TERM Newsletter

FALL 2012

INSIDE THIS EDITION

2012 Provider Satisfaction Survey

OptumHealth recently launched a well received internal campaign to encourage and challenge all departments to rethink and reinvent how they serve providers. As part of this initiative, a Customer Service Satisfaction Survey was sent electronically to all TERM providers in June 2012. The survey solicited feedback about provider interactions with TERM clinicians and TERM Clinical Support Services, and focused on four key components of customer service: professionalism, responsiveness, promptness, and overall satisfaction.

Overall, the results were positive and reflected high satisfaction with staff professionalism and responsiveness to your questions. Areas where you would like to see us continue to improve were proactive communication of policy changes, minimizing paperwork requirements, and providing alternative means of communicating with staff during the quality review process. In response to your feedback we are working to implement new processes to better support our providers. Some of the steps we are taking include:

- Initiation of a semi-annual "mini open house" for TERM providers focused on opening the lines of communication
- Inclusion of key TERM communications and relevant resources on our website
- Working with our partners to assess the options for streamlining the CWS treatment plan form and authorization process
- Working toward electronic claims submission for 2013
- Random monitoring of call quality
- Supporting our internal team as they work to meet the needs of our partners by fostering a culture of integrity, compassion, innovation, and performance.

Thank you to those TERM providers that took time out to complete the 2012 survey. To better meet your needs we will be conducting a Customer Service Satisfaction Survey on an annual basis, and in the interim, please feel free to contact TERM Clinical Program Manager LeAnn Skimming, Ph.D. with any ideas or suggestions.

Is Your Practice Information Current?

When access information is outdated or inaccurate, it becomes a barrier to treatment. As a TERM panel provider, it is imperative that your access information stays current to ensure timely access to care. Please be sure to update any changes to the following:

- Address of your practice
- Phone number
- Secure fax number
- Licensure
- Languages spoken
- Treatment expertise

If you are unavailable to see new clients, please let us know. We offer you the opportunity to designate yourself as temporarily unavailable for new referrals. In this way, clients will not be referred to you when you do not have current availability. Update your information in our system by contacting OptumHealth Provider Services at 877-824-8376, Option 3.

To support timely access to care, please also make it a basic part of your business practice to return referral inquiry calls from clients or referring agencies within 24 hours.

UnitedHealthcare Donates to Fisher House Naval Medical Center San Diego

United Healthcare, parent company to OptumHealth, has donated more than $70,000 to Fisher House Naval Medical Center of San Diego to assist the families of wounded U.S. military members. The donation will help fund the Fisher House "Sponsor A Family" program. Fisher House provides a wide range of services and support to the families of wounded U.S. military. The donation supports one year's worth of lodging and support costs for all families staying at the Naval Medical Center Fisher Houses. UnitedHealthcare's support of the Fisher House Foundation is the first wellness project to be funded as a result of the company's participation in CBS EcoMedia Inc.'s WellnessAd program.

October is Domestic Violence Awareness Month

Domestic Violence Awareness Month has been observed in the month of October since 1987, and represents a national effort to increase awareness and prevention of domestic violence. While much progress has been made, a 2011 report by the Centers for Disease Control and Prevention highlights the ongoing magnitude of intimate partner violence in this country. Without intervention, survivors have a significantly higher rate of long-term health problems and children exposed to such violence can suffer long-term consequences to their health and well-being. In observance of National Domestic Violence Awareness Month, we wish to express our gratitude for the significant role TERM providers play in breaking the cycle of violence and abuse in our community and supporting survivors in their healing process.

Clarification: Coordinating Referrals to Community Services

As a follow up to our email blast of 10/5/12 titled "Coordinating Referrals to Community Services", please note the following important clarification: Information pertaining to making recommendations and referrals to additional community services for Medi-Cal beneficiaries was intended for Fee for Service providers not working in TERM capacity. For therapists seeing Child Welfare Services clients in TERM capacity, please ensure to coordinate any recommendations for additional services with the client's PSW. If additional services are indicated for the client's case plan, the PSW will make such recommendations to the Court. Because the PSW functions as the team lead in coordinating services, please do not make direct referrals to additional community providers. We apologize for any confusion this communication may have caused.

Process for Submitting Invoices to Dependency Legal Group

Dependency Legal Group of San Diego (DLG) will reimburse TERM providers for completing new treatment plan updates at DLG request and for telephonic and in-person Court testimony according to a pre-determined fee schedule. The invoices need to be sent to the particular division who represents the client. The DLG main address is 1660 Hotel Circle North, San Diego, CA 92108. The suite/fax numbers for each division are:

MCO - Suite 701, 619-795-1068;

PPO - Suite 130, 619-795-1062;

CPO - Suite 125, 619-358-9492;

CCO - Suite 201, 619-795-1064.

Invoice requirements include:

- On Provider letterhead (Email message/thread unacceptable)
- Provider's full name
- Provider's full 'remit to' mailing address
- Provider's tax id number or SSN
- Date the service was provided
- Type of service provided
- Petition number (Not the client's name)
- Name of the division being billed (Not the attorney's name)
- How the invoice was calculated ($/hr or flat rate)
- Total amount due

As a reminder, all treatment plan updates are submitted to TERM for quality review.

Child Welfare Services Updates

INTERN REQUIREMENTS

As a reminder, *OptumHealth TERM Standards for the Use of Interns* stipulate that the client's PSW must be informed of and approve the assignment of interns to CWS therapy clients. In addition, consistent with Board of Behavioral Sciences and Board of Psychology regulations, interns are required to inform the client verbally and in writing of his/her intern status and that he/she is under the supervision of a licensed therapist approved to provide such supervision. Such notification should be reviewed with the client during the informed consent process. In addition, for dependent children, please also provide notification to minor's counsel as Guardian Ad Litem. It is the supervisor's professional responsibility to ensure that such requirements are met.

TERM EXPANSION

The County of San Diego Behavioral Health Services has recently expanded the quality assurance responsibilities of OptumHealth TERM to include group psychotherapy services conducted through the TERM Panel. TERM will develop clinical standards and progress report templates for the following group types based on current evidence based best practices and input from TERM partners:

- Domestic Violence Victims Groups;
- Non-Protecting Parent Groups for Physical Abuse Cases;
- Non-Protecting Parent Groups for Sexual Abuse Cases;
- Anger Management Groups.

Once standards are established, TERM will review progress reports and conduct annual site audits.

UPDATED PSYCHOLOGICAL TESTING PROCESS FOR MEDI-CAL FUNDED CWS CASES

What Has Changed: Effective October 1, 2012 the *OptumHealth Public Sector San Diego Psychological/ Neuropsychological Testing Guidelines* have been revised to reflect the most effective, scientifically based evaluation services. The Request for Authorization: Psychological Evaluation for Client in Juvenile Dependency Court form has also been retired and replaced with the OptumHealth Psychological and Neuropsychological Testing Request form. The updated guidelines and form provide a consistent process by which testing services are requested for all Medi-Cal beneficiaries and also standardize the process for decision making. Please note that there are no changes to decision making criteria for CWS psychological evaluations.

How Will the Change Affect TERM Providers: A copy of the request form will be sent to evaluators on acceptance of CWS referrals. It is important to note that all requests for psychological testing funded by Medi-Cal must meet Title 9 Specialty Mental Health Service medical necessity criteria, including evaluations that have been Court-ordered. Use of the updated form ensures that there is sufficient information to support the medical necessity of the evaluation. We have attempted to place minimal burden on TERM providers for form completion. For additional information, please see Clarification of Authorization for Medi-Cal Funded Psychological Evaluation and the Sample Completed Psych Testing Request form posted to the TERM Communications tab of our website.

Child Welfare Services Updates

TREATMENT PLAN TRACKING SYSTEM UPDATES

Because of the important role treatment plan documentation plays in Child Welfare Services client care, we have recently updated our CWS Treatment and Discharge Plan Tracking system. Effective October 1, 2012 additional notification will be provided on CWS plans that are greater than 30 days past due. If your statement reflects past due plans, please pay close attention to the instructions that will be included regarding required follow up actions. If you have any questions about this process, please do not hesistate to contact us at (877) 824-8376 (Option 1).

We appreciate the significant commitment of time treatment plan documentation entails, as well as all the efforts that are being made to keep paperwork current!

FEATURED FAQs

Q: Is the client's signature required on the Treatment Plan Form?

A: Yes, TERM Guidelines specify inclusion of the client's signature on the Treatment Plan form for all adults, and as developmentally appropriate for youth. The client's signature reflects their involvement in the treatment planning process, consensus on treatment goals, and how those goals will be accomplished. Transparency in the therapy process promotes client investment in change. If a client is unable to sign the treatment plan, please specify the reason (e.g., "client refused", "client not available for signature" or "client too young to sign").

Q: Are therapists required to submit the Therapy Referral Form each time a Treatment Plan is submitted?

A: Because OptumHealth has a copy of the Therapy Referral Form on file for all clients whose treatment is funded by Child Welfare Services and authorized by OptumHealth, we do not need therapists to re-submit the Therapy Referral Form when the treatment is funded by Child Welfare Services; however, it is a requirement to submit the Therapy Referral Form with all Initial Treatment Plans for therapy that is ***not*** funded by Child Welfare Services (e.g., Medi-Cal, Victims of Crime, Survivors of Torture, private insurance). Providing the Therapy Referral Form is critical to the quality review process.

Q: Is a discharge summary required?

A: Yes, a discharge summary is required for all clients no matter how few sessions have been completed. For early terminations where the client discontinues treatment before the Initial Treatment Plan is due, please document number of sessions completed, circumstances surrounding the discharge, and any preliminary clinical information that was gathered. Goals and measures are not required. If the client has never been seen, please notify the PSW and contact us at (877) 824-8376 (Option 1) to have the client removed from our treatment plan tracking system.

Juvenile Probation Updates

BEST PRACTICE IN JUVENILE RISK ASSESSMENT: PART II

A meta-analysis review of juvenile justice literature indicates that the Risk-Needs-Responsivity (RNR) model is identified as the most effective tool towards identifying appropriate interventions to reduce recidivism (Luong & Wormith, 2011). It also is a best practice model for what psychology can do as a profession to assess and intervene effectively in correctional contexts. This assessment model is comprised of 3 components:

Risk principle: Identification of risk factors associated with general indices of reoffending in juveniles. Examples of risk factors are: history of aggressive conduct, dysfunctional parenting/family dynamics, poor school achievement, substance abuse, antisocial attitudes, values, and beliefs. Factors can be static (e.g., age at first offense) or dynamic (i.e., substance use or antisocial peer associations). In addition to risk, a balanced assessment includes a review of protective factors which mitigate risk. Examples of protective factors include: Individual—high self esteem, strong academic skills, interests and hobbies; Family—supportive/stable family; Situational—positive peers, good schools, good mental health services, good neighborhood.

Needs principle: Identifies interventions targeting specific needs of the youth with the purpose of ameliorating factors that place the youth at risk for antisocial behavior. Level of services should be tailored to the level of risk.

Responsivity principle: Evaluates the learning style, motivation, aptitude and abilities of the offender (Luong & Wormith, 2011) to best determine how treatment should take place (van der Put et al, 2012). Examples include intelligence, learning disorders, amenability to treatment, personality and emotional characteristics (e.g., anxiety and depression).

When using the RNR model, interventions should consider age-related, dynamic risk factors. For example, studies have found that early adolescent risk factors in the family domain show the strongest association with recividism, whereas in late adolescence risk factors in the attitude, relationships, and school domains were more strongly related to recidivism (van der Put et al, 2012).

Use of the RNR Model may complement Juvenile Probation evaluations by:

- Determining appropriate interventions in a structured and unbiased manner
- Increasing the accuracy and consistency of decisions and risk assessments

References:

- Luong, D. & Wormith, J. S. (2011). Applying Risk/Need Assessment to Probation Practice and its Impact on the Recidivism of Young Offenders. *Criminal Justice and Behavior*, 38, 1177-1199.
- Van der Put, C. E., Stams, G. J. J. M., Hoeve, M., Dekovic, M., Spanjaard, H. J. M., van der Laan, P. H., & Barnoski, R. P. (2011). Changes in the Relative Importance of Dynamic Risk Factors for Recidivism During Adolescence. *International Journal of Offender Therapy and Comparative Criminology*, 56, 296-316.

The following resource also provides helpful information on risk factors for youth violence and evidence-based interventions: Office of the Surgeon General (US); National Center for Injury Prevention and Control (US); National Institute of Mental Health (US); Center for Mental Health Services (US). Youth Violence: A Report of the Surgeon General. Rockville (MD): Office of the Surgeon General (US); 2001. Available from: http://www.ncbi.nlm.nih.gov/books/NBK44294/

Juvenile Probation Updates

ACCESS TO HHSA RECORDS

Great news! The Office of the Public Defender and HHSA have been coordinating so that the records maintained by Child Welfare Services are being shared with the child's defense attorney any time a child is arrested and detained in Juvenile Hall. Records are being sent from HHSA to the child's attorney within approximately one week. This means that forensic evaluators assigned to evaluate children in the delinquency system can quickly access the records by simply calling the child's attorney and requesting this important background information.

ACCESS TO INTERPRETER SERVICES

More good news is on the way! It was brought to our attention that there are challenges to accessing interpreters for collateral interviews with caregivers who are not English speaking, and we are working with our partners to find additional options for Juvenile Probation evaluators. We hope to have an update in the near future.

RESEARCH ON ADOLESCENT BRAIN DEVELOPMENT

The National Juvenile Justice Network has recently published the guide "Using Adolescent Brain Research to Inform Policy." The guide reviews recent findings from the developmental psychology and neuroscience literatures, and implications for juvenile justice policy and practice. The research reviewed confirms that juveniles are different from adults in important ways:

- Brain regions related to higher-order executive functions may not be fully mature until the mid-20s
- As a result, adolescents have difficulty fully evaluating risks and consequences of their actions
- Reliance on the developing limbic system for processing emotions can cause adolescents to experience more mood swings and impulsive behavior than adults
- Shifting dopamine levels during adolescence may lead to seeking excitement through more risky behaviors
- Youth decision making is more heavily influenced by context

In addition, it is important to note that youth who have experienced trauma may suffer from delays in brain maturation that can magnify such issues. Research in this area has been used to advocate for juveniles in several recent Court cases (Roper v. Simmons, Graham v. Florida, Miller v. Alabama) and can be used to support positive youth development and rehabilitation efforts.

For more information, please visit:
http://www.njjn.org/our-work/adolescent-brain-research-inform-policy-guide-for-juvenile-justice

Clinical Resources

OPTUM RECOVERY & RESILIENCY TOOLKIT FOR PROVIDERS

We are pleased to announce the Optum Recovery & Resiliency Toolkit for Providers. This resource center supports recovery and resiliency-oriented practices and provides a wealth of information and tools for providers and the individuals and families that they serve.

The Values of Recovery & Resiliency:

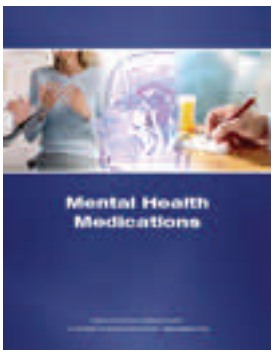
The Recovery and Resiliency movement promotes a number of values associated with establishing and maintaining wellness that are shared by both consumers and mental health professionals. When we talk about Recovery and Resiliency we are talking about an approach that recognizes the:

- Human dignity of each person
- Ability of individuals to recover ground after a setback
- Importance of self-determination
- Ability of individuals to achieve mastery of goals

For additional information, please visit https://www.ubhonline.com/rrtoolkit/index.html Check back often as content will be updated regularly with new tools and information.

NIMH RESOURCE: MENTAL HEALTH MEDICATIONS

The National Institute of Mental Health (NIMH) has published a guide called "Mental Health Medications" containing information for consumers that you may find helpful in your practice. This resource provides an alphabetical listing of medications used to treat mental health conditions and covers side effects, U.S. Food and Drug Administration (FDA) warnings, and FDA approved ages for dispensing. The guide also contains information for special needs groups (e.g., children and adolescents, older adults, pregnant women). This publication is available online at http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml



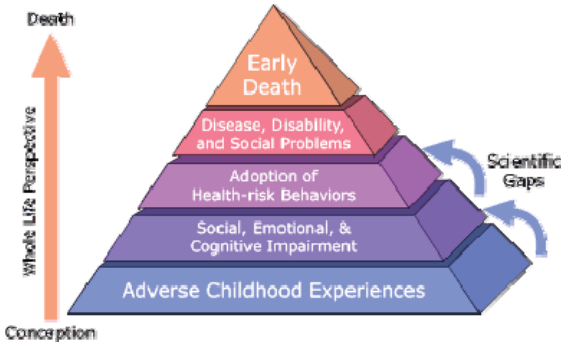
Clinical Resources

ACE STUDY: IMPACT OF CHILDHOOD TRAUMA

The Adverse Childhood Experiences (ACE) Study is the largest study to examine the medical, social, and economic consequences of adverse childhood experiences over the lifespan. The initial phase of the ACE study included over 17,000 participants and was conducted at Kaiser Permanente from 1995 to 1997. The study looked at prevalence of childhood experiences of abuse, neglect and household dysfunction, and these experiences were then compared to measures of adult risk behavior, health status and disease.

The study found that adverse childhood experiences are significant risk factors for poor quality of life and many major illnesses. The results indicated that as the number of adverse experiences increased, the prevalence and risk of chronic obstructive pulmonary disease, ischemic heart disease, liver disease, depressed mood and suicide attempts strongly increased. Additionally, higher number of ACEs experienced was associated with increased prevalence and risk for alcoholism, use of illicit drugs, and sexually transmitted diseases (Figure 1).

Figure 1. The ACE Pyramid



Source: National Center for Chronic Disease Prevention and Health Promotion: http://www.cdc.gov/ace/pyramid.htm

To date there have been over 60 additional ACE studies linking adverse childhood experiences to a wide range of health and social problems. As a result of the studies, initiatives have begun nationwide to raise awareness of adverse childhood experiences and to mobilize comprehensive responses to adverse childhood experiences across the lifespan in an effort to prevent ACEs and their consequences. One such initiative includes a partnership with Prevent Child Abuse America and the University at Albany (SUNY) School of Social Welfare through a website called ACE Response (http://www.aceresponse.org), which focuses on interventions geared to address a parent's own ACEs and prevention of intergenerational ACE transmission.

References:

- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14, 245-258.
- National Council for Community Behavioral Healthcare (Vincent Felitti). (August 27, 2012). Trauma from Adverse Childhood Experiences: The Hidden Epidemic [Video Webcast] (http://www.thenationalcouncil.org/cs/recordings_presentations)
- Centers for Disease Control and Prevention Website: http://www.cdc.gov/ace/ Accessed: October 11, 2012

TERM Welcomes New Staff Members

- Liat Beer, LCSW joined the TERM clinical staff in August 2012 and is assisting with quality assurance reviews of CWS treatment plans, as well as development of standards for group psychotherapy. Liat completed a Masters of Social Work from University of Southern California and brings over 10 years of Domestic Violence treatment experience to the team. Her most recent position prior to joining OptumHealth was with the U.S. Navy Reserve's Psychological Health Outreach Program, where she worked with military members and their families suffering from trauma, stress, and domestic violence issues. Liat's office hours are Monday through Friday, 8:30 am to 5:00 pm.

- Joni Edelman, LMFT joined the TERM clinical staff in September 2012 and is conducting quality assurance reviews of CWS treatment plans, as well as assisting with development of standards for group psychotherapy. Joni completed her Master's Degree in Clinical Psychology at Pepperdine University. Joni's previous positions include providing clinical supervision to licensed clinicians, interns and trainees, and psychotherapy to adults, children, adolescents and families in Los Angeles County Department of Mental Health contracted non-profit agencies. Her specialties include working with victims and perpetrators of domestic violence and child abuse. Her office hours are Monday through Friday, 8:30 am to 5:00 pm.

- Linda Kida, B.A. joined the TERM Clinical Support Staff in August 2012 . Her primary responsibility is processing and tracking CWS treatment plans. Linda has a Bachelor's degree in Psychology from San Jose State University, and joins us from U.S. Behavioral Health Plan of California.

Training Opportunities

- The Chadwick Center for Children and Families at Rady Children's Hospital presents the 27th annual San Diego International Conference on Child and Family Maltreatment on January 28-31, 2013 at the Town and Country Resort and Convention Center. For additional information and registration, please visit http://www.sandiegoconference.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.
- 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 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.
- 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
- 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, or for updates from the Advisory Board meetings.

We would also like to welcome the following new members to the TERM Advisory Board :

- Lauretta Monise, LCSW (representing HHSA, Children's Mental Health Services)
- Margie DeLeon (representing Juvenile Probation)
- Marian Gaston (representing Primary Public Defender's Office)

Kudos

- Thank you to Marian Gaston and Roseann Myers for all their efforts to coordinate access to Child Welfare Services records for Juvenile Probation evaluators.

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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

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