



The Mental Health & Addiction Certification Board of Oregon

QMHA Registration & Certification



What is QMHA Certification?

Qualified Mental Health Associates (QMHA) work within state certified mental health programs, assisting mental health professionals (QMHPs, RNs, LPCs, LCSWs, LMFTs, Licensed Clinical Psychologists, and Psychiatrists). QMHAs obtain registration and certification through MHACBO, the Mental Health and Addiction Certification Board of Oregon.

What do QMHAs do?

Qualified Mental Health Associates (QMHA) communicate with clients receiving mental health services, assist in gathering information for mental health evaluations, support and assist clients in reaching goals on their mental health treatment plan. QMHAs orient clients to mental services, help to keep clients engaged in services, assist them in overcoming barriers to participation. QMHAs monitor client progress towards their treatment goals and report back to mental health professionals. QMHAs instruct clients on various living skills, assist clients in accessing community resources, and implement interventions on the client's treatment plan. QMHAs do safety assessments/checks, evaluate the safety of clients and the safety of the environments in which they live. QMHAs communicate and work with families and significant others to support their inclusion in the treatment process. QMHAs also assist clients in care coordination with other healthcare providers (prescribers, primary care, dental care, etc.).



How do I become a QMHA?

Step One QMHA-R: Initial Registration

To become a QMHA, you first “Register” (QMHA-R) meeting the minimum qualifications that allow you to begin working with mental health clients. Registration is valid for a period of two years. During that two years you must earn 1,000 clinical experience hours within a state certified mental health agency.

The basic requirements to become registered (QMHA-R), include:

- ✓ A bachelors degree in behavioral science, or a combination of three years of education and relevant behavioral health occupational experience.
- ✓ Obtain an initial competency assessment from a qualified supervisor at a state certified mental health agency. *(This assessment is typically based on information gathered from the employment interview, and the applicant's occupational history, and education.)*

Step Two QMHA-I: Basic Certification

Prior to the expiration of your initial registration, you must obtain certification as a QMHA-I. To become certified you must:

- ✓ Submit documentation of 1,000 Supervised Clinical Experience Hours, verified by a qualified supervisor in a state approved mental health program.
- ✓ Your supervisor must complete an advanced competency assessment, attesting to your abilities.
- ✓ Successfully pass the QMHA-I Exam, a professional national psychometric exam covering the QMHA competencies.

Step Three QMHA-II: Optional Advanced Certification

Prior to the expiration of your QMHA-I certification, you must:

- ✓ Submit documentation of 4,000 Supervised Clinical Experience Hours, verified by a qualified supervisor in a state approved mental health program.
- ✓ Successfully pass the QMHA-II Exam, an advanced professional national psychometric exam regarding advanced QMHA competencies, case management, care coordination, and jurisprudence regulatory compliance (Oregon Administrative Rule, Mandatory Reporting, ADA protections, Client Rights, Civil Rights, Informed Consent, Fair Housing, Code of Federal Regulation 42 pII, Health Insurance Portability and Accountability Act).

QMHA Registration and Certification Criteria Overview

QMHA-R	QMHA-I	QMHA-II
Registered Mental Health Associate working towards certification	Basic Mental Health Associate Certification	Advanced Mental Health Associate Certification
<p>Registration Personal information & demographics</p> <p>Supervisory Competency Assessment Easy to use online OAR-compliant assessment form completed by a qualified supervisor: Oregon Administrative Rule requires a qualified supervisor (not necessarily a direct supervisor) to document that the QMHA candidate demonstrates the ability to communicate effectively; understands mental health assessment, treatment, and service terminology; application of these concepts; ability to implement skills development strategies, and able to identify, and coordinate the services and supports identified in a service plan, functioning within their scope of practice defined in OAR [309-019-0125(9)]. This assessment is typically made based through information gathered from the employment interview, and the applicant's occupational history, and education.</p> <p>Primary Source Education & Experience Primary source verification of a bachelor's degree in behavioral health; or an equivalent degree with applicable coursework meeting the required competencies. Applicants who do not possess a bachelor's degree must present a combination of at least three years of relevant education and experience [309-019-0125(9)(a)(b)].</p>	<p>Updated Registration Personal information & demographics</p> <p>Clinical Competency Assessment 1,000 supervised hours in the QMHA Competencies (CES® Role Delineation, SAMHSA-HRSA Core Competencies, Centers for Medicaid & Medicare DSW Core Competencies):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Communication skills <input checked="" type="checkbox"/> Engagement skills <input checked="" type="checkbox"/> Data gathering <input checked="" type="checkbox"/> Practicing consumer inclusion <input checked="" type="checkbox"/> Monitoring, observing, & reporting <input checked="" type="checkbox"/> Teaching basic/community living skills <input checked="" type="checkbox"/> Resource referral <input checked="" type="checkbox"/> Implementing interventions <input checked="" type="checkbox"/> Enhancing consumer participation <input checked="" type="checkbox"/> Assisting with activities of daily living <input checked="" type="checkbox"/> Facilitating family involvement <input checked="" type="checkbox"/> Professional & ethical conduct <input checked="" type="checkbox"/> Regulatory compliance <input checked="" type="checkbox"/> Safety monitoring and assessments <input checked="" type="checkbox"/> Documentation <input checked="" type="checkbox"/> Cultural/equity practices <p>QMHA Level I Professional Psychometric Competency Exam, CES® Professional psychometric exam covering the QMHA competencies. 100 multiple choice questions.</p>	<p>Optional Advanced Certification for individuals who wish to pursue it.</p> <p>Pre-requisite QMHA-I Certification Individuals must be certified as QMHA-I in order to apply for QMHA II certification.</p> <p>Advanced Supervised Experience Minimum of 4,000 supervised experience hours in the QMHA Competencies.</p> <p>QMHA Level II Professional Psychometric Competency Exam, CES® Advanced examination which includes advanced practice, case management, care coordination, and jurisprudence regulatory compliance and ethics.</p> <p><i>Comprehensive Examination Services, ©CES National exams are produced by Comprehensive Examination Services, contracted with the SAMHSA GAINS Center, Mental Health America, Oregon, Florida, Illinois, New York, Canada and California.</i></p>
<h2>Recertification every two years</h2>		
<p>Code of Conduct Signed commitment to Oregon's Behavioral Health Code of Conduct.</p> <p>Registration valid for two years QMHA Registrants will have up to two years to complete full certification.</p>	<p>Updated Registration Personal information & demographics</p> <p>Continuing Education 40 Hours of accredited/approved behavioral health continuing education or education provided within Oregon state approved mental health agencies</p>	

QMHA-R Registration through Certemy

Register in 9 easy steps

Certemy is the online application software used for registration, certification, recertification and registration for exams.

Follow the directions on the MHACBO.org website. Select registration through one of two paths: 1) Degree path, or 2) Non-degree path.



This symbol means that you simply need to fill out an online form.

Enter your name, address, employer and other demographic information, and level of education.



This symbol means that you need to upload a document.

Upload a copy of your Driver's License or State ID, a copy of your education and educational certificates, and the bachelors equivalency worksheet (for those who do not possess a bachelor's degree).

Works on phone, tablet or computer



CERTEMY[®]
The #1 cloud-based certification platform



Registration Page

Dynamic form Incomplete Due: 03/19/2022
Click the "**Complete Now**" button to fill out the registration page.



Provide Copy of Drivers License or State issued ID

Evidence file Incomplete Due: 03/19/2022
Scan or photograph your ID. Make sure the scan or photo is clear and legible. Click the "Continue" button to upload a copy of your drivers...



Demographic Information

Dynamic form Incomplete Due: 03/19/2022
Click the "**Complete Now**" button to fill out your demographic information.



QMHA Assessment Matrix

Evidence file Incomplete Due: 03/19/2022
Please [click here](#) to complete the QMHA Assessment Matrix.
• Please click continue to upload the completed PDF, with any...



Official Transcript Submission

Dynamic form Incomplete Due: 03/19/2022
Please complete this form, even if you are not using College Education towards your Assessment Matrix....



Verification of NPI Number(s)

Dynamic form Incomplete Due: 03/19/2022
• Please Provide your NPI number(s) if you have one. Please check with your supervisor before completing this step. Your NPI...



MHACBO Code of Conduct

Dynamic form Incomplete Due: 03/19/2022
• Please review the MHACBO Code of Conduct on the MHACBO Website. You can find the MHACBO Code of Conduct in the...



Supervisor Competency Assessment

Dynamic form Incomplete Due: 03/19/2022
Please email this link to your supervisor - <https://mhacbo.org/en/assessment/> and have them complete your competency...



Registration Fee

Fees Incomplete Due: 03/19/2022
A fee of \$100 is required. Click **Pay Fee** to pay with credit/debit card. We recommend completing this step last.

MHACBO Accepted Degrees for QMHA

Addiction Counseling/Services
Applied Behavioral Science
Pre-Art Therapy, Art Therapy
Behavioral Analysis
Behavioral Biology
Behavioral Psychology
Behavioral Sciences
Child Development
Child and Family Studies/Services
Cognitive Sciences
Community Behavioral Health
Community Mental Health
Counseling (MH, Vocational, Pastoral, etc.)
Counselor Education
Early Childhood Development
Education (with a focus in psychology, school counseling, and/or special education)
Educational Psychology
Exercise Science
Family Development/Relations
Forensic Psychology

Gerontology
Health and Human Services
Health Psychology
Human Development
Human Services
Mental Health
Neuroscience (Cognitive/Behavioral)
Nursing
Occupational Therapy
Organizational Psychology
Play Therapy
Psychiatric Rehabilitation
Psychology
Public Health/Community Health
Rehabilitation
Social Psychology
Social Work-BSW
Sociology
Speech Therapy
Therapeutic Recreation
Vocational Rehabilitation

Questions about education, degrees, or experience?



***Open up a chat window
with MHACBO staff***

Go to the MHACBO website to chat with MHACBO staff online. Call us, or email us. Representatives will be available to consult with you.



mhacbo@mhacbo.org



online chat at mhacbo.org



(503)231-8164

QMHA-I through Certemy

Registered QMHAs (QMHA-R registration) is valid for two years. Registered QMHAs have up to two years to complete the certification process to become a certified QMHA-I.

Updated Registration

When you apply for QMHA-I you will be asked to update your personal information and demographics: name changes, address, phone numbers, email, employer, etc.

Clinical Competency Assessment

Your supervisor will need to complete the online competency assessment form attesting that you have accumulated at least 1,000 supervised clinical hours in the QMHA Competencies (CES© Role Delineation, SAMHSA-HRSA Core Competencies, Centers for Medicaid & Medicare DSW Core Competencies). The supervisors competency assessment will evaluate the following domains:

- Communication skills
- Engagement skills
- Data gathering
- Practicing consumer inclusion
- Monitoring, observing, & reporting
- Teaching basic/community living skills
- Resource referral
- Implementing interventions
- Enhancing consumer participation
- Assisting with activities of daily living
- Facilitating family involvement
- Professional & ethical conduct
- Regulatory compliance
- Safety monitoring and assessments
- Documentation
- Cultural/equity practices

QMHA Practice Domains



QMHA Level I Professional National Psychometric Competency Exam, CES©

You must register for the professional psychometric exam covering the QMHA competencies. This exam has 100 multiple choice questions focused on the QMHA Practice Domains. The National exams are produced by Comprehensive Examination Services, contracted with the SAMHSA GAINS Center, Mental Health America, Oregon, Florida, Illinois, New York, Canada and California.

QMHA- II through Certemy

Certified QMHA-Is may choose to pursue optional advanced certification as a QMHA-II. QMHA-II requires additional clinical hours, and successfully passing a national psychometric exam, covering advanced practice, case management, care coordination, and jurisprudence regulatory compliance and ethics.

Pre-requisite QMHA-I Certification

Individuals must be certified as QMHA-I in order to apply for QMHA II certification.

Advanced Supervised Experience

Your supervisor will need to verify a minimum of 4,000 supervised clinical hours in the QMHA Competencies.

QMHA Level II Professional National Psychometric Competency Exam, CES®

You must register for the professional psychometric exam covering the advanced QMHA competencies. This exam has 100 multiple choice questions focused on the advanced QMHA Practice Domains, including; advanced practice, case management, care coordination, and jurisprudence regulatory compliance.

Jurisprudence

- Oregon Administrative Rule
- Mandatory Reporting of abuse of vulnerable populations
- ADA client protections
- Client & Disability Rights
- Civil Rights
- Informed Consent
- Fair Housing
- Code of Federal Regulation 42 part II
- Health Insurance Portability and Accountability Act
- Professional Ethics



Comprehensive Examination Services, ©CES National exams are produced by Comprehensive Examination Services, contracted with the SAMHSA GAINS Center, Mental Health America, Oregon, Florida, Illinois, New York, Canada and California.

Recertification

Recertification occurs every two years. You will receive notices from Certemy letting you know in advance that your certification is nearing its expiration date.

To recertify you must upload 40 hours of continuing education every two years.

CONTINUING EDUCATION REQUIREMENTS:

*40 Hours of Behavioral Health Education,
which must include at least 6 Hours of Ethics*

MHACBO accepts any education produced within OHA state approved agencies, MHACBO Continuing Education Accreditation, any accredited colleges or universities, or any accredited education from this list of accreditors:

*Accreditation Council for Continuing Medical Education (ACCME)
American Association for Marriage and Family Therapy (AAMFT)
American Association of Sexuality Educators, Counselors and Therapists (AASECT)
American Family Therapy Academy (AFTA)
American Medical Association (AMA)
American Nurses Credentialing Center (ANCC)
American Psychiatric Association (APA)
American Psychological Association (APA)
American Society of Clinical Hypnosis (ASCH)
American Society of Clinical Oncology (ASCO)
Association of Family and Conciliation Courts (AFCC)
Association of Social Work Boards (ASWB)
Behavioral Health Association of Providers (BHAP)
California Board of Registered Nursing (BRN)
Canadian Counselling and Psychotherapy Association (CCPA)
Certification Board for Music Therapists (CBMT)
Commission for Case Manager Certification (CCMC)
Commission on Rehabilitation Counselor Certification (CRCC)
Eye Movement Desensitization and Reprocessing Institute, Inc. (EMDR)
International Association for Continuing Education and Training (IACET)
International Certification & Reciprocity Consortium (IC&RC)*

*International Employee Assistance Professionals Association (EAPA)
Mental Health and Addiction Certification Board of Oregon (MHACBO)
National Association for Addiction Professionals (NAADAC)
National Association of Long Term Care Administrator Boards (NAB)
National Association of School Psychologists (NASP)
National Association of Social Workers (NASW)
National Association of Social Workers - state chapters
National Board for Certified Counselors (NBCC)
National Council on Problem Gambling (NCPG)
Oregon Department of Human Services (DHS)
Oregon Health Authority (OHA)
Oregon Department of Veterans' Affairs (ODVA)
Oregon Friends of C. G. Jung (OFJ)
Oregon Nursing Home Administrators Board (NHAB)
Oregon Psychoanalytic Center (OPC)
Oregon State Bar (OSB)
Oregon State Hospital Department of Social Work (OSH)
Pacific Northwest Society of Jungian Analysts (PNSJA)
Pacific University
Pain Society of Oregon (PSO)
U.S. Department of Veterans Affairs (VA)*

CEUs

About MHACBO



MHACBO was founded and established in 1977 dedicated to the principles of competency-based certification.

Contracted Psychometric Testing Vendors

Comprehensive Examination Services (CES)
Criterion Partnership Exams (Criterion)
Professional Testing Corporation of New York (PTC)
PSI Prometric Testing (Prometric)

Contracted Partners & Affiliates

The National Council on Problem Gambling (NCGP)
The National Association of Alcoholism Drug Abuse Counselors (NAADAC)
The National Certification Commission of Addiction Professionals (NCCAP)
The International Certification & Reciprocity Consortium (IC&RC)
The Oregon Council on Behavioral Health, member at large (OCBH)
The Behavioral Health Association of Providers (BHAP)
The California Consortium of Addiction Programs and Providers (CCAPP)
The National Alliance of Recovery Residences (NARR)
The MetroPlus Association of Addiction Peer Professionals (MAAPPs)
The NW Instituto Latino de Adiccionistas (NWIL)
Oregon Health Authority (OHA)
Oregon Youth Authority (OYA)
Certemy, Inc.

Contracted Background Analysis

Pacific Screening Inc. Criminal Background Checks
TLOxp Transunion Background Checks
Oregon Department of Human Services, State Police Background Check Unit

MHACBO Board of Directors

Mark Davis, CADC II, QMHA II, Board President, Polk County
Jose Garcia, CADC II, CGAC II, Board Secretary, New Horizons
Julia Mines, M.S., MSW, QMHP-C, CADC III, Board Treasurer, Miracles
Michelle Brandsma, Ph.D. (abd), CADC III, GOBHI
Debra Buffalo Boy Bigelow, CADC II, Multicultural Consultants
Bob Forsyth, CADC II, CGAC II, NCGC II, New Directions
Mark Lewinsohn, Ph.D., Lifeworks NW
Tanya Pritt, CADC II, Milestones
Frederick Staten, Ph.D., Cascadia BHC
Aja Stoner, M.S., LPC intern, MAC, CADC III, Care Oregon
Tony Vezina, BSW, PRC, 4th Dimension
Keith Walker, CADC II, CGAC II, PowerHouse
Amy Ashton-Williams, LCSW, CADC II, Umatilla County
Lana Winnie, LPC, CADC III, MAC, CRC, NCC, DePaul
Beau Rappaport, B.S., PSS, Oregon Health Authority

MHACBO Staff

Van Burham IV, B.Accy, CRM
Michael Razavi, MPH, CADC I, PRC, CPS
Eric Martin, MAC, CADC III, PRC, CPS
Kristi McKinney, B.S., CADC II
Michael Nicholas, CRM
Richard Johnson, M.A., QMHP, CADC III, CGAC II
Karen Willock, CADC II
Reed McClintock, M.S., QMHP-C, CADC I



*Mental Health & Addiction
Certification Board of Oregon*

Research-based Mental Health Associate Competencies

CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint©
Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA
DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)



Research-based Mental Health Associate Competencies

*Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA
DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)
CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint®*

Purpose: This document contains an empirically-based competency blueprint that is intended to guide professionals who are preparing for the mental health associate competency examination.

The following sources are nationally-recognized authorities on professional competencies for behavioral healthcare workers. Their publications are based on significant research and consensus opinions among panels of experts in the primary care, mental health, and addiction sectors. The MHACBO guide is a conglomeration of the standards put forth by these authorities.

- 1. Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA**
In 2014, the SAMHSA-HRSA Center for Integrated Health Solutions released the publication titled, *Core Competencies for Integrated Behavioral Health and Primary Care* (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). The following competency categories were finalized upon analysis of data gathered through review of scholarly publications, review of other competency sets, and semi-structured interviews with experts on integrated care: (1) interpersonal communication, (2) collaboration and teamwork, (3) screening and assessment, (4) care planning and care coordination, (5) intervention, (6) cultural competence and adaptation, (7) systems oriented practice, (8) practice-based learning and quality improvement, and (9) informatics (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014).
- 2. DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)**
In 2014, the Centers for Medicaid and Medicare Services (CMS) released the publication titled, *National Direct Service Workforce (DSW) Resource Center: Final Competency Set* (CMS, 2014). This report included a detailed summary of empirically-based findings drawn from a multi-phased research study involving a large sample of workforce stakeholders, competency development experts, direct service workers, service recipients, and family members (CMS, 2014). Analysis of the data yielded the following general competency categories: (1) communication; (2) person-centered practices; (3) evaluation and observation; (4) crisis prevention and intervention; (5) safety; (6) professionalism and ethics; (7) empowerment and advocacy; (8) health and wellness; (9) community living skills and supports; (10) community inclusion and networking; (11) cultural competency; and (12) education, training, and self-development (CMS, 2014).
- 3. CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint®**
Comprehensive Examination Services (CES) is a research-based testing company that is contracted with the Substance Abuse and Mental Health Association Services Administration

(SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center and Mental Health America. CES produces psychometric examinations for the mental health associate and mental health professional examinations. Content from the *Behavioral Health Scientific Role Delineation Analysis Examination Blueprint*© (CES, 2018) was evaluated by the MHACBO research team and included in this MHACBO guide.

This MHACBO competency guide has been formatted to align with the CES Examination Blueprint for the mental health associate exam.

Research-based Mental Health Associate Competencies

*CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint®
Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA
DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)*

Domain 1: Clinical Competence

Task 1.1 Engaging Consumers Establishes a helping relationship with the consumer receiving services by demonstrating empathy, respect, and genuineness in order to build trust.	
KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Demonstrates active listening skills, establishing rapport, rapidly developing and maintaining effective working relationships with diverse individuals, including consumers, family members, supporters and other providers. 2) Uses non-judgmental and person-first language to develop engagement. 3) Clearly conveys relevant information in a non-judgmental manner about behavioral health, general health, and health behaviors using person-centered concepts and terms that are free of jargon and acronyms and are easily understood by the listener. 4) Maintains knowledge of qualities, characteristics, needs, and developmental levels of populations served to facilitate admission and engagement. 5) Maintains availability, consistent and predictable behavior throughout the admission and engagement process. 6) Implements appropriate strategies for the purposes of de-escalation and engagement. 7) Implements measures to avoid crisis situations or use of coercive measures. 8) Promotes a mutual helping relationship to facilitate motivation.
Task 1.2 Orienting Consumers Orients the consumer receiving services to the program including rules and expectations.	
KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Orients consumers to program rules and expectations. 2) Explains to consumers and families the roles and responsibilities of each team member and how they will work together to provide services. 3) Demonstrates effective communication regarding the nature of services, rules and expectations. 4) Orients consumers to safety procedures. 5) Explains forms to be completed. 6) Explains purpose and process of services to be provided (informed consent). 7) Explains mandatory abuse reporting requirements.

- 8) Orients consumers to their rights and responsibilities.
- 9) Explains grievance procedures.

Task 1.3 Collecting Information for Assessment

Assists in gathering information about basic and community living characteristics of the person receiving services for assessment purposes.

KSAs
Knowledge
Skills
Attitudes

- 1) Demonstrates effective interviewing techniques, including appropriate follow-up questions.
- 2) Uses open-ended questions to gather information, allowing consumers to explain their circumstances in their own way.
- 3) Identifies possible sources of collateral information regarding person receiving services.
- 4) Facilitates collaborative care by actively sharing relevant information with others through communications that are authorized by the healthcare consumer and are permissible under HIPAA, CFR 42 Part 2 and related laws, regulations and policies. Collects information regarding the nature of the consumer's family and social support system and other socio-economic factors that have an impact on health and behavioral health.
- 5) Demonstrates active listening skills to gather information. Listens actively and effectively, as demonstrated by the ability to quickly grasp presenting problems, needs, and preferences as communicated by others.
- 6) Uses reflective communication to ensure that others have been accurately understood.
- 7) Serves as an effective member of an interprofessional team, helping other providers on the team to quickly conceptualize a consumer's strengths, healthcare problems, and an appropriate plan of care.
- 8) Uses strengths-based wellness, resilience, and recovery models in conceptualizing the health and behavioral health of consumers.
- 9) Maintains awareness and comprehends all forms to be completed.
- 10) Maintains awareness of procedures and requirements, releases/consents for information.
- 11) Understands definitions of basic and community-living skills and assessing basic and community-living characteristics.
- 12) Observes and records behavior of person receiving assessment services and its relevance to the assessment process.
- 13) Remains cognizant of non-verbal communication and adapts the style of communication to account for the impact of health conditions on a consumer's ability to process and understand information.
- 14) Responds to the self-identified needs of healthcare consumers, family members, and other providers.
- 15) Refrains from use of a diagnostic labels or deficit-based models of data gathering.
- 16) Examines the experiences of culturally diverse consumers and family members with respect to quality of care and adjust the delivery of care as needed.

Task 1.4 Supporting Consumer Inclusion

Works as part of a treatment team to assist the consumer in formulating measurable service/recovery goals.

KSAs
Knowledge
Skills
Attitudes

- 1) Maintains awareness of consumer strengths, needs, outcomes and their relevance to measurable goals. Recognizes, respects and values the role and expertise of consumers, family members, and both behavioral health and primary care providers in the process of behavioral health care planning.
- 2) Fosters shared decision-making with behavioral health consumers, family members, and other providers.
- 3) Is cognizant of the purpose and components of a treatment/recovery plan.
- 4) Understands measurable goals/outcomes of mental health recovery, substance use disorder recovery, and co-occurring disorders recovery.
- 5) Advocates for, teaches, and supports illness and holistic self-management and recovery approaches to health conditions within the behavioral health team and setting.
- 6) Understands and utilizes the roles/functions of a treatment team. Develops a shared understanding of the respective roles and responsibilities of team members to ensure that collaboration is efficient.
- 7) Understands the steps in setting measurable goals.
- 8) Implements care that is person-centered and/or family-centered.
- 9) Recognizes the limits of one's knowledge and skills and seeks assistance from other team members.
- 10) Exhibits leadership by directing, guiding, or influencing the collaboration and service delivery of the behavioral health team.
- 11) Responds immediately to requests for consultation or intervention from other providers.
- 12) Advocates for and foster the use of peer support approaches and peer support providers in the behavioral healthcare setting as a component of behavioral health delivery.
- 13) Fosters and values diversity in terms of the composition of the interprofessional team members in all roles.
- 14) Respects and responds to the leadership displayed by other providers in a behavioral health setting or team.
- 15) Expresses professional opinions respectfully.
- 16) Encourages other team members to express opinions,
- 17) Uses conflict-management strategies that are based on professionalism, respect, and openness to diverse perspectives.

Task 1.5 Monitoring, Observing & Reporting

Monitors and records the behavior of the person receiving services in order to measure their response to interventions.

KSAs
Knowledge
Skills
Attitudes

- 1) Demonstrates practicality, flexibility, and adaptability in the process of working with others, emphasizing the achievement of treatment goals as opposed to rigid adherence to treatment models.
- 2) Maintains awareness of treatment plan goals and tasks.

	<ol style="list-style-type: none"> 3) Implements evidence-based interventions within scope of practice and based on goals described on the treatment/recovery plan. 4) Makes observations of behavior in response to interventions. 5) Understands clinical/psychiatric terminology and is able to record observations in requisite professional terms. 6) Understands documentation requirements, including applicable legal standards. 7) Understands and upholds consumer confidentiality. 8) Understands the common symptoms and treatments for the major healthcare and behavioral health conditions experienced by the consumers being served. 9) Recognizes the primary indications, effects, and side effects of pharmacological agents used in the treatment setting for the most common health and behavioral health conditions. 10) Recognizes the potential impact and interaction of over-the-counter medications and other non-prescription remedies on health and healthcare treatments
--	--

Task 1.6 Teaching Basic & Community Living Skills

Teaches basic and community living skills to consumers using methods within the scope of practice.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Understands definitions of basic and community living skills. 2) Models desirable behavior regarding basic and community living skills. 3) Reinforces target behaviors of basic and community living skills. 4) Understands course curriculum content regarding basic and community living skills. Provides behavioral health education materials that are appropriate to the communication style, literacy level, and preference of the behavioral health consumer and family and that reinforce information provided verbally during healthcare visits. 5) Implements teaching strategies using developmentally-appropriate techniques. 6) Understands how to modify strategies according to consumer progress. 7) Elicits feedback regarding teaching methods and interventions. 8) Maintains awareness of group facilitation and management strategies. 9) Encourages participation of all group participants. 10) Uses motivational strategies to person receiving services to promote the acquisition of adaptive behavior and skills. 11) Understands the role of basic and community living skills to achieve recovery goals.
--	--

Task 1.7 Resource Referral

Assists persons receiving services to obtain needed community resources.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Connects healthcare consumers and family members to other members of the behavioral health and healthcare team through face-to-face encounters known as “warm hand-offs.” 2) Works collaboratively to resolve differing perspectives, priorities and schedules among providers and community resources.
--	---

	<ol style="list-style-type: none"> 3) Maintains awareness of an array of outside community resources. 4) Prioritizes healthcare consumers' personal choices in considering and accessing complementary and alternative services designed to support mental health and wellness. 5) Understands referral process/linkage to those resources. 6) Provides or arranges access to "patient navigation" services that focus on benefits and financial counseling, transportation, home care, and access to social services, peer support, and treatment, including medications. 7) Maintains awareness of confidentiality and releases needed for specific resource referrals. 8) Demonstrates ability to identify needs, teach consumers, and promote self-advocacy to access community resources. 9) Communicates respectfully with community resource partners. 10) Demonstrates advocacy skills and relationship building with community resource partners. 11) Exercises cultural competency in the research and selection of community resource referrals. 12) Develops collaborative relationships with providers of services tailored to the needs of culturally diverse healthcare consumers and family members. 13) Maintains knowledge of working with family/supports and referrals for family/support resources in the community. 14) Facilitates the building of skills by consumers to help them enhance their network of natural supports. 15) Develops positive relationships with family and supports, and person receiving services. 16) Demonstrates follow up procedure to evaluate the efficacy of resources and referrals.
--	--

Task 1.8 Implementing Interventions

Implements designated interventions and behavioral management strategies.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Effectively implements treatment plan interventions within scope of practice. 2) Understands specific intervention techniques for the person receiving services. 3) Understands the importance of trauma when implementing interventions and behavioral management. 4) Demonstrates a fundamental belief in the value and effectiveness of brief interventions to improve health through practice patterns and communications with behavioral health consumers, family members, and other providers. 5) Uses evidence-based interventions within scope of practice to engage behavioral health consumers and increase their desire to improve health (e.g., motivational interviewing skills). 6) Implements non-physical behavior management techniques. 7) Maintains awareness of reinforcement contingencies and token economies. 8) Effectively implements crisis intervention techniques. 9) Maintains awareness of medications as they relate to the immediate responses and outcomes of treatment plan interventions.
---	---

	<p>10) Maintains awareness of medical conditions that can affect treatment plan interventions and behavioral management.</p> <p>11) Maintains awareness of interventions for both mental health and substance abuse.</p>
--	--

Task 1.9 Enhancing Consumer Participation

Organizes, supervises and encourages participation in social, educational, spiritual, cultural and recreational activities.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Understands definitions of basic and community living skills and their relationship to community activities (social, educational, spiritual, cultural and recreational) 2) Models desirable behavior related to participation in community-based activities. 3) Reinforces target behaviors. 4) Understands and effectively facilitates educational course curriculum content. 5) Implements teaching strategies using developmentally appropriate techniques. 6) Understands how to modify strategies according to progress. 7) Elicits feedback regarding facilitation of activities. 8) Maintains awareness of group facilitation and management strategies. 9) Supports and encourages participation. 10) Motivates person receiving services to learn new behavior and skills. 11) Understands connection of basic and community living skills to recovery process. 12) Demonstrates effective communication in group activities. 13) Understands the importance of relationships in activities. 14) Understands issues related to cultural diversity and their relationship to community activities (social, educational, spiritual, cultural and recreational). 15) Implements age-appropriate recreational activities. 16) Assists behavioral health consumers in using web-based tools as part of their personal healthcare plan.
--	--

Task 1.10 Assisting with Activities of Daily Living

Assists the person receiving services in completing daily living activities including, but not limited to, hygiene, grooming, and feeding.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Maintains awareness of health and behavioral conditions of persons receiving services and its impact on hygiene, grooming and self-care. 2) Understands special needs listed on treatment plan of persons receiving services. 3) Facilitates the safe use of mechanical devices such as lifts and grab bars. 4) Understands required tasks for performing specific daily living activities. 5) Exercises specific and general safety precautions for consumers and staff. 6) Accommodates limitations based on developmental level and ability of person receiving services. 7) Implements defined procedures for medication monitoring.
--	---

	<ul style="list-style-type: none"> 8) Protects privacy and demonstrates respect for persons receiving services. 9) Role models self-care. 10) Facilitates basic hygiene, grooming, and feeding activities. 11) Honors consumer rights. 12) Recognizes diversity issues and demonstrates cultural competence regarding activities of daily living. 13) Exercises professional conduct. 14) Provides health promotion, wellness and prevention interventions. 15) Maintains awareness of federal, state and local regulations that govern the delivery of personal care, including hygiene, grooming, and feeding. 16) Maintains awareness of agency policies and procedures regarding the delivery of personal care, including hygiene, grooming, and feeding.
--	--

Task 1.11 Facilitating Family Involvement

Works with the family or designated support persons to understand the needs of the consumer receiving services and help the family/support persons assist in the interventions.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ul style="list-style-type: none"> 1) Maintains awareness of confidentiality issues involved in working with family/supports. 2) Facilitates family/supports participation in treatment/recovery planning for person receiving services. 3) Is cognizant of family dynamics and history. 4) Promotes behavioral health consumer and family activities to achieve treatment plan and recovery goals. 5) Honors limitations on disclosure as set by person receiving services. 6) Recognizes diversity issues related to eliciting support for family/support persons assistance in interventions. 7) Facilitates family participation in the treatment/recovery process or service plan. 8) Teaches specific intervention techniques within scope of practice to family/support persons. 9) Educates behavioral health consumers, family members, supports and other providers about healthcare and behavioral health conditions, prevention, available treatments, illness and whole health self-management, peer support and the recovery process. 10) Recognizes safety issues related to family and support persons implementing interventions. 11) Explains and honors consumer rights, including the rights of consumer’s families and support persons. 12) Practices professional conduct with consumers, their families and their support persons. 13) Understands documentation requirements as it pertains to recording information regarding consumer’s families and support persons. 14) Understands federal, state, and local regulations as it relates to family services. 15) Understands agency policies and procedures regarding family/supports participation in treatment.
--	---

Domain 2: Professional Responsibility

Task 2.1 Respectful Care Treats persons receiving services, their families, support persons and staff with respect and dignity.	
KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Consistently uses active listening with consumers, families, support persons, and staff. 2) Advocates within the behavioral health and healthcare setting or team for the primary and continuous inclusion of the behavioral health consumer and family member(s) in all healthcare decisions. 3) Uses non-judgmental language with consumers, families, support persons, and staff. 4) Recognizes qualities, characteristics, needs, and the developmental level of population served. 5) Maintains consistent and predictable behavior with consumers, their families, support persons and other staff. 6) Promotes health, wellness and comfort strategies for consumers, their families, support persons and staff. 7) Practices measures to avoid crisis situations or use of coercive measures. 8) Recognizes the importance of cultural diversity regarding consumers, their families, support persons and staff. 9) Practices professional customer relations/service with consumers, families and their support persons. 10) Demonstrates proficiency in interpersonal communication, with consumers, families and their support persons. 11) Maintains awareness of consumer rights, and how they apply to work with families, support persons and other staff.
Task 2.2 Regulatory Compliance Complies with federal, state, local, and program regulations to protect the privacy and confidentiality of the person receiving services.	
KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Maintains knowledge of applicable state and federal confidentiality regulations and limitations of disclosures. 2) Understands proper forms for release of information and informed consent. 3) Maintains awareness of consumer rights, especially those rights that are a provision of law.
Task 2.3 Ethical Standards Adheres to ethical standards of conduct in dealing with persons receiving services, their families, support persons and staff.	
KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i>	<ol style="list-style-type: none"> 1) Prioritizes the maxim of do no harm. 2) Is cognizant of consequences of violating ethical standards. 3) Adheres to scope and limitations of practice. 4) Complies with mandatory reporting. 5) Honors consumer rights. 6) Inquires, "What regulations and codes of behavior are applicable?"

	<ol style="list-style-type: none"> 7) Demonstrates ethical and “professional” behavior. 8) Recognizes ethical dilemmas. 9) Maintains awareness of ethical decision-making models. 10) Applies ethical decision-making strategies under the supervision of qualified professionals.
--	--

Task 2.4 Professional Boundaries

Recognizes and demonstrate appropriate boundaries in interactions with persons receiving services, their families, support persons and staff.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Maintains personal space. 2) Understands ethical and agency policy restrictions regarding social and personal relationships with consumers. 3) Is able to recognize and define dual relationships that constitute abuse, exploitation, neglect, or harassment. 4) Understands parameters of the staff/consumer relationship and dynamics of power differentials. 5) Practices confidentiality within close working relationships with co-workers, community partners, and others. 6) Understands consumer rights, and the right to receive treatment free from abuse, exploitation, neglect, harassment, or other dual relationships. 7) Practices appropriate boundaries with thoughtful self-disclosure in the helping relationship. 8) Uses self-disclosure judiciously and only in service of the mental health consumer’s best interest.
--	---

Task 2.5 Non-discriminatory Care

Provides services without discrimination or preference based on age, ethnicity, culture, race, disability, gender identity, religion, sexual orientation, or socio-economic status.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Maintains awareness of Title IX of the Civil Rights Act. 2) Maintains awareness of personal biases/attitudes and how they affect occupational functioning. 3) Understands cultural diversity and disparity within behavioral health services. 4) Demonstrates and promotes work with diverse individuals/groups. 5) Understands ethnic/racial factors of mental health consumers and their family. 6) Understands how cultural factors influence recovery or the therapeutic process, working with historically oppressed and marginalized populations (ethnic/racial minorities, LGBT2QI, those with mental health challenges, those with substance use disorders, and veterans). 7) Demonstrates sensitivity to issues of language, respectful language, and the inherent risk of humor that further oppresses and marginalizes minority groups. 8) Maintains continuous self-awareness about personal biases, judgmental attitudes, and worldviews that differ from those served.
--	--

	<p>9) Seeks consultation and supervision to examine how personal biases, judgmental attitudes, and worldviews that differ from those served affect the helping relationship.</p> <p>10) Is able to bracket (i.e., set aside) personal biases, judgmental attitudes, and worldviews that differ from those served.</p>
--	---

Task 2.6 Community Inclusion

Values the ability of each person receiving services to seek and sustain a satisfying life in the community.

<p>KSAs Knowledge Skills Attitudes</p>	<ol style="list-style-type: none"> 1) Builds on consumer strengths while implementing interventions. 2) Supports consumers' self-efficacy. 3) Prioritizes consumers' right to self-determination. 4) Understands the philosophy of community-based non-institutional care. 5) Demonstrates belief in the concepts of resiliency and recovery. 6) Appreciates the value of a personal support system. 7) Instills hope through self-disclosure and facilitating self-disclosure of recovery successes. 8) Uses self-disclosure judiciously and only in service of the mental health consumer's best interest.
---	--

Task 2.7 Professional Growth & Development

Seeks out and participates in effective approaches and training to enhance job skills.

<p>KSAs Knowledge Skills Attitudes</p>	<ol style="list-style-type: none"> 1) Locates sources of training and understands requirements for obtaining and maintaining credentials. 2) Self-identifies areas for growth in job-related skills. 3) Recognizes limits of personal skill level and professional growth needs. 4) Exercises self-care. 5) Understands the limits of therapeutic work with consumers vs. personal expectations.
---	---

Domain 3: Safety

Task 3.1 Implements Safety Assessments

Recognizes unsafe behaviors, situations, and environments that jeopardize consumers' rights, health, safety and wellbeing; evaluates risks to persons receiving services, staff, and community members.

<p>KSAs Knowledge Skills Attitudes</p>	<ol style="list-style-type: none"> 1) Recognizes signs of relapse warning signs, substance use, and symptoms of overdose. 2) Recognizes signs of threatening behavior, and routinely conducts brief screens for risk related to self-harm, harm to others, impairments in functional self-care, and environmental safety. 3) Detects signs of abuse, neglect, domestic violence, inappropriate use of restraints, and other trauma in individuals across the lifespan. 4) Recognizes when safety plans are needed.
---	--

	<ol style="list-style-type: none"> 5) Is able to identify and assess suicidal/homicidal risk indicators. 6) Evaluates and defines safe parameters for persons receiving services who have sex offending or other assaultive behaviors. 7) Recognizes signs of change in behavior. 8) Is cognizant of requirements to inform / duty to warn. 9) Maintains awareness of medication side effects, or contraindicated use of medications with other substances, including over-the-counter drugs. 10) Recognizes physical and environmental dangers that present a risk to health and safety of consumers, their families, support persons or staff. 11) Maintains knowledge of possible legal restrictions and their impact on interventions. 12) Maintains awareness of a consumers advanced directives (Living Wills, Medical Power of Attorney etc.)
--	--

Task 3.2 Responding to Safety Threats
 Responds appropriately to unsafe behaviors, situations, and environments to ensure the safety and well-being of persons receiving services staff and community members.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Is appropriately trained in CPR-First Aid. 2) Demonstrates skills in verbal/de-escalation. 3) Implements safety plans. 4) Understands responsibility to inform chain of command regarding dangerous and/or critical environmental situations. 5) Uses universal precautions. 6) Complies with ethical and legal responsibilities involving duty to warn. 7) Maintains awareness of location of emergency equipment and protocols. 8) Maintains knowledge of incident reporting situations and requirements. 9) Maintains awareness of when confidential information can be released in emergency situations. 10) Demonstrates attention and follow-through on crisis/medical issues.
---	--

Task 3.3 Monitoring Safety of Consumers and Environment
 Monitors and observes persons receiving services and their environments as required by agency policy and applicable laws and regulations to maintain safety and security.

<p>KSAs <i>Knowledge</i> <i>Skills</i> <i>Attitudes</i></p>	<ol style="list-style-type: none"> 1) Adheres to agency policy and procedures regarding safety threats. 2) Understands and adheres to applicable laws and regulations. 3) Implements safety plans and monitors compliance or the lack thereof. 4) Records behavioral health data consistent with agency requirements and standards. 5) Observes consumers, collecting relevant data in a manner consistent with required frequency, and agency policies and standards. 6) Uses appropriate reporting methods and documentation. 7) Recognizes changes in behavior. 8) Recognizes changes in environment, especially those presenting a risk to consumer health and safety.
---	--

Task 3.4 Safety Policies & Plans

Follows established health and safety protocols to ensure safety of the persons receiving services.

KSAs
Knowledge
Skills
Attitudes

- 1) Maintains awareness of agency policy and procedures for the implementation of CPR-First Aid, or other emergency procedures.
- 2) Utilizes verbal/de-escalation in accordance with agency policies and expectations of consumer behavior.
- 3) Implements safety plans in accordance with agency policies and practices.
- 4) Understands responsibility to inform supervisors, medical providers, fire safety services, ambulance services, and police of emergency situations and critical incidents.
- 5) Follows established agency protocols for addressing dangerous environmental situations.
- 6) Practices universal precautions.
- 7) Follows established procedures for exercising duty to warn.
- 8) Recognizes emergency conditions and critical incidents.
- 9) Maintains awareness of and procedures for emergency preparedness and response.
- 10) Demonstrates ability to use emergency equipment.
- 11) Maintains knowledge of procedures for incident reporting.
- 12) Understands agency procedures regarding the release of confidential information in emergency situations and to first responders.
- 13) Follows procedures for follow-through on crisis/medical issues.

Task 3.5 Disaster Preparation

Works with the organization, the community, and the person receiving services to prepare for and respond to disaster situations.

KSAs
Knowledge
Skills
Attitudes

- 1) Follows procedures and requirements for emergency response drills and practices.
- 2) Understands personal responsibilities in emergency/disaster events.
- 3) Understands corresponding community responsibilities and has knowledge of their roles and responsibilities.
- 4) Understands agency disaster plans.
- 5) Understands personnel response requirements and job duties in an emergency/disaster.
- 6) Understands the basic roles of First Responders.
- 7) Understands critical care issues, and the necessity of calm response.

Domain 4: Administrative Responsibility

Task 4.1 Professional Documentation

Documents all required information in a clear, legible, timely, concise, complete, and accurate manner.

KSAs

Knowledge

Skills

Attitudes

- 1) Maintains awareness of legal rules/guidelines for documentation.
- 2) Adheres to confidentiality laws and policies.
- 3) Communicates with healthcare consumers and family members using secure online, mobile, and “smart” technology and devices.
- 4) Safeguards healthcare consumer privacy and confidentiality with respect to communication, documentation, and data.
- 5) Demonstrates functional literacy skills and understanding of clinical taxonomy.
- 6) Understands the use of an electronic health record to retrieve relevant information and to document care concisely.
- 7) Maintains awareness of what, when, and where to document in writing or in electronic health records.
- 8) Demonstrates ability to write with clarity, conciseness, completeness, and understandably.
- 9) Understands the responsibility to document actions that happened in response to intervention.
- 10) Is cognizant of file maintenance and file location requirements.
- 11) Uses person-first language in documentation.
- 12) Avoids judgmental language in documentation.
- 13) Uses professional and precise terminology in documentation.
- 14) Uses behavioral language as descriptors.
- 15) Recognizes the importance of keeping documentation fact-based and opinion-free.
- 16) Is cognizant of information that is necessary to include.
- 17) Is cognizant of information that does not belong in the record.

Resources

Centers for Medicaid and Medicare Services (CMS, 2014). National Direct Service Workforce Resource Center: Final Competency Set. Retrieved from <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-core-competencies-final-set-2014.pdf>

Comprehensive Examination Services (CES, 2018). *CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint*.

Hoge, M. A., Morris, J. A., Laraia, M., Pomerantz, A., & Farley, T. (2014). *Core competencies for integrated behavioral health and primary care*. Washington, DC: SAMHSA - HRSA Center for Integrated Health Solutions. Retrieved from https://www.integration.samhsa.gov/workforce/integration_competencies_final.pdf