
A Review of Mental Health Rehabilitation Technician Qualifications and Training Procedures: Maine and Ten Comparison States

June 2014
Final Report

Submitted to:

The Office of Substance Abuse and Mental Health Services
Maine Department of Health and Human Services

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In January 2014, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) asked the Muskie School of Public Service to investigate the training and certification process used by other states for their mental health case management workforce. Through a web-based literature search of 34 states' Medicaid provider manuals, regulations, and state plan amendments¹, ten states were found to be of potential interest to Maine in terms of either their training requirements, procedures, or case management philosophy. This report describes the current policy in Maine, Alaska, Kentucky, Missouri, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, and West Virginia. Each state's program and procedures are described briefly in the narrative and then placed on matrices detailing key aspects of the education and training programs as well as competencies expected to be acquired by mental health case managers.

States vary in their definition of what services are to be provided by case managers. Some follow the federal definition of targeted case management (assessment, linkage, monitoring, and follow-up), while others describe case management as an integral part of providing person-centered, recovery/resiliency based behavioral health care where case managers actually provide services such as modeling, education, and crisis intervention. The states in this report were included either because they were: of specific interest to SAMHS; provide case management services that are similar to Maine's services; have a certification process for case managers; or require case managers to meet competency or training/education requirements. Kentucky, New Mexico, and New York are actively reviewing their own certification processes as they either prepare for adjust to managed behavioral health care in their states.

Maine

Maine's Community Integration workers provide services for adults with severe and persistent mental illness that include: community integration, intensive case management, assertive community treatment, skills development, day support, and family psycho-education. The process of becoming a Community Integration worker through achieving a Mental Health Rehabilitation Technician/Community (MHRT/C) certification is administered by the Muskie School's Center for Learning (CFL). The CFL reviews applicants' qualifications and awards the certificates according to the requirements in *SAMHS Procedural Guidelines for Mental Health Rehabilitation Technician/Community Certification*. Alternatively, there are a few long-standing provider agencies with the authority to award certificates. These agencies work with their employees to ensure that the requirements for certification are met and then send the certificates to the CFL for review and co-signature.

Either through the CFL or through an authorized provider agency, an applicant has three options to demonstrate competencies required by SAMHS: academic coursework, non-

¹ States reviewed: AL, AK, AR, AZ, CA, CT, CO, DE, FL, GA, HI, IA, KS, KY, LA, ME, MD, MO, NH, NJ, NM, NY, ND, NC, OR, OK, PA, RI, TN, TX, SC, WA, WY, and WV.

academic training, and/or waivers through work experience.

Academic coursework options:

- If an individual has a specific associate, undergraduate, or graduate human services or social services degree from a regionally accredited institution and completes a course on Vocational Aspects of Disability with an approved provider, the individual qualifies for Full certification as an MHRT/C.
- If an individual has a specific associate, undergraduate, or graduate human or social services degree from a regionally accredited institution but has not yet completed the MHRT/C course, Vocational Aspects of Disability, the individual qualifies for the Level B certification. The individual then has two full years to complete the Vocational Aspects of Disability for Full certification.
- If an individual has a specific associate or undergraduate human or social services degree, the individual qualifies for the Level A certification. The individual then has one year to complete the coursework requirements for Level B certification, and then two more years to complete the coursework for Full certification.
- If an individual has completed specific academic courses that have been approved toward MHRT/C certification, the individual may qualify for Provisional or Full MHRT/C certification. If he or she has completed 5 specific courses required for Provisional Level B certification, he or she can earn the Provisional MHRT/C, Level B certificate. The individual may qualify for Full certification if he or she has completed courses that meet all 10 MHRT/C requirements.

Non-academic training options:

- Documentation of workshops, training, or course completion in any of the 10 MHRT/C coursework areas may be submitted for approval.
- Thirty hours are required to meet one MHRT/C course area requirement. Applicants cannot be fully credited for a course area if the total number of training hours is less than 30. Full training in the 10 MHRT/C courses is 300 hours.
- The training must be relevant to the course competencies required and will be reviewed on a case-by-case basis.
- Trainer qualifications and curriculum content that are not pre-approved will be reviewed for adherence to the *SAMHS Trainer and Curriculum Standards for Non-Academic MHRT/C Certification*.

Waivers for work experience options:

- A waiver of an MHRT/C course requirement may be granted when an individual provides documentation of the following:
 - At least one year of directly relevant work experience in the applicable MHRT/C course area

- A high level of competence in the applicable course area, and
- Has received clinical supervision during that time
- The supervisor must be clinically licensed at the master’s level.
- The supervisor must have provided direct supervision to the applicant for a minimum of one full year for every MHRT/C course requested for a waiver. For example, three full years of work experience is eligible for three MHRT/C course waivers.
- A maximum of five waivers may be obtained, so at most, 150 of the required 300 hours of course work can be waived.
- Each MHRT/C course must be addressed by a separate waiver.

Once an applicant has achieved Full certification, the certificate does not expire, and there are no further continuing education requirements.

Maine requires fully certified MHRT/C providers to have competencies in the following areas: community mental health; psychosocial rehabilitation; interviewing and counseling; crisis identification and resolution; cultural competency/diversity; substance abuse with a dual diagnosis component; sexual abuse, trauma, and recovery; case management; mental health and aging; and vocational aspects of disability.

Alaska

In Alaska, Behavioral Health Technicians (BHTs) are the first of four levels of community behavioral rehabilitation and support providers. Alaska’s process of certification is similar to Maine’s in that it utilizes an agency, the Alaska Commission for Behavioral Health Certification (ACBHC), to certify BHT applicants. With continued experience and additional coursework, BHTs can move up in the levels of certification to Behavioral Health Counselors I and II, and Advanced Behavioral Health Counselors, allowing them to provide additional services such as counseling. The Behavioral Health Counselors also provided case management at times, due to the remote and rural nature of the state, but the BHTs are the primary providers of case management services¹ and, so, will be described here. There are two tracks to becoming a certified BHT: without a college degree; and with a college degree.

Without a degree, an applicant must have

- 1 year (2000 hours) of work experience in behavioral health and chemical dependency treatment.
- 100 hours of supervised and evaluated practicum content to include:
 - Supervised initial intake and case documentation
 - Supervised community education, prevention and early intervention
 - Supervised case management/referral

- 127 specific “contact” hours in areas including the National Association of Alcohol and Drug Abuse Counselors Ethics and Confidentiality (NAADAC) classes, crisis intervention, cultural competence, among others.
- A letter of recommendation from a supervisor certified at 1 level above the applicant.

With a degree from a regionally accredited institution of higher education in a behavioral health related field, an applicant must have

- 100 hours of supervised and evaluated practicum content to include:
 - Supervised initial intake and case documentation
 - Supervised community education, prevention and early intervention
 - Supervised case management/referral
- 12 specific “contact” hours in two classes, both the NAADAC Ethics and Confidentiality classes.
- A letter of recommendation from a supervisor certified at 1 level above the applicant.

BHTs are evaluated after their 100 hours of practicum on their competence in 12 disciplinary foundations and professional practices dimensions including understanding addiction, professional readiness, clinical evaluation, service coordination, counseling, and client and family education.

Certification is for a period of two years. Application for recertification must be made prior to expiration and may be done online at akcertification.org. The applicant should complete at least 40 hours of continuing education in the Behavioral Health field, to include 3 hours each of Ethics and Confidentiality, every two years. The certificates of completion for these classes are not required to be submitted for recertification, but the applicant should keep them and be prepared to submit them if asked.

The higher levels of certification for behavioral health counselors without a college degree also involve required hours of practicum training in specific areas, work experience of 2 to 6 years, and between 286 and 548 hours of coursework training depending on the level of counselor certification to be obtained. Applicants with a degree may have fewer years of experience and complete fewer hours of coursework before they are certified.²

Kentucky

Kentucky provides targeted case management for people with severe mental illness through 14 Community Mental Health Centers and has adopted a rehabilitation and recovery model of case management. Kentucky defines case management as:

“A practice in which the service recipient is a partner, to the greatest extent possible, in assessing needs, obtaining services, treatments and supports, and in preventing and managing

crisis. The focus of the partnership is recovery and self-management of mental illness and life. The individual and the practitioner plan, coordinate, monitor, adjust and advocate for services and supports directed toward the achievement of the individual's personal goals for community living.”³

Case managers must have the following qualifications:

- A master’s degree in a behavioral science field; or
- A bachelor’s degree in a behavioral science field and one year of case management experience serving people with chronic mental illness

In addition to education and/or work requirements, Kentucky also requires case managers to complete a case management certification program within the first six months of hire. The certification training program is administered on-line through TrainingFinder Real-time Affiliate Integrated network (TRAIN).⁴ There is an on-line manual used in conjunction with the training program.⁵ The course is expected to take three to four hours to complete and employers are expected to allow adequate time for applicants to complete the training. The state also requires attendance at a one-day training session provided in both the eastern and western parts of the state. This session covers goal setting, cultural competency, the consumer perspective, and review of the Medicaid billing process.⁶ Case managers, once certified, can transfer to any of the providers in the state without retaking the training.

New case managers must also be supervised by a mental health professional (psychiatrist, psychologist, master of social work, psychiatric nurse or professional equivalent) for one year. At this time, there are no continuing education requirements.

Kentucky is in the process of reviewing service standards for case management and may be revisiting training, which may include more coursework and continuing education. With the Medicaid expansion, providers other than the Community Mental Health Centers may become eligible to bill for case management services.⁷

Missouri

Missouri’s Community Support Services are recovery/resiliency based and focus on helping consumers acquire skills, access resources, and learn how to manage their illness in order to live successfully in the community setting of their choice.⁸ Missouri does not have a state-based certification process for its Community Support Specialists (CSS) per se. However, a CSS must have qualifying education and/or work experience and must go through a “privileging process” at a provider agency within the community. The provider must verify education and training experience of applicants. A CSS must meet one of the following qualification requirements:

- A mental health professional as defined in the Missouri Code of State Regulations;
- An individual with a bachelor’s degree in a human services field;
- An individual with any four year degree and two years of qualifying experience;

- Any four year combination of higher education and qualifying experience; or
- An individual with four years of qualifying experience

Qualifying experience must include delivery of service to individuals with mental illness, substance abuse disorders, or developmental disabilities. Experience must include some combination of the following:

- Providing one-on-one or group services with a rehabilitation/habilitation and recovery/resiliency focus
- Teaching and modeling for individuals how to cope and manage psychiatric, developmental or substance abuse issues while encouraging the use of natural resources
- Supporting efforts to find and maintain employment for individuals and/or to function appropriately in families, school and communities
- Assisting individuals to achieve the goals and objectives on their individualized treatment or person centered plans

The provider agency is responsible for documenting the qualifications of the CSS providers and must make the documentation available for review. A CSS must go through a re-privileging process every two years at the provider agency which documents the completion of 36 hours of continuing education or training, at least 12 of which need to be completed per year, as well as demonstration of both “core competencies” and “service competencies”. Core competencies include knowledge of the organization’s client population, understanding of job assignments, and agency protocols. Service competencies include operating from a person-centered, client driven, recovery-oriented approach, demonstrating respect for and understanding the unique needs of the person, and using effective strategies for engagement and communication. Demonstration of the core competencies must be documented within 30 days of employment; and demonstration of the service competencies must be documented within six months of employment.⁹ The provider agency must also document appropriate job shadowing for new staff. Staff providing direct services also must receive ongoing and regular clinical supervision.¹⁰

There is a state-developed on-line training webinar with a 20 question post-test that covers the 25 key service functions of community support available on the Missouri Division of Behavioral Health website for providers to use as training material. The webinar lasts approximately one hour and twenty minutes.¹¹

New Mexico

New Mexico describes its Comprehensive Community Support Services as “more than case management”; community support workers (CSW) teach, train, organize, coordinate, facilitate, link, and support individuals in the community with a focus on recovery and resiliency.¹² CSWs

assist in the development and coordination of the consumer's service plan, provide assessment and support in crisis situations, skill development, encourage the use of natural supports, provide education in monitoring symptoms and self-management skills, and follow-up with a multi-disciplinary team to ensure needs are being met. CSWs in New Mexico may not bill for Comprehensive Community Support Services in conjunction with assertive community treatment. (Community Integration workers in Maine can be part of the ACT teams.)

The state does not have a state-based certification process for case managers, but it does require CSWs to complete 20 hours of documented education in certain topic areas within the first 90 days of hire. The education topics include the clinical and psychosocial needs of consumers, medication management, crisis management, ethics and cultural considerations of the consumers, and client/family centered practice.

Education and work experience requirements include:¹³

- A bachelor's degree in a human services field from an accredited university and one year relevant experience with the target population
- An associate's degree and a minimum of 2 years of experience working with the target population
- A high school diploma or GED and a minimum of 3 years of experience working with the target population
- Be certified as a Peer or Family Specialist (These positions have their own certification processes.)

New Mexico has provided state-sponsored training classes in the past. However, as the state is moving to a Medicaid managed care system that integrates physical and behavioral health, it is reviewing its curriculum and training procedures to reflect the changes in the new system.¹⁴ New Mexico has not provided the training classes since 2010 and currently relies on the provider agencies to ensure CSWs are trained.

New York¹⁵

New York is included in this report as it is an example of a state that has adopted the integrated health home model of care that incorporates medical and behavioral health into one program. The state will be moving to a fully-capitated model of payment to the health homes soon. It is markedly different from the other states in this report in that all past qualification standards for case managers have been removed, and the state relies on the contracts with provider agencies to ensure that care is coordinated.

Beginning in 2012, New York adopted a statewide Integrated Health Home model of care which incorporates both physical and behavioral health components. The Department of Health is the over-arching body that governs the Health Home model, and it partners with the Offices of

Mental Health, Substance Abuse, and HIV Services. Prior to the health home model, case managers had education and qualifying work experience requirements depending on the level of case management service they provided, either targeted or supportive case management. However, with the start of the Health Homes, these requirements are no longer in effect as the Health Homes are charged with assuring that care is coordinated. There was never a statewide training requirement, but in New York City, where approximately half of case managers reside, Hunter College offered a training course with a certification available upon completion. But again, it was not a state-required course.

Another former requirement of case managers that is no longer in effect is the limit on case load sizes. Targeted case managers used to have a case load limit of 1:12 with face-to-face contact at least four times per month. Supportive case managers had a case load limit of 1:20 with face-to-face contact at least twice per month. Additionally, there were 23,000 slots available for these case management services. With the roll-out of the Health Homes, there are now 85,000 people enrolled in a Health Home. The Office of Mental Health has concerns that these enrollees may not be receiving the active case management that is supposed to be provided in the Health Home model.

The Office of Mental Health is working to reinstate both the qualifications and the case load limits for case managers and is starting by focusing on the neediest population, those requiring assisted outpatient treatment under “Kendra’s Law”. The next group targeted for qualification requirements are those case managers serving people leaving psychiatric facilities, prisons or jails. In the Health Home model, ACT provider teams do have training requirements, and case management services are bundled into this service for those consumers receiving ACT.

The state monitors Health Homes with teams from the different state agencies which go out periodically to review them in the first six months and then every two years. The Department of Health “designates” Health Homes, rather than “licensing” them, as a means to make it easier to remove the designation if the providers are not performing to meet the standards of care. Removing a designation was seen as being easier to do than revoking a license once awarded.

North Carolina

There are two types of case management-type services in North Carolina: Targeted Case Management (TCM); and Community Support Team (CST) services. The state does not have a certification program for its case managers or CST providers, but these providers do have to meet education and/or work experience requirements as well as training within the first 30 days of hire.

Targeted Case Management encompasses

- Case Management Assessment

- Person-Centered Planning
- Referral and linkage
- Monitoring and follow-up

To qualify, Case Managers must meet one of the following criteria:

- Currently licensed in North Carolina as one of several different types of mental health, substance abuse, or social work providers;
- A master’s degree in a human service field with one year of full-time, post-graduate experience with the MH/DD/SAS targeted populations, or one year as a full-time substance abuse professional;
- A bachelor’s degree in a human services field with two years of full-time, post-bachelor’s degree experience with MH/DD/SAS targeted populations, or two years as a substance abuse professional;
- A registered nurse, licensed in North Carolina, with four years of full-time accumulated experience with MH/DD/SAS targeted populations;
- A bachelor’s degree in a field other than human services with four years of full-time, post-bachelor’s degree accumulated experience with MH/DD/SAS targeted populations or four years as a full-time substance abuse professional.

The 24 hours of training required by new hires include topics such as the required functions of case management services, crisis response, and person-centered thinking. Case managers serving children must complete an additional eleven hours of training. Case management activities provided by new staff cannot be billed until all training requirements are met.

Additionally, provider agencies must have policies, procedures, training, and supervision plans that reflect staff competencies including: case management assessments, person-centered planning, linkage and referral, monitoring and follow-up, and professional responsibility.¹⁶

Community Support Team services are designed to:

- Reduce presenting psychiatric or substance abuse symptoms and promote symptom stability
- Restore the individual’s community living and interpersonal skills
- Provide first responder intervention to deescalate the current crisis, and
- Ensure linkage to community services and resources

Services are provided using a team approach in the consumer’s living environment and can include but are not limited to the following interventions:

- Individual therapy
- Behavioral interventions such as modeling, behavior modification, behavioral rehearsal
- Substance abuse treatment interventions
- Development of relapse prevention and disease management strategies

- Psychoeducation for the individual, families, caregivers and others
- Psychoeducation regarding the identification and self-management of the prescribed medications regimen
- Intensive case management including assessment, planning, linkage and referral to paid and natural supports, monitoring and follow-up
- Arranging for psychological and psychiatric evaluations
- Crisis management including crisis planning and prevention

The CST team is made up of a team leader who is a licensed professional and qualified and associate professionals. The qualified and associate professionals have similar education and work qualifications to the case manager qualifications listed above and can also be Certified Peer Support Specialists.

CST staff (including Certified Peer Support Specialists) must complete 12 hours of training on CST service components, crisis response, and person-centered planning within the first 30 days of hire. Within 90 days of hire, CST staff must complete 13 hours of training in motivational interviewing at a mandatory 2-day training provided by a Motivational Interviewing Network of Trainers (MINT) trainer; 12 hours of person-centered thinking training; and 24 hours of training in a designated therapy modality or practice such as cognitive behavior therapy or trauma focused therapy.

Annually, CST staff must complete 10 hours of training or continuing education on one of the designated therapies listed above.

North Carolina has Local Management Entities (LMEs) that are responsible for managing, coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities, and substance abuse services in the areas they serve. CST providers and residential treatment facilities must obtain an endorsement approval from the LME as a prerequisite for Medicaid enrollment.¹⁷

Oklahoma

Oklahoma has two levels of certified case managers, Certified Behavioral Health Case Manager Is (CM Is) who provide case management services, and Certified Behavioral Health Case Manager IIs (CM IIs) who provide behavioral health rehabilitation services in addition to case management. Behavioral health case management is defined as a process that includes planned linkage, advocacy, and referral assistance in partnership with a consumer, family members, law enforcement personnel, community agencies, and other supports as defined by the consumer.¹⁸ These services are provided by the case manager in accordance with a treatment plan to help the consumer remain successful in recovery. Behavioral health rehabilitation services are intended to improve the consumer's ability to function in the community by skill development, promoting lifestyle changes and recovery practices, and they are goal oriented

and strive to restore the consumer's highest functioning.¹⁹ CM Is and IIs must meet qualifying education and/or work requirements, as well as complete a face-to-face training program and pass and web-based competency exam.

Education/work requirements for CM I

- 60 college credit hours; or
- A high school diploma, or equivalent, from a regionally accredited institution with a total of 36 months of direct documented experience working with persons who live with mental illness and/or substance abuse.

Education/work requirements for CM II

- A bachelor's or master's degree in a behavioral health related field from a regionally accredited college or university, or an education degree from a regionally accredited college or university with at least nine hours of college credit in a behavioral health related field; or
- A current license as a registered nurse in Oklahoma with experience in behavioral health care; or
- A bachelor's or master's degree in any field earned from a regionally accredited college or university and a current certification as a Certified Psychiatric Rehabilitation Practitioner.

CM I applicants must complete a state sponsored two-day face-to-face Case Management classroom instruction before taking the competency exam. And CM IIs must complete an on-line training course as well as a one-day face-to-face Case Management classroom instruction and two days of Rehab classroom instruction. All Certified Behavioral Health Case Managers must complete twelve hours of continuing education (CE) per year and submit documentation of the CE to the ODMHSAS annually for review. The twelve hours of CE must include three hours of ethics training and three hours of training related to Strength-Based/Recovery Principles. There are specific requirements for CE to be accepted.²⁰

Pennsylvania

Case management services in Pennsylvania are provided at three different levels according to the intensity of service needed by an individual. The three levels are Resource Coordination, Blended Case Management, and Intensive Case Management. The state has education and/or work experience requirements for these case managers as well as mandated training, but it relies on the provider agencies to ensure that the qualifications are met and to keep records indicating the completion of training activities.

Resource Coordinators and Blended Case Managers must meet one of the following criteria:²¹

- A bachelor’s degree with major course work in one of several specific human services fields;
- A registered nurse; or
- A high school diploma and 12 semester credit hours in one of several specific human services fields and two years of experience in direct contact with mental health consumers; or
- A high school diploma and five years of mental health direct care experience in public or private human services with employment as a case management staff person prior to April 1, 1989.

Intensive Case Managers must meet one of the following criteria:²²

- A bachelor’s degree with major course work in one of several specific human services fields; or
- A registered nurse; or
- A high school diploma and 12 semester credit hours in one of several specific human services fields and 2 years of experience in public or private human services with 1 year in direct client contact; or
- A high school diploma and 5 years of mental health direct care experience in public or private human services with employment as an intensive case management staff person prior to April 1, 1989.

Beginning in January 2012, the state changed its mandated training from a one-time new-hire training within the first six months of hire to include a refresher training every two years. This was done to ensure that case managers are informed about new developments in the field, including any relevant OMHSAS policy and/or regulatory changes. This training is web-based and administered by the Office of Education and Regional Programming of the Western Psychiatric Institute and Clinic at the University of Pennsylvania Medical Center. The training was developed by the WPIC/OERP in conjunction with the Pennsylvania Office of Mental Health and Substance Abuse Services. After successful completion of the six training modules, the case manager receives a Certificate of Completion which must be maintained in the employee’s personnel file. Each of the six training modules includes a test which a supervisor must administer. Successful completion is indicated by a score higher than 80% on each test.

The training module topic areas of the Basic Case Management/Resource Coordination Training include the recovery process, engagement and outreach, and strengths assessments among others. If a case manager or resource coordinator works with children, the employee must first complete the basic training modules, and then complete additional modules on topics including family based mental health services, and the right to education for children/adolescents with disabilities.

Rhode Island

Rhode Island has instituted a statewide integrated Health Home for people with severe and persistent mental illness to increase access and coordination of primary care, mental health services, and long term services and supports for these individuals. Community mental health organizations act as the Health Home and establish teams of professionals that include a master's level team coordinator, psychiatrist, registered nurse, master's level clinician, community psychiatric support and treatment specialist, peer specialist, and other optional providers such as substance abuse specialist, or vocational specialist. The community psychiatric support and treatment specialists are the primary providers of care coordination services and referrals to community social and support services.²³

Community Support Providers (CSPs) in this Health Home model assist participants to overcome access or service barriers, increase self-management skills, access social and educational resources, and assist participants in their social integration and social skill building. Community Support Providers do not have to have a minimum educational background.²⁴ However, in contrast to New York Health Homes, Rhode Island requires CSPs to complete a training curriculum and be evaluated by a supervisor at the provider agency for certification by the Certification Board of Community Support Professionals. A twenty week curriculum of once-a-week classes includes the following subject areas:

- Cultural awareness
- Ethical and liability issues
- Suicide prevention
- Methods for affecting change
- Focus on families
- Recovery through work
- Healthcare issues and prescription drug abuse
- Recovery and the effects of trauma
- Mental health examination
- Treatment of persons with co-occurring disorders
- Integrating healthy lifestyle behaviors with treatment
- Medication assisted therapy/addiction pharmacology (2 classes)
- HIV/Viral hepatitis
- Helping relationships/motivational interviewing
- Psychotropic Medications
- Crisis Intervention and workplace safety
- Benefits and Entitlements
- DSM V
- Legal assistance

The training is provided by the Rhode Island Council of Community Mental Health Organizations, Inc. (RIMCHO), and individuals are eligible to participate in the training if they have been employed by a licensed community mental health organization for six months. Agencies that are members of RIMCHO pay annual dues to the organization which cover the costs of training. Agencies are limited to three registrations per session, and there are usually two sessions per year. If a non-member agency sends someone for training, the agency is charged \$400.²⁵

Upon completion of the 20 week course, participants are eligible for certification if they have been currently employed for at least one year as a case manager, have been recommended for certification by their employer, and have submitted their portfolio application to the Certification Board of Community Support Professionals within one year of the date of the last class of the participants' training course. There is a process of substituting agency-provided training for some of the required course work, but it must be approved by the Certification Board. Candidates for certification are evaluated on a scale of 1 to 5 by their supervisors on their competency level in several areas: treatment planning; organizational skills; communication skills, both oral and written; negotiation skills; engaging and teaching family members and consumers; and the values and principles of case management. To receive certification, the individual must not have a score of 1 or 2 in the "values and principles" section and must have an average score of at least a 3 in the other sections of the evaluation.²⁶ There are no continuing education requirements for CSPs.²⁷

West Virginia

West Virginia has 13 catchment areas served by Comprehensive Behavioral Health Centers to provide Targeted Case Management (TCM). In West Virginia, TCM follows the activities federally recognized as components of case management: assessment, service planning, linkage/referral, advocacy, crisis response planning, service plan evaluation, and monitoring and follow-up. However, the description of TCM in West Virginia's Medicaid Manual specifically addresses the partnership aspect of this service between the case manager and the recipient. Importance is given to cultural competence of the case manager to respect the cultural beliefs, values, attitudes and morals of the recipients and their families. While West Virginia follows the federal definition of TCM, it was included in this report because of the language in state Medicaid policy describing how cultural competence impacts the effectiveness of TCM for the recipients.

While the state does not have a training program or competency-based coursework that must be completed, as of January 2013, case managers must either have been previously certified (grand-fathered) based on training and experience to provide TCM by the Bureau of Behavioral Health and Health Facilities or have advanced education as outlined below:

- A psychologist with a master’s or doctoral degree from an accredited program
- A licensed social worker
- A licensed registered nurse
- A master’s or bachelor’s degree granted by an accredited college or university in a human services field specified by the Department of Health and Human Resources

The provider agencies must maintain documentation of these qualifications in staff personnel files and include evidence such as transcripts, licenses, and certificates.

Prior to case managers assuming their duties, the provider agencies must credential their staff by an internal curriculum specific to targeted case management. Additionally, providers are required to plan staff development and continuing education activities that are related to program goals. These may include supporting staff by attendance at conferences, university courses, and visits to other agencies. Providers must maintain documentation of staff continuing education, staff development and targeted case management training in the staff personnel files.²⁸

Findings

Maine’s initial certification process is one of the more stringent of the states reviewed. It has, by far, the most training hours required for certification (300), though these may be reduced by waivers or through academic achievement. Yet it also has no continuing education requirements once full certification is achieved. It also is the only program to identify certain degrees from specific institutions as adequate for full certification rather than a more general acceptance of a bachelor’s or master’s degree from any regionally accredited institution in a health and human services field.

Six out of the eleven states (ME, AK, KY, OK, PA, RI) use either a state mental health agency or a certification agency to administer the certification process. New Mexico has also used a certification agency in the past to assist in training case managers, but currently relies on the provider agencies to credential and train case managers. Four states (MO, NC, NY, WV) specifically rely on the provider agencies to ensure their case managers meet qualification and training requirements.

Three of the states reviewed (KY, NC, WV) require new case managers to have advanced education, either a bachelor’s degree or be a registered nurse. The other states allow case managers with high school diplomas or GEDs to accrue work experience or take extra coursework in order to qualify for certification.

Four states (ME, AK, NC, RI) require certain numbers of hours of coursework or training related to demonstrated competencies. Oklahoma requires either two or three days of face-to-face training that covers different competency areas but does not specify how many hours are

required for each one individually. Kentucky also requires a one-day face-to-face training session.

Five out of the eleven states (AK, MO, NM, OK, PA) require continuing education, either through the state training or certification agency or through the provider organization with required documentation in the personnel record. In addition to general continuing education topics, Alaska and Oklahoma require certain hours of continuing education to be related to certain competencies, either ethics, confidentiality, or strengths based/recovery principles.

Alaska's certification process appears the most similar to Maine's with its reliance on an agency to administer the certification process and alternative qualifying pathways depending on educational background. It also has the second highest number of hours of coursework (127) needed for applicants without advanced degrees. However, an important difference between these programs is that Alaska requires 40 hours of continuing education every two years, 6 of which have to be in ethics and confidentiality. Additionally, Alaska requires an initial \$180 certification fee and a \$165 renewal fee every two years, whereas Maine does not charge fees for this process. Oklahoma and Rhode Island were the only other states in this review to specifically collect fees pertaining to the certification process.

¹ E-mail communication from Kathleen McCown, ACBHC Office Manager, received March 26, 2014.

² <http://www.akcertification.org/files/Matrix%20BHC%20No%20Degree.pdf> and <http://www.akcertification.org/files/Matrix%20BHC%20with%20Degree.pdf> accessed on May 7, 2014.

³ <http://dbhdid.ky.gov/dbh/tcm-adult.aspx> accessed on May 7, 2014.

⁴ <https://ky.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&courseid=1009908&backURL=L0Rlc2t0b3BTaGVsbC5hc3B4P3RhYkklPTYyJmdvdG89YnJvd3NIJmJyb3dzZT1rZXI3b3JkMjtleXdvcmQ9bWVudGFsK2hlYWx0aCtjYXNlK21hbmFnZW1lbnQma2V5b3B0aW9uPUJvdGgmY2xpbnljYWw9Qm90aCZsb2NhbD1BbGwmQnIdb3N0PTA=> accessed May 7, 2014

⁵ <https://dbhdid.ky.gov/dbh/documents/TCMManual-Adult.pdf> accessed May 7, 2014.

⁶ E-mail communication from Thomas B. Beatty, Housing and Homeless Programs, Kentucky Division of Behavioral Health, received May 5, 2014.

⁷ E-mail communication from Thomas B. Beatty, Housing and Homeless Programs, Kentucky Division of Behavioral Health, received May 7, 2014.

⁸ <http://dmh.mo.gov/docs/ada/CSdefandkeyservicefunctionsandout.pdf> accessed on May 7, 2014.

⁹ E-mail communication from Susan Blume, Manager of Service Implementation & Evaluation, Missouri Department of Mental Health, received March 27, 2014.

¹⁰ <http://dmh.mo.gov/docs/ada/CompetencyBasedTrainingandout.pdf> accessed on June 2, 2014.

¹¹ <http://dmh.mo.gov/ada/CommunitySupport101Training.htm> accessed on May 7, 2014.

¹² http://www.bhc.state.nm.us/pdf/mtg/CCSS_Training.pdf accessed on May 7, 2014.

¹³ <http://www.bhc.state.nm.us/pdf/H2015%20%20Comprehensive%20Community%20Support%20Services%20%28CCSS%29.pdf> accessed May 7, 2014.

¹⁴ Email communication from Caroline Bonham, Director for the Center for Rural and Community Behavioral Health, University of New Mexico, received April 30, 2014.

¹⁵ Information in this section was obtained in a telephone communication with Doug Ruderman, Director of the Bureau of Program Coordination and Support in the New York State Office of Mental Health, March 28, 2014.

¹⁶ <http://www.ncdhhs.gov/dma/mp/8L.pdf> accessed May 6, 2014.

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- ¹⁷ <http://ncrules.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health,%20community%20facilities%20and%20services/subchapter%20g/10a%20ncac%2027g%20.0104.pdf> accessed May 6, 2014.
- ¹⁸ http://www.ok.gov/odmhas/Mental_Health_/Certifications,_Billing_Designations_and_Training/Behavioral_Health_Case_Management/index.html accessed May 7, 2014.
- ¹⁹ Ibid.
- ²⁰ <http://www.ok.gov/odmhas/documents/Chapter%2050%20Final%20eff%2007-01-13.pdf> accessed May 7, 2014.
- ²¹ http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_006966.pdf accessed May 8, 2014.
- ²² http://www.pacode.com/secure/data/055/chapter5221/055_5221.pdf accessed May 8, 2014.
- ²³ State Plan Amendment viewed at http://www.chcs.org/media/Rhode_Island_2_-_Community_Mental_Health_Organization_Health_Homes.pdf accessed June 3, 2014.
- ²⁴ Ibid.
- ²⁵ Email communication from Deborah Harig, Director of Training and Communications, RI Council of Community Mental Health Organizations, received June 3, 2014.
- ²⁶ Community Support Professional Candidate Performance Evaluation Packet document received via email from Deborah Harig, Director of Training and Communications, RI Council of Community Mental Health Organizations, June 3, 2014.
- ²⁷ Email communication from Deborah Harig, Director of Training and Communications, RI Council of Community Mental Health Organizations, received June 3, 2014.
- ²⁸ <http://www.dhhr.wv.gov/bms/Documents/Chapter523TCM.pdf> accessed May 6, 2014.

Matrix 1: Mental Health Case Manager Certification and Training Requirements by State

State	Certification Awarded (Y/N) Title of position	Agency Responsible for Credentialing	Education and/or Work Qualifications	Required Coursework/Training for Certification			Continuing Education Requirements	Time Frame for Completing Certification Process	Fees
				Number of Hours	Competency Based	Teaching Modality			
Maine	Yes Mental Health Rehabilitation Technician-Community	State-- through Center for Learning; and some provider agencies authorized to award certificates, with documentation submitted to CFL.	H.S. diploma or GED plus relevant work experience	10 Courses (300 hours); work experience waivers of up to 5 courses (150 hours) plus 150 addl. hours for Full Cert.	Yes	On-line or classroom options	None	If qualified for Provisional Level A, the applicant has one year to complete 5 training courses to qualify for Level B certification. If qualified for Provisional Level B, the applicant has two years to complete the 5 additional courses for Full MHRT/C certification. Full certification never expires.	None
	Provisional Level A		Associate's, bachelor's, or master's degree in a human services field	10 Courses (300 hours); work experience waivers of up to 5 courses (150 hours) plus 150 addl. hours for Full Cert.					
	Provisional Level B Full MHRT/C		Associate's, bachelor's, or master's degree from specific approved programs in Maine ¹	Most degrees still require the vocational course (30 hours) in order to earn Full; a few degrees are approved for Full since they contain the voc. Course in their programs.					
Alaska	Yes Behavioral Health Technician	State-- through the Alaska Commission for Behavioral Health	Without a degree, 1 year (2000 hours) of relevant work experience	100 hours of supervised practicum in case management activities plus 127	Yes	On-line or classroom options	40 hours every two years, including 3 hours of ethics and 3 hours of	Not applicable for Certification. BHTs must renew their certification	\$180 initial certification fee; \$165

¹ For a list of approved degrees and certifications, please see <http://muskie.usm.maine.edu/cfl/MHRT/AppendB.htm>

Matrix 1: Mental Health Case Manager Certification and Training Requirements by State

State	Certification Awarded	Agency Responsible for	Education and/or Work	Required Coursework/Training for Certification			Continuing Education	Time Frame for Completing	Fees
		Certification		hours of specific coursework			confidentiality.	every 2 years.	renewal fee every 2 years.
			With a certificate, associate's, or bachelor's degree in a relevant field; no work experience required	100 hours of supervised practicum in case management activities plus 12 hours of specific coursework					
Kentucky	Yes Certified Adult Targeted Case Manager	Kentucky Division of Behavioral Health Training provided through TRAINKentucky:	<ul style="list-style-type: none"> ▪ Bachelor's degree in a behavioral science field and one year of case management experience serving people with chronic mental illness ▪ Master's degree in a behavioral science field 	One on-line self-study course (3 to 4 hours) A one-day face-to-face training offered twice a year.	Yes	Combination on-line and face-to-face in classroom setting.	No	Completion of the certification must take place within 6 months of hire. Case managers must be supervised for one year by a mental health professional.	None
Missouri	No Community Support Specialist	Provider agency	<ul style="list-style-type: none"> ▪ Four years qualifying experience; ▪ Four year combination of higher ed. and qualifying experience; ▪ Any four year degree and 2 years of qualifying experience; ▪ Bachelor's 	NA Providers must document personnel qualifications as well as demonstration of both "core competencies" regarding knowledge of the population served, job assignments, etc., and "service competencies" including person-centered approaches to care, recovery-oriented approach, and effective communication strategies.			36 hours of continuing education every 2 years with at least 12 completed per year.	NA Demonstration of core competency must be documented with 30 days of hire; demonstration of service competency must be demonstrated within 6 months of hire.	None

Matrix 1: Mental Health Case Manager Certification and Training Requirements by State

State	Certification Awarded	Agency Responsible for	Education and/or Work	Required Coursework/Training for Certification	Continuing Education	Time Frame for Completing	Fees
			degree in human services field; <ul style="list-style-type: none"> ▪ A mental health professional as defined in MO Code of State Regulations 				
New Mexico	Yes Community Support Worker	New Mexico Consortium for Behavioral Health Training and Research through the provider agencies	<ul style="list-style-type: none"> ▪ Certification as either a Peer Specialist or a Family Specialist (minimum requirements include high school diploma or GED and personal experience as a consumer or family member of a consumer; ▪ High school diploma or GED and at least 3 years relevant experience; ▪ Associate’s degree and a minimum of 2 years relevant experience; ▪ Bachelor’s degree in a human services field from an accredited university and 1 year of relevant 	20 hours The state has provided competency-based training in the past, but the transition to Medicaid managed care has curtailed these activities since 2010. Currently, provider agencies must document the training and education activities provided for their CSWs.	20 hours of documented training, with content based on agency assessment of staff need	Training must be documented within 90 days of hire	None

Matrix 1: Mental Health Case Manager Certification and Training Requirements by State

State	Certification Awarded	Agency Responsible for	Education and/or Work	Required Coursework/Training for Certification			Continuing Education	Time Frame for Completing	Fees
			experience.						
New York	NA	Health Home	NA	NA			NA	NA	NA
North Carolina	No Case managers	Provider agency	<ul style="list-style-type: none"> ▪ Any bachelor’s degree with 4 years full-time relevant experience; ▪ Registered nurse w/4 years relevant experience; ▪ Bachelor’s degree in a human services field with 2 years relevant experience; ▪ Master’s degree in human services with one year relevant experience; ▪ Current North Carolina license as a mental health, substance abuse, or social work provider 	No certification-- but CMs must complete a minimum of 24 hours of training before services can be billed.	Yes	Varies by provider Webinar satisfying 3 hours of Person Centered Planning is available on the NCDMHD DSAS website	Unknown	Training must occur within the first 30 days of hire. Case management activities cannot be billed for until training requirements are met.	None
Oklahoma	Yes Certified Behavioral Health Case Manager I (CM I)	Oklahoma Department of Mental Health and Substance Abuse Services	For CM I: <ul style="list-style-type: none"> ▪ High school diploma or GED with a total of 36 months of relevant work experience; ▪ 60 college credit 	2 days plus exam	Yes	Face-to-face classroom setting	12 hours per year including 3 hours of ethics training and 3 hours related to strength-	The certification process must be completed within 6 months, or the application will expire, and the applicant will need to begin the process	CM I: \$25 application fee; \$50 training fee; \$35 on-line exam fee paid

Matrix 1: Mental Health Case Manager Certification and Training Requirements by State

State	Certification Awarded	Agency Responsible for	Education and/or Work	Required Coursework/Training for Certification			Continuing Education	Time Frame for Completing	Fees
	and Certified Behavioral Health Case Manager II (CM II)		hours				based/recovery principles.	again.	to testing company
			For CM II: <ul style="list-style-type: none"> ▪ Bachelor’s or master’s degree in behavioral health related field, or a degree with at least nine hours of college credit in a behavioral health related field; ▪ Current license as a registered nurse in OK with experience in behavioral health care; ▪ Any bachelor’s or master’s degree and a current certification as a Psychiatric Rehabilitation Practitioner 	3 days plus web-based course plus exam		Combina-tion on-line and face-to-face classroom training.			CM II: \$25 applica-tion fee; \$75train-ing fee; \$35 on-line exam fee paid to testing company
Pennsyl- vania	Yes Resource Coordinator (RC)	Pennsylvania Office of Mental Health and Substance Abuse Services	For RC and BCM: <ul style="list-style-type: none"> ▪ High school diploma or GED and 12 semester credit hours in 	Six modules with a test after each. Applicants must score higher than 80% of each test	Yes	On-line course work; tests are administe	All case managers must take a refresher course through WPIC/OERP	Case managers must complete their training within the first six months of hire.	Unknown

Matrix 1: Mental Health Case Manager Certification and Training Requirements by State

State	Certification Awarded	Agency Responsible for	Education and/or Work	Required Coursework/Training for Certification			Continuing Education	Time Frame for Completing	Fees
	Blended Case Manager (BCM) Intensive Case Manager (ICM)	through the Western Psychiatric Institute and Clinic's Office of Education and Regional Programming (WPIC/OERP)	specific human services field and 2 years relevant work experience; <ul style="list-style-type: none"> ▪ RN; ▪ Bachelor's degree with major course work in one of several specific human service fields. For ICM: <ul style="list-style-type: none"> ▪ Same as above with the exception of the inclusion of "history" as an acceptable major course of study for applicants with bachelor's degrees. 	for certification. Applicants working with children must complete an additional set of modules.		red by the provider agency.	every two years		
Rhode Island	Yes Community Service Provider (CSP)	Rhode Island Council of Community Mental Health Organizations, Inc. (RICMHO)	No education requirements 6 months employment at a Community Mental Health Organization (CMHO) prior to taking training course One year of employment at a CMHO prior to	20 week curriculum, with 23 classes for a total of approximately 105 hours	Yes CSP candidates are evaluated on their skills prior to certification	In person	None	Individuals have one year to apply for certification after having completed the training course.	RICMHO member agencies pay annual dues which cover the classes. If a non-member agency sends a trainee, the

Matrix 1: Mental Health Case Manager Certification and Training Requirements by State

State	Certification Awarded	Agency Responsible for	Education and/or Work	Required Coursework/Training for Certification			Continuing Education	Time Frame for Completing	Fees
			certification						charge is \$400.
West Virginia	No	Provider agency	<ul style="list-style-type: none"> ▪ Previous certification on the basis of training and experience by the Bureau of Behavioral Health and Health Facilities; ▪ Bachelor’s or master’s degree in a human services field; ▪ Licensed RN; ▪ Licensed social worker; ▪ Psychologist with a master’s or doctoral degree. 	NA	NA	NA	Providers must document staff development and continuing education activities.	Case managers must be credentialed by their provider agencies prior to assuming their duties. A time frame is not specified.	None

Matrix 2: Competency and Training Required for Credentialing Mental Health Case Managers by State

State	Competency/Training Areas (number of hours of course work where specified in state policy)
<p>Maine</p> <p>300 hours total</p>	<p>Introduction Community Mental Health (30)</p> <p>Psychosocial Rehabilitation (30)</p> <p>Interviewing and Counseling (30)</p> <p>Crisis Identification and Resolution (30)</p> <p>Cultural Competency/Diversity (30)</p> <p>Vocational Aspects of Disability (30)</p> <p>Substance Abuse with a Dual Diagnosis Component (30)</p> <p>Sexual Abuse, Trauma, and Recovery (30)</p> <p>Case Management (30)</p> <p>Mental Health and Aging (30)</p>
<p>Alaska</p> <p>127 hours total</p>	<p>NAADAC Ethics—taken within the last 2 years (6)</p> <p>NAADAC Confidentiality—taken within the last 2 years (6)</p> <p>Infectious Disease & HIV/AIDS (8)</p> <p>Documentation (12)</p> <p>Intro to Group Counseling (8)</p> <p>Intro to Client Centered Counseling (12)</p> <p>Working with Diverse Populations (12)</p> <p>Prevention & Community Development (8)</p> <p>Intro to Family Systems (15)</p> <p>Community Resources Use & Case management (8)</p> <p>Intro to Addictive Behavior (8)</p> <p>Intro to Co-Occurring disorders (8)</p> <p>Recovery, Health, & Wellness (8)</p>
<p>Kentucky</p> <p>3-4 hours total on-line based training on a 125 page manual plus a one day face- to-face training event</p>	<p>Mental Illness: Definitions, Types, Medication Management</p> <p>History: Mental Health Treatment, Community Support System</p> <p>Case Management: Philosophy of Recovery, The Strengths Model</p> <p>Regulations: State Regulations (DBHDID), Medicaid</p> <p>Billing and Documentation</p> <p>Services: Assessment, Service Planning and Goal Setting</p> <p>Ethics and Rights: Ethics and Boundaries, Consumers’ Rights</p> <p>Resources: Acquiring and Managing, Housing</p> <p>Suicide Risk Assessment</p> <p>Co-occurring disorders</p> <p>Supervision</p>

Matrix 2: Competency and Training Required for Credentialing Mental Health Case Managers by State

State	Competency/Training Areas (number of hours of course work where specified in state policy)
<p>Missouri</p> <p>Provider agency has discretion to plan training process; Core Competency must be established within 30 days of hire; Service Competency must be established within 6 months of hire.</p>	<p>Core Competency Areas (Administrative)</p> <ul style="list-style-type: none"> • Knowing the organization’s client population, scope of program, mission, vision, and policies and procedures • Understanding and performing respective job assignments. • Abiding by applicable regulation for rights, ethic, confidentiality, corporate compliance and abuse and neglect • Knowing agency protocols for responding to emergencies at the program facility of while providing services in the community, to include protocols for infection and agency procedures to maximize safety for consumers, staff, and the public <p>Service Competency Areas (Provision of Service)</p> <ul style="list-style-type: none"> • Operating from person-centered, client driven, recovery oriented, stage-wise service delivery approaches that promote health and wellness • Developing cultural competence that results in an ability to understand, communicate with, and effective interact with people across cultures • Delivering services according to identified key service functions as well as evidence-based and best practices • Practicing in a manner that demonstrates respect for and understanding of the unique needs of persons served • Using effective strategies for engagement, re-engagement, relationship-building and communication <p>Detailed descriptions of both Core and Service competencies are available at http://dmh.mo.gov/docs/ada/Trainingcompetencycompanionhandout.pdf</p>
<p>New Mexico</p> <p>20 hours total</p> <p>Provider agency has discretion to train on any of the competency areas.</p>	<p>Clinical and psychosocial needs of the target population Psychotropic medications and possible side effects Drugs of abuse and related symptoms Crisis management Principles of recovery, resiliency and empowerment Ethnic and cultural considerations of the catchment area Community resources and services, including pertinent referral criteria Consumer/family support networking Mental Health/Developmental Disabilities Code Children’s Code Client/family-centered practice Behavior management Treatment and discharge planning with an emphasis on recovery and crisis planning * New Mexico is developing a curriculum that will be available to providers for training CSWs.</p>
<p>New York</p>	<p>State does not require specific competencies</p>

Matrix 2: Competency and Training Required for Credentialing Mental Health Case Managers by State

State	Competency/Training Areas (number of hours of course work where specified in state policy)
<p>North Carolina</p> <p>For TCM: Minimum of 24 hours total</p> <p>Agencies must ensure staff trainings reflect specific competencies</p> <p>For CST: Minimum of 55 hours for all non-supervisory staff plus 3 additional hours for team leaders & QPs responsible for the Person Centered Plan</p>	<p>For TCM providers: Training specific to the required functions of the case management service definition (6)</p> <p>Crisis Response (3)</p> <p>Person Centered Thinking (12)</p> <p>Person Centered Planning Elements (3)</p> <p>--Staff serving children must complete the following training as well: Introduction to System of Care (11)</p> <p>Competencies:</p> <ul style="list-style-type: none"> • Case Management Assessment • Person Centered Planning • Linkage and Referral • Monitoring and Follow-up • Professional Responsibility <p>Detailed descriptions of the competencies are available at http://www.ncdhhs.gov/dma/mp/8L.pdf</p> <p>For Community Support Team Staff: CST service definition required components (6)</p> <p>Person Center Plan Instructional Elements (3)—if team leader or Qualified Professional responsible for PCP</p> <p>Introductory Motivational Interviewing (13)</p> <p>Person Centered Thinking (12)</p> <p>Training specific to the modality selected by the agency for the provision of services in one of the following: (24)</p> <ul style="list-style-type: none"> • Cognitive Behavioral Therapy • Trauma Focused Therapy • Illness Management and Recovery <p>Required elements of the Person Centered Thinking are available at http://www.ncdhhs.gov/mhddsas/providers/personcenteredthinking/training.htm</p>
<p>Oklahoma</p> <p>CMI: 2 days of classroom instruction</p> <p>CMII: 3 days of classroom instruction</p>	<p>Serious Mental Illness</p> <p>The Effects of Stigma; Purpose and Principles of the Strengths Model</p> <p>Recovery is a Reality</p> <p>Case Management: Theory of Strengths</p> <p>The Functions of the Strengths Model</p> <p>Ethical Practice Part A</p> <p>Ethical Practice Part B</p> <p>Wellness & Self-care</p> <p>The Principles and Practice of Psychiatric Rehabilitation Services</p> <p>Rehabilitation Services</p> <p>Clinical Documentation</p>

Matrix 2: Competency and Training Required for Credentialing Mental Health Case Managers by State

State	Competency/Training Areas (number of hours of course work where specified in state policy)
<p>Pennsylvania</p> <p>Web-based 6 module training</p>	<p>Overview of case management principles The Recovery Process Biopsychosocial Factors in Mental Illness Engagement and Outreach Strengths Assessment and Service Planning Resource Acquisition/Service Collaboration</p>
<p>Rhode Island</p> <p>In-person training</p>	<p>Orientation and Recovery Oriented Systems of Care/Peer Support Services (6) Ethical and Liability Issues (6) Cultural Awareness (6) Substance Abuse 101 (3) Recovery and the Effects of Trauma (6) HIV/Viral Hepatitis (6) Helping Relationships (3) Motivational Interviewing (3) Crisis Intervention (3) Work Place Safety (3) Suicide Prevention (4) Healthcare Issues and Prescription Drug Abuse (6) Benefits and Entitlements (4) Psychotropic Medications (5) Legal Assistance (3) Methods for Affecting Change (3) Medication Assisted Therapy/Addiction Pharmacology (12—over 2 days) DSM 5 (5) Integrating health Lifestyle Behaviors with Treatment (3) Recovery Through Work (3) Treatment of Persons with Co-Occurring Disorders (6) Mental Health Examination (3) Focus on Families (3) Course descriptions can be found at http://riccmho.org/site/training/training-calendars/</p>
<p>West Virginia</p>	<p>State does not require specific competencies</p>

Matrix 3: Acceptable Areas of Study Specified in State Policy to Qualify as a Case Manager

State	Acceptable areas of study if specified
Maine	Maine specifies certain degrees from certain schools for full certification. The fields of study include rehabilitation counseling, psychology, social work, social and behavioral sciences, social services with concentration in mental health, human services with concentration in mental health, occupational therapy assistant, and behavioral health studies ¹
Alaska	Bachelor’s, associate’s, or certificate from a regionally accredited educational facility in a behavioral health related field: sociology, psychology, addiction, counseling, psychiatric nursing, human services, or social work. ²
Kentucky	Bachelor’s in any of the behavioral sciences from an accredited institution. Behavioral sciences includes psychology, social work, sociology, human services, and special education ³
Missouri	Bachelor’s in a human services field which includes: social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology and rehabilitation counseling. ⁴
New Mexico	Bachelor’s from an accredited university in a human services field—unspecified. ⁵
North Carolina	Master’s or bachelor’s from a college or university in a human services field which include but are not limited to: psychology, social work, mental health counseling, rehabilitation counseling, addictions, psychiatric nursing, special education, and therapeutic recreation. ⁶
Oklahoma	For CMIIIs, a master’s or bachelor’s in a behavioral health related field from a regionally accredited college or university recognized by the United States Department of Education (USDE) or a master’s or bachelor’s in education from a regionally accredited college or university recognized by the USDE with at least 9 credit hours in a behavioral health related field. ⁷
Pennsylvania	Bachelor’s with major course work in sociology, social welfare, psychology, gerontology, anthropology, other social sciences, criminal justice, theology, nursing, counseling, or education. ⁸
West Virginia	Master’s or bachelor’s from an accredited college or university in psychology, criminal justice, Board of Regents with health specialization, recreational therapy, political science, nursing, social work, counseling, teacher education, behavioral health, liberal arts; or other degrees approved by the West Virginia Board of Social Work ⁹

¹ For a full list of acceptable degrees and schools, please see <http://muskie.usm.maine.edu/cfi/MHRT/AppendB.htm>.

² From the webpage <http://www.akcertification.org/files/Matrix%20BHC%20with%20Degree.pdf> accessed June 2, 2014.

³ From the webpage <http://chfs.ky.gov/NR/rdonlyres/5314BF79-BDC2-4A08-883E-4D839A0340E4/0/1550.pdf> accessed June 2, 2014.

⁴ From the webpage http://manuals.momed.com/collections/collection_cpr/Community_Psych_Rehab_Section13.pdf accessed June 2, 2014.

⁵ From the webpage <http://www.bhc.state.nm.us/pdf/H2015%20-%20Comprehensive%20Community%20Support%20Services%20%28CCSS%29.pdf> accessed June 2, 2014.

⁶ From the webpage <http://www.ncdhhs.gov/dma/mp/8L.pdf> accessed June 2, 2014.

⁷ From the webpage <http://www.ok.gov/odmhas/documents/Chapter%2050%20Final%20eff%2007-01-13.pdf> accessed June 2, 2014.

⁸ From the webpage <http://www.pacode.com/secure/data/055/chapter5221/s5221.21.html> accessed June 2, 2014.

⁹ From the webpage <http://www.dhhr.wv.gov/bms/Documents/Chapter523TCM.pdf> accessed June 2, 2014.