



# TERM Newsletter

SPRING 2012

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## National Child Abuse Prevention Month

April has been recognized as National Child Abuse Prevention Month since 1983, and President Obama has recently called “upon all Americans to observe this month with programs and activities that help prevent child abuse and provide for children’s physical, emotional and developmental needs.” In observance of our shared commitment to preventing and reducing the effects of abuse, we wanted to highlight a few relevant resources on this topic that might be of interest to both families and professionals:

- ◆ The Child Welfare Information Gateway has developed a resource guide titled *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide*, as well as posting information pertaining to protective factors that are empirically linked to reduced incidence of child abuse and neglect, and providing tip sheets for parents and caregivers that are available in both English and Spanish. To access these resources, please visit [www.childwelfare.gov/preventing/preventionmonth/index.cfm](http://www.childwelfare.gov/preventing/preventionmonth/index.cfm).
- ◆ An extensive list of resources for children, families, mental health and child welfare professionals has also been compiled by The National Child Traumatic Stress Network and can be found at [www.nctsn.org/resources/public-awareness/national-child-abuse-prevention-month](http://www.nctsn.org/resources/public-awareness/national-child-abuse-prevention-month).

## Investing in Our Community

UnitedHealth Group, parent company to OptumHealth, recently provided \$15 million in financing to help build Connections Housing, an integrated service and residential community in San Diego that will provide permanent supportive housing to the homeless. The investment is part of UnitedHealth Group’s partnership with Enterprise Community Investment, Inc., a national leader in the affordable housing and community development industry. The multi-use project will serve as a one-stop service center and housing for homeless people, and will also provide resources a person needs to break the cycle of homelessness. “UnitedHealth Group is grateful for the opportunity to work with Enterprise and the many state and local organizations to give hope and new beginnings to San Diegans in need,” said Steven Henry, director for community investment management, UnitedHealth Group.

# Supporting Timely Access to Care

When Child Welfare Services and Probation clients are in need of therapy or evaluations, agency staff consult the TERM provider database to locate providers offering the needed services. Clinician searches may specify a certain geographic area, clinical expertise, and/or language needs. Since clients are typically in high risk situations and have only a limited window of time to receive services, it is vital that clients are able to start services as soon as possible.

Timely access to appropriate services rely on the contact and service information you provide. Please help clients access the services they need in a timely manner by informing us directly of any and all changes within your practice so that our database can provide accurate referral information. It is also important to update your profile any time there are changes in areas of competency or populations served.

If you are unavailable to see new clients, please let us know. We offer you the ability to designate yourself as temporarily unavailable for new referrals. This way, clients won't be referred to you when you do not have current availability. You may initiate changes in our system by contacting OptumHealth Provider Services at 877-824-8376, Option 3.

Thank you for sharing our commitment to ensuring timely access to care for the clients we serve.

# New Timeline for Submitting Claims

In order to serve you better, as of April 1<sup>st</sup>, 2012, the timeline for submitting claims was extended from 45 to 60 days from the date of service. We listened and wanted to be responsive to our providers regarding the 45 day claims submission timeline. We understood that the 45 day timeline was not flexible enough for you to submit the claims and extended the deadline to 60 days. **What this Means to Your Practice:**

The first submission of a claim must occur within 60 days of the date of service. This increase in the submission time impacts the initial submission of claims, the resubmissions of claims, as well as claims submission for clients who have Other Health Coverage (OHC). Claims submitted more than 60 days after the date of service will be denied for 'claim past deadline'. To ensure a claim is not denied for late submission, we recommend that providers submit claims as soon as possible after a service is rendered.

When a claim is denied, please correct and return the claim to OptumHealth within 60 days from the date of the Explanation Of Benefits (EOB). Please indicate on FORM CMS-1500, box 19 corrected claim if your claim was previously denied. We will process these claims within 3 business days of receipt. Delaying the correction and resubmission of the claim can result in the claim being denied for 'claim past deadline'.

# Child Welfare Services Updates

## INTRODUCTION TO SAFETY-ORGANIZED PRACTICE SAN DIEGO CHILD WELFARE SERVICES

**Contributed by Becki DeBont, Child Welfare Services Policy Analyst**

In 2010 San Diego Child Welfare Services (CWS) began exploring the implementation of *Signs of Safety* in this county. The concepts of *Signs of Safety* were developed in Western Australia by Andrew Turnell and Steve Edwards and include, in part, the integration of brief therapy techniques with child welfare practice. *Signs of Safety* offers strategies for creating constructive working partnerships between front-line CWS staff, the families they work with, and community resources. The key objectives are Engagement, Critical Thinking, and Enhancing Safety. *Signs of Safety* concepts and practices are being used in more than 15 countries around the world. In November 2010, CWS trained 40 “early adopters” in the *Signs of Safety* approach; and incorporated coaching support to assist with the transfer of learning to establish the work in the office and the field.

As our implementation expanded over the course of 2011 and incorporated our existing use of Structured Decision Making® (SDM), as well as blending in a trauma-informed lens, Appreciative Inquiry, and more; it became clear that a broader designation was required to reflect our larger scope of practice. While we continue to acknowledge Mr. Turnell’s *Signs of Safety* as an important inspiration and foundation, the work that San Diego County is doing in conjunction with the National Council on Crime and Delinquency; Children’s Research Center (CRC), the National Childhood Traumatic Stress Network (NCTSN), and others has evolved a great deal. Hence the title “Safety-Organized Practice” was established.

Over the course of 2012, San Diego CWS will be training over 550 line staff and supervisors in Safety-Organized Practice principles, strategies and tools. In a departure from traditional “stand and deliver” training CWS is embarking on a model that has staff trained in a small cohort that meets monthly for 2 to 3 hours. This training series includes 12 modules, delivered one per month. In addition, on-site coaching continues to be available to help support the transfer of learning between training sessions. This yearlong effort will offer CWS staff a unique opportunity to learn techniques that will deepen their practice skills in a “bite size” format; and then receive the support they need to sustain the practice and apply what they have learned before they return to the classroom the following month.

# Child Welfare Services Updates

## **Safety-Organized Practice continued from page 3**

The training modules cover the following areas of Safety-Organized Practice:

1) Interviewing for Safety and Danger: What is a Balanced, Rigorous Assessment; 2) Three Questions; 3) Interviewing Children; 4) Solution-focused Inquiry; 5) Safety Mapping Part One – Use in the Office; 6) Harm and Danger Statements; 7) Safety Mapping Part Two: With the Family; 8) Network Development; 9) Safety Planning; 10) Organizational Environments: Reflection, Appreciation, and Ongoing Learning; 11) Conclusion; 12) Landing Safety Organized Practice in your everyday work.

Another layer of our San Diego Safety-Organized Practice implementation includes training for community partners, the legal community, and contracted service providers. In the coming months we plan to offer training tailored to the TERM therapists and evaluators serving our families.

Interested in learning more? Please contact: Becki DeBont, CWS Policy Analyst @ 858-514-6646 or email: [Becki.DeBont@sdcounty.ca.gov](mailto:Becki.DeBont@sdcounty.ca.gov)



# Child Welfare Services Updates

## TERM TREATMENT PLAN DOCUMENTATION GUIDELINES

We are pleased to announce that TERM Treatment Plan Documentation Guidelines were recently released. In order to better assist providers, we have consolidated various resources pertaining to treatment plan documentation into a mini-handbook. The collection contains:

- ◆ Detailed instructions for completing CWS Treatment Plans
- ◆ Sample plans
- ◆ Examples of behavioral indicators of change
- ◆ Examples of clear documentation of progress
- ◆ Guidelines for clinical risk assessment and safety plan documentation

Our goal is to proactively assist you in providing treatment plans which offer sufficient information for the referring agency and the court to evaluate the client's treatment progress, and to ultimately save time by reducing requests for additional information or the need for you to be called to court to provide clarifying testimony. By having all resources in one place, we hope to increase efficiencies.

The Guidelines were recently sent out by email blast to all TERM therapists, and can also be located on the OptumHealth website at [www.optumhealthsandiego.com](http://www.optumhealthsandiego.com). Once on the website, highlight County Staff & Providers, select TERM Providers, and then the Manuals tab.

# Juvenile Probation Updates

The Probation Department has recently developed an alternative process for requesting transportation of minors between facilities. The process is as follows:

- ◆ Evaluators can now contact booking at East Mesa Juvenile Detention Facility (EMJDF) at **619-671-6504** up until 8 pm the night before to have a minor brought up to Kearny Mesa Juvenile Detention Facility (KMJDF).
- ◆ It is highly encouraged that visits be completed in the morning hours, otherwise the minor will be returned on the bus the next business day on the AM run back to EMJDF.

We appreciate the work of the Probation Department in streamlining this process!

# Therapeutic Alliance Formation in a Forensic Context

Contributed by Roberto Weiss, MA, LMFT

If I were to survey the TERM panel of therapists on what they see as the most difficult challenges in their work, I am sure many variables would be identified including the significant responsibility involved and the long-term impact that our treatment reports may have on our clients. Another main challenge I've encountered is the development of a therapeutic alliance when providing services to non-protective parents. Some of the main challenges to building constructive partnerships include:

- ◆ Once a family gets involved in the “court system” the time-frames for potential reunification, the mandated services required for the clients, the appointment demands, and the separation of family members add up to extremely high levels of stress and frustration.
- ◆ Many non-protective parents most likely suffer from deficits in emotional modulation and impulse control that makes it difficult for them to deal with the stress they are under.
- ◆ In many instances, non-protective parents present bonding and attachment issues due to obvious nurture and nature factors in their upbringing and family of origin history.
- ◆ Failing as a parent, interestingly, can be a serious blow to an individual's self-esteem. Yet, most parents enter the process without any knowledge of parenting principles.
- ◆ Parents may confuse therapists as social workers, probation officers, lawyers, law enforcers, judges or other representatives of the justice system due to the mandated nature of the therapeutic services. Therefore, there is a sense of distrust and guardedness.
- ◆ There is a lack of confidentiality in the forensic nature of therapeutic services. Indeed, what the therapists write in the report have extremely important consequences to the client's case.
- ◆ There is a lack of familiarity with how therapy works and how it helps people.
- ◆ Being in therapy is often seen as stigmatizing and "being in the wrong".

These and other variables in the lives of the individuals we meet in our offices can contribute to unfertile and even adversarial conditions for the development of an effective therapeutic alliance. Nevertheless, it is well known that it is precisely the therapeutic relationship that accounts for a large percentage of what may foster change in our clients. Here are some interventions that I have found may contribute to more positive and active participation:

- ◆ Recognizing the client's difficult position and normalizing feelings and reactions.
- ◆ Including emotional regulation strategies in the treatment plan and addressing them early in the treatment. I believe that teaching and coaching on these strategies can be most effective if the therapist has practiced and mastered them herself/himself. I also emphasize their regular practice in non-stressful situations for success.

# Therapeutic Alliance Formation in a Forensic Context

*Continued from page 6*

- ◆ Developing an understanding of how the client's parenting patterns, expectations, strengths and deficits in relating to her/his children are influenced by her/his own upbringing.
- ◆ An initial focus on strengths may facilitate the process, make the client more receptive and reduce defensive posturing.
- ◆ Clarifying the role of the therapist in the process. Defining the role of the therapist more as that of a coach than a judge may be of help.
- ◆ Highlighting the treatment process as one of growth and improvement, rather than a "right or wrong" view of the self.
- ◆ Instilling hope, and increasing the sense of control in client's life.
- ◆ Emphasizing that the parent has made the choice to be in treatment. This choice most likely reflects the strong desire and motivation for re-unification, and is indicative of the important parent-child bonding that already exists.
- ◆ Educating the client on the expectation that she/he be an active participant, and that this active participation will be of benefit.
- ◆ Including growth-oriented goals in the treatment plan that clients may perceive as valuable and may result in a more enriching and rewarding experience.
- ◆ Establish as much transparency and buy-in as possible in the development of goals and provide feedback to the client regarding the progress toward these goals, the work that still lies ahead, and the information that is going in the reports.

I believe that the challenges we face on these cases can make us become more experienced and professional therapists. We welcome your views and opinions regarding this issue. Let us know if you would like to share your expertise with other practitioners or contribute your own suggestions and strategies in this newsletter.

# Clinical Resources

## CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE

Contributed by Cambria Rose Walsh, LCSW

### What is the CEBC?

In July 2004, the Chadwick Center was awarded a grant from the state of California to create a resource professionals could use to look up information and the level of research evidence for programs related to child welfare. In 2006, the California Evidence-Based Clearinghouse for Child Welfare (CEBC) website ([www.cebc4cw.org](http://www.cebc4cw.org)) was launched with two topic areas and 17 programs. As of February 2012, it has grown to 33 topic areas with over 220 programs. Topic areas include: Trauma Treatment (Child & Adolescent), Depression Treatment (Adult) and (Child & Adolescent), Anxiety Treatment (Child & Adolescent), Disruptive Behavior Treatment (Child & Adolescent), Bipolar Disorder Treatment (Child & Adolescent), Infant and Toddler Mental Health (0-3), and Substance Abuse Treatment (Adult) and (Adolescent). The CEBC also provides information on [Screening and Assessment Tools](#) that may be commonly used by the child welfare system, or by child welfare related service providers, such as mental health clinicians, in order to help providers evaluate the research supporting each tool.

### What Can I Find on the CEBC?

The goal of the CEBC website is to enable professionals (as well as those receiving services) to find detailed information and to clearly see the level of research evidence on each program. In the detailed report for each program, there is information on the target population, program goals, essential elements, how the practice is delivered, resources needed to run the program, the minimum provider qualifications as well as specifics about training and implementation.

In addition, information on relevant published, peer-reviewed research is provided. Although the name of the website contains the words “evidence-based,” the website lists programs that are used or marketed in California whether or not they have research evidence (published, peer-reviewed journal articles on the outcomes of research studies). If there is enough research evidence, then the program is able to be rated on the CEBC’s [Scientific Rating Scale](#). This 5-point scale ranges from 1 (*Well-Supported by Research Evidence*) to 5 (*Concerning Practice*). The details of each level on the rating scale are clearly described on the website.

The CEBC website also offers information on [implementation](#) as well as a [reference list of articles](#) about evidence-based practices and culture. To assist users with better understanding the website, the rating scale, and the CEBC review process, there are online [video tutorials](#) available on the CEBC website. More tutorials are planned in the future.

# Clinical Resources

## California Evidence-Based Clearinghouse for Child Welfare *continued from page 8*

### How is the CEBC Relevant to Clinicians?

The information about the programs highlighted on the CEBC can be used by clinical providers in a variety of ways. Clinicians can learn about programs that are relevant to their client base and that they may want to be trained in (and about how to be trained). Clinicians can also better understand the services that they are hearing about in the community and learn about programs that their clients are currently involved in or they may want refer clients to. Clinicians can also use the brief description or the essential elements section for a program they offer to help explain the practice to clients or referral sources.

# Training Opportunities

- ◆ County of San Diego Children’s System of Care Training Academy presents the 11th Annual Children’s System of Care Conference on the heArt and Science of Trauma Informed Care: A Multidimensional Approach to Treating Trauma in Children and Youth. The training will offer 6 CE hours and will be held at the Bahia Hotel from 8:45 am-4:00 pm on May 11, 2012. Register online at [www.mhsinc.org/calendar](http://www.mhsinc.org/calendar).
- ◆ CAMFT’s 48th Annual Conference will be held May 3-6, 2012 at the Marriott Mission Valley, and will offer 38 CE hours for LMFTs and LCSWs (30 CE hours for Psychologists and RNs). To register, please visit [www.CAMFT.org](http://www.CAMFT.org).
- ◆ The San Diego Psychological Association Spring Conference is May 11, 2012 and offers 6 CE hours. The conference schedule and registration information can be found at <http://www.sdpa.affiniscape.com/index.cfm>
- ◆ 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.
- ◆ BHETA offers free training to providers who contract with County Mental Health. Free CEUs are offered to social workers and marriage and family therapists. If you take the courses, please list Optum-Health 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](http://theacademy.sdsu.edu/programs/BHETA/lms_login.htm).
- ◆ A free online training course in Trauma-Focused Cognitive Behavioral Therapy is offered by the Medical University of South Carolina through TF-CBT Web at <http://tfcbt.musc.edu/>. Up to 10 units of CE credits are offered for some disciplines.

# 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
- ◆ Roberto Weiss, MFT, for masters level therapists and clinical supervisors  
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
- ◆ Martha Ingham, Ph.D., for the San Diego Psychological Association  
drmarthaingham@gmail.com
- ◆ Jordanna (Jordi) Wasilesku, MFT, for agency providers  
cbsafcc1@aol.com

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



## Kudos

- ◆ Kudos to Juvenile Probation for their work in improving the process for evaluators to arrange for transportation of minors between facilities. The new process will make it easier to complete evaluations within the short turn around times and is greatly appreciated.
- ◆ We would like to take another opportunity to express our appreciation to Child Welfare Services and our TERM Advisory Board provider representatives for the collaboration and valuable feedback into our recently released TERM Treatment Plan Documentation Guidelines.
- ◆ Many thanks to Becki DeBont, Roberto Weiss, and Cambria Rose Walsh for contributing to our Spring Newsletter!



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To contact OptumHealth TERM staff:

**1-877-824-TERM (1-877-824-8376)**

Option 1: Clinical Support Team (Authorizations, referrals, and work product tracking)

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**

**[www.optumhealthsandiego.com](http://www.optumhealthsandiego.com)**