

County of San Diego  
 Health and Human Services Agency (HHS)A)  
 Children's Mental Health Services  
 Policies and Procedures  
 CMHS General Administration

Subject:	<b>Family Support Partners: Selection, Training and Supervision</b>	No:	<b>06-01-217</b> Formerly 06-01-116		
Reference:	<b>Title 9, CCR, Ch 11, 1840.344; California Rehabilitation Option Manual; DMH Letter 01-02; Report of the Committee on the Training of Paraprofessionals, 6-13-02</b>	Page:	<b>1</b>	of	<b>4</b>

**PURPOSE:**

1. To describe a process for employment and supervision of Family Support Partners (FSPs) who provide direct service to children and youth with an open mental health case, and their families.

**BACKGROUND:**

1. With system reform, the need for Family Partners was identified as a critical element. The concept and role of Family Partners was then developed through several San Diego Community Family/Youth Professional Partnership planning meetings. Family Support Partners (FSPs) play one of the possible roles (that of direct service) of Family Partners.
2. Family Support Partners with first hand experience with the Mental Health System increase a family's abilities to:
  - a. Access services and resources.
  - b. Foster their ability to gain greater self-sufficiency.
  - c. Provide better care for their child/youth.
  - d. Enhance their use of community support and relationships.
3. Medi-Cal regulations permit the use of unlicensed individuals working under the direction of licensed mental health providers or waived personnel.

**DEFINITIONS:**

**Family Partner:** An overarching term for

- a. A care giver of a child/youth who is a consumer in a public agency serving children.
- b. An individual with experience as a consumer in a public agency serving children.
- c. Family partner roles may include, but are not limited to:

Approved Date:	Approved:
4-9-07	Alfredo Aguirre's Signature on File
	Director, Mental Health Services/Designee

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- Administrative.
- Advocacy Community Engagement.
- Training and Supervision.
- Support Partners (direct service).
- Peer to Peer.
- Outcome and Evaluation.

**Family Support Partner (FSP):** An individual with experience as a consumer or caregiver of a consumer of a public agency serving children/youth who is employed full or part time to provide direct (potentially billable) services to a child, youth, or family with a mental health case.

**Billable Services:** may include but are not limited to

- Treatment Meetings.
- Care Planning.
- Wraparound Meetings.
- Intakes and Assessments.
- Case Management.
- Home Visits.
- Supportive and Rehabilitative Services.

**Agency:** The County of San Diego, Children's Mental Health Services, or its contracted programs. These employers are also referred to as organizational providers.

**Direct Services:** Services provided to an identified child/youth who has an open mental health case in the CMHS organizational provider system. Services may also be provided to care givers or other family members of the identified child/youth if the services will further the treatment goals of the identified child/youth. These services must satisfy Medi-Cal billing Requirements, if the child/youth is Medi-Cal eligible, and must be documented in the child's/youth's chart in the agency.

**PROCEDURE(S):**

1. Selection of Family Support Partners

- a. Family Support Partners must be at least 18 years of age and have a High School Diploma or equivalent.
- b. They must have direct experience as the parent, care giver, or consumer in a public agency serving children/youth.

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- c. They must agree to ongoing training as described in 2 below. Previous training that can be adequately demonstrated can be counted towards training received upon employment.
- d. They must meet all other requirements specified by the Health and Human Services Agency, County of San Diego, including passing a background check covering criminal, child abuse, welfare fraud, and other elements as outlined in the employing agency's contract. Based on proof of rehabilitation, a waiver may be obtained.

## 2. Training

- a. The role of the FSP: Orientation
  - Activities that may be performed.
  - Billable activities.
  - Limits of the FSP role – I.e. no medical, legal advice.
  - Family/Youth Professional Partnership within Children's Mental Health System of Care.
- b. The role of supervision:
  - Difference between clinical and support partner supervision.
  - How to utilize supervision.
- c. Basic knowledge of Wraparound:
  - Basic Wraparound Skills Building.
  - Advanced Wraparound Skills Building as needed.
- d. Basic knowledge of System of Care.
- e. Mental health orientation.
- f. Partnering with professionals.
- g. Community and system resources to which families may be referred.
- h. Safety:
  - What to do in an emergency.
  - When is it safe to enter someone's home.
  - Dealing with intoxicated persons.
  - Dealing with psychotic persons.
- i. Cultural Competency (4 hours of training each year):
  - Norms and expectations for specific populations.
  - Awareness of one's own potential biases.
  - Acculturation.
- j. Boundaries and Dual Relationships:
  - When to self-disclose.
  - Socializing with clients.
  - Physical contact.
  - Giving and receiving gifts.

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- k. Confidentiality:
  - Exceptions and limits.
  - Release of information.
  - Mandatory reporting.
- l. Documentation requirements:
  - Medi-Cal specific documenting requirements.
- m. Conflict resolution and effective listening.
- n. Individualized Educational Plan (I.E.P.) Process.
- o. Other training as specified by employer or CMHS.

3. Supervision

- a. Clinical Supervision:
  - FSP must receive individual supervision at least once a month to ensure quality services, but not less than one hour per 10 hours of direct service provided.
  - Clinician must be licensed/waivered with at least 2 years experience.
  - Billable services are offered under direction of a licensed/waivered professional, who will countersign progress notes of FSP.
- b. Peer To Peer Support Partner Supervision:
  - Designed to be comprised of both family and youth support partners.
  - FSP must receive partner support supervision at least once a month.
  - Peer to Peer Support Partner supervision may provide mutual support, continuing education, and promote fidelity to the principles of family/professional partnership.

**ATTACHMENT(S):**

None.

**SUNSET DATE:**

This policy shall be reviewed for continuance on or before March 31, 2010.

**AUTHOR/CONTACT ON 3/19/07:**

Henry Tarke