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## TERM Mission

From time to time we receive questions about the purpose of TERM processes, such as why providers are required to submit paperwork or why there are guidelines to follow. In order to answer these questions, we would like to provide the context for the TERM processes by sharing the mission and relevant history of the TERM program.

### Historical Context

In 1993 the County of San Diego Board of Supervisors directed specific improvements in management, peer review, and quality assurance due to concerns about the system of psychological services for children and adults served by the Juvenile Court dependency system. It was recognized that the Juvenile Court system was becoming increasingly reliant on mental health information for making case decisions, and there was a need “to develop an objective quality assurance system for mental health evaluation and treatment in the dependency system, including privileging and credentialing protocols.”

At the core of the proposed quality assurance system was the Treatment and Evaluation Resource Management (TERM) team, which was implemented in 1995 in response to the Board of Supervisor’s directives. As outlined by the first TERM Program Manager in 1995, the primary mission of TERM is to ensure that the families served by the Juvenile Court system “receive quality mental health evaluation and therapy services which are effective for resolving the issues which put their children at risk.”

### Implementation of the TERM Mandate

TERM has functioned as an independent, impartial review body with professional input into the system from various stakeholders through the use of an Advisory Board. To achieve the TERM mission, the quality control process implemented included clinical reviews of all CWS evaluations and treatment plans “with respect to community standards and their responsiveness to the referral.” Quality assurance of Juvenile Probation evaluations was not originally part of the mandate, but was added later as another responsibility of the County TERM team.

## TERM Mission, continued from page 1

### Current Vision

Throughout the evolution of the program, including the transition of management to OptumHealth in 2009, the mission of TERM has remained focused on improving the quality and appropriateness of mental health services provided to clients of CWS and Probation Services through a quality review process. OptumHealth's goal is to enhance fulfillment of the TERM mission through recruitment of providers, continuous efforts towards improving processes and efficacy of the system, and increased input from all partners in the system, including providers.

In support of providing an objective and impartial review process, TERM guidelines and quality assurance parameters are based on nationally recognized practice standards and current peer-reviewed professional research literature. Some of the resources referenced by TERM include:

- ◆ Professional codes of ethics (APA, NASW, CAMFT, American Psychiatric Association, ATSA)
- ◆ State laws and regulations governing the practice of the various mental health disciplines
- ◆ California Clearinghouse for Evidence-Based Practice for Child Welfare
- ◆ Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases (US Department of Justice and US Department of Health and Human Services)
- ◆ Test publisher manuals and test reviews such as Test Critiques and Mental Measurements Yearbook
- ◆ Various practice guidelines and standards such as: Specialty Guidelines for Forensic Psychologists; APA Guidelines for Psychological Evaluations in Child Protection Matters; and Standards for Educational and Psychological Testing developed by APA, AERA, and NCME
- ◆ Professional consultation with nationally recognized subject matter experts

We welcome feedback from all partners. Please feel free to contact TERM Program Manager LeAnn Skimming, Ph.D. or any of the TERM staff with any input, questions, or concerns. Feedback can also be forwarded to your TERM Advisory Board Representative listed on page 9.

### References:

- ◆ Chief Administrative Officer Response to the County of San Diego Board of Supervisors, dated 3/31/94.
- ◆ Letter from Program Manager, TERM Team to Therapy and Evaluation Provider Panels, dated 4/14/95.

# Providing Testimony in Juvenile Dependency Cases

## Contributed by the Dependency Legal Group of San Diego

As a TERM provider, you should understand that juvenile dependency cases are before the court a minimum of every six months and any of these hearings can result in a trial being set. There is a short amount of time to show the court that the protective issues in a case have been addressed and the risk to the child if returned home is low. There is never concrete, black and white evidence that it is safe and the abuse or neglect will not recur. There is only an assessment of all of the current circumstances of the family including the family's progress in services designed to address the protective issues.

This is where our clients' therapists play a very important role in juvenile dependency cases. We can present evidence that a domestic violence perpetrator attended 30 out of 52 weeks of DV classes or that an addict has given clean drug tests for 6 months and attends treatment regularly. But that doesn't provide the court with the information that gets at the heart of assessing risk – what insight has the DV perpetrator or the recovering drug addict gained about how these issues affect his children and how to keep them from recurring? This is why we often find ourselves bringing therapists to court.

## The Subpoena

As attorneys we are required to ensure that on the day of trial all of our evidence is prepared and ready to present to the court, including our witnesses. The subpoena serves two main purposes. One, it provides the witness in writing all the information necessary for where, when and which case he or she is being ordered to appear in court. Second, once it is properly served and filed with the court it is a valid court order, so failure to comply with the subpoena is a violation of a court order carrying all the potential sanctions that go along with it.

This point is particularly important for attorneys. Even if the attorney has spoken with the client's therapist, discussed the trial date and time, and the therapist has agreed to appear, if for any reason the therapist cannot make it to court the judge will not grant a continuance to receive the therapist's testimony unless there is a valid subpoena. The consequence for the client is that his or her trial proceeds and the judge will make the decision without the benefit of the positive information the therapist could have provided. The consequence for the attorney is that he or she now faces a potential claim of ineffective assistance of counsel. So clearly, having our witnesses ready and at court on the day of trial is a high priority in trial preparation.

This is also why a therapist may receive a subpoena to appear on a case where you have not spoken to the attorney and in fact know that you do not have favorable information to provide about the client. The attorneys and therapists alike have very busy schedules and it is sometimes difficult to connect on the phone. If the attorney thinks that the therapist may be needed as a witness, hasn't been able to

## **Providing Testimony in Juvenile Dependency Cases**, continued from page 3

connect with him or her, and time is running out, the attorney may have a subpoena served in order to to cover the bases, knowing that it may be necessary to call him off later. In those cases responding to the attorney quickly can resolve this.

### **Talk With the Attorney**

If you have been subpoenaed by your client's attorney and haven't yet spoken to him or her about the trial it is best to get in contact right away. You can discuss the trial issues, the information the attorney thinks or hopes you can provide, and the types of questions the attorney intends to ask. You can also discuss the possibility of providing phone testimony or taking your testimony at a specific time rather than blocking out your entire day. While these are both possible in any given case, please be aware that we can only set this up if the court and all parties in the case agree – child's attorney, parents' attorneys, and county counsel. If any one of the parties does not agree they do not have to give a reason and the court will not do it.

### **Providers Role in Providing Testimony**

The testimony attorneys are likely to attempt to elicit from providers will address the things you don't find in every standard treatment update. What is the client's demeanor in therapy? Has it changed over time? What is the client's attitude about therapy? Does the client address what he or she is learning from other services such as DV group, drug treatment, parenting classes? Does the client address his or her visitation? In the context of court testimony, the provider can give specific examples that may be privileged under other circumstances since it is elicited by the client's attorney. All of this gives the judge a better picture of the client's progress and adds to the overall assessment of the case in the way that a written report cannot.

The attorney may also call the therapist as a witness if there is some discrepancy between the provider's report and other sources of information in the case – the social worker's report, interviews with other witnesses, conversations with the therapist and other service providers, and etc.

As therapists it is not your role to provide an opinion on whether the client should get unsupervised visits, overnight visits or if the child should return home. We understand that this is beyond the scope of your work with the family and you do not have all of the information from all sources in the case to have a basis for such an opinion. If you are asked those questions you should feel free to explain that you cannot answer that.

### **Payment for Testimony**

If your subpoena is served by an attorney at the Dependency Legal Group contact the attorney in advance to discuss payment for testimony. This will ensure that you are paid in a timely manner. Contact the Dependency Legal Group for this and any other questions at (619)795-1665.

# Child Welfare Services Updates

## CHANGES TO TREATMENT PLAN TRACKING SYSTEM

As announced in the Summer edition of the TERM Newsletter and email blast of 9/26/11, the new Treatment Plan tracking system was rolled out the first week of October. Based on provider input, reminder phone calls have been replaced with a written monthly statement of work products due that will be mailed to providers prior to the beginning of each month. As with any new process, we know there may be questions and concerns. We have appreciated both the positive feedback received thus far, as well as the efforts that are being made to reconcile record keeping.

## TIPS AND REMINDERS

- ◆ Due to changes in Medi-Cal requirements, CWS will authorize County funds for requested services in situations where the client's Medi-Cal coverage is secondary to Other Health Insurance.
- ◆ When submitting a Treatment Plan Update (TPU), it is important to provide updated information in all sections of the treatment plan. For example, the client's functioning and awareness of protective issues should be changing as therapy progresses and hopefully the client's strengths will be increasing and obstacles decreasing. Current clinical information in all areas allows for valuable insight into how the client is progressing.
- ◆ When documenting the date that a treatment goal has been met, please note that the "Met Date" refers to the date the client has met the treatment goal/indicator in its *entirety*, i.e. ALL sub-sections listed under that indicator must have been achieved satisfactorily as supported by report documentation. If any sub-section has been not been met but the therapist has determined it would not be fruitful to continue to pursue addressing it with the client, please do *not* document the goal/indicator as being "met." Indicating that the goal/indicator was addressed but not met would be appropriate.
- ◆ For all new cases, we request that you utilize only the most current version of the Initial Treatment Plan/Treatment Plan Update form (04-176/04-177). The form is dated 4/11 on the lower left hand corner and can be located at [www.optumhealthsandiego.com](http://www.optumhealthsandiego.com) under the TERM forms tab.
- ◆ Recently developed CWS Treatment Plan "Instructions" can also be found in this section of the website.



# Training Opportunities

- ◆ Child Welfare Services Sr. Staff Psychologist Dr. Sara Maltzman will be offering a training on the topic of the neurobiology of trauma and resilience. It is anticipated that the training will be held in February 2012. Additional details will be forwarded to providers via email blast as soon as the training has been finalized.
- ◆ The Relationship Training Institute in conjunction with San Diego Psychological Association is offering Staying Ahead of the Curve: 2011 Updates for Domestic Violence Treatment on 11/4-11/5/2011. This CE opportunity meets full requirements for advanced training in Domestic Violence education for DV providers. Registration can be completed online at [www.RTIprojects.org](http://www.RTIprojects.org).
- ◆ Free online training is offered by the Child Abuse Mandated Reporter Training Project at <http://www.mandatedreporterca.com/>. The goal of the training is for mandated child abuse reporters to carry out their responsibilities properly.
- ◆ Save the Date for the 2012 San Diego International Conference on Child and Family Maltreatment offered by Chadwick Center for Children and Families on 1/23-1/26/12. For more information, please visit <http://www.sandiegoconference.org/>

# Juvenile Probation Updates

## JUVENILE COMPETENCE EVALUATION ROUNDTABLE

Thank you to those who responded with interest in participating in a roundtable discussion follow-up to the May 2011 Juvenile Competence Evaluation Training. It has been a challenge to find a time that is suitable to everyone's schedule, but we hope that you can join us on Friday October 21st to continue to focus on the topic of developmental immaturity and the updated legal standard for these cases. The discussion is open to all Probation evaluators privileged in the specialty of Juvenile Competence Evaluations.

Time: 12:00 pm -1:30 pm

Location: Department of the Primary Public Defender, Juvenile Delinquency  
8525 Gibbs Drive, Suite 300  
San Diego, CA 92123

Please email or call LeAnn Skimming at [leann.skimming@optum.com](mailto:leann.skimming@optum.com) or 619-641-6206 to RSVP.

## TIPS AND REMINDERS

- ◆ **Important Update Regarding Transfer of Minors Between EMJDF and KMJDF:** Transportation of minors from EMJDF to KMJDF for evaluation purposes can be requested by contacting Brian Berry, Senior Probation Officer at 619-671-4465 or Barry Calabrese, Supervising Probation Officer at 619-671-4463 (for additional information on this process, please see the Summer 2011 edition of the TERM Newsletter); however, please note that going forward it will no longer be possible to request transportation of more than one detainee for the same day.

## JUVENILE PROBATION TIPS AND REMINDERS (CONTINUED)

- ◆ Please keep in mind the date and *time* of the minor's court hearing specified on the minute order when submitting evaluation reports. The due date specified on the Probation Referral Form will generally be several days prior to the court date in order to allow a window of time for the review process and for the Probation Officer to include pertinent information in their report to the court. It has been very helpful to TERM staff when evaluators proactively call or include a note on the fax coversheet advising of any need to expedite the review.

## Messages from Provider Services Team

### Needed Areas of Expertise

The children and families that receive services through the TERM panel present with a complex array of treatment needs. This means that the providers OptumHealth contracts must have a broad base of up-to-date skills to address the needs of Child Welfare Services (CWS) and Probation clients.

We are looking for providers with training, experience or certification in evidence-based practices such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) which is effective for children exposed to traumatic events or Parent Child Interaction Therapy (PCIT) which focuses on improving the quality of parent-child interaction patterns. (You can learn more about evidence based practices at <http://www.nrepp.samhsa.gov/> ).

In addition to providers experienced with evidence based practices, CWS clients need therapists who have experience with particular populations. Currently we are looking for providers with expertise in working with individuals and families who are in the military or recently discharged from the military. Experience with individuals with Combat PTSD and their families would be particularly helpful.

Please contact Harriet Stupp, MFT, at [harriet.stupp@optum.com](mailto:harriet.stupp@optum.com) if you have expertise or certification in evidence-based practices or have experience and training in working with individuals and families with military culture or combat stress. Ms Stupp is interested in learning about your training, education and experience with these specialty areas.

### Provider Voicemail Messages

Please ensure your office voicemail message informs clients where they can call in an emergency. For instance, office voicemail messages may state, "If this is a mental health emergency or crisis, please contact the San Diego Access and Crisis Line at 1-800-479-3339." TERM providers are required to have emergency contact information available (e.g. on-call phone, the Access and Crisis Line number, clinician back-up, or 911) on their voice messaging system for 24-hour a day crisis calls. However, please do not refer to the ACL for routine use for clients whose clinicians are out of town or out of the office for an extended period of time.

# Meet the TERM Clinical Team

**LeAnn Skimming, PhD, TERM Program Manager:** Dr. Skimming is responsible for oversight of clinical quality improvement processes for the TERM Program. She has been employed with OptumHealth since 2007, first serving as a psychologist peer reviewer in the Private Sector and then moving to OptumHealth Public Sector in 2009 as a psychologist to the TERM team. Dr. Skimming earned her doctoral degree in clinical psychology from Emory University in Atlanta, Georgia where she also completed coursework through Emory University School of Law and a two year NIMH fellowship in the area of child psychology through Emory University Department of Psychiatry. Additional training experiences have included completion of an APA-approved internship at Napa State Hospital focused on treatment and evaluation of inpatients hospitalized under both civil and criminal commitments (PC 1026, PC 1370) as well as children referred through Napa County Department of Health and Human Services. Relevant professional experiences have included evaluation of children and adults in a forensic neuropsychology practice; assessment and treatment of youth and families referred through Napa County Child Protective Services and Napa County Juvenile Probation; evaluation and care coordination of inpatient and outpatient populations through Sharp HealthCare; supervision of psychology interns through the Sharp Mesa Vista APA-approved Psychology Internship program; and consultation, assessment, and therapy services within a long-term care facility.

**Richard Fowler, MD, Medical Director for OptumHealth Public Sector San Diego:** Dr. Fowler is responsible for ensuring the application of medical necessity and clinical criteria for all services provided. He also chairs the peer review committee and monitors inpatient and outpatient quality of care issues. Dr. Fowler's longstanding experience in the private sector of the behavioral health field includes academic positions at both the University of Iowa and the University of California San Diego, as well as private practice in adult psychiatry in San Diego. Additionally, in 1987, he co-founded Changing Options Inc., a residential treatment program in Ramona, California. Dr. Fowler also has an extensive background in the public sector. In 1997, he became Medical Director of the TeleCare Choice Program, a 60 bed Institution for Mental Disease (IMD) at San Diego County Psychiatric Hospital that was receiving step-downs from California State Psychiatric Hospitals. The goal of the program was to successfully transition these clients to board and care facilities. Dr. Fowler became the medical director for OptumHealth in 2002. Dr. Fowler earned his Doctor of Medicine from the University of Iowa. Following a medical internship at the University of Tennessee, Memphis, he completed a residency in adult psychiatry at Washington University St. Louis. Dr. Fowler is board certified in psychiatry.

**Nancy Cowden, MFT, TERM Clinician:** Nancy received her M.A. in Marriage and Family Therapy from the University of San Diego. She has been working at OptumHealth since 2005 and previously has worked on the Access and Crisis Line and in Utilization Management where she was the Advocate for Children's Inpatient Care. Prior to working at OptumHealth, Nancy worked at Family Health Centers of San Diego for two years where she provided individual, family and group therapy to children ages 5-18 through the EPSDT program. For three years Nancy worked for Harmonium Inc. with their Juvenile Diversion Program counseling youth at risk for entering or currently involved with the juvenile justice system. Prior to working at Harmonium, Nancy provided in home counseling to families involved with CWS.

**Shannon Shepherd, MFT, TERM Clinician:** Shannon earned her graduate degree from the University of San Francisco. In the San Francisco area, Shannon's clinical experience included work with severe substance abuse/dual diagnosis clients; working with youth held within juvenile hall; working with sexual abuse perpetrators and victims, as well as working with high risk youth/families in residential care. Some of Shannon's varied experiences since relocating to San Diego include working for Scripps Clinic; maintaining a private practice; working with children and families involved in the Juvenile Probation System through the Mental Health Resource Center; working with a unique target population of children/families with an incarcerated parent through SAY San Diego; to her current work with OptumHealth TERM.

**Rada West, PhD, TERM Psychologist:** Dr. West obtained her doctoral degree in clinical psychology with emphasis in neuropsychology from California School of Professional Psychology-Fresno. Dr. West completed formal post-doctoral training in neuropsychology at Sharp Healthcare Rehabilitation Center. She has extensive experience with populations across the lifespan. Prior to her role as a peer reviewer at OptumHealth, she held a position at Rady Children's Hospital Developmental Evaluation Clinic where her responsibilities included, but were not limited to, assessment of developmental disabilities including pediatric head injury, mental retardation, learning disabilities, autism/pervasive developmental disorders, attention deficit/hyperactivity disorders and mood disorders in young children and adolescents. Dr. West also worked with Child Welfare Services, evaluating young children for adoption purposes. In addition to Dr. West's position with OptumHealth TERM, she continues to maintain a part-time practice with Neuropsychology Consult Services.

# TERM Advisory Board Provider Representatives

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

Christopher Carstens, Ph.D., for psychologist evaluators  
[contact@drcarstens.com](mailto:contact@drcarstens.com)

Roberto Weiss, MFT, for masters level therapists and clinical supervisors  
[R.weiss@motivaassociates.com](mailto:R.weiss@motivaassociates.com)

Jeff Rowe, M.D., for the S.D. Psychiatric Society & the S.D. Academy of Child & Adolescent Psychiatry  
[Jeff.rowe@sdcounty.ca.gov](mailto:Jeff.rowe@sdcounty.ca.gov)

Martha Ingham, Ph.D., for the San Diego Psychological Association  
[drmarthaingham@gmail.com](mailto:drmarthaingham@gmail.com)

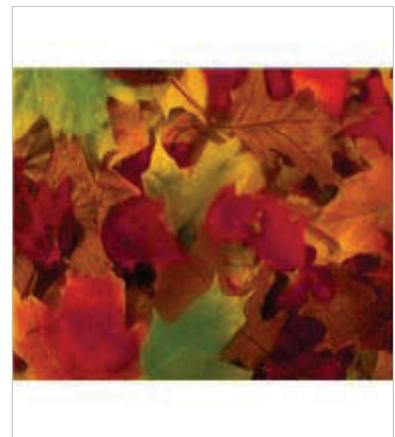
Jordanna (Jordi) Wasilesku, MFT, for agency providers  
[cbsafcc1@aol.com](mailto:cbsafcc1@aol.com)

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

## Specialty Guidelines for Forensic Psychologists

The revised version of the *Specialty Guidelines for Forensic Psychologists* was adopted by the APA Council of Representatives on 8/3/11 and will appear in a future edition of *American Psychologist*. A draft version is available online at :

<http://www.ap-ls.org/aboutpsychlaw/SpecialtyGuidelines.php>



## Kudos

- ◆ Kudos to CWS Manager Leesa Rosenberg, CWS Psychologist Sara Maltzman, and Chief, Juvenile Forensic Services Michele Solomon for passing along training opportunities to keep our TERM community informed.
- ◆ We would like to thank our providers for all the valuable feedback that is offered on an ongoing basis. We deeply appreciate everyone's attention to the communications that are sent out, and the time that is taken to let us know about what we are doing well and suggestions for improvement.

**OptumHealth**<sup>SM</sup>  
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