

# In-house CAC Mental Health Services Versus a Linkage Agreement with Outside Provider(s)



## What are the positive considerations in the delivery of mental health services on site at the CAC?

Providing mental health services on-site allows the CAC to have control and oversight of services that are critical to the well-being of the children and families. On-site services also facilitate the monitoring and documentation of the progress and outcomes of the services provided. In-house services can be developed consistent with the NCA accreditation standard, modified and adjusted in response to data gathered and to the needs of the clients served. On-site services allow the CAC to identify and hire mental health professionals with the credentials necessary to deliver services consistent with the NCA standard and to monitor and meet the training needs of their staff. Having mental health services in-house may provide more leverage with the MDT in embracing the need for and support of evidence-based treatment. When family engagement occurs through the forensic interview process, that engagement has the potential to positively influence the child and family participation in treatment when it is located at the CAC.

## What are the positive considerations for providing mental health services by referral to community providers?

Deciding to seek mental health services through linkage agreements with community mental health providers offers the opportunity to partner with community mental health professionals who have training and supervision through an established mental health agency or through a private practice. Providing services through linkage agreements may be more cost effective, involve less liability on the part of the CAC, and provide more benefits to the providers. Clearly developing linkage agreements requires clarifying both administrative and clinical issues including both administrative and clinical supervision, confidentiality and clinical records, data sharing, and roles and responsibilities of the linking agency and of the CAC. Such linkage agreements need to be managed through collaboration by the CAC and the partnering professional/s or agencies.

Another collaborative model for providing mental health services on-site at the CAC includes developing a memorandum of agreement or linkage agreement that spells out roles, responsibilities, administrative and clinical supervision, and all other issues required to have a community mental health agency staff (often state/public mental health employees) stationed at a CAC. This model requires significant clarification regarding training, supplies, supervision, record storage, and so forth. The benefit to the CAC is having mental health professionals on-site from their mental health partner agencies (like having law enforcement and child welfare in-house) and the benefit to the mental health agency is a built-in supply of referrals. The CAC provides space, administrative support, and referrals, and the mental health organization provides staff, services, professional liability insurance, clinical supervision, and administrative functions such as billing. This model requires a detailed linkage agreement or contract, is often a win-win for all, and is consistent with the CAC support of on-site collaboration with other professional disciplines.

## What are the practical issues inherent in on-site services and services through linkage agreement with community service providers?

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Providing mental health services, whether in-house or through linkage agreements with community mental health professionals, requires multiple administrative and clinical considerations. Of primary importance is ensuring that the mental health professionals and the services provided meet the NCA Mental Health Standard. When considering whether to develop in-house or to bring community services on-site, a community assessment is appropriate to identify need and the resources and services available within the community. Information gathered can inform decisions, avoid duplication, and identify and address unmet community mental health needs.

If the decision is to bring mental health professionals in-house, the CAC will need to develop job descriptions and to recruit, screen, and hire staff that meet the NCA mental health standard. In addition, the CAC will need to have adequate office space, equipment and materials required for evidence-based service delivery, the availability of clinical supervision, a system of data collection, and monitoring of services provided as well as funding for salary and benefits. In addition, other implementation costs including training, clinical supervision/consultation, assessment instruments, supplies, and office equipment will need to be considered.

Whether services are in-house or through linkage agreements, there are administrative issues specific to the delivery of mental health services that need to be addressed such as written policies, procedures, and practice for services delivered; the management of client records including content, storage, and retention; and confidentiality requirements, release of information format, and the role of the mental health providers on the MDT and in the court process.