



County of San Diego

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March 31, 1994

TO: Supervisor Pam Slater, Chairwoman
Supervisor Dianne Jacob, Vice Chairwoman
Supervisor Brian P. Bilbray
Supervisor Leon L. Williams
Supervisor John MacDonald

FROM: David E. Janssen
Chief Administrative Officer

USE OF THERAPISTS IN CHILD ABUSE CASES

On December 7, 1993, your Board expressed concerns about a system of psychological services for children and adults being served by the San Diego County Juvenile Court dependency system. On that date, your Board directed specific improvements that would restore public confidence and ensure that County funds are being spent more effectively. These recommendations directed improvements in management, peer review, quality assurance and utilization of appropriate program revenues. Your Board requested a progress report on a plan of action in March 1994.

In response to these directions, I requested the Department of Social Services and the Department of Health Services to collaborate on the development of an improved system of services that would incorporate your Board's directions. I also enlisted the cooperation of the Juvenile Court Presiding Judge in the earliest planning stages of a system of services that would meet the needs of the individuals and the organizations involved in the dependency system. The collaborative spirit and cooperation among these organizations has been exemplary of the type of working relationships that we wish to cultivate among all units of County services.

Attached is the progress report that was requested by your Board on December 7, 1993. The proposal for system-wide improvement depends upon a long-term commitment to collaborative management between the Juvenile Court and the County. Under my direction, the team assigned to this project is continuing to identify operational issues and further refine the proposal before requesting your Board's approval of the necessary action items that would allow implementation. County Counsel will be assisting on the legal issues regarding the implementation planning.

Board Members

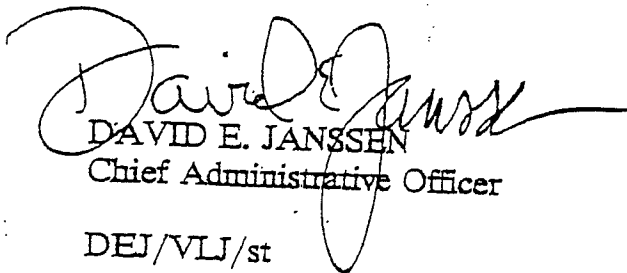
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Because of the high profile nature of certain cases involved in the Juvenile Court dependency system and the large number of legal professionals, mental health professionals, and Social Services staff, there is significant interest in the success of this project. At the request of your staff, I have scheduled a Board Conference on this project at 2:00 p.m., Tuesday, May 31, 1994. This should provide ample time for your Board to consider the complex issues involved.

If you have any additional questions or concerns, please call Janlee Wong at (S30) 531-5171.

Respectfully,



DAVID E. JANSSEN
Chief Administrative Officer

DEJ/VLJ/st

Attachment

USE OF PSYCHOTHERAPISTS IN CHILD ABUSE CASES

On December 7, 1993 (#1), at the request of Supervisors Bilbray and Slater, your Board expressed concerns about the critical need to reestablish public credibility for the provision of forensic psychological evaluation reports and mental health treatment services that are paid for by County funds for adults and children served by the Juvenile Court dependency system.

On that date, your Board directed the CAO to take the following actions:

1. Direct the Chief Administrative Officer to confer with the Presiding Judge of Juvenile Court to eliminate the present panel of private therapists and establish a system of forensic services and specialized treatment for children and families who come into Dependency Court.
2. Direct the Chief Administrative Officer to develop an objective quality assurance system for mental health evaluation and treatment in the dependency system, including privileging and credentialing protocols, internal and external peer review, evaluation studies, and outcome measures.
3. Direct the Chief Administrative Officer to confer with the Presiding Judge of Juvenile Court to establish protocols to separate forensic evaluation services from treatment in juvenile dependency cases to eliminate the opportunity for conflict of interest by individual therapists providing both evaluation and treatment.
4. Direct the Chief Administrative Officer to develop guidelines for County staff in the Department of Social Services, Mental Health, Probation, Defender offices and Juvenile Court for making treatment referral decisions based upon the individually identified needs of the clients and their families and selected from a range of alternatives for appropriate treatment modalities, (e.g., introspective treatment individual counseling, group or family therapy, behavior modification, psycho-education services, etc.) and assure access to appropriate multi-disciplinary services.
5. Direct the Chief Administrative Officer to confer with the Presiding Judge of the Juvenile Court to establish requirements that therapists evaluating and treating families who are under the jurisdiction of Juvenile Court, demonstrate appropriate cultural competence in regard to ethnicity, race, and language and a knowledge of child development stages relevant to treatment placement decisions.
6. Direct the Chief Administrative Officer to maximize utilization of County Alcohol and Drug Services resources to enhance the outcome of therapy for appropriate individuals consistent with prior Board policy on Integrated Services.

7. Direct the Chief Administrative Officer to maximize the use of outside revenues for mental health evaluation and treatment (including Medi-Cal, private insurance, Victim Witness Funds, sliding scale and other sources for revenue recovery that are currently used in the Mental Health billing system) for children and families in the dependency system.
8. Direct the Chief Administrative Officer to report progress made on upgrading quality assurance in clinical evaluation and treatment in dependency through integration of services in the regularly scheduled Report to the Board of Supervisors on Dependency due in March, 1994.

In response to these directives and at the request of the Chief Administrative Officer, the Department of Social Services and the Department of Health Services has convened a joint working group to study the existing system, identify its strengths and weaknesses and develop recommendations for improvement that are responsive to your Board's directions. This working group is composed of County staff who are experts in the fields of forensic mental health, mental health treatment, child protective services case management, the Juvenile Court Dependency System and budget.

This working group recognizes the County's current financial limitations, pending changes to the State/County financial relationship in Realignment II, and the Medi-Cal Managed Care Program, and has been realistic in their analysis of the various options. Recommendations have been developed by targeting improvements to identified deficiencies and preserving those elements or components of the existing system that are not problematic. Through this process, the working group believes that significant improvements can be realized for the entire system of psychological and psychiatric evaluation reports and mental health treatment without requiring a complete system overhaul and without eliminating important gains that have already been achieved.

Psychological Evaluation and Treatment Services: Statutory Authority

California Welfare and Institutions Code Section 370, SERVICES OF PSYCHIATRISTS, PSYCHOLOGISTS AND CLINICAL EXPERTS; PAYMENT, provides: "The Juvenile Court may, in any case before it in which a petition has been filed as provided in Article 7 (commencing with Section 305), order that the probation officer obtain the services of such psychiatrists, psychologists, or other clinical experts as may be required to assist in determining the appropriate treatment of the minor and as may be required in the conduct or implementation of such treatment. Payment for such services shall be a charge against the County."

It is under this broad authority that the Juvenile Court has established and supervised the existing system of evaluation and treatment providers.

Brief History of the Court-Approved List

Prior to 1987, there was no organized system in use for selecting psychological evaluators or psychotherapists for individuals involved with the Juvenile Court Dependency system. Social workers, attorneys and judges relied on informal networks and professional

relationships to meet these needs. The quality of reports and treatment services ranged from excellent to poor and there was no recourse for unsatisfactory work products and treatment services. Clients were sometimes evaluated three times or more before an adequate evaluation report was received. Therapists who provided inappropriate treatment could be released from one case only to be assigned to another case by other workers. This informal system had no minimum performance standards and was not reviewed by any organized professional group.

In 1987, a number of mental health, social work and legal professionals realized that the Juvenile Court dependency system was becoming increasingly more reliant on mental health information for making case decisions. As the numbers of concerned professionals grew, a team was formed to develop an organized evaluation and treatment system. This team was comprised of judicial officers, private evaluators and therapists and staff from Mental Health Services and the Department of Social Services. The Juvenile Court Presiding Judge chaired the working group that developed the existing system.

The committee established a basic structure and criteria for evaluators and mental health providers who would be called upon by the Juvenile Court dependency system. The structure established a providers list, peer support and training.

- Juvenile Court Providers List

The Juvenile Court maintains a list of evaluators and treatment providers that are qualified to receive referrals and payment for children and adults in the dependency system. Approximately two clerical staff positions are dedicated to maintaining the list of approved providers. Individuals wishing to be placed on the list must file an application that includes proof of a current state license plus malpractice insurance and a professional history declaration that meets the minimum experience levels in various professional treatment specialties.

- Peer Support Board

A Peer Support Board was established to deal with problems with any of the mental health evaluators or treatment providers on the Court Approved List. This Board currently functions under the auspices of the Juvenile Court. The Peer Support Board is comprised of mental health professionals and Judicial Officers and is chaired by the Chief Judge of the Dependency Court. Referrals to the Board come from the social workers, judges, attorneys, foster parents, biological parents and other professionals. The majority of the referrals have been for inadequate reports (psychological evaluations), failure to accept the true finding of the Court, lack of knowledge about child abuse dynamics, over-identification with the client and ethical violations.

Peer Support Board actions on referrals range from finding a referral unwarranted to requiring specific training, consultation with others and supervision on cases to removal from the list and notification of the licensing board. The existing court lists and Peer Support process is applicable for both

dependency and delinquency cases.

Mandatory Training

The committee provided mandatory training for evaluators and therapists about the Juvenile Court dependency system for all applicants qualified to be on the list.

Psychological Evaluation Reports

Psychological evaluation reports are provided by independent evaluators who are on the Court Approved List and by the Juvenile Forensic Services Unit of the Department of Health Services. Approximately 80% of the evaluations are provided by providers on the Court Approved List; 20% are provided by Juvenile Forensic Services. A full psychological evaluation and report preparation takes approximately eight hours to complete and is paid for at the rate of \$350.00.

Juvenile Court judges, attorneys and social workers rely on psychological evaluation reports to obtain information that is not available from other sources. In 1989, criteria were developed to guide the use of psychological and psychiatric evaluations in order to reduce their inappropriate use. The 1989 criteria have helped reduce the numbers of requests for evaluation reports.

Mental Health Psychotherapy

In almost all jurisdictions, the dependency system has a tendency to automatically require individual psychotherapy for each individual family member. In 1990, to help gain some control on the over-reliance on and inappropriate use of psychotherapy, the Childrens Services Bureau developed guidelines for recommending individual psychotherapy. These guidelines have helped control the system. In 1994, more specific guidelines were developed that strengthened those guidelines even more. Social workers are strongly encouraged to consider other resources that may be more effective in dealing with a particular family's issues such as drug treatment, anger management, 12-step programs, in-home services, etc.

Strengths and Weaknesses

There is currently a structured system where there once was none. Evaluators and psychotherapists are required to have at least minimal qualifications. Expectations regarding system knowledge, reports, consultations have been communicated through training. Policies have been developed around most areas of concern.

There remains, however, little quality control or internal monitoring of this system. Guidelines, treatment protocols, evaluation criteria, policies and procedures are not uniformly followed. There is no quality control system in place to identify the level of compliance by providers on the approved list. There is no research component to validate the existing evaluation and treatment guidelines. System-wide outcomes are not identified. In short, there is no way to determine what effect the system of treatment is having for the dollars expended.

Commonly discussed deficiencies include:

- Therapists and evaluators, licensed for independent practice by the State, are required to report a minimal level of experience to qualify for the list, but there is no required verification of experience and no independent validation or samples of their work.
- Therapy guidelines have been in existence for three years, but social workers, attorneys, and others may recommend therapy outside those guidelines with no checks or questions.
- Therapy progress reports are frequently omitted without consequences when bills are submitted for payment.
- Even with an established Peer Support Board, most participants in the dependency system accept inferior products or services without a referral to the Board. There is no existing system to perform independent reviews of psychological and psychiatric evaluation reports or therapy reports for quality or relevance.
- Psychotherapy may continue for years without a thoughtful well developed plan with treatment goals. Case plans that recommend psychotherapy are not systematically reviewed for appropriateness of services other than psychotherapy.
- Goals, objectives and progress in therapy are not periodically assessed for relevance to the protective issues required by the dependency system.
- Clients are routinely sent for psychological or psychiatric evaluations and psychotherapy as a matter of convenience or legal strategies unrelated to an identified need for the services.

Proposed System

In order to accomplish all eight of your Board's directives, the working group developed minimum specifications for the system of psychological evaluation and mental health treatment. The chart below displays the characteristics of the existing system in normal print. In bold print are the project minimum specifications that are proposed for implementation if your Board approves the system design.

MENTAL HEALTH EVALUATION AND TREATMENT
Court-Approved List Replacement/Improvement Project

PROJECT MINIMUM SPECIFICATIONS

SERVICES

Psychological Evaluations and Treatment
Provided Largely by Private Providers*

Mental Health Assessment -- Service
Available

Expert Interpretation and Consultation on
Evaluation Reports Submitted to the
Court

Treatment Targeted to Identified Need of
The Child and/or Family

Multidisciplinary Peer Review (Providers)

Quality Assurance (Evaluation Reports)

Treatment Outcomes

Treatment Duration Linked To Outcomes

ADMINISTRATION

Judiciary Exercises Final Authority on
Treatment and Evaluation Decisions*

Initial Treatment Must Have Judicial
Authorization*

Continuing Treatment Must Be
Reauthorized*

Collaborative Management of the New
System

Judicial Endorsement of Treatment and
Evaluation Protocols

Identify and Secure New Revenue and
Maximize Available Revenues To Fund
System

Integrate System Planning with Planning
for Medi-Cal/Mental Health
Managed Care

System Reform to Make Available
Funding for Non-Medi-Cal Eligible
Services & Clients

Shared Automated Treatment Information
and Data System (Health Passport)

* Existing Specifications

The proposed system is a management strategy that was called for by your Board's previous directions. The strategy utilizes three major components as described in the following summary.

Collaborative Governance

Utilizing the principles of collaborative management, the governance of the proposed system would utilize a five-member joint governance board composed of one representative each from the ¹judiciary, the ²Department of Health Services, the ³Department of Social Services, ⁴one independent mental health professional and ⁵one consumer representative. This governing board would approve policies and procedures and practice protocols in an oversight capacity. The governing board would meet at least quarterly and utilize existing staff and staff support to provide the necessary governance.

Reporting to this governing board would be an eight-member external mental health professional advisory board composed of one representative each from ¹psychiatrists, ²psychologists, ³Licensed Clinical Social Workers, ⁴Marriage Family and Child Counselors, ⁵the San Diego State University School of Social Work, a research psychologist, a child development specialist and a representative from the Society of Psychiatric Physicians.

The primary purpose of this external mental health professional advisory board would be to provide professional input regarding the performance of the system, its policies, procedures and protocols and to review the outcome research to determine if improvements are necessary. The advisory board members would serve without compensation.

Treatment/Evaluation Resource Management (TERM) Team

At the core of the proposed system would be a team comprised of County staff that would serve as a resource for the juvenile dependency system. The primary responsibilities of the TERM Team would be quality assurance, peer review, utilization management oversight, privileging and credentialing for providers in the system, provider relations, consultation and training.

On a case-by-case basis, the TERM Team would provide consultation on referrals for evaluation and treatment and provide recommendations to the referring party. The major benefit from this additional component is expected to be a significant reduction in nonspecific psychological evaluations and more appropriate referrals for group therapy, family counseling and individual psychotherapy. The primary funding source for this team would be SB 910 Medi-Cal (75%) with a 25% local match.

Outcomes Research Component

Through the ongoing use of screening tools and longitudinal research, the researchers would provide feedback to the Governing Board and the TERM Team about the quality of the psychological evaluation reports, and the effectiveness of the treatment

and service protocols. The research component would be entirely funded through a combination of private grants and institutions of higher education.

Next Steps

If this recommended strategy is approved by your Board, the affected County departments and the Juvenile Court will identify resources that may be utilized to implement the necessary changes and estimate the potential workload and anticipated revenues that may be applied toward full scale implementation.

Although the underlying strategy for the proposal is to bring the total costs as close as possible to cost neutrality in relation to the existing system, many variables have been identified that will require discussion among the partners on the system before any consensus may be reached. The major cost variables that have been identified are:

1. The scope of referrals for initial review by the TERM Team. As proposed by your Board, the existing scope is limited to cases where petitions have been filed for Juvenile Court jurisdiction. In addition to these cases are other families served by the Department of Social Services under voluntary placement agreements. Many of these cases would benefit from initial review by the TERM Team.
2. The County share (match) of Medi-Cal fee-for-service treatment costs is currently zero. This is proposed to increase significantly under proposals currently being supported by the State of California in both Realignment II and Medi-Cal Mental Health Managed Care scenarios.
3. The actual number of persons currently under the jurisdiction of the dependency system who have undetected pathologies is unknown. There is currently no sample from which to estimate the actual need for mental health treatment for the universe of individuals in the dependency system. While greater efficiencies in current services may be expected, additional treatment and service needs may also become evident. Nonetheless, through improved initial assessment, consultation on cases going into the system, and treatment resources that are targeted to identified needs, there is potential for significant improvements to occur regarding the long-term outcomes of the child protection system throughout the San Diego County juvenile dependency system.

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