

Grievance Procedures for Youth and Families Receiving Services from TERM Network Providers

Clients referred by San Diego County Child and Family Well-Being (CFWB) and San Diego County Juvenile Probation for mental health evaluations, and clients referred by CFWB for mental health treatment, receive services through the Optum Treatment and Evaluation Resource Management (TERM) network of providers. As a client, you have the right to receive these services from a qualified mental health provider. You also have the right to express your concerns if something goes wrong with your care—for example, you are dissatisfied with your treatment or feel you were treated disrespectfully.

WHAT ARE GRIEVANCES?

Grievances are an expression of dissatisfaction with services. By submitting a grievance, you can request review of your concerns about the mental health care you are receiving.

WAYS TO RESOLVE YOUR PROBLEM

If you have a concern with the services you are receiving from a TERM network provider, the easiest and quickest way to resolve things is often to speak directly with your provider or with your CFWB Protective Services Worker or Probation Officer. You can also use the Optum TERM Complaint Resolution Process to help resolve your concerns by filing a grievance.

HOW CAN I FILE?

- In writing – Fill in the [TERM Provider Complaint Form for Youth and Families](#) that is available on the Optum website at www.optumsandiego.com (once on the website, hover over the BHS Provider Resources, click on TERM Providers, and then select the Grievances tab). Directions on how to fax or mail the form to Optum are included on the form.
- By phone – For assistance, please call 1-877-824-8376, Option 1.

YOUR RIGHTS IN THE PROCESS

- To be free from discrimination or penalty because of filing the grievance
- To have your confidentiality protected
- To be treated with dignity and respect, in a language you can understand

HELP WITH THE PROCESS

For assistance with filing a grievance about mental health services by a TERM network provider, please call 1-877-824-8376, and select Option 1.



MEDI-CAL BENEFICIARIES

If you are a Medi-Cal beneficiary, you may also want to contact the Consumer Center for Health Education and Advocacy (CCEHA), a program run by the Legal Aid Society of San Diego, Inc.

Address: 1764 San Diego Avenue, Suite 200

Tel (toll-free): 877-734-3258

TTY: 877-735-2929

Website: www.lassd.org

CCEHA is available to help with the following Consumer Rights*:

- Get services from qualified professionals
- Have information about you kept confidential
- Get information about your care and services, including choices
- Be involved in making decisions about your care and services
- Be treated fairly and have your rights protected
- Make a complaint or grievance about your services without fear of retaliation
- File an appeal if your services are denied, reduced or stopped

* Downloaded from LASSD website 4/24/24

<https://www.lassd.org/cchea-brochure/>

OTHER CASE CONCERNS

If you are a youth or family member with a concern about a social worker or other case concerns, please contact the supervisor/manager first. If further assistance is needed, you can call the County of San Diego Health and Human Services Agency Child and Family Well-Being **Office of the Ombudsman at 619-338-2098**.

The Office of the Ombudsman:

- Researches policies and procedures to assist in resolving complaints
- Registers and monitors complaints regarding Child and Family Well-Being
- Conducts internal reviews of complaints regarding policy, procedures, and social work practice
- Facilitates complaint resolution in an impartial, objective manner
- Elevates findings and recommendations to management to ensure that policies and practices meet State and Federal laws, and are consistent with the mission and goals of Child and Family Well-Being
- Provides information and answers questions regarding CFWB, and provides resource information about non-CFWB agencies and/or services.

**TERM PROVIDER COMPLAINT FORM
FOR USE BY YOUTH AND THEIR FAMILIES
WHEN RECEIVING SERVICES BY TERM PROVIDERS***

Please fill out this form. It can be typed or handwritten. This form is not required to file a complaint. The more information you can provide, the easier it will be to investigate and resolve the complaint quickly. Optum TERM staff may call you for more information. The final decision regarding this complaint will be shared with you, but the details will be kept private.

Please send the completed form to Optum TERM:

Fax: 877-624-8376

Mailing Address: Optum TERM, PO Box 601340, San Diego, CA 92160-1340

NOTE: Professional partners and stakeholders have a separate complaint form. If you are CFWB staff, please refer to the CFWB Policy Manual for directions on filing a TERM provider complaint.

INFORMATION ABOUT YOU

Name: _____ **Phone number (with area code):** _____

E-mail address: _____

Mailing address: _____

Your relationship to the Client:

I am the client who received services. I am a (check one): Youth Parent

I am the biological parent of a youth who received the services that I have concerns about.

I am the caregiver of a youth who received the services that I have concerns about.

I am a Relative Non-related, extended family member Foster parent

Name of the Child and Family Well-Being social worker or Juvenile Probation Officer for this case: _____

INFORMATION ABOUT CLIENT

Client's name: _____

Date of birth: _____

Therapy or evaluation services were part of a (check one or both):

CFWB case Juvenile Probation case

INFORMATION ABOUT PROVIDER

Provider's name: _____

Phone number: _____

Agency (if provider worked in an organization): _____

The concerns are about a (check one or both):

Therapist Evaluator who did a psychological evaluation

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NOTE: This form will be shared with the provider. Services for you or your family will NOT be affected if you file a complaint. If you are concerned about negative consequences, you may contact the CFWB social worker or the Juvenile Probation Officer.

Explain your concerns about the services that were received (add additional pages if needed):

NOTE: You do not have to try and resolve the concerns with the provider before filing a complaint. However, it is helpful to know if you have tried to discuss these issues.

Have you spoken to the provider about these concerns? Yes No

If “Yes”, provide the date(s) of contact:

Describe what you told the provider regarding your concerns and the provider’s response:

Describe any documentation you have that can help explain your concerns:

Do you think that Optum TERM already has this document? Yes No

If “No”, please submit the documentation with this form.

If you cannot share this information, explain why:

Please provide the name(s) and phone number(s) of other people (treatment providers, family members, professional partners) that are willing to share additional information with Optum TERM.

Name of person: _____ **Phone number:** _____

Name of person: _____ **Phone number:** _____

Your Name (please write clearly): _____

Your Signature: _____

Date: _____

You will receive notice within three working days confirming that Optum TERM received the complaint.