

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: July 7, 1995

BHRS POLICY 95-04

SUBJECT Practice Standards: Community Workers, Residential Counselors and Behavioral Health Counselors

AUTHORITY Title 9, CCR, 521 and 1840.314 (d); CA Business and Professions Code; San Mateo County Health Services Policy HS-A-8; Divisional

AMENDED August 3, 1999; April 14, 2010

BACKGROUND

Title 9, CCR 521 states that “the local Mental Health Director shall maintain general supervision over all Local Mental Health Services through direct operation of the services or by written arrangement with the person or agency providing the service. Such arrangement shall permit the local Director to supervise and specify the kind, quality and amount of the services ...” Title 9, CCR 1840.314 (d) states that "Services shall be provided within the scope of practice of the person delivering service, if applicable." DMH interprets this to mean that MHP’s can determine scope of practice as long as it doesn’t violate state and federal laws and regulations. BHRS Policy 93-10 broadly establishes practice standards for licensed practitioners and certain unlicensed staff. This policy describes certain practice standards for additional categories of unlicensed staff.

BHRS is fully committed to the principles expressed in BHRS Policy 08-01, Welcoming Framework. This policy affirms that regardless of job title or class, management, staff and providers are committed to creating and sustaining a welcoming environment designed to support recovery and resiliency for those seeking services. BHRS Policy 95-04 is written in keeping with our strong belief in recovery and resiliency of individuals who seek our services.

PURPOSE

To support and encourage the full range of non-traditional providers of behavioral health services;

To assure that consumers of behavioral health services are offered high quality services that are recovery based, consumer directed, and culturally competent.

To acknowledge that providing recovery based services to consumers by peers and family members can present special opportunities and challenges. The overall principle is that staff shall not engage in dual relationships with clients, former clients, or colleagues.

DEFINITIONS

Client: For purposes of this policy, in accordance with Health Services Agency Policy HS A-8, a client is defined as one who seeks or receives care from the program and/or work site of the employee.

Dual Relationships: Any combination of working directly with a client/family and also having a social, financial, legal or other relationship with that client/family.

POLICY

A. **Peer Community Worker/Family Partner**

Definition

A category of employment within the county behavioral health system of care, which recognizes the special contributions and perspectives of behavioral health consumers/family members and encourages the valuable role of peer-to-peer/family-to-family support and case management. These staff members are typically hired as Community Workers when employed within County Civil Service.

Standards for Employment and Claiming

- Employment in the system of care, with a minimum hourly salary that is at least the entry level salary within the employing agency for the position occupied.
- Any combination of education and experience that would likely provide the required knowledge and skills is qualifying. A typical way of gaining the knowledge and skills is:
 - Community Worker I: Experience which has provided first-hand knowledge of the problems, needs, attitudes, and behavior patterns of people with mental health, substance use or co-occurring problems.
 - Community Worker II: Two years experience in providing community services of an emergency, remedial and educational nature for people with mental health, substance use or co-occurring problems.
- Highly desirable is successful completion, prior to employment, of the Peer Counseling and/or Family Development training curriculum offered by County Behavioral Health Services through local community colleges. An equivalent program completed in another county may be considered when reviewing candidates for employment.

- DMH requirements for co-signatures on progress notes must be followed. For example, for staff with less than a bachelor's degree, notes must be co-signed until two years of volunteer or paid experience working within a mental health setting has occurred.
- Other scope of practice issues are covered in BHRS Policy 93-10 and its attachment, Scope of Practice Grid, also included in the Documentation Manual.
- In all cases, including those where DMH regulations do not require co-signatures, San Mateo County Peer Community Workers/Family Partners must be assigned a specific supervisor and all progress notes and service plans must be co-signed for the first six months of employment. Individual supervisors/agencies may impose more stringent standards at their own discretion.
- It is the responsibility of an agency contracted with BHRS to assure that services by Peer Community Workers/Family Partners that are submitted to DMH for Medi-Cal reimbursement meet all standards for quality of care and all relevant documentation requirements.
- Peer Community Workers who work as Case Managers, and who themselves have a Representative Payee, may not serve as a Case Manager for a Representative Payee client.

B. Residential Counselor

Definition

An individual who, under general supervision, provides advice, assistance, supervision and direction to adolescent age children requiring mental health care who are placed at a County live-in institution; oversees the behavior, security, health and welfare of facility residents.

Standards for Employment and Claiming

- Any combination of education and experience that would likely provide the required knowledge and skills is qualifying. A typical way of gaining the knowledge and skills is:
 - Crisis Residential Counselor I: Bachelors degree in; Psychology, Sociology, Education, Counseling, Child Development or Related fields.
 - Crisis Residential Counselor II: The above education plus one year of experience providing advice, assistance, supervision and direction to emotionally disturbed children.

- Residential Counselors do not claim for individual outpatient mental health services or case management to Medi-Cal or other insurers.

C. **Mental Health Rehabilitation Specialist**

Definition

As defined in federal regulations, an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-to-year basis; up to two years of post- associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting. (An Associate of Arts degree is the minimum required educational standard.) Identified individuals may be designated as "head-of-service" in an agency providing behavioral health services.

Standards for Employment and Claiming

- The regulatory definition emphasizes mental health rehabilitation as opposed to other areas of mental health service when it defines "specialist." Examples of individuals in the system of care who may qualify as a Mental Health Rehabilitation Specialist are:
 - Vocational Rehabilitation Counselors
 - Occupational Therapists
 - Recreational Therapists
 - Leadership staff of a community mental health agency (supervisors, administrators) who have demonstrated, to that agency's satisfaction, specialized knowledge and skilled practice in mental health rehabilitation principles.
- Other staff with baccalaureate degrees and experience in such mental health areas as residential counseling, community work, etc., will not meet the qualifications of a Mental Health Rehabilitation Specialist unless they are able to demonstrate rehabilitation focused course work and/or documented supervised rehabilitative practice.
- Community mental health agencies wishing to certify a staff member as a Mental Health Rehabilitation Specialist should provide Behavioral Health Administration with the staff member's résumé, including the training, education and experience which are submitted in qualification for the specialist designation.
- Certification as a Psychiatric Rehabilitation Practitioner (CPRP), by successfully passing the national examination offered by the United States Psychiatric Rehabilitation Association, is highly desirable.

- The final decision about a Mental Health Rehabilitation Specialist designation remains with San Mateo County Behavioral Health Services. Agencies will be notified in writing of this decision.
- Mental Health Rehabilitation Specialists qualify as “Head of Service”.
- Mental Health Rehabilitation Specialists must have the treatment plans they develop with clients signed by a licensed behavioral health practitioner.

D. Expectations for Service Providers

- Licensed and professionally certified clinicians (including AOD staff and contractors certified through CAADE and CAADAC) are guided by standards of care and personal behavior that are determined by their respective licensing/certifying boards. It is expected that paraprofessionals employed within the behavioral health system of care will demonstrate similar awareness of their primary role as service providers (including support and advocacy as indicated) to clients/family members. San Mateo County’s Health Department Policy HS-A-8 provides a detailed analysis of challenging situations and issues that staff members may encounter while working in a recovery based environment.
- Supervisors must assist all staff by providing discussions/training focused on identifying and differentiating social (and other) relationships with peers/families, including those existing prior to the beginning of service, from those appropriately developed during the provision of services. Any concerns experienced by a staff member about the appropriateness of his/her relationship with a client/family member should be brought to the staff member’s supervisor.
- In working with children, youth and transitional aged youth, staff members must discuss with their supervisors any continuing relationship after a client has discontinued service within BHRS.
- In working with adults and older adults, staff members should discuss with their supervisors continuing relationships with clients who have discontinued services within BHRS upon the adult’s re-engagement in our services, in order to avoid dual relationships (see definition, p.2).
- Supervisors must consult with managers about unresolved or ambiguous situations.

Signature on File in BHRS Administration

Approved: _____
 Louise Rogers, Director
 Behavioral Health and Recovery Service