# TERM Provider Handbook

**Edition January 2026**

**optumsandiego.com**

Funding for services is provided by the County of San Diego Health and Human Services Agency.
Optum gratefully acknowledges the collaboration of County of San Diego HHSA Child and Family Well Being Department, Dependency Court County Counsel, San Diego Probation Department, Dependency Legal Services, Children's Legal Services, and San Diego HHSA Behavioral Health Services in the preparation of the TERM Provider Handbook.

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# Important Updates to TERM Provider Handbook

Dear TERM Provider:

The TERM Provider Handbook has been revised to include relevant updates to Optum TERM policies and practices as of January 2026. When reviewing the handbook, please pay close attention to the following:

- **Updated Release of Information Protocol:** The previous standing order from the Superior Court of CA Authorizing Optum to Disclose Therapy Treatment Plans and Evaluations of Children, Parents, and Guardians Receiving Services from HHSA to HHSA CWS Representatives has been vacated. The current process is that CFWB Protective Services Workers are required to ensure that a signed Form 04-29 Authorization to Use or Disclose Protected Health Information- Single Providers (ROI) is in place with the provider to allow for the exchange of confidential information. This includes the ability to discuss treatment needs, ongoing progress, and other relevant clinical details necessary to support the care and coordination of services for the client. Providers may request a copy from the client's Protective Services Worker and should also obtain their own release of information from their clients to release information to CFWB and Optum TERM.

- **Updated Guidance Regarding Audio Only Telehealth Treatment**: The handbook and online resource TERM Therapy Provider Telehealth Best Practices have been updated to reflect recent changes in Medi-Cal guidelines regarding accommodating client preferences for audio only sessions balanced with best practice guidelines for CFWB involved clients.

- **Updated Intern Standards for Treatment and Evaluation Referrals and Authorizations:** Updated standards can be found at optumsandiego.com > Join the Provider Network button > Interns, attached to the Optum Intern Application Packet.

- **Updated Information for Evaluators Regarding Referral and Authorization Process and No-Show Consideration Fee:** Referring parties from the dependency and juvenile justice system have approved a no-show consideration fee for TERM evaluators accepting referrals through the TERM process in recognition of the amount of time reserved for an evaluation appointment and potential financial impact when a client does not show for the scheduled appointment. The consideration fee is applicable only once to the assigned evaluator per client, and evaluators are expected to make a good faith effort to re-schedule clients.

- **Removed References to Group Therapy Reports Not Submitted to Optum:** As of January 2025, all TERM individual and group therapy treatment plans are to be submitted to Optum TERM for tracking purposes. TERM continues to provide quality oversight only to individual and conjoint therapy reports, and Intimate Partner Violence (IPV) Victim and Child Sexual Abuse Non-Protecting Parent (NPP) Group therapy reports. Information was also updated related to reimbursement guidelines for unscheduled treatment progress reports.

- **Updated Guidance on the Role of the Therapist/Scope of Practice in CFWB Treatment**: Best practice guidelines for the role of a TERM provider in disclosing sensitive case information to clients were added in alignment with guidance set forth in CFWB's mental health policy.

- **Updated Guidance on In-Home Treatment for Clients**: Expanded the definition of In-Home Treatment to include all Community Based Treatment Locations based on the TERM provider's assessment for clinical appropriateness, and how to communicate and document alternative setting locations.

- **Updated Reauthorization Process:** Updated guidance was added to reflect that individual and conjoint therapy can be reauthorized at weekly or biweekly sessions based on the PSW's request.

- **Updated Guidance on Referral and Authorization Process for Medi-Cal Funded Cases:** Medi-Cal funded cases are now automatically authorized for Targeted Case Management and Team Meeting units at the time of authorization and providers do not need to request these additional units through the outpatient authorization request process. The process of notifying providers of authorization determinations for Medi-Cal funded cases

has also been updated; for continuing authorizations, providers will receive the Medi-Cal authorization letter within fourteen (14) days of receipt or denial paperwork within three (3) days of denial.

- **Updated Guidance on Treatment Plan Documentation Requirements:** CFWB has implemented changes to their Therapy Referral Forms and Treatment Plan Form for Children and Parents. Updated guidance was added to align with the current documentation standards for the new forms.

- **Updated Guidance on Probation Reports and Services:** The handbook was updated to reflect current procedures for how providers can access interpreter services, request reimbursement for court testimony, and obtain payment for report addendums for Probation referred clients. Updated information pertaining to referrals for in-custody evaluations has also been included.

- **Shift from Serious Incident Reporting to Critical Incident Reporting:** The handbook was updated to reflect new language and guidelines regarding critical incident reporting requirements.

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,

Optum TERM

# Directory

| **Optum Public Sector San Diego Contact Information** | | |
|---|---|---|
| Optum TERM Provider Line<br><br>• CFWB Authorizations/TERM Clinical Staff<br>• CFWB Claims/Billing Questions<br>• Provider Services | P: (877) 824-8376<br>F: (877) 624-8376<br><br>Press 1<br>Press 2<br>Press 3 | Website:<br>TERM Providers |
| Medi-Cal Provider Line | P: (800) 798-2254 | |
| Access and Crisis Line | P: (888) 724-7240 | |
| Optum Provider Services | F: (877) 824-8376, Option 3 | E-mail:<br>sdu_providerserviceshelp@optum.com |
| Optum Help Desk | P: (800) 834-3792 | |
| Optum MIS/Finance | F: (619) 641-6729 | |
| Billing Address | CFWB Payment Processing<br>P.O. Box 600340<br>San Diego, CA 92160-0340 | |

| **Child and Family Well-Being** | |
|---|---|
| Child Abuse Hotline | (800) 344-6000 |
| PSW Locator Number | (858) 514-6995<br>*A passcode is required, please contact TERM at (877) 824-8376, Option 1 to obtain. |
| Polinsky Center for Children | (858) 514-4600 |
| Adoptions Unit | (877) 423-6788 |
| Foster Home Licensing | (877) 792-KIDS (5437) |
| Names and telephone numbers of PSWs, PSSs and Managers may also be obtained by logging into the secure provider portal at optumsandiego.com > TERM Providers > Contact Lists > Optum San Diego Provider Registration Instructions | |
| **Juvenile Probation** | |
| General Information | (858) 694-4600 |
| To identify a P.O. for a case | (858) 694-4600 |
| East Mesa Juvenile Detention Facility | (619) 671-4400 |

| | |
|---|---|
| Probation Accounting | Edna Cowgill<br>(858) 514-3247<br>Email: edna.cowgill@sdcounty.ca.gov<br><br>Maria Romero<br>(858) 514-3182<br>Email: maria.romero2@sdcounty.ca.gov |
| Billing Address | P.O. Box 23596<br>San Diego, CA 92193-3596 |
| **Juvenile Court** | |
| Administration | (858) 634-1609 |
| **Public Defender's Office** | |
| Primary Public Defender's Office – Juvenile Justice Branch | (858) 974-5757 |
| Alternate Public Defender's Office | (858) 974-5818 |
| Office of Assigned Counsel | (619) 338-4800 |
| **Dependency Legal Services** | |
| DLS 1 Law Office | (619) 398-2726 |
| DLS 2 Law Office | (619) 398-2727 |
| DLS Administrative & Conflict Office | (619) 398-2725 |
| **Children's Legal Services** | |
| CLSSD Main Line | (858) 221-0404 |
| **County Behavioral Health Services** | |
| Contract Monitor for TERM | (619) 957-4708 |
| SD County Behavioral Health website | Behavioral Health Services |
| **Adult Probation Services** | |
| San Diego County Adult Probation Certification Officer<br>Maria "Gina" Llamas | (619) 515-8238 |

# 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 2018, the Children's System of Care Council reviewed the principles 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:** Wellness for children, youth and families throughout their lifespan.

**Council Mission:** Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

**Council Principles:**

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.
3. **Child, Youth, and Family driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth and families.
5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families, and their community.
6. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.

9. **Trauma Informed:** Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.

10. **Persistence:** Goals are achieved through action, coordination, and perseverance regardless of challenges and barriers.

For more information regarding the CSOC Principles and the Child, Youth and Family (CYF) Services Framework, please visit the San Diego County Behavioral Health Services website: Children, Youth and Families System of Care.

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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 and Family Well Being Department (CFWB) 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 and Family Well Being Department.

**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 and families in the dependency and juvenile justice 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 juvenile justice cases
- Select psychologists and psychiatrists on a rotating basis to perform formal evaluations that are ordered by the Juvenile Court or requested by CFWB 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, and cultural and language needs
- Conduct ongoing quality review of therapy treatment plans and evaluation reports prepared for CFWB 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.

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 the County of San Diego HHSA's Behavioral Health Services, Child and Family Well Being Department, Probation Department, Juvenile Court, County Counsel, Public Defender's Office, District Attorney's Office, Dependency Legal Services, Children's Legal Services, and parent and youth partners.

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# Provider Contracting

Optum Public Sector San Diego, hereinafter referred to as “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 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 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
- CPT codes and reimbursement schedules as approved by Child and Family Well Being Department, County of San Diego Mental Health Plan and diverse stakeholders and agencies
- 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, 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 and Family Well Being Department (CFWB) and the Probation Department.

Council for Affordable Quality Healthcare (CAQH) participation is mandatory to join our network(s). The provider is required to register for a CAQH ID, complete a CAQH Provider Profile and attach the appropriate supporting documentation. This completed profile serves as the provider’s credentialing application.

TERM providers are required to complete the most recent Optum practitioner applications as part of the initial contracting process. Credentialing is completed per National Committee of Quality Assurance (NCQA) guidelines and is facilitated 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
- 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
- Any certifications, additional training/ areas of specialty, service location, telephone, and office hours
- 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. Specialty Criteria and requirements can be found at optumsandiego.com > Join the Provider Network button > Specialty Addition Applications.

### *Re-credentialing*

A re-credentialing process occurs at a minimum of every thirty-six (36) months from the most recent credentialing or re-credentialing date. This recredentialing process enables Optum to update demographic information and verify that providers continue to meet the credentialing criteria required to continue a contract with Optum. Recredentialing of all providers is facilitated by Optum Provider Services and includes approval by the MHP Credentialing Committee, primary source verification and reverification of documents reviewed during the original credentialing process.

Additional areas reviewed during the re-credentialing process include:

- Provider data such as complaints or grievances 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 and the County
- Federal and State Disbarment or Sanctions Report

Providers can help avoid delays at recredentialing time by maintaining their CAQH Provider Data Profile, attestations, credentialing documents, DEA, ANCC, Professional Liability Insurance and Professional License 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.

A provider may be required to furnish additional background information or authorize a background investigation based upon new or additional information. Providers who do not appropriately complete the required recredentialing process shall have their contracts terminated.

### *Mental Health Plan (MHP) Credentialing Committee*

The Credentialing Committee reviews and recommends for approval providers who meet the credentialing or re-credentialing requirements. In addition, the MHP Credentialing Committee is responsible for recommending any disciplinary actions or terminations of providers from the network. The MHP Credentialing Committee membership includes, but is not limited to, the following:

- County Clinical Director, or designee
- Optum Medical Director or designee
- Optum Director of Behavioral Health Network and Quality Improvement or designee
- Optum Director of Clinical Operations or designee
- Optum Manager of Provider Services
- Optum Manager of TERM team or designee

- Director of Adult/Older Adult Mental Health Services or designee
- Director of Quality Improvement of County of Behavioral Health Services
- Director of Child, Youth and Family Services or designee
- A contracted FFS psychiatrist and psychologist
- A quorum of 50% of committee members must be present in order to conduct business. A majority consensus is required for implementation of credentialing and contracting decisions.

### *Disciplinary Actions*

The MHP Credentialing Committee may restrict or suspend the participation of a Provider and/or may recommend any action deemed appropriate to improve and monitor performance. In addition, Optum or the County of San Diego Behavioral Health Director may, at their 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 as applicable, the Plan or any other reasons set forth in the participation agreement, Plan 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 the scope of practice in treating clients
- Submission by the provider, and adherence to a plan of correction and/or corrective action plan
- Ceasing referrals or authorization of any new or existing clients
- Temporarily restricting, limiting or suspending the provider's participation status
- Referral to the Peer Review Committee
- Terminating the provider's contract/agreement

## Contract Termination

Contracts may be terminated at the request of the provider, by Optum or at the request of the County MHP. To review the conditions, responsibilities, and provider rights upon termination, please refer to Section 11 Term and Termination, paragraphs 11.1 – 11.5, of your Individual Provider Participation Agreement.

Providers who wish to terminate their contract to provide mental health services through the TERM panel must notify Optum in writing thirty (30) days prior to the date of termination. The provider contract requires completion of treatment for current clients unless clinically contradicted and a termination or transition period for clients is recommended. Optum can assist the client in locating a new provider.

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, an Associate Social Worker, or an Associate Professional Clinical Counselor.
- A post-doctoral trainee who is currently registered with the Board of Psychology as a Psychological Associate.
- A licensed clinician now completing additional training in a clinical specialty.
- Psychiatry intern evaluators must meet one these criteria:

    a) Holds a Postgraduate Training Licensee (PTL) issued by the Medical Board of California or the Osteopathic Medical Board of California and is an intern/resident who is enrolled in a California ACGME-accredited postgraduate training program. The holder of a postgraduate training license (PTL) may engage in the practice of medicine only in connection with their duties as a resident in an ACGME-accredited postgraduate training program in California, including its affiliated sites, or under those conditions as are approved in writing by the director of their program.

    b) A licensed Medical Doctor/Doctor of Osteopathic Medicine who is enrolled in a psychiatry residency training program; or.

    c) A licensed Medical Doctor/Doctor of Osteopathic Medicine who has completed psychiatry training and is Board-certified or Board-eligible, now receiving additional training in specific specialty; or a Board-certified psychiatrist receiving additional training in child forensic evaluations.

San Diego County's HHSA, CFWB, 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 CFWB 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 CFWB. 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; 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 CFWB referrals in Highly Vulnerable Child(ren) cases (as checked on the Therapy or Evaluation Referral Form) and from accepting Medi-Cal funded cases. Optum TERM Standards for the Use of Therapy Interns and Optum TERM Standards for the Use of Evaluator Interns are provided at the time of intern registration and can be found at optumsandiego.com > Join the Provider Network button > Interns, attached to the Optum Intern Application Packet.

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# Provider Professional Responsibilities

To ensure that clients receive the highest quality care, contracted providers are required to maintain a safe environment 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 their 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 they are 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, ACA), TERM providers are expected to pursue knowledge of new developments in their field of practice and to make ongoing efforts to maintain their competence.

### *Clinical Specialty Additions*

Paneled providers may request to add a clinical specialty by completing a Clinical Specialty Addition Application. The TERM Evaluator Specialty Addition Application and TERM Therapist Specialty Addition Application are available at optumsandiego.com > Join the Provider Network button > Specialty Addition Applications.

## 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.

## 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 (SAMHSA's National Center for Trauma Informed Care). 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 includes guiding principles, including: safety, trustworthiness and transparency, peer support, collaboration, empowerment and choice, and cultural, historical and gender issues (SAMHSA's National Center for Trauma Informed Care) 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.

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 consent 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.

CFWB Protective Services Workers are required to ensure that a signed Form 04-29 Authorization to Use or Disclose Protected Health Information- Single Providers (ROI) is in place with the provider to allow for the exchange of confidential information. This includes the ability to discuss treatment needs, ongoing progress, and other relevant clinical details necessary to support the care and coordination of services for the client.  Providers may request a copy from the client's Protective Services Worker and should also obtain their own release of information from their clients to release information to CFWB and Optum TERM.

## 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 CFWB Treatment and CFWB and Juvenile Probation Evaluations sections.

## 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. For additional information, please reference the appendices on the TERM page of the Optum website > Manuals tab: Legal Issues Related to Therapy and Evaluations for Child and Family Well Being Department Cases and Superior Court of the State of California Order Authorizing Release of Health Information of Children in the Custody of the Health and Human Services Agency.

## 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. Regarding fees for TERM-referred clients, please be aware that clients will not be responsible for payment for services. As payment of fees is the client's responsibility in most outpatient mental health treatment, TERM providers can retain the verbiage in their Informed Consent paperwork related to fees. However, it is advisable to review this section with TERM-referred clients to ensure clear communication and confirm client understanding that fees are not their responsibility while receiving services under TERM purview.

If services are to be provided via telehealth, the provider's Informed Consent should also cover the necessary components of Informed Consent for telehealth services, as described in Standards of Practice for Telehealth and Telehealth Attestation at optumsandiego.com > Provider Services Info > Telehealth Attestation/Standards.

Clients should also be informed that the provider will be asked to provide feedback to third parties and/or to provide court testimony or share a client's treatment record for quality review. 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 CFWB or the Probation Department and other relevant parties. For additional information, please reference Legal Issues Related to Therapy and Evaluations for Child and Family Well Being Department Cases at optumsandiego.com > Manuals tab..

## Home Based Office Criteria

Clinicians who practice in a home office setting are required to meet the requirements set forth in the Home Office Criteria which can be found at optumsandiego.com > Provider Services Info > Home Office Standards. A provider with a home office that does not meet these standards shall be required to remediate the identified deficiencies, relocate their office to a setting that meets standards, or face disciplinary action up to an including contract termination.

## Telehealth Requirements and Compliance

Optum defines Telehealth as a method of delivering behavioral health services using interactive telecommunications when the client and the behavioral health provider are not in the same physical location. TERM therapists offering services through telehealth must review and attest to meeting all qualifications and criteria outlined in the Optum Telehealth Requirements and Compliance Attestation document and adhere to the Board of Behavioral Sciences (BBS)

California Code of Regulations. Standards of Practice for Telehealth and Telehealth Attestation can be found at optumsandiego.com > Provider Services Info > Telehealth Attestation/Standards. Licensed Psychologists providing therapy services via telehealth are expected to adhere to the Board of Psychology's regulations pertaining to their practice of telehealth.

Therapists should remain apprised of and operate within the standards of practice outlined by their licensing board(s) as it relates to delivery of therapy services via telehealth. Providers should also strive to deliver services in a way that aligns with best practices for the delivery of mental health treatment via telehealth and remain aware of emerging information and research pertaining to efficacious delivery of telehealth therapy services. Providers may reference TERM Therapy Provider Telehealth Best Practices at optumsandiego.com > Manuals tab.

## 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, CFWB 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. For clinical documentation requirements, please refer to the Documentation Requirements - Individual Treatment Standards and the Documentation Requirements - Group Treatment Standards located at optumsandiego.com > Manuals.

### *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. For additional information, please see Court Testimony in the Juvenile Court System at optumsandiego.com > Manuals > TERM Provider Handbook Appendices, and the Payment Process section.

### *Communication with Referring Agency*

The referring agencies and the Court rely on information from TERM providers when making important case decisions about clients. Failure to respond timely may result in delays in the ability of the referring agency to assess client progress,

delays to the family's ability to progress in their case, potential Court continuance, and also allows attorneys to claim that reasonable services have not been provided. Because of the potential legal consequences to the child and family when there are delays, it is imperative to client care that providers are timely in responding to inquiries from the referring agency. TERM providers should respond to communication from Child and Family Well-Being Protective Services Workers and Juvenile Probation Officers within two (2) business days for routine issues.

## 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. These documents are attached to the Optum TERM Intern Application which can be found at optumsandiego.com > Join the Provider Network button > Interns. Optum TERM requires each supervisor to follow these standards. Supervisors are to ensure that the supervisees are registered with the applicable licensing board and that they follow all applicable requirements outlined by their licensing board pertaining to their role as a supervisor. A pre-licensed provider is approved for all of the same clinical specialties for which their licensed supervisor is approved. Supervisors are also responsible to assess whether the referral is appropriate for intern assignment. Evaluations and plans must be reviewed and co-signed by the supervisor as the supervisors retain clinical, ethical, and legal responsibility for each case. Reports submitted using intern status evaluators should identify the name of the evaluator (supervisee/supervisor) who conducted portions of the assessment (i.e. client interview, assessment, etc.).

CFWB referred clients are typically only referred to licensed providers. A pre-licensed provider under the supervision of a licensed TERM panel provider or vetted off-panel provider can be utilized so long as a case is not deemed by CFWB as a Highly Vulnerable Child (HVC) case or identified as Family Code 7827 evaluation; interns are also not to provide direct service to Medi-Cal funded CFWB cases. As an exception, TERM approved interns may be able to render group psychotherapy treatment to clients in cases deemed HVC. TERM reviews the referral information to determine if a client may be appropriate to assign to a pre-licensed provider and discusses the referral with the licensed supervisor to ensure it is an appropriate clinical match for the particular referral.

To ensure transparency and agreement between parties, for Juvenile Probation referrals, supervisors are required to discuss the appropriateness of assigning an intern status evaluator directly with the referring party. Supervisors are to inform the client and/or attorney of the planned use of an intern status provider a minimum of three (3) days prior to the evaluation so that, if preferred, the client and/or attorney can request a different provider. Per CRC 5.645d, only a licensed evaluator with the requisite qualifications are to accept Mental Competency evaluations.

## 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 CFWB treatment plans should be completed and submitted within seven (7) days of the request for revision

- Revisions to CFWB 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. TERM Grievance Procedures and Complaint Form for youth and families receiving services from TERM Network providers is available at optumsandiego.com > Grievances.

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 FFS Operations Handbook at optumsandiego.com > Manuals.

### *Provider Responsibilities*

Providers are requested to distribute the TERM Grievance Procedures and Complaint Form to all CFWB 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 requisite threshold languages at optumsandiego.com > Grievances.

## Provider Issue Resolution

At times a provider may disagree with Optum 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. Optum is committed to responding in an objective and timely manner. Providers may present complaints, issues, or concerns to Optum by contacting the TERM Provider Line at (877) 824-8376 and selecting the applicable option: Option 1 for CFWB Authorization or TERM clinical processes questions; Option 2 for CFWB Claims/Billing questions; Option 3 for Provider Services questions.

### *Claims and Billing Issues*

Clean claims will be processed within thirty (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) 824-8376, 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:

CFWB 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 thirty (30) days of receipt of the claims appeal.

### *Administrative and Contract Issues*

Provider complaints about Optum administrative procedures, forms, response or lack of response by an Optum employee, as well as other general questions and concerns about policies and procedures can be discussed with any Optum staff with whom the provider comes in contact. Optum documents the content of all complaints and is obligated to come to a resolution within thirty (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 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 your 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 Provider Services in writing within ten (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 ID 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 Provider Services within ten (10) business days of changes to the status of their practice and demographics including:

- Name (legal change)
- Practice Address (Treatment location, mailing, confidential mailing, billing)
- Phone number(s)
- Fax number(s)
- Area of specialty/expertise, including board certification(s), if applicable
- Office email address (for client use), if applicable (Please 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
- Changes to Telehealth service delivery

Change of Practice Forms and the Telehealth Attestation form can be found at optumsandiego.com > Provider Services Info.

### *Submitting Changes and Updates*

Providers may 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 San Diego
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 CFWB, 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 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 CFWB policy that CFWB clients are to be seen by Optum TERM-approved therapists and evaluators. While most referrals are generated by Protective Service Workers (PSWs) through the TERM referral process, TERM providers may occasionally receive referrals for CFWB-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 CFWB-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, they are expected to provide a disclaimer to the Court that:
    - Explains they received the case outside of the routine CFWB or Probation referral process and is not working in TERM capacity.
    - Their knowledge of the protective or juvenile justice related 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.

## 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 and Family Well Being Department 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.

## Critical Incident Reporting (CIR) (formerly known as Serious Incidents)

All County-operated or contracted providers must report incidents that pose potential risk or exposure to clients, staff, or the community. These incidents are categorized as either **Critical** or **Non-Critical**:

### *Reporting Requirements*

- Critical Incidents: Must be reported to the BHS Quality Assurance (QA) Unit within **twenty-four** (**24) hours** of awareness. Submit CIR Form via secure email: qimatters.hhsa@sdcounty.ca.gov or fax to **619-236-1953**.
- Non-Critical Incidents: Submit via the online form, which routes directly to the BHS QA Unit.

### *Who Must Report*

All providers are required to report critical incidents involving:

- Clients in active treatment
- Clients discharged within the past **thirty (30) days**

Providers are also responsible for notifying appropriate external authorities when necessary.

### *Definition of Critical Incident*

A Critical Incident involves serious health, safety, or risk concerns, including but not limited to:

- **Client Deaths**: Pending, Natural, Overdose, Suicide, Homicide
- **Suicide Attempts**

- **Non-Fatal Overdoses**
- **Medication Errors** causing severe harm
- **Staff Misconduct**: Abuse, exploitation, boundary violations
- **Client Assaults** resulting in hospitalization
- **Critical Injuries** related to MH/SUD symptoms
- **Adverse Media/Social Media Events**

Deaths due to natural causes off-site do not require a CIR but must be logged for BHS QA Unit review. On-site natural deaths **do** require a CIR.

### *Supplemental Requirements*

- **Overdose Incidents**: Clients must be offered a referral to Medication Assisted Treatment (MAT).
- **QA Review**: Will investigate, monitor trends, and may request corrective action plans.
- **Resources**: CIR form and MAT provider directory are available on the Optum website under the Incident Reporting tab.

### *Critical Incident Reporting Procedures*

1. All providers must report critical incidents involving clients in active treatment or discharged within the past **thirty (30) days**.
2. Submit Critical Incident Reports to BHS QA Unit within **twenty-four (24) hours** of incident notification.
3. Per SB 425, healthcare entities must report allegations of sexual misconduct by providers to the appropriate licensing board within **fifteen (15) days**.
4. Tarasoff incidents are classified as Non-Critical and submitted via the online form. ROF is only required if systemic or treatment issues are identified.
5. Do not file CIRs within the client's medical record. Maintain in a separate, secure, confidential file.
6. Completed suicides or alleged client homicides require QA chart review and a Root Cause Analysis (RCA) within **thirty (30) days**.

## Clinical Case Reviews

- Directed by the BHS Clinical Director, reviews focus on completed suicides, homicides, and complex clinical issues to identify systemic trends and improve quality of care.
- Programs must comply with medical record requests for case conferences.
- Stakeholders (e.g., BHS Director, CORs, QA staff) may request reviews at any time. Coordinate requests through the BHS QA Unit via QIMatters.hhsa@sdcounty.ca.gov.

## General Administration Policies and Procedures

### *Critical Incident Reporting on Weekends and Holidays*

Providers must report Critical Incidents to the BHS QA Unit and designated County staff on weekends and holidays. This requirement does not apply to Non-Critical Incidents.

### *Reporting Procedure*

1. Notify BHS QI Matters as soon as possible upon awareness of the incident.
2. **Reporting hours are 8:00am–8:00pm**. Incidents outside these hours should be reported the next day during reporting hours.
3. Weekend coverage includes Saturday and Sunday; holiday coverage includes designated County holidays.
4. County Designated Staff (in priority order):
    a. Adult SOC Assistant Deputy Director – A/OA Providers
    b. CYF SOC Assistant Deputy Director – CYF Providers
    c. BHS Director (third backup)

## Non-Critical Incident Reporting

Non-Critical Incidents must be reported via an online submission form to the BHS QA Unit within **twenty-four (24) hours** of incident awareness. These incidents indicate potential risk but do not meet the criteria for Critical Incidents. Previously classified as 'Unusual Occurrences' or 'Serious Incident Report Level 2'.

Non-Critical Incidents are reported via and online submission form that can be found NON-CRITICAL INCIDENT REPORT (NON-CIR) and on the Optum Website> SMHS & DMC-ODS Health Plans Page > “Incident Reporting” tab

Please review the Non-Critical Incident Reporting FAQ and Tip Sheet (12-16-24).pdf posted on Optum for additional information for submission of Non-Critical Incidents and completion of the form.

Do not include Protected Health Information (PHI) in the submission. If PHI is shared, a Privacy Incident Report (PIR) must be completed.

Examples of Non-Critical Incidents:

- AWOL
- Staff contract/policy violations
- Medication loss/theft
- Physical restraints (prone/supine)
- Tarasoff reporting
- Non-critical onsite injuries
- Adverse police/PERT involvement
- Property destruction
- Other adverse deviations

### *Key Considerations*

1. All providers/facilities must report incidents involving beneficiaries in active treatment or discharged within thirty (30) days.
2. Submit the online form within twenty-four (24) hours via the optumsandiego.com > SMHS & DMC-ODS Health Plans > Incident Reporting tab.
3. Complete the form fully and accurately.
4. Do not include PHI (e.g., names, EHR numbers).
5. Ensure correct COR email spelling; incorrect submissions will not be accepted.
6. Refer to the Non-Critical Incident Reporting FAQ and Tip Sheet for guidance.
7. BHS QA or COR may request a Report of Findings (ROF) for any Non-Critical Incident.
8. Incidents involving police/PERT (e.g., arrests, restraints) require an N-CIR report.
9. Physical restraints are reported only during program hours (CYF mental health beneficiaries only).
10. Non-Critical injuries require medical treatment beyond first aid and occur onsite.
11. Epidemics, infectious disease outbreaks, and poisoning are reported under 'Other'.

### *Safety and Security Notifications*

Appropriate agencies must be notified of Non-Critical Incidents within their specified timelines and formats.

## Information Privacy and Security Provisions

The provider must protect the privacy and security of Optum 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
- County agreements with the State of California, collectively referred to as State Agreements, are posted on the County’s website at www.cosdcompliance.org
- Title 42 Code of Federal Regulations, Chapter 1, Subchapter A, Part 2

### *Definitions*

- Protected Health Information (PHI) shall have the same meaning as PHI under HIPAA, specific to PHI under the provider’s contract/agreement
- “Breach” of Protected Health Information shall have the same meaning given to the term “breach” under HIPAA
- County Protected Information: includes, but is not limited to, consumers’ names, photographs, phone/fax numbers, SSNs, dates, email addresses, medical record numbers, client charts, computers, voicemails, text messages, client sign-in sheets, etc.

***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 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.

    - IE: locked offices/cabinets, screen savers/time outs, codes to identify client names on charts, sign-in sheets with blacked out or removal stickers for office, workstation locations, fax cover sheets, etc.

- **Mitigation:** Provider shall mitigate any harmful effects caused by violation of these requirements, as directed by Optum.

- **Data Security:** Providers shall comply with data security requirements as specified by HIPAA and any applicable State Agreement(s), including but not limited to:

    - Anyone (employees, volunteers, subcontractors, interns, etc.) with access to County protected information shall:

        - Complete privacy and security training to include a signed certification within thirty (30) days of hire/contracting, and at least annually thereafter.

        - Sign a confidentiality statement, prior to access of County protected information.

        - Wear an identification badge at facilities that contain County protected information.

- **Cooperation with Optum and the County of San Diego:**

    - Providers shall provide access to PHI, as well as internal practices and records related to county PHI at the written request of Optum or the County of San Diego within ten (10) calendar days.

    - Providers will assist Optum and/or the County of San Diego regarding a client's access, copy, amendment, accounting of disclosure, and other requests for PHI, in the time and manner designated by Optum and/or the County of San Diego.

- **Breach Reporting:** Providers shall report breaches and suspected privacy incidents to the County Contracting Officer's Representative and HHSA Privacy Officer at: https://www.sandiegocounty.gov/content/sdc/hhsa/hhsa[1]priv-db.html

    - Initial Report:

        - Immediately Upon Discovery: Any incident that involves information related to the Social Security Administration

        - Within one (1) Business Day of the Discovery: Any suspected privacy incident or suspected breach of PHI.

    - Investigation Report: Provider shall immediately investigate such suspected security incident or breach and provide the County a complete report of the investigation within seven (7) working days using County's "Privacy Incident Report" form.

    - Notification: Contractor will comply with County's request to notify individuals and/or media and shall pay any costs of such notifications, as well as any costs associated with the breach. County shall approve the time, manner and content of any such notifications before notifications are made.

- **Reportable Privacy Incidents (include but are not limited to):**
    - Misplacing or losing a client's chart
    - Client A receiving Client B's paperwork (even if returned immediately)
    - Emailing client information to the wrong person
    - Emailing Protected Information outside of your network in an unencrypted email (include replying to someone else's email).
    - Losing a laptop, phone or tablet containing client information
    - Mailing client information to the wrong person
    - Throwing away client information, rather than taking appropriate steps to ensure confidential shredding
    - Making copies of client information at a local copy shop
    - Throwing away client information, rather than taking appropriate steps to ensure confidential shredding
    - Making copies of client information at a local copy shop
    - Car was stolen containing client information (charts, laptop, phone, tablet)

- **Privacy Incident Reporting:** Should a reportable privacy incident occur, complete the following steps:
    - A Privacy Incident Report must be completed and submitted to the County Contracting Officer's Representative and HHSA Privacy Officer. The report is submitted online: HHSA Complaint Privacy Form
    - Notify Optum Quality Improvement at SDQI@optum.com

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# Referral and Authorization Process

## CFWB 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 appendices CFWB Form 04-176A Parent Therapy Referral Form and CFWB Form 04-176A Child Therapy Referral Form at optumsandiego.com > Manuals. Once Optum identifies a provider and the provider accepts the referral, the authorization letter and the Therapy Referral Form are mailed or faxed to the provider. Case records will be sent to the provider directly by the PSW. If you have not received the client's background records within seven (7) working days of receiving a CFWB therapy referral, please follow up directly with the client's PSW. CFWB 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) 514-6995; please contact TERM at (877) 824-8376, Option 1 to obtain the required passcode for the PSW Locator Number.

For cases which are CFWB funded, the provider's authorization letter will include authorized units for an initial intake assessment, therapy sessions, Team Conference meetings (CFT participation), and Targeted Case Management. Group therapy authorizations will also include units for any specific intake assessment measures that are required for that particular group. If a client will be addressing protective concerns in individual therapy in lieu of group, authorizations for individual therapy will also include additional units for the provider to complete the group intake assessment measures required for Domestic Violence Offender treatment and Interpersonal Violence Victim Treatment. Units for report preparation will be authorized upon submission of the treatment plan to TERM. Providers should review their rate sheets for the corresponding rates and CPT codes. Treatment is initially authorized by Optum for a six-month period and includes authorization for a weekly session (26 sessions). After the initial six-month authorization, TERM coordinates with CFWB to determine if a continuing authorization period is needed. If the PSW requests continuation of services, the case will be reauthorized for an additional three-month period at a time and include authorization for weekly sessions for group therapy (13 sessions), and weekly or biweekly sessions for individual or conjoint therapy (6 or 12 sessions) based on the PSW's request. If additional sessions are needed in the authorization period, TERM providers should communicate with the PSW regarding the client's treatment needs, and the PSW can submit a request to Optum for authorization of more frequent sessions.

For cases in which Medi-Cal is the funding source, the initial authorization letter will include authorization for the initial intake assessment, however the continuing authorization process will occur through the provider's submission of the CFWB Initial Treatment Plans (ITP) and Treatment Plan Updates (TPU). When a CFWB ITP or TPU is submitted to Optum, it will be concurrently reviewed by the TERM team for quality review of the work product and the Utilization Management (UM) team for a continued authorization determination. The UM team will send to the provider the Medi-Cal authorization letter within fourteen (14) days of receipt, or denial paperwork within three (3) days of denial. UM will provide continuing authorization for 12 weekly sessions, Team Conference meetings (CFT participation), and Targeted Case Management. If Medi-Cal authorization is denied, the UM team will verbally notify the provider and Optum will default to authorize through CFWB funds.

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 and reviewed. It is imperative that the therapist has background information including Court records and the CFWB Therapy Referral Form prior to the start of treatment. Efforts to obtain case records from the PSW should be documented on the client's treatment plan. Treatment sessions that occur prior to the initial authorization date on the authorization letter will not be reimbursed.

Please note that occasionally CFWB 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 CFWB 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 this handbook.

## CFWB Evaluations

The provider is assigned the evaluation through an impartial process based on the referral need as noted on CFWB Form 04-178 Request for TERM-Appointed Evaluator, which can be found at optumsandiego.com > Manuals. 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 provider will receive the 04-178 referral form from Optum and Optum will notify CFWB of the assigned provider and request to forward the background case records to the provider. Regardless of funding source (i.e. County Medi-Cal or CFWB), CFWB referred evaluations will be authorized according to the standard CFWB evaluation authorization protocol outlined on the provider fee schedule. The provider should not see the client for the evaluation until the authorization letter, CFWB 04-178 referral form, 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 CFWB evaluation referral, please follow up directly with the client's PSW. CFWB leadership also encourages you to include the Protective Services Supervisor (PSS) in your communication. The 04-178 referral form will have PSW/PSS contact information. However, if needing assistance in locating the client's current PSW or PSS, you may contact the PSW Locator Number at (858) 514-6995; please contact TERM at (877) 824-8376, Option 1 to obtain the required passcode for the PSW Locator Number.

It is a general policy that separate evaluators are assigned for each family member involved in the CFWB case. Exceptions to this policy are rare but may be made for siblings when a special need arises and is authorized and coordinated by CFWB. 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 they have conducted the psychological evaluation for any member of that family.

There may be situations where the Agency may release CFWB evaluation reports to clients, such as through a Court order; youth involved with adoptions can request a release of their records when they become adults, and parents/parents' counsel may request a copy of their evaluation report. In cases where there may be a Court order to release the results or where the parent or parent's counsel requests a copy of the evaluation report, as clinical best practice, the evaluator will be asked to provide a feedback session prior to the report being released directly to the client to ensure there is appropriate clinical interpretation. As such, TERM evaluators accepting CFWB evaluation referrals may subsequently be requested to provide a feedback session to the client to discuss the assessment results. If the evaluator agrees to provide feedback, CFWB will authorize and reimburse the evaluator for the feedback session, which will be issued as one-unit of CPT code 96131, 96132 for neuropsychological evaluations, or 90889HU for psychiatric evaluations. For psychiatric evaluation feedback, please include applicable 'HU' feedback modifier with CPT code 90889 when billing for services. If the authorization for feedback is received without prior notification, if the provider is not amenable to providing feedback session, or if there are any questions/concerns pertaining to providing feedback, please reach out directly to the PSW, who can discuss further with CFWB Staff Psychologist as needed.

## 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, school threat assessment, or juvenile sexual behavior problems.

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 Minute Order and referral form when there is a Court-ordered evaluation to be completed for a youth. The Minute Order serves as the authorization for the requested service. The referral questions (see Probation Psychological Evaluation Referral Questions and Probation Psychiatric Evaluation Referral Questions at optumsandiego.com > CFWB/Probation Evaluations) should be attached to a packet of information (e.g., social study, probation reports, educational records) that the PO will provide to the evaluator. As an exception, the referral questions will be embedded in the minute order for mental competency evaluation referrals. 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 appendix at optumsandiego.com > Manuals > Records Release Protocol for TERM Juvenile Probation Evaluations.

If an addendum to the original report is requested, the provider will receive a Minute Order outlining the request and provider fee. At the publication of this document, the established fee is $600 for an addendum report request through the Juvenile Probation process. Please review the section on "Requests for Updated Evaluations" in this handbook as it outlines the expectations for these requests.

The Minute Order will also note when the use of Interpreter Services has been authorized by the Court. If a bilingual evaluator is not available, then a County interpreter will be provided and this will be communicated to the appointed evaluator. If Interpreter Services are needed in order to conduct the evaluation or to interview a caregiver or collateral source and the authorization is not noted on the Minute Order or otherwise communicated at the time of referral, please follow up directly with the referring party from the Juvenile Probation Department to coordinate the necessary arrangements.

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.

## Updating Provider Profiles

The TERM referral database is utilized to identify TERM-approved providers that can meet the clinical needs of the referral. 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. 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. Please see section Requirement to Notify in Case of Status and Practice Changes for additional information.

If wishing to expand the types of referrals received, paneled providers may request to add a clinical specialty by completing a clinical specialty addition application. The TERM Evaluator Specialty Addition Application and TERM Therapist Specialty Addition Application are available at optumsandiego.com > Join the Provider Network button > Specialty Addition Applications.

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# CFWB Treatment

Mental health treatment of Child and Family Well Being Department (CFWB) referred clients is provided by Optum TERM-paneled providers, which is comprised of psychologists, licensed clinical social workers, licensed professional clinical counselors, 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 CFWB involved clients is forensic in nature, because services are rendered on behalf of the requesting agency (Health and Human Services Agency CFWB) or Court rather than the client. For this reason, treatment for parents focuses on addressing the protective issues and risk factors, treatment for youth focuses on ameliorating the effects of the abuse and neglect. Treatment progress is reviewed by the 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 general, mental health services for children, youth, and non-minor dependents (NMDs) involved with CFWB may be provided by a community-based organization (CBO) or by a TERM provider. A TERM provider is utilized when the child/youth/NMD is the victim in a physical abuse or sexual abuse case and the primary presenting issue is a reaction to the physical or sexual abuse, when the case is deemed as Highly Vulnerable Child (HVC) status, or when the child/youth/NMD presents with behavioral dysregulation or lack of resiliency. A TERM provider may also be requested in consultation with the CFWB staff psychologists or due to a court order. In working with children and adolescents, the therapist is expected to provide therapy that aids their clients to:

- Process traumatic experiences
- Age-appropriate safety planning
- Process impact and loss related to out of home placement or adoption; and/or support the child or youth in their 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

Mental health treatment for parents is intended to ameliorate the risk factors and protective concerns which brought the family to the attention of CFWB. Clients may be referred to a CBO or to a TERM provider depending on the protective concerns or a parent’s individual needs. Parents may also be referred to conjoint therapy after demonstrating successful completion of their individual mental health services or at the recommendation of their treating provider. The following reflects CFWB policy on mental health treatment referrals 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 general neglect. CFWB typically utilizes community-based organizations for mental health treatment when general neglect is the protective concern on a case. When general neglect is due to substance abuse, the parent should be referred to substance abuse treatment. A TERM provider may be utilized on a general neglect case where there are also mental health concerns that impact parenting/protective issues or are interfering with case plan progress, if mental health is identified as a need in the CANS and/or is included as a case plan item, or if the court orders individual therapy and a TERM provider can best match the parent’s needs.

- Group psychotherapy is considered best practice and the treatment of choice when the protective issue is intimate partner violence (IPV). CFWB and/or the court will identify the client as the offender or victim in a case. Offenders will be referred to Domestic Violence Offender Group Therapy with a provider who is approved by both San Diego County Adult Probation and TERM. Victims are referred to a provider who is approved by TERM to render Intimate Partner Violence Victim Group Therapy.

- When the protective concern is for child physical abuse, group psychotherapy is considered best practice and the treatment of choice. Both offending and non-protective parents are referred to Child Abuse Group Therapy. Cases that include severe neglect may also be referred to Child Abuse Group Therapy. All child abuse group facilitators must be approved by both San Diego County Adult Probation and TERM.

- For child sexual abuse, offenders 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. Separate groups exist for offenders and non-protective parents.

- For child sexual abuse, non-protective/non-offending (NPP) parents will participate in group psychotherapy with a provider who meets the TERM clinical specialty requirements.

- For all group psychotherapies, the group treatment facilitators will always complete an initial mental health assessment to determine if the parent is appropriate for group treatment or if the parent has a mental health concern that needs to be addressed in individual therapy. A client may be referred to individual therapy to address protective concerns if the group psychotherapy provider or CFWB determines that the client is not currently appropriate to engage in group treatment. A client may also be referred to individual therapy in addition to group treatment, depending on the client's clinical needs and the group facilitator's recommendations. Reasons a client may be found to be inappropriate for group might include additional mental health concerns, language barriers or cultural considerations, or their behavior is disruptive to the group milieu. Related family members are not to participate in the same groups or be treated by the same group provider to avoid potential conflicts of interest.

- Individual therapy with a TERM provider may also be utilized when it is determined as appropriate or recommended in consultation with any of the following: protective services worker supervisor, the CFWB staff psychologist, member(s) of the Child and Family Team (CFT), or other treatment provider (e.g., parent's substance abuse counselor or group facilitator).

## 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 Ethical Principles of Psychologists and Code of Conduct, National Association of Social Workers Code of Ethics, Code of Ethics for Marriage and Family Therapists, American Counseling Association Code of Ethics, and the Specialty Guidelines for Forensic Psychology. In CFWB 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 CFWB referred children, interventions should be effective for promoting healing and recovery from abuse and trauma. Additional expectations for treatment quality are outlined in the section 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.

At times, a therapist may find it clinically appropriate to utilize an atonement or reconciliation letter as a tool in the therapeutic process. However, TERM providers need to be aware that parents may have limited immunity for testimony in juvenile dependency proceedings and for statements made in court ordered treatment or evaluations, and that therapeutic privilege no longer applies when an atonement letter is shared with a third party. Once shared with a third party, the letter may be used as evidence in a court proceeding. Case law prohibits the use of atonement letters that will be shared with third parties as part of a court-ordered case plan, thus CFWB will no longer be including these in their case planning. TERM therapists may continue to use this as a therapeutic tool when clinically indicated, however they should inform their clients of the potential legal consequences of sharing it outside of the therapeutic setting.

## True Findings

Welfare and Institutions Code section 350 mandates that at the Jurisdictional Hearing the Court must consider all relevant evidence and determine whether 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 appendix Dependency System Legal Process, located at optumsandiego.com > Manuals, 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 CFWB, 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 CFWB 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 CFWB 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 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 CFWB 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. 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, they are not required to force the client to admit to the abuse or neglect. This is particularly salient in sexual abuse or severe physical abuse 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 situations. 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 and Family Well Being Department Office of Child Safety. 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 CFWB, law enforcement, the Juvenile Court, relatives, resource and biological parents, the school, and community agencies as indicated. A therapist may be asked to attend case consultations or multidisciplinary Child and Family Team 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 safety and risk factors in the treatment and document the relevant focus areas to be addressed, progress towards addressing treatment goals, and the interventions used to assist the client in reaching the goals in the treatment plan.

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

- *Goals and Focus*
  For parents, the goal of treatment is to address safety concerns and 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 plans; additional focus of treatment areas may be provided by the PSW or the Court for the therapist to address.

- *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 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 and Family Wellbeing 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 the Provider Professional Responsibilities section of this handbook.

- *Decision Making*
  In CFWB 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 CFWB to avoid potential conflicts of interest for CFWB 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 they have 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 their 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.

  - Best practice is to have a different therapist for each child in the family. This is because CFWB 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 may occur in situations where it is not clinically contraindicated, such as lack of treatment providers in the client's geographic area or specific language or treatment needs that cannot be met elsewhere in the network. Other conditions under which this may occur is if 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, CFWB will identify a new therapist to provide conjoint/family therapy. Any time a provider is treating multiple family members, this should be agreed upon in advance by the PSW and the provider.

## Scope of Treatment with CFWB Involved Clients

The scope of therapy is determined by the Court's order (in Court-ordered cases) and specified by safety and risk factors and treatment needs supplied by the PSW on the Referral Form. The therapist is expected to follow the Court-ordered CFWB plan or Voluntary Services Case Plan for the client. In treating CFWB clients, please keep in mind the following points:

- For all services and modalities, CFWB 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, service delivery type, 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 twelve (12) months. Rarely are services extended to eighteen (18) months. For voluntary cases, a case plan typically lasts for six (6) months, and a case could be extended up to an additional six (6) months on a case by case basis.

- Only services that Optum TERM has authorized and the PSW has requested 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. While providers should refrain from making specific recommendations regarding the client's placement or visitation plan, they can make recommendations regarding the client's clinical needs or treatment planning.

- The provider should not investigate the abuse allegations. This is the function of CFWB 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 CFWB case.

- The provider is expected to adhere to the ethical standards of their 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 they are 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.

## Disclosing Information in a Therapeutic Setting

From time to time, the assigned social worker may be asked by the Court or legal counsel to discuss sensitive situations with a parent or child/youth/NDM in a therapeutic setting. These situations may include, but are not limited to, the death of a parent, the incarceration of a loved one, or issues related to the protective issue. It is the primary social worker's responsibility to address these matters in-person with the parent or child/youth/NDM in an appropriate setting. The Optum TERM, BHS or CBO mental health clinician can support the social worker and client by being present, either via telehealth or in-person, to address the client's mental health needs. Social workers should coordinate with the clinician on how to disclose sensitive information. However, the clinician is not the primary or sole entity responsible for disclosing such information.

## 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 five (5) years or younger or children who are developmentally delayed at a functional level of five (5) years or younger. HVC cases also include instances in which a baby is born to parents currently involved with Child and Family Well Being Department (CFWB) 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 CFWB, 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. Interns are not permitted to see any family members in an HVC case for individual treatment.

## Community Based Treatment Locations

There may be extenuating clinical circumstances in which it is determined that there are barriers to a client participating in either office-based sessions or telehealth services. If the provider determines that alternative location-based evaluations or treatment are indicated, this should be communicated to the client's PSW. Alternative locations should not be used for the convenience of the provider.

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. For home-based service requests, 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.

The outpatient therapy authorization issued for individual and conjoint therapy services will cover in-home visits. For CFWB funded services, claims are submitted under CPT code 99342 with any applicable CPT code modifiers (TU = bilingual rate, TJ = services rendered to children). For Medi-Cal funded services, claims are submitted under the standard psychotherapy CPT codes 90834, 90837 or 90847) with any applicable CPT modifiers (TU = bilingual rate, TJ = services rendered to children); the applicable place of service will also need to be included in section 24B of the claims form (e.g., 12 = in-home). In-home or community-based service delivery should be documented on the CFWB Treatment Plan form.

## Telehealth Treatment

The CFWB referral will indicate if the client has been determined to be appropriate for telehealth services per the agency's requirements, and/or if telehealth services are specifically requested. The referral will also be reviewed by Optum TERM to ensure alignment with CFWB telehealth guidance around clinical appropriateness for telehealth treatment. This screening is done as an initial review of the client's appropriateness and feasibility for engaging in therapy via telehealth, aimed at preventing treatment disruptions or multiple reassignments. This initial review should not replace a mental health provider's assessment of a client's appropriateness for engagement in telehealth treatment.

It is the TERM therapist's responsibility to conduct their own assessment regarding the client's appropriateness for engagement in mental health therapy delivered via telehealth. This assessment should be conducted at intake and should continue throughout the course of therapy, with the provider assessing the client's response to services and current biopsychosocial circumstances to identify whether therapy delivered via telehealth is likely to be helpful in meeting the client's needs. For information related to the assessment of a client's appropriateness for telehealth services, TERM providers can reference the TERM Therapy Provider Telehealth Best Practices at optumsandiego.com > Manuals.

TERM therapists conducting therapy with clients through telehealth are expected to document the service delivery method and their ongoing assessment for appropriateness on the CFWB Treatment Plan form in the associated sections on the template.

If a TERM therapist assesses a client as being inappropriate for telehealth therapy at any point in the treatment process, the TERM therapist is responsible for discussing their assessment and recommendation for an alternative therapy delivery method (i.e., in-person therapy) with the client and case-carrying PSW. If the therapist cannot render in-person treatment, they are also expected to complete a Discharge Summary and appropriately document their assessment, coordination with the client and PSW, and recommendation on the Discharge Summary form.

## Telephonic/Audio Only Therapy Sessions

Delivery of audio-only therapy is not considered best practice and is only allowable in rare, extenuating circumstances and when coordinated with the assigned PSW. Outside of these circumstances, TERM therapists are expected to coordinate

with clients and the case-carrying PSW to either troubleshoot and resolve any barriers preventing delivery of audio and video telehealth therapy or to responsibly conclude telehealth treatment and refer the client for in-person services. For further guidance on the use of audio-only therapy, please see the appendix TERM Therapy Provider Telehealth Best Practices at optumsandiego.com > Manuals.

## Group Psychotherapy Services

The San Diego County Probation Department, in cooperation with its government and community partners, certifies providers for several juvenile court-ordered adult treatment programs, including the 52-week Domestic Violence Offender Group Treatment Program and the 52-week Child Abuse Offender Group for clients who are on probation for felony child abuse or child endangerment, pursuant to Penal Code § 273.1. In most cases, the clients are referred to these services through the criminal court process and are expected to pay for these group therapy services; however, there are occasions in which CFWB may initiate the referral. Therapists who provide Child Abuse group therapy services have to be dually Probation and TERM approved. Providers who render DV group therapy services for probation only are not required to be dually approved. Please contact Adult Probation for the Treatment Standards and qualifications to become a provider to offer these specialized groups at:

Maria “Gina” Llamas
San Diego County Probation Department
Deputy Probation Officer
Certification Officer
(619) 515-8238

For child sexual abuse group treatment, it is CFWB policy that offending parents 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 CFWB-referred clients for these services. For additional information on certification requirements, please visit the CASOMB website.

Privileging for intimate partner violence victim and child sexual abuse non-protective parent (NPP) group treatment is completed by Optum in adherence with the IPV Victim Group Treatment Standards found at optumsandiego.com > IPV Victim Group Treatment and the CSA-NPP Treatment Standards found at optumsandiego.com > CSA-NPP Treatment.

## Pathways to Well-Being

The County of San Diego Health and Human Services Agency, in partnership across the system of care, created Pathways to Well-Being. This model is routinely referenced and intricately woven into the nature of services provided to Child and Family Well-Being Department referred clients. 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 Integrated 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 intended 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 and Family Well Being Department (CFWB) and Behavioral Health Services (BHS) made operational the CPM with the creation of 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 positively 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 Requirement*

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

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.

Confidentiality and information-sharing practices are key elements throughout the CFT process. Mental health therapists may be asked to participate in a CFT meeting and share Protected Health Information. Obtaining the client's informed consent to share information in a CFT meeting ensures compliance with state and federal laws. It is imperative that the provider ensure that their client or authorized legal representative has signed the Child and Family Team Release of Information (04-29CFT), because there are multiple stakeholders at the CFT meeting including informal supports. Please keep in mind that the 04-29CFT form is different from the standard 04-29 Release of Information because the 04-29CFT form specifically references the CFT meeting and members. Providers can request a copy of the signed 04-29CFT form from the assigned social worker for their own records prior to attending the CFTM. A blank version of the 04-29CFT and the CFT Information Guide for Providers can be found at optumsandiego.com > Manuals.

TERM providers serving clients who participate in a CFT Meeting can be reimbursed for their time for participation in the meetings. Providers are pre-authorized for twelve (12) units (6 hours) to participate in the CFT meetings with all initial referral authorizations, and six (6) units with all continuing authorizations. Additional hours for CFWB funded cases may be requested by submitting the Request for Authorization of Additional Units of CFT Meeting form that is located at

optumsandiego.com > CFWB Treatment. The process to request authorization for Medi-Cal funded cases is to document the request for CFT authorization on a fax coversheet and submit to TERM at 877-624-8376.

### *Pathways to Well-Being eLearning*

Providers who work with children involved in Child and Family Well Being Department can learn more about the Pathways to Well-Being initiative on the San Diego County Behavioral Health Services website, which includes training videos and other tools. Please click on the following link to reach the website: Pathways

### *Required Clinical Outcome Measures*

To improve the quality of services provided to children and families throughout San Diego and in alignment of the state requirements, 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 **California Integrated Practice  Child and Adolescent Needs and Strengths (CA IP-CANS)**, completed by the provider for any youth entering services July 1, 2019, or later. Providers are to complete and submit the CA IP-CANS with the Child and Family Well Being Department Initial Treatment Plan, Treatment Plan Update and Discharge Summary.

b. The **Pediatric Symptom Checklist  Caregiver version (PSC)** for caregivers of youth ages 3-18 is to be completed for each youth entering services as of July 1, 2019, or later. This tool is to be submitted with the Child and Family Well Being Department Initial Treatment Plan, Treatment Plan Update and Discharge Summary.

c. For Medi-Cal funded referrals, Optum will be responsible for entering the CA IP-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 outcome tools to be administered at optumsandiego.com > CANS/PSC tab.

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# CFWB Treatment Plan Documentation Guidelines

## Required Treatment Plan Format

It is a requirement that all treatment plans are to be submitted on the CFWB Treatment Plan forms (CFWB Form 04-176/04-177 Parent and CFWB Form 04-176/04-177 Child) located at optumsandiego.com > Manuals.

Initial Treatment Plans and Treatment Plan Updates are the only written documents required in communicating with CFWB. It is CFWB 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 of the CFWB 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 CFWB Therapy Referral Form (please see appendix CFWB Form 04-176A Child Therapy Referral Form or CFWB Form 04-176A Parent Therapy Referral Form at optumsandiego.com > Manuals) and background case materials and develop and implement an individualized, strength based, trauma- informed, culturally competent and client-centered treatment plan for each CFWB-referred client. Because Initial Treatment Plans, Treatment Plan Updates, and Discharge Summaries will become part of the client's record and are used for decision making, it is important that the plans accurately describe the focus of treatment, the clinical interventions utilized, and the client's response to the interventions. 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 CFWB Treatment Plan Form (CFWB Form 04-176/04-177 Parent or CFWB Form 04-176/04-177 Child).

- Fill in the form completely, including client name, date of birth, provider name, PSW name, and report date on each page. Follow all directives on the treatment plan template.

- **Attendance:** Fill in all sections for attendance, including the initial session date, last date attended, total number of sessions attended since date of initial session, dates of absences, and reasons for absences.

- **Service Delivery Type:** Service delivery type (in-person or telehealth) and assessment of ongoing appropriateness must be documented on the treatment plan; treatment plan documentation must support the clinical appropriateness of the service delivery type.

- **Background Records:** Please document all applicable background records that were provided by CFWB. It is required that background records provided by the CFWB Protective Services Worker are reviewed prior to the intake assessment.

- **Assessment of Risk Factors:** The risk factors and protective issues that led to CFWB intervention need to be addressed in each case. All safety threats and risk factors listed on the CFWB Therapy Referral Form need to be reflected in the treatment plan, as well as any risk factors or issues that emerge during treatment. Assessment of risk factors should be ongoing, and a recent date of assessment included in each treatment plan.

- **Client Symptom Checklist:** Please select all current client symptoms observed and reported. Any changes to the client's presenting symptoms should be updated with each treatment plan update. The symptom checklist should be consistent with the diagnoses given. Any inconsistencies should be clarified in the Additional Comments section. *Please Note: If the source of information about symptoms is a caregiver, social worker, parent, or collateral contact, that information is not considered confidential and may be included. Do not include symptoms directly reported by the client unless there is a signed Release of Information (ROI).*

- **Treatment Progress:** Treatment Progress documentation should reflect the client's progress in treatment in the identified focus area, the interventions utilized, and how the client is responding to the interventions. Any adjustments to the clinical interventions utilized should also be addressed. The documentation should provide specific behavioral details and examples showing how the risk has been reduced and progress has been made by the client. This may include changes in the client's attitudes, beliefs, and behaviors as reported by the client, reliable collateral sources, or the clinician's own observations. Generic statements, such as, "client has made excellent progress" will result in a request to update the documentation to include behavioral examples that substantiate the progress.

    - **Focus of Treatment:** The identified Focus of Treatment areas should be specific to the case and based on the identified concerns listed on the CFWB Therapy Referral Form, a review of collateral materials supplied by the PSW, and the initial intake assessment. At a minimum, one active Focus of Treatment should be documented on the treatment plan, unless it is a discharge summary. Additional Focus of Treatment areas relevant to the safety threats and risk factors may be added as warranted based on the clinician's assessment. Parent treatment plans should specifically include a focus on Enhancing Parenting Skills, based on parental goals specified on the Therapy Referral Form. Child and Youth treatment plans should specifically include a focus on Resiliency Enhancement.

    - **Initial Assessment:** Initial Assessment documentation of Focus of Treatment areas should reflect the client's presentation and the clinician's own observations, assessments, clinical impressions, and recommendations based on review of the referral, background records, and initial intake assessment. It should include the intended clinical interventions to address the Focus of Treatment. Specific, evidence-supported psychological techniques related to the client's presenting concerns should be utilized (e.g., CBT, TF-CBT, PCIT).

    - **Progress Updates:** Progress updates should reflect the evidence-informed interventions that were utilized, and the client's response (or lack of) to the identified interventions. Documentation of progress should be specific and include factors such as changes in the client's attitudes, beliefs, and behaviors, as reported by the client, PSW, or other collateral contacts and the clinician's professional observations of the client's engagement with or responsiveness to treatment. Documentation or progress should reflect the therapist's clinical assessment of progress rather than direct statements or quotes.

- **Discharge Summary:** 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 identified as being a discharge report on the first page. Please complete all sections in the Discharge Summary box, including the date of discharge, the date the social worker was notified, and the reason for discharge. A final progress update should be documented for each Focus of Treatment reflecting specific details as to the client's progress at the time of discharge, and any follow-up recommendations to support client care.

- **Client Signature:** The treatment plan should include documentation to demonstrate that the client was involved in the treatment planning process. For parents that are seen for in person therapy, the client's signature should be obtained. If a signature is not obtained, an explanatory statement should be included in the treatment plan (e.g., client refusal). If the parent is receiving telehealth treatment, it is expected that the treatment plan will be reviewed with the client and the review is documented in this section. A signature is not required for child clients, but the treatment plan should be reviewed with the child in an age and developmentally appropriate manner.

- **Diagnosis:** The treatment plan must include diagnostic impressions, including codes and specifiers, from the *Diagnostic and Statistical Manual of Mental Disorders-5-TR* (DSM-5-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 and include consideration of all diagnoses included on the CFWB referral form.

- **Additional Comments:** The Additional Comments section should be utilized to document any other relevant clinical information the provider needs to include, such as coordination with other treatment providers, changes in treatment modality, mandated reporting, or other recommendations for the client's clinical treatment needs. Any recommendations offered should be within the scope of a provider's licensure and role as a TERM provider.

- Sign and date the report and include professional license type and license number as well as therapist address and phone number. A digital signature is acceptable.

- Supervisors are required to co-sign reports completed by interns.

**Treatment Plan Updates:** Updates that are not discharge reports need to have at least one current Focus of Treatment being addressed. Treatment plans that do not reflect current or active Focus of Treatment areas 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 active Focus of Treatment areas and no new concerns to be addressed, the PSW and provider should discuss termination of treatment. If new concerns are identified, the provider will need to add these new areas as a Focus of Treatment on the treatment plan and re-submit to Optum TERM for quality review.

**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). Identifying a Focus of Treatment is not needed if client did not attend sufficient sessions to fully assess. 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 and Optum TERM must be notified in order to remove the client from the provider's TERM caseload and work product tracking (see Provider Work Product Tracking section of this handbook).

Treatment plan documentation resources (sample treatment plans, sample safety plans and guidelines, etc) and additional information on documentation guidelines may be found at optumsandiego.com > Manuals tab > TERM Treatment Plan Documentation Resources.

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# CFWB and Juvenile Probation Evaluations

Optum TERM is responsible for quality oversight of psychological and psychiatric evaluations conducted by TERM evaluators for Child and Family Well Being Department (CFWB) and Juvenile Probation. 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 and Family Well Being Department or juveniles involved with Probation Services. Data gathered through the evaluation process provides 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 at the behest of the legal system, 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 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 CFWB cases, the provider's findings may be considered as a source of information in decisions to reunify a child with the parent).

- *Confidentiality*
  The limits of confidentiality and privilege are substantially different in dependency and juvenile justice 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 parameters described in Provider Professional Responsibilities.

- *Decision Making*
  In CFWB 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. The following policies have been established by CFWB to avoid potential conflicts of interest for CFWB 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.

- CFWB-referred parents cannot have the same evaluator complete both of the caregiver's 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.

## 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 (CFWB, Probation). 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. When conclusions or recommendations require specialized knowledge (medical, medication, referrals requesting specialty assessments, etc.) providers should speak to matters for which they have the qualifications, specialties, and competence; please review section Professional Competence in this Handbook. For additional information regarding specific types of referral questions entailed in the evaluations, please review the appendices Probation Psychiatric Evaluation Referral Form, Probation Psychological Evaluation Referral Form and CFWB Form 04-178 Request for TERM Appointed Evaluator at optumsandiego.com > Manuals.

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

- In CFWB 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 CFWB 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.

- 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 specific format and required elements are described in detail in the following appendices at optumsandiego.com > Manuals: The Format and Required Elements of a CFWB/Probation Psychiatric Evaluation, The Format and Required Elements of a CFWB 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 Juvenile School Threat Assessment. Please closely review these documents to follow the format and include the required elements in the evaluation report. These documents represent the minimal requirements expected of CFWB and Probation psychological and psychiatric evaluation reports.

Please be cognizant of who will be reading the evaluation report. In most cases, the readers will be attorneys, judges, POs, PSWs, and treating providers; in some cases, clients may have access to their report. In essence, evaluation reports can be considered to serve as direct testimony to the Court (either Juvenile Justice or Dependency). It is important to communicate ideas in a concise, jargon-free manner that all readers from various disciplines may comprehend while staying within the scope of the referral question and provider's scope of practice. There may be situations where the Agency may release CFWB evaluation reports to clients, such as through a Court order; as adults, youth involved with adoptions can request a release of their records, and parents/parents' counsel may request a copy of their evaluation report. In cases where there may be a Court order to release the results or where the parent or parent's counsel requests a copy of their evaluation report, as clinical best practice the evaluator will be asked to provide a feedback session prior to the report being released directly to the client to ensure there is appropriate clinical interpretation. TERM evaluators

accepting CFWB evaluation referrals may subsequently be requested to provide a feedback session to the client to discuss the assessment results. Please review Referral and Authorization Process for CFWB Evaluations.

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 should be utilized in the evaluation. Background case records should be provided by the referring party (i.e. dependency or juvenile justice system) 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 with Child and Family Well Being:

- Review of all prior psychological or psychiatric evaluations and medical/treatment records (e.g., attending psychiatrist's History & Physical and Discharge summaries, treatment plans) from providers, facilities, etc. (e.g. psychiatric hospitalizations, substance use disorder treatment programs, in/outpatient programs)
- Review of CFWB Initial Treatment Plans, Treatment Plan Updates, Discharge Summaries as applicable
- Review of CFWB 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

At a minimum, the following sources of collateral data to be utilized in the evaluation of children and adolescents in CFWB and Juvenile Probation cases include the following:

- Review of all prior psychological or psychiatric evaluations and medical/treatment records (e.g., attending psychiatrist's History & Physical and Discharge summaries, Behavioral Health Assessment, treatment reports) from providers, facilities, etc. (e.g. psychiatric hospitalizations, residential treatment, substance use disorder treatment programs, inpatient/outpatient treatment)
- If available, review of educational assessment or services received through the school district (i.e. Multidisciplinary Assessment Report, 504 Plan, Individualized Educational Plan, triennial assessment, etc.)
- If available, mental health records documenting the child's status prior to any abuse/neglect experiences, so as to obtain an estimate of pre- and post-morbid functioning
- Review of CFWB Initial Treatment Plans, Treatment Plan Updates, Discharge Summaries or STAT Team assessment and notes as applicable
- Review of CFWB Jurisdiction/Disposition Report and any supplemental reports
- 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 history of abuse and trauma, including any information regarding family referrals to CFWB
- 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 CFWB or Probation, minor's defense or dependency counsel may be able to assist with access to additional information, such as IEPs. For information on accessing medical records for minors who are evaluated while in a juvenile detention facility, please reference the appendix Records Release Protocol for TERM Juvenile Probation Evaluations at optumsandiego.com > Manuals.

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, lack of response within the timeframe constraints of the case, etc.), as well as any consequent limitations to the validity of the evaluation process.

## Child and Family Well Being Department Evaluations

Within the Agency, the client to be evaluated may be a child, adolescent, or caregiver (parent, guardian, prospective adoptive parent). CFWB 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 CFWB cases, providing their 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 related concerns, suspected cognitive/intellectual deficits that are germane to the case, and identification of interventions that promote the 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, including any standardized caregiver measures that may provide additional information. For adults, the assessment of personality factors that may impact the caregiver's ability to safely parent or interfere with 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).* Simply listing diagnostic rule-outs is not helpful, as the client was referred for an evaluation specifically to rule-out competing diagnoses. Any limitations or challenges in making differential diagnoses should be clearly outlined in the report. For further guidance, please review the appendix The Format and Required Elements of CFWB Psychological Evaluation at optumsandiego.com > Manuals.

Recommendations should be tailored and specific to the individual client's presentation obtained during the course of the evaluation and concerns identified in the referral, including addressing 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? 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 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 definitively. 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 address the question to the best of the evaluator's ability and within the scope of the psychological evaluation. TERM evaluators occasionally conduct evaluations that focus on very specific areas, such as 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 pertaining to the specialty evaluation. For a description of quality standards for the different types of specialty evaluations, please review Specialized Optum TERM Panel Evaluations at optumsandiego.com > Manuals. Additional information regarding the Dependency legal system can also be found in the appendix Dependency System Legal Process in the same tab.

## Juvenile Probation Evaluations

The focus of evaluations referred through the juvenile justice 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 Probation 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). 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 the youth 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 through reviewing the available collateral data, interviewing the client and collateral contacts, mental status examination and behavioral observations, and administration and interpretation of appropriate psychological tests and instruments; please review the section Psychological Evaluation Guidelines for further information. The evaluation report should summarize the relevant historical facts, integrate any testing interpretations, clarify diagnostic and referral 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 most current *Diagnostic and Statistical Manual of Mental Disorders*. Corresponding diagnostic codes from the ICD-10 (International Classification of Diseases) are required. Simply listing diagnostic rule-outs is not helpful, as the client was referred for an evaluation specifically to rule-out competing diagnoses. Any limitations or challenges in making differential diagnoses should be clearly outlined in the report. Please review The Format and Required Elements for the specific referral type at optumsandiego.com > Manuals.

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 youth may present.

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 as the service needs to be specifically relevant to the rehabilitation of the youth. Recommendations that are unlikely to be helpful for the client's specific case plan should be avoided. 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 sexual behavior problems, competency issues, school threat assessment, and neuropsychological assessment. 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. For further information, please review the appendix Specialized Optum TERM Panel Evaluations at optumsandiego.com > Manuals. Additional information regarding the Juvenile Justice legal system can also be found in the appendix Juvenile Justice System Legal Process, in the same tab.

### *Access to Youth in Custody*

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

YTC
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 Division Chiefs have requested that TERM providers cooperate with all procedures and directions from custody staff. Custody staff also enforce 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 Division Chief 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 Division Chief in order to minimize difficulties with scheduling services. Please note that if Wi-Fi is needed for electronic test administration, access to the Wi-Fi code will need to be proactively requested by the evaluator when the facility is contacted to schedule the assessment.

Youth at EMJDF

East Mesa Detention facility houses pre-disposition youth and youth committed to the Youth Development Academy (YDA) program. Professional visiting hours are Monday- Friday from 8am-5:30pm; visiting is closed from 11:30am-12:30pm. Social visits begin Monday through Friday at 2:30pm and Saturday and Sunday at 8:30am, as follows:

| **Sunday - *ALL UNITS*** *(IN PERSON & VIRTUAL)* |
|---|
| • 8:30am-9:30am - **Echo**<br>• 10:00am-11:00am - **Hotel**<br>• 12:00pm-1:00pm - **Foxtrot - YDA**<br>• 1:30pm-2:30pm - **Bravo - YDA**<br>• 3:00pm-4:00pm - **Alpha - YDA**<br>• 4:30pm-5:30pm - **India - YDA**<br>• 6:00pm-7:00pm - **Juliet - YDA**<br>• 7:30pm-8:30pm - **Golf - YDA** |
| **Monday & Tuesday - *ECHO/HOTEL*** *(IN PERSON & VIRTUAL)* |
| • 2:30-3:30pm - **Hotel**<br>• 4:00-5:00pm - **Echo**<br>• 5:30-6:30pm - **Hotel**<br>• 7:00-8:00pm - **Echo** |
| **Wednesday - *GOLF/ALPHA*** *(IN PERSON & VIRTUAL)* |
| • 2:30-3:30pm - **Golf**<br>• 4:00-5:00pm - **Alpha**<br>• 5:30-6:30pm - **Golf**<br>• 7:00-8:00pm - **Alpha** |
| **Thursday - *INDIA/JULIET*** *(IN PERSON & VIRTUAL)* |
| • 2:30-3:30pm - **India**<br>• 4:00-5:00pm - **Juliet**<br>• 5:30-6:30pm - **India**<br>• 7:00-8:00pm - **Juliet** |
| **Friday - *BRAVO/FOXTROT*** *(IN PERSON & VIRTUAL)* |
| • 2:30-3:30pm - **Foxtrot**<br>• 4:00-5:00pm - **Bravo**<br>• 5:30-6:30pm - **Foxtrot**<br>• 7:00-8:00pm - **Bravo** |
| **Saturday - *ALL UNITS*** *(IN PERSON & VIRTUAL)* |
| • 8:30am-9:30am - **India - YDA**<br>• 10:00am-11:00am - **Juliet - YDA**<br>• 12:00pm-1:00pm - **Bravo - YDA**<br>• 1:30pm-2:30pm - **Golf - YDA**<br>• 3:00pm-4:00pm - **Alpha - YDA**<br>• 4:30pm-5:30pm - **Echo**<br>• 6:00pm-7:00pm - **Hotel**<br>• 7:30PM- 8:30pm - **Foxtrot - YDA** |

EMJDF also offers virtual visits for family members that cannot travel to the institution. Virtual social visits are held at the same time as in-person social visits.

The best time for an assessment is Monday-Friday from 9am-11am. Any professional is welcome to call ahead to schedule an assessment and be added to the monthly calendar. 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.

When the youth arrives for the assessment, the provider will be locked into an interview room to ensure institutional safety. The PO sitting in the Visiting Center 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 youth. 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.

### *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 youth. TERM evaluators can go to the Youth Development Center (YDC) 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 YDC Reception at (858) 694-4600 at least one day in advance to schedule the appointment. * Currently we only schedule VTCs for room V40 (the other two rooms are out of commission)
- Go to YDC Reception for directions to the teleconferencing room.
- Dial the appropriate teleconferencing room at EMJDF. YDC reception will tell the provider which room number to dial.
- If the youth is not present, call (619) 671-4419 to check on his status. Unforeseen circumstances may have delayed his arrival in the teleconferencing area.

Youth at YTC

Youth Transition Campus houses all general population youth (pre-disposition), Youth Development Academy (YDA/ girls) commits, Youthful Offender Unit (YOU/ Girls), Healing Opportunities for Personal Empowerment (HOPE), Urban Camp commitments (85 days, 130 days, 150 days and 250 days), and dependency dual status youth waiting for placement. Professional visiting hours are Monday- Friday from 8am-8pm, Saturday and Sunday 8am to 5pm. The best time for an assessment is Monday-Friday from 8am-11am. Any professional is welcome to call ahead to schedule an assessment and be added to the monthly calendar. Family visiting hours are Monday-Sunday and are as follows:

**Sunday:** 8:00am-5:00pm

**Monday:** 8:00am-8:00pm

**Tuesday:** 8:30am-8:00pm

**Wednesday:** 8:00pm-8:00pm

**Thursday:** 8:00am-8:00pm

**Friday:** 8:00am-8:00pm

**Saturday:** 8:00am-5:00pm

YTC also offers virtual visits for family members that cannot travel to the institution. Virtual visits are from Monday-Sunday and are conducted from Mon.- Fri. 2:30pm-8:00pm and Saturday from 8:00am-4:30pm.

On arrival at YTC, 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 evaluation would need to go through the weapons screening that is monitored by an INTERCON security guard. 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.

When the youth arrives for the visiting center, the provider will be locked into an interview room to ensure institutional safety. The PO sitting in the Visiting Center 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 youth. 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 (858) 298-6262."

### *Juvenile Court Disposition Options for Probation Involved Youth*

In the County of San Diego, the Juvenile 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 most juveniles 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. Wards may be expected to participate in counseling, attend school, pay fines and restitution, take specific classes, perform community service, and complete other "conditions" during their probationary period.

**Short-term Residential Therapeutic Programs (STRTPs)** 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 use behaviors. The duration of the youth's placement is determined by the program's objectives. Typically, the placement is less than one year. To promote successful transition to the community following residential care, the youth may be provided with after-care services in the community (which may include intensive supervision). Placement Officers assist with the supervision of these youth.

**Urban Camp (UC):** The Urban Camp programs currently comprises of an 85, 130, or 250-day commitment for males (formerly the Juvenile Ranch facility) and a 120-day commitment for females (formerly known as Girls Rehabilitation Facility (GRF)). Youth who receive an Urban Camp commitment reside at the Youth Transition Campus (YTC) which has eight housing units, each with a total of twelve (12) sleeping rooms.

**Healing Opportunities for Personal Empowerment (HOPE):** The HOPE program was designed to meet the triad (mental health diagnosis, substance use disorder, and criminogenic) needs. This program is specifically for juvenile males aged 16-18 years old. Youth who receive a HOPE commitment reside at the Youth Transition Campus (YTC) which has eight housing units, each with a total of twelve (12) sleeping rooms. The length of commitment is up to 480-days with a Review Hearing at six months.

**Youthful Offender Unit/Program (YOU):** The YOU program was designed for high-risk female youth ages 16-18 years old who have serious felony offenses and/or lengthy criminal histories inclusive of violent and gang entrenched behaviors and received a True Finding for 707(b) offenses. Youth who receive a YOU commitment reside at the Youth Transition Campus (YTC) which has eight housing units, each with a total of twelve (12) sleeping rooms. The length of commitment is up to 480 days.

**Youth Development Academy (YDA)/Secure Youth Treatment Facility (SYTF):** The Youth Development Academy (YDA) is a Secure Youth Treatment Facility (SYTF) identified to meet the criteria requirements of SB823. The program structure is designed to support the principles of trauma-informed culturally responsive care and a development approach to youth rehabilitation. Male youth who receive a YDA commitment reside at the East Mesa Juvenile Detention Facility (EMJDF) within YDA commitment only housing unit(s) and females reside at YTC.

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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 CFWB 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 dependency and juvenile justice cases.

These standards and guidelines include:

- Psychologists are expected to select and administer assessment measures within their boundaries of competence based on their education, training, supervised experience, consultation, study, and professional experience.

- Psychologists are expected to select assessment instruments that are evidence-based with sufficient validity, reliability, and psychometric properties that are appropriate to the purpose, population, setting, and context, including client characteristics, referral need, etc. In selecting testing instruments, evaluators should gather information prior to the assessment and consult the current research literature and resources, such as *Test Critiques* and *Mental Measurements Yearbook*.

- Psychologists are expected to practice in accordance with the American Psychological Association (APA) *Ethical Principles of Psychologists and Code of Conduct*, which are referenced in the California Board of Psychology *Laws and Regulations Relating to the Practice of Psychology.*

- Psychologists are expected to practice in accordance with the *Standards for Educational and Psychological Testing* authored by the American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

- Psychologists are expected to be familiar with and strive to practice in accordance with the most recent published American Psychological Association *Specialty Guidelines for Forensic Psychology* and *Guidelines for Psychological Assessment and Evaluation.*

- 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.

- Psychologists should be familiar with rules of evidence for the State of California, the nature of the Juvenile Court process, and relevant statutes.

- For CFWB evaluations, psychologists are expected to be familiar with and strive to practice in accordance with the most recent published American Psychological Association *Guidelines for Psychological Evaluations in Child Protection Matters*.

- For juvenile probation evaluations, psychologists should be familiar with the current research literature on dynamics of youth violence, risk factors, and prevention/intervention strategies.

- Psychologists aspire to ensure awareness and impact of examiner’s personal values and expectations on client’s individual factors (i.e. race, ethnicity, gender, age, language, socioeconomic status, cultural factors, attitudes, disabilities, test-taking abilities, situational factors, etc.) when selecting, administering, interpreting, and generating a comprehensive report. Providers should strive to identify any significant strengths and limitations in their procedures and interpretations.

## 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 established reliability, validity, and clinical usefulness for the population (e.g., age, cultural background, literacy, language preference, etc.). It is incumbent upon the psychologist to stay informed of the current research literature to ensure the instruments utilized in their assessments are using the most up-to-date normed battery and follow recently published standards and guidelines. A non-exhaustive list of examples of psychological evaluation procedures grouped by domain of functioning/ assessment area can be found at optumsandiego.com > Manuals > Psychological Evaluation Procedures.

In cases where formal measure(s) with established validity/reliability/psychometric properties for the examinee are not available to address the specific referral questions, evaluators may utilize alternate means (such as mental status examinations, clinical interviews with the examinee and relevant others, background information, mental health record review, etc.). Any consequent limitations of that approach should be acknowledged in the evaluation report, as should any deviations from standardized test administration. Evaluators are to use multiple sources of relevant and reliable information collected according to established principles and avoid relying on one source of data.

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. 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. Within a forensic evaluation context, the response style of the examinee cannot be assumed to be reliable due to potential to gain (or loss) from the legal decision. When interpreting results, evaluators are to consider, formally assess, and document in the report the various factors that may affect the accuracy of the interpretation (i.e. response style, threats to validity).

Use of objective measures of personality and psychopathology with established norms/validity/reliability for the population being assessed are required for all psychological evaluations. Any limitations should be specified in the body of the report (i.e., cognitive/ intellectual or psychiatric compromise, lack of age-appropriate measures, literacy limitations). 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.

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, given the stakes involved in forensic contexts, 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 are 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, not assessed by other measures or batteries (e.g., MMPI), 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. 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 or not having appropriate measures available.

## 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, their 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. 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 probation evaluations, IQ scores are required for a minor's residential placement. Testing scores are only one piece of the assessment and should be conceptualized in the context of multiple factors (i.e. referral needs, presenting data, background, etc.). 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.

## Requests for Updated Evaluations

Occasionally, a referring party may request an addendum to the original report. An addendum may be requested because there has been a change in the client's functioning, additional information has been obtained or needed that affects the client's treatment needs and placement, or a new referral question is to be addressed, but another comprehensive evaluation is not indicated.  If an addendum to the original report is requested, the provider will receive a Minute Order outlining the request and provider fee. At the publication of this document, the established fee is $600 for an addendum report request through the Juvenile Probation process.

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 Handbook section 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 dependency and juvenile justice 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 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 CFWB PSW Locator Number (858) 514-6995 to obtain the new PSW's telephone and fax number, please contact TERM at (877) 824-8376, Option 1 to obtain the required passcode for the PSW Locator Number.

## Child and Family Well Being Department Timelines

### *CFWB Treatment Plans*

- The due date for the Initial Treatment Plan is fourteen (14) calendar days from the initial authorization date. If there are significant delays in initiating treatment, please contact TERM so the due date of the initial treatment plan can be adjusted.

- A Treatment Plan Update is due twelve (12) weeks after the Initial Plan and every twelve (12) weeks thereafter, for the duration of therapy.

- A Discharge Summary is due upon the termination of treatment, regardless of number of sessions or next quarterly treatment plan due date.

- At times, CFWB or the client's attorney may request additional unscheduled treatment plan updates. Providers are expected to make reasonable efforts to provide the update within the requested time frame or communicate delays to the requesting party.

### *Payment for CFWB Treatment Plans*

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

### *CFWB Evaluations*

The evaluator is required to submit their report within thirty (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, CFWB expects a written report within ten (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 CFWB 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).

## Provider Work Product Tracking

Due to the critical role a provider's documentation plays in the client's case plan, work product submission is a contractual obligation. As such, TERM tracks the work products of all CFWB referred treatment and evaluations. Providers will receive a monthly courtesy Due Date Tracking Letter outlining the due dates of all clients assigned to them. A work product is expected for each client assigned to the provider, regardless of the number of sessions attended or barriers with engagement. When challenges or delays with engaging a client for intake or evaluation exist, the provider is expected to manage their caseload by notifying TERM and requesting an update. The request to exclude (remove the

client from the caseload) or extend (adjust to the proposed due date) can be made via the Due Date Tracking Letter by faxing the request to (877) 624-8376 or by calling TERM directly at (877) 824-8376 (Option 1).

Work products that are 30+ days past the due date will be elevated to Optum's Provider Services Department as a complaint and may impact recredentialing.

## Juvenile Probation Timelines

### *Adjudication Pending Evaluations*

Evaluation reports for Adjudication Pending referrals should be submitted two (2) working days prior to the Court hearing date and by the "Date Report Due to Optum" that is specified on the Probation Evaluation Referral form. 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.

The exception to this timeline is for Mental Competency evaluations, which are due three (3) working days prior to the Court hearing. The evaluator will receive a copy of the Court order with the hearing date and referral questions.

### *Post-Disposition Evaluations*

Evaluation reports for Post-Disposition referrals are due by the "Date Report Due to Optum" that is specified on the Probation Evaluation Referral form.

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 youth'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.

### *CFWB Treatment Plans*

The reviewer ensures the guidelines for treatment described in the handbook section CFWB Treatment, and treatment plan documentation requirements identified in handbook section CFWB 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?
- Is the service delivery type noted and supported by the treatment plan documentation?
- Are the therapeutic interventions cited appropriate to clinical circumstances, client's individualized treatment needs and presentation, and consistent with professional standards of care?
- Is progress related to the focus of treatment, 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?
- Please note that statements made during the course of treatment may trigger a mandated report of child abuse. Any mandated abuse reports should be documented in the treatment plan.

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.

### *CFWB 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.

## 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, CFWB, Probation Department). A TERM Provider Complaint Form is available at optumsandiego.com > Grievances, 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 updates to report documentation, 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.

## Peer Review Committee

The Clinical Peer Review Committee meets once per quarter or as needed when cases have been identified with serious outcomes or potential serious outcomes. This process includes Optum staff, network providers, and other professionals in the community. The Peer Review process reviews quality of care concerns regarding CFWB-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 Optum 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. The Committee members may develop questions regarding treatment which will be relayed to the provider via a letter. If any quality of care issues are identified, the provider may be given a corrective action plan or, in certain cases, 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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# Interpreter Services

## Child and Family Well Being Department or Juvenile Probation Funded Services

TERM aims to meet the language needs of CFWB and Juvenile Probation involved clients when possible, however there may be occasions where a provider with the requisite language skills may not be available. In these circumstances, CFWB may approve of the use of an interpreter to facilitate treatment, or to assist with conducting a collateral interview with non-English speaking caregivers. Providers should coordinate directly with the client's Protective Services Worker. Juvenile Probation may also authorize use of interpreter services for evaluations when needed to facilitate communication with a youth being evaluated or with non-English speaking caregivers. When interpreter services are needed, this should be communicated to the appointed evaluator; however, if this has not occurred and a clinical need for these services has been identified by the provider, authorization should be requested directly through the referring Probation Officer. Please see the Referral and Authorization section for additional information.

## Medi-Cal Funded Services

To request interpreter services for Medi-Cal beneficiaries, fax a completed Interpreter Services Request Form (located at optumsandiego.com > SMHS Authorization Requests) 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 and Family Well Being Department.

## Child and Family Well Being Department Claims

The following outlines the claims submission procedures for services reimbursed by Child and Family Well Being Department:

- Payment for a CFWB Treatment Plan 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 (877) 824-8376, option 2, claims.
- 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:

CFWB Payment Processing
P.O. Box 600340
San Diego, CA 92160-0340
Fax: (877) 624-8376

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.

### *CPT Codes*

The authorization letter indicates the authorized services. The corresponding CPT codes for the authorized services can be found on the provider's rate sheet. Billing must incorporate the authorized services and their CPT codes that are 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 clean claims shall be submitted within ninety (90) days of the provisions of covered services. All claims will be processed within thirty (30) days of receipt. Processed means paid, denied, or returned for correction.

Any claims that are returned or questioned must be resubmitted or addressed within ninety (90) days of the Optum Explanation of Benefits (EOB) date or outreach from Optum.

Should these deadlines not be adhered to, submitted claims will be denied and resubmission will not be possible.

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 | Details |
|---|---|
| 1a | CWFB# |
| 2 | Client's name |
| 3 | Client's date of birth and gender |
| 5 | Client's complete address or homeless |
| 12 | Signature of Authorizing Party, or SOF (Signature on File) |
| 13 | Signature of Authorizing Party, or SOF (Signature on File) |
| 19 | Intern or Correct Claim |
| 21 | Diagnosis using ICD-10, DSM-5-TR, Z Codes Z03.89 and Z55-Z65 are acceptable |
| 24A | Date(s) of Services - (one (1) date of service per line) |
| 24B | Place of service code |
| 24D | CPT Code for service rendered, including modifiers, if applicable |
| 24F | Charge(s) for the service(s) rendered |
| 25 | Federal Tax ID Number of billing provider or "Pay To" Agency/Group (Social Security Number or Employee Identification Number [EIN]) |
| 31 | Name of Rendering Provider and Date*** |
| 32 | Service Facility Location Information |
| 33 | "Pay To" Provider or Group name, Address and Telephone Number** |

** 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 must sign and date Box 31.

# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

SIGNED

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM DD YY | To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | NPI | |
| 2 | | | | | | | | | | NPI | |
| 3 | | | | | | | | | | NPI | |
| 4 | | | | | | | | | | NPI | |
| 5 | | | | | | | | | | NPI | |
| 6 | | | | | | | | | | NPI | |

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd. for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH# ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500(02-12)

### *Overpayments*

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

CFWB 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:

CFWB 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 at (800) 798-2254, option 2 or fax (877) 364-6945, Attention: CFWB Payment Processing.

For further guidance on submission of claims to Optum, please see the Claims Resources for TERM Providers located at optumsandiego.com > Manuals.

## 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 Operations Handbook located at optumsandiego.com > Fee For Service Providers > Manuals.

## 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

## Electronic Claims Procedures

Electronic claim submission is an option for any provider on the TERM panel, regardless of tenure on the panel or claims submission history. Providers wishing to submit claims electronically will need to contact the Claims Department at (877) 824-8376, Option 2, to request a Companion Guide for further instructions on how to enroll. Electronic claims are submitted to Optum via a clearinghouse and will first need to pass a testing requirement that validates for HIPAA compliance and to ensure that it uploads to the electronic health record successfully. If the test submission is accepted, the provider will be notified via email. If the test submission is rejected, the provider will need to resolve all errors and resubmit the file for validation. This process will continue until the test claim is accepted.

## Missed Appointments

Periodically clients who are authorized for treatment will fail to attend their scheduled appointments. Optum does not provide reimbursement for clients who no show for scheduled therapy sessions. TERM providers are allowed to develop their own policy for their practice regarding termination of clients who fail to attend scheduled sessions; however, in no event shall a provider bill or seek reimbursement from a client.

## No-Show Consideration Fee for TERM Evaluations

Referring parties from the dependency and juvenile justice system have approved a consideration fee for TERM evaluators accepting referrals through the TERM process in recognition of the amount of time reserved for an evaluation appointment and potential financial impact when a client does not show for the scheduled appointment. The consideration fee is applicable only once to the assigned evaluator per client, and evaluators are expected to make a good faith effort to schedule clients. No-show consideration fee reimbursement does not apply to evaluation referral that providers may receive outside of TERM process (e.g. attorney, self-referred, etc).

### *Child and Family Well-Being Referrals*

TERM evaluators accepting CFWB evaluation referrals through Optum TERM will be pre-authorized for one unit CPT code 99499 (no-show). For CFWB funded evaluations, this no-show authorization will be included as part of the evaluation authorization codes and sent to providers by Optum with the CFWB referral form and referral questions. Since Medi-Cal does not reimburse no-shows, for CFWB referrals that are funded by Medi-Cal, Optum will send the provider the no-show authorization through CFWB funds at the same time as the referral form, referral questions, and authorization letter. However, if evaluation services are financed by Medi-Cal, the 99499 must be reported on a different claims form than the evaluation services because it is paid for separately using CFWB funding; please follow CFWB claims procedure when billing.

### *Juvenile Probation Referrals*

TERM evaluators accepting evaluation referrals through TERM process may request reimbursement of the no-show consideration fee by submitting an invoice to Probation Accounting; an explanation regarding the client's failure to attend must also be concurrently submitted to Probation Aide Jessica Cruzado.

- Invoices should be directed to Edna Cowgill via fax or secure email: Edna.Cowgill@sdcounty.ca.gov; Phone: (858) 514-3247; Fax: (858) 281-5409.

- Explanation of the no-show should be submitted to Jessica Cruzado via fax or secure email: Jessica.Cruzado@sdcounty.ca.gov; Phone: (858) 298-6540; Fax: (858)694-4751.

## Reimbursement for Court Testimony

A TERM provider may be requested to testify in court. Please review the appendix on Court Testimony in the Juvenile Court System found at optumsandiego.com > Manuals, for further information and guidance on providing testimony. For CFWB referred clients, an invoicing process has been established to reimburse TERM providers for telephonic and in-person court testimony specifically for CFWB referred clients accepted through the TERM process. It will be the provider's responsibility to submit a completed invoicing form to Optum after ensuring that the client was CFWB referred through the TERM process and that CFWB or the client's appointed attorney formally requested you to provide the court testimony. The invoicing form can be found at optumsandiego.com > CFWB Treatment > Provider Request for Invoice Payment Delegation Form – Court Testimony and includes the established rates for half and full day of testimony.

For Juvenile Probation referred clients, when an attorney from the Public Defender's Office contacts a TERM provider for testimony, the attorney is responsible for confirming the provider's availability and rate. The attorney then submits an expense authorization and once approved, the attorney notifies the provider. After the testimony or agreed-upon services are completed, the provider will send the invoice directly to the attorney, who then forwards it to Accounts Payable for payment after confirming that the services have been rendered and the invoice is approved for payment. If testimony was

requested by another party, such as the District Attorney's Office, providers will need to discuss their rates and payment directly with the requesting attorney.

## Reimbursement for Unscheduled Treatment Progress Reports

The quarterly CFWB treatment plan report submission schedule doesn't always synchronize with court dates, and there are times information is needed outside of the TERM report submission process. If an additional unscheduled report is requested by CFWB or by client's counsel, the report should be submitted to Optum and authorization of the interim report will occur according to the established process for quarterly report submission.

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# List of Appendices

All appendices mentioned in this handbook are listed below and available at optumsandiego.com > Manuals.

- 04-29 CFT
- CFT Information Guide for Providers
- Court Testimony in the Juvenile Court System
- CFWB Form 04-176 Child Therapy Referral Form
- CFWB Form 04-176 Parent Therapy Referral Form
- CFWB Form 04-178 Request for TERM Appointed Evaluator
- CFWB Form 04-176/04-177 – Parent
- CFWB Form 04-176/04-177 – Child
- Claims Resources for TERM Providers
- Dependency System Legal Process
- Documentation Requirements – Individual Treatment Standards
- Documentation Requirements – Group Treatment Standards
- Juvenile Justice System Legal Process
- Legal Issues Related to Therapy and Evaluations for CFWB Cases
- Probation Psychiatric Evaluation Referral Form
- Probation Psychological Evaluation Referral Form
- Psychological Evaluation Procedures
- Records Release Protocol for TERM Juvenile Probation Evaluations
- Request for Authorization of Additional Units of CFT Meeting Form
- Critical Incident Report
- Specialized Optum TERM Panel Evaluations
- Superior Court of the State of California Order Authorizing Release of Health Information of Children in the Custody of the Health and Human Services Agency
- TERM Therapy Provider Telehealth Best Practices
- TERM Treatment Plan Documentation Resources

- The Format and Required Elements of a CFWB/Probation Psychiatric Evaluation
- The Format and Required Elements of a CFWB Psychological Evaluation
- The Format and Required Elements of a Juvenile Mental Competency Evaluation
- The Format and Required Elements of a Juvenile School Threat Assessment
- The Format and Required Elements of a Probation Psychological Evaluation

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