

FINANCING PARTNERSHIPS WITH FAMILY MEMBERS AS MEDI-CAL REIMBURSABLE MENTAL HEALTH SERVICE PROVIDERS

The system of care approach to serving children with emotional disturbance draws together services across agencies to build on family resources to achieve outcomes desired by families and agencies. These outcomes include youth residing safely with their family, or in the least restrictive setting if their family is not available; youth attending and benefiting from school; youth remaining law abiding; youth developing healthy, pro-social relationships with others; and youth receiving preventative and needed health care. There is an increasing body of literature that supports the system of care approach as being successful in assisting youth and families to achieve these outcomes.

Systems of care continue to be challenged with developing authentic partnerships with family members. Challenges include such things as changing professional culture concerning the importance of family partnership, clarifying the nature of the partnership, selecting and training family members for these roles, and identifying funding to pay family members for the essential work they do in the system of care.

While partnerships with family members in systems of care have taken several forms, family members tend to be involved in one or more of the following four activities:

- **Administrative activities** typically include participation by family members in policy development, program and grant planning, staff training, staff selection, preparation of treatment materials, forms and clinic design, and outcome evaluation.
- **Advocacy activities** typically have two targets: client-specific advocacy in regards to receiving services or benefits/entitlements from one or more lo-

cal agencies; and policy advocacy directed toward influencing funding, policy, or legislation by government entities and private foundations and businesses. The latter activities are often accomplished through affiliation with statewide or national organizations.

- **Supportive activities** typically include support groups, phone call support lists, respite or childcare provided by family members. These services are generally provided outside of formal service plans, concurrently with formal services, or after formal services have ended, to assist in maintaining treatment gains. These services may also be provided as a preventative step prior to the need for formal services.
- **Direct specialty mental health service activities** can include case management and rehabilitative skill building services. These services are generally provided as part of a formal treatment service plan. These services are often provided by family members who are contracted staff or staff hired by one or more system of care agencies.

This article begins to address the funding available to support family partnerships by exploring the use of Medi-Cal as a source of funding that may be used to support a partnership with family members as specialty mental health service providers. The first section offers guidelines to assist counties in establishing partnerships with family members as providers of Medi-Cal reimbursable mental health services. The second section briefly describes the family member partnerships in Santa Barbara County's System of Care.

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Partnerships with Family Members as Specialty Mental Health Service Providers

While there is often a temptation to develop services because a funding source exists, caution concerning such a “tail wagging the dog” approach to service development is strongly advised. A family member partnership is best when it builds upon local system of care strengths and addresses local needs. The following guidelines are offered to assist counties in establishing a partnership with family members as providers of Medi-Cal reimbursable mental health services.

The following conditions must be met for a specialty mental health service to be Medi-Cal reimbursable:

- The client recipient must be a Medi-Cal beneficiary.
- The client must exhibit **medical necessity** for mental health treatment.
- The service provided must be indicated to treat the mental health disorder.
- The **service** must be Medi-Cal reimbursable.
- The **staff must be qualified** for Medi-Cal reimbursement.
- The agency must be a **Medi-Cal certified provider**.

The key variables in regard to Medi-Cal reimbursable family services are the qualifications of the family member staff, the services being delivered, and clinical support and supervision provided by the specialty mental health service provider.

A mental health service is Medi-Cal reimbursable only when delivered by staff who are working within their scope of practice and have the appropriate level of education or work experience and supervision. While licensed staff working within their scope of practice must provide most specialty mental health services, paraprofessional staff may provide some specialty mental health services given appropriate clinical supervision. Each county’s mental health plan (MHP) is responsible for ensuring compliance with scope-of-practice and defining the appropriate levels of education or experience and clinical supervision paraprofessional staff need to deliver certain specialty mental health services. Generally, paraprofessional staff may perform many of the activities within the following service definitions and inter-

ested parties should contact their local mental health plan to determine those activities that may be performed by paraprofessional staff:

Mental Health Services are those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to:

- **Assessment:** A service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- **Plan development:** A service activity which consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary’s progress.
- **Therapy:** A service activity or therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.
- **Rehabilitation:** A service activity which includes assistance in improving, maintaining, or restoring a beneficiary’s or group of beneficiaries’ functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources, and/or medication education.
- **Collateral:** A service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

Targeted Case Management services include those services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

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The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention Services means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who are not eligible to deliver crisis stabilization or who are eligible, but deliver the service at a site other than a provider site that has been certified by the department or a Mental Health Plan to provide crisis stabilization.

In addition to staff having the appropriate education or work experience and clinical supervision for the services they deliver, the mental health service provider must be a certified Medi-Cal provider in order to access Medi-Cal reimbursement. Agencies and County Mental Health Clinics are required to be Medi-Cal certified. Private providers must meet a certification standard developed by the county's MHP, which must be consistent with statewide requirements. These criteria impact the organizational structure that may be chosen for a family member partnership with the children's system of care.

There are three general organizational structures for a family member partnership. These three organizational structures are known as the "innies," "middies," and "outies" models. The "innies" model is one in which family members are employed as staff by the county to work in the system of care for children. The advantages associated with the "innies" model is that family members may have more opportunity to affect change because they are inside the organization; and the county is already a certified Medi-Cal provider, which removes one of the barriers to obtaining Medi-Cal reimbursement. While family members may be better able to affect change as part of the county system, they are also at risk of being perceived as co-opted by the county.

The "middies" model is one in which family members are employed by a private non-profit agency or operate under the umbrella of a non-profit agency that has a contract with the county. The advantages of such a

model are increased autonomy, support of the private agency and opportunities for Medi-Cal reimbursement. Administrative supports can include issues like personnel, payroll, and facility management. Alternatively, the goals and activities of the family members may be reshaped or diminished by the goals and activities of the umbrella agency.

The "outies" model is one in which the family program is independently run, typically with no county funds. The advantage of this model is that family members are free to advocate without fear of losing funding. The disadvantage is that family members may be perceived by county agencies as adversarial. Given the organizational requirements for a service to be Medi-Cal reimbursable, the "outies" model may be less ideal for the family member partnership if it is to be sustained by billing Medi-Cal for a portion of its activities.

The Santa Barbara Model

Santa Barbara operates a multi-agency, integrated system of care (MISC) to serve youth exhibiting serious emotional disorders. Mental health, probation, public health, child protective services, and community-based organization staff are co-located in three separate MISC clinics that provide services to youth exhibiting emotional disturbance. Each clinic has distinct assessment staff, case managers, and treatment staff who work together to meet the needs of children and families. Assessment staff identify the child's treatment needs and articulate those needs to the service planning team to help develop the case plan. Case managers broker services the child and family need, serving as the single point of contact for services. Treatment staff deliver services upon referral from the case manager.

Santa Barbara County Alcohol, Drug and Mental Health Services contracts with community based organizations that are certified Short-Doyle/Medi-Cal mental health providers to hire family members who meet or exceed educational and work experiential Medi-Cal requirements to deliver mental health services. Family member providers are co-located with the multi-agency county staff in the three MISC clinics and work in a manner similar to staff working in the MISC program from county or other private agencies. Family members participate in team-based staff meetings and service planning/wraparound meetings with the youth and family; deliver services upon referral from case managers; and

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Financing Partnerships (*Continued from page 3*) are responsible for completing and adhering to Medi-Cal requirements and documentation.

Santa Barbara County has demonstrated the feasibility of sustaining a partnership with family members through Medi-Cal FFP. However, this article has also demonstrated the limitations this approach places upon the type of family member partnership that may be sustained. Consequently, family member partnerships should pursue this approach only to the extent it builds upon local system of care strengths and meets local needs. ◆

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