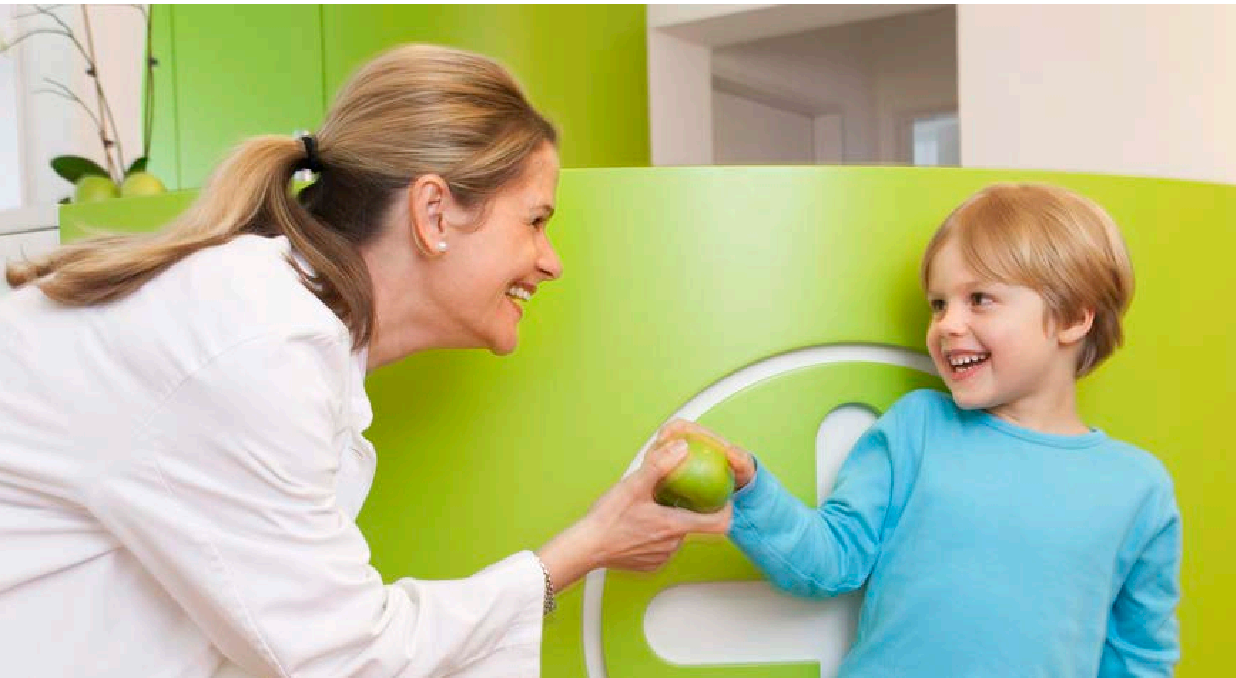
OPTUM™

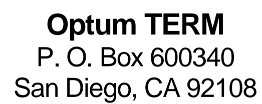
COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

TERM Provider Handbook

By: Optum Public Sector San Diego
Treatment & Evaluation Resource Management
Edition July 11, 2019





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Optum gratefully acknowledges the collaboration of County of San Diego HHSA Child Welfare Services and Dependency Court County Counsel in the preparation of the TERM Provider Handbook.

Optum TERM: Important Updates to TERM Provider Handbook

Dear TERM Provider:

The TERM Provider Handbook has been revised to include information on a new requirement for clinical outcome measures that went into effect July 1, 2019. When reviewing the handbook, please pay close attention to the following:

- ***Required Clinical Outcome Measures*** (page 36): To improve the quality of services provided to children and families throughout San Diego County, effective July 1, 2019 standardized outcome measures are required to be administered to all youth ages 0-21 receiving publicly-funded mental health services. The handbook has been updated to include information about the required clinical outcome tools.

Optum TERM staff can be reached at (877) 824-8376, Option 1 for any questions about the updated handbook. Thank you for working with Optum in serving clients of the County of San Diego.

Respectfully,

LeAnn Skimming, Ph.D.
TERM Clinical Program Manager

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TERM Directory

Optum Public Sector

TERM Provider Line	(877) 824-8376
CWS Authorizations	Press 1
CWS Claims/Billing Questions	Press 2
Provider Services	Press 3
TERM Clinical Staff	Press 4
TERM Fax Number	(877) 624-8376
Provider Services Fax Number	(877) 309-4862
Provider Services E-Mail	sdu_providerserviceshelp@optum.com
Access and Crisis Line	(888) 724-7240
Medi-Cal Provider Line	(800) 798-2254
Management Phone Numbers	
Executive Director	(619) 641-6818
Medical Director	(619) 641-6807
Director of Clinical Operations	(619) 641-5302
Director of Quality Improvement & Provider Services	(619) 641-6285
Director of Business Operations	(619) 641-6252
Manager of TERM Clinical Department	(619) 641-6206
Manager of Provider Services	(619) 641-6832
Manager of Claims	(619) 641-6668
Manager of Administrative Operations	(619) 641-6814
Billing Address :	CWS Payment Processing P.O. Box 600340 San Diego, CA 92160-0340

Optum Public Sector San Diego Web Site: http://www.optumsandiego.com

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Child Welfare Services

Child Abuse Hotline	(800) 344-6000
PSW Locator Number	(858) 514-6995
Polinsky Center For Children	(858) 541-4600
Adoptions Unit	(877) 423-6788
Foster Home Licensing	(877) 792-KIDS (5437)
Senior Staff Psychologist	(858) 616-5827 (858) 616-5835 Fax

Names and telephone numbers of PSWs, PSSs, and Managers may also be obtained by reviewing the *CWS Alpha List* that is posted on the Optum Public Sector Website.

Juvenile Probation

General Information	(858) 694-4600
To Identify a P.O. for a case	(858) 694-4600 Option 3 for Records
Juvenile Hall	(858) 694-4500
Probation Accounting	(858) 514-3146 (858) 514-3232 Fax
Billing Address:	P.O. Box 23596 San Diego, CA 92193-3596

Juvenile Court

Administration	(858) 634-1668 (858) 634-1679 Fax

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Public Defender's Office

Primary Public Defender's Office – Juvenile Delinquency Branch	(858) 974-5757
Alternate Public Defenders Office	(858) 974-5818
Office of Assigned Counsel	(619) 338-4800

Dependency Legal Group

Executive Office	(619) 795-1665
Minors Counsel Office	(619) 795-1540
Primary Parent Office	(619) 795-1315
Conflict's Counsel Office	(619) 795-1440

County Behavioral Health Services

Contract Monitor for TERM	(619) 563-2741
SD County Behavioral Health website:	http://sandiego.networkofcare.org/mh

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Children's System of Care Principles

Background

Beginning in 1995, a broad based group of community stakeholders developed values and principles for San Diego County Mental Health Children's System of Care (CSOC). Over the years, the values have been implemented and have set forth new practices and approaches for our delivery system.

In 2010, the Children's System of Care Council recommended that the principles be reviewed to ensure that they are contemporary with our current practice as driven by the needs of the community. In the CSOC workgroup review process, it was concluded that the initial core principles remain relevant. Refinements have been made to reflect our current direction which complements the *Live Well, San Diego!* initiative. This evolution:

- Integrates mental health and substance abuse into a behavioral health system,
- Integrates physical health for the overall advancement of health and wellness,
- Underscores the importance of natural community resources,
- Values the complexity of cultural diversity, AND
- Strengthens our commitment to youth and families

These refinements re-affirm our system of care principles, the advancements made, and the pathway for our future direction.

CSOC Council Vision: *San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.*

Mission: *The purpose of the System of Care Council is to ensure that all agencies serving San Diego county youth from age 0 through age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles.*

1. Collaboration of four sectors: The cornerstone of the CSOC is a strong four sectors partnership between youth/families, public agencies, private organizations and education that ensure accountability to achieve System of Care (SOC) goals and quality outcomes consistent with SOC philosophy.

2. Integrated: Among the four sector partners services are comprehensive, accessible coordinate behavioral and physical health care, provide seamless transition of care and utilize natural community supports.

3. Youth guided, family driven: Youth and families actively participate in service delivery, planning, and program and policy development.

4. Individualized: Services are flexible and designed to meet and build upon the unique needs, strengths and potential of each youth, and family.

5. Strength-based: Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.

6. Community-based: Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources.

7. Outcome driven: Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.

8. Culturally Competent: Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.

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Introduction

Welcome to the Optum TERM Provider Panel, and thank you for your service to the families of San Diego County. We have developed this handbook to assist TERM providers in rendering the best possible services to clients of Child Welfare Services (CWS) and Juvenile Probation Services. This handbook describes the procedures TERM providers are required to follow as well as information about the Juvenile Court system, Juvenile Probation Department, and Child Welfare Services.

Optum TERM is an acronym for Optum Treatment and Evaluation Resource Management, a mental health program developed under the direction of the County of San Diego Board of Supervisors and operated by Optum through a contract with County of San Diego HHSA Behavioral Health Services. The purpose of the TERM program is to provide independent oversight of mental health services for children in the dependency and delinquency systems, with the mission of improving the quality and appropriateness.

Optum TERM's central functions are to:

- Credential and contract with a network of providers with competence in evaluating and treating child maltreatment and delinquency cases
- Select psychologists and psychiatrists on a rotating basis to perform formal evaluations that are ordered by the Juvenile Court or requested by CWS or the Juvenile Probation Department
- Assist Protective Service Workers (PSWs) and Probation Officers (POs) in selecting providers based on the client's location, clinical need, cultural and language concerns
- Conduct ongoing quality review of therapy treatment plans and evaluation reports prepared for CWS and evaluation reports prepared for Juvenile Probation cases
- Consult with providers, PSWs, POs, the Juvenile Court, and other appropriate parties regarding the mental health issues in these cases
- Investigate and resolve complaints regarding TERM provider-related quality issues
- Provide feedback to improve provider practice
- Participate in a variety of interagency committees aimed at improving the overall system of care for children and their families in the County of San Diego.

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Optum TERM staff are comprised of a multi-disciplinary team, including a Clinical Program Manager, a Board Certified Psychiatrist, Licensed Mental Health Clinicians, and Clinical and Provider Services administrative staff.

The **TERM Advisory Board** provides professional input regarding the performance of the system, its policies, procedures, and protocols. The Advisory Board is comprised of representation from each major mental health license type, as well as from the County of San Diego HHSA's Behavioral Health Services, Child Welfare Services, Probation Department, Juvenile Court, County Counsel, Public Defender's Office, District Attorney's Office, and Dependency Legal Group of San Diego.

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Provider Contracting

Optum, on behalf of the County of San Diego Behavioral Health Services, is responsible for developing and maintaining a network of TERM providers. Providers must be contracted with Optum Public Sector San Diego in order to receive reimbursement for professional services rendered to clients. In addition, the County has determined that all TERM providers who render services that are billable under Medi-Cal are required to be contracted as a Medi-Cal Fee for Service (FFS) provider in an effort to maximize the funding available for TERM services. The Optum Public Sector provider contract contains:

- General terms applicable to all contracts delivering county reimbursable services
- A description of work or services to be performed
- Exhibits specific to TERM network requirements
- Attached CPT codes and reimbursement schedules as approved by Child Welfare Services
- This handbook is included by reference in the contract: the requirements. Workflow protocols are part of the contract.

TERM providers are required to follow the agreement requirements and the procedures outlined in this handbook. Please contact Optum Provider Services at (877) 824-8376, option 3, with questions regarding your Provider Agreement.

Credentialing

Credentialing Standards

Optum Public Sector, on behalf of the MHP contracts with psychiatrists, psychologists, licensed clinical social workers, licensed professional clinical counselors, and marriage and family therapists to provide behavioral health related services to clients of Child Welfare Services (CWS) and the Probation Department.

TERM providers are required to complete the most recent Optum Public Sector practitioner applications as part of the initial contracting process. Credentialing is completed per National Committee of Quality Assurance (NCQA) guidelines and is facilitied by Optum Provider Services, and includes approval by the MHP Credentialing Committee and a documentation review or primary source verification of the following:

- Education and medical residency, if applicable
- Professional license
- Board certification from ABMS or equivalent osteopathic certification, if applicable
- DEA certificate, if applicable

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- Professional liability insurance
- Malpractice history and complaints documented with the National Practitioner Data Bank, Medicare/Medi-Cal offices, State Medical Boards or other appropriate State agency
- Medi-Cal Provider number
- Medicare Provider number, if applicable
- Individual Provider NPI (National Provider Identifier)
- Agency/Group NPI and Taxonomy Code, if applicable
- Clinical privileges in good standing at an institution, as applicable
- Specialty Criteria-Specific Criteria must be met to facilitate privileging of a number of the TERM Clinical Specialties. Applications must be submitted with the required documentation to support the specialties requested on it. A Copy of the Specialty Criteria and requirements can befound on our website at www.optumsandieo.com > County Staff & Providers > TERM Providers > Applications Tab.

Re-credentialing

A re-credentialing process occurs at a minimum of every 36 months from the most recent credentialing or re-credentialing date. Providers receive a re-credentialing application to complete and return to Optum. This re-credentialing process enables Optum to update demographic information and verify that providers continue to meet the credentialing criteria required to continue a contract with Optum Public Sector.

Re-credentialing of all providers is performed by Optum Public Sector Provider Services and includes approval by the MHP Credentialing Committee as a documentation review and primary source verification of documents reviewed during the original credentialing process.

Additional areas reviewed during the re-credentialing process include:

- Provider data such as any complaints received by Optum TERM staff during the prior three (3) years
- Results of quality reviews of provider reports
- Compliance with agreement obligations, authorization procedures, and documentation standards as established by Optum Public Sector and the County
- Federal and State Disbarment or Sanctions Report

Providers can help avoid delays at re-credentialing time by updating their credentials on an on-going basis. Providers who delay updating documentation may be unable to obtain ongoing authorizations, referrals or claims reimbursement until all documentation is up to date. Providers may be required

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to furnish additional background information or to authorize a background investigation based upon new or additional information. Providers who do not submit the required re-credentialing documentation shall have their contracts terminated.

Credentialing Committee

The Credentialing Committee reviews and recommends for approval providers who meet the credentialing or re-credentialing requirements. In addition, the Credentialing Committee is responsible for recommending any disciplinary actions or terminations of providers from the network.

Disciplinary Actions

The Credentialing Committee is responsible for reviewing and approving disciplinary actions. The Credentialing Committee may restrict or suspend the participation of a provider and may recommend any action deemed appropriate to improve and/or monitor performance. In addition, Optum may, at its sole discretion, take corrective action, discipline, suspend or restrict any provider’s participation for failure to follow participation agreement terms, the TERM Provider Handbook, the FFS Provider Operation Handbook, or any other reasons set forth in the participation agreement or under applicable law.

Examples of such disciplinary actions include, but are not limited to the following:

- Monitoring of the provider
- Requiring peer consultation
- Requiring additional training
- Limiting scope of practice in treating clients
- Submission by the provider, and adherence to, an improvement action plan
- Discontinuing referrals or authorization of any new or existing clients
- Temporarily restricting, limiting or suspending the provider's participation status
- Terminating the provider's participation status

Contract Termination

Contracts may be terminated at the request of the provider, by Optum or at the request of the County. To review the conditions, responsibilities, and provider rights upon termination, please refer to Section II, paragraphs 11.1 – 11.5, of your Provider Contract.

Providers who wish to terminate their contract to provide mental health services through the TERM panel must notify Optum in writing 30 days prior to the date of termination. The Provider Contract and good clinical care requires completion of a termination or transition period for clients.

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There may be occasions when a provider's contract is terminated by Optum. In those instances, the provider is notified by mail. The provider has the right to appeal the termination and request a hearing. Please contact Provider Services staff at (877) 824-8376, option 3 to obtain more information about the provider disciplinary, termination and termination appeals processes.

When a provider's contract is terminated, the provider is required to complete a treatment transition or termination process with clients unless it is clinically contra-indicated. When necessary, the provider is expected to work with Optum to transition the clients to a new provider in a clinically appropriate manner.

Intern Standards

For the purposes of contracting, an intern is defined as a pre-licensed professional who currently is:

- Registered with the California Board of Behavioral Sciences as an Associate Marriage and Family Therapist (AMFT) or an Associate Social Worker (ASW)
- Registered with the California Board of Psychology as a Psychological Assistant or a Registered Psychologist
- A licensed Psychologist or Medical Doctor pursuing clinical re-specialization in Psychology or Psychiatry.

San Diego County's HHSA, CWS, Probation Department and Optum TERM are aware of the need for training experience for future providers. Optum TERM maintains a list of agencies that employ Optum TERM-approved providers who supervise interns offering mental health and allied services to CWS and Probation clients.
An agency is defined as any group, corporation, or individual that uses interns to provide evaluations or treatment services for the Juvenile Court, dependent minors and their families, and minors and families with a voluntary case with CWS. This definition also covers programs for delinquent minors and their families, served by the Probation Department, where specified by that Department. This includes both for-profit and non-profit agencies.

Interns are not credentialed by Optum Public Sector; however, background checks are completed on each intern. Interns who have a registration number with their respective boards are reviewed through the National Practitioner Data Base (NPDB) and the Healthcare Integrity and Protection Data Base (HIPDB) for any complaints against their practice. In addition, supervisees that do not receive registration numbers are reviewed through the California Department of Justice background check process.

Interns are prohibited from accepting CWS referrals in Highly Vulnerable Child(ren) cases (as checked on the first page of the Therapy Referral Form). *Standards for Use of Therapy Interns* and *Evaluator Intern Standards* are

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provided at the time of intern registration and can be found on the Optum website under the TERM Communications tab.

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Provider Professional Responsibilities

To ensure that clients receive the highest quality care, contracted providers are required to maintain a safe facility and practice within ethical and legal guidelines. Obligations include promoting effective clinical treatment and service responsiveness that results in positive outcomes. The following pages outline your contractual obligations as a TERM provider.

Understanding Professional Roles

The role of a TERM provider is different from general clinical practice due to the forensic context of the services. It is crucial that providers understand their professional role and enhanced obligations.

Adherence to Professional Standards

The provider is expected to adhere to the ethical standards of his or her scope of practice and licensure, the standards relevant to the provision of services within a forensic context, and to strive to practice in accordance with relevant professional guidelines.

Professional Competence

Areas of Competence

When accepted to the Optum TERM panel, the provider is expected to work within their scope of competence and accept referrals in only the specialty areas for which he or she is approved. Accepting a referral outside of one's scope of competence or that violates professional standards or policies described in this Handbook may result in disciplinary action. If an issue arises that is beyond the provider's knowledge and competence, the client and referral source should be advised and referral to another provider considered when appropriate.

Gaining and Maintaining Competence

In accordance with ethical principles of professional organizations (e.g., AAMFT, APA, NASW), TERM providers are expected to pursue knowledge of new developments in their field of practice and to make ongoing efforts to maintain their competence.

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Cultural Competency Requirements

Optum TERM requires approved providers to deliver services that are clinically sound and culturally responsive. Such services meet the needs of a community with diverse cultures and linguistic needs. For this reason, Optum TERM's operational definition of "Diversity" includes a broad range of dimensions including race, ethnicity, language, national origins, sexual orientation, age, gender, disabilities, religion/spirituality, and groups from a multitude of other backgrounds, situations, and environments. Providers are required to complete a minimum of four (4) hours of continuing education each year in the area of cultural competency. The four (4) hours of cultural competency training required by the Fee For Services Medi-Cal network will also satisfy the TERM network cultural competency requirement. Behavioral Health Education and Training Academy (BHETA) is a free training resource for cultural competency.

The website is http://theacademy.sdsu.edu/programs/BHETA/index.htm.

Clinical Orientation

Trauma-Informed Care

TERM providers play an important role in the recovery of children and families who have been exposed to traumatic events. It is critical to client care that providers assess for trauma and adopt a trauma-informed approach when working with clients referred through the TERM process. Trauma-informed care is a framework based upon the recognition that many behaviors exhibited by individuals are directly related to their traumatic experiences (National Center for Trauma-Informed Care, NCTIC, 2011). Trauma-informed care is not a model of treatment, but rather a creation of a supportive environment that is grounded in the awareness that clients' behavior and responses are often an expression of their trauma. Using this approach can prevent further re-traumatization by the system. The trauma-informed care approach is based on five key elements, including: safety, empowerment, trust, collaboration, and choice (Substance Abuse and Mental Health Services Administration, SAMHSA, 2012). The framework of trauma-informed care sets the stage for evidence-based, trauma specific assessment and treatment to occur.

Coordination of Care

It is expected that providers will coordinate care with the referring agency, as well as with all professionals involved in a client's case. To facilitate effective coordination and communication, in cases in which the client is the holder of privilege, the client's written consent to exchange information with other appropriate professionals involved in the case should be obtained during the initial diagnostic assessment session.

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For dependent minors, authorization to exchange information should be obtained from minor's counsel; for non-dependent minors, authorization is obtained from the client's legal guardian. When appropriate, obtaining the child's assent is additionally recommended. In addition to the required work product submission, communication should take place at the time of intake, during treatment, at the time of discharge or termination of care, and at any other point in treatment that may be appropriate. If a client refuses to allow for the release of information, this decision must be noted in the clinical record after reviewing the potential risks and benefits of this decision. The refusal to allow the release of information also should be shared with the referring agency so that the Court can be notified.

Professional Objectivity

TERM providers are required to read referral and background information that is supplied by the referring agency in order to gain a thorough understanding of the client's referral circumstances, and have an enhanced obligation to consider multiple perspectives in order to avoid the potential biasing effects of one-sided or limited information.

In a non-forensic clinical practice the provider's role may include taking on the client's "world view" and/or advocating for the client. In TERM-related work it is imperative that the provider guard against bias by maintaining objectivity and impartiality, which should be reflected in the documentation provided in the treatment and evaluation reports. The need for objectivity is underscored by the gravity of the potential consequences of the provider's professional judgment (e.g., the provider's professional opinions may be considered as a source of information in decisions to reunify a child with the parent).

Role Boundaries, Multiple Relationships and Potential Conflicts of Interest

TERM providers need to take extra precautions to avoid assuming conflicting roles which may compromise their objectivity and create confusion about role boundaries. TERM providers are expected to inform potential clients of the nature and limits of the services offered, and should notify the referral source of any conflicts between referral expectations and ethical and professional obligations or role limitations of the provider. For additional information, please refer to the *CWS Treatment* and *CWS and Juvenile Probation Evaluations* sections.

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Confidentiality and Privilege

It is important that TERM providers understand the issues of confidentiality and privilege that arise in court-ordered services, as well as the role of other professionals involved in the case. In particular, providers should be aware of the role of minor's counsel or guardian *ad litem* and the laws governing confidentiality of treatment information when these professionals are involved. Please see the online appendices, *Legal Issues Related to Therapy and Evaluations for Child Welfare Services Cases* and *Superior Court of the State of California Order* (Optum website under the TERM Manuals tab) for additional information.

Informed Consent

Due to the third party nature of the referrals, TERM providers must be especially attentive to informed consent issues. Providers have a professional obligation to inform clients of the limits of confidentiality and privilege from the outset, using language that is understandable to the client. Information about the nature of the services, roles and responsibilities, goals of treatment, anticipated risks and benefits, and fees should also be provided. Clients should also be informed that the provider will be asked to provide feedback to third parties and/or to provide court testimony. Providers are expected to develop their own clear and thorough Informed Consent forms that provide documentation of their clients' understanding of the communication requirements and limits of confidentiality with CWS or the Probation Department and other relevant parties. Please see online appendix, *Legal Issues Related to Therapy and Evaluations for Child Welfare Services Cases* (Optum website under the TERM Manuals tab) for additional information.

Professional Communication

Documentation Standards

TERM providers operate within a forensic context, and therefore, should utilize the highest standards of documentation in their work with their clients. The documentation of every treatment plan and evaluation report must meet Court expectations. Providers should thoroughly document all their interactions with clients, CWS or the Probation Department, as well as collateral sources. Complete documentation is essential not only to ensure quality care for the client, but also for the protection of the provider. Optum TERM staff may rely on the written record of all parties when evaluating a complaint. In addition, claim audits occur from time to time. When auditing claims, Optum staff review provider documentation to verify that services have occurred. The use of standardized progress note formats is encouraged. Please refer to online appendix, *Documentation Requirements* (Optum website under the TERM Manuals tab) for clinical documentation requirements.

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Responding to Subpoenas

Providers should not ignore a subpoena. In responding to subpoenas, providers may wish to consult with legal advisers through their licensing board or professional organizations or with an attorney familiar with mental health law and the requirements of Juvenile Court. In the case of subpoenas involving clients who are minors, it is also recommended that providers consider consulting with the party who is the holder of privilege as appropriate.

Court Testimony

TERM providers can be subpoenaed to testify in Court on any treatment plan or evaluation they have submitted to any party in the case. Generally, the primary goal of such testimony is to explain the basis for the opinions and conclusions that have been drawn. As such, the provider's conclusions as reflected in their work products should be based on factual objective data and observations within the scope of the provider's competence and the report should be focused on the referred client rather than other involved parties. The more behaviorally specific and complete the report is, the more the Court will be able to utilize the information in decision making. When the provider submits a report utilizing the required format, containing the required elements and otherwise following TERM guidelines, the probability of being subpoenaed is likely to decrease.

If asked to testify beyond the limits of their knowledge and role, providers should be prepared to explain the limits of their role and to respectfully decline to provide opinions or recommendations that exceed the role of a TERM provider and/or the provider's knowledge base. In order to provide effective testimony, the provider should be aware of best practices for the provision of mental health testimony (such as Brodsky's 2004 text, *Coping with Cross-examination and Other Pathways to Effective Testimony*). For additional information, please see online appendix, *Court Testimony in the Juvenile Court System* (Optum website under the TERM Manuals tab).

Supervisory Responsibilities

Optum TERM has developed specific standards for the use of pre-licensed professionals and post-licensed professionals seeking clinical re-specialization who will be rendering services through the Optum TERM panel. All TERM panel providers acting in a supervisory capacity are provided with *Optum TERM Standards for the Use of Therapy Interns* and *Optum TERM Standards for the Use of Evaluator Interns* during the intern registration process, which can be located at www.optumsandiego.com under the TERM Communications tab. Optum TERM requires each supervisor to follow these standards. Supervisors are also responsible for ensuring that supervisees are registered with the applicable licensing board.

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It is CWS policy to refer only to licensed TERM providers. If the TERM provider is supervising a TERM-approved intern who the licensed provider believes would be an appropriate clinical match for the particular referral, it is the responsibility of the provider to initiate discussion with the PSW to determine whether CWS will agree to use an unlicensed provider. Initiation of therapy or evaluation services by the unlicensed therapist is prohibited until the PSW has approved this transfer.

Quality Improvement

Providers are required to collaborate with TERM staff on quality improvement initiatives, including quality review of work products, and investigation and resolution of complaints or quality of care issues. This may include, but is not limited to, the following: responding to inquiries by Optum TERM reviewers, meeting with Optum TERM staff, submission of additional documentation, completing requested updates to work products, and fulfilling requirements for additional education, training, or consultation.

Optum TERM staff contact providers regarding a range of issues from reminders to submit reports to calls about complaints on the quality of care rendered or questions about treatment plans and evaluations. Because of the potential legal consequences to the child and family when provider documentation is submitted incomplete or late, it is imperative to client care that providers are timely in responding to TERM reviewers.

- Please return calls within two (2) business days for routine issues
- Revisions to CWS treatment plans should be completed and submitted within seven (7) days of the request for revision
- Revisions to CWS or Probation evaluation reports should be completed and submitted by the deadline specified by the TERM reviewer
- If you are unable to meet the timeline specified, please contact the TERM clinical reviewer to discuss any extenuating circumstances and to collaborate on an appropriate plan of action

Client Grievance Resolution Process

Clients always have the option of bringing a concern directly to the TERM provider. In addition, there is a grievance process available for clients who wish to express dissatisfaction about mental health services received through the TERM network. A document explaining *TERM Grievance Procedures and Complaint Form* for youth and families receiving services from TERM Network providers is available on the Optum website at www.optumsandiego.com under the Consumers & Families section and TERM Providers section (Forms tab).

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At any time a client chooses, a client may also contact the Center for Consumer Health Education and Advocacy (CCHEA) at (877) 734-3258 (for issues related to outpatient services). For additional information pertaining to the rights of Medi-Cal beneficiaries, please refer to the Optum FFS Provider Operations Handbook which is available on the Optum website at www.optumsandiego.com under the Fee for Service Providers section (Manuals tab).

Provider Responsibilities

Providers are requested to distribute the *TERM Grievance Procedures and Complaint Form* to all CWS funded clients at the first appointment and upon client request. The rights of the client or family to express concerns regarding services provided by the TERM network and issue resolution procedures for resolving concerns are explained in these documents. The documents are available in the five (5) threshold languages.

Provider Issue Resolution

At times a provider may disagree with Optum Public Sector regarding a clinical or administrative issue. Providers are encouraged to communicate any issues or concerns regarding clinical decisions or claims and billing procedures to Optum Public Sector. Optum Public Sector is committed to responding in an objective and timely manner. Providers may present complaints, issues, or concerns to Optum Public Sector by contacting the TERM Provider Line at (877) 824-8376 and selecting the applicable option: Option 1 for CWS Authorization questions; Option 2 for CWS Claims/Billing questions; Option 3 for Provider Services questions; Option 4 for questions about TERM clinical processes. Additional TERM Partner Complaint Contacts for concerns related to the TERM system can be found on the Optum website at www.optumsandiego.com under the Quick Reference tab.

Claims and Billing Issues

Clean claims will be processed within 30 days of receipt of the claim. Processing means paid or denied. In the event of a denial, providers may appeal the decision by contacting the Claims Provider Services Representative at (877) 924-8376, Option 2. The Claims Provider Services Representative will forward the information to the Senior Claims Examiner who will assist the provider in resolving the appeal informally. The provider may be asked to submit written documentation justifying the request to overturn the denial.

Should the outcome of the informal problem resolution process result in a decision that the provider feels is not satisfactory, the provider may submit a claims appeal in writing with supporting documentation to:

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CWS TERM
PO Box 600340
San Diego, CA 92160-0340

Acknowledgment of written appeals will be mailed to providers within two (2) business days of receipt. Providers are asked to make sure to have the client name, Case Number, date(s) of service and authorization number with supporting documentation available when calling. A written response will be sent to the provider within 30 days of receipt of the claims appeal.

Administrative and Contract Issues

Provider complaints about Optum Public Sector administrative procedures, forms, response or lack of response by an Optum Public Sector employee, as well as other general questions and concerns about policies and procedures can be discussed with any Optum Public Sector staff person with whom the provider comes in contact. Optum Public Sector documents the content of all complaints and is obligated to come to a resolution within 30 days of receiving the complaint. The participation of providers in this process is viewed as a reflection of the providers' genuine commitment to improve the quality of care and service. Optum Public Sector tracks and trends the data gathered from complaints and uses this information to focus quality improvement initiatives.

Verification of Providers Demographic and Practice Information

Referrals, timely access to appropriate services, and your receipt of claim payments rely on the information you provide. It is critical that this information be kept current and accurate.

As a network provider, you must notify us when there is a demographic change pertaining to your practice, your specialties change, when you practice is full, or when you are not able to accept TERM clients for any reason.

Requirement to Notify in Case of Incident

Providers are required to notify Optum Public Sector Provider Services in writing within 10 business days of the occurrence of any of the following:

- Action which may result in the revocation, suspension, restriction, probation, termination, voluntary relinquishment of, sanction condition, limitation, qualification or material restriction on Provider's licenses, certifications or permits
- Any legal action pending against Provider for professional negligence
- Any indictment, arrest, or conviction for a felony or for any criminal charge related to the practice of Provider's profession
- Any judgments against Provider which might materially impair Provider's ability to carry out responsibilities under this Agreement
- Any change in name or ownership or Federal Tax I.D number
- Any lapse or material change in liability insurance required by this Agreement

- Any limitation on, restriction, suspension, revocation, voluntary relinquishment of or any other adverse action taken against Provider's medical staff membership or clinical privileges at any health care facility. Provider need not notify of any action which lasts thirty (30) days or less.

Requirement to Notify in Case of Status and Practice Changes

Providers are required to notify Optum Public Sector Provider Services within 10 business days of changes to the status of their practice and demographics including:

- Name (legal change)
- Practice Address
- Phone number(s)
- Area of specialty/expertise, including board certification(s), if applicable
- Office email address (for client use), if applicable (NOTE: must be "Secure" and HIPAA compliant)
- Business email address (If this email is also used by client's it must be "Secure" and HIPAA compliant)
- Accepting New Clients

Submitting Changes and Updates

Providers may also submit changes/updates by electronic mail, at sdu_providerservicesehelp@optum.com, by fax to Provider Services at (877) 309-4862, or by USPS mail to:

Optum Public Sector
Attn: Provider Services
P.O. Box 601370
San Diego, CA 92160-1370

Adherence to Timelines for Work Product Submission

Initial Treatment Plans, Treatment Plan Updates and psychological and psychiatric evaluations are used by CWS, the Probation Department, and the Court in planning for the child(ren) and family. The timelines for submitting these documents were developed with the requirements of the referring agencies and

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the Court in mind. Adherence to the timeline requirements outlined in the Work Product Submission Process section of this Handbook is required.

Recurrent late submissions of work products will result in disciplinary action for the provider up to and including administrative termination due to the impact late submissions have on the child, family, and court process.

Services Provided Without Agency Referral

It is CWS policy that CWS clients are to be seen by Optum TERM-approved therapists and evaluators. While most referrals are generated by Protective Service Workers (PSWs) through theTERM referral process, TERM providers may occasionally receive referrals for CWS-involved clients from sources outside this process. Similarly, there are situations in which Juvenile Probation clients may be referred to a TERM evaluator by sources outside the Probation Department. For example, providers may be privately retained by a client's attorney. If a TERM panel provider chooses to accept a referral of a Juvenile Probation or CWS-involved client without it being an agency initiated referral or otherwise coordinating with the involved agency or TERM, the provider is considered to be functioning in non-TERM capacity. Under these circumstances, the provider's credential as a TERM clinician has the potential to be misleading to the Court. As such, the following guidelines have been implemented:

The provider is required to inform the referring party and the client that they will not be operating in TERM capacity and to discuss the advantages and disadvantages of continuing the evaluation or treatment without the involvement of the agency. The provider is additionally required to inform the referring party and client of the following options:

- Remaining with the provider but with a Release of Information for the provider to collaborate with the agency under TERM procedures, or
- Having the evaluation/treatment conducted by a different TERM provider with the referral and the appropriate documentation provided by the agency, or
- Continuing services with the provider not coordinating treatment with the agency, with the understanding that the provider may have limited information about their case, the services will not have quality oversight, and might not meet the requirements of their Court-ordered case plan.

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

If the provider continues in non-TERM capacity and then gives testimony to the Court, s/he is expected to provide a disclaimer to the Court that:

- Explains s/he has received the case outside of the routine CWS or Probation referral process and is not working in TERM capacity,

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- Their knowledge of the protective or delinquency issues and other collateral data may be limited, and the recommendations they provide may be based on limited data.
- Their services do not have TERM quality oversight.

Serious Incident Reporting (SIR)

All providers are required to report unusual occurrences or "serious incidents" involving clients in active treatment to the County of San Diego as indicated on the SIR form. Some examples of serious incidents are listed below:

- Suicide attempt resulting in severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring medical attention.
- Medication error requiring medical attention.
- Adverse drug reaction requiring medical attention.
- Injurious assault on or by a client while on provider premises.
- Death of client, excluding natural cause.
- Homicide by a client – attempted homicide by a client.
- Major confidentiality breach (lost or stolen laptop, large number of client files/records accessed, etc.)
- Additional examples of serious incidents are listed on the SIR form.

Providers are required to notify the County of San Diego Quality Management (QM) Department within 72 hours of the occurrence of the incident. The *Serious Incident Report (SIR)* for individual providers is located online (Optum website under the TERM Manuals tab). Please refer to the form for the fax number of the County QM Department. A copy should also be faxed to Optum Provider Services at (877) 309-4862. The Optum Quality Improvement Department will review the SIR form and may further investigate the incident by contacting the provider for additional information.

Provider Marketing to Referral Sources

The TERM referral database is utilized to identify TERM-approved providers that can meet the clinical needs of the referral. Providers are assumed to be available to referrals unless they have notified Optum that they are unavailable, in which case their provider profile in the referral database will be updated to reflect their unavailable status. To maintain the integrity of the TERM referral process, TERM providers shall communicate any changes in availability to referrals directly to Optum. TERM providers shall not solicit referrals from any referral sources (e.g., Child Welfare Services Protective Service Workers,

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Probation Officers, attorneys). “Solicitation” is defined as all forms of communication, written or verbal, used to advertise availability or encourage referrals from the referring agencies or clients’ counsel. Providers are prohibited from making referral arrangements outside this process.

Information Privacy and Security Provisions

The provider must protect the privacy and security of Optum Public Sector and County information that the provider may create, receive, access, store, transmit and/or destroy. In addition to the below responsibilities the provider shall be in compliance with the following rules, regulations, and agreements as applicable:

- Health Insurance Portability and Accountability Act, specifically, Public Law 104-191, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005, 42USC section 17921 et seq., and 45CFR Parts 160 and 164, collectively referred to as “HIPAA;”
- Title 42 Code of Federal Regulations, Chapter 1, Subchapter A, Part 2

Definitions

Terms used, but not otherwise defined, in this Article shall have the same meaning as defined by HIPAA.

- PHI - Shall have the same meaning as PHI under HIPAA, specific to PHI under the provider’s contract/agreement
- “Breach” of Protected Health Information (PHI) shall have the same meaning given to the term “breach” under HIPAA

Responsibilities of Provider

- Use and Disclosure of PHI: Providers shall use the minimum PHI required to accomplish the requirements of their Agreements or as required by Law. Provider may not use or disclose PHI in a manner that would violate HIPAA or any other applicable the State Agreement(s).
- Safeguards: Providers shall develop and maintain a HIPAA-compliant information privacy and security process to prevent use or disclosure of PHI, other than as required by their Contract/Agreements.
- Mitigation: Provider shall mitigate any harmful effects caused by violation of these requirements, as directed by the Optum Public Sector.
- Cooperation with Optum Public Sector and the County:
    - Providers shall provide access to Optum Public Sector to PHI, at the request of Optum within ten (10) calendar days.
    - Providers will assist Optum Public Sector regarding a client’s success, copy, amendment, accounting of disclosure, and other requests for PHI in a time and manner designated by Optum Public Sector.

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- Breach Reporting: Providers shall report breaches and suspected security incidents to Optum Public Sector's Quality Improvement Department via email at SDQI@optum.com to include:
    - Initial Report:
        - Immediately Upon Discovery – An incident that involves information related to the Social Security Administration
        - Within one (1) Business Day of the Discovery: Any suspected security incident or suspected breach of PHI.
            - Additionally, the provider shall complete and submit a "Privacy Incident Report" which is posted on Optum Public Sector's website withi one (1) business day.
- Data Security: Provider shall comply with data security requirements as specified by HIPAA and any applicable State Agreement(s), including but not limited to:
    - Complete privacy and security training to include a signed certification within thirty (30) days contracting, and at least annually thereafter

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Referral and Authorization Process

CWS Treatment

The TERM referral database is utilized to identify TERM-approved therapists that can meet the clinical needs of the referral (e.g., language needs, competence in case-specific protective issues or treatment approaches, geographical location). The Protective Services Worker (PSW) forwards the Therapy Referral Form (04-176A) to Optum for processing and provider assignment (see online appendix CWS Form 04-176A Therapy Referral Form on the Optum website under the TERM Manuals tab). Once Optum identifies a provider and the provider accepts the referral, the authorization letter and the Therapy Referral Form are mailed to the provider. Case recorders will be mailed to the provider directly by the PSW. For cases in which Medi-Cal is the funding source, the continuing authorization process will occur through provider submission of the CWS Initial Treatment Plans and Treatment Plan Updates. When a CWS Initial Treatment Plan or Treatment Plan Update is submitted to Optum it will be concurrently reviewed by the TERM team for quality review of the work product and the Utilization Management team for an authorization determination.

Regardless of the funding source, the provider should not see the client for treatment until the authorization letter, Therapy Referral Form, and case records have been received. It is imperative that the therapist has background information including Court records and the CWS Therapy Referral Form prior to the start of treatment. Treatment sessions that occur prior to the initial authorization date on the authorization letter will not be reimbursed. If you have not received the client's background records within seven (7) working days of receiving a CWS therapy referral, please follow up directly with the client's PSW. CWS leadership also encourages you to include the Protective Services Supervisor (PSS) in your communication. For assistance in locating the client's current PSW or PSS, you may contact the PSW Locator Number at 858-694-5191.

Please note that occasionally CWS involved parents self-refer to TERM providers or an attorney may refer a client to a TERM provider. Regardless of the referral or funding source, when working in TERM capacity providers are required to cooperate with the PSW and follow Optum TERM policies on all CWS cases. If not functioning in TERM capacity (e.g., privately retained by a client or client's attorney), TERM providers are required to adhere to the policy regarding *Services Provided without Agency Referral* outlined in the Provider Professional Responsibilities section of this handbook.

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CWS Evaluations

The provider is assigned the evaluation through an impartial process, based on the referral questions noted by the Protective Services Worker (PSW) on CWS Form 04-178 (*Request for TERM-Appointed Evaluator*, which can be found in online on the Optum website under the TERM Manuals tab) and other client needs. It is important to note that the requestor may specify the need for an area of special competence. Hence, an evaluator may be selected based upon the identified competence, such as evaluating a young child, a developmentally delayed individual, or bilingual skills.

Once the provider has accepted a case, the PSW is notified to forward the background case records to the provider. In cases in which the evaluation is funded by the County, the provider also will receive an authorization letter from Optum TERM. For cases in which Medi-Cal is the funding source, the provider will need to request authorization directly from Optum via the *Psychological and Neuropsychological Testing Request* form that is provided on acceptance of the referral. In either case, the provider should not see the client for the evaluation until the authorization letter, Form 04-178, and case records have been received. Services that occur prior to the initial authorization date on the authorization letter will not be reimbursed. If you have not received the client's background records within seven (7) working days of receiving a CWS evaluation referral, please follow up directly with the client's PSW. CWS leadership also encourages you to include the Protective Services Supervisor (PSS) in your communication. For assistance in locating the client's current PSW or PSS, you may contact the PSW Locator Number at 858-694-5191.

It is a general policy that separate evaluators are assigned for each family member in a CWS case. Exceptions to this policy are rare, but may be made for siblings when a special need arises and is authorized and coordinated by the PSW. Should a provider receive a request to evaluate multiple children in the family, please be cognizant that the confidentiality of each client should be respected, with each client's evaluation written as a separate, comprehensive "stand-on-its-own" report. Parents cannot have the same evaluator complete both of their psychological evaluations; the same evaluator also cannot evaluate both the parent and child.

If there is a potential conflict of interest such as a prior therapeutic or professional relationship with the referred client or a client's family member, the referral should be declined. Likewise, an evaluator cannot see a client in therapy if s/he has conducted the psychological evaluation for any member of that family.

Please note that referrals to network providers may come from sources other than the PSW. Regardless of the referral or funding source, TERM providers are

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required to cooperate with the PSW and follow Optum TERM policies on all CWS cases. If not functioning in TERM capacity, providers are still required to adhere to the policy regarding Services Provided without Agency Referral outlined in the Provider Professional Responsibilities section of this handbook.

Probation Evaluations

Probation evaluators are selected on an unbiased, randomized basis. When the Court orders a psychiatric or psychological evaluation, the Court clerk logs into the Optum TERM website and searches the database for Probation evaluators. The database allows for evaluators to be selected based upon an identified area of competence, such as the testing of pre-adolescent wards, "707" fitness evaluations, competency to stand trial assessments, or expertise with fire setting or juvenile sex offenders.

The Optum TERM database provides the Court clerk with the names of three (3) evaluators in a random rotation. For pre-adjudicated cases, the minor's attorney then ranks these names and the rankings are placed in a minute order (a Court document that records what happened at the hearing). Upon receipt of the minute order, the Probation Officer (PO) calls the first name on the list and offers the referral. If the first evaluator does not respond within four (4) working hours, or declines the referral, the next evaluators are called in order and are asked to respond within four (4) working hours.

Optum TERM should be informed whenever a provider is temporarily unavailable to accept referrals so that the provider can be placed on "unavailable" status in the database and thereby temporarily taken out of the referral process. This will ensure that the Court receives names of evaluators who are available to accept a case.

The evaluator should receive a referral form when there is a Court-ordered evaluation to be completed for a juvenile (see online appendices *Probation Psychological Evaluation Referral Questions* and *Probation Psychiatric Evaluation Referral Questions* [Optum website under the TERM Manuals tab]). The referral questions should be attached to a packet of information (e.g., social study, delinquency reports, educational records) that the PO will provide to the evaluator. If you have not received the client's background records, please follow up directly with the referring PO. Minor's defense counsel may also be able to assist with access to information such as IEPs. For information on accessing medical records for minors who are evaluated while in a juvenile detention facility, please see the online appendix *San Diego Juvenile Court Procedure to Obtain Authorization to Use or Disclose Protected Health Information for Evaluations of Minors in Custody*.

If there is a potential conflict of interest such as a prior therapeutic or professional relationship with the referred client or a client's family member, the referral should be declined. Therapeutic contact with clients following the evaluation is also discouraged.

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Please note that referrals to network providers may come from sources other than the Probation Department. Regardless of the referral or funding source, TERM providers are required to cooperate with the Probation Department and follow Optum TERM policies on all Court-ordered Probation cases. If not functioning in TERM capacity, providers are required to adhere to the policy regarding *Services Provided without Agency Referral* outlined in the Provider Professional Responsibilities section of this handbook.

Updating Provider Profiles

To ensure appropriate referrals are given by referring agencies, each provider should update Optum TERM whenever new skills are acquired or there are changes in the types of referrals they are able to accommodate. In addition, Optum TERM should be informed whenever the provider is temporarily unavailable to accept referrals so that the provider's name can be temporarily excluded from referrals. Please see section *Notification in Writing of Status Changes* in the Provider Professional Responsibilities chapter for additional information.

Provider Marketing to Referral Sources

The TERM referral database is utilized to identify TERM-approved providers that can meet the clinical needs of the referral. Providers are assumed to be available to referrals unless they have notified Optum that they are unavailable, in which case their provider profile in the referral database will be updated to reflect their unavailable status. To maintain the integrity of the TERM referral process, TERM providers shall communicate any changes in availability to referrals directly to Optum. TERM providers shall not solicit referrals from any referral sources (e.g., Child Welfare Services Protective Service Workers, Probation Officers, attorneys). "Solicitation" is defined as all forms of communication, written or verbal, used to advertise availability or encourage referrals from the referring agencies or clients' counsel. Providers are prohibited from making referral arrangements outside this process.

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CWS Treatment

Mental health treatment of Child Welfare Services (CWS) referred clients is provided by Optum TERM-paneled providers, which is comprised of psychologists, licensed clinical social workers, and marriage and family therapists. Optum TERM is responsible for credentialing and paneling the providers as well as providing quality oversight of the treatment plans that are required for these cases.

Treatment conducted with CWS involved clients is forensic in nature, because services are rendered on behalf of the requesting agency (Health and Human Services Agency CWS) or Court rather than the client. For this reason, treatment goals for parents focus on the protective issues, treatment goals for youth focus on ameliorating the effects of the abuse and neglect, and treatment progress is reviewed by these referring parties. As such, it is important for providers to understand that there is an extra set of obligations associated with the provision of treatment in these cases that goes beyond the requirements for standard clinical practice. The present section reviews procedures pertaining to the provision of treatment, as well as guidelines governing therapy services rendered by the Optum TERM panel.

Services for Youth

In working with children and adolescents, the therapist is expected to provide therapy that aids their clients to:

- Heal from the damage created by the abuse that clients experienced or witnessed
- Learn to protect themselves
- Adjust to out of home placement or to reunification with the family (in Reunification cases)
- The therapist is also expected to assess and treat other emotional and behavioral health issues that directly impact the child's psychosocial functioning

Services for Parents

- In general, "hands on" behaviorally-oriented services (such as Parent-Child Interaction Therapy and Incredible Families Therapies) are best practice and are the most effective services when the protective issue is physical abuse (excessive discipline). Group psychotherapy with TERM providers who have been certified by San Diego County Adult Probation is the treatment of choice when these services are inappropriate, not available or insufficient.

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- When neglect is the protective issue, CWS utilizes Independent Living Skills, Community Services for Families, and military-related in-home services. Group psychotherapy is the treatment modality of choice when these services are inappropriate, not available or insufficient.
- For child sexual abuse, offenders and non-protecting parents (NPPs) will participate in group psychotherapy with TERM providers who have also been certified by the California Sex Offender Management Board (CASOMB) to treat sexual offenders. Additional therapy services, particularly individual therapy, are not typically indicated. The only exception is when it is determined by the provider after sex offender/NPP group therapy begins that the client requires individual therapy because the parent has mental health concerns, significant shame, or disrupts the milieu – reasons that prevent the client from participating effectively in group. Under these circumstances, CWS policy is that individual therapy can be provided only by the group facilitator or other TERM provider who has been approved to treat sexual offenders and NPPs.
- For other protective issues, CWS may refer a parent to individual therapy under the following circumstances:
    - The parent has a documented diagnosis of a major mental illness such as schizophrenia or bipolar disorder and the parent's mental illness is directly contributing to the protective issues. The treatment goals would include collaborating with the client to stay medication compliant, develop a relapse-prevention plan, identify triggers and stressors for decompensation, and teach stress management strategies and life skills to promote healthy and adaptive psychosocial functioning.
    - Cultural/Linguistic Needs: The parent cannot benefit from CSF, Incredible Families, or other "hands-on" services AND there are no culturally and/or linguistically appropriate groups available to address the protective issues.
    - The group therapy provider or in-home service provider states that the client has significant mental health concerns (typically depression, but may include other concerns such as anxiety or hoarding behavior) that compromises parent's ability to safely parent OR participate in group.

Treatment Philosophy

Therapists are required to provide services in a manner that is consistent with professional, ethical, and legal standards of care. Optimal clinical outcomes result when trauma-informed and evidence-supported treatment is provided. It is recommended that therapists consult applicable practice guidelines from nationally recognized organizations and the current research literature in selecting treatment approaches; these include the American Psychological Association *2002 Ethical Principles of Psychologists and Code of Conduct (with 2010 Amendments)*, National Association of Social Workers Code of Ethics,

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Code of Ethics for Marriage and Family Therapists, and the 2013 *Specialty Guidelines for Forensic Psychology.* In CWS cases in which the client is a parent, the approaches and techniques should be selected to maximize the client's ability to address the protective issues and mitigate risk to the child(ren). For CWS referred children, interventions should be effective for promoting healing and recovery from abuse and trauma. Additional expectations for treatment quality are outlined in chapter *Provider Professional Responsibilities*.

Treatment Methods

TERM therapists are required to use methods and interventions that are within their bounds of professional competence, and should be able to explain the choice of methods based upon the current state of professional knowledge and research.

True Findings

Welfare and Institutions Code section 350 mandates that at the Jurisdictional Hearing the Court must consider all relevant evidence and determine whether or not the allegations of the petition are true. A child comes within the jurisdiction of the Juvenile Court when the Court finds that the child has been subjected to abuse or neglect as defined in the Welfare and Institutions Code section 300, subdivisions (a) through (j). A copy of the Welfare and Institutions Codes can be found in the online appendix *Dependency System Legal Process* (Optum website under the TERM Manuals tab) along with additional information on the Juvenile Court process.

When the Court makes a true finding, this means that the Court has determined that the allegations regarding abuse or neglect by the parent, or guardian as filed in the petition by CWS, are true by a preponderance of the evidence. "Preponderance" means that, based on the evidence presented to the judge by all the parties involved, it is more likely than not that the abuse or neglect occurred. Prior to the Court hearing, the petition and ruling on the evidence, the family is offered services on a voluntary basis (i.e., pre-jurisdictional voluntary services). Under these circumstances, the therapist is expected to accept the allegations of abuse as facts of the case.

Similarly, if CWS offers the family Voluntary Services instead of filing a petition with the Court to take jurisdiction, a true finding does not apply; however, the therapist is expected to accept the allegations of abuse as facts of the case. The principles around true findings apply because CWS may file a petition for Court jurisdiction if the family does not comply with the Voluntary Services plan.

The true finding represents a key difference between services provided to Juvenile Court dependents and their families and clients referred for "standard" psychotherapy. As noted previously, these are essentially forensic cases and the Court looks to the therapist to provide significant information about the client's progress in addressing the issues which brought the family into the Court process. In the case of children, the focus is on helping them address the

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emotional distress and behavioral symptoms resulting from abuse and/or neglect and, possibly, removal from the family home.

It is essential that therapists working with CWS clients accept the true finding of the Juvenile Court as a fact of the case. Once the Court makes its ruling, the true finding is no longer in dispute. The client's attorney may bring the case to the Court of appeals; however, unless the appeal is successful, the true finding is considered a fact.

A provider working with a specific family or client may develop an opinion regarding the true finding; however, the client and those working with the client are bound by the ruling of the Court. Please remember that the client, whether an adult, child or family, is in treatment because of the order of the Court. Successful treatment of the trauma of abuse and neglect, resolution of the protective issues, and reunification of the family depend on acceptance of the Court's decision. Without acceptance of the basic protective issues that brought the client or family into treatment, progress cannot be made in the eyes of the Court.

Some clients deny the abuse, or try to justify or excuse their actions. If clients wish to contest the issues of the case or decisions made by the Court, they will need to work with their attorney around these issues rather than with their therapist. The attorney has the ability to address the legal issues directly; the therapist does not.

When a client continues to deny the true finding, the client's position will need to be addressed as an element in the therapeutic process. Clients who persist in denying abuse can be a difficult population with which to work. The non-protective parent or the perpetrator of abuse may have many reasons to maintain their denial including shame, fear of losing their children, and risk of criminal prosecution. They may claim to have no direct knowledge of the abuse and therefore no responsibility. They may not perceive that their actions or inactions impacted others, even their own children.

Sometimes providers may feel pressure to obtain an "admission" from the client. Please note that it is never the therapist's responsibility to extract an admission or to investigate the case. While the provider is expected to accept the true finding as a fact of the case, s/he is not required to force the client to admit to the abuse or neglect. This is particularly salient in sexual abuse or severe physical abuse (300e) cases in which admission often can lead to criminal prosecution.

There are many techniques that providers can use to work with these clients. For example, the approach might be to work with the parent on developing a safety plan for future protection of the child(ren) and that protects the parent from coming under suspicion of similar allegations in the future, such as having a member of the family's Safety Network present when interacting with the child. Motivational enhancement techniques also may be applicable in these

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situations. One useful reference on this topic is W.R. Miller and S. Rollnick's 2002 book: *Motivational Interviewing: Preparing People for Change, Second edition* published by Guilford Press. Relevant continuing education and consultation with experienced therapists are also helpful in working with these clients.

Role of the Therapist

The role of the Optum TERM therapist is to provide psychological and behavioral interventions to children and families involved with Child Welfare Services. In addition to providing treatment to children, in some cases therapists may be asked to treat parents or caregivers with a focus on reducing future risk of abuse and neglect to the children. As a team member therapists work with CWS, law enforcement, the Juvenile Court, relatives, foster and biological parents, the school, and community agencies as indicated. A therapist may be asked to attend case consultations or multidisciplinary Team Decision Making meetings.

Most of the clients who are referred for therapy are party to a case of child maltreatment that either has been, or is being, adjudicated in Juvenile Court and have been Court-ordered to treatment. While some clients are seen on a voluntary basis, the potential for court intervention exists if the family is not compliant with the Voluntary Services case plan. Whether or not the services are Court-ordered, the key issue in every case is that abuse or neglect has occurred in the family and the children are at risk. These protective issues constitute the primary reason for the referral. The therapist is required to address the protective issues in the treatment and document the goals of treatment, progress towards the goals, and the interventions used to assist the client in reaching the goals in the treatment plan.

The role of the treatment provider in child welfare cases is distinguished from a standard therapeutic role by the following:

- *Goals and Focus*

  For parents, the goal of treatment is to address protective issues/abuse-related risk factors to prevent future abuse or neglect. For children, the goal of treatment is to address the emotional and behavioral effects of abuse and/or neglect. The Therapy Referral Form and background records should be reviewed and utilized in developing client specific treatment goals; additional goals may be provided by the PSW or the Court for the therapist to address. Treatment goals should include sufficient behavioral specificity to inform the PSW and Court about the client's treatment progress

- *Requirement for Objectivity*

  In general clinical practice the provider's role may include taking on the client's "world view" and/or advocating for the client. In TERM-related work it is imperative that the provider guard against bias by maintaining objectivity

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and impartiality, which should be reflected in the documentation provided in the treatment and evaluation reports. The need for objectivity is underscored by the gravity of the potential consequences of the provider's professional judgment (e.g., the provider's professional opinions may be considered as a source of information in decisions to reunify a child with the parent).

- *Confidentiality*

  The limits of confidentiality and the issue of who holds the privilege are substantially different in child welfare cases. It is critical that the therapist be familiar with, and practice in accordance with, ethical and legal guidelines for their profession and the legal parameters described in chapter *Provider Professional Responsibilities*.

- *Decision Making*

  In CWS cases, the PSW functions as the team leader in making recommendations to the Court. The ultimate decision maker in court-ordered cases is the trier-of-fact (i.e., judge, referee, or commissioner), versus standard clinical practice where decision making is the responsibility of the clinician and client.

- *Multiple Relationships and Potential Conflicts of Interest*

  In providing therapy in child protective matters, providers need to take extra precautions to avoid assuming conflicting roles, which may compromise their objectivity and create confusion about role boundaries. If there is a potential conflict of interest, such as a prior therapeutic or professional relationship with the referred client or a client's family member, the referral should be declined. The following policies have been established by CWS to avoid potential conflicts of interest for CWS referred clients:

  - The child and the parent have different therapists.
  - The child's therapist may provide conjoint or family therapy services if clinically indicated, but the parent's therapist shall not provide conjoint or family therapy.
  - The therapist cannot conduct a psychological evaluation on any client with whom they already have a therapeutic relationship. Likewise, an evaluator cannot see a client in therapy if s/he has conducted the psychological evaluation for any member of that family.
  - The same provider cannot see two or more family members in separate services (such as seeing each parent in a different Child Abuse group, or one parent in a Domestic Violence Offender group and the other in a Domestic Violence Victim group). That would pose a potential conflict of interest because each family member has her/his own attorney and they may have conflicting interests in the Dependency case; in addition, there may be safety considerations.
  - A provider who treats a parent cannot later provide conjoint therapy (with or without the child) for that family.

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- Conditions under which a therapist may see multiple family members: The therapist treating the child agrees to provide conjoint therapy with the child and parent(s) who have already successfully completed their own therapy. The child's therapist may decline to provide conjoint services in order to remain the "safe" person for the child. Under these circumstances, CWS will identify a new therapist to provide conjoint/family therapy.
- Best practice is to have a different therapist for each child in the family. This is because CWS often does not know the full extent of family dynamics at the time family members are referred for services. For example, one child may have been scape-goated in the family and siblings did not support or protect the child. Sometimes a sibling has participated in the abuse or neglect of another child in the family. Exceptions to this may occur in situations where it is not clinically contraindicated (e.g., due to lack of treatment providers in the client's geographic area or specific language or treatment needs that cannot be met elsewhere in the network).

Scope of Treatment with CWS Involved Clients

The scope of therapy is determined by the Court's order (in Court-ordered cases) and specified by protective issues and treatment goals supplied by the PSW on the Referral Form. The therapist is expected to follow the Court-ordered CWS plan for the client. In treating CWS clients, please keep in mind the following points:

- For all services and modalities, CWS requires written documentation of treatment progress via the treatment plan; verbal reports are insufficient and bypass the quality review process. The treatment plan should document the parent's progress in addressing the case-specific protective issues. Parents are expected to discuss the reasons they were referred to the service. Providers are expected to evaluate progress in relation to the case-specific abuse, neglect, and risk issues that brought the parent to the service.

- The PSW is the case manager and functions as the team leader in all decision-making. The provider is expected to communicate on a regular basis with the PSW, and submit the Initial Treatment Plan and Treatment Plan Updates to Optum TERM regardless of payment source. Any recommended changes in treatment, including rationale for changes in mode of therapy or termination plans, must be discussed with the PSW in advance.

- Protective issues must be addressed within the legal time limits for that particular case. For cases in which a child is age three (3) years or younger, the time limit generally is six (6) months. For children over age three (3) years, the time limit generally is 12 months. Rarely are services extended to 18 months.

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- Only services that the PSW has authorized and that are indicated on the Therapy Referral Form should be provided to the client.
- It is the responsibility of the PSW to make recommendations such as whether or not to return a child to the home or to begin or alter a visitation schedule. Providers should refrain from making these recommendations.
- The provider should not investigate the abuse allegations. This is the function of CWS and law enforcement. Consider the Court orders and the true findings as the facts of the case.
- The development of an effective working alliance in therapy is important. However, as noted in the above section, providers should remain objective and avoid taking on the role of an advocate for a client in a CWS case.
- The provider is expected to adhere to the ethical standards of his or her scope of practice and licensure, the standards relevant to the provision of services within a forensic context, and to strive to practice in accordance with relevant professional guidelines. When accepted to the Optum TERM panel, the provider is expected to work within the specialty areas for which he or she is approved. To expand these areas, please contact Optum Provider Services. Accepting a referral outside of one's scope of competence or that violates professional standards or policies described in this Handbook may result in disciplinary action.
- The therapist should refrain from addressing ultimate legal questions directly in the treatment plan or when providing testimony to the Court.

Highly Vulnerable Children (HVC)

Cases designated as "Highly Vulnerable Children (HVC)" refer to families where a higher than average possibility of causing or contributing to serious neglect, serious injury, serious re-injury or death to a child exists. These include severe physical abuse and/or serious accidental injuries to the head, face or torso in children 5 years or younger or children who are developmentally delayed at a functional level of 5 years or younger. HVC cases also include instances in which a baby is born to parents currently involved with Child Welfare Services (CWS) in a reunification case or previously failed to reunify in a reunification case. Any cases involving Welfare and Institutions Code (W&IC) 300(e) or W&IC 300(f) allegations will be identified as HVC. A W&IC 300(a) allegation may also meet the criteria for HVC designation, depending on the nature of the abuse. Any case designated as HVC will receive more intensive case management by CWS, which may include requests for more frequent treatment updates from mental health providers. HVC cases will be referred to the appropriate services based on the protective issue. Provisional providers and interns are not permitted to see any family members in an HVC case for individual treatment.

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In-Home Treatment

Home-based evaluations or treatment may be pre-authorized by the PSW under particular clinical circumstances due to the client's physical disabilities, mental health concerns, lack of transportation, or other reasons that render out of home services inaccessible. In-home treatment is not authorized for the convenience of the provider.

A "home" is considered to be a private residence of the client, the child's foster home or group home, the A.B. and Jessie Polinsky Children's Center, or in rare circumstances a general medical hospital or other healthcare facility. In-home services are authorized for a youth in a group home based on clinical needs for that particular youth. TERM providers who have contracts or informal agreements with a group home administration to see multiple youth in the home cannot receive in-home rates for each youth, because the provider has a formal or informal office at the facility.

The same standards of care that apply to office visits pertain to home-based services or services that occur in any community settings, and the treatment plan should document the setting and circumstances in which the treatment occurred. If there are circumstances that make the client's home environment unsafe or an otherwise inappropriate environment to conduct treatment, the provider will need to coordinate appropriate alternative arrangements with the PSW.

Group Psychotherapy Services

The County of San Diego Probation Department, in cooperation with its government and community partners, certifies providers for the following group treatment:

- Child Abuse Treatment
- Domestic Violence Offender Treatment

Certification by the Probation Department is required in order to receive TERM-approval for these group types and to accept referrals of CWS-referred clients for these services. For additional information on Probation certification requirements, please contact Maria "Gina" Llamas, LCSW at (619) 515-8238.

For child sexual abuse group treatment, it is CWS policy that offending and non-protecting parents (NPPs) will participate in group psychotherapy with TERM providers who have also been approved by the California Sex Offender Management Board (CASOMB) to treat sexual offenders. Certification by the CASOMB is required in order to receive TERM-approval for these group types and to accept referrals of CWS-referred clients for these services. For additional information on certification requirements, please visit the CASOMB website.

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Privileging for domestic violence victim group treatment is completed by Optum in adherence with TERM Domestic Violence Victim Group Psychotherapy Treatment Standards (Optum website under the TERM Group Standards tab)

Pathways to Well-Being

County of San Diego, Health and Human Services Agency, Pathways to Well-Being will have an impact on the services you are delivering. Please read below for more information on this important County and State initiative.

Background

The Katie A. class action suit was filed in 2002 against Los Angeles County and the State of California, alleging violations of multiple federal laws. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California.

The State of California settled its portion of the lawsuit in December 2011 and in March 2013 published the Core Practice Model (CPM), which was replaced by the Intergrated Core Practice Model (ICPM) on May 18, 2018. The ICPM provides practical guidance and direction to support county child welfare, juvenile probation, behavioral health agencies, and community partners that can work together to improve delivery of timely, effective, and integrated services to children, youth, and families.

The ICPM identifies specific required components that support the standards and expectations of practice by child welfare, juvenile probation, and behavioral health agencies. It is intented to facilitate a common framework that integrates the planning, delivery, coordination, and management of services among all those working with children and families involved in these service systems. The ICPM outlines implementation of a strategic and practical framework, which invites agencies to integrate initial and ongoing services.

The County of San Diego Child Welfare Services (CWS) and behavioral Health Services (BHS) made operational the CPM with the creation on Pathways to Well-Being. Juvenile probation was added and noted in the ICPM as another contributor to the principles and values. Pathways to Well-Being seeks to positivitely impact all children and youth by providing mental health screening, mental health assessment as warranted, and thoughtful and timely linkage to mental health and supportive services.

Child and Family Teams (CFTs) are a key component of Pathways to Well-Being.

Pathways to Well-Being

Pathways to Well-Being includes a requirement of teaming for all youth and families involved with CWS, although all children/youth are eligible to receive teaming services when the child/youth has an identified mental health concern.

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Teaming is the process of a group of people coming together who are committed to a common purpose, approach and performance goals for which they hold themselves mutually accountable. The CFT describes the child, youth, and family members plus the people they have agreed will participate on their team who will help and support them achieve change in their lives. Throughout the process, team members work together to ensure the integrated plan provides access to needed services, monitors the child, youth, and family progress, and makes individualized adaptations as they learn together, so that the family's goals can be achieved.

The CFT is comprised of (asterisked * members are mandatory):

- Youth*
- Youth's Parent(s)/guardian(s) *
- Protective Social Worker/Probation Officer
- Behavioral Health Provider(s)*
- FFA/Group Home/STRTP Staff (if applicable)*
- Court Appointed Special Advocate (CASA)*
- Informal Supports as identified by the family and youth (such as extended family, friends, coaches, clergy, etc.)
- Service professionals who are working with the family toward successful transition out of the child welfare system

The CFT meeting is a facilitated and structured process that includes all team members (formal and informal supports including TERM providers) in assessing, service planning and implementation, monitoring and adapting, and transitioning.

TERM providers serving youth who participate in a CFT Meeting can bill Medi-Cal for their time. If the youth does not have Medi-Cal then the TERM provider can request that the assigned CWS PSW submit for reimbursement for their participation (as they do for participation at a Team Decision Making meeting).

Pathways to Well-Being eLearning

Providers who work with children involved in Child Welfare Services are urged to take the "Introduction to Pathways to Well-Being" at the Behavioral Health Education and Training Academy (BHETA) website. Please click on the following link to reach the website:

http://theacademy.sdsu.edu/programs/rihs/pathways/

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Required Clinical Outcome Measures

To improve the quality of services provided to children and families throughout San Diego, the County of San Diego Children, Youth and Families Behavioral Health Services (CYFBHS) requires that standardized outcome measures be administered to all children and adolescents receiving publicly-funded mental health treatment services.

Assessing the outcomes of mental health services in valid and reliable ways is critical to the development and maintenance of effective services. A core value and principle of the System of Care is to be accountable through clear outcomes, valid evaluation methods and proficient data management systems. Assessments should be strength based and services should be outcome driven.

Effective July 1, 2019, Optum TERM Providers are responsible for completing and submitting clinical outcome measures for all youth ages 0-21 receiving mental health services with the exception of inpatient services. The assessments for the Children, Youth & Families Behavioral Health Services System of Care Evaluation include:

a. The **San Diego Child and Adolescent Needs and Strengths (SD-CANS)**, completed by the provider for any youth entering services July 1, 2019 or later. Providers are to complete and submit the SD-CANS with the Child Welfare Services Initial Treatment Plan, Treatment Plan Update and Discharge Summary. Existing clients engaged in services prior to July 1, 2019 do not need the measure completed.
b. The **Pediatric Symptom Checklist Youth version (PSC-Y)** for youth ages 11-18 years, and **PSC Caregiver version (PSC)** for caregivers of youth ages 3-18 are to be completed for each youth entering services as of July 1, 2019 or later. This tool is to be submitted with the Child Welfare Services Initial Treatment Plan, Treatment Plan Update and Discharge Summary.
c. For Medi-Cal funded referrals, Optum will be responsible for entering the SD-CANS information on behalf of the providers into the Data Entry System. Optum will then provide an outcome summary report back to the provider on each case.
d. Providers can find a link to the outcome tools to be administered on the Optum website TERM Providers section, under the “CANS/PSC” tab.

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CWS Treatment Plan - Documentation Guidelines

Required Treatment Plan Format

It is a requirement that all treatment plans are to be submitted on the CWS Treatment Plan forms (*CWS Form 04-176/04-177 Parent and CWS Form 04-176/04-177 Youth*) located online on the Optum website under the TERM Manuals tab.

Initial Treatment Plans and Treatment Plan Updates are the only written documents required in communicating with CWS. It is CWS policy that therapists not write letters to PSWs as a method of communicating about the client. The method of communicating any updates to the PSW is the provision of timely and thorough information via the use a CWS Treatment Plan Form. All updates should be submitted to Optum TERM for quality review regardless of whether they are routine or generated in response to requests for additional information.

Required Treatment Plan Elements

Therapists are required to read the CWS Therapy Referral Form (please see online appendix *CWS Form 04-176A* [under the TERM Manuals tab]) and background case materials and develop and implement an individualized, strength based, culturally competent and client-centered treatment plan for each CWS-referred client. Because Initial Treatment Plans, Treatment Plan Updates, and Discharge Summaries are official Court documents and will become part of the Court file and record, it is important that the plans accurately describe the treatment rendered, the client goals, and the client's progress towards reaching those goals. In essence, treatment plans and discharge summaries can be considered to serve as direct testimony to the Court. Please keep in mind that higher standards of documentation apply within this forensic context.

The following required elements should be noted when completing treatment plans:

- Type reports using the most current version of the CWS Treatment Plan Form (CWS Form 04-176/04-177 Parent or CWS Form 04-176/04-177 Youth).
- Fill in the form completely, including client name, date of birth, and report date on each page.
- Diagnoses: The treatment plan must include diagnostic impressions, including codes and specifiers, from the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR). Corresponding diagnostic codes and descriptions from the ICD-10 (International Classification of Diseases) are required. The diagnoses should relate directly to the clinical issues involved in the case. "V" codes are acceptable. Note: As of the publication date of

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this Handbook, DSM-5 has not yet been adopted for use by the State of California

- Safety Threats and Risk Factors: The risk factors and protective issues that led to CWS intervention need to be addressed in each case. All safety threats and risk factors listed on the CWS Therapy Referral Form need to be reflected in the treatment plan.
- Goals: Treatment goals should be specific to the case and based on the treatment components listed on the CWS Therapy Referral Form and review of collateral materials supplied by the PSW (for children/adolescents treatment components, please see page 3 of the Therapy Referral Form; for parent treatment components, please see page 4 of the Therapy Referral Form). At a minimum, one measurable goal should be documented for each protective issue listed. Additional treatment goals relevant to the protective issues may be added as warranted based on the clinician's assessment. Parent treatment plans should specifically include a goal on parenting skills, based on parental goals specified on the Therapy Referral Form.
- Evidence Based Treatment Interventions Utilized: Clearly state the methods/interventions that will be utilized to accomplish goals. Specific, evidence-supported psychological techniques related to the client's presenting concerns should be utilized (e.g., CBT, TF-CBT, PCIT).
- Background Records: Please document all applicable background records that were provided by CWS. It is required that background records provided by the CWS Protective Services Worker are reviewed prior to the intake assessment.
- Progress: Cite the progress made toward resolving safety threats and risk factors, relating client progress specifically to the goals of treatment. Provide specific behavioral details and examples showing how the risk has been reduced and progress has been made. There should be a statement of whether the client has achieved the stated treatment goals. Statements such as "client has made excellent progress" do not provide sufficient detail and will not pass quality review as evidence of behavioral change. A description of any obstacles to treatment engagement and barriers to progress should be noted, if applicable. Opinions should be based only on what the therapist has observed for this particular client or credible collateral reports.
- Treatment Plan Updates: Updates that are not discharge reports need to have at least one current goal being addressed in treatment. Treatment plans that do not reflect current goals being addressed in therapy will not pass quality review. The provider will be asked to coordinate with the PSW to determine current issues that need to be addressed. If there are no new goals, the PSW and provider should discuss termination of treatment. If new goals are identified, the provider will need to add these new goals to the treatment plan and re-submit to Optum TERM for quality review.

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- Discharge reports: Discharge reports are required for all cases regardless of whether treatment ended prematurely or due to goals being met. Discharge reports should be submitted on the Treatment Plan Form and should be clearly identified as being a discharge report by checking the Discharge Summary box. Client's progress should be described with specific detail and the reason therapy terminated should be included in the narrative portion of the treatment plan, as well as coordination with the PSW on the client's discharge.
- Early termination that occurs before the Initial Treatment Plan is due: The Initial Treatment Plan must be submitted regardless of how few times a client has been seen. Please check the Discharge Summary box on the Initial Treatment Plan form and clearly identify on the Initial Treatment Plan form that it is an early termination, document the circumstances surrounding the client's discontinuation of treatment, number of sessions attended, date PSW was notified of the termination, and any relevant clinical information obtained during initial sessions (e.g., clinical status, provisional diagnostic impressions, barriers to treatment).

  Treatment goals are not required. If no sessions were attended by the client, an Initial Treatment Plan is not required; however, this information must be verbally communicated to the PSW in a timely manner.
- Client signature: The client's signature should be obtained in order to demonstrate involvement in the treatment planning process. If a signature is not obtained, an explanatory statement should be included in the treatment plan (e.g., client refusal). A signature is not required for child clients.
- Sign and date the report, and include professional license type and license number as well as therapist address and phone number.
- Supervisors are required to co-sign reports completed by interns.

Treatment plan documentation resources (example treatment plans and behavioral change indicators) and additional information on documentation guidelines may be found in the online appendix *CWS Treatment Plan Documentation Resources* (Optum website under the TERM Manuals tab).

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CWS and Juvenile Probation Evaluations

Optum TERM is responsible for quality oversight of psychological and psychiatric evaluations completed for Child Welfare Services (CWS) and Juvenile Probation by evaluators on the TERM panel. The objective of the quality review process is to ensure that evaluation services that are provided to the referring agencies and the Court meet national professional ethical and practice standards. The present section is intended to highlight procedures pertaining to these evaluations as well as the guidelines governing services rendered by Optum TERM evaluators.

Role of the Evaluator

The role of the Optum TERM evaluator is the provision of psychological or psychiatric evaluations of children or caregivers involved with Child Welfare Services or juveniles involved with Probation Services. Data gathered through the evaluation process provide an additional source of information regarding the functioning of clients that is not otherwise available, and can offer a significant contribution to case decision making.

The evaluations are performed within a forensic context in that they are conducted on behalf of the referring agency or Court, the referral questions are often psycholegal in nature, and the findings are reviewed by the Court and/or considered by the referring parties in formulating recommendations to the Court. As such, it is important for providers to understand that there is an extra set of obligations associated with the provision of evaluations in this context that goes beyond the requirements of standard clinical practice. Some of the key ways in which the role of the TERM evaluator is distinguished from a standard clinical role include:

- *Goals and Focus*

  The goal of the TERM evaluator's assessment is to answer specific questions posed by the referring agency and/or the Court for purposes of assisting with formulation of case management plans and/or judicial decision making.

- *Requirement for Objectivity*

  It is imperative that the TERM evaluator guard against bias by maintaining objectivity and impartiality. The need for objectivity is underscored by the gravity of the potential consequences of the provider's professional judgment (e.g., in CWS cases, the provider's findings may be considered as a source of information in decisions to reunify a child with the parent).

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- *Confidentiality*

  The limits of confidentiality and privilege are substantially different in child welfare and delinquency cases, in that evaluation findings will be reviewed by the referring agency and the Court. It is critical that evaluators are familiar with, and practice in accordance with, ethical and legal guidelines for their profession and the legal parameters described in chapter *Provider Professional Responsibilities*.

- *Decision Making*

  In CWS cases, the PSW functions as the team leader in making recommendations to the Court. In Probation cases, the PO serves in a similar role of making recommendations to the Court. The ultimate decision maker in Court-ordered cases is the trier-of-fact (i.e., judge), versus standard clinical practice where decision making is the responsibility of the clinician and client.

- *Multiple Relationships and Potential Conflicts of Interest*

  In providing evaluations in child protective and probation matters, providers need to take extra precautions to avoid assuming conflicting roles, which may compromise their objectivity and create confusion about role boundaries. If there is a potential conflict of interest, such as a prior therapeutic or professional relationship with the referred client or a client's family member, the referral should be declined. The following policies have been established by CWS to avoid potential conflicts of interest for CWS referred clients:

  - Evaluators should decline all referrals in which there has been a prior therapeutic or professional relationship with the referred client or the client's family member.
  - CWS-referred parents cannot have the same evaluator complete both of their psychological evaluations; the same evaluator also cannot evaluate both the parent and child.
  - An evaluator cannot see a client in therapy if s/he has conducted the psychological evaluation for any member of that family.

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Scope of the Evaluation

The scope of the evaluation is determined by the Court's order (in Court-ordered cases) and specified by a list of referral questions supplied by the referring party (PSW, PO). If no specific referral questions are provided, it is the responsibility of the evaluator to contact the referring party to obtain this information so as to ensure the provision of psychological/psychiatric information that is relevant to the case. For additional information regarding specific types of referral questions entailed in the evaluations, please see online appendices *Probation Psychological* and *Psychiatric Referral Form* and *CWS Form 04-178: Request for TERM-Appointed Evaluator* (Optum website under the TERM Manuals tab) respectively.

In writing evaluation reports, please keep in mind the following limits to the scope of the evaluation:

- In CWS cases, recommendations for visitation and placement are the responsibility of the PSW. While the provider should refrain from making such recommendations, it would be appropriate to address specific risk-related factors to be considered by those with decision making responsibility.
- The investigation of abuse allegations is the function of CWS and law enforcement. In non-voluntary cases, the Court will make a true finding, if the allegations have been proven by a preponderance of evidence (more likely than not). It is essential for evaluators to understand and accept that a true finding is a fact of the case. Once the Court makes its ruling, the true finding is no longer in dispute. What is of relevance is the provider's assessment of the client's level of risk for re-offending and treatment prognosis.
- The scope of the evaluation should be restricted to clinical and scientific domains. The evaluator should refrain from addressing ultimate legal questions directly.

Required Format and Elements

Optum TERM requires a consistent and specific format for all psychological and psychiatric evaluation reports. The format is described in detail in the online appendices *The Format and Required Elements of a CWS Psychological Evaluation*, *The Format and Required Elements of a Probation Psychological Evaluation*, *The Format and Required Elements of a Juvenile Mental Competency Evaluation* and *The Format and Required Elements of a Probation Psychiatric Evaluation* (Optum website under the TERM Manuals tab). Please closely review these documents so as to follow the format and include the required elements in evaluations. These documents represent the minimal requirements expected of CWS and Probation psychological and psychiatric evaluation reports.

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Please be cognizant of who will be reading the evaluation report. In most cases, the readers will be attorneys, judges, POs, PSWs, and treating therapists. In essence, evaluation reports can be considered to serve as direct testimony to the Court (either Delinquency or Dependency). It is important to communicate ideas in a concise, jargon-free manner that all professionals from the various disciplines may comprehend.

All reports and addendums should be submitted with professional letterhead on the first page of the report that includes contact information (including the provider's office/mailing address and phone number).

Collateral Sources

In addition to the clinical interview and mental status examination of the client, information from collateral sources (i.e. collateral interviews or data collection with relevant parties) should be utilized in the evaluation. Background case records should be provided by the referring PSW or PO prior to the commencement of the evaluation.

At a minimum, the following sources of collateral data should be included in the evaluation of caregivers involved in the Child Welfare system:

- Review of all prior psychological or psychiatric evaluations and medical records from all psychiatric hospitalizations (e.g., attending psychiatrist's History & Physical and Discharge summaries)
- Review of CWS Initial Treatment Plans and Treatment Plan Updates as applicable
- Review of CWS Jurisdiction/Disposition Report and other significant Court reports
- Review of any arrest records or police reports
- Collateral interviews with PSW and any mental health providers

Sources of collateral data to be utilized in the evaluation of children and adolescents in CWS and Juvenile Probation cases include the following:

- Review of all prior psychological or psychiatric evaluations and medical records from all psychiatric hospitalizations (e.g., attending psychiatrist's History & Physical and Discharge summaries)
- If available, review of educational and mental health records documenting the child's status prior to any abuse/neglect experiences, so as to obtain an estimate of pre-morbid functioning
- Review of CWS Initial Treatment Plans and Treatment Plan Updates as applicable
- Review of CWS Jurisdiction/Disposition Report and any supplemental reports

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- Review of San Diego County Probation Department Probation Officer's Social Study and any supplemental reports
- Review of Arrest/Juvenile Contact Report (for post-dispositional evaluations)
- Review of Detention/Transfer/Violation Recommendation
- Review of any other significant Court reports
- Review of information regarding family referrals to CWS
- Review of child's most recent IEP and triennial IEP evaluation
- Review of child's History of Child Placement report if child is a dependent
- Review of child's most current Health and Education Passport
- Collateral interviews with caregivers, teacher(s), current and/or past mental health providers, and Court Appointed Special Advocate (CASA) if applicable
- To supplement interview data, standardized ratings completed by collateral sources should be included whenever feasible (e.g., behavioral ratings completed by caregivers and/or teachers)

In addition to information supplied by the referring PSW or PO, minor's defense or dependency counsel may be able to assist with access to information such as IEPs. For information on accessing medical records for minors who are evaluated while in a juvenile detention facility, please see the online appendix *San Diego Juvenile Court Procedure to Obtain Authorization to Use or Disclose Protected Health Information for Evaluations of Minors in Custody*. If no collateral sources were interviewed or provided additional data, please include in the report a description of what attempts were made and the extenuating factors which precluded their completion (e.g., lack of appropriate sources, or lack of response within the timeframe constraints of the case), as well as any consequent limitations to the validity of the evaluation process.

Child Welfare Services Evaluations

In the Child Welfare system, the client to be evaluated may be a child, adolescent, or caregiver (parent, guardian, prospective adoptive parent). The PSW will identify case-specific referral questions related to mental health concerns, protective issues, risk factors, and the ability of caregivers to benefit from reunification services within legal time limits for the case. The provider performing an evaluation is a valued team member in CWS cases, providing her/his expertise in mental health issues as related to children and their families.

There are basic concerns in every evaluation that must be addressed in addition to the specific referral questions that an evaluator may be requested to answer. Central to each evaluation is clarifying whether or not there are mental health and substance abuse issues or suspected cognitive/intellectual deficits that are germane to the case, as well as identification of interventions that promote the

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client's psychosocial functioning and facilitate reunification of the family, if applicable.

For children, assessment of behavioral and emotional functioning in relation to abuse experiences is appropriate. For adults, the assessment of personality factors that may interfere with safe parenting or rehabilitation efforts is salient. The protective issues and relevant risk factors related to each case should be specified and any potential safety concerns identified. Please note that statements made during the course of an evaluation may trigger a mandated report of child abuse. Any mandated abuse reports should be documented in the evaluation report.

Please keep in mind that evaluation conclusions receive greater scrutiny within the forensic arena. Opinions and findings should be derived from data obtained by reviewing the available collateral documents, interviewing the client and collateral contacts, if applicable, and in the case of psychological evaluations, the administration of pertinent psychological tests and instruments. The evaluation report should provide critical, in-depth information that summarizes relevant historical facts, adds new insights, clarifies diagnostic questions, and integrates all the available information into a descriptive clinical conceptualization. The diagnoses rendered should be directly related to the case formulation and should meet the criteria from the most current version of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Please include full 5-Axis diagnoses with diagnostic codes and specifiers. V Codes are acceptable and appropriate, if criteria are not met for an Axis I or Axis II diagnosis. Simply listing diagnostic rule-outs is not helpful, as the client was referred for an evaluation specifically to rule-out competing diagnoses. *Note: As of the publication of this handbook, DSM-5 has not yet been adopted by the County of San Diego.*

Recommendations should address risk factors as related to the protective concerns. Any recommendations for treatment should identify the type of interventions required to alleviate presenting problems, rather than identifying a specific program or therapist. For example, recommending outpatient sexual offender treatment services, rather than naming a specific program. Recommendations that are unlikely to be helpful for the client's specific case plan should be avoided. For example, will a comprehensive neuropsychological evaluation truly add important information with respect to the protective issues and reunification of the family? Similarly, is therapy an appropriate intervention, or would a recommendation for in-home services be more effective? In situations where a psychiatric medication evaluation is indicated, a psychologist should refrain from recommending specific medications, classes of medications, and/or specific medical tests/interventions, as this is considered beyond a psychologist's scope of professional practice. Formulation of treatment prognosis and recommendations must consider the legal timeline of the case and must specify whether a parent is likely to benefit from the recommended

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services within the legal timeline for that case. As a reminder, the Court may order the PSW to implement the recommendations an evaluator proposes.

Sometimes an evaluator may not have adequate information to answer a specific question. It is acceptable to discuss the question and explain why the question cannot be answered with a definitive answer. Other times, it may be appropriate to reframe the question to one that can be answered. For example, if asked to address the question, "Is this parent the abuser?" it would be acceptable to note the risk factors versus the parent's strengths. Whether or not the evaluator is able to answer a question, it is important that the referring party recognize that the evaluator was aware of and attempted to answer the question to the best of the evaluator's ability. Optum TERM CWS evaluators occasionally conduct evaluations that focus on very specific issues. Examples are neuropsychological evaluations, Family Code 7827 evaluations, and psychosexual risk evaluations of a caregiver. It is expected that specialized instruments will be used in these assessments consistent with best practice standards in the area of the specialty evaluation. Please see online appendix *Specialized Optum TERM Panel Evaluations* (Optum website under the TERM Manuals tab) for a description of quality standards for the different types of specialty evaluations. Additional information regarding the Dependency legal system can be found in the online appendix *Dependency System Legal Process* (under the TERM Manuals tab).

Juvenile Probation Evaluations

The focus of evaluations referred through the delinquency system is on providing meaningful recommendations for placement and interventions needed to help reduce recidivism and assist youth in developing a pro-social lifestyle. The evaluator is expected to review all background information provided by the referring Probation Officer and to obtain clarity on the specific referral questions prior to interviewing the youth. There are basic elements in every evaluation that must be addressed, regardless of the specific referral questions that may be presented to the evaluator. It is essential to clarify the presence or absence of mental health and substance abuse problems, screen for cognitive functioning and for potential learning disorders, and to identify rehabilitative interventions. Risk factors must be identified to address recidivism and to ensure the safety of the community and victim(s). In each assessment, after considering community safety, it is important to consider what consequences may serve as a deterrent for future delinquent behaviors. The evaluator should assess for the presence or history of fire-setting, predatory aggression, sexual acting out, or potential victimization. Please note that statements made by a juvenile during the course of an evaluation may trigger a mandated report of child abuse. Any mandated abuse reports should be documented in the evaluation report.

Please keep in mind that evaluation conclusions receive greater scrutiny within the forensic arena. Opinions and findings should be derived from data obtained

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by reviewing the available collateral data, interviewing the client and collateral contacts, mental status examination and behavioral observations, and in the case of psychological evaluations, the administration of appropriate psychological tests and instruments. The evaluation report should summarize the relevant historical facts, integrate any testing interpretations, clarify diagnostic questions, and provide empirically-based conclusions. All the data should be integrated into a descriptive clinical conceptualization. The evaluation report must include diagnostic impressions based on the *Diagnostic and Statistical Manual of Mental Disorder-IV-TR (DSM-IV-TR*). Corresponding diagnostic codes from the ICD-10 (International Classification of Diseases) are required. "V "Codes are acceptable and appropriate if criteria are not met for an Axis I or Axis II diagnosis. Simply listing diagnostic rule-outs is not helpful, as the client was referred for an evaluation specifically to rule-out competing diagnoses. *Note: As of the publication of this handbook, DSM-5 has not yet been adopted by the State of California.*

The recommendations and their rationale should be clearly communicated. The evaluator should consider placement and treatment interventions that will facilitate the rehabilitation of the minor and reduce the level of risk the juvenile presents. Recommendations for placement and treatment should be justified and related to the evaluator's findings and diagnosis. It is recommended that evaluators describe the treatment environment that is needed for the minor without specifying the name of a facility. For example, the evaluator may state that the minor is in need of structure and limit-setting, concurrent with mental health and substance abuse interventions that cannot be provided in a setting without supervision and control. It is important for the evaluator to assess a minor's current fire-setting potential, including the juvenile's account and collaborative information, before making a placement recommendation.

Evaluators should be mindful in making recommendations for treatment or additional testing that information gained from the service needs to be specifically relevant to the rehabilitation of the minor. For example, a recommendation for a "comprehensive neuropsychological evaluation" may only result in another court-ordered psychological assessment and a longer detention for the minor and may not add information that would be useful to the minor's rehabilitation plan. Additionally, in situations where a psychiatric medication evaluation is indicated, a psychologist should refrain from recommending specific medications, classes of medications, and/or specific medical tests/interventions, as this is considered beyond a psychologist's scope of professional practice. Please be cognizant that the PO may be ordered by the Court to implement any recommendation that a provider may offer.

Optum TERM Probation evaluators occasionally conduct evaluations that focus on very specific issues. Examples include fire setting, juvenile sex offenders, competency issues, and neuropsychological assessment.

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It is expected that specialized instruments will be used in these assessments consistent with professional standards and the current research literature in the area of the specialty evaluation. Please see online appendix *Specialized Optum TERM Panel Evaluations* (Optum website under the TERM Manuals tab) for a description of quality standards for the different types of specialty evaluations. Additional information regarding the Delinquency legal system can be found in the online appendix *Delinquency System Legal Process* (Optum website under the TERM Manuals tab).

Access to Minors in Custody

When a provider accepts a referral for an *in-custody* psychological evaluation, the minor may be detained at either Kearny Mesa Juvenile Detention Facility (KMJDF) or the East Mesa Juvenile Detention Facility (EMJDF). The provider should give the PO the date and time of when the provider plans to complete the interview and testing.

KMJDF
2801 Meadow Lark Drive
San Diego, CA 92123

EMJDF
446 Alta Road #6100
San Diego, CA 92154

When performing psychological evaluations in these settings, facility directors have requested that TERM providers cooperate with all procedures and directions from custody staff. Custody staff also enforces the state Title XV statutes which the facilities are required to follow. For example, providers are required to render their services so that they do not conflict with state mandated meal or break times, unless the Superintendent or Watch Commander gives prior approval. While the challenges and tight timelines encountered by TERM providers in these settings are appreciated, please proactively communicate with the Watch Commander or Superintendent in order to minimize difficulties with scheduling services.

Minors at KMJDF

Professional visits are permitted seven days per week from 8:00 a.m. to 8:00 p.m., except during the lunch hour (11:00 a.m. to 12:00 p.m.), shift change (2:00 p.m. to 2:45 p.m.), and dinner hour (4:00 p.m. to 5:00 p.m.), The best time to do an assessment at KMJDF is between 8:00 and 11:00 a.m.; other times are 12:30 p.m. to 2:00 p.m., 2:45 p.m. to 4:00 p.m., and 5:30 p.m. to 8:00 p.m. Public visiting hours are Monday through Friday, from 3:00 to 7:45 p.m.; please note that public visiting hours on Sundays are from 9:00 a.m. to 11:00 a.m.; a minor has the right to choose visitation instead of completing the evaluation.

On arrival at KMJDF, the provider should enter through the main reception area. The provider will need to display a picture ID and the Minute Order containing the court order for a psychological evaluation of the minor to obtain a professional visitor's pass. The provider should ask for directions to Movement Interview and Control (MIC). Once at MIC, the provider should request that the officer bring the minor who will be evaluated to an interview room.

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Within approximately 15 minutes, the minor will be escorted to MIC for the assessment. When the minor arrives for the assessment, the provider will be locked into an interview room to ensure institutional safety.

The PO sitting at the MIC desk, monitors the interview rooms and provides assistance if needed. The provider must remain with the minor throughout the evaluation process. Test materials must never be sent back to the living units with the minor. Upon completion of the assessment, the provider should get the officer's attention to unlock the interview room door. The provider should escort the minor back to the officer at MIC. Should any difficulties arise, please ask to speak to the Watch Commander [telephone number: (858) 694-4507]. It should be noted MIC is closed on the weekends and after 4:00 p.m. during the week. During MIC closure times, the interviews will take place in one of the Main Control tanks.

Minors at EMJDF

EMJDF's professional visiting hours are seven (7) days a week, 8:00 a.m. to 8:00 p.m., except during the lunch hour (11:00 a.m. to 12:00 p.m.), shift change (2:00 p.m. to 2:45 p.m.), and dinner hour (4:00 p.m. to 5:00 p.m.), The best time to do an in-person assessment at EMJDF is Monday-Friday between 8:00 a.m. and 11:00 a.m. Other times are 12:00 p.m. to 2:00 p.m. and 5:00 p.m. to 8:00 p.m. Public visiting hours are Monday through Friday, from 3:00 to 7:45 p.m.; on Sundays, parents with the last names beginning with letters A through L are permitted to visit from 9:00 a.m. to 10:00 a.m. and parents with names beginning with letters M through Z are permitted to visit from 10:15 a.m. to 11:15 a.m. A minor has the right to choose visitation during this time instead of completing the evaluation.

On arrival at EMJDF, the provider should enter through the public lobby near the flagpole. If the door is locked, the provider should press the intercom button located on a pedestal on the left side of the doors and identify himself or herself as a TERM Evaluator. The provider will need to display a picture ID and the minute order containing the court order for a psychological evaluation of the minor to obtain a professional visitor's pass. The provider will be directed to the Visiting Center or to the Central Control visiting room. Within approximately 15 minutes, the minor will arrive for the assessment.

When the minor arrives for the assessment, the provider will be locked into an interview room to ensure institutional safety. The PO sitting in the Visiting Center or in Central Control monitors the interview room and provides assistance, if needed. The provider must remain with the minor throughout the evaluation process. Test materials must never be sent back to the living units with the minor. Upon completion of the assessment, the provider should get the officer's attention to unlock the interview room door. Should any difficulties arise, the provider should ask to speak to the Watch Commander at (619) 671-4426.

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Campo

Parents are permitted to visit on Sundays from 1:00 p.m. until 3:00 p.m. Professional visitors should schedule their meeting through the Watch Commander's office by calling (619) 401-3500.

Camp Barrett

Parents are permitted to visit on Sundays from 11:00 a.m. until 2:00 p.m. Professional visitors should schedule their meeting through the Watch Commander's office by calling (619) 401-4900.

Tele-Visiting

EMJDF is set up to conduct interviews via video teleconferencing. The video teleconferencing system provides evaluators with a real-time video and audio link with the minor at EMJDF. TERM evaluators can go to the Probation Center (JPC) at 2901 Meadow Lark Drive, San Diego, CA 92123 and conduct remote interviews with minors detained at EMJDF. Please follow these guidelines for "tele-visiting":

- Call JPC Reception at (858) 694-4600 at least one day in advance to schedule the appointment.
- Go to JPC Reception for directions to the teleconferencing room.
- Dial the appropriate teleconferencing room at EMJDF. JPC reception will tell the provider which room number to dial.
- If the minor is not present, call (619) 671-4419 to check on his status. Unforeseen circumstances may have delayed his arrival in the teleconferencing area.

Transportation of Minors between Facilities

Evaluators can contact booking at East Mesa Juvenile Detention Facility (EMJDF) at (619) 671-6504 up until 3:00 p.m. the day before to have a minor brought to Kearny Mesa Juvenile Detention Facility (KMJDF) for evaluation. It is highly encouraged that professional visits be completed in the morning hours, otherwise the minor will not be returned on the bus to EMJFD until the next business day.

Juvenile Court Delinquency Disposition Options

In the County of San Diego, the Juvenile Delinquency Court has a variety of disposition options for ensuring community safety and rehabilitating the minor. These options are briefly described below.

Ward "Own Home" is a term which describes the majority of juvenile offenders who are declared wards of the court and placed on probation. A ward may be placed with his or her parent(s) without any post-disposition custodial consequences.

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Wards may be expected to participate in counseling, attend school, pay fines and restitution, take specific classes, perform community service or work projects and complete other “conditions” during their probationary period.

Breaking Cycles Continuum provides for a series of “graduated sanctions.” The “Short Term Offender Program (STOP)” provides one-to three-month intervention for first-time offenders. The “Reflections Day Treatment Programs” provide intensive counseling, education, and individual and family therapy. The “Youth Day Center” provides school-based services during weekdays and home supervision with electronic supervision during non-school hours. The “Community Unit” provides intensive monitoring and interventions in the home by POs and counselors. The Juvenile Ranch Facility (JRF) and Girls Rehabilitation Facility (GRF) are custody programs that provide mental health and drug rehabilitation services to wards.

Residential Treatment Facilities (RTFs) range from community-based group homes to large institutional settings. These facilities may provide offense-specific treatment such as interventions for sex offenders and substance abusers. The duration of the minor’s placement is determined by the program’s objectives. Typically, the placement is less than one year. To promote a successful transition to the community following residential care, the minor is frequently provided with intensive supervision in an “After Care Program.”

Foster Home recommendations made to the Court are reserved for minors who do not have a legal parent or guardian to provide for their care.

Camp Barrett houses males between the ages of 16.5 to 18 years, who have committed a serious crime.

The Youthful Offender Unit (YOU) is a custodial and community program that supervises male and female juvenile offenders between the ages of 16-21 who would have otherwise been sent to the State Department of Juvenile Justice (DJJ) as a non-707(b) offender. YOU youth have either committed serious felony offenses and/or have a lengthy criminal history. YOU works with youth who are involved in gangs, substance abuse, display behavior problems at home and in the community, and under certain circumstances some 707(b) offenders. Youth with severe mental health problems cannot be served in YOU. YOU should be considered the last alternative for youth who have failed in other local programs. YOU is a long term program with custody time between 270-480 days and community supervision lasting until the youth has demonstrated pro-social behavior or is terminated as a program failure.

The California Department of Corrections and Rehabilitation (CDCR), Division of Juvenile Justice (DJJ), formerly known as the California Youth Authority (CYA), is generally considered the institution of last resort for juvenile offenders. The most serious offenders, who have exhausted all local options, may be committed to CDCR.

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Psychological Evaluation Guidelines

Test Requirements

Psychological evaluations conducted through the Optum TERM Panel should provide objective and sound scientific data with which to answer the specific referral questions that have been posed. Psychologists completing CWS and Juvenile Probation evaluations are expected to practice in accordance with the professional standards and guidelines established for the practice of psychology, and more specifically, for practice and testing in child welfare and delinquency cases.

These standards and guidelines include:

- The expectation that assessment instruments are of known and acceptable validity and reliability for their intended purpose, and have been normed on the client's population. The most recently validated/normed version of instruments should be used.
- Psychologists are expected to practice in accordance with the American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* (2010), which are referenced in the California Board of Psychology *Laws and Regulations Relating to the Practice of Psychology* (2012) Section § 2936 as the Board's "standards of ethical conduct relating to the practice of psychology [which] shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations" (p. 36).
- Psychologists are expected to practice in accordance with the *Standards for Educational and Psychological Testing* (1999) authored by the American Educational Research Association, American Psychological Association, and National Council on Measurement in Education (currently under revision).
- Psychologists also are expected to be familiar with, and to strive to practice in accordance with, the *Specialty Guidelines for Forensic Psychologists'* (2013).
- Psychologists are expected to adopt an evidence-based approach to assessment. In selecting testing instruments, evaluators should consult the current research literature and resources such as *Test Critiques* and *Mental Measurements Yearbook*.
- For all psychological evaluations, the response style of the examinee and threats to validity should be formally assessed via review of collateral data and use of psychological tests that incorporate validity scales/measures of response bias.

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- Psychologists should be familiar with rules of evidence for the State of California, the nature of the Juvenile Court process, and relevant statutes.
- For child welfare evaluations, psychologists are expected to be familiar with and strive to practice in accordance with American Psychological Association *Guidelines for Psychological Evaluations in Child Protection Matters* (2013).
- For juvenile probation evaluations, psychologists should be familiar with the current research literature on dynamics of youth violence, risk factors, and prevention/intervention strategies.

Battery of Tests

Because most evaluators practice independently under their own licenses and are thus responsible for their professional judgment, Optum TERM does not “approve” a list of specific tests. Evaluators should be mindful to select tests that sufficiently address all referral questions and, as noted above, are expected to apply instruments and techniques that not only meet basic professional standards but also have the best available reliability, validity, and clinical usefulness given a particular examinee’s circumstances (e.g., age, cultural background, literacy, language preference, etc.). It is incumbent upon the psychologist to stay informed of the current research literature so as to ensure the instruments utilized in their assessments have been validated for use with the client’s population. A non-exhaustive list of examples of psychological evaluation procedures grouped by domain of functioning/ assessment area can be found in online appendix *Psychological Evaluation Procedures* (Optum website under the TERM Manuals tab).

In cases where no formal measure appropriate for the examinee and the specific referral question exists, evaluators should make their best assessment using alternate means (i.e., mental status examinations, clinical interviews with the examinee and relevant others, background information, and mental health record review) to answer the individual question. Any consequent limitations of that approach should be acknowledged in the evaluation report.

Basic components of the testing battery most often entail a measure of intellectual functioning, a brief neuropsychological screen, an academic achievement screen for children and adolescents, and instruments that assess personality and psychopathology. Within a forensic evaluation context, the response style of the examinee cannot be assumed to be reliable due to potential to gain (or lose) from the legal decision. For this reason, response style and threats to validity should be formally assessed.

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Use of objective measures of personality and psychopathology that are properly normed and validated with internal measures of validity/response bias are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the body of the report (i.e., due to cognitive/ intellectual or psychiatric compromise, lack of age appropriate measures, literacy limitations, or high levels of defensiveness that invalidate the results). One appropriate alternative is to utilize other data such as behavioral observation, collateral documentation (Court reports, law enforcement reports, mental health record review), collateral interviews, and clinical interview of the examinee. Any consequent limitations of that approach should be acknowledged in the evaluation report. In the case of children, use of formal structured/ semi-structured diagnostic interview schedules, standardized behavioral ratings (self-report, as well as caregiver and/or teacher ratings), and standardized measures of emotional functioning would be appropriate options for meeting this requirement.

The lack of normative data and objectivity in scoring limit the usefulness of projective or “performance-based” instruments in the forensic context. While there may be some clinically derived techniques (e.g., projective drawings, sentence completion) that are used in general practice, consideration should be given to selecting methods that are psychometrically sound and on which findings can be defended to the Court. Reliance on testing instruments that lack the requisite scientific reliability and/or validity is considered to constitute poor data on which to base evaluation conclusions and will not meet TERM standards for quality review.

Depending on referral questions and the client’s circumstances, evaluations should include disorder-specific measures (trauma, depression, anxiety, etc.), instruments that assess for drug and alcohol abuse/dependence, parenting-related measures, and violence or other risk-specific measures. If initial screening reveals, for example, signs of anxiety and/or depression, the evaluator is expected to follow up with anxiety and/or depression-specific instruments (e.g., Beck Depression and/or Anxiety Inventories), even if that was not initially planned. Such instruments may, of course, be unnecessary if the area of concern has been sufficiently covered by a broad-spectrum inventory (e.g., MMPI-2). It is not acceptable to state that, while additional psychological testing was indicated within the context of a general evaluation, this was not conducted due to funding limitations.

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Administration & Scoring

Administer and score an instrument as described in the test publisher's manual and in keeping with professional standards; scoring of all tests administered must follow validated methods. Having the examinee complete self-report instruments at home, his/her juvenile hall cell, or in other unsupervised circumstances is never appropriate. Under usual circumstances, it is more appropriate to administer a brief screening tool in its entirety than some subset (selected subtests) from a broader measure. Use of partial tests must be identified and justified in the evaluation's text.

Test Results & Interpretation

Interpretation must be based on the data obtained or observed and in accordance with procedures outlined in the test publisher's manual, and the report should include adequate and specific information including available numerical test scores (e.g., standard scores, T-scores, percentile ranks, etc.) to substantiate the evaluator's conclusions. Please note for delinquency evaluations that IQ scores are required for a minor's residential placement. Test interpretation should entail integration of the results of each test with all the other available data concerning the client (e.g., history, interview, observations, and collateral data), including commentary on both convergent and discrepant data. The situational context should be kept in mind when interpreting test findings (e.g., the situation of being Court-ordered for an evaluation may itself contribute to defensiveness by the client). It is important to describe results that indicate client strengths and protective factors as well as those identifying a problem or disorder. Conclusions drawn regarding differential diagnosis and treatment recommendations must be adequately supported by the data. Texts generated by automated interpretive systems are not substitutes for well-integrated and formulated descriptions of the individual examinee.

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Requests for Updated Evaluations

Per County and Medi-Cal policy, comprehensive psychological evaluations for Medi-Cal beneficiaries are approved only once in a 12-month period. Occasionally, a PSW, a PO or the Juvenile Court may request an addendum to the original report. An addendum may be requested because there has been a change in the client's functioning or additional information has been obtained that affects the client's treatment needs and placement. Essentially, a new referral question is to be addressed, but another comprehensive evaluation is not indicated. These are approved and a fee determined on a case-by- case basis.

The provider should state that the report is an addendum to the initial evaluation. The addendum is to be submitted to Optum TERM for quality review (see chapter *Work Product Submission Process*). The report should specify the procedures utilized to complete the addendum (e.g., clinical interview, mental status exam, collateral contacts, new information, reports reviewed, and any additional testing administered).

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Psychiatric Evaluation Guidelines

Psychiatric evaluations are generally requested for cases in which a diagnosis or direction of treatment is unclear, in which there are complicating medical factors, and/or psychotropic medication is being considered or re-assessed. Psychiatric evaluations must be individualized and objective in addressing the specific referral questions that have been posed. Psychiatrists completing Probation evaluations are expected to practice in accordance with the professional standards established for the practice of psychiatry, and more specifically, for practice in child welfare and delinquency cases. These standards include:

- Practice in accordance with American Psychiatric Association Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry
- Psychiatrists also are encouraged to be familiar with, and to strive to practice in accordance with American Academy of Psychiatry and the Law Ethics Guidelines for the Practice of Forensic Psychiatry
- Psychiatrists are expected to adopt an evidence-based approach to assessment. Helpful resources include:
    - American Academy of Child and Adolescent Psychiatry Practice Parameters (best available scientific evidence and clinical consensus for the assessment and treatment of children and adolescents)
    - American Psychiatric Association Practice Guidelines (evidence-based recommendations for the assessment and treatment of psychiatric disorders)
- Psychiatrists should be familiar with rules of evidence for the State of California, the nature of the Juvenile Court process, and relevant statutes.
- For all psychiatric evaluations, response style of the examinee and threats to validity should be assessed in the evaluation process and via review of collateral data.

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Work Product Submission Process

It is a requirement that providers submit treatment plans and evaluation reports only to Optum TERM at the following fax number: (877) 624-8376**.** Once the work product has completed quality review, Optum TERM will then forward the document to the referring party. The fax and telephone number for the client's PSW or PO must be included on all work products. If the referring PSW has changed, please call the CWS PSW Locator Number (858) 694-5191 to obtain the new PSW's telephone and fax number. Please also include a copy of the Therapy Referral Form when submitting Initial Treatment Plans for treatment that is not funded by CWS (e.g., Medi-Cal, Victims of Crime, private insurance).

Child Welfare Services Timelines

CWS Treatment Plans

- The due date for the Initial Treatment Plan is fourteen (14) calendar days from the initial authorization date.
- A Treatment Plan Update is due 12 weeks after the Initial Plan and every 12 weeks thereafter, for the duration of therapy
- A Discharge Summary is due on completion of treatment (regardless of number of sessions)

Payment for CWS Treatment Plans

Authorization and payment for a CWS Treatment Plan will be made only after the plan has been received by Optum TERM.

CWS Evaluations

The evaluator is required to submit his/her report within 30 days of receipt of the authorization for service and case-related documents from the PSW. An exception to the 30-day rule involves cases where a dependent child is temporarily detained in a residential center or juvenile hall. For these cases, CWS expects a written report within 10 business days of accepting the referral. Optum TERM will inform the prospective evaluator of this expectation when it applies. If the provider is unable to commit to the abbreviated timeline for these cases, the provider should not accept the referral. Schedules for submission of evaluation reports were developed to meet CWS and Court timelines. In the case of late reports, it is the provider's responsibility to inform the PSW and Optum TERM before the report is late and provide a reasonable explanation (e.g., the client didn't show up for scheduled appointments, client information and/or referral forms were not provided in a timely manner).

Payment for CWS Evaluations

Authorization and payment for CWS Evaluation will be made only after the evaluation report has been received by Optum TERM.

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Juvenile Probation Timelines

Adjudication Pending Evaluations

Evaluation reports for Adjudication Pending referrals should be submitted prior to the Court date or within eight (8) business days after the date of the referral, whichever comes first. Timely submission of the evaluation report is crucial for Court proceedings. If a provider cannot meet the deadline, the provider should not accept the referral.

Post-Disposition Evaluations

Evaluation reports for Post-Disposition referrals are due no more than 30 days from the date of assignment and receipt of case-related documents from the PO. Post-Disposition evaluations must be delivered to Optum TERM for review two (2) business days prior to the date due to the referring PO to allow a window of time for quality review.

In the case of late reports, it is the provider's responsibility to inform the PO and Optum TERM before a report is late and provide a reasonable explanation (e.g., the client didn't show up for scheduled appointments, client information forms were not provided in a timely manner). If the provider fails to meet the deadlines and hearings are delayed, juvenile wards can be detained in the facilities longer than necessary.

An evaluation ordered by the Court is not privileged during any stage of the proceedings. The following protocol is honored for all evaluations: The provider should receive a copy of the minute order, on which either the name of the child's defense attorney or the assigned office can be found (Public Defender or Alternate Public Defender). The provider must include this information on the first page of their report, along with the name, telephone and fax number for the PO. It is a requirement that the provider submit a copy of the evaluation report only to Optum TERM. After passing quality review, Optum TERM will forward the report to the client's attorney, and to the PO once the minute order has been received by Optum TERM.

The Probation Fiscal department will release payment only when Optum TERM notifies them that the evaluation report successfully passed quality review.

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Quality Improvement Program

Quality Review Process

All treatment plans and evaluation reports are subject to review by Optum clinical staff. The goal of the review process is the provision of reports to the Court that meet professional standards of practice and assist the Court with case planning. During the quality review process, work products are reviewed against quality standards outlined in this handbook.

CWS Treatment Plans

The reviewer ensures the guidelines for treatment described in chapter *CWS Treatment*, and treatment plan documentation requirements identified in chapter *CWS Treatment Plan Documentation Guidelines*, are followed. In addition, the following elements are also reviewed:

- Are safety threats and risk factors listed on the Therapy Referral Form being addressed?
- Are the goals specified by the PSW on the Therapy Referral Form being addressed?
- Are client's current functioning and strengths included, with supportive behavioral examples?
- Are the obstacles to treatment and progress addressed? Are the therapeutic interventions cited appropriate to clinical circumstances and consistent with professional standards of care?
- Are the treatment method(s) indicated appropriate for the goals and measures?
- Is progress related to the treatment goals, and is the reader provided with sufficient insight into how the case is progressing?
- Is the report written in language that is objective, unbiased, and consistent with the role of a TERM provider?
- Has a complete diagnosis been supplied, and do the diagnostic impressions appear consistent with the available case documentation?

CWS and Juvenile Probation Evaluation Reports

The quality review process ensures that the required format and elements of a psychological or psychiatric evaluation are adhered to in the report. The Optum TERM reviewer additionally determines if the report is completed in adherence with professional standards, meets the guidelines described in this handbook, and has internal consistency among the stated referral questions, tests administered, findings, diagnoses, and recommendations.

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Potential Quality Concerns

When there are questions about the documentation or when potential clinical concerns are identified on quality review, the Optum TERM reviewer may contact the provider by telephone or written correspondence (sent via mail or fax). The reviewer then discusses the specific concerns that were identified. If the provider concurs, the provider updates the documentation to address the concerns and forwards it to Optum TERM. The provider has the right to disagree with the Optum TERM reviewer and to decline to submit revisions; however, if the identified concerns cannot be resolved this may result in notification to the PSW or PO, and subsequently the Court, that the report did not pass quality review. In addition, at any time, Optum TERM may choose to implement the complaint process if there are significant concerns regarding the work product or if there are ongoing issues that cannot be resolved.

Please respond to staff requests for quality review consultation in a timely fashion so as to avoid missed deadlines or delays to Court proceedings. Updated documentation must be submitted within the timeframe specified by the Optum TERM reviewer. Revision timelines are developed to meet the needs of the referring agencies and Court. If there are extenuating circumstances that preclude meeting this expectation, this should be discussed with Optum TERM staff at the time of the consultation.

Complaints about TERM Providers

One of Optum TERM's responsibilities is to investigate complaints about TERM providers. Complaints can be submitted by any partner in the system (e.g., the Court, lawyers, clients, foster parents, CWS, Probation Department). A TERM Complaint Form is available on the Optum website under the Quick Reference tab, but completion of the Complaint Form is not required. When Optum TERM staff receive a complaint, a clinician is designated the lead in the investigation of the complaint. Once Optum 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 foster communication and clarity. Depending on the nature of the complaint, Optum TERM may request documentation from the complainant and the provider. Complaints are then reviewed by a committee of licensed clinicians who determine any recommended actions. Actions related to complaints could include, but are not limited to, the following: responding to inquiries by Optum TERM reviewers, meeting with Optum TERM staff, completing requested revisions to the evaluation report, fulfilling requirements for additional education, training, or consultation, adhering to a quality improvement plan, or being made temporarily unavailable to new referrals. Formal review by the Peer Review Committee or referral to the Credentialing Committee may also occur in relation to any significant quality of care issues. Per contractual agreement, Optum TERM panel providers are required to comply with quality improvement initiatives, including the quality review and complaint resolution processes.

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To assist with directing other concerns related to the TERM program, Optum maintains a listing of TERM partner points of contact. TERM Partner Complaint Contacts can be found on the Optum website under the Quick Reference tab.

Peer Review Committee

Optum Public Sector facilitates a Peer Review process. This process includes Optum Public Sector staff, network providers, and other professionals in the community. The Peer Review process reviews quality of care concerns regarding CWS-referred clients and Medi-Cal beneficiaries who received services from a TERM or Fee for Service provider. Providers may be requested to submit copies of treatment documentation, including clinical notes. This information is reviewed internally by the Optum Public Sector staff. Upon development of the case history, the clinical documentation is reviewed through the Peer Review process with all identifying client and provider information removed. Those involved with the Peer Review process may develop questions regarding treatment which will be relayed to the provider via a letter. In certain cases, information related to the quality of care may be referred to the Credentialing Committee for disciplinary action up to and including termination from the network.

Questions regarding provider responsibilities for quality improvement standards may be directed to Provider Services, (877) 824-8376, option 3.

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Translator Services

Child Welfare Services or Juvenile Probation Funded Services

From time to time providers may face the challenge of needing to conduct a collateral interview with non-English speaking caregivers. Child Welfare Services and Juvenile Probation will authorize interpreter services under these circumstances. Providers may request authorization directly through the referring Protective Services Worker or Probation Officer when there is a clinical need for these services.

Medi-Cal Funded Services

To request interpreter services for Medi-Cal beneficiaries, fax a completed *Interpreter Request Form* (located online on the Optum website under the FFS Providers Forms tab) to Optum two (2) days prior to the initial session. Optum staff will authorize the initial interpreter request and fax directly to the interpreter service provider.

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Payment Process

Optum is the Administrative Services Organization (ASO) contracted by the County of San Diego to administer payment on behalf of Child Welfare Services.

Child Welfare Services Claims

The following outlines the claims submission procedures for services reimbursed by Child Welfare Services:

Payment for a CWS Treatment Plan or Evaluation report will be made only after the work product has been received by Optum TERM.

All claims must be submitted using an original FORM CMS 1500. FORM CMS 1500 may be purchased at Staples or by calling (888) 212-7219.

Send claims to the following address:

CWS Payment Processing
P.O. Box 600340
San Diego, CA 92160-0340

The name on the first line of the W-9 form and the Tax Identification Number (TIN) must match exactly the information on file with the Internal Revenue Service (IRS).

Interns and licensed providers working with Agencies or Groups are responsible for ensuring submission of their affiliated agency's W-9 tax information.

Federal Tax Information

All Providers must have a current W-9 on file with Optum in order to be paid. Claims will not be paid without a W-9 on file.

If a Provider's tax information has changed or the provider would like to ensure Optum has the correct information, the provider should complete and mail a W-9 to Optum at the following address:

CWS Payment Processing
P.O. Box 600340
San Diego, CA 92160-0340

Fax: (619) 641-6979

The name on the first line of the W-9 form and the Tax Identification Number (TIN) must match exactly the information on file with the Internal Revenue Service (IRS).

Interns and licensed providers working with Agencies or Groups are responsible for ensuring submission of their affiliated agency's W-9 tax information.

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CPT Codes

The authorization letter indicates the CPT code for the authorized services. Billing must incorporate the CPT that is listed on the authorization letter. The CPT code submitted on a claim form and the amount of time a provider spends face to face with a client must match the amount of time associated with that CPT code in the provider's contract and fee schedule and the American Medical Association Current Procedural Terminology.

Claims Processing Procedures

All claims must be submitted within 60 days from the date of service. All claims will be processed within 30 days of receipt. Processed means paid, denied, or returned for correction.

A denied claim that has been corrected must be resubmitted within 45 days from the date of the Explanation of Benefits (EOB), but no later than four (4) months from the date of service.

All payments will be made based on the approved fee schedule in effect at the time services are rendered.

Claims will be denied if the following data elements on the FORM CMS 1500 are not complete:

Box 1a	Case Number/ HHSA CSW Number/State ID Number or Person Number
Box 2	Client's Name
Box 3	Client's Date of Birth and Gender
Box 5	Client's Complete Address
Box 12	Signature of Authorizing Party, or SOF (Signature on File)
Box 13	Signature of Authorizing Party, or SOF (Signature on File)
Box 21.1	Diagnosis using ICD-10, DSM-IV-TR, V Codes are acceptable
Box 24A	Date(s) of Services - (one (1) date of service per line)
Box 24B	Place of Service Code (office=11, home=12)
Box 24D	CPT Code for service rendered, including modifiers, if applicable
Box 24F	Charge(s) for the service(s) rendered
Box 25	Federal Tax ID Number of billing provider or "Pay To" Agency/Group (Social Security Number or Employee Identification Number [EIN])

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Box 31 Name of Rendering Provider (or designee) and Date

Box 32 Service Facility Location Information

Box 33 "Pay To" Provider's Name, Address and Telephone Number**

* Modifier Use: 24D

I - Services rendered or delivered by interns must include the modifier 'I' following the CPT Code.

L - If the service was provided in a language other than English, place an 'L' following the CPT Code. Please note that you must be authorized to provide the service.

** Interns and Providers working under an Agency or Group will submit "Pay to" information for the legal entity to which payment will be made (e.g., San Diego Outpatient Clinic). Box 25 and Box 33 on the FORM CMS 1500 must contain the Legal Entity's Tax ID, Name and Address, respectively.

*** Rendering Provider (or designee) must sign and date Box 31.

Overpayments

Overpayments may be offset against future claims payments. In such cases, the billing party will be notified of the action and given 30 days to appeal. Appeals should be submitted in writing with appropriate documentation to:

CWS Payment Processing – Appeals –
Attn.: Claims Manager
P.O. Box 600340
San Diego, CA 92160-0340

Should the Provider choose to return excess funds on his or own check, the check must be made payable to "County of San Diego" and mailed to the address below for documentation and routing purposes:

CWS Payment Processing
Attn.: Claims Manager
P.O. Box 600340
San Diego, CA 92160-0340

Billing Inquiries or Questions

Providers may submit specific questions regarding claims to Optum via phone (877) 824-8376, option 2 or fax (619) 641-6975, attention: CWS Payment Processing.

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Services Reimbursable by Medi-Cal

For services that are funded by Medi-Cal, please refer to the County of San Diego - Health and Human Services Agency - Mental Health Plan - *Fee-For-Service Individual Providers Operations Handbook* located on the Optum Public Sector website at: http://www.optumsandiego.com/.

Probation Claims Payment Process

For reimbursement by Probation Accounting, the Provider must submit a copy of each report to Optum TERM for quality review. Probation Accounting pays for a report only upon receiving authorization from the Court and confirmation from Optum TERM that the report has passed quality assurance review. Optum TERM advises Probation Accounting weekly as to which reports have been approved. For reimbursement, please submit billings shortly after the date of service and if possible within the same fiscal year (July through June) to:

San Diego County Probation Department
Attn: Accounting
P.O. Box 23597
San Diego, CA 92193-3597

Missed Appointments

Periodically clients who are authorized for evaluations will fail to attend their scheduled appointments. When this occurs, please notify the referring party. The provider may choose to re-schedule the client or to decline to proceed with the referral. If the provider decides not to re-schedule the client, he or she should clearly inform the referring Protective Services Worker or Probation Officer, and advise Optum TERM.

It is the County's policy not to reimburse for "no show" clients, and providers may not bill Medi-Cal or CWS funded clients directly for no-shows or late cancellations. Medi-Cal regulations and the provider agreement with Optum prohibit billing Medi-Cal beneficiaries for no-shows or late cancellations. For CWS funded clients, Section 6.2 Provision of Services, item (2) of the provider agreement with Optum prohibits billing clients or foster parents for no-show appointments or late cancellations.

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Relevant Resources

TOPIC	RESOURCE
Ethical Codes	
American Academy of Psychiatry and the Law Ethics Guidelines for the Practice of Forensic Psychiatry	http://www.aapl.org/docs/pdf/ETHICSGDLNS.pdf
American Psychiatric Association Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry	http://www.psychiatry.org/practice/ethics/resources-standards
American Psychological Association Ethical Principles of Psychologists and Code of Conduct (2010 Amendments)	http://www.apa.org/ethics/code/index.aspx
Association for the Treatment of Sexual Abusers Professional Code of Ethics	http://www.atsa.com/pdfs/COE.pdf
Code of Ethics for Marriage and Family Therapists	https://camft.org/images/PDFs/CodeOfEthics.pdf
Committee on Ethical Guidelines for Forensic Psychologists	http://www.apa.org/practice/guidelines/forensic-psychology.pdf
National Association of Social Workers Code of Ethics	https://www.socialworkers.org/About/Ethics/Code-of-Ethics

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TOPIC	RESOURCE
Laws and Regulations	
California Statutes and Regulations Relating to the Practice Of: Professional Clinical Counseling, Marriage and Family Therapy, Educational Psychology, and Clinical Social Work	http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf
Definitions of abuse and neglect	https://www.childwelfare.gov/pubPDFs/define.pdf
Mandatory reporting rules pertaining to child abuse and neglect	http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm
Rules of evidence for the State of California	http://expertpages.com/news/state_rules_of_evidence.htm
State of California laws and regulations relating to the practice of psychology	http://www.psychboard.ca.gov/
State of California laws governing the practice of medicine by physicians and surgeons	http://www.mbc.ca.gov/About_Us/Laws/laws_guide.pdf
Tarasoff Reporting Requirements	Tarasoff v. Regents of the University of California (1976), Ewing v. Goldstein (2004)

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TOPIC	RESOURCE
Practice Standards, Guidelines, and Resources	
American Academy of Child and Adolescent Psychiatry Practice Parameters (best available scientific evidence and clinical consensus for the assessment and treatment of children and adolescents)	https://www.aacap.org/aacap/resources_for_primary_care/practice_parameters_and_resource_centers/practice_parameters.aspx
American Psychological Association Division 37: Society for Child and Family Policy and Practice	http://www.apadivisions.org/division-37/index.aspx
American Psychological Association Division 41: American Psychology-Law Society	http://www.apadivisions.org/division-41/index.aspx
American Psychological Association Policy Statement on Evidence-Based Practice in Psychology	http://www.apa.org/practice/guidelines/evidence-based-statement.aspx
American Psychological Association: Forensic Specialty Guidelines	http://www.apa.org/practice/guidelines/forensic-psychology.aspx
American Psychological Association: APA Guidelines for Evaluation in Child Protection Matters	http://www.apa.org/practice/guidelines/child-protection.pdf
American Psychiatric Association Practice Guidelines plus related tools and resources (evidence-based recommendations for the assessment and treatment of psychiatric disorders)	http://psychiatryonline.org/guidelines.aspx
Association for the Treatment of Sexual Abusers	http://www.atsa.com/
Behavioral Health Education and Training Academy	http://theacademy.sdsu.edu/programs/BHETA/index.htm

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TOPIC	RESOURCE
Practice Standards, Guidelines, and Resources	
California Evidence-Based clearinghouse for Child Welfare	http://www.cebc4cw.org/
Center for Sex Offender Management	http://www.csom.org/index.html
National Association of State Fire Marshals Juvenile Firesetters Program	http://firemarshals.org/programs/juvenilefiresetterprogram.html
National Association of Social Workers Practice Standards	http://www.socialworkers.org/Practice/Practice-Standards-Guidelines
National Child Traumatic Stress Network	http://www.nctsn.org/
National Criminal Justice Reference Service	http://www.ncjrs.gov/app/topics/topic.aspx?Topicid=147
National Juvenile Defender Center	http://www.njdc.info/
Office of Juvenile Justice and Delinquency Prevention	http://www.ojjdp.gov/
The American Academy of Clinical Neuropsychology	http://www.theaacn.org/
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov/
US Fire Administration	http://www.usfa.fema.gov/

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List of Appendices

All appendices mentioned in this handbook are listed below and available at the Optum website www.optumsandiego.com under the TERM Manuals tab.

- Court Testimony in the Juvenile Court System
- CWS Form 04-176A Therapy Referral Form
- CWS Form 04-178 Request for TERM Appointed Evaluator
- CWS Treatment Plan Documentation Resources
- CWS Form 04-176/04-177 – Parent
- CWS Form 04-176/04-177 – Youth
- Delinquency System Legal Process
- Dependency System Legal Process
- Documentation Requirements
- Legal Issues Related to Therapy and Evaluations for CWS Cases
- Probation Psychiatric Evaluation Referral Form
- Probation Psychological Evaluation Referral Form
- Psychological Evaluation Procedures
- San Diego Juvenile Court Procedure to Obtain Authorization to Use or Disclose Protected Mental Health Information for Evaluations of Minor in Custody
- Serious Incident Report
- Specialized Optum TERM Panel Evaluations
- Superior Court of the State of California Order
- The Format and Required Elements of a Probation Psychiatric Evaluation
- The Format and Required Elements of a CWS Psychological Evaluation
- The Format and Required Elements of a Juvenile Mental Competency Evaluation
- The Format and Required Elements of a Probation Psychological Evaluation

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