

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 Blank fields and missing, outdated, or inaccurate information (i.e. CPT Code selection, missing zip code, incorrect DOB, Case ID, use of non-legal name) may lead to the referral being sent back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: _____ | | | |
| <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 or Conjoint)

CHECK ALL THAT APPLY:

- A CHILD IN THIS CASE IS UNDER 3 YEARS OF AGE:** WIC 361.5 (a)(2) limits reunification services in these cases to 6 months. However, WIC 366.21(e) permits services to be extended up to six additional months if it can be shown that there is a substantial probability that the child will be returned to the parent/guardian by the end of that time.
- Highly Vulnerable Child(ren) Case:** A higher-than-average possibility exists of serious re-injury or death to a child. Cases may include the following:
- Severe physical abuse, and serious non-accidental injuries to the head, face or torso in children age five (5) years or younger, or children who are developmentally delayed at a functional level of five years or younger.
 - Child’s parent or guardian caused the death of another child through abuse or neglect.
 - Infant born to parents currently involved with CFWB or past involvement with CFWB and did not successfully reunify.
- Parent had a previous CFWB case for: (check all that apply)**
- Domestic Violence Emotional Abuse General Neglect Severe Neglect Physical Abuse
- In previous case, parent <select>

C. CHILD/YOUTH/NMD – REFERRAL INFORMATION

Legal Last Name: **Legal First Name:** **Preferred Name:**
DOB: **Two Digit Person #:** **State ID #:**
Gender: <select> **Pronoun(s):** <select> **Comment:**
Language: <select> **Ethnicity:** <select> If “Other,” specify:
If service is to be provided in a language other than English, specify language: <select>
Current grade: **School:**
IEP: Yes No If Yes, specify the qualifying condition:
Current Placement: <select>
Parent/Caregiver Name: **Language:** <select>
Address: **Phone Number:**

D. REFERRAL CATERGORY:

EMOTIONAL ABUSE:

- Exposure to domestic violence and there are behavioral and/or emotional issues (e.g., self-harming behaviors, tantrums, impulsivity, emotional lability).
- 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.

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SEXUAL ABUSE:

- Sexual abuse victim
- Witnessed or otherwise been exposed to age-inappropriate or adult sexual behavior
- CSEC (exploitation)

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:

- Presenting with emotional or behavioral dysregulation which impairs the child/youth's daily functioning across multiple domains (e.g., social, physical, cognitive, behavioral/emotional) and might include self-harming behaviors, tantrums, impulsivity, emotional lability).
- Self-harming behaviors and/or suicidal ideation, plan, and/or past suicide attempts
- Sexual behaviors enacted upon other children that are developmentally inappropriate and/or unwarned. Please refer to STEPS if an intensive outpatient model is more appropriate. Consult with staff psychologist if there are questions about either program.
- 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.** .

- 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

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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

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

- | | |
|--|--|
| <input type="checkbox"/> Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm. | <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. |
| <input type="checkbox"/> Child sexual abuse or sexual exploitation is suspected, and circumstances suggest that the child's safety may be of immediate concern. | <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. |
| <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. | <input type="checkbox"/> The family refuses access to the child, or there is reason to believe that the family is about to flee. |
| <input type="checkbox"/> The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. | <input type="checkbox"/> Domestic violence exists in the household and poses an imminent danger of serious harm to the child. |

- | | |
|--|---------------------------------|
| <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. | <input type="checkbox"/> Other: |
|--|---------------------------------|

SDM Risk Factors:

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Previously investigated abuse/neglect allegations

Caregiver blames the child for the incident

Caregiver employs excessive/inappropriate discipline

Any child in the household is younger than 2 years old where the maltreatment incident reportedly occurred.

Prior or current CFWB case history

Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child

One or both caregivers have a history of abuse or neglect as a child

There have been two or more physical assaults or multiple periods of intimidation/threats/harassment in the household between caregivers or between a caregiver and another adult.

Any child in the household has a developmental, learning, and/or physical disability; is diagnosed as medically fragile or failure to thrive; or has mental health and/or behavioral issues.

The family is experiencing homelessness or housing insecurity

The caregiver:
Has been diagnosed as having a significant mental health disorder that impacts daily functioning OR
Has had repeated referrals for mental health OR Was recommended for treatment.

Primary or secondary caregiver has past or current alcohol/drug use that interferes with family functioning

Date of Initial Risk Assessment:

Initial Risk Assessment Score: Select Risk Score

Date of SDM Risk reassessment or reunification reassessment:

Risk Reassessment or Reunification Reassessment score: Select Risk Score

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

Describe what is going on in the case right now, including reason for the child/youth/NMD being referred :

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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

Current medication(s) if applicable, otherwise state N/A:

Level of motivation/compliance regarding this service:

G. MENTAL HEALTH HISTORY REQUIRED TO ESTABLISH A MATCH

Past mental health diagnoses given by licensed mental health providers:

Past mental health treatments:

H. 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: _____

Managed Care Plan: Select Managed Care Plan

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 **AND** SW has reviewed the Telehealth Criteria and agrees that client is appropriate for Telehealth Services (It is not a guarantee they will receive tele-health).

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

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

- If yes, what is the reason for the reassignment?
- If yes, what is 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:

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I. 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:

E-mail Address:

Child/Youth/NDM **resides** outside California

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

Child/youth or NMD resides out of county, in California, and Presumptive Transfer has occurred. Child/youth and/or Child and Family Team has assessed a need for a specific evaluation and the Out of County Mental Health Plan is not providing the services. (This selection requires payment to be authorized with CFWB County funds)

****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.