

Child and Family Well-Being Child/Youth/NMD Referral for Mental Health Treatment Assessment, Individual or Conjoint

Instructions for SW:

- Complete all pages - one form per individual and service.
- Review the [Child/Youth](#) Therapy Flow Charts to ensure that a TERM referral for services is appropriate.
- Prior to referring a client for telehealth service delivery, the SW must review the Telehealth Criteria to ensure the client is appropriate for service.
- Confirm that there is not already a current authorization in place for the service.
- Complete all applicable fields. Blank fields and missing, outdated, or inaccurate information (i.e. CPT Code selection, missing zip code, incorrect DOB, Case ID, use of non-legal name) may lead to the referral being sent back as incomplete and will require resubmission to address errors or omissions before a search for a TERM provider can commence.
- If this is a resubmission, please alert the JELS clerk that it is a resubmission due to a previously returned authorization.

A. PSW/PSS INFORMATION			
Date submitted to JELS Clerk:		Region/Centralized Program: <select>	
Name of SW:	Phone #:	SW Email:	@sdcounty.ca.gov
Assigned PSS Name:	Phone #:	PSS Email:	@sdcounty.ca.gov
Assigned PSS Signature: _____			
If using electronic signature, please make sure you use a digital signature with date/time stamp. Please refer to the Digital Signatures Resource for information on how to digitally sign.			
<input type="checkbox"/> Please check box if another PSS is signing on behalf of the assigned PSS and complete contact information below:			
PSS Name	Phone #:	PSS Email:	@sdcounty.ca.gov
Note To Provider: If you are unable to locate the SW with information provided above, call Hotline Records at (858) 514-6995 and provide code "BHS2021" to obtain SW information.			
B. CASE INFORMATION			
<input type="checkbox"/> Voluntary		<input type="checkbox"/> Pre-Jurisdiction	
<input type="checkbox"/> Court-Ordered		Case Status: <select>	
		Next Court Date:	
To avoid conflicts of interest, list full legal names and any alias used of the family members involved in the case plan and their relationship to child:			
Legal Name / Alias	Relationship to Child/Youth	Legal Name / Alias	Relationship to Child/Youth
1. /		6. /	
2. /		7. /	
3. /		8. /	
4. /		9. /	
5. /		10. /	

**Child and Family Well-Being
Referral for Mental Health Treatment
(Assessment, Individual, Conjoint, or Group)**

- A petition has been, or will be, filed under WIC Section 300(c) (Serious Emotional Damage) due to the child/youth presenting with serious mental health symptoms that the parent/caregiver is not able or willing to address and CFWB would like a licensed mental health professional to assess for the effects of abuse and/or neglect on the child/youth.
- Severe Emotional Abuse- the child suffered emotional abuse directly from a parent/caregiver (i.e. treating the child/youth in a demeaning, degrading manner, directly puts the child/youth down) and these actions resulted in severe psychological trauma/emotional harm.
- SEXUAL ABUSE:**
 - Sexual abuse victim.
 - Witnessed or otherwise been exposed to age-inappropriate or adult sexual behavior.
 - CSEC
- PHYSICAL ABUSE:**
 - Physical Abuse: Child/Youth was subjected to physical abuse and is either living with biological parent or with substitute caregiver (e.g., resource parent, NREFM) and there are behavioral and/or emotional issues (e.g., self-harming behaviors, tantrums, impulsivity, emotional lability).
 - WIC 300(i) the child has been subjected to an act or acts of cruelty by the parent or by a member of the child's household the parent has failed to adequately protect the child from an act or acts of cruelty when the parent knew or reasonably should have known that the child was in danger of being subjected to such cruelty.
- SEVERE NEGLECT:**
 - Severe Neglect: Child/youth was subjected to severe neglect and is either living with biological parent or with substitute caregiver (e.g., resource parent, NREFM) and there are behavioral and/or emotional issues (e.g., self-harming behaviors, tantrums, impulsivity, emotional lability).
- Behavioral and Emotional Concerns:**
 - The child/youth/NMD exhibits significant behavioral concerns:**
 - Self-harming behaviors and/or suicidal ideation, plan, and/or past suicide attempts
 - Sexual Behavior Problems (SBP) (which include behaviors that are enacted upon significantly younger children and/or engage in intimidation tactics or coercion for the purpose of self-gratification. Do not check if behavior is in reaction to sexual abuse. If reaction to sexual abuse, please select sexual abuse category above)
 - VERIFIED** willful cruelty to animals
 - Physical aggression toward peers and/or caregivers
- Adoption/Termination of parental rights.** The child/youth will not be reunifying with the parent(s). An opportunity to process grief/loss issues is appropriate.
- Child/Youth/NMD recently changed placement.** An opportunity to process grief/loss issues is appropriate.
- Prior therapist terminated services prior to the completion of therapy.**
- Adoption competent therapist is being requested and provide reason:**

Child and Family Well-Being Referral for Mental Health Treatment (Assessment, Individual, Conjoint, or Group)

Conjoint Therapy is recommended by Child/Youth's Therapist or SW after consult with staff psychologist to facilitate child/youth's therapeutic healing process.

List all additional service recipients for conjoint therapy:

Recipient(s) reside in the same state as child/youth: Yes No

Select the Treatment Modality and CPT Code: <selection required>

For conjoint treatment referrals:

Mother successfully completed group treatment: Yes No N/A

List completed services:

Mother's therapist states parent is clinically ready for conjoint therapy Yes No N/A

Father successfully completed group treatment: Yes No N/A

List completed services:

Father's therapist states parent is clinically ready for conjoint therapy Yes No N/A

Child/youth therapist states child/youth is clinically ready for conjoint therapy: Yes No N/A

Service is court ordered Date of court order:

E. REASONS FOR CFWB INVOLVEMENT [All items in this section require a response for Optum to process the form.](#)

Date of the incident/range of time that resulted in current case:

Safety Threat(s) identified at onset of case (SDM Safety Assessment): Check all that apply

- | | |
|--|---|
| <p><input type="checkbox"/> Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm.</p> <p><input type="checkbox"/> Child sexual abuse or sexual exploitation is suspected, and circumstances suggest that the child's safety may be of immediate concern.</p> <p><input type="checkbox"/> Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care resulting in serious harm or imminent danger of serious harm.</p> <p><input type="checkbox"/> The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.</p> <p><input type="checkbox"/> Caregiver describes or speaks to the child in predominantly negative terms or acts toward or in the presence of the child in negative ways AND these actions result in severe psychological/emotional harm, resulting in imminent danger.</p> | <p><input type="checkbox"/> Caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.</p> <p><input type="checkbox"/> Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child's safety may be of immediate concern.</p> <p><input type="checkbox"/> The family refuses access to the child, or there is reason to believe that the family is about to flee.</p> <p><input type="checkbox"/> Domestic violence exists in the household and poses an imminent danger of serious harm to the child.</p> <p><input type="checkbox"/> Other:</p> |
|--|---|

**Child and Family Well-Being
Referral for Mental Health Treatment
(Assessment, Individual, Conjoint, or Group)**

Describe the incident(s) and safety/risk factors (i.e., protective issue(s)) that lead to current CFWB involvement (petition/true finding) :

Harm Statement(s):

Danger Statement(s):

Safety Goal(s):

Describe the case plan, participation and progress with meeting the Safety Goal(s):

F. WHAT IS HAPPENING RIGHT NOW/REASON FOR THERAPY REFERRAL [Please reference Child/Youth Flow Chart](#)

Describe what is going on in the case right now, including reason for the child/youth/NMD being referred [please describe specific behaviors observed or reported by parent/caregiver, current and specific information related to the child's presenting mental health needs, symptoms or behaviors of concern, such as self-harming behaviors, tantrums, impulsivity, etc.:](#)

If youth/NMD has substance abuse treatment on their case plan or substance use is a complicating factor, provide detail regarding progress in treatment, sobriety, drug test results that indicate they are ready to engage in therapeutic intervention on an outpatient basis; if unclear please consult with staff psychologist

G. INFORMATION REQUIRED TO ESTABLISH PROVIDER MATCH

Mental health services will be provided in: San Diego County Other:

Funding Source:

Medi-Cal: County of San Diego Medi-Cal Number: _____ Issue Date: _____

CFWB Funds

Private insurance:

Telehealth

Child/youth/NMD is willing and able to participate in tele-health **AND** they have the appropriate technology to participate, i.e. phone/computer with internet access (this is not a guarantee they will receive tele-health)

Tele-therapy is specifically requested for this child/youth/NMD for the following reason(s):

SW has reviewed the **Telehealth Criteria** and agree that the criteria can be met, and the client may be appropriate for telehealth services. ()

**Child and Family Well-Being
Referral for Mental Health Treatment
(Assessment, Individual, Conjoint, or Group)**

Are you requesting reassignment from the previously assigned provider? Yes No

- If yes, what is the reason for the reassignment?
- If yes, what was the previous provider's name?
- If yes, do you want Optum to end the previous provider's authorization?

TERM Provider requested :

If specific provider requested, SW has confirmed with the provider that they are able to serve this child/youth or parent: Yes No

Other agencies/professionals providing services to the child/youth, parent, or family system: N/A

Transportation issues/limitations: N/A Limits-

Scheduling preferences: **Past and/or current restraining orders (e.g., TRO, CPO, RO):**

Has the parent threatened CFWB staff or others: Yes No If yes, describe:

Describe specific mental health concerns for the child/youth/NMD:

Current and past mental health diagnoses given by licensed mental health providers:

Current and past mental health treatments:

Current and past substance abuse/dependence:

Current and past medication(s):

Level of motivation/compliance regarding this service:

H. NON-TERM PROVIDER

Complete this section if requesting a non-TERM provider (check as many as applies)

Child/youth has needs that cannot be met through TERM panel. Specify below:

Language:

Cultural:

Clinical:

Other:

SW requests approval of child/youth current or past therapist to address protective issues:

Name of therapist:

Phone Number:

**Child and Family Well-Being
Referral for Mental Health Treatment
(Assessment, Individual, Conjoint, or Group)**

E-mail Address:

Child/Youth/NDM resides outside San Diego County but: within California outside California

Child/youth/NMD resides out of county, in California, and Presumptive Transfer was waived.

Child/youth/NMD resides out of county, in California, and Presumptive Transfer has occurred but this youth does not meet medical necessity criteria to receive Specialty Mental Health Services, however child/youth and/or Child and Family Team has assessed a need for therapeutic service.

****ACTIONS REQUIRED FROM SW****

After completing the form:

- Submit the 04-176A(c) to Regional JELS Staff to submit to Optum TERM
- Send case records to the provider once they have been confirmed as per the Policy Manual: [Mental Health Treatment](#) to include court reports, court orders if relevant, psychological evaluations, prior mental health records, etc. Please confirmed delivery method of case information (mail or fax) DIRECTLY with the assigned provider before sending case documents.

Optum TERM will forward to provider with the CFWB authorization. For follow-up questions, please call Optum at 1-877-824-8376.