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Subject: OptumHealth TERM - Summer Quarter Newsletter

Dear TERM Provider:

Attached please find a copy of the Summer Quarter 2013 TERM Newsletter for your review. This edition of the TERM Newsletter includes:

- An article contributed by Charisma De Los Reyes, MSW, of Child Welfare Services on identifying and treating victims of commercial sexual exploitation
- An article by Tim Tormey, Psy.D., MFT, of County Behavioral Health Quality Management on the Medi-Cal record and site review process
- A focus on best practices pertaining to documentation of risk assessment
- Important news and updates relevant to your work as a TERM provider, including updates from the TERM Advisory Board
- Upcoming local training opportunities

When the next TERM Newsletter arrives in the Fall, you will notice some exciting changes. The Newsletter is growing to include OptumHealth Medi-Cal Fee for Services Network providers, and will include new colors and formatting as well as a brand new name— OPTUMISTIC. You will continue to find articles, messages, and updates specific to TERM as well as information to keep you up to date on what is happening with the Medi-Cal Network.

As always, please do not hesitate to contact us with your questions, concerns, or ideas for future articles.

Best Regards,

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TERM Newsletter

SUMMER 2013

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TERM Manager's Message

In this edition of the TERM Newsletter we are pleased to feature an article by Charisma De Los Reyes, MSW, on identifying and treating victims of commercial sexual exploitation, a topic of pertinence to work with clients involved in both the delinquency and dependency systems. Based on provider feedback, we have also included an article by Tim Tormey, Psy.D., MFT, with important information for providers to know about the Medi-Cal record and site review process, and as always we have highlighted important news and updates along with upcoming local training opportunities.

When the TERM Newsletter arrives next quarter, you will notice some exciting changes. The Newsletter is growing to include the OptumHealth Medi-Cal Fee for Services (FFS) Network providers, and will include new colors and formatting as well as a brand new name – OPTUMISTIC. Through this expanded newsletter we will share information, suggestions, and resources to enhance and support the success of providers on both the TERM and FFS Networks. You will continue to find articles, messages, and updates specific to TERM as well as information to keep you informed and up to date on what is happening with the Medi-Cal Network. We are excited to expand our focus and to introduce our new Newsletter!

News and Updates

DSM-5: WHAT YOU NEED TO KNOW

The latest edition of the Diagnostic and Statistical Manual of Disorders (DSM-5) was released in May, and we have received numerous inquiries from providers about this transition. Providers should be aware that there is no immediate impact to claims and current billing practices. We are asking providers to continue using DSM-IV for their clinical diagnoses and the same ICD-9-CM codes they have been using for billing until otherwise notified. The County is currently evaluating the implications and technical modifications necessary to support the transition, and it is anticipated that an implementation plan for DSM-5 will be released in the Fall. We will provide you with updates on the implementation plan as they become available.

News and Updates Cont'd

NEW MEDI-CAL OUTPATIENT INITIAL AUTHORIZATION PROCESS

No Initial Pre-Authorization Needed!

Providers and clients will no longer need to request pre-authorization for initial Medi-Cal Mental Health Services. Currently either you, your office staff, or the client are required to submit a request for authorization form. Effective August 1, 2013 an authorization form or call to Optum is no longer necessary prior to starting treatment. This means Optum will not require pre-authorization of the first 8 sessions for adults (1 assessment and 7 treatment sessions) or for the first 13 session for children (1 assessment session and 12 treatment sessions). Also, Optum will no longer issue prior authorization letters. This new process will require less work for you and fewer calls for your clients.

How Will The Process Work?

When a provider submits a claim for the initial outpatient treatment session, Optum staff will enter the authorization for services. After the authorization is entered, the claims for the initial sessions will be processed. If additional sessions (beyond the initial 1 assessment session and 7 treatment sessions for adults; or 1 assessment session and 12 follow up sessions for children) then providers will submit an Outpatient Treatment Request (OTR) form. The OTR will be required prior to rendering treatment beyond the initial 8 (for adults) or 13 (for children) sessions.

Please note: Pre-authorization is still required for psychological testing requests, via submission of the Psychological and Neuropsychological Testing Request Form.

TERM PROVIDER SURVEY

An informal telephonic survey of TERM providers is being conducted by County Behavioral Health in order to assess the functioning of the program. Your input is encouraged in order to gain the broadest perspective on areas of strength and opportunity. Thank you in advance for taking a few moments to participate!



Identifying and Treating Victims of Commercial Sexual Exploitation

Contributed by Charisma De Los Reyes, MSW, Child Welfare Services

Each year thousands of girls and boys are victims of commercial sexual exploitation in the United States. Thirteen cities across the United States have been identified by the FBI as “high-intensity” areas for the commercial sexual exploitation of children (CSEC). California, alone, has three cities with this designation: Los Angeles, San Francisco, and San Diego. CSEC, a form of human trafficking, is any sexual activity involving a child (any person under the age of 18) in exchange for something of value, or promise thereof, to the child or another person or persons. Some examples of the sexual activities that involve children are street prostitution, pornography, stripping, private parties, gang-based prostitution, and forms of internet-based exploitation.

It is difficult to imagine that this form of human trafficking happens right here. Often times, the question is asked, “How does CSEC happen?” A number of factors (individual, environmental and social) have been identified that can place children at risk for CSEC. Such factors include but are not limited to age of child, history of abuse or neglect, homelessness/runaway, mental health issues, and /or developmental/learning disabilities. Environmental influences such as the adult sex industry, substance use/abuse, poverty, and exposure to violence, in addition to social aspects (glorification of pimp culture, sexualization of girls and young women, social media, etc) all play a part in the recruitment of girls into CSEC. The average age that youth are recruited or lured into CSEC activities is between 12-14 years of age. There are multiple avenues for recruitment into CSEC. Children have reported that they were seduced by an “older boyfriend/girlfriend” and made to believe that they were in a romantic relationship with him/her. However, the relationship quickly turned violent and they were forced to participate in sex acts for money. Or they reported they were recruited by their peers. Others have reported that they responded to opportunities where modeling, singing or acting were being advertised, only to later find out that they were being recruited for sex acts. The use of the internet to entice youth through chat rooms or profile-sharing sites is commonplace for recruitment into CSEC. The dynamics of all of these factors are critical in developing our response to working with and supporting CSEC victims.

Warning Signs and Indicators for CSEC Victims

Some indicators that a child/youth may be a CSEC victim (the following are common indicators that may be useful in identifying commercially sexually exploited youth. Aside from the first bullet point, a child exhibiting one of these indicators may not necessarily or definitively be a victim of CSEC. Likewise, not all victims of CSEC exhibit all of these warning signs. However, the presence of any of these signs is worthy of further inquiry and intervention, and may suggest that the child is being commercially sexually exploited):

- ◆ If the age of an individual has been verified to be under 18, and the individual is in any way involved in the commercial sex industry, or has a record of prior arrest for prostitution (or related charges), then he or she is a CSEC victim

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN CONT'D

- ◆ Visible signs of abuse such as unexplained marks or bruises, cuts
- ◆ Hypervigilance or paranoid behavior
- ◆ Sexually exploited children and youth often express interest in, or are in relationships with, adults or older men/women.
- ◆ Evidence of controlling or dominating relationships, including repeated phone calls from a “boyfriend/ girlfriend” and/or excessive concern about displeasing partner
- ◆ Unexplained shopping trips or possession of expensive clothing, jewelry, or a cell phone could indicate the manipulation of an exploiter
- ◆ Not in control of their own money
- ◆ Unaccounted for time, vagueness concerning whereabouts
- ◆ Keeping late-nights, or unusual hours
- ◆ Tattoos which child/youth is reluctant to explain
- ◆ Has an explicitly sexual online profile
- ◆ Depicts elements of sexual exploitation or the commercial sex industry in drawing, poetry, or other modes of creative expression
- ◆ Truancy or excessive absences
- ◆ Running away behaviors
- ◆ Multiple cell phones

If a provider finds or suspects that they may be working with a CSE youth, local resources include:

- ◆ Make a report to the **Child Abuse Hotline** | (800) 344-6000
- ◆ **STARS** (Surviving Together, Achieving and Reaching for Success): A program designed for teens girls between the ages of 13-17 who have experienced sexual exploitation and prostitution. The group meets weekly for 12 weeks. To make a referral call (619)521-2250 x 304.
- ◆ **Counseling Cove**: Counseling Cove provides intensive, outpatient behavioral health services and case management services for Seriously Emotionally Disturbed homeless and runaway youth between the ages of 12-21 years old). Counseling Cove utilizes a comprehensive approach that is community based, client and family driven and culturally competent. To make a referral call (619)525-9903. Eligible clients can have either Medi-Cal or if uninsured, can be offered services through the Mental Health Services Act.
- ◆ **Bilateral Safety Corridor Coalition**: An alliance of over 60 government and nonprofit agencies in the United States and Latin America that is convened along the U.S.-Mexico Border Region to combat slavery and human trafficking. BSCC is committed to bilaterally preventing and intervening in the commercial and sexual exploitation of women and children while advocating for all exploited persons. BSCC is the only bilateral bi-national project that provides services in Tijuana, Mexico and San Diego, CA. For more information regarding services contact 619-336-0770 or visit www.bsccoalition.org.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN CONT'D

- ◆ **Freedom from Exploitation:** A peer-driven recovery group for victims of the Commercial Sex Industry. Provides services through Child Welfare, Juvenile Hall and for first time adult offenders. For more information contact Kathi Hardy at (619) 459-4877.
- ◆ **GenerateHope:** An IRS recognized 501(c)(3) not-for-profit organization, provides dedicated housing and a comprehensive recovery program for women and girls, who have been sexually exploited and/or trafficked. Since recovery from sexual exploitation is a long-term process, Generate-Hope allows for up to seven years of support to work through past trauma. For more information regarding services contact 619-818-4026 or visit www.generatehope.org.
- ◆ **North County Lifeline:** Provides wraparound services to victims of human trafficking in the North County. For more information contact: (760) 726-4900 or view their website: www.nclifeline.org

A victim-centered trauma-informed approach is required in attempting to meet the many needs of CSEC victims. The West Coast Children's Clinic in the Bay Area (San Francisco) published a report entitled Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths that discussed the challenges they came across in serving CSEC victims, particularly in terms of mental health services. The report discusses the use of PTSD as a diagnosis for this population but express concern that PTSD did not fully capture the full range of impairment for children exposed to complex trauma. The report also makes practice and policy recommendations. The report can be found at http://www.westcoastcc.org/WCC_SEM_Needs-and-Strengths_FINAL.pdf.

Another helpful article in better understanding the need to provide appropriate and specialized mental health services can be found at <http://aspe.hhs.gov/hsp/07/HumanTrafficking/>. This issue brief was written by Erin Williamson, Nicole M. Dutch, and Heather J. Clawson for the U.S. Department of Health and Human Services and is entitled Evidence-Based Mental Health Treatment for Victims of Human Trafficking. The issue brief discusses mental health needs of human trafficking victims and evidence-based treatment for symptoms and diseases associated with human trafficking. It also includes practice recommendations when working with child and international victims.



Medi-Cal Record and Site Reviews

Contributed by Tim Tormey, Psy.D., MFT, QI Specialist

San Diego County Behavioral Health Services is responsible for the quality management and improvement functions of its Behavioral Health System of Care. The Quality Management (QM) Unit is delegated the responsibility of implementing quality improvement activities according to all applicable Short Doyle/Medi-Cal and Title 9 requirements, as well as other relevant state and federal regulations. One of the duties of QM is to review the medical records and office location of the Fee-for-Service (FFS) providers within our System of Care. It is the goal of QM to implement a process by which every FFS provider receives a review. As there are hundreds of FFS providers, it is impossible to review each one every fiscal year, so there may be a period of years between reviews.

What can you expect from a review? A Quality Improvement (QI) Specialist will contact you by phone about a month prior to the hoped for appointment to set up a time for the review. They will explain that they will need about a 4 hour block of time to complete the full review: generally about 30 – 45 minutes at the beginning to complete the Site Review with you, and about that same amount of time at the end to discuss with you their findings of the Medical Record Review. In between, the QI Specialist will review about five of your charts. The names for the client charts to be reviewed are provided to you five business days prior to the set review date/time. You are free to see clients or conduct other business during the time the charts are being reviewed.

Once you have agreed upon the day/time, the QI Specialist will send you a confirmation letter as well as a copy of the Medical Record and Site Review Tools, so you will know exactly what they will be looking for. The site review deals with your physical office location as well as items related to your licensure. Items looked at include office cleanliness and safety (including fire extinguishers and smoke alarms), how records are stored and who has access to them, if you have the Informing Materials that Medi-Cal requires displayed and/or available as required, and if your license is viewable and current. Any item found out of compliance on the Site Review tool requires a Plan of Correction (POC) from you to demonstrate how the item(s) has been addressed. The Medical Record Review will look at your charts regarding Medi-Cal documentation standards as well as the standard of care reflected by that documentation. To support you in the quality of your documentation, information is available to you in the FFS Provider Handbook given to you when you became a provider. Additionally, brief eLearning training is in development, so look for more information to come regarding this.

Generally, Medical Record Reviews that receive a compliance rate of 90% or higher are considered completed and there will be no follow-up required. However, when clinical standards are not met or documentation issues arise, it is within the QI Specialist's discretion to require a POC even if the compliance rate was above 90%. If the Medical Record Review receives a compliance score of less than 90%, a POC is always required. Any provider receiving a compliance score of 85% or less on their Medical Record Review will automatically be reviewed again the following fiscal year. We appreciate the important role you play in our System of Care and are here to provide support! If you have questions about Medi-Cal documentation standards, feel free to email us at QIMatters.hhsa@sdcounty.ca.gov.

Best Practices: Risk Assessment

Risk assessment plays a vital role in TERM related services given the high risk nature of clinical work with dependency and delinquency populations. Information from the provider's assessment is often utilized to assist with case decision making and helps to guide development of appropriate strategies to mitigate future risk. Risk assessments are most reliable when conducted using structured clinical judgment (based on knowledge of evidence based literature) or actuarial methods (based on factors that have been statistically related to offending) as available. Familiarity with the current empirical literature on risk factors that best predict the abuse and re-abuse of children is critical when conducting clinical assessments and developing treatment plans for Child Welfare involved clients. For clients referred for evaluation through the delinquency system, knowledge of risk factors associated with delinquency is similarly important.

A thorough risk assessment reviews any special status situations (e.g., history of harm and abuse, trauma, suicidal or homicidal ideation, self-injurious behaviors, mental health symptoms that impact client functioning, substance use, non-compliance with medications), any plans related to suicidal or homicidal ideation, lethality of the plans and availability of means to execute the plans, and consideration of current psychosocial stressors that may have an impact on the overall risk assessment. Special status situations should be evaluated in the context of the individual's culture and development and should be examined for frequency and duration over time. Risk assessment should also consider both static (e.g., age at first offense) and dynamic (e.g., antisocial peer associations) risk factors. It is equally as important to review the client's strengths and protective factors (attributes that can mitigate the presence of threat or harm).

Ongoing assessment of risk throughout the treatment process is crucial as levels of risk may potentially fluctuate over short periods of time. Risk assessments should be conducted at the initiation of treatment, during transitional periods (i.e., reunification, placement in a foster home or facility or higher level of care), at termination of treatment, and as clinically indicated throughout treatment. Clients should be involved in the process of addressing risk issues, including the development of individualized crisis and safety plans, removal of means to harm, and other safety measures appropriate to the individual and the situation.

Clinical documentation should reflect comprehensive clinical assessment (and reassessment as applicable) of special status situations. It is also important to document the absence of such conditions. On treatment plans, a formal treatment goal should be included to address active risk factors, along with documentation of interventions to reduce the risk and any changes in the identified risk factors during the reporting period. Although identified risk factors may not necessarily constitute a primary protective issue, good clinical care indicates that all providers assess, intervene, and clearly document client risk factors. In evaluation reports, results of structured risk assessment should be documented in the test findings section of the report as applicable, as well as being integrated into the case formulation and recommendations. Recommendations should offer proposed interventions or resources to mitigate risk and to address the least restrictive level of care required.

TERM Advisory Board Updates

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

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

This past quarter meetings have continued to focus on evaluating ways to streamline the CWS authorization process, developing a process to facilitate access to institutional records for TERM Probation evaluators, establishing a workflow for accessing interpreter services for TERM evaluators, updates to the TERM Provider Handbook, assessing key TERM statistics, and evaluating stakeholder concerns. Please feel free to contact any of the provider representatives with your ideas or suggestions, to provide consumer feedback, or for additional updates from the Advisory Board meetings.

Training Opportunities

- ◆ The 18th **International Conference & Summit on Violence, Abuse, & Trauma** will be held on September 8-11, 2013 at the Town and Country Resort & Convention Center in San Diego. Up to 26.75 hours of CEs are offered. For conference information, please visit www.IVATCenters.org.
- ◆ The 4th annual **We Can't Wait Early Childhood Mental Health Conference** is scheduled for September 27-28, 2013 at the Crowne Plaza Hotel in San Diego and is approved for up to 6 CE hours per day. Additional information can be found at <http://www.earlychildhoodmentalhealth-sandiego.com/>
- ◆ Free CEs are offered through the **National Child Traumatic Stress Network Learning Center for Child and Adolescent Trauma**. To search the course catalogue, please visit the website at <http://learn.nctsn.org/>. Once you establish an online account you will be able to enroll in a variety of webinars.
- ◆ **BHETA** offers free training to providers who contract with County Mental Health. Free CEUs are offered to LCSWs and MFTs. If you take the courses, please list OptumHealth in the "company code" field when you create a BHETA account online. The website has more details on how to create an account and eligibility http://theacademy.sdsu.edu/programs/BHETA/lms_login.htm.



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Option 2: Claims Department (Billing, claims questions)

Option 3: Provider Services (Contracting questions)

Option 4: TERM Clinical Team (Clinical questions)

FAX # 1-877-624-8376

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