

# DEVELOPING A COUNSELING NETWORK

## A Primer

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### COMMUNITY BACKGROUND

During the last several years the counseling/mental health activities of the Jewish Family and Children's Services (JFCS) of Indianapolis, Indiana had diminished and become less diverse. As utilization and productivity rates were monitored, it was found that several cost-saving factors could be initiated. These factors were then implemented. Subsequent monitoring and evaluation indicated that these services were still not being delivered as cost effectively as possible. Recommendations of a community task force designed to evaluate the entire functioning of the agency resulted in a decision in September 1992 to disband the agency. Various functions of the agency were to be divided among the remaining Jewish federation agencies (see preceding article).

The appropriateness of maintaining counseling services for the Jewish community was supported by the community task force. It was strongly felt that the major emphases should be to eliminate barriers to services and to provide financial assistance to those requesting it.

At the same time managed health care had made definite inroads into the greater Indianapolis area. Managed health care, and specifically, managed mental health care, was believed to be a major factor responsible for the noted decrease in the JFCS counseling clientele. Fortunately, most Jewish individuals were able to provide health insurance for themselves and their families, and many of these insurance plans provided mental health benefits. However, JFCS counselors had not become providers

of any managed care network within the Indianapolis area. They essentially drew their caseloads from individuals in contact with members of the Jewish community and/or constituent community agencies, i.e. Catholic Social Services, Lutheran Family Services, and other United Way agencies.

The purpose of this article is to describe how the Jewish community tackled the problem of providing counseling services to the community when the agency that traditionally provided these services no longer existed. The goal was to develop a broad-based community network designed to offer easy accessibility and quality care.

### DEVELOPING A NETWORK

It was decided that a Counseling Network would be developed similar to the mental health networks that have been formed around the country, particularly in the area of managed care. The Counseling Network would follow the model of these managed care networks by emphasizing the accessibility of providers offering quality care, including specialty areas, and the use of cost-management techniques to monitor financial outlay.

It is a basic tenet of the Indianapolis Jewish federation that counseling services be available to any individual in the Jewish community who requests them. A number of Jewish and non-Jewish mental health providers are available within the Indianapolis area to provide a high level of quality services, and members of the Jewish community currently seek the services of these providers. This provider group represents what could be conceived of as a "com-

munity preferred" network. It is this informal network that served as the initial provider base of the Indianapolis federation's Counseling Network.

### **Providers**

All Counseling Network providers—mental health and substance abuse therapists/counselors—have been chosen for their expertise in a variety of areas, including individual, marital, and family counseling; drug abuse and sexual abuse treatment; children's specialties; psychological assessment; gender issues, and the like. The multidisciplinary network includes psychiatrists, psychologists, social workers, marriage and family therapists, and mental health/substance abuse counselors. These providers have been reviewed for academic credentials, state certifications/licenses, and malpractice insurance. A letter of agreement, with procedures for billing and authorization, is completed at the initiation of each provider relationship.

The question of whether to select Jewish versus non-Jewish counselors arose as the provider network took shape. The Indianapolis Jewish community is a relatively small percentage of the Indianapolis general community (1%). Many Jewish individuals are acquainted with each other for much of their lives, making confidentiality sometimes difficult. It was determined that a quality network would allow the client a choice of Jewish and non-Jewish providers. In this way the Network would provide for client desires for confidentiality and yet enable referral to Jewish counselors. All Jewish counselors participating in the network subscribe to strong Jewish values on an individual, family, and community basis. They, as a group, strongly value the mission of strengthening Jewish families.

Given these contributing factors, the Counseling Network evolved into its present shape and form in response to the changing needs of the Indianapolis Jewish Community.

### **Financial Need**

Periodically, members of the Jewish community request a financial subsidy in order to obtain necessary counseling services. Subsidies of varying amounts are available through earmarked funds from the Jewish federation. Cost-effective measures have been designed to assess utilization and to maintain control over monies spent by the Jewish federation for subsidies. These measures include pre-certification/authorization procedures, concurrent review, and utilization review. They have been built into the Network as unobtrusively as possible in order to maintain the highest standards of confidentiality.

## **HOW THE NETWORK OPERATES**

### **Staffing**

The Counseling Network is housed under the auspices of the Jewish Community Center (JCC). The executive director of the JCC is a Masters-level social worker who is appropriately trained to oversee the administration of such services. The daily activities of the Counseling Network are conducted by a Masters degree-trained counselor. The responsibilities of the Network counselor did not warrant a full-time position, but was added to an already existing social service position. The Network counselor contributes approximately 4 to 5 hours per week to Network responsibilities. The providers are all state certified/licensed independent providers of mental health services.

### **Referral Process**

The Network has both interview and triage functions. Individuals in need of services can directly contact the Network counselor at the JCC. The counselor immediately assesses the situation that the individual is describing.

### *Standard Referrals*

It is assumed that the majority of potential clients would be calling for services of a less critical nature. Therefore, triage and referral are appropriate means of intervention at the initial contact. The Network counselor interviews the client at the initial telephone contact. From this information the Network counselor selects two to three appropriate referral sources from the existing provider network. The client is given a brief summary of each provider's credentials, training, areas of expertise, and style of therapy, enabling the client to make an informed choice of provider. The client is instructed to make his or her own appointment. A follow-up telephone call to the client is made within 2 weeks of the referral to check on the referral process and whether there was appropriate access to services. The Network Counselor is required to keep all records of referral/case information for 10 years. The client is encouraged to re-contact the Network counselor if any problems with the referral arise. The case is then considered closed unless the client initiates additional contact.

### *Emergency Referrals*

If the situation seems to be of an emergency nature, the counselor immediately refers the individual to the Tri-County Mental Health Center within the catchment area of the JCC. In cases where the individual is unable to make this contact, the counselor arranges for these services at the community mental health center and provides for transportation if needed. Liaison with the local community mental health center has been established, enabling the Network counselor to tap easily into the mental health center's Emergency/Crisis system.

### **Financial Subsidy**

The Jewish Federation of Greater Indianapolis has allocated funds for subsidizing needed mental health services. The client requesting a subsidy is asked to meet di-

rectly with the Network counselor. The Network counselor determines the need and the amount of subsidy according to a sliding scale. If financial aid is granted, the conditions of the aid and the client's obligations are described to the client. In this meeting, the client is told about possible co-payment requirements, the length of treatment, amount of subsidy, and how to gain access to additional services. The client is asked to sign release of information forms to allow the Network counselor and the provider to discuss treatment progress. The nature of the Network counselor/provider relationship is explained to the client at this time. The client then chooses a provider on the basis of the referrals offered by the Network counselor. After the client informs the Network counselor of his or her choice, the Network counselor sends a letter to the provider stating the conditions of the subsidy including any client co-payment, and authorizes up to ten sessions of subsidized counseling. The provider bills the federation according to guidelines outlined in the provider agreement.

### **Extension of Subsidies**

If additional subsidies are requested beyond the original authorization, the client's need for financial assistance is reviewed a second time. Authorization for up to ten additional counseling sessions may be granted upon that review. In making that authorization, the Network counselor reviews information from the provider regarding the progress of treatment, appropriate authorization, and a possible termination date. A \$500 annual cap per client has been established for 1993. Additional funds are available upon further review by the Network counselor subject to federation approval.

Should a client be in need of services above the \$500 cap, two options may be followed:

1. The client may be referred to the local community mental health center for additional services. In the Indianapolis

community a highly competent level of services is offered by local community mental health centers, particularly in the catchment areas where the greater Jewish population resides.

2. The Network counselor may direct a client's need directly to the Jewish federation for special consideration. The JCC executive director, the director of outreach services, and the Network counselor will determine if additional services will be provided.

#### **Subsidy for Family Members**

Should additional family members be in need of services and of financial subsidy, the provider contacts the Network counselor and requests authorization for these services. All additional subsidies require pre-authorization by the Network counselor. It is the provider's responsibility to obtain this authorization once the counseling relationship has been initiated. The Network counselor is responsible for collecting all billing information and for expediting billings to the appropriate arm of the Jewish federation.

#### **Record Keeping**

It should be strongly emphasized that all personnel involved in the Counseling Network maintain strict levels of confidentiality. Records are kept in locked files and are accessible to the Network counselor only. The Network counselor is also trained in the details of health insurance plans within the Central Indiana area. The Network counselor aids the clients in obtaining benefits through their own health insurance policies and is knowledgeable about alternate community resources.

The Network counselor carries a pager and is available for triage and information/referral services during a 30-hour week. Individuals calling after hours are referred to the community mental health center for crisis information or are told to call the Network counselor during the next working day. After-hours utilization is monitored

closely to determine whether the position should be further developed and to maximize the effectiveness of the services.

#### **Evaluation**

Eighty-nine clients participated in the Counseling Network from March through December 1993. The referrals included new cases and continuing cases. Types of problems presented included depression, anxiety, alcohol abuse, parenting problems, marital problems, physical/sexual abuse, and adolescent problems. The range of requested services seemed identical to previous JFCS caseloads.

A panel of 17 preferred providers has agreed to receive referrals for network clients. Of these 17 providers, 8 are Jewish and 9 are non-Jewish. When requesting a referral, each client is asked whether he or she prefers a Jewish or non-Jewish provider. Most individuals have stated that the religion of the counselor "did not matter" and that they wanted "the most qualified professional available." However, all clients requesting services reported that they felt it important to obtain the referral through a Jewish agency/program. Jewish federation agencies are well regarded within the Jewish community and the Indianapolis community at large. Clients have reported that they trust the judgment of Jewish federation professionals and the providers subsequently recommended to them.

In reviewing data from previous years, it is apparent that the Network is filling the demand for services at a rate consistent with the last 2 years of JFCS operations. It is the perception of Network staff that clients are presently better served due to easily accessible referral sources, with routine appointments usually obtained within 48 hours.

Nineteen partial scholarships have been granted, totaling \$7,400 for the 10-month period. Scholarships ranging from 10% to 95% have been requested/granted by current clients.

As of the present date, no complaints have been received regarding any facet of

services being delivered.

The Network is monitored on a bi-monthly basis by the committee of members responsible for its development. Particular issues to be monitored include utilization needs, accessibility, cost effectiveness, program cost, and client satisfaction. Should the demand for counseling/therapy services increase, the formation of in-house services will be re-evaluated.

### CONCLUSION

Financial pressures and the need to monitor all expenditures closely motivated the Indianapolis Jewish federation to form an outside Counseling Network that would be both cost effective and offer a wide range of counseling/therapy services. At the present time, this provider network seems to offer the most effective way of handling Jewish community counseling needs.

### SUGGESTED READINGS

The following references are recommended for further reading on mental health services, managed care and the Indianapolis Jewish community, and the delivery of so-

cial services under Jewish federation auspices.

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