TERM Newsletter

SPRING 2013

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TERM Manager's Message

Welcome to the Spring 2013 edition of the TERM Newsletter. This quarter we feature a spotlight on documentation within the forensic context, including Frequently Asked Questions on this topic and Clinical Resources to assist with TERM related documentation. Also included are:

- News and Updates, with a spotlight on National Child Abuse Prevention Month and the Crossover Youth Practice Model
- Updates from the TERM Advisory Board
- Upcoming local training opportunities

As always, we welcome your questions and any feedback you may have on how we can make these quarterly updates the most useful to your work.

News and Updates

APRIL IS CHILD ABUSE PREVENTION MONTH

In observance of National Child Abuse Prevention Month, we would like to highlight several resources centered on preventing child maltreatment, supporting families, and promoting recovery from experiences of abuse:

- Child Welfare Information Gateway has updated the Preventing Child Abuse & Neglect section of their website to include information on topics such as child and youth well-being, parent and caregiver well-being, parent engagement, and mental health support.
- Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2013 Resource Guide is a collaborative effort by numerous national organizations and has been refreshed with current statistics, protective factors that can help safeguard children from the risk of abuse, and tip sheets for parents in both English and Spanish.
- Working papers from the National Scientific Council on the Developing Child provides a review of the scientific literature on topics such as children's emotional development, the science of neglect, effects of early exposure to toxic substances, maternal depression, and how early experiences can affect long term development.

CROSSOVER YOUTH PRACTICE MODEL

Contributed by Charles Boright, Supervising Probation Officer

Casey Family Programs and the Center for Juvenile Justice Reform at the Georgetown University Public Policy Institute (C.J.J.R.) in Washington D.C. have partnered since 2007 to address the unique issues presented by children and youth who are known to both the child welfare and juvenile justice systems. These young people, often referred to as "crossover youth," move between the child welfare and juvenile justice systems, or are known to both concurrently. The work undertaken in this partnership has been designed to better address the issues these youth present and meet their needs. Based upon this cumulative and growing body of knowledge, C.J.J.R. developed a practice model that describes the specific practices that need to be in place within a jurisdiction in order to reduce the number of youth who crossover between the child welfare and juvenile justice systems. The Practice Model for Crossover Youth infuses into this work values and standards; evidenced based practices, policies and procedures, and quality assurance processes. It provides a template for how states/counties can immediately impact how they serve crossover youth and rapidly impact outcomes.

In early 2012, the San Diego County Health and Human Services/Child Welfare adopted this model and coordinated the project under the direction of Deputy Director Deborah Zanders-Willis. The Probation Department, DA, Public Defender, Educational Liaisons, CASA, Presiding Judge, Mental Health Services and local Police agencies attend meetings designed to assist with the implementation of the model. Once the Probation Department receives a referral, the Probation Officer will conduct a record check of the Child Welfare database to determine if the child has an open referral. If the youth has a Social Worker, the Probation Officer will make contact with the Social Worker for information sharing. The information sharing is designed to divert the youth from the juvenile justice system when appropriate. Some of these cases are misdemeanors or infraction offenses.

Child Welfare Services and the Probation Department began sharing their databases on December 7th of 2012 but have been sharing data in preparation for this project since July of 2012. In January of 2013, the Probation Department and Child Welfare Services began collecting and analyzing data for a one year "snapshot." The data collection for the month of January identified sixteen youths that crossed over, the month of February showed fourteen, and the month of March showed seventeen.

DOMESTIC VIOLENCE RESOURCE GUIDE

The San Diego Regional Guide to Domestic Violence Resources provides valuable information on local resources for clients affected by Domestic Violence and treatment providers, including shelters, 24 hour hotlines, Spanish speaking agencies, military resources, children's resources, safety planning, jail notification system, and restraining orders. Please click on the link above to access the resource guide.

CHANGES TO THE MEDI-CAL NETWORK

Effective January 1, 2013, the following two changes were made by the County of San Diego:

- MFT's and LCSW's will be able to be authorized to treat adult Medi-Cal beneficiaries. This is a significant change in policy and we are excited that this allows a broader panel of providers to work with the Medi-Cal clients.
- MFT's and LCSW's are no longer required to be contracted to treat Child Welfare Services (CWS) clients through the TERM network as a component of being contracted to the Medi-Cal panel.

If you are currently a provider on both networks and would like to only be on the Medi-Cal panel, please contact Provider Services at 800-798-2254, option 7 to modify your existing profile. We encourage you to continue with any existing clients for continuity of care.

OBTAINING MEDI-CAL AUTHORIZATIONS

Effective January 1, 2013 both the Initial Authorization Request Form and the Psychological/ Neuropsychological Testing Request Form were updated to reflect the new CPT codes. To ensure that you receive authorizations as quickly as possible, please use the most up to date version of these forms when requesting authorizations. Using an old form with out of date CPT codes will delay the receipt of your authorization letter. Blank copies of the updated forms may be accessed by going to our website at www.optumhealthsandiego.com, highlighting County Staff & Providers, selecting Fee for Service Providers, and then the Forms tab. If you have any questions or need assistance in completing the forms, please contact our Clinical Support Services Team at 800-798-2254, Option 5.

JUVENILE PROBATION UPDATES

- **Probation Evaluation Referral Process**: Several evaluators have expressed concern about the frequency with which their names are coming up in the referral rotation. We want to assure you that we have verified with the Juvenile Court Manager that the established referral protocol is being followed, and there has also been extensive testing of the algorithm used in the referral database with no indication of bias found. It is important to understand that all Pre-Adjudication referrals (which comprise the majority of cases) entail a rank ordering process by minor's counsel, and a copy of the Court Protocol for Pre-Adjudication Evaluations was distributed to evaluators for reference in February. We are continuing to work closely with our Court and Probation partners to monitor these concerns.
- **Referral Questions**: Based on evaluator feedback, efforts are underway to update and streamline the evaluation referral questions. A draft of the proposed questions was distributed to evaluators in February, and is currently under review by Juvenile Court.
- **Access to HHSA Records**: The Office of the Public Defender and HHSA have been coordinating so that the records maintained by Child Welfare Services are being shared with the child's defense attorney any time a child is arrested and detained in Juvenile Hall. This means that Probation evaluators can quickly access any records maintained on youth by calling the child's attorney and requesting this important background information.

SUPPORTING TIMELY ACCESS TO CARE

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

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

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

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

RECEIPT OF BACKGROUND RECORDS FOR CWS REFERRALS

If you have not received the client's background records within 7 working days of receiving a CWS therapy or evaluation referral, please follow up directly with the client's PSW. CWS leadership also encourage you to include the Protective Services Supervisor (PSS) in your communication, and you may also loop in CWS Staff Psychologist Sara Maltzman, Ph.D. at sara.maltzman@sdcounty.ca.gov. For assistance in locating the client's current PSW or PSS, you may contact the PSW Locator number at 858-694-5191.

OPTUM COMMUNITY SUPPORT

- **Optum Takes Action to Support People Affected by Boston Explosions**: Optum is offering a free emotional support help line for people affected by the recent explosions in Boston. The toll-free help line, 866-342-6892, will be open 24 hours a day, seven days a week, for as long as necessary. The service is free of charge and open to anyone. Specially trained Optum mental health specialists help people manage their stress and anxiety so they can continue to address their everyday needs.

- **OptumHealth Sponsors San Diego NAMI Walk 2013**: On Saturday April 13, 2013 over 220 Optum employees walked together to raise awareness and support for those affected by mental illness.

Best Practices: Documentation in the Forensic Context

As a TERM provider, you play a valuable role in the team effort to reduce the risk of abuse and neglect in families involved with Child Welfare Services and the risk of recidivism for youth involved in the delinquency system. In developing TERM treatment plans and evaluation reports, please keep in mind that different standards of documentation apply due to the forensic context and high risk nature of the clinical work. It is important to note that the primary consumers of TERM documentation are non-clinical professionals (e.g, attorneys, judges, Probation Officers, Protective Services Workers). A readable report will help these parties to understand mental health findings and to use the information in case decision making.

Because of the potential impact on legal proceedings and family reunification, documentation must accurately and clearly describe the treatment rendered and the client's progress toward reaching treatment goals; diagnostic impressions, conclusions and recommendations should be adequately supported by objective data, and the logic behind clinical opinions should be transparent to the reader. A standardized reporting format is required for all TERM treatment and evaluation reports in order to improve the readability of documentation, and providers are likely to be most helpful by using behavioral descriptions and avoiding (or defining) clinical jargon. It is also important to avoid information "over–kill" or "under-kill" by striving for a balance between comprehensiveness and efficiency.

Effective documentation is essential not only to ensure adequate communication with other involved professionals, but also facilitates quality care for the client and affords protection to the provider. All documentation is expected to meet standards of practice outlined by the professional groups with which TERM providers are affiliated, e.g., the American Psychological Association, National Association of Social Workers, and the California Association of Marriage and Family Therapists and should meet the minimum requirements outlined in the TERM Provider Handbook. Additional standards and guidelines that provide guidance for practice and documentation within the forensic context include:

- TERM Treatment Plan Documentation Guidelines, a collection of resources pertaining to treatment plan documentation, developed in order to assist TERM therapists in providing treatment plans which offer sufficient information for the referring agency and the Court to evaluate the client's treatment progress. Included are detailed instructions for completing the CWS Treatment Plan form, sample plans, examples of treatment goals and objectives for different protective and clinical issues, a quality assurance checklist, examples of clear documentation of progress, and guidelines for safety plan documentation.
- Standards for Educational and Psychological Testing (1999), developed jointly by the American Educational Research Association, American Psychological Association, and National Council on Measurement in Education (currently under revision).
- Specialty Guidelines for Forensic Psychologists (2011), prepared by the American Psychology-Law Society.
- American Psychological Association Guidelines for Psychological Evaluations in Child Protection Matters (2011).

Clinical Resources

FORENSIC REPORT CHECKLIST

Given the importance of TERM psychological evaluation reports in Juvenile Court decision making, we would like to share a brief checklist for forensic report writing developed by Philip Witt (2010). Development of the checklist was guided by Thomas Grisso's (2010) inventory of common documentation "problems" encountered in a national sample of forensic evaluation reports. Recent work in other areas (e.g., medicine) has shown that the use of a simple checklist can reduce errors, and Witt notes that "the integration of observations, review of records, information from third-party sources, psychological testing, and statute or case law into a coherent forensic report– frequently written under pressure– seems exactly the sort of complex task for which a checklist is well suited." Reproduced here with permission from the author is a Forensic Report Checklist, which is intended to help evaluators conduct quality assurance of their own report writing:

- ◊ Forensic referral question stated clearly
- ◊ Report organized coherently
- ◊ Jargon eliminated
- ◊ Only data relevant to forensic opinion included
- ◊ Observations separated from inferences
- ◊ Multiple sources of data considered, if possible
- ◊ Psychological tests used appropriately
- ◊ Alternative hypotheses considered
- ◊ Opinions supported by data
- ◊ Connection between data and opinions made clear

References:

- Grisso, T. (2010). Guidance for improving forensic reports: A review of common errors. *Open Access Journal of Forensic Psychology*, 2, 102-115.
- Witt, P.H. (2010). Forensic report checklist. *Open Access Journal of Forensic Psychology*, 2, 233-240.

TREATMENT PLANNER SERIES

The Jongsma treatment planner series offers a time-saving resource for treatment plan documentation, including sample long-term goals and short-term behavioral objectives as well as therapeutic interventions for a variety of DSM diagnoses and presenting problems. There are many planners in the series that may be helpful for goal development and documentation in CWS treatment planning, including Child and Adolescent Psychotherapy, Sexual Abuse Victim and Sexual Offender, Juvenile Justice and Residential Care, Parenting Skills, Family Therapy, and Severe and Persistent Mental Illness. For more information, please visit: http://www.practiceplanners.wiley.com/

Featured FAQs

The following are some common questions that are asked about TERM documentation:

Q: What should be written in the method section of each goal in the treatment plan?
A: In the method section, document the treatment approach utilized to accomplish each specific goal; for instance, Cognitive Behavioral Therapy, Solution Focused Therapy, or Motivational Interviewing. It is not helpful to document only the modality (e.g., Individual Therapy, Talk Therapy) or therapeutic tools (e.g., XYZ Handout, Worksheets on XYZ) as these do not offer sufficient information about the clinical process.

Q: How is coordination of care documented on the treatment plan?
A: It is expected that providers will coordinate care with the referring agency, as well as with other professionals involved in the client's case with appropriate releases in place. 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. Most providers use section 7 (Additional Comments), however coordination of care can be documented anywhere in the treatment plan where it may be relevant.

Q: Where in the treatment plan do I provide details of a client's discharge?
A: The best place to document the reasons for discharge would be in section 7 (Additional Comments), although anywhere in the plan is sufficient. Indicate if goals were met by updating the "Target Date or Met Date" section. For goals that were not met, it is helpful to include a description of any barriers that precluded successful completion. It is also helpful to document communication with the PSW regarding the discharge, including the date the PSW was notified.

Q: If a client discharges before the Initial Treatment Plan is due, what needs to be documented?
A: Discharge reports are required for all cases regardless of whether treatment ended prematurely or due to successful completion of goals. If the client discharges before the Initial Treatment Plan is due, please select the Discharge Summary box at the top of the treatment plan form and clearly identify on the treatment plan 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 termination, and any relevant clinical information obtained during initial sessions. Goals and measures are not required.

Q: What information can be disclosed in the treatment plan without specific consent?
A: For court-ordered cases, disclosure by the therapist of matters that reasonably assist the court in evaluating whether further orders are necessary for the minor's benefit and preserves the confidentiality of the details of therapy are permitted. Case Law states: "The communications are privileged as well as details of the therapy, but the privilege does not preclude the therapist from giving circumstantial information to accomplish the information-gathering goal of therapy" *(In re Kristine W. (2001) 94 Cal. App. 4Th 521*).

Featured FAQs (Continued)

Q: Since a behavioral reporting format is required, how do I document treatment goals and progress from other theoretical approaches?

A: Treatment methods should be evidence-informed and selected to maximize the client's ability to address the protective issues and mitigate risk. The goals and measures should be reflective of the treatment approach being utilized. Below are two examples of how goals and measures can be framed using language that is consistent with two different theoretical approaches:

Cognitive Behavioral

Goal: Reduce Domestic Violence Risk

Measure/Behavior:

1. Client will be able to identify at least 2 of her thoughts, feelings, and behaviors during each stage of the cycle of violence.
2. Client will identify a safety plan, that includes 5 warning signs domestic violence may occur and 5 safety skills to implement.
3. Client will identify and reframe at least 2 maladaptive thoughts about herself and 2 maladaptive thoughts about her relationship.

Progress:

1. Stage 1 – Tension Building: Thoughts – Afraid of being alone, scared to provoke spouse; Behaviors –Try to make everything perfect, isolate from others; Stages 2 (Abusive Incident) and 3 (Honeymoon Period) not addressed this reporting period.
2. Warning signs – Identified 2, spouse is moody and easily angered; argue over little things; Safety skills – Identified 3 skills: follow restraining order and do not contact spouse; store documents in a secure place; train the kids what to do if they are feeling unsafe, including how to let me know and where our safe place is.
3. Maladaptive thoughts about self – reframed thought that no one would want her to more adaptive thought that focusing on herself and her kids is making her feel better than ever; reframed thought that getting the kids removed is her fault to more adaptive thought that she is learning to make better choices and she and the kids are getting the help they need; Maladaptive thoughts about relationship–not addressed this reporting period.

Solution-Focused & Motivational Interviewing

Goal: Increase protective skills

Measure/Behavior:

1. Client will identify 5 things that need to happen in order to make sure his child is safe in the future.
2. Client will identify 5 costs of being involved in the system and 5 benefits of meeting protective goals.
3. Client will identify 5 protective capacities he possesses that will be built on in therapy.

Progress:

1. Identified 3 safety measures this reporting period: He will only interact with sober people; he will make sure his home is clean and child-proofing devices are in place; he is exploring age-appropriate discipline in treatment.
2. Client identified 5 costs of being in the system – his child was removed from the home; his child was hurt and scared; he is separated from his wife; he is experiencing sadness and loss over his situation; feeling judged by other people for being in the system; Client identified 2 benefits of protective goals – he is improving bond with daughter; he is learning to be a better parent through learning parenting skills.
3. Client identified 4 protective capacities to build on—has remained clean and sober for 2 years; he is employed and provides his child with health insurance; he is motivated to reunify with his daughter; he is working to expand his safety network.

Featured FAQs (Continued)

Q: Is it necessary to include a diagnosis in Juvenile Competency evaluation reports?

A: Since the evaluation requires assessment of whether the minor suffers from a mental disorder, developmental disability, developmental immaturity or other conditions which may impair competency, we do recommend that a section for diagnostic impressions be included. As a thorough differential diagnosis isn't the primary focus of the evaluation, evaluators can use the "by history" specifier or provisional diagnoses as appropriate/applicable. We are hoping to work with our partners in the near future to develop a Mental Competency reporting template as a point of reference for Probation evaluators.

Q: When conducting Family Code 7827 evaluations for Child Welfare Services, where can the evaluator find the date by which the parent must demonstrate substantial progress in services?
A: As a reminder, for Family Code 7827 evaluations (referral question #1 on the *Request for TERM-Appointed Evaluator* form) the evaluation must address the basic question which is whether the parent can benefit from services to safely parent within 12 or 6 months (if child is under 3 years of age). Please reference the first page of the *Request for TERM-Appointed Evaluator* form for the case-specific date on which this time period ends. It is important that the evaluator speaks to this specific date when responding to referral questions, as the client may already be several months into the reunification process at the time of referral for evaluation.

Q: What should I do if I receive a Probation evaluation referral, but don't receive any referral questions?
A: Evaluators are expected to obtain clarity on specific referral questions prior to evaluating youth. If you do not receive referral questions, please contact the referral source for clarification. Obtaining case-specific referral questions is crucial to guiding an appropriate testing battery and providing meaningful evaluation recommendations.

Q: For Medi-Cal funded CWS psychological evaluations, when do I need to submit the completed Psychological and Neuropsychological Testing Request form?
A: Providers are expected to submit the Psychological and Neuropsychological Testing Request Form on receipt of the referral. Psychological testing for clients who are Medi-Cal beneficiaries requires authorization prior to the evaluation.

TERM Advisory Board Updates

The TERM Advisory Board meets monthly to provide professional input regarding the performance of the system and its policies, procedures, and protocols. The Advisory Board is comprised of representatives from the major mental health disciplines' local professional organizations, TERM providers, and the following County divisions and contracted entities: HHSA Behavioral Health/Children's Mental Health; HHSA Behavioral Health/Adult Mental Health or Alcohol and Drug Services; Child Welfare Services; Probation Department; Juvenile Court; County Counsel; Dependency Legal Group; Public Defender Juvenile Delinquency Branch; and District Attorney. Providers are currently represented on the Board by:

- Christopher Carstens, Ph.D., for psychologist evaluators
  Chris.carstens@outlook.com
- Roberto Weiss, MFT, for masters level therapists and clinical supervisors
  R.weiss@motivaassociates.com
- Martha Ingham, Ph.D., for the San Diego Psychological Association
  drmarthaingham@gmail.com

Advisory Board member responsibilities include assessing key TERM statistics, reviewing and contributing to TERM publications, advising TERM on how to best meet stakeholder needs, keeping the TERM program on track in meeting its mission, acting as a liaison to their represented constituencies, and providing recommendations for system improvement. Topics of discussion this past quarter have included:

- Assessing the Probation evaluation referral process
- Streamlining Probation evaluation referral questions
- Evaluating the CWS authorization process
- Developing a process for streamlining releases of information and facilitating access to institutional records for TERM evaluators
- Assessing options for accessing interpreter services for TERM evaluators
- Evaluating provider concerns about role boundaries

For transparency, we will continue to provide a summary of key discussion points in the Advisory Board section of each of the quarterly TERM Newsletters. Please also feel free to contact any of the provider representatives with your ideas or suggestions, to provide consumer feedback, or for additional updates from the Advisory Board meetings.

Training Opportunities

- The Children's System of Care Training Academy presents Improving Self Control and Emotional Self-Regulation Among Children and Youth on May 2, 2013 from 8:30 am –12:30 pm. The training is free of charge and will offer 4 hours of CEUs for MFTs/LCSWs. For additional information and registration, please visit http://theacademy.sdsu.edu/programs/BHETA/flyers/CSOC_Self_Reg_Flyer.pdf .
- The San Diego Psychological Association is holding their Spring Conference on May 3, 2013. For additional information and registration, please visit www.sdpsych.org/calendar.cfm .
- Free CEs are offered through the National Child Traumatic Stress Network Learning Center for Child and Adolescent Trauma. To search the course catalogue, please visit the website at http://learn.nctsn.org/ . Once you establish an online account you will be able to enroll in a variety of webinars.
- In conjunction with Pearson, MMPI-2-RF co-author Dr. Yossef Ben-Porath has developed online training modules in which you can earn up to 4 APA CE credits. To order the free training CD, please click here. There is a small fee to access the optional CE program.
- Free online training is offered by the Child Abuse Mandated Reporter Training Project at http://www.mandatedreporterca.com/ The goal of the training is for mandated child abuse reporters to carry out their responsibilities properly.
- BHETA offers free training to providers who contract with County Mental Health. Free CEUs are offered to LCSWs and MFTs. If you take the courses, please list OptumHealth in the "company code" field when you create a BHETA account online. The website has more details on how to create an account and eligibility http://theacademy.sdsu.edu/programs/BHETA/lms_login.htm.
- A free online training course in Trauma-Focused Cognitive Behavioral Therapy is offered by the Medical University of South Carolina through TF-CBT Web at http://tfcbt.musc.edu/. Up to 10 units of CE credits are offered for some disciplines.

TERM Welcomes New Staff Member

We are pleased to welcome Tawnee Russell, LMFT as the newest addition to the TERM clinical staff. Tawnee will be assisting with quality assurance reviews of CWS treatment plans, and her office hours are Monday through Friday from 7:30 am to 4:00 pm. Tawnee completed her Masters Degree at Pepperdine University and has worked as a Care Advocate in the Utilization Management department of OptumHealth Public Sector since November 2011. Tawnee also brings to the position eight years of experience working with youth in the dependency and delinquency systems.

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To contact OptumHealth TERM staff:

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

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

Option 2: Claims Department (Billing, claims questions)

Option 3: Provider Services (Contracting questions)

Option 4: TERM Clinical Team (Clinical questions)

FAX # 1-877-624-8376

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