEUs are offered to social workers and marriage and family therapists. If you take the courses, please list OptumHealth in the "company code" field when you create a BHETA account online. The website has more details on how to create an account and eligibility http://theacademy.sdsu.edu/programs/BHETA/lms_login.htm.
- A free online training course in Trauma-Focused Cognitive Behavioral Therapy is offered by the Medical University of South Carolina through TF-CBT Web at http://tfcbt.musc.edu/. Up to 10 units of CE credits are offered for some disciplines.

TERM Welcomes New Staff Member

Tracy Collins, MFT joined the TERM clinical staff in July 2012 and will be conducting quality assurance reviews of CWS treatment plans. Tracy is a Licensed Marriage and Family Therapist who completed her Masters Degree at National University. Tracy brings valuable clinical experience to the TERM team, including previous positions as a New Alternatives Program Therapist and as a School Based Clinician at San Diego Youth Community Services, where she worked with children and families involved in the Child Welfare system. She has transitioned to TERM from her role as a Care Advocate in the OptumHealth Public Sector Utilization Management Department. Her office hours are Monday through Friday, 8:30 am to 5:00 pm.

TERM Advisory Board Provider Representatives

The TERM Advisory Board meets monthly to discuss policy issues and provide recommendations to OptumHealth TERM. Providers are represented on the Board by:

- Christopher Carstens, Ph.D., for psychologist evaluators
  contact@drcarstens.com
- Roberto Weiss, MFT, for masters level therapists and clinical supervisors
  R.weiss@motivaassociates.com
- Jeff Rowe, M.D., for the S.D. Psychiatric Society & the S.D. Academy of Child & Adolescent Psychiatry
  Jeff.rowe@sdcounty.ca.gov
- Martha Ingham, Ph.D., for the San Diego Psychological Association
  drmarthaingham@gmail.com
- Jordanna (Jordi) Wasilesku, MFT, for agency providers
  cbsafcc1@aol.com

Please feel free to contact these representatives with your ideas or suggestions.

Kudos

- We would like to thank those TERM providers that took time out to complete the recent Provider Survey. We are in the process of reviewing the data and will report the results in the Fall Newsletter. We are appreciative for the feedback on what is working well and how we can serve you better.

- We would like to express our appreciation to Child Welfare Services for working collaboratively with TERM to evaluate the treatment authorization process. We know this is a significant time commitment across regions, and have appreciated the informative exchange of information and streamlining ideas.

OPTUMHealth™

LeAnn Skimming, Ph.D.
TERM Program Manager
leann.skimming@optum.com

Rada West, Ph.D.
TERM Psychologist

Relanie Del Corro
Clinical Support Supervisor

Tracy Collins, MFT
TERM Clinician

Anna Williams
Clinical Support Lead

Michelle Hemmings, Psy.D.
TERM Psychologist

Jennifer Myrwold
Clinical Support

Harriet Stupp, MFT
Provider Services Manager

Zelda Pierce
Provider Services

Ruth Kenzelmann, Ph.D.
Executive Director

Terry Villacruz, LCSW
Clinical Director

Mary Joyce, MSW, MBA
Director of Provider Services

Michael Bailey, MD
Medical Director

To contact OptumHealth TERM staff:

1-877-824-TERM (1-877-824-8376)

Option 1: Clinical Support Team (Authorizations, referrals, and work product tracking)

Option 2: Claims Department (Billing, claims questions)

Option 3: Provider Services (Contracting questions)

Option 4: TERM Clinical Team (Clinical questions)

FAX # 1-877-624-8376

www.optumhealthsandiego.com