

DRAFT Minutes
MHRT/C Redesign Competency Committee Meeting

Date: January 7, 2015

Time: 1-3pm

Location: 41 Anthony Ave; CR A

Meeting Lead: Leticia Huttman

Purpose: Resources for competency work

Overview: Welcome, Introductions

Themes

Discussion

Next Steps

Next meeting

Participants:

Kim Lane	UMA	Leticia Huttman	SAMHS	David McCluskey	Community Care
Alice Preble	Moving Forward	Heather Bingelis	Ascentria	Kelli Fox	UNE
Marie Pedersen	Sweetser	Jodi Hansen	Sweetser	Janice Daley	Muskie School
Charlie Bernacchio	USM	Jean Cashman	UMPI	Jacinda Dionne	Muskie School
Jewel Jones	UMF	Jennifer Kimble	Benefits Counseling Srvcs	Elizabeth Szatkowski	Opportunity Alliance

Minutes:

1. Welcome and Introductions:

Leticia Huttman opened the meeting and members introduced themselves. She explained the roles of the different committees. The Competency Sub-Committee will recommend what competencies should be required. The Systems/Administration Sub-Committee will examine how the certification program is structured and address topics such as continuing education requirements, provisional status and de-certification. Leticia also emphasized that one of the essential goals of the redesign will be balancing the need for creating better access to this workforce with the need to maintain quality. She asked members to “think outside the box” and not to be constrained by what is currently in Section 17 of MaineCare since there will be changes to this as well as an exploration of a 1915 I waiver.

Charlie Bernacchio advised the group that when the competencies were originally developed for MHRT/C certification, they started with domains and tried to distinguish between knowledge and skills. Leticia responded that there has been a discussion about having a survey so that a broad range of stakeholders may have input into these revisions.

2. Themes

Jacinda Dionne reviewed themes from the first MHRT/C Redesign stakeholder meeting in the fall. These are posted on SAMHS MHRT/C Redesign website and can be found with other materials from this initiative at: <http://www.maine.gov/dhhs/samhs/mentalhealth/MHRT-C-Redesign-Initiative.html>

3. Summary of Discussion

What do Community Integration Workers Need to Know?

- Where to find resources – knowledge of the system (need to “know what you don’t know”)
- Base/generalist knowledge to work with any population
- Role identity – how to gain trust of consumer while not taking on a counselor role
- Knowledge and skills to keep current with evolving best practices
- Critical thinking skills in field

Themes from Discussion of MHRT/C Competencies

- **Psychosocial Rehabilitation:** no longer use this term. Now called Psychiatric Rehabilitation.
- **Ethics and professionalism** – although this is included in some of the current course areas, there needs to be a heavier emphasis
- Focus on competencies and not MHRT/C course names.
- **Integration of physical and behavioral health** is missing from the current competencies
- Focus on **treatment and rehabilitation**
- **Case management** – include competencies for ACT
- Focus on **employment** (reduces the need for clinical services)
- **Interviewing and Counseling course:** counseling not needed as it is not within scope of work for MHRT/Cs.
- Include **assessment skills** are needed (as opposed to counseling skills).
- Include **Motivational Interviewing** (key for adult case management). Could replace Interviewing and Counseling.
- Consider **cultural competence/diversity** in the context of families and communities
- Review competencies that may be too specific for the base knowledge required to work as an MHRT/C
- Consider **other issues such as:** poverty, homelessness, physical conditions in the context of mental illness
- **Substance abuse.** Seeing an increase in this need.

General Comments about Certification System:

- **Simplify certification system**
- **Examine other national certification competency models,** i.e., CPRP, Standards of Community Case Management (CMSA)
- **Consider the knowledge people need to have at the start of employment vs. skills they can learn later on**
- **Survey** consumers and community support workers to determine priority areas
- **Include practical application component and find agencies to support this:** on-the-job training; internship, observation, service learning, etc.
- Challenge in introducing idea of working with adults to students
- **Develop a provisional/conditional status** until new staff work a minimum number of hours
- **Require continuing education** as there is currently no incentive for professional development. (Focus on this after competencies are developed. Could address changes such as changes in types of substances used and need to keep current.
- **Require minimum 2-year associate degree** (seems to be trend in national standards and in

substance abuse licensing)

- **Make MHRT/C valuable in other states.**
- Add **portfolio review** to the review process (especially for individuals from out-of-state)
- Consider adding a **competency exam** to the certification process
- May be helpful for Muskie to **hold workshops with academic contacts** after the competencies are finalized to orient them to the new model
- **Lower threshold for waiver requirements.** Many applicants have difficulty getting MHRT/C credit for relevant work experience if they did not receive clinical supervision, particularly for individuals with MHRT I (no MHRT/C credit accepted for MHRT I training)
- Do **assessment of prior learning**. Improve process for giving credit to people for relevant work experience.
- **Provide training to supervisors.**

4. Next Steps:

Jewel Jones offered to post the current MHRT/C competencies as a google doc so that members may comment on them. The Competency Sub-Committee will discuss these comments at the February meeting.

5. Next Meeting:

The next meeting will be held in February using Adobe Connect. Muskie School staff will send possible dates to members to determine availability and send a confirmation of a final date to members next week.