Southern Counties Regional Partnership

Core Competencies

Project

June 2014

Loma Linda University

Co-Authored by Dr. Beverly Buckles, Jan Black, and John Ryan

I. Executive Summary

I. Executive Summary

The Southern Counties Regional Partnership (SCRP) executed a contract with Loma Linda University (LLU) to aid in the completion of one of the Partnership's objectives – to create a set of core competencies and associated measureable performance criteria for professionals and paraprofessionals.

Through a two-phase initiative, Loma Linda University School of Behavioral Health has identified a set of 12 Core Competencies and associated measureable performance criteria that specify and support the evaluation of the Knowledge, Skills, and Abilities expected of individuals who provide behavioral health services.

> Phase I focused on licensed professional clinical staff. Licensed professional clinical staff refers to those individuals who have a clinical license and are designated as independent practitioners (i.e., Marriage and Family Therapists, Psychiatric Nurse Practitioners, Social Workers, Psychologists, Psychiatrists and Licensed Clinical Counselors).
>
> Phase II modified the products of Phase I to address the responsibilities of Collaborative Behavioral Health Service Providers (previously referred to as paraprofessionals).

The project included a comprehensive review of professional and public documents to support identification of the essential elements underpinning the development of core competencies. As such, competency development relied on the ethical and competency requirements of all behavioral health professions, Collaborative Behavioral Health Service Provider (CBHSP) functions, and peer support group functions, job descriptions, assessment documents and evaluation forms from the SCRP counties and Tri-Cities Mental Health, as well as a number of statewide, national and international publications. An extensive references section is included in the final report.

The project also identified a number of uses for the Core Competency document. Examples of ways in which the Core Competencies and associated Knowledge, Skills, and Abilities may be utilized include but are not limited to:

- Supplementing interview and testing process for new hires to county mental health agencies;
- New employee orientation;
- Student intern orientation;
- Employee self-evaluation activities;
- Employee development of a training needs document;
- Utilization by employee and supervisor to identify supervision, training and continuing education needs and opportunities;
- Utilization by county training divisions to develop training and continuing education courses and activities;
- Utilization as a guide to train supervisors in the completion of employee evaluations regarding the Core Competencies, and assistance in the area of employee professional development;

- Utilization by educational institutions responsible for training students in the multiple professional groups that provide the majority of mental health services in California and will continue to train the future workforce for public mental health practice in California. (The Core Competency document will provide educational institutions with the specific Knowledge, Skills, and Abilities required for successful practice in the public mental health system in California and will assist them in developing curriculum both in classroom and field education settings to training their students.)

Focus groups were held with all of the SCRP counties and Tri-Cities Mental Health for both professional licensed staff and CBHSP staff to: 1) gather input as to the validity of the Core Competencies and associated Knowledge, Skills, and Abilities measures, and 2) to receive feedback on additional areas that need to be included or reworded.

Four focus groups were held with supervisors, experienced clinicians, and representatives from Human Resources departments and administration/management representatives to gather information about ways in which the Core Competencies could be implemented.

An Evaluation Workbook and a two-page Evaluation Form were developed for professionals, clinical staff, and CBHSP staff, which could be used as supervision tools and/or evaluation tools. These materials are to be included in the established evaluation formats for individual counties and Tri-Cities Mental Health.

SCRP Core Competency Project Staff
Dr. Beverly Buckles, Dean, School of Behavioral Health, Loma Linda University
Janet Black, LCSW
John Ryan, LCSW

II. Overview of the Project

II. Overview of the Project

The Southern Counties Regional Partnership (SCRP)[1,2] has executed a contract with Loma Linda University (LLU) to aid in the completion of one of the Partnership's objectives – to create a set of core competencies and associated measurable performance criteria for professionals and paraprofessionals.

Through a two-part initiative, Loma Linda University School of Behavioral Health has identified a set of 12 core competencies and associated measureable performance criteria that specify and support the evaluation of the Knowledge, Skills, and Abilities expected of individuals who provide behavioral health/mental health services.[3]

The desired outcome of the SCRP Core Competency Project is increased excellence in the quality of care provided to individuals, family members, and stakeholders served by the member-agencies that comprise SCRP through the development of a set of Core Competencies and associated Knowledge, Skills, and Abilities (KSAs) considered essential to effective practice in the public mental health system in California. As such, the competencies and KSAs developed through this project support employee supervision and provide a continuous self-assessment tool for all behavioral health/mental health staff regardless of discipline, clinical role, position description, or years of employment. The structure of the competencies tool supports staff (and student) in the assuring that their Knowledge, Skills, and Abilities meet standards of practice, while also supporting professional development and career planning.

Phase I of the project focused on professional clinical staff. Professional clinical staff refers to those individuals who have a clinical license and are designated as independent practitioners (i.e., Marriage and Family Therapists, Psychiatric Nurse Practitioners, Social Workers, Psychologists, Psychiatrists and Licensed Clinical Counselors).

Phase II modified the products of Phase I to address the responsibilities of Collaborative Behavioral Health Service Providers (previously referred to as paraprofessionals). Collaborative Behavioral Health Service Providers (CBHSP) offer a variety of behavioral health services to persons and their families, and the SCRP counties and Tri-Cities Mental Health use a variety of names for these types of positions. This group includes some individuals who may be licensed (i.e., Licensed Vocational Nurses and Licensed Psychiatric Technicians), though the majority of these individuals are not licensed, and none of them are designated as independent practitioners.

Both Phase I and Phase II of the project included the involvement of key stakeholders in the collaboration and vetting of the content of the competencies and the performance criteria through multiple focus groups at various points throughout the project period.

---

[1] SCRP Counties: Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura and Tri-Cities Mental Health.

[2] This project was funded from Workforce, Education, and Training funds from the Mental Health Services Act budget for the Southern California Regional Partnership.

[3] Counties are in the process of implementing a transfer of terms from "mental health" to "behavioral health."

Table of Contents

III. Process Issues and Development of the Core Competencies

III. Process Issues and Development of the Core Competencies

A. Background Information and Project Rationale

Activities related to competency development and improvement of specific skills in the behavioral health workforce have been a growing concern for the past decade. The New Freedom Commission on Mental Health (2003), for example, raised major concerns about a workforce crisis and recommended that training and education programs develop curriculum that included the necessary competencies and practice skills critical for effective practice in the behavioral health service system. Additionally, they recommended that behavioral health agencies work toward clearly defining the Knowledge, Skills, and Abilities that are critical for behavioral health service delivery. In their 2005 report, the Institute of Medicine also indicated their concerns regarding a crisis in behavioral health/mental health service delivery systems and offered a number of suggestions for making improvements in this area.

The passage of the Mental Health Services Act (Proposition 63) in California added an additional dimension to the existing crisis and the identified need for support, training and attention to the behavioral health/mental health workforce. The Mental Health Services Act (MHSA) clearly defines the need for Recovery, Resilience, and Wellness focused services, with special attention to Integrated Services, Community Development, Consumer and Family Driven strategies, and Cultural Competency (see Appendix 1). The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a series of documents identifying cross-cutting principles, programs, and issues focused on building resilience and facilitating recovery for individuals with lived mental health experience (see Appendix 2). These areas need to be included in training activities by the county behavioral health/mental health and partner agencies and should be considered a part of the critical knowledge base for effective behavioral health/mental health practice.

In addition to the MHSA and SAMHSA priority areas, the recognition of the need and utility of the concept of integrated care is driving organizations in both the primary health and behavioral health fields to look closely at their current practices and identify the training that will be needed if the integration of care and the special skills necessary for effective collaboration are to be realized. With the expanded eligibility to be realized through affordable care, additional attention is also being given to assuring that behavioral health services are available to all cultural groups. Thus, a focus on groups that are currently underrepresented in treatment settings due to the unavailability of services in relevant languages has been renewed—targeting once again the need for mental health staff to have continued training in cultural competency and the delivery of culturally diverse services. Further contributing to the need for expanded training of the current (and future) behavioral health workforce are changing population demographics which include but are not limited to an increase in: a) the percentage of older adults needing behavioral health services; b) the need for coordinated co-occurring treatment services, and c) the number of young children, adolescents, and transitional age youth (TAY) requiring additional service. These issues and others require that the existing and future behavioral health workforce receive the training necessary to meet the challenges.

A number of initiatives by professional organizations, behavioral health/mental health agencies and associations, educational institutions, and other partners in the mental health service system have evolved to address this concern. A list of a representative sample of these organizations, representing local, statewide, national, and international efforts, is included later in this report.

B. Process for the Development of the Core Competencies

A variety of activities were involved in the development of the draft Core Competencies and Knowledge, Skills, and Abilities to include key information from other organizations that are involved in competency development and/or improving the preparation of the behavioral health/mental health workforce. This process was also important in preparation for gathering input and recommendations from the SCRP counties and other relevant participants in the process.

At the onset of this project an introductory conference call was held with the project staff and the Mental Health Directors from the nine counties and Tri-Cities Mental Health, which make up the Southern California Regional Partnership. During this call, the focus and planned activities were presented to the Directors, with time for questions and discussion of the project activities and expected outcomes. The Directors gave full support to the effort and agreed with the critical need and the important work of developing a clear set of Core Competencies and associated Knowledge, Skills, and Abilities to guide the work of the behavioral health service providers in the region. Throughout the project, frequent communication and interaction has been maintained with the SCRP Coordinator, Anthony Rubio, and with the Workforce Education and Training (WET) Coordinators who represented the nine Southern California counties and Tri-Cities Mental Health, as well as with Mariann Ruffolo, the WET Coordinator for San Bernardino County who also represented the San Bernardino County Department of Behavioral Health as the agency supervising the contract with Loma Linda University. As such, project staff periodically participated in monthly WET Coordinator conference calls to update the group on the progress of the project, to answer any questions that had arisen, to provide clarification, and to engage partners in overseeing the progress of the project.

As Phase II began, the project staff participated in a monthly conference call with the WET Coordinators to discuss the next phase of the project. A few individuals identified concerns about the use of the term "paraprofessional" for the staff members to be involved in the Phase II activities. Following a lengthy discussion, the group reached consensus and decided to use the phrase "Collaborative Behavioral Health Service Providers (CBHSP)" for these individuals. The nine participating counties and Tri-Cities Mental Health use a variety of different titles for the positions of these individuals, but review of the position descriptions described similar activities and responsibilities which assisted the project staff in modifying the Phase II documents to be appropriate for the newly named Collaborative Behavioral Health Service Provider group.

Reflecting this modification, the definition of the types of positions and duties for Phase I and Phase II participants were used consistently throughout the project and this report.

C. Review of Multiple Documents

The core competencies have been distilled from a review of multiple documents[4] which reflect the breadth and depth of competencies and competency development activities which have taken place across the country and internationally. These competencies were further refined through a process of focus groups with Department of Mental Health/Behavioral Health line staff, line supervisors, mental health managers, Human Resources, staff, individuals who have received services as consumers, and/or family members who are now county employees within the counties involved in the Southern Counties Regional Partnership, WET Coordinators, and the SCRP Mental Health Directors. The Core Competencies reflect the common elements identified by each of the professional groups, county mental clinical staff, and supervisors and include areas reflected in the duties and responsibilities listed in county position descriptions and evaluation tools. Documents reviewed include but are not limited to:

- Lists of competencies from professional groups filling clinical positions in departments of mental health in California (i.e. Psychiatry, Psychology, Social Work, Nursing, Marriage and Family Therapy, and Licensed Clinical Counselors);
- Lists of competencies and knowledge expectations from licensing organizations for the above named professional groups;
- Review of documents from organizations representing CBHSP staff, including Certification of Consumer, Youth, Family, and Parent providers, Association for Behavioral Health and Wellness, Georgia Certified Peer Specialist Project, Peer Specialist Training, and Core Competencies - Los Angeles County Department of Mental Health, United States Psychiatric Rehabilitation Association (USPRA), etc.;
- Review of competency products from other groups and organizations at statewide, national, and international levels completing competency development activities (i.e., Alaska Core Competencies, SAMHSA Tap 21 Addiction Counseling Competencies, etc.);
- Review of documents from several community colleges and organizations throughout the state defining curriculum offerings for AA and/or BA degrees focusing on Human Services or other areas reflecting positions included in the CBHSP staff members (i.e., CASRA Curriculum for Psychosocial Rehabilitation Staff, Ventura Community College, California State University, Long Beach, College of San Mateo Human Services Program, Riverside Community College, Solano Community College, Loma Linda University, etc.);
- Review of statewide document titled "Making the Community Connection: A Guide to Developing Community College Human Service Certificates and Programs," authored by Rick DeGette, Tim Stringari, and Sylvia Thomas, 2nd Edition, February 2008;

---

[4] The content of the each of the documents noted above was used to develop a comprehensive comparative matrix. This process led to the identification of the shared/essential elements that would later make up the Core Competencies. Due to the size and formatting challenges associated with the final matrix, a PDF of this is available upon request.

- Review of International Association of Peer Supporters (INAPS). Practice Standards for Peer Recovery Supporters: Definition, Goals, and Expectations;
- Review of Working Well Together: Training and Assistance Center, Certification of Consumer, Youth, Family, and Parent Providers: A Review of the Research;
- Review of Working Well Together: Validating Peer Support Services in the Behavioral Health System and Beyond;
- Review of competency development projects of other California Regional Partnerships (i.e., Bay Area Regional Partnership and Central Regional Partnership);
- Review of job descriptions of Clinical Professional Staff and CBHSP staff provided by SCRP counties and Tri-Cities Mental Health;
- Review of assessment tools used by behavioral health staff provided by SCRP Counties and Tri-Cities Mental Health;
- Review of employee evaluation/performance documents provided by SCRP Counties and Tri-Cities Mental Health;
- Review of Southern Counties Regional Partnership Plan - Executive Summary, 3/29/2012;
- Review of Workforce, Education, and Training (WET) plans developed by the SCRP counties and Tri-Cities Mental Health in reference to need for competency development;
- Review of documents from State of California organizations outlining expectations and audit criteria for clinical behavioral health/mental health staff members;
- Review of relevant literature regarding competency development and evaluation of mental health competencies that have been developed; and
- Review of the California State University at San Bernardino (CSUSB) report prepared for the San Bernardino Department of Behavioral Health regarding Clinical Staff Training Competencies.

D. Identification of Key Definitions for Use in the Core Competencies

Using the aforementioned definitions and comprehensive review process, the 12 Core Competencies were developed. The listing of the 12 Core Competency[5] areas includes a broad description/definition of each of the competency areas, followed by a listing of specific practice indicators that are comprised of the Knowledge, Skills, and Abilities encompassed by each specific competency area. Given this, the KSAs are considered observable aspects of the behavioral health staff person's performance.

Two key elements guide each of the Core Competencies and the KSAs:

- Cultural Competency
- Recovery, Resilience, and Wellness

Each of these two cornerstone elements is referenced in individual competencies as well as having a specific core competency dedicated to the topic area.

While the core competencies have broad applicability to all behavioral health disciplines, some of the associated Knowledge, Skills, and Abilities for specific competency areas may have varying degrees of applicability to specific disciplines, staff positions, treatment settings, and/or the age of the target population being served.

- For example, Psychiatry professionals have the responsibility to prescribe medications, while the majority of other disciplines do not; however it is important that all clinical staff have some understanding of the use of psychotropic medications including advantages and side effects;
- The concept of recovery and self-determination may apply for adult populations, while resiliency may be more appropriate for children and adolescents.

---

[5] **Competency** has been defined by Epstein and Hundert (2002) as the "habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served." "Competencies, then, are conceptualized as elements or components of competency and consist of discrete knowledge, skills, and attitudes (Kaslow et. al. 2004)."

Definitions of Knowledge, Skills, and Abilities included in the Core Competencies were obtained from several sources. The US Office of Personnel Management (US OPM, 2011) provides basic definitions of the three terms as follows. **Knowledge** is "a body of information applied directly to the performance of a function," a **Skill** is "an observable competence to perform a learned psychomotor act," and an **Ability** is "competence to perform an observable behavior or a behavior that results in an observable product."
Despite the apparent usefulness of these definitions, another set of definitions of Knowledge, Skills, and Abilities were found to be more detailed and relevant to core competency development for behavioral health staff, and therefore were used to guide this project. In this paradigm, **Knowledge** is defined as "awareness, information, or understanding about facts, rules principles, guidelines, concepts, theories, and processes needed to successfully perform a task (Marrelli, 2001b; Mirabile 1997)." **Skill** is "a capacity to perform physical or mental tasks with a specified outcome (Marrelli, 1998)." **Ability** is "a demonstrated cognitive or physical capability to successfully perform a task with a wide range of possible outcomes (Marrelli, 1998))."

Supervisors utilizing the Core Competencies and associated Knowledge, Skills, and Abilities will need to determine which KSAs correspond with the job responsibilities and work activities of the employees they are supervising to apply the appropriate KSAs.

E. Utilization of Focus Groups to Refine and Finalize the Core Competency Project

1. Use of Focus Groups

Focus groups for each of the SCRP counties and Tri-Cities Mental Health were used to obtain participants' comments and recommendations regarding the draft set of Core Competencies and KSAs, with groups made up of licensed professional staff during Phase I, and Collaborative Behavioral Health Service Providers in Phase II.

Three main questions were asked during the focus groups:

(1) Have we identified the essential core competencies that reflect your world of behavioral health practice?;

(2) Have we identified the key Knowledge, Skills, and Abilities reflected in each of the competency areas?; and

(3) Please share your thoughts and ideas about how you would recognize that a services providers' practice reflects these Core Competencies and associated Knowledge, Skills, and Abilities.

While there are both strengths and weaknesses in using a focus group approach for gathering information, the project staff felt this approach could reach each of the nine counties and Tri-Cities Mental Health in a meaningful way and was a workable plan for bringing together groups of individuals in both the Professional category and the Collaborative Behavioral Health Service Provider category with minimal disruption to their normal position responsibilities.

During the focus group process for Phase II, one of the participating counties was not able to release staff for the time period the focus group would require. To address this challenge, the project staff developed a survey instrument which included general information about the project, the list of competencies and associated Knowledge, Skills, and Abilities, and a response page for the individuals to identify their recommendations or concerns for each of the competency areas.

2. Selection of Focus Group Participants

Phone and email communications were made to the WET Coordinator or county designated responsible person, requesting their assistance in putting together focus groups to review the draft Core Competencies and associated Knowledge, Skills, and Abilities. During Phase I, focus groups were made up of licensed clinical professional staff, and in Phase II the groups were made up of Collaborative Behavioral Health Service Provider staff.

The first contact included a brief description of the project and specific guidelines about who would be asked to be involved in the focus groups. Several overarching principles were identified to assist the WET Coordinator or designee in selecting individuals to participate at both levels:

- Individuals in either Phase I or Phase II categories who:
  - Represented well-respected and experienced employees of the county or contract agency;
  - Represented diverse job/position responsibilities reflective of the Phase I or II categories;
  - Represented a wide range of culturally diverse groups; and
  - Represented peer support, parent advocates and family advocate staff positions.

Following are samples of the communication distributed to identify participants in a focus group for Phases I and II:

- **Professional Clinical Staff**
  "We are requesting that the focus groups include 8-10 ethnically diverse clinical staff representing the major professional groups (i.e., Psychiatry, Psychology, Marriage and Family Therapists, Social Worker and Nursing) who are experienced mental health practitioners and who are held in high regard by their colleagues. We would also like to have a line supervisor in the group, as well as one or more individuals who have at some point received behavioral health services and are now an employee of the county, such as a Peer Supervisor, Peer Support, Family Support Provider, or similar position."

- **Collaborative Behavioral Health Service Provider Staff**
  "We are requesting that the focus groups include 8-10 ethnically diverse staff who are experienced and held in high regard by their colleagues and provide collaborative behavioral health services. Counties have different position titles for these positions, but the following gives some common examples: Peer Support Services, Family Support/Advocate, Parent Support/Advocate, Peer Mentor, Licensed Psychiatric Technician, Licensed Vocational Nurse, Community Service Advocate, Case/Care Manager, Mental Health Worker, Behavioral Health Specialist, as well as one or more individuals who have at some point received behavioral health services and are now an employee of the county, such as a Peer Supervisor, Peer Support, Family Support Provider, or similar position, and other staff with extensive day-to-day contact with persons receiving behavioral health services."

3. Presentation of Core Competencies to Project Focus Group Participants

Each focus group was scheduled for two hours, usually at a central county location to support participant convenience. Project Staff had developed PowerPoint presentations for Phases I and II, which were used with the appropriate focus group. The PowerPoint Presentation included a brief background of the SCRP Core Competency project, content on how the competencies were developed, and information about the potential uses for the Core Competency documents. Each of the Core Competency areas, the associated definitions of the specific competency, and the related Knowledge, Skills, and Abilities were also reviewed. The focus group discussions were free-flowing throughout the entire presentation, and focused on the three questions noted earlier.

4. Responses from Focus Group Participants

The comments, thoughts and recommendations, and any other discussion areas generated during the focus group session were recorded during each focus group. When all of the focus groups for each phase had been completed, the Project Staff reviewed the list of comments, identifying common themes and/or suggestions for additions or modifications that needed to be included in the final list of Core Competencies and Knowledge, Skills, and Abilities.

Overall, the feedback received from the individuals who participated in either the licensed clinical staff or collaborative behavioral health service providers' focus groups was extremely positive. Participants consistently commented on the comprehensive and extensive nature of the Core Competencies and the associated Knowledge, Skills, and Abilities, and indicated their agreement that these described their job duties and responsibilities and reflected the knowledge essential for effective providers of behavioral health services. It was clearly acknowledged during the focus groups that the KSAs were gleaned from a review of multiple sources, including job descriptions provided by the counties and Tri-Cities Mental Health, but that they were not necessarily common denominators for every single job description and position assignment. Supervisors and their staff will need to identify those KSAs which are appropriate to their particular position and job responsibilities, particularly when using the Core Competencies as an evaluation/performance measurement tool.

In the early months of Phase I, the PowerPoint used in the focus groups was presented to the WET Coordinators. The Coordinators gave a very positive response to the presentation and indicated the variety of uses this material might serve in their individual counties.

A webinar presentation of Phase I of the Core Competency project was made to the SCRP Mental Health Directors on January 23, 2013, and it appeared that the participating directors were pleased with the projects products. It is important to note that in at least one of the focus groups, the Mental Health Director participated in the focus group presentation and discussion.

The Project Staff has recommended that another presentation be made to the directors focusing on the Core Competencies and associated KSAs for both the Professional and the CBHSP staff. This presentation would be important in order to underscore the breadth and importance of the project accomplishments, to clarify the Directors' support of the project, and to begin a dialogue about potential uses of the project and strategies to implement the project work into their counties. Recommendations for this discussion with Directors have been suggested but have not materialized to date.

F. Potential Uses of the Core Competency Products

The development of the Core Competencies can serve a number of purposes for SCRP County Departments of Behavioral Health/Mental Health and the educational institutions that provide training and coursework in preparation for work in the public behavioral health/mental health system. Examples of ways in which the Core Competencies and associated Knowledge, Skills, and Abilities include but are not limited to:

- Supplementing the interview and testing process for new hires to county mental health agencies;
- New employee orientation;
- Student intern orientation;
- Employee self-evaluation activities;
- Employee development of a training needs document;
- Utilization by employee and supervisor to identify supervision, training, and continuing education needs and opportunities;
- Utilization by county training divisions to develop training and continuing education courses and activities;
- Utilization as a guide to train supervisors in the completion of employee evaluations regarding the Core Competencies, and assistance in the area of employee professional development;
- Utilization by educational institutions responsible for training students in the multiple professional groups that provide the majority of mental health services in California and will continue to train the future workforce for public mental health practice in California. The Core Competency document will provide educational institutions with the specific Knowledge, Skills, and Abilities required for successful practice in the public mental health system in California and will assist them in developing curriculum both in classroom and field education settings to training their students.

IV. Phase I – Professional Clinical Staff

IV. Phase I – Professional Clinical Staff

A. Summary of Key Activities

- Comprehensive review of the relevant documents regarding core competencies for licensed clinical staff;
- Review of relevant literature;
- Identification of uses for the Core Competency Documents;
- Development of 12 Core Competencies and associated Knowledge, Skills, and Abilities (KSAs);
- Presentation of draft of Core Competencies to SCRP counties, Tri-Cities Mental Health, and WET Coordinators, taking note of recommendations for addition/deletion of areas;
- Revision of draft Core Competencies to reflect input gathered above;
- Development of draft Performance Evaluation Rubric and Instruments;
- Presentation of draft documents to SCRP Mental Health Directors and Human Resources Directors/designees for comments and feedback; and
- Development of final Core Competency Document and performance Evaluation Rubric and Instruments.

B. Presentation of Core Competencies to SCRP Counties Licensed Clinical Staff

- 11 focus groups were conducted:
  - SCRP counties
  - WET Coordinators
- Focus groups included representation from licensed clinical staff and line supervisors (i.e., MFTs, LCSWs, Nurses, Psychologists, Psychiatrists), and included diverse representation of cultural and ethnic individuals as well as an individual who had been a recipient of mental health services and was now an employee of the county (i.e. Peer Support Counselor, etc.);
- In many counties, the group also included the Ethnic Services Manager—and in one county the Mental Health Director sat in on the focus group;
- Feedback and comments from the focus groups were reviewed and appropriate revisions made to the Draft Core Competencies;
- A presentation of the Draft Core Competency Document was presented to the Mental Health Directors in a conference call on January 22, 2013;
- Distribution of Final Core Competencies and associated Knowledge, Skills, and Abilities and evaluation instruments to SCRP Mental Health Directors and WET Coordinators.

C. List of Core Competencies and Associated Knowledge, Skills, and Abilities (KSAs)

- ⚔ **Ethics**
- ⚔ **Legal and Statutory Mandates**
- ⚔ **Clinical Knowledge Base**
- ⚔ **Clinical Practice - Documentation**
- ⚔ **Clinical Assessment and Intervention**
- ⚔ **Collegial and Collaborative Practice**
- ⚔ **Reflective Practice and Use of Self**
- ⚔ **Recovery, Resilience, and Wellness**
- ⚔ **Cultural Competency**
- ⚔ **Integrated Behavioral Health Practice**
- ⚔ **Professional Development**
- ⚔ **Work Management**

The following pages list the Knowledge, Skills, and Abilities for each of the Core Competencies for Professional Clinical Staff.

⬙ Ethics

Understands and applies the respective professional discipline's ethical standards and standards of the agency of employment, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Follows the Code of Ethics for one's respective profession;
- Follows agency and county of employment Code of Ethics;
- Is aware of and follows professional licensing regulations, including renewal at appropriate intervals;
- Recognizes appropriate boundary issues;
- Recognizes evolving cultural issues;
- Does not engage in inappropriate dual relationships;
- Informs client of limits of confidentiality and reporting responsibilities;
- Promotes clients right to self-determination;
- Recognizes when treatment and/or administrative issues are outside their own scope of competence and practice, and consults with appropriate supervisor;
- Knows how to manage one's personal value system, which may impact delivery of service (i.e., counter-transference, bias, judgmental attitude, etc.);
- Uses technology and internet access in an ethical manner;
- Demonstrates ability to identify potential areas or ethical breaches and understands the obligation to report same to supervisor;
- Informs persons receiving behavioral health services and family members of relevant rights.

⬙ Legal and Statutory Mandates

Knowledge and appropriate application of relevant behavioral health state and federal laws/mandates, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Abides by confidentiality mandates and requirements;
- Understands and supports patients' rights;
- Understands and follows policies related to Informed Consent;
- Understands protection of electronic health information and confidentiality requirements, as well as release of information policies;
- Understands and follows legal statutes and mandates of partner agencies when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.);
- Understands dangerous weapon control law;
- Understands and abides by legal mandates related to involuntary commitment (LPS 5150 and W & I Codes and regulations);

- Understands Duty to Protect and Mandatory Reporting requirements, including Child Protective Services (CPS), Adult Protective Services (APS), and sharing information with guardian/conservator;
- Understands LPS/Guardianship and Ombudsman Services for behavioral health;
- Understands utilization of medical and psychiatric advanced directives;
- Understands organizational behaviors and structure (i.e., specific clinic, program area, department, county system, etc.);
- Understands HIPAA requirements, including specific mandates regarding substance abuse treatment;
- Understands laws and mandates regarding HIV/AIDS;
- Is aware of laws related to pharmaceutical and psychotropic medication issues;
- Follows California licensing regulations for professional growth and meets all licensing requirements;
- Maintains current licensure and renews at appropriate intervals, including completion of required CEU courses and/or demonstrates progress toward licensure;
- Follows Medi-Cal proscribed regulations for assessment, treatment and documentation of services.

⮭ Clinical Knowledge Base

Comprehend and apply a variety of individual and systemic therapeutic models as they relate to the target populations of the CA mental health system, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Recovery, resilience, and wellness oriented practice as appropriate for the treatment setting and the age of the individuals receiving service;
- Evidence-based and promising behavioral health practices;
- Principles of the Mental Health Services Act;
- Ethnic and culturally sensitive approaches;
- Co-occurring and Addiction disorders;
- Crisis intervention;
- Knowledge of theoretical models of practice and intervention and application of this knowledge to the individuals being served, as consistent with assigned program area, need, and psychosocial and cultural context;
- Knowledge of medical prescription, utilization, and efficacy of psychotropic medications;
- Utilization of DSM or other county-recommended diagnostic manual categories and processes;
- Knowledge of and use of medical and psychiatric knowledge in the development and delivery of behavioral health services;
- Techniques and knowledge of psychiatric rehabilitation;
- Knowledge and understanding of practice regarding suicide prevention/suicidality;

- Specialized activities based on professional training and expertise (i.e., selection, administration and interpretation of results of psychological tests, medical evaluation treatment and relationship to behavioral health issues, etc.).

▲ Clinical Practice – Documentation

Prepares documentation that meets the standards and reporting requirements of agency and state monitoring and funding organizations, including but not limited to the following documents defining standards for documentation, audit criteria, etc.:

- Department of Health Care Services Mental Health Plan Contract;
- CMS - Centers for Medicare and Medicaid Annual Review Protocol.

▲ Clinical Assessment and Intervention

Selects appropriate treatment interventions based on assessment and diagnosis, taking into account the setting and age of the individuals receiving services, and is able to evaluate and modify interventions as needed, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Completes a comprehensive biopsychosocial and cultural assessment;
- Incorporates developmental stages and culturally appropriate factors in the assessment process;
- Completes a differential diagnosis utilizing current DSM Manual or other county recommended diagnostic tools;
- Develops a recovery and/or rehabilitation treatment plan, including specific treatment goals and target outcomes for individuals receiving services;
- Completes a suicide and/or high-risk assessment;
- Employs crisis and safety measures, and utilizes risk management principles;
- Identifies and utilizes relevant treatment intervention strategies and modalities that are appropriate to age, psychosocial and cultural context;
- Demonstrates understanding of and ability to work with persons with co-occurring disorders;
- Recognizes the signs and symptoms of de-compensation;
- Recognizes trauma-based disorders, including PTSD;
- Understands the relationship of medical/physical health status issues to behavioral health challenges;
- Monitors the progress of persons receiving services revises the treatment plan as needed and as appropriate, and completes and finalizes a discharge plan;

- Performs specialized activities in assessment and intervention based on professional training and expertise (i.e., selection, administration and interpretation of psychological tests, use of psychotropic medication, etc.);
- Utilizes principles of care management to assist and empower persons receiving services and their family members to access relevant community-based and interagency services (i.e., housing physical health care, financial benefits, employment, socialization activities, etc.);
- Evaluates effectiveness of treatment interventions.

▲ Collegial and Collaborative Practice

Participates effectively in multi-disciplinary, multi-agency, and support system teamwork for persons receiving behavioral health services across the spectrum of service delivery, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands the importance of collaborative interventions with multiple partners, the community, and treatment support systems, as well as the related roles, responsibilities, and purpose of the collaborative process;
- Demonstrates interpersonal skills in collaborating, problem-solving and coordinating delivery of behavioral health services with treatment team and partner agencies;
- Gives and receives critical information that contributes to a well-functioning team;
- Actively supports concepts for cooperative team interactions and efforts, and avoids counter-productive relationships which destroy team effectiveness;
- Utilizes recovery, resilience, and wellness oriented strategies, as well as MHSA Principles of "community-based" perspectives within collaborative arenas to empower persons receiving services and their family members;
- Provides information to help dispel inaccurate beliefs and misunderstandings of recovery, resiliency, stigma, and discrimination toward individuals with behavioral health issues to other partners and collaborative relationships;
- Understands and follows legal statutes and mandates of partner agencies, including safety and risk management issues, when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.).

⚴ Reflective Practice and Use of Self

Demonstrates awareness of own strengths and therapeutic use of self, and exhibits interpersonal and communication skills that reflect a climate of compassion and person-centered care, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates attentiveness to persons receiving behavioral health services and to the family's presence, including understanding the multiple roles and responsibilities for working with individuals receiving behavioral health services;
- Critically evaluates one's own performance;
- Recognizes when in a therapeutic impasse and seeks supervision and consultation;
- Demonstrates personal qualities that enhance practice, including compassion, empathy, advocacy, and respect for the inherent worth and dignity of individuals;
- Acts as a role model for examining one's own feelings and behaviors and potential effect on persons receiving services and service delivery;
- Demonstrates awareness of professional boundary issues, including ambiguities encountered in multiple roles of recovery oriented practice;
- Utilizes professional knowledge in resolving and/or managing conflicts and ambiguities that arise at multiple levels in the practice environment;
- Demonstrates knowledge and awareness of need for self-care, and the ability to apply self-care concepts.

⚴ Recovery, Resilience, and Wellness

Integrates principles of behavioral health recovery, resilience, and wellness-oriented care and methods of service delivery as appropriate for the setting and age of persons receiving services, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Believes that recovery is possible, and that individuals with behavioral health issues can have a place in the community with a focus on living a life of meaning and purpose;
- Promotes participation of persons receiving behavioral health services and family members in all aspects of the behavioral health service delivery system and responds actively and appropriately to feedback from persons receiving services and their family/support system;
- Places priority on developing effective therapeutic relationships with persons receiving services and their family members;
- Supports behavioral health services that are wellness, resilience, and recovery-focused, and are empowering and attentive to the choices and independence of the individuals receiving services;
- Supports concepts of integrated service delivery systems;

- Demonstrates advocacy for persons receiving behavioral health services and supports their development of self-advocacy skills;
- Utilizes strength-based, solution-focused, and community-based approaches to working with individuals receiving behavioral health services from a recovery and resilience focus perspective;
- Models recovery, resilience, and wellness concepts in practice;
- Promotes and supports peer integration into the workforce;
- Demonstrates awareness of stigma and discrimination regarding individuals with behavioral health challenges, and promotes and supports the recovery, resilience, and wellness process.

⬥ Cultural Competency

Recognizes and values diversity, and partners with the individuals receiving behavioral health services and family members to discern the relevant cultural and diverse life aspects of the individual receiving services that must be addressed during the development of the treatment plan and its implementation, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates sensitivity to and respect for age, social role, culture, race, gender, gender identity and expression, language, spirituality, sexual orientation, ethnicity, social class, economic status, immigration status, veteran status, and disability;
- Promotes awareness and sensitivity to cultural competency throughout the agency service system;
- Demonstrates the importance of gathering information and showing sensitivity to the person receiving behavioral health services and their family, and their self-identified view of their culture and social world, utilizing strength-based and solution-focused interventions;
- Identifies the effects of stigma and oppression on individuals, families, groups, and communities, and strives to promote strategies that address these issues;
- Demonstrates awareness of the disproportionality of service delivery to underserved populations, and focuses on assuring expansion of services to all populations, including providing linguistically appropriate services.

⬥ Integrated Behavioral Health Practice

Understands the interface between behavioral health and primary medical health care practices, and the importance of the ability to participate in the full spectrum of service delivery with other service providers, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands concepts of bi-directional care;
- Participates in coordination and collaboration with partners from primary health care agencies to provide integrated care;
- Participates in comprehensive planning and development to include behavioral health, substance abuse, and primary health care treatment with attention to the need for equal access to services for all populations;
- Develops knowledge about the interface between primary health and behavioral health care practices;
- Understands the increased risk of individuals with behavioral health challenges to develop co-incidental medical illnesses and problems;
- Understands and encourages persons receiving services to utilize wellness principles to help combat the development of co-incidental medical illnesses (i.e., smoking cessation, dietary monitoring, healthy lifestyle issues, etc.);
- Promotes and "normalizes" knowledge of behavioral health and substance abuse issues to partners in order to combat stigma and discrimination;
- Works effectively with other organizations and systems to promote integrated health, substance abuse, and behavioral health services;
- Provides education to the community regarding critical issues in behavioral health to help them develop understanding about the needs of persons receiving services, and utilization of available resources.

⬥ Professional Development

Recognizes and assesses one's own level of professional development and demonstrates commitment to lifelong learning and improvement of professional and clinical skills, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Completes required agency mandated trainings and courses;
- Maintains required licensure standards and continuing education requirements;
- Shares feedback and learning from training activities with other staff;
- Participates in presenting training activities to agency and community partners;
- Participates in providing supervision for student interns, volunteers, collaborative behavioral health service providers and newly hired staff members as appropriate;

- Takes initiative to identify and meet training needs for own professional development;
- Initiates and demonstrates desire to gain more skills and implement new knowledge and skills gained from training activities.

⌃ Work Management

Manages responsibilities and tasks of work assignment within agency timelines and expectations, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates punctuality and expected attendance patterns;
- Demonstrates positive, courteous and professional delivery of service to individuals receiving behavioral health services and their family/support system members;
- Meets productivity expectations and standards;
- Demonstrates appropriate inter-professional skills, including the ability to accept feedback from individuals receiving services, family members, colleagues, agency management, and the public;
- Demonstrates dependability and follow-through on services provided;
- Demonstrates ability to adjust to secondary assignments, such as out-stationed and community-based duties and activities, program development activities, specialized activities, etc.;
- Recognizes and demonstrates time management skills;
- Utilizes computer and technical skills, including electronic health records, appropriately and within legal and ethical guidelines;
- Completes documents and required reporting in a comprehensive and timely manner;
- Effectively manages workload assignments and related activities.

V. Phase II – Collaborative Behavioral Health Service Providers (CBHSP)

V. Phase II – Collaborative Behavioral Health Service Providers (CBHSP)

A. Summary of Key Activities

- Comprehensive review of the relevant documents regarding Core Competencies for CBHSP staff;
- Comprehensive review of relevant documents regarding Core Competencies and responsibilities of Peer Support Staff;
- Review of relevant literature;
- Identification of uses for the Core Competency Documents;
- Development of 12 Core Competencies and associated Knowledge, Skills, and Abilities (KSAs);
- Presentation of draft of Core Competencies to SCRP Counties and Tri-Cities Mental Health, taking note of recommendations for addition/deletion of areas;
- Revision of draft Core Competencies to reflect input gathered above;
- Development of draft Performance Evaluation Rubric and Instruments;
- Development of final Core Competency Document and performance Evaluation Rubric and Instruments.

B. Presentation of Core Competencies to SCRP Counties CBHSP Staff

- 10 Focus Groups were conducted:
    - SCRP Counties
- Focus Groups included representation from the a range of position titles making up the group of CBHSP category, and included diverse representation of cultural and ethnic individuals as well as an individual who had been a recipient of behavioral health services and was now an employee of the county (i.e., Peer Support Specialist, Parent Partner, Family Partner, etc.);
- In many counties, the group also included line supervisors of employees in this category;
- Feedback and comments from the focus groups were reviewed, and appropriate revisions made to the Draft Core Competencies;
- Recommendation for an opportunity to present the documents related to the Core Competencies for Collaborative Behavioral Health Service Providers to SCRP Mental Health Directors and HR Directors/designees group for comments has been made, but nothing has materialized to date.
- Distribution of Final Core Competencies and associated Knowledge, Skills, and Abilities and evaluation instruments to SCRP Mental Health Directors and WET Coordinators will occur after presentation to the SCRP Mental Health Directors group.

C. List of Core Competencies and Associated Knowledge, Skills, and Abilities (KSAs)

- ⅄ **Ethics**
- ⅄ **Legal and Statutory Mandates**
- ⅄ **Practice Knowledge Base**
- ⅄ **Therapeutic Practice - Documentation**
- ⅄ **Therapeutic Evaluation and Intervention**
- ⅄ **Collegial and Collaborative Practice**
- ⅄ **Reflective Practice and Use of Self**
- ⅄ **Recovery, Resilience, and Wellness**
- ⅄ **Cultural Competency**
- ⅄ **Integrated Behavioral Health Practice**
- ⅄ **Professional Development**
- ⅄ **Work Management**

The following pages list the Knowledge, Skills, and Abilities for each of the Core Competencies for Collaborative Behavioral Health Service Provider staff.

⋏ Ethics

Understands and applies the ethical standards and relevant code of ethics and conduct from licensure and certification/job title groups, and the agency of employment, within the environmental context and position role, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Follows agency and county of employment Code of Ethics and Code of Conduct and/or agency/county standards for appropriate behavior;
- Recognizes appropriate boundary issues with individuals receiving behavioral health services as well as colleagues;
- Recognizes evolving cultural issues;
- Does not engage in inappropriate dual relationships;
- Informs client of limits of confidentiality and reporting responsibilities;
- Promotes client's right to self-determination;
- Recognizes when persons receiving behavioral health services present concerns that are outside their own scope of competence and practice, and consults with appropriate supervisor;
- Knows how to manage one's personal value system that may impact delivery of service (i.e., counter-transference, bias, judgmental attitude);
- Uses technology and internet access in an ethical manner;
- Demonstrates ability to identify concerns regarding potential areas or ethical breaches and understands the obligation to report same to supervisor and make appropriate referrals;
- Informs persons receiving behavioral health services and family members of relevant rights.

⋏ Legal and Statutory Mandates

Demonstrates knowledge of and appropriate application of relevant behavioral health state and federal laws/mandates, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Abides by confidentiality mandates and requirements;
- Understands and supports patients' rights and notifies persons receiving behavioral health services, family members, and other responsible persons (i.e., conservator or guardian) of same;
- Understands and follows policies related to Informed Consent;
- Understands protection of electronic health information and confidentiality requirements, and release of information policies;
- Understands and follows legal statutes and mandates of partner agencies when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.);
- Understands dangerous weapon control law;

- Understands legal mandates related to involuntary commitment (LPS 5150 and W & I Codes and regulations) and shares relevant concerns with supervisor/individual authorized to sign a 5150 and guardian/conservator;
- Understands Duty to Protect (Tarasoff) and Mandatory Reporting requirements, including Child Protective Services (CPS) and Adult Protective Services (APS) and guardian/conservator;
- Understands utilization of medical and psychiatric advanced directives;
- Understands organizational behaviors and structure (i.e., Specific Clinic, Program Area, Department, County system, etc.);
- Understands HIPAA requirements, including specific mandates regarding substance abuse treatment;
- Understands laws and mandates regarding HIV/AIDS;
- Demonstrates general knowledge of laws related to pharmaceutical and psychotropic medication issues;
- Follows Medi-Cal proscribed regulations for documentation of services provided if relevant;
- Demonstrates awareness of Americans with Disabilities Act (ADA);
- Understands LPS/Guardianship, Ombudsman Services, Children's Protective Services (CPS) and Older Adult Protective Services (APS) and application of same in behavioral health settings;
- Understands laws and reporting requirements related to CPS and APS.

⏶ Practice Knowledge Base

Understands a variety of therapeutic interventions and models that are commonly used with the target population of the California behavioral health system (i.e., Children's System of Care), including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Recovery, resilience, and wellness-oriented practice as appropriate for the treatment setting and the age of the individuals receiving service;
- Basic understanding of evidence-based and promising behavioral health practices;
- Principles of the Mental Health Services Act;
- Ethnic and culturally sensitive approaches;
- Co-occurring and Addiction disorders;
- Crisis intervention;
- Peer Support services provided by identified consumers and family members which could include specialized therapeutic interventions;
- Techniques and knowledge of psychiatric rehabilitation;
- Understanding and awareness of co-existing medical conditions and their impact on behavioral health conditions, and ability to collaborate with medical personnel on referrals, treatment planning, and follow-up activities;

- Demonstrate knowledge and understanding of practice regarding suicide prevention/suicidality;
- Understand the range of resources and referral process for persons receiving behavioral health services (i.e., housing, employment, healthcare, vocational skill development food banks, financial assistance, networks of care, etc.);
- Specialized activities based on training, expertise, and current job description responsibilities (i.e., LVN and LPT medication and administration knowledge, understanding and monitoring of co-existing medical conditions, etc.).

Therapeutic Practice – Documentation

Prepares documentation that meets the standards and reporting requirements of agency and state monitoring and funding organizations, including but not limited to the following documents defining standards for documentation, audit criteria, etc.:

- Department of Health Care Services Mental Health Plan Contract;
- State Department of Medi-Cal Oversight – Annual Review Protocol;
- Timely case record documentation of all interactions, results (successful and unsuccessful), phone calls, services rendered and any other pertinent information in the lives of persons receiving behavioral health services.

Therapeutic Evaluation and Intervention

Selects and provides appropriate services based on evaluation, taking into account the setting and age of the individuals receiving services, and is able to evaluate and modify services as needed, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Works with persons receiving behavioral health services and family to identify: (1) history of presenting problem, and (2) services needed, and actively works with them to develop a plan for services;
- Incorporates developmental stages and culturally appropriate factors into the evaluation process;
- Demonstrates critical thinking and judgment skills in providing evaluation, observation, and therapeutic intervention activities;
- Works with persons receiving behavioral health services to develop a recovery and/or rehabilitation treatment plan, including specific treatment goals and measureable outcome goals (i.e., WRAP);
- Identifies behaviors that might suggest suicidality and/or other high risk behaviors and/or changes in symptom presentation needing further intervention and informs a supervisor of same, and consults with medical staff for medical issues that may be identified;
- Employs crisis and safety measures and utilizes risk management principles;

- Identifies and utilizes relevant services and modalities that are appropriate to age, psycho-social and cultural context (i.e., community based support services, group, etc.);
- Demonstrates understanding of and ability to work with persons with co-occurring disorders;
- Recognizes signs and symptoms of de-compensation;
- Recognizes trauma based disorders, including PTSD;
- Is sensitive to the relationship of medical/physical health status issues to behavioral health challenges;
- Monitors progress and, in collaboration with the client, revises the treatment service plan as needed and as appropriate, and completes and finalizes a long-term care plan for review by a licensed professional;
- Provides specialized activities identified in job assignment or specialized training skills (i.e., public speaking, navigating services, transitioning client to wellness and recovery programs, Warm Lines, working in ER and in crisis socialization Units);
- Utilizes principles of care management to assist, link, and empower persons receiving behavioral health services and family members to access relevant community-based and interagency services (i.e., housing physical health care, financial benefits, employment, socialization activities, etc.);
- Evaluates effectiveness of services.

⋏ Collegial and Collaborative Practice

Participates effectively in multi-disciplinary, multi-agency, and support system work for persons receiving behavioral health services across the spectrum of service delivery, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands the importance of collaborative interventions with multiple partners, the community, and treatment support systems, as well as related roles, responsibilities, and the purpose of the collaborative process;
- Demonstrates interpersonal skills in collaborating, problem solving, and coordinating the delivery of behavioral health services with treatment team and partner agencies;
- Gives and receives critical information that contributes to a well-functioning team;
- Actively support concepts for cooperative team interactions and efforts, and avoids counterproductive relationships which destroy team effectiveness;
- Utilizes recovery, resilience, and wellness-oriented strategies and MHSA Principles of "community-based" perspectives within collaborative arenas to empower persons receiving behavioral health services and family members;
- Provides information to help dispel inaccurate beliefs and misunderstandings of recovery, resiliency, wellness, stigma, and discrimination toward individuals with behavioral health issues, to other partners and participants in collaborative activities;

- Understands and follows legal statutes and mandates of partner agencies, including safety and risk management issues, when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.).

⌃ Reflective Practice and Use of Self

Demonstrates awareness of own strengths and therapeutic use of self, and exhibits interpersonal and communication skills that reflect a climate of compassion and person-centered care, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates attentiveness to persons receiving behavioral health services and the family's presence, including understanding the multiple roles and responsibilities for working with individuals receiving behavioral health services;
- Critically evaluates one's own performance;
- Recognizes when a situation is beyond their experience and ability, and seeks supervision and consultation;
- Demonstrates personal qualities that enhance practice, including compassion, empathy, advocacy, and respect for the inherent worth and dignity of individuals;
- Acts as a role model for examining one's own feelings and behaviors and the potential effect on both persons receiving behavioral health services and service delivery activities;
- Models effective coping techniques and coping strategies;
- Demonstrates awareness of appropriate boundary issues, including ambiguities encountered in multiple roles of recovery, resilience, and wellness-oriented practice;
- Utilizes knowledge in resolving and/or managing conflicts and ambiguities that arise at multiple levels in the work environment;
- Demonstrates knowledge and awareness of need for self-care, and shows an ability to apply self-care concepts;
- Demonstrates ability to discern when and how much of a personal recovery story to share with persons receiving behavioral health services.

⚑ Recovery, Resilience, and Wellness

Integrates principles of behavioral health recovery, resilience, and wellness-oriented care and methods of service delivery as appropriate for the setting and age of persons receiving services, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Believes that recovery is possible, and that individuals with behavioral health issues can have a place in the community, with a focus on living a life of meaning and purpose;
- Promotes participation of persons receiving behavioral health services and family members in all aspects of the behavioral health service delivery system and responds actively and appropriately to feedback from service recipients and family /support service partners;
- Places priority on developing helping relationships with persons receiving behavioral health services and family members;
- Supports behavioral health services that are wellness, resilience, and recovery-focused, and empowering of choice and independence for service recipients and family members;
- Supports concepts of integrated service delivery systems;
- Demonstrates advocacy for persons who are receiving behavioral health services, and supports their development of self-advocacy skills;
- Utilizes strength-based, solution-focused, and community-based approaches to working with persons receiving behavioral health services from a recovery and resilience focus perspective;
- Models recovery, resilience, and wellness concepts in practice;
- Promotes and supports peer integration into the workforce;
- Demonstrates awareness of stigma and discrimination regarding individuals with behavioral health challenges, and promotes and supports the recovery process;
- Models effective coping techniques and coping strategies.

⚑ Cultural Competency

Recognizes and values diversity, and partners with the persons receiving behavioral health services and their families to discern the relevant cultural and diverse aspects of the individuals' lives that must be addressed during the development of the treatment plan and its implementation, including but not limited to the following knowledge, skills, and abilities (KSAs):

- Demonstrates sensitivity to and respect for age, social role, culture, race, gender, gender identity and expression, language, spirituality, sexual orientation, ethnicity, social class, economic status, immigration status, veteran status and disability;
- Promotes the importance of and emphasizes sensitivity to cultural competency throughout the agency service system;

- Demonstrates the importance of gathering information and showing sensitivity to the person receiving behavioral health services and family, and their self-identified view of their culture and social world, utilizing strength-based and solution-focused interventions;
- Identifies effects of stigma and oppression on individuals, families, groups, and communities, and strives to promote strategies that address these issues;
- Demonstrates awareness of the disproportionality of service delivery to underserved populations, and focuses on assuring expansion of services to all populations, including providing linguistically appropriate services;
- Demonstrates an ongoing and deliberate effort to learn about other cultures.

⬆ Integrated Behavioral Health Practice

Understands the interface between behavioral health and primary medical health care practices, and the importance of the ability to participate in the full spectrum of service delivery with other service providers, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands concepts of bi-directional care, including an understanding that medical conditions in many cases could be contributing to behavioral health issues;
- Participates in coordination and collaboration with partners from primary health care agencies to provide integrated care;
- Participates in planning and development to integrate behavioral health, substance abuse, and primary health care treatment with attention to the need for equal access to services for all populations;
- Develops knowledge about the interface between primary and behavioral health care practices;
- Understands the increased risk of individuals with behavioral health challenges to develop co-incidental medical illnesses and problems;
- Understands and encourages persons receiving behavioral health services to utilize wellness principles in order to help combat the development of co-incidental medical illnesses (i.e., smoking cessation, dietary monitoring, healthy lifestyle issues, etc.);
- Promotes and "normalizes" knowledge of behavioral health and substance abuse issues to community partner agencies in order to combat stigma and discrimination;
- Works effectively with other organizations and systems to promote integrated health, substance abuse, and behavioral health services.
- Provides education to the community regarding critical issues in behavioral health to help them develop an understanding about the needs of persons receiving behavioral health services and promotes the utilization of available resources to combat discrimination and promote stigma reduction.

⬥ Professional Development

Recognizes and assesses one's own level of knowledge development and demonstrates commitment to lifelong learning and the improvement of knowledge and helping skills, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Completes required agency mandated trainings and courses;
- Maintains required licensures or certification standards as required in their job description;
- Shares feedback and learning from training activities with other staff;
- Utilizes supervision and case discussion effectively to inform practice skills needing further development;
- Participates in presenting training activities to agency and community partners as requested by supervisor;
- Participates in providing information/consultation/mentoring for student interns, volunteers, other collaborative behavioral health service providers, and newly hired staff members as requested by supervisor;
- Is able to recognize limitations, and takes initiative to identify and seek training and assistance to meet training needs for own skill development;
- Initiates and demonstrates desire to gain more skills and implement new knowledge and skills gained from training activities;
- Demonstrates initiative in self-advocacy.

⬥ Work Management

Manages responsibilities and tasks of work assignment within agency timelines and expectations, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates punctuality and expected attendance patterns;
- Demonstrates positive, courteous, and professional delivery of services to individuals receiving behavioral health services and their family/support system members;
- Meets productivity expectations and standards;
- Provides clear and direct verbal and written communication;
- Demonstrates appropriate inter-professional skills, including the ability to give and accept feedback from persons receiving behavioral health services and their family members, colleagues, agency management, and the public;
- Demonstrates dependability and follow-through on services provided;
- Recognizes and demonstrates time management skills;
- Demonstrates appropriate attire for the work setting;

- Demonstrates the ability to adjust to secondary assignments, such as out-stationed and community-based duties and activities, program development activities, specialized activities, etc.;
- Utilizes computer and technical skills, including electronic health records, appropriately and within legal and ethical guidelines;
- Completes documents and required reporting in a comprehensive and timely manner;
- Effectively manages workload assignments, community's needs for assistance, and related activities.

VI. Development of Performance Evaluation Rubrics for Both Sets of Core Competencies, Including Observable Elements for Evaluation and a Two-Page Evaluation Form

VI. Development of Performance Evaluation Rubrics for Both Sets of Core Competencies, Including Observable Elements for Evaluation and a Two-Page Evaluation Form

After the vetting with focus groups, and a review of all of the comments made by the focus group participants, the final rendition of the Core Competency and associated Knowledge, Skills, and Abilities was prepared.

The Performance Evaluation Rubrics were designed to be utilized as a workbook, with the employee having an opportunity to evaluate their individual performance according to the rubric at various points during a fiscal year period. The individual supervisor of the employee would use the same documents to review the individual employee in all of the Competency areas and identify their performance level at the time of evaluation.

The two-page evaluation rubric includes descriptors for three possible ratings:

- Needs Improvement
- Satisfactory Performance
- Outstanding Performance

The two-page evaluation format also included a limited space for specific comments regarding the performance level and/or future areas needing attention, training, improved demonstration of capabilities, etc.

The evaluation tools developed for the project are samples of what could be utilized by each county and include all 12 of the Core Competencies and associated Knowledge, Skills, and Abilities and apply to all position descriptions in both Phase I and Phase II of the study.

It is anticipated that each county and supervisor will determine which KSAs are relevant and will be included in the individual employee's performance evaluation, based upon the job requirements and duties of the individual employee's position description (including relevant educational training and licensure), the age of the individuals being served, and the particular program area of service delivery.

The workbook documents for the project are included in Appendix III (Licensed Professional/Clinical Staff) and Appendix IV (Collaborative Behavioral Health Service Providers).

VII. Timeline of Project Activities

VII. Timeline of Project Activities

This final report represents the work of the Project Team members in summarizing the various activities that took place during the total project period, as reflected in the timeline outlined below.

Apr. 1, 2012   **SCRP Core Competency Project begins**

Apr. – Jul. 2012   **Developmental Activities**

a. Initial discussion and planning for project tasks and activities for Phase I;

b. Begin review of multiple documents to support a set of Core Competencies and associated Knowledge, Skills, and Abilities for licensed professional clinical staff;

c. Development of Core Competencies draft PowerPoint Document.

Aug. 2012 – Mar. 2013   **Focus Groups for Phase I**

a. Focus Groups completed with nine counties and Tri-Cities Mental Health;

b. Focus Group with WET Coordinators;

c. Webinar Presentation of Phase I to SCRP Mental Health Directors;

d. Ongoing review of relevant documents regarding competency development and documents received from SCRP counties regarding assessment, evaluation, and position descriptions.

Feb. 2013 – Apr. 2013   **Finalization of Phase I activities and distribution of product**

a. Review of comments from focus groups and subsequent revision of PowerPoint contents regarding Core Competencies and KSAs;

b. Development of sample evaluation rubric and evaluation form for Phase I Core Competencies and associated KSAs;

c. Preparation and distribution of final report from Phase I to MH Directors and WET Coordinators.

Apr. – May 2013	**Developmental Activities for Phase II**

a. Initial discussion and planning for project tasks and activities for Phase II;

b. Continued review of multiple documents to support a set of Core Competencies and associated Knowledge, Skills, and Abilities for Collaborative Behavioral Health Service Providers;

c. Revision of Phase I Core Competency Document and development of Phase II Document to reflect activities provided by Collaborative Behavioral Health Service Providers, including revisions to wording of Core Competencies in several instances, and adjusted Knowledge, Skills, and Abilities tasks and activities.

May – Nov. 2013	**Focus Groups for Phase II**

a. Focus Groups completed with nine counties and Tri-Cities Mental Health;

b. Continuation of review of documents regarding CBHSP position descriptions and job responsibilities to assist in focus group discussions;

c. Review of educational institutions providing curriculum related to human services, alcohol counselor, and related CBHSP position titles;

d. Reviewed national and local efforts regarding certification standards and competencies for Peer Support, Family Advocate, and Parent Advocate positions to assure accurate reflection of these skills in focus groups.

Dec. 2013 – Jan. 2014	**Finalization of Phase II Activities**

a. Review of comments from Phase II focus groups and subsequent revision of PowerPoint contents regarding Core Competencies and KSAs for CBHSP Employees;

b. Development of sample evaluation rubric and evaluation form for Phase II Core Competencies and associated KSAs;

c. Development of Final Report of the SCRP Core Competency Project for submission to SCRP Coordinator.

VIII. Next Steps

VIII. Next Steps

As of this time, the Project Staff is talking with SCRP counties to identify ways in which they could provide assistance in the development of strategies to utilize the Core Competencies and associated Knowledge, Skills, and Abilities developed during this project. The desired outcome of this effort is increased excellence in the quality of care being delivered by individual employees and the behavioral health system as a whole, to persons receiving services, family members, and stakeholder partners who are served by the agency. A presentation of the project and implementation models was made to the WET Coordinators on May 14, 2014.

IX. References

IX. References

A Working Paper on Inter-professional Education Principles: Accreditation Strategies for Effective Inter-professional Education. A Collaborative Project of the Council on Social Work Education, University of Southern California School of Social Work and Department of Nursing, and the Center for Collaboration for Children; California State University, Fullerton. February 1998.

ACGME. 2007. Common Program Requirements: General Competencies.

ACGME/ABMS Joint Initiative/ACGME Competencies: Suggested Best Methods for Evaluation.

Adams, N. & Grieder, D. M. *Treatment planning for Person Centered Care: Shared Decision Making for Whole Health.* Elsevier Publishing. 2013.

Adams, N., & Naylor-Goodwin, S. *Clinically Informed Consensus Guidelines for Improved Integration of Primary Care and Mental Health Services*. Supported by a grant from the California HealthCare Foundation. California Institute for Mental Health (CIMH).

Adult Panel of the Managed Care Initiative, Robert D. Coursey, Chair. 1998. Competencies for direct service staff who work with adults with serious mental illness in public mental health/managed care systems: Condensed competency set. Center for Mental Health Policy and Services Research; University of Pennsylvania Health System.

Alaskan Mental Health Trust Authority (June 2008). The Alaskan Crosswalk: Exploring Competencies and Credentialing for the State's Direct Care Workforce. Retrieved from http://www.annapoliscoalition.org.

American Association for Geriatric Psychiatry. Geriatric Core Competencies for General Psychiatry Residents.

American Association of Marriage and Family Therapists (AAMFT). December 2004. Marriage and Family Therapy Core Competencies.

American Psychological Association (APA). October 2006. *Task Force on the Assessment of Competence in Professional Psychology: Final Report.*

Andrada, P., Morris, T. & Liles, R. 2012. *Report to Department of Mental Health, San Bernardino County on Clinical Staff Training Competencies*. Unpublished report.

Annapolis Coalition. (2007). An Action Plan for Behavioral Health Workforce Development: A Framework for Discussion. Substance Abuse and Mental Health Services Administration (SAMHSA).

ASPH Education Committee. Master's Degree in Public Health Core Competency Model. Retrieved 6/10/2012 from http://www.asph.org/publication/MPH.

Assuring the Sufficiency of a Frontline Workforce: A National Study of Licensed Social Workers Executive Summary. March 2006. Center for Workforce Studies.

Bashe, F. 2010. A Provider's Guide on How to Use Core Competencies in Behavioral Health. (DHHS Pub.) Rockville, D. Substance Abuse and Mental Health Administration (SAMHSA).

Bashook, P. G. 2005. Best practices for assessing competence and performance of the behavioral health workforce. *Administration and Policy in Mental Health 32*(5/6) 563-592.5.

Beinecke, R. H. 2009. *Leadership Training Programs and Competencies for Mental Health, Public Administration and Business in Seven Countries*. Suffolk University Department of Public Management. Boston, MA.

Benner, P. 1984. From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

Bishop, K. K., Kilburn, J. G. & Flaherty, B. A. 1997. *Inter-professional Education and Practice: A Selected Bibliography*. Council on Social Work Education. Alexandria, VA.

Black, J., Morris, T., Harbert, A. & Mathias, C. 2008. Educational collaboration in psychiatric disability, rehabilitation and recovery: Developing transformative solutions. *Journal of Social Work in Disability and Rehabilitation* 7(3/4), 163-186.

Board of Behavioral Sciences. *Mental Health and California's Diversity*. April 2006.

Board of Behavioral Sciences. 2012. Summary of Proposed Changes to MFT Licensing Requirements - MFT Degree Program Update.

Buckles, B., Brewer, E., Kerecma, J., Mildred, L., Ellis, A. & Ryan, J. 2008. Beyond stigma and discrimination: Challenges for social work practice in psychiatric rehabilitation and recovery. *Journal of Social Work in Disability and Rehabilitation, 7*(3/4), 232-283.

Calhoun, J. G., Ramiah, K., Weist, E. M., Shortell, S.M. 2008. Development of a core competency model for the master of public health degree. *America Journal of Public Heath, 98/9.*

CA Association of Social Rehabilitation Agencies. 2008. The 10 Fundamental Components of Recovery as amended by CASRA.

California Association of Geriatric Psychiatry (AGP). Draft core competency guidelines for resident training - rotation specific objectives. Retrieved on September 7, 2004 from http://www.cagp.ca/downloads/residentCoreCompetencies.pdf.

California Department of Mental Health (DMH). Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act. February 16, 2005.

CalSWEC. 2012. CalSWEC Mental Health Foundation and Advanced Competencies and Practice Indicators. UC Berkeley, California.

Castro, R., Julia, M. Platt, L. J., Harbaugh, G., Waugaman, W. Thompson, A., Jost, T. S., Bope, E. T., Williams, T. & Lee, D. B. *Inter-professional Care and Collaborative Practice*. 1994. Pacific Grove, CA: Brooks/Cole Publishing Company.

Center for Substance Abuse Treatment. *Competencies for Substance Abuse Treatment Clinical Supervisors*. Technical Assistance Publication (TAP), Series 21-A, DHHS Publication No. (SMA) 07-4243. Rockville, MD. Substance Abuse and Mental Health Services Administration (SAMHSA).

Center for Substance Abuse Treatment. *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice*. Technical Assistance Publication (TAP) Series 21. DHHS Publication No (SMA) 06-4171. Rockville, MD: Substance Abuse and Mental Health Services Administration. 2006.

Clinical Supervision: A Practice Specialty of Clinical Social Work. A Position Statement of the American Board of Examiners in Clinical Social Work. Adopted October 8, 2004.

Clinical Supervision and Professional Development of the Substance Abuse Counselor: A Treatment Improvement Protocol-TIP 52. US Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. 2007.

The Cochrane Collaboration: Working together to provide the best evidence for health care for Australasia. Retrieved April 8, 2013 from http://www.cochrane.org.au.

Collins, C., Lewis Hewson, D., Munger, R. & Wade, T. 2010. Evolving Models of Behavioral Health Integration in Primary Care. Milbank Memorial Fund.

Core Principles of Psychiatric Rehabilitation. 1996. International Association of Psychosocial Rehabilitation Services.

Council on Social Work Education, 2008. Advanced Social Work Practice in Clinical Social Work. Development of the critical competencies for social work practice, including knowledge and practice behaviors.

Council on Social Work Education. 2010*. Educational Policy and Accreditation Standards.*

Council on Social Work Education. Recovery to Practice Initiative. 2010.

Coursey, R. D., Curtis, L., Marsh, D., Campbell, J., Harding, C., Spaniol, L., Lucksted, A., McKenna, J., Kelley, M., Paulson, R., Zahniser, J. 2000. Competencies for direct service staff members who work with adults with severe mental illnesses in outpatient public mental health/managed care systems. *Psychiatric Rehabilitation Journal, 23*(4), 370-378.

Cox, K. & Steiner, A. 2013. Self-Care in Social Work: A Guide for Practitioners, Supervisors, and Administrators. Washington D.C.: University Press.

Daniels, A. S. & Adams, N. 2004. *From Policy to Service: A Quality Vision for Behavioral Health, Using the Quality Chasm and New Freedom Commission Reports as a Framework for Change*. Supported by: Ron Manderscheid, The Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the American College of Mental Health Administration.

DeGette, R., Stringari, T., and Thomas, S. February 2008. *Making the Community Connection: A Guide to Developing Community College Human Services Certificates and Programs*, 2nd Edition.

Delaney K. R., Carlson-Sabelli L., Shephard R., Ridge A. Competency-based training to create the 21st century mental health workforce: strides, stumbles, and solutions. *Arch Psychiatric Nursing*; 2011 Aug; 25(4):225-34.

Department of Behavioral Health and Intellectual Disability Services*. Practice Guidelines for Recovery and Resilience Oriented Treatment.* Philadelphia, PA.

Department of Health Care Services and Mental Health Plan.

Epstein, R. M. & Hendert, E. 2002. Defining and assessing professional competence. *Journal of the American Medical Association, 287*, 226-235.

Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum. Collaboratively Developed by International Society of Psychiatric Mental Health Nurses (IPSN). May 2008.

Essentials of Psychiatric, Mental Health and Substance Use Competencies for the Registered Nurse. American Academy of Nursing Psychiatric Mental Health Substance Abuse Expert Panel. *Archives of Psychiatric Nursing*, 26(2) 80-110.

Falender, C. A. & Shafanska, E. P. 2004. *Clinical Supervision: A Competency Based Approach*. American Psychological Association.

Fouad, N., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutching, P. S., Madson, M. B., Collins, F. L. & Crossman, R. E. 2009. Competency Benchmarks: A Model for Understanding and Measuring Competence in Professional Psychology across Training Levels. *Training and Education in Professional Psychology,* 3/4,S5-S26.

Georgia Certified Peer Support Project. 2013. CPS Job Description, Responsibilities, Standards and Qualifications.

Goldman. S., & De La Cruz Irvine, M. 1997. Report of the Child and Adolescent Pane for the Mental Health Managed Care and Workforce Training Project. Center of Mental Health Services, Substance Abuse and Mental Health Services Administration and the Center for Mental Health Policy and Services Research at the University of Pennsylvania Medical Center.

Goplerud, E. PhD, ACMHA President. Update on the Whole Health Campaign: Proposal to the Transition Team on Integrated Health Care. ACMHA: The College for Behavioral Health Leadership 2008.

Guerrero, R. G. 2006. *The Public Mental Health System Workforce Challenges and its Relationship to Disparities to Racial Ethnic Populations in California*. Presentation at the Board of Behavioral Sciences (BBS) Conference.

Hatcher, R. L. & Lassiter, K. D. 2007. Initial training in professional psychology: The Practice Competencies Outline. *Training and Education in Professional Psychology,* 1, 49-63.

Hatcher, R. L. & Lassiter, K. D. March 2004. Report on Practicum Competencies. The Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup.

Health and Wellness in Psychiatric Rehabilitation. A series of webinars sponsored by the Psychiatric Rehabilitation Association (PRA). 2013.

Hoge, M. A. & McFaul, M. (Eds.)*.* 2010*. Alaskan Core Competencies for Direct Care Workers in Health and Human Services*. Anchorage, AK: The Alaska Mental Health Trust Authority.

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.

Hoge, M. A., Paris, M., Adger, H., Collins, F. L., Finn, C., Fricks, L., Gill, K. J., Haber, J., Hansen, M., Ida, D., Kaplan, L., Northey, W., O'Connell, M., Rosen, A., Taintor, Z., Tondora, J., and Young, A. S. 2005. Workforce competencies in behavioral health: An overview*. Administration and Policy in Mental Health, 32(*5/6), 593-621.

Hoge, M. A., Stuart, G. W., Morris, J., Flaherty, M. T., Paris, M, Gopleurd, E. Mental Health and Addiction Workforce Development: Federal Leadership is

Needed to Address the Growing Crisis. *Health Affairs*, 32(11) (2013): 2005-2012.

Hoge, M. A., Tondora, J., & Marrelli, A. F. 2005. The Fundamentals of Workforce Competency: Implications for Behavioral Health. In *Administration and Policy in Mental health 32(5/6)*, 509-531.

Holmes, J. 2010. Developing Mental Health Recovery in Social Work. Recovery to Practice Initiative. Council on Social Work Education (CSWE). Washington, DC.

Hooper-Briar, K. & Lawson, H. 1994. *Serving Children, Youth and Families through Inter-professional Collaboration and Service Integration: A Framework for Action.* The Daforth Foundation and The Institute for Educational Renewal at Miami, University. Oxford, OH.

Institute of Medicine. 2001*. Crossing the quality chasm: A New health system for the 21st century*. Washington D.C.: National Academy Press.

Institute of Medicine. 2003. *Health professions education: A bridge to quality*. Washington, D.C.: National Academy Press.

International Association of Peer Supporters (INAPS). 2013. Standards for Peer Recovery Supporters: Definition, Goals and Expectations.

International Association of Peer Supporters (INAPS). 2013. National Ethical Guidelines and Standards of Practice for Peer Recovery Supporters.

Kaplan, L. *The Role of Recovery Support Services in Recovery-Oriented Systems of Care*. DHHS Publication No. (SMA) 08-4315. Rockville, MD. White Paper. U.S. Department of Health and Human Services Substance Aube and Mental Health Services Administration (SAMHSA), 2008.

Kaslow, N. J. 2004. Competencies in professional psychology. *American Psychologist,* 59, 774-781.

Keefer, B. & Shilton, A. 2011. Central Region Core Competency Project Findings. California Institute of Mental Health (CIMH).

Kezar, A. (Ed.) Organizational Learning in Higher Education. New Directions for Higher Education, Fall 2005. San Francisco: Josey Bass.

Leigh, I., Smith, L., Bebeau, M., Lichtenberg, J., Melson, P., Portnoy, S., Rubin, N., Kaslow, N. 2007. *Professional Psychology Research and Practice* 38(5), 463-473.

Lichtenberg, J., Portnoy, S., Bebeau, M. Leigh, I. Nelson, P., Rubin, N., Smith, I., & Kaslow, N. 2007. Challenges to the assessment of competence and competencies. *Professional Psychology Research and Practice,* 38(5), 474-478.

Lieff, S., Kirwin, P., Colenda, C. Proposed geriatric psychiatry core competencies. In Curriculum Resource for Subspecialty Training. Retrieved from http://www.aagpgpa.org/prof/gerpsych_cc.asp.

Lucia, A., & Lepsinger, R. 1999. *The art and science of competency models: Pinpointing critical success factors in organizations*. San Francisco, CA: Jossey-Bass/Pfeiffer.

Mancuso, L. 1997. *The Successful Employment of Consumers in the Public Mental Health Workforce*. A Report from the California Institute for Mental Health (CIMH).

Marich, Jamie. 2013. *Self-Care for Behavioral Health Professionals*. Continuing Education for California Mental Health Professionals/NetC.com.

Marrelli, A. 1998. An introduction to competency analysis and modeling. *Performance Improvement*, 37(5), 8-17.

Marrelli, A. 2001. How to implement performance improvement step-by-step. In M. Silberman (Eds.), The consultant's tool kit (pp. 210–218). New York: McGraw-Hill.

Marrelli, A. 2001. Introduction to competency modeling. New York: American Express.

Marrelli, A., Tondora, J., & Hoge, M. 2005. Strategies for Developing Competency Models. *Administration and Policy in Mental Health, 32*(5/6), 535-561.

McClelland, D. 1973. Testing for competence rather than intelligence. American Psychologist, 28, 1-14.

Mental Health Services Act. 2005.

Merton, R., Fiske, M. & Kendall, P. 1956. The Focused Interview. Glemcoe, IL: Free Press.

MHSA Workforce, Education Talking Points for County Planning. 2004. California Network of Mental Health Clients.

Midgley, J. & Cohen, E. 2007. *A Strategic Plan to Increase the Flow of Minority, Bilingual and Culturally Competent Professional Social Workers into California's Mental Health System*. Center for Social Services Research, University of California, Berkeley. Funded by the California Endowment.

Mirabile, R. 1997. Everything you wanted to know about competency modeling. *Training and Development Journal*, 73–78.

Model Social Work Practice Act. 2006. Association of Social Work Boards.

National Alliance for Direct Support Professionals. 2011. 15 NADSP competency areas. Retrieved from https://www.nadsp.org/dsp-credentialing/15-competecy-areas.html.

National Association of Social Workers. Code of Ethics of the National Association of Social Workers 2011. Washington D.C.

National Council for Community Behavioral Health. Instruments to Measure Recovery from Mental Illness. September 2010.

National Organization of Nurse Practitioner Faulties. Nurse practitioner Coe Competencies. April 2011.

National Panel for Psychiatric Mental Health NP Competencies. 2003. *Psychiatric-mental health nurse practitioner competencies*. Washington D.C.: National Organization of Nurse Practitioner Faculties.

New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America.* Executive Summary. DHHS Pub. No. SMA-03-3831. Rockville, MD: 2003.

North Carolina Center of Excellence for Integrated Care. Core Competencies for Behavioral Health Provider Staff. Retrieved on 7/21/2012 from http://www.icare.org/index.php?option.com.

Ohio's Core Competencies for Early Childhood Mental Health Professionals. April 2009. Ohio Child Care Resources & Referral Association, Ohio Department of Mental Health.

Peer Specialist Training and Core Competencies: Summary of Findings - Peer Specialist Training and Core Competency Committee and Age-specific Work Groups. County of Los Angeles Department of Mental Health. Marvin J. Southard, DSW. 2013.

Practice Journal - Published on behalf of the British Association of Social Workers. Retrieved on January 16, 2013 from www.tandf.co.uk/journals/olinesaples.asp.

President's New Freedom Commission on Mental Health. 2003. Achieving the promise: Transforming mental health in America. Rockville's, MD: U.S. Department of Health and Human Services.

Preparing Human Services Workers for Inter professional Practice. Accreditation Strategies for Effective Inter-professional Education, A collaborative project of the Council on Social Work Education, University of Southern California School of Social Work and Department of Nursing, and the Center for Collaboration for Children at California State University, Fullerton.

Principles of Multicultural Psychiatric Rehabilitation Services. 1996. Submitted by the IAPSRS Multicultural Diversity Committee. International Association of Psychosocial Rehabilitation Services. Columbia, MD.

Psychiatric Mental Health Nurse Practitioner Competencies. Developed by the National Panel for Psychiatric Mental Health NP Competencies. National Organization of Nurse Practitioner Faculties. Washington, D.C. September 2003.

Psychiatric Mental Health Substance Abuse Essential Competencies Taskforce of the American Academy of Nursing Psychiatric Mental Health Substance Abuse Expert Panel. Essential psychiatric Mental Health and Substance Use Competencies for the Registered Nurse. *Archives of Psychiatric Nursing*, 26(2) l 80-110. 2012.

Ragins, M. 2002. A Road to Recovery. Mental Health Association of Los Angeles County.

Ragins, M. 2005. Proposition 65 Begins: The Mental Health Services Act implementation toolbox. Retrieved on June 10, 2012 from http://www.village-isa.org.

SAMHSA. 2007. An Action Plan for Behavioral Health Workforce Development: A Framework for Discussion. Report prepared by the Annapolis Coalition on Behavioral Health Workforce.

SAMHSA: Recovery to Practice. Retrieved in May 2012 from http://samhsa.gov/recoverytopractice.

SAMHSA. January 24, 2013. Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues, Pamela S. Hyde, J. D. Administrator.

SAMHSA News. 2009. Recovery: A Philosophy of Hope and Resilience. *Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services.* September/October, 2009, 17/5.

SAMHSA News. 2012. Responsible Health IT: Balancing Privacy and Progress in Behavioral Health. *Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services.* Winter/Spring 2012, 20/1.

Searcy, J. A. & Baldwin, V. 1996. Inter-professional Education and Training: Integrated Services

Concerns: An Annotated Bibliography. Teaching Research Division, Western Oregon State College.

Segal, S. P., Silverman, C., & Temkin, T. 1995. Measuring empowerment in client-run self-help agencies*. Community Mental Health Services Journal,* 31(3), 215-227.

Stanislaus Recovery Project: Milestones in Recovery from Mental Illness. Stanislaus County Behavioral Health and Recovery services Adult System of Care. September 2004.

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. 2005. Transforming Mental Health Care in America. Federal Action Agenda: Ten Steps. DHHS Pub. No SMA-05-4060. Rockville, MD.

Summerall, S. W., Lopez, S. J. & Oehlert, M. E. 2000. *Competency-based Education and Training in Psychology: A Primer*. Springfield, IL: Charles E. Thomas.

Taylor, S. & Yuen, F. 2008. Psychiatric rehabilitation and recovery: A journey in reframing disability. *Journal of Social Work on Disability and Rehabilitation,* 7 (3/4), 131-136.

The Direct Service Workforce Resource Center [DSW RC]. 2011. Road Map of Core Competencies for the Direct Service Workforce - Phase I: Direct Service Worker Competency Inventory, Phase II: Competency Analysis. Washington, DC: Centers for Medicaid & Medicare Service.

The New Community Collaboration Manual. The National Assembly of National Voluntary Health and Social Welfare Organizations. 1997.

The Sainsbury Centre for Mental Health for the National Service Framework Workforce Action Team. 2001. *The Capable Practitioner*. Retrieved in 2009 from: http://www.centreformentalhealth.org.uk/pdfs/the _capable_practitioner.pdf.

The US Psychiatric rehabilitation Association Certified Psychiatric Rehabilitation Practitioner. Retrieved from https://netforum.avectra.com/eweb/Dynamicpage.a spx?Site=USPRA&WEBCode=cprp.

Toward Effective Mental Health Practices. 2003. California Institute for Mental Health (CIMH). November 2003.

U.S. Department of Health and Human Services. 1998*. Addiction counseling competencies. The knowledge, skills and attitudes of professional practice.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment.

U.S. Office of Personnel Management. 2011. General policies: explanation of terms. Retrieved on May 9, 2011 from http://www.opm.gov/qualifications/policy/Terms.as p.

Vision Statement and Guiding Principles for Department of Mental Health Implementation of the Mental Health Services Act. California DMH. Sacramento, CA. February 16, 2005.

Vohs, J. R., Bishop, K. K. & Kilburn, J. G. 1997. Inter-professional Education and Practice: A Selected Bibliography of Family Authored and Family/Professional Co-authored Literature. University of Vermont: Burlington, VT.

Weinart, F. E. 2001. Concept of competence: A conceptual clarification. Pp. 45-66 in D. S. Rchen and L. H. Salganik (Eds.) *Defining and Selecting Key Competencies*. Seattle, WA: Hogrefe & Huber.

Western Interstate Commission for Higher Education Mental Health Program and the Annapolis Coalition on the Behavioral Health Workforce. 2008*. The Alaskan Crosswalk: Exploring Competencies and Credentialing for the State's Direct Care Workforce: A Report of the Credentialing and Quality Standards Subcommittee.* CQSS and the Workforce

Development Focus Area of the Alaska Mental Health Trust Authority.

Working Well Together. 2012. Certification of Consumer, Youth, Family and Parent Providers: A Review of the Research. Report produced in conjunction with Debra Brasher and Lucinda Dei Rossi, of Inspired at Work.

Zlotnik, J. L. 1998. Selected Resources on Inter-professional Education and System Reform. Council on Social Work Education. Alexandria, VA.

X. Appendices

X. Appendices

Appendix I

Mental Health Services Act Documents

- ⚴ Mental Health Services Act Fact Sheet

MHSOAC
Mental Health Services
Oversight and Accountability Commission

**MENTAL HEALTH SERVICES ACT (MHSA) – "OVERVIEW"
FACT SHEET**

Before the Mental Health Services Act (MHSA) Perspectives

California voters passed Proposition 63, now known as the Mental Health Services Act (MHSA), in November 2004 to expand and improve public mental health services and establish the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide oversight, accountability and leadership on issues related to public mental health.

At that time, California's public mental health funding was insufficient to meet the demand for services. County authorities estimated serving about half the population needing public mental health care. The majority of mental health funding went to treatment for individuals with the most severe and persistent mental illness, state hospitals and the criminal justice system. For this reason, California's mental health delivery system was frequently portrayed as a "fail first" model. The "safety net" of an under-funded system had become the criminal justice system, the courts, and emergency rooms.

In its March 2003 Report, the California Mental Health Planning Council[1] estimated between 500,000 and 1.7 million Californians needed mental health services but failed to receive care. In addition, cultural, racial and ethnic populations have been disproportionately affected because they use fewer mental health services.

Children under 18, for whom early diagnosis and treatment are critical, have been especially underserved. It is estimated that 75 to 80 percent of all children requiring mental health services were not receiving them.

While rigorous research demonstrated the effectiveness of numerous mental health treatments and interventions, these approaches were not implemented broadly. System investments were needed to ensure the

adequacy and quality of services, through effective practice documented by research, and the addition of prevention and early intervention programs into the public mental health system.

MHSA Today

California taxpayers approved a 1% tax on incomes above $1 million dollars to fund the MHSA and their investment is paying off by providing individuals with mental health treatment services in the communities in which they live. Mental health programs and supports are now better tailored to meet the individual needs of the diverse clientele, and the community is experiencing the benefits of expanded and improved programs to assist consumers to be active members of society. Counties are now receiving funding in an attempt to provide "whatever it takes" treatment for people with serious mental illness.

MHSA has been fully implemented by the counties with the exception of the partial completion of the Innovation component, which is one of five components of the MHSA. As of December 31, 2010, 26 of 58 counties have approved Innovation program plans.

By implementing the principles and values of the MHSA, enhancing funding for effective treatment for people with serious mental illness, and initiating new prevention, early intervention and innovative services, California is moving its public mental health system to a "help first," system with a commitment to service, support and assistance when needed.

Client outreach support services and family involvement are improving, including programs to enhance access and reduce disparities to unserved and underserved individuals throughout California.

---

[1] California Mental Health Master Plan, A Vision for California, March 2003 (Chapter 3)

*Mental Health Services
Oversight and Accountability
Commission*

*MHSOAC
1300 17th Street, Suite 1000, CA 95811
www.mhsoac.ca.gov*

*Phone: (916) 445-8696
Fax: (916) 445-4927*

Appendix II

SAMHSA Documents

- ⋏ SAMHSA Guiding Principles of Recovery
- ⋏ SAMHSA National Consensus on Recovery
- ⋏ SAMHSA Cross-Cutting Principles

SAMHSA Guiding Principles of Recovery

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen.

Source: CSAT White Paper: *Guiding Principles and Elements of Recovery-Oriented Systems of Care*.

Background

Recovery is cited, within *Transforming Mental Health Care in America, Federal Action Agenda: First Steps*, as the "single most important goal" for the mental health service delivery system.

To clearly define recovery, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the Interagency Committee on Disability Research in partnership with six other Federal agencies convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December 16-17, 2004.

Over 110 expert panelists participated, including mental health consumers, family members, providers, advocates, researchers, academicians, managed care representatives, accreditation organization representatives, State and local public officials, and others. A series of technical papers and reports were commissioned that examined topics such as recovery across the lifespan, definitions of recovery, recovery in cultural contexts, the intersection of mental health and addictions recovery, and the application of recovery at individual, family, community, provider, organizational, and systems levels. The following consensus statement was derived from expert panelist deliberations on the findings.

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

The 10 Fundamental Components of Recovery

- **Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

- **Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

- **Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

- **Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

- **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

- **Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

- **Respect:** Community, systems, and societal acceptance and appreciation of consumers —including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

- **Responsibility:** Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

- **Hope:** Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

Components of Recovery

NATIONAL CONSENSUS STATEMENT

ON MENTAL HEALTH RECOVERY

Program Priorities and Cross-cutting Principles

Vision: A Life In The Community For Everyone

Mission: Building Resilience & Facilitating Recovery
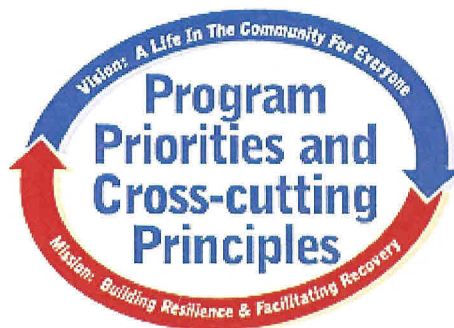
"Built on the principle that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends."

Charles G. Curie, M.A., A.C.S.W.
Administrator, SAMHSA

SAMHSA Priorities: Programs & Principles Matrix

Cross-Cutting Principles

Programs/Issues	Science to Services/Evidence-Based Practices	Data for Performance Measurement & Management	Collaboration with Public & Private Partners	Recovery/Reducing Stigma & Barriers to Services	Cultural Competency/Eliminating Disparities	Community & Faith-Based Approaches	Trauma & Violence (e.g. Physical & Sexual Abuse)	Financing Strategies & Cost-Effectiveness	Rural & Other Specific Settings	Workforce Development
Co-Occurring Disorders										
Substance Abuse Treatment Capacity										
Seclusion & Restraint										
Strategic Prevention Framework										
Children & Families										
Mental Health System Transformation										
Disaster Readiness & Response										
Homelessness										
Older Adults										
HIV/AIDS & Hepatitis										
Criminal & Juvenile Justice										

A Life In The Community For Everyone

Building Resilience & Facilitating Recovery

Appendix III

Phase I: Licensed Professional Clinical Staff

- ⚑ Workbook of Sample Documents for Employee Self-Evaluation and Supervisor/Supervisee Evaluation Conference

Overview of the Development of Evaluation Rubric and Instruments

The 12 Core Competencies and associated Knowledge, Skills, and Abilities developed for professional licensed clinical staff have provided guidance to the project staff in developing a sample evaluation rubric and instrument for use or adaptation by the SCRP county agencies. A comprehensive review of Employee Performance Evaluation forms submitted by each of the SCRP counties also provided guidance for the efforts to develop evaluation rubric statements and tools.

The evaluation documents include two parts:

Part I is a workbook format which includes 13 pages. The first page lists the 12 Core Competencies. Each subsequent page includes one of the 12 Core Competencies, a list of the associated Knowledge, Skills, and Abilities related to that competency, and an evaluation rubric with descriptors for 3 possible ratings:

- Needs Improvement
- Satisfactory Performance
- Outstanding Performance

The workbook could be a tool utilized by both employees and their respective supervisor throughout an evaluation period, allowing both individuals to determine a ranking for their performance during a specified period, and to identify specific areas needing improvement.   The page also includes a limited space for examples of outstanding performance activities by the employee that support the assigned rating. The workbook format could also be a useful tool for discussions and planning during the regularly scheduled supervision sessions between the employee and their supervisor. These discussions might focus on planning for needed training areas and determine areas in the Core Competencies that need ongoing attention during future supervision sessions. Dates and times of these discussions could be noted on the workbook pages as well.

Part II is a two-page evaluation format which could be appended to the existing Employee Evaluation format used by a county, or could be integrated into their current Employee Evaluation format. The form includes a listing of each of the Core Competency areas and a basic definition of the Core Competency, a place to indicate the rating for each competency (1, 2, or 3 as described above), a space for comments under each of the Competency areas, and a space for comments specifically related to the plan for improvement and additional training opportunities to be achieved in the next Performance Evaluation Period.

The evaluation tools developed for the project are examples of what could be utilized by each county in a variety of ways, including integration into the existing performance evaluation tools used by the county, use as a supervisory tool in individual supervision sessions, use by employees as a self-evaluation tool, use in group supervision sessions, etc. The Evaluation examples include all 12 of the

Core Competencies and associated Knowledge, Skills, and Abilities which apply to all disciplines of the professional clinical staff.

It is anticipated that counties will determine which Knowledge, Skills, and Abilities (KSAs) would be relevant for use in ways that best serve their overall goals and objectives.

Core Competencies for Professional Licensed Clinical Staff

- Ethics
- Legal and Statutory Mandates
- Clinical Knowledge Base
- Clinical Practice - Documentation
- Clinical Assessment and Intervention
- Collegial and Collaborative Practice
- Reflective Practice and Use of Self
- Recovery, Resilience, and Wellness
- Cultural Competency
- Integrated Behavioral Health Practice
- Professional Development
- Work Management

⊼ Ethics

Understands and applies the respective professional discipline's ethical standards and standards of the agency of employment, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Follows the Code of Ethics for one's respective profession;
- Follows agency and county of employment Code of Ethics;
- Is aware of and follows professional licensing regulations, including renewal at appropriate intervals;
- Recognizes appropriate boundary issues;
- Recognizes evolving cultural issues;
- Does not engage in inappropriate dual relationships;
- Informs client of limits of confidentiality and reporting responsibilities;
- Promotes clients right to self-determination;
- Recognizes when treatment and/or administrative issues are outside their own scope of competence and practice, and consults with appropriate supervisor;
- Knows how to manage one's personal value system, which may impact delivery of service (i.e., counter-transference, bias, judgmental attitude, etc.);
- Uses technology and internet access in an ethical manner;
- Demonstrates ability to identify potential areas or ethical breaches and understands the obligation to report same to supervisor;
- Informs persons receiving behavioral health services and family members of relevant rights.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Does not consistently apply ethics of their profession and/or the agency where they are employed in their clinical practice.	Demonstrates integration of ethical principles through interactions with persons receiving services, colleagues, agency, community, and organizations and through integration of ethical decision making in their clinical practice.	Actively seeks to enhance his/her understanding of the ethical standards and is someone others turn to further their own understanding of ethics as they apply to clinical situations.

Potential Evaluation methods used for Performance Rating:
Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⋏ Legal and Statutory Mandates

Knowledge and appropriate application of relevant behavioral health state and federal laws/mandates, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Abides by confidentiality mandates and requirements;
- Understands and supports patients rights;
- Understands and follows policies related to Informed Consent;
- Understands protection of electronic health information and confidentiality requirements, as well as release of information policies;
- Understands and follows legal statutes and mandates of partner agencies when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.);
- Understands dangerous weapon control law;
- Understands and abides by legal mandates related to involuntary commitment (LPS 5150 and W & I Codes and regulations);
- Understands Duty to Protect and Mandatory Reporting requirements, including Child Protective Services (CPS), Adult Protective Services (APS), and sharing information with guardian/conservator;
- Understands LPS/Guardianship and Ombudsman Services for behavioral health;
- Understands utilization of medical and psychiatric advanced directives;
- Understands organizational behaviors and structure (i.e., specific clinic, program area, department, county system, etc.);
- Understands HIPAA requirements, including specific mandates regarding substance abuse treatment;
- Understands laws and mandates regarding HIV/AIDS;
- Is aware of laws related to pharmaceutical and psychotropic medication issues;
- Follows California licensing regulations for professional growth and meets all licensing requirements;
- Maintains current licensure and renews at appropriate intervals, including completion of required CEU courses and/or demonstrates progress toward licensure;
- Follows Medi-Cal proscribed regulations for assessment, treatment and documentation of services.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Consistently fails to demonstrate knowledge and application of relevant laws and mandates.	Performs consistently in identifying and applying relevant legal mandates to clinical practice.	Demonstrates initiative in staying current with legal and statutory developments and shares proficiency at staff meetings and performance within the agency.

Potential Evaluation methods used for Performance Rating:
Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback; Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⋏ Clinical Knowledge Base

Comprehend and apply a variety of individual and systemic therapeutic models as they relate to the target populations of the CA mental health system, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Recovery, resilience, and wellness oriented practice as appropriate for the treatment setting and the age of the individuals receiving service;
- Evidence-based and promising behavioral health practices;
- Principles of the Mental Health Services Act;
- Ethnic and culturally sensitive approaches;
- Co-occurring and Addiction disorders;
- Crisis intervention;
- Knowledge of theoretical models of practice and intervention and application of this knowledge to the individuals being served, as consistent with assigned program area, need, and psychosocial and cultural context;
- Knowledge of medical prescription, utilization, and efficacy of psychotropic medications;
- Utilization of DSM or other county-recommended diagnostic manual categories and processes;
- Knowledge of and use of medical and psychiatric knowledge in the development and delivery of behavioral health services;
- Techniques and knowledge of psychiatric rehabilitation;
- Knowledge and understanding of practice regarding suicide prevention/suicidality;
- Specialized activities based on professional training and expertise (i.e., selection, administration and interpretation of results of psychological tests, medical evaluation treatment and relationship to behavioral health issues, etc.).

Needs to Improve	Satisfactory Performance	Outstanding Performance
Fails to avail themselves of trainings, supervision and consultations that result in effective clinical work.	Understands and implements thru their practice individual and systemic therapeutic models as they relate to the target population of the California Public Mental Health System.	Actively pursues increasing their understanding, mastering and putting into practice clinical best practices.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⊁ Clinical Practice – Documentation

Prepares documentation that meets the standards and reporting requirements of agency and state monitoring and funding organizations, including but not limited to the following documents defining standards for documentation, audit criteria, etc.:

- Department of Health Care Services Mental Health Plan Contract;
- CMS - Centers for Medicare and Medicaid Annual Review Protocol.

Needs to Improve	Satisfactory Performance	Outstanding Performance
By review of the clinician's clinical record, the clinician fails to consistently include required adequate documentation.	Knows, understands, and documents in the client record that the client meets the criteria for Medical Necessity and the clinical record documentation fulfills the required standards identified in the Department of Health Care Services/Mental Health Plan contract.	By review of the clinician's clinical record, clinical supervision, and case consultations, the clinician consistently demonstrates adherence to documentation standards and is able to be a role model/mentor for other staff in adhering to documentation standards.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚲ Clinical Assessment and Intervention

Selects appropriate treatment interventions based on assessment and diagnosis, taking into account the setting and age of the individuals receiving services, and is able to evaluate and modify interventions as needed, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Completes a comprehensive biopsychosocial and cultural assessment;
- Incorporates developmental stages and culturally appropriate factors in the assessment process;
- Completes a differential diagnosis utilizing current DSM Manual or other county recommended diagnostic tools;
- Develops a recovery and/or rehabilitation treatment plan, including specific treatment goals and target outcomes for individuals receiving services;
- Completes a suicide and/or high-risk assessment;
- Employs crisis and safety measures, and utilizes risk management principles;
- Identifies and utilizes relevant treatment intervention strategies and modalities that are appropriate to age, psychosocial and cultural context;
- Demonstrates understanding of and ability to work with persons with co-occurring disorders;
- Recognizes the signs and symptoms of de-compensation;
- Recognizes trauma-based disorders, including PTSD;
- Understands the relationship of medical/physical health status issues to behavioral health challenges;
- Monitors the progress of persons receiving services revises the treatment plan as needed and as appropriate, and completes and finalizes a discharge plan;
- Performs specialized activities in assessment and intervention based on professional training and expertise (i.e., selection, administration and interpretation of psychological tests, use of psychotropic medication, etc.);
- Utilizes principles of care management to assist and empower persons receiving services and their family members to access relevant community-based and interagency services (i.e., housing physical health care, financial benefits, employment, socialization activities, etc.);
- Evaluates effectiveness of treatment interventions.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Is unfamiliar with therapeutic approaches and is unable to select appropriate interventions for clients.	Is able to choose most appropriate, strength-based treatment intervention strategy and integrates consumer in planning and evaluation.	Consistently coordinates appropriate treatment intervention activities while integrating client values and empowerment strategies.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⅄ Collegial and Collaborative Practice

Participates effectively in multi-disciplinary, multi-agency, and support system teamwork for persons receiving behavioral health services across the spectrum of service delivery, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands the importance of collaborative interventions with multiple partners, the community, and treatment support systems, as well as the related roles, responsibilities, and purpose of the collaborative process;
- Demonstrates interpersonal skills in collaborating, problem-solving and coordinating delivery of behavioral health services with treatment team and partner agencies;
- Gives and receives critical information that contributes to a well-functioning team;
- Actively supports concepts for cooperative team interactions and efforts, and avoids counter-productive relationships which destroy team effectiveness;
- Utilizes recovery, resilience, and wellness oriented strategies, as well as MHSA Principles of "community-based" perspectives within collaborative arenas to empower persons receiving services and their family members;
- Provides information to help dispel inaccurate beliefs and misunderstandings of recovery, resiliency, stigma, and discrimination toward individuals with behavioral health issues to other partners and collaborative relationships;
- Understands and follows legal statutes and mandates of partner agencies, including safety and risk management issues, when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.).

Needs to Improve	Satisfactory Performance	Outstanding Performance
Acts unilaterally and is resistant to working in a team environment or collaborating with clients, families, other disciplines or organizations, etc.	Develops and maintains effective relationships with a wide range of clients, families, colleagues, organizations, and communities, and facilitates the empowerment of clients and families in their own recovery process.	Consistently exhibits willingness to participate and contribute in collaborative endeavors, demonstrates ability to intervene and appropriately respond to challenging conflictual dilemmas, and is a role model of effective collaboration for others.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚕ Reflective Practice and Use of Self

Demonstrates awareness of own strengths and therapeutic use of self, and exhibits interpersonal and communication skills that reflect a climate of compassion and person-centered care, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates attentiveness to persons receiving behavioral health services and to the family's presence, including understanding the multiple roles and responsibilities for working with individuals receiving behavioral health services;
- Critically evaluates one's own performance;
- Recognizes when in a therapeutic impasse and seeks supervision and consultation;
- Demonstrates personal qualities that enhance practice, including compassion, empathy, advocacy, and respect for the inherent worth and dignity of individuals;
- Acts as a role model for examining one's own feelings and behaviors and potential effect on persons receiving services and service delivery;
- Demonstrates awareness of professional boundary issues, including ambiguities encountered in multiple roles of recovery oriented practice;
- Utilizes professional knowledge in resolving and/or managing conflicts and ambiguities that arise at multiple levels in the practice environment;
- Demonstrates knowledge and awareness of need for self-care, and the ability to apply self-care concepts.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Is unable to exhibit professional behaviors in work with service recipients and families, and cannot identify personal values and issues that interfere with effective therapeutic interventions.	Demonstrates understanding of professional practice principles and responsibilities, and consciously utilizes interpersonal skills in establishing therapeutic relationships.	Consistently demonstrates professional interaction and communication skills, reinforces client empowerment, and is attentive to self-care issues.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚐ Recovery, Resilience, and Wellness

Integrates principles of behavioral health recovery, resilience, and wellness-oriented care and methods of service delivery as appropriate for the setting and age of persons receiving services, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Believes that recovery is possible, and that individuals with behavioral health issues can have a place in the community with a focus on living a life of meaning and purpose;
- Promotes participation of persons receiving behavioral health services and family members in all aspects of the behavioral health service delivery system and responds actively and appropriately to feedback from persons receiving services and their family/support system;
- Places priority on developing effective therapeutic relationships with persons receiving services and their family members;
- Supports behavioral health services that are wellness, resilience, and recovery-focused, and are empowering and attentive to the choices and independence of the individuals receiving services;
- Supports concepts of integrated service delivery systems;
- Demonstrates advocacy for persons receiving behavioral health services and supports their development of self-advocacy skills;
- Utilizes strength-based, solution-focused, and community-based approaches to working with individuals receiving behavioral health services from a recovery and resilience focus perspective;
- Models recovery, resilience, and wellness concepts in practice;
- Promotes and supports peer integration into the workforce;
- Demonstrates awareness of stigma and discrimination regarding individuals with behavioral health challenges, and promotes and supports the recovery, resilience, and wellness process.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Clinician, through words and/or behavior, indicates that they believe that recovery is not possible.	Demonstrates belief that recovery is possible and is individually defined, developed on basis of hope, self-determination, empowerment and coping skills, wellness and resilience.	Consistently pursues opportunities to further understanding of recovery and integrates this knowledge into the practice relationships with consumers, family members and organizations.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚔ Cultural Competency

Recognizes and values diversity, and partners with the individuals receiving behavioral health services and family members to discern the relevant cultural and diverse life aspects of the individual receiving services that must be addressed during the development of the treatment plan and its implementation, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates sensitivity to and respect for age, social role, culture, race, gender, gender identity and expression, language, spirituality, sexual orientation, ethnicity, social class, economic status, immigration status, veteran status, and disability;
- Promotes awareness and sensitivity to cultural competency throughout the agency service system;
- Demonstrates the importance of gathering information and showing sensitivity to the person receiving behavioral health services and their family, and their self-identified view of their culture and social world, utilizing strength-based and solution-focused interventions;
- Identifies the effects of stigma and oppression on individuals, families, groups, and communities, and strives to promote strategies that address these issues;
- Demonstrates awareness of the disproportionality of service delivery to underserved populations, and focuses on assuring expansion of services to all populations, including providing linguistically appropriate services.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Clinician, through words, interactions, and behaviors is unable to demonstrate cultural awareness and use of culturally sensitive practice interventions.	Demonstrates awareness of and practice implications of culturally sensitive practice, and incorporates this knowledge into delivery of mental health services.	Identifies opportunities to increase knowledge base and skills through cultural learning opportunities and training, and applies knowledge to clinical practice.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚘ Integrated Behavioral Health Practice

Understands the interface between behavioral health and primary medical health care practices, and the importance of the ability to participate in the full spectrum of service delivery with other service providers, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands concepts of bi-directional care;
- Participates in coordination and collaboration with partners from primary health care agencies to provide integrated care;
- Participates in comprehensive planning and development to include behavioral health, substance abuse, and primary health care treatment with attention to the need for equal access to services for all populations;
- Develops knowledge about the interface between primary health and behavioral health care practices;
- Understands the increased risk of individuals with behavioral health challenges to develop co-incidental medical illnesses and problems;
- Understands and encourages persons receiving services to utilize wellness principles to help combat the development of co-incidental medical illnesses (i.e., smoking cessation, dietary monitoring, healthy lifestyle issues, etc.);
- Promotes and "normalizes" knowledge of behavioral health and substance abuse issues to partners in order to combat stigma and discrimination;
- Works effectively with other organizations and systems to promote integrated health, substance abuse, and behavioral health services;
- Provides education to the community regarding critical issues in behavioral health to help them develop understanding about the needs of persons receiving services, and utilization of available resources.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Shows inability to grasp medical/health related issues of the patient receiving behavioral health services, and is resistant to sharing behavioral health insights about patients.	Demonstrates the ability to work in multiple agency settings, including those with medical perspective, and welcomes others to work in the mental health setting, and is able to add a behavioral health perspective to other disciplines' understanding of the patient and family.	Consistently identifies opportunities to enhance collaboration between service delivery systems. By example and leadership, demonstrates practice that incorporates both mental behavioral health expertise and ability to look at the patient from multiple perspectives (i.e., behavioral health, substance use and abuse, medical health needs, etc.).

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚺ Professional Development

Recognizes and assesses one's own level of professional development and demonstrates commitment to lifelong learning and improvement of professional and clinical skills, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Completes required agency mandated trainings and courses;
- Maintains required licensure standards and continuing education requirements;
- Shares feedback and learning from training activities with other staff;
- Participates in presenting training activities to agency and community partners;
- Participates in providing supervision for student interns, volunteers, collaborative behavioral health service providers and newly hired staff members as appropriate;
- Takes initiative to identify and meet training needs for own professional development;
- Initiates and demonstrates desire to gain more skills and implement new knowledge and skills gained from training activities.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Practice indicates a need for additional training and learning opportunities but individual is unable to hear or self-determine the need for education and training. Resists agencies' formal and informal opportunities for further professional development.	Develops an individual plan to further knowledge base and practice, and looks for opportunities to carry out the plan.	Looks for and avails oneself of opportunities beyond the agency setting for professional growth and development and seeks supervision and/or consultation from other professionals in the agency other than the clinical supervisor. Provides training activities and/or mentors colleagues in professional training activities.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚑ Work Management

Manages responsibilities and tasks of work assignment within agency timelines and expectations, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates punctuality and expected attendance patterns;
- Demonstrates positive, courteous and professional delivery of service to individuals receiving behavioral health services and their family/support system members;
- Meets productivity expectations and standards;
- Demonstrates appropriate inter-professional skills, including the ability to accept feedback from individuals receiving services, family members, colleagues, agency management, and the public;
- Demonstrates dependability and follow-through on services provided;
- Demonstrates ability to adjust to secondary assignments, such as out-stationed and community-based duties and activities, program development activities, specialized activities, etc.;
- Recognizes and demonstrates time management skills;
- Utilizes computer and technical skills, including electronic health records, appropriately and within legal and ethical guidelines;
- Completes documents and required reporting in a comprehensive and timely manner;
- Effectively manages workload assignments and related activities.

Needs to Improve	Satisfactory Performance	Outstanding Performance
Demonstrates ongoing difficulties in organizing and managing workload, work product completion and deadlines.	Abides by workplace management expectations to plan, organize, and complete workload responsibilities appropriately.	Consistently works independently within the context of acceptable practice and manages workload and deadlines effectively. Quality of work produced rarely or never needs corrections.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

Employee Name: _____ Position Title: _____ Type of Evaluation: Semi-Annual __ Annual __ Other _____ (Specify type)

Core Competency	Definition	Level 1 Needs Improvement	Level 2 Satisfactory	Level 3 Outstanding
Ethics	Understands and applies the respective professional discipline ethics standards and agency of employment standards within the environmental context and professional role.			
Comments:				
Legal and Statutory Mandates	Demonstrates knowledge of and appropriate application of relevant behavioral health state and federal laws/mandates.			
Comments:				
Clinical Knowledge Base	Comprehends and applies a variety of individual and systemic therapeutic models and demonstrates their application as it related to the target population of the California mental health system.			
Comments:				
Clinical Practice Documentation	Prepares documentation that meets the standards and reporting requirements of agency and state monitoring and funding organizations.			
Comments:				
Clinical Assessment and Intervention	Selects appropriate treatment interventions based on assessment and diagnosis and is able to evaluate and modify interventions as needed.			
Comments:				
Collegial and Collaborative Practice	Participates effectively in multi-disciplinary, multi-agency, and service recipient support system work across the spectrum of service delivery.			
Comments:				

Core Competency	Definition	Level 1 Needs Improvement	Level 2 Satisfactory	Level 3 Outstanding
Reflective Practice and Use of Self	Demonstrates awareness of own strengths and therapeutic use of self, and exhibits interpersonal and communication skills that reflect a climate of compassion and person centered care.			
Comments:				
Recovery, Resilience and Wellness	Integrates principles of behavioral health recovery, resilience, and wellness-oriented care and methods of service delivery as appropriate for the setting and age of persons being served.			
Comments:				
Cultural Competency	Recognizes and values diversity and partners with individuals receiving behavioral health services and family to discern the relevant cultural and diverse aspects of the consumer's life needing to be addressed in the development of the treatment plan and its implementation.			
Comments:				
Integrated Behavioral Health Practice	Understands the interface between behavioral health and primary medical health care practices and the importance of the ability to participate in the full spectrum of service delivery with other service providers.			
Comments:				
Professional Development	Recognizes and assesses one's own level of professional development and demonstrates commitment to lifelong learning and improvement of professional and clinical skills.			
Comments:				
Work Management	Manages responsibilities and tasks of work assignment within agency timelines and expectations.			
Comments:				
Plan for Improvement and Training Activities over next Performance Evaluation Period:				

_____   _____   _____   _____

Supervisor Signature   Date   Employee Signature   Date

Appendix IV

Phase II: Collaborative Behavioral Health Service Providers

⋏ Workbook of Sample Documents for Employee Self-Evaluation and Supervisor/Supervisee Evaluation Conferences

Overview of the Development of Evaluation Rubric and Instruments

The 12 Core Competencies and associated Knowledge, Skills, and Abilities developed for Collaborative Behavioral Health Service Providers have provided guidance to the project staff in developing a sample evaluation rubric and instrument for use or adaptation by the SCRP county agencies. A comprehensive review of Employee Performance Evaluation forms submitted by each of the SCRP counties also provided guidance for the efforts to develop evaluation rubric statements and tools.

The evaluation documents include two parts:

Part I is a workbook format which includes 13 pages. The first page lists the 12 Core Competencies. Each subsequent page includes one of the 12 Core Competencies, a list of the associated Knowledge, Skills, and Abilities related to that competency, and an evaluation rubric with descriptors for three possible ratings:

- Needs Improvement
- Satisfactory Performance
- Outstanding Performance

The workbook pages also contain a list of potential evaluation methods that could be used for determining the rating for the evaluation period.

The workbook could be a tool utilized by both employees and their respective supervisor throughout an evaluation period, allowing both individuals to determine a ranking for their performance during a specified period, and to identify specific areas needing improvement. The page also includes a limited space for examples of outstanding performance activities of the employee that support the assigned rating. The workbook format could also be a useful tool for discussions and planning during the regularly scheduled supervision sessions between the employee and their supervisor. These discussions might focus on planning for needed training areas and determine areas in the Core Competencies that need ongoing attention during the future supervision sessions. Dates and times of these discussions could be noted on the workbook pages as well.

Part II is a two-page evaluation format which could be appended to the existing Employee Evaluation format used by a county, or could be integrated into their current Employee Evaluation format. The form includes a listing of each of the Core Competency areas and a basic definition of the Core Competency, a place to indicate the rating for each competency (1, 2, or 3 as described above), a space for comments under each of the Competency areas, and a space for comments specifically related to the plan for improvement and additional training opportunities to be achieved in the next Performance Evaluation Period.

The evaluation tools developed for the project are examples of what could be utilized by each county in a variety of ways, including integration into the existing performance evaluation tools used by the county, use as a supervisory tool in individual supervision sessions, use by employees as a self-evaluation tool, use in group supervision sessions, etc. The Evaluation examples include all 12 of the Core Competencies and associated Knowledge, Skills, and Abilities and may apply to all of the positions in the Collaborative Behavioral Health Service Provider category.

It is anticipated that counties will determine which Knowledge, Skills, and Abilities (KSAs) would be relevant for use for various positions in this category in ways that best serve their overall goals and objectives.

Core Competencies for Collaborative Behavioral Health Service Providers

- ⚑ Ethics
- ⚑ Legal and Statutory Mandates
- ⚑ Clinical Knowledge Base
- ⚑ Clinical Practice - Documentation
- ⚑ Clinical Assessment and Intervention
- ⚑ Collegial and Collaborative Practice
- ⚑ Reflective Practice and Use of Self
- ⚑ Recovery, Resilience, and Wellness
- ⚑ Cultural Competency
- ⚑ Integrated Behavioral Health Practice
- ⚑ Professional Development
- ⚑ Work Management

⚲ Ethics

Understands and applies the ethical standards and relevant code of ethics and conduct from licensure and certification/job title groups, and the agency of employment, within the environmental context and position role, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Follows agency and county of employment Code of Ethics and Code of Conduct and/or agency/county standards for appropriate behavior;
- Recognizes appropriate boundary issues with individuals receiving behavioral health services as well as colleagues;
- Recognizes evolving cultural issues;
- Does not engage in inappropriate dual relationships;
- Informs client of limits of confidentiality and reporting responsibilities;
- Promotes client's right to self-determination;
- Recognizes when persons receiving behavioral health services present concerns that are outside their own scope of competence and practice, and consults with appropriate supervisor;
- Knows how to manage one's personal value system that may impact delivery of service (i.e., counter-transference, bias, judgmental attitude);
- Uses technology and internet access in an ethical manner;
- Demonstrates ability to identify concerns regarding potential areas or ethical breaches and understands the obligation to report same to supervisor and make appropriate referrals;
- Informs persons receiving behavioral health services and family members of relevant rights.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Does not consistently apply ethics of the agency where they are employed in their therapeutic practice.	Demonstrates integration of agency standards through interactions with persons receiving services, colleagues, agency, community, and organizations and consistently applies these standards in their service activities.	Actively seeks to enhance his/her understanding of agency/county standards and is someone others turn to in order to further their own understanding of appropriate ethical practice.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⬧ Legal and Statutory Mandates

Demonstrates knowledge of and appropriate application of relevant behavioral health state and federal laws/mandates, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Abides by confidentiality mandates and requirements;
- Understands and supports patients' rights and notifies persons receiving behavioral health services, family members, and other responsible persons (i.e., conservator or guardian) of same;
- Understands and follows policies related to Informed Consent;
- Understands protection of electronic health information and confidentiality requirements, and release of information policies;
- Understands and follows legal statutes and mandates of partner agencies when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.);
- Understands dangerous weapon control law;
- Understands legal mandates related to involuntary commitment (LPS 5150 and W & I Codes and regulations) and shares relevant concerns with supervisor/individual authorized to sign a 5150 and guardian/conservator;
- Understands Duty to Protect (Tarasoff) and Mandatory Reporting requirements, including Child Protective Services (CPS) and Adult Protective Services (APS) and guardian/conservator;
- Understands utilization of medical and psychiatric advanced directives;
- Understands organizational behaviors and structure (i.e., Specific Clinic, Program Area, Department, County system, etc.);
- Understands HIPAA requirements, including specific mandates regarding substance abuse treatment;
- Understands laws and mandates regarding HIV/AIDS;
- Demonstrates general knowledge of laws related to pharmaceutical and psychotropic medication issues;
- Follows Medi-Cal proscribed regulations for documentation of services provided if relevant;
- Demonstrates awareness of Americans with Disabilities Act (ADA);
- Understands LPS/Guardianship, Ombudsman Services, Children's Protective Services (CPS) and Older Adult Protective Services (APS) and application of same in behavioral health settings;
- Understands laws and reporting requirements related to CPS and APS.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Consistently fails to demonstrate knowledge and application of relevant laws and mandates.	Performs consistently in identifying and applying relevant legal mandates to their practice as required by their position description.	Demonstrates initiative in staying current with legal and statutory developments and shares proficiency at staff meetings and performance within the agency.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⋏ Practice Knowledge Base

Understands a variety of therapeutic interventions and models that are commonly used with the target population of the California behavioral health system (i.e., Children's System of Care), including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Recovery, resilience, and wellness-oriented practice as appropriate for the treatment setting and the age of the individuals receiving service;
- Basic understanding of evidence-based and promising behavioral health practices;
- Principles of the Mental Health Services Act;
- Ethnic and culturally sensitive approaches;
- Co-occurring and Addiction disorders;
- Crisis intervention;
- Peer Support services provided by identified consumers and family members which could include specialized therapeutic interventions;
- Techniques and knowledge of psychiatric rehabilitation;
- Understanding and awareness of co-existing medical conditions and their impact on behavioral health conditions, and ability to collaborate with medical personnel on referrals, treatment planning, and follow-up activities;
- Demonstrate knowledge and understanding of practice regarding suicide prevention/suicidality;
- Understand the range of resources and referral process for persons receiving behavioral health services (i.e., housing, employment, healthcare, vocational skill development food banks, financial assistance, networks of care, etc.);
- Specialized activities based on training, expertise, and current job description responsibilities (i.e., LVN and LPT medication and administration knowledge, understanding and monitoring of co-existing medical conditions, etc.).

Needs Improvement	Satisfactory Performance	Outstanding Performance
Fails to avail themselves of relevant trainings, supervision and consultations that result in effective practice, and fails to demonstrate effective practice skills.	Understands, and implements through their practice, therapeutic models as they relate to the target population of the California Public Behavioral Health System.	Actively pursues increasing their understanding, mastering, and putting into practice effective models of intervention.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⋏ Therapeutic Practice – Documentation

Prepares documentation that meets the standards and reporting requirements of agency and state monitoring and funding organizations, including but not limited to the following documents defining standards for documentation, audit criteria, etc.:

- Department of Health Care Services Mental Health Plan Contract;
- State Department of Medi-Cal Oversight – Annual Review Protocol;
- Timely case record documentation of all interactions, results (successful and unsuccessful), phone calls, services rendered and any other pertinent information in the lives of persons receiving behavioral health services.

Needs Improvement	Satisfactory Performance	Outstanding Performance
By review of the service provider's contribution to documentation and records, they fail to consistently include adequate documentation.	Knows, understands and documents in the case record information that fulfills the required standards identified in the Department of Health Care Services/Mental Health Plan contract.	By review of the service providers case records, clinical supervision and case consultation, they consistently demonstrate adherence to the documentation standards and they are able to be a role model in adhering to documentation standards.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

↟ Therapeutic Evaluation and Intervention

Selects and provides appropriate services based on evaluation, taking into account the setting and age of the individuals receiving services, and is able to evaluate and modify services as needed, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Works with persons receiving behavioral health services and family to identify: (1) history of presenting problem, and (2) services needed, and actively works with them to develop a plan for services;
- Incorporates developmental stages and culturally appropriate factors into the evaluation process;
- Demonstrates critical thinking and judgment skills in providing evaluation, observation, and therapeutic intervention activities;
- Works with persons receiving behavioral health services to develop a recovery and/or rehabilitation treatment plan, including specific treatment goals and measureable outcome goals (i.e., WRAP);
- Identifies behaviors that might suggest suicidality and/or other high risk behaviors and/or changes in symptom presentation needing further intervention and informs a supervisor of same, and consults with medical staff for medical issues that may be identified;
- Employs crisis and safety measures and utilizes risk management principles;
- Identifies and utilizes relevant services and modalities that are appropriate to age, psycho-social and cultural context (i.e., community based support services, group, etc.);
- Demonstrates understanding of and ability to work with persons with co-occurring disorders;
- Recognizes signs and symptoms of de-compensation;
- Recognizes trauma based disorders, including PTSD;
- Is sensitive to the relationship of medical/physical health status issues to behavioral health challenges;
- Monitors progress and, in collaboration with the client, revises the treatment service plan as needed and as appropriate, and completes and finalizes a long-term care plan for review by a licensed professional;
- Provides specialized activities identified in job assignment or specialized training skills (i.e., public speaking, navigating services, transitioning client to wellness and recovery programs, Warm Lines, working in ER and in crisis socialization Units);
- Utilizes principles of care management to assist, link, and empower persons receiving behavioral health services and family members to access relevant community-based and interagency services (i.e., housing physical health care, financial benefits, employment, socialization activities, etc.);
- Evaluates effectiveness of services.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Is unfamiliar with therapeutic approaches and is unable to select appropriate interventions for persons receiving behavioral health services.	Is able to choose most appropriate, strength-based treatment intervention strategy and integrates person receiving services and family in planning and evaluation.	Consistently coordinates appropriate treatment intervention activities while integrating client values and empowerment strategies.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⋏ Collegial and Collaborative Practice

Participates effectively in multi-disciplinary, multi-agency, and support system work for persons receiving behavioral health services across the spectrum of service delivery, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands the importance of collaborative interventions with multiple partners, the community, and treatment support systems, as well as related roles, responsibilities, and the purpose of the collaborative process;
- Demonstrates interpersonal skills in collaborating, problem solving, and coordinating the delivery of behavioral health services with treatment team and partner agencies;
- Gives and receives critical information that contributes to a well-functioning team;
- Actively support concepts for cooperative team interactions and efforts, and avoids counterproductive relationships which destroy team effectiveness;
- Utilizes recovery, resilience, and wellness-oriented strategies and MHSA Principles of "community-based" perspectives within collaborative arenas to empower persons receiving behavioral health services and family members;
- Provides information to help dispel inaccurate beliefs and misunderstandings of recovery, resiliency, wellness, stigma, and discrimination toward individuals with behavioral health issues, to other partners and participants in collaborative activities;
- Understands and follows legal statutes and mandates of partner agencies, including safety and risk management issues, when providing consultation and/or services there (i.e., court system, schools, health clinics, substance abuse programs, etc.).

Needs Improvement	Satisfactory Performance	Outstanding Performance
Acts unilaterally and is resistant to working in a team environment or collaborating with clients, families, other disciplines or organizations, etc.	Develops and maintains effective relationships with a wide range of persons receiving behavioral health services, families, colleagues, organizations, and communities, and facilitates empowerment of persons receiving services and families in their own recovery process.	Consistently exhibits willingness to participate and contribute in collaborative endeavors, demonstrates ability to intervene and appropriately respond to challenging conflictual dilemmas and is a role model of effective collaboration for others.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date: _____**

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚹ Reflective Practice and Use of Self

Demonstrates awareness of own strengths and therapeutic use of self, and exhibits interpersonal and communication skills that reflect a climate of compassion and person-centered care, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Demonstrates attentiveness to persons receiving behavioral health services and the family's presence, including understanding the multiple roles and responsibilities for working with individuals receiving behavioral health services;
- Critically evaluates one's own performance;
- Recognizes when a situation is beyond their experience and ability, and seeks supervision and consultation;
- Demonstrates personal qualities that enhance practice, including compassion, empathy, advocacy, and respect for the inherent worth and dignity of individuals;
- Acts as a role model for examining one's own feelings and behaviors and the potential effect on both persons receiving behavioral health services and service delivery activities;
- Models effective coping techniques and coping strategies;
- Demonstrates awareness of appropriate boundary issues, including ambiguities encountered in multiple roles of recovery, resilience, and wellness-oriented practice;
- Utilizes knowledge in resolving and/or managing conflicts and ambiguities that arise at multiple levels in the work environment;
- Demonstrates knowledge and awareness of need for self-care, and shows an ability to apply self-care concepts;
- Demonstrates ability to discern when and how much of a personal recovery story to share with persons receiving behavioral health services.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Is unable to exhibit professional behaviors in work with persons receiving behavioral health services and families, and cannot identify personal values and issues that interfere with effective therapeutic interventions.	Demonstrates understanding of professional practice principles and responsibilities, and consciously utilizes interpersonal skills in establishing therapeutic relationships.	Consistently demonstrates professional interaction and communication skills, reinforces client empowerment and is attentive to self-care issues.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚹ Recovery, Resilience, and Wellness

Integrates principles of behavioral health recovery, resilience, and wellness-oriented care and methods of service delivery as appropriate for the setting and age of persons receiving services, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Believes that recovery is possible, and that individuals with behavioral health issues can have a place in the community, with a focus on living a life of meaning and purpose;
- Promotes participation of persons receiving behavioral health services and family members in all aspects of the behavioral health service delivery system and responds actively and appropriately to feedback from service recipients and family /support service partners;
- Places priority on developing helping relationships with persons receiving behavioral health services and family members;
- Supports behavioral health services that are wellness, resilience, and recovery-focused, and empowering of choice and independence for service recipients and family members;
- Supports concepts of integrated service delivery systems;
- Demonstrates advocacy for persons who are receiving behavioral health services, and supports their development of self-advocacy skills;
- Utilizes strength-based, solution-focused, and community-based approaches to working with persons receiving behavioral health services from a recovery and resilience focus perspective;
- Models recovery, resilience, and wellness concepts in practice;
- Promotes and supports peer integration into the workforce;
- Demonstrates awareness of stigma and discrimination regarding individuals with behavioral health challenges, and promotes and supports the recovery process;
- Models effective coping techniques and coping strategies.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Behavioral Health Service Provider, through words and/or behavior, indicates that they believe that recovery is not possible.	Demonstrates belief that recovery is possible, and is individually defined, developed on basis of hope, self-determination, empowerment and coping skills, wellness, and resilience.	Consistently pursues opportunities to further understanding of recovery and integrates this knowledge into the practice relationships with persons receiving behavioral health services, family members and organizations.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⋏ Cultural Competency

Recognizes and values diversity, and partners with the persons receiving behavioral health services and their families to discern the relevant cultural and diverse aspects of the individuals' lives that must be addressed during the development of the treatment plan and its implementation, including but not limited to the following knowledge, skills, and abilities (KSAs):

- Demonstrates sensitivity to and respect for age, social role, culture, race, gender, gender identity and expression, language, spirituality, sexual orientation, ethnicity, social class, economic status, immigration status, veteran status and disability;
- Promotes the importance of and emphasizes sensitivity to cultural competency throughout the agency service system;
- Demonstrates the importance of gathering information and showing sensitivity to the person receiving behavioral health services and family, and their self-identified view of their culture and social world, utilizing strength-based and solution-focused interventions;
- Identifies effects of stigma and oppression on individuals, families, groups, and communities, and strives to promote strategies that address these issues;
- Demonstrates awareness of the disproportionality of service delivery to underserved populations, and focuses on assuring expansion of services to all populations, including providing linguistically appropriate services;
- Demonstrates an ongoing and deliberate effort to learn about other cultures.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Staff member, through words, interactions, and behaviors is unable to demonstrate cultural awareness and use of culturally sensitive practice interventions.	Demonstrates awareness of culturally sensitive practice, and incorporates this knowledge into delivery of behavioral health services.	Identifies opportunities to increase knowledge base and skills through cultural learning opportunities and training, and applies knowledge to practice.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚕ Integrated Behavioral Health Practice

Understands the interface between behavioral health and primary medical health care practices, and the importance of the ability to participate in the full spectrum of service delivery with other service providers, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Understands concepts of bi-directional care, including an understanding that medical conditions in many cases could be contributing to behavioral health issues;
- Participates in coordination and collaboration with partners from primary health care agencies to provide integrated care;
- Participates in planning and development to integrate behavioral health, substance abuse, and primary health care treatment with attention to the need for equal access to services for all populations;
- Develops knowledge about the interface between primary and behavioral health care practices;
- Understands the increased risk of individuals with behavioral health challenges to develop co-incidental medical illnesses and problems;
- Understands and encourages persons receiving behavioral health services to utilize wellness principles in order to help combat the development of co-incidental medical illnesses (i.e., smoking cessation, dietary monitoring, healthy lifestyle issues, etc.);
- Promotes and "normalizes" knowledge of behavioral health and substance abuse issues to community partner agencies in order to combat stigma and discrimination;
- Works effectively with other organizations and systems to promote integrated health, substance abuse, and behavioral health services.
- Provides education to the community regarding critical issues in behavioral health to help them develop an understanding about the needs of persons receiving behavioral health services and promotes the utilization of available resources to combat discrimination and promote stigma reduction.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Shows inability to grasp medical/health related issues of persons receiving behavioral health services, is resistant to sharing behavioral health insights about persons receiving services, and doesn't pursue knowledge to further their understanding.	Demonstrates the ability to work in multiple agency settings, including those with medical perspective, and welcomes others to work in the mental health setting, and is able to add a behavioral health perspective to other disciplines understanding of the patient and family.	Consistently identifies opportunities to enhance collaboration between service delivery systems. By example and leadership, demonstrates practice that incorporates both mental health expertise and ability to look at the patient from multiple perspectives (i.e. behavioral health, substance use and abuse, medical health needs, etc.).

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⋏ Professional Development

Recognizes and assesses one's own level of knowledge development and demonstrates commitment to lifelong learning and the improvement of knowledge and helping skills, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

- Completes required agency mandated trainings and courses;
- Maintains required licensures or certification standards as required in their job description;
- Shares feedback and learning from training activities with other staff;
- Utilizes supervision and case discussion effectively to inform practice skills needing further development;
- Participates in presenting training activities to agency and community partners as requested by supervisor;
- Participates in providing information/consultation/mentoring for student interns, volunteers, other collaborative behavioral health service providers, and newly hired staff members as requested by supervisor;
- Is able to recognize limitations, and takes initiative to identify and seek training and assistance to meet training needs for own skill development;
- Initiates and demonstrates desire to gain more skills and implement new knowledge and skills gained from training activities;
- Demonstrates initiative in self-advocacy.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Practice indicates a need for additional training and learning opportunities but individual is unable to hear or self-determine the need for education and training. Resists agencies' formal and informal opportunities for further professional development.	Develops an individual plan to further knowledge base and practice, looks for opportunities to carry out the plan, and effectively uses supervisor to identify training needs and activities necessary to address these needs.	Looks for and avails oneself of opportunities, beyond the agency setting, for professional growth and development and seeks supervision and/or consultation from other professionals in the agency other than clinical supervisor; provides training activities and/or mentors colleagues in professional training activities.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____   _____   _____   _____
Supervisor Signature   Date   Employee Signature   Date

⚲ Work Management

Manages responsibilities and tasks of work assignment within agency timelines and expectations, including but not limited to the following Knowledge, Skills, and Abilities (KSAs):

VII.   Demonstrates punctuality and expected attendance patterns;

VIII.   Demonstrates positive, courteous, and professional delivery of services to individuals receiving behavioral health services and their family/support system members;

IX.   Meets productivity expectations and standards;

X.   Provides clear and direct verbal and written communication;

XI.   Demonstrates appropriate inter-professional skills, including the ability to give and accept feedback from persons receiving behavioral health services and their family members, colleagues, agency management, and the public;

XII.   Demonstrates dependability and follow-through on services provided;

XIII.   Recognizes and demonstrates time management skills;

XIV.   Demonstrates appropriate attire for the work setting;

XV.   Demonstrates the ability to adjust to secondary assignments, such as out-stationed and community-based duties and activities, program development activities, specialized activities, etc.;

XVI.   Utilizes computer and technical skills, including electronic health records, appropriately and within legal and ethical guidelines;

XVII.   Completes documents and required reporting in a comprehensive and timely manner;

XVIII.   Effectively manages workload assignments, community's needs for assistance, and related activities.

Needs Improvement	Satisfactory Performance	Outstanding Performance
Demonstrates ongoing difficulties in organizing and managing workload, work product completion and deadlines.	Abides by workplace management expectations to plan, organize, and complete workload responsibilities appropriately.	Consistently works independently within the context of acceptable practice and manages workload and deadlines effectively. Quality of work produced rarely or never needs corrections.

Potential Evaluation methods used for Performance Rating Supervision; Chart Review; Case Presentations; Multidisciplinary Teamwork Activities; Direct Observation; Peer Feedback; Client Feedback, Employee Self-Evaluation; Audit Results; Outcome Measures.

Performance Rating: _____   **Date:** _____

_____ _____ _____ _____
Supervisor Signature   Date   Employee Signature   Date

Employee Name: _____ Position Title: _____ Type of Evaluation: Semi-Annual __ Annual __ Other _____ (Specify type)

Core Competency	Definition	Level 1 Needs Improvement	Level 2 Satisfactory	Level 3 Outstanding
Ethics	Understands and applies the respective ethical standards and conduct from job title groups, and agency of employment standards within the environmental context and position role.			
Comments:				
Legal and Statutory Mandates	Demonstrates knowledge of and appropriate application of relevant behavioral health state and federal laws/mandates.			
Comments:				
Clinical Knowledge Base	Understands and applies appropriately a variety of therapeutic interventions that are commonly used for the target population of the CA Behavioral Health system (i.e. Children's System of Care).			
Comments:				
Clinical Practice Documentation	Prepares documentation that meets the standards and reporting requirements of agency and state monitoring and funding organizations.			
Comments:				
Clinical Assessment and Intervention	Selects and provides appropriate services based on evaluation, taking into account the age of the individual receiving services, and is able to evaluate and modify interventions as needed.			
Comments:				
Collegial and Collaborative Practice	Participates effectively in multi-disciplinary, multi-agency, and support system teamwork for persons receiving behavioral health services across the spectrum of service delivery.			
Comments:				

Core Competency	Definition	Level 1 Needs Improvement	Level 2 Satisfactory	Level 3 Outstanding
Reflective Practice and Use of Self	Demonstrates awareness of own strengths and therapeutic use of self, and exhibits interpersonal and communication skills that reflect a climate of compassion and person centered care.			
Comments:				
Recovery, Resilience and Wellness	Integrates principles of mental health recovery, resilience, and wellness oriented care and methods of service delivery as appropriate for the setting and age of persons being served.			
Comments:				
Cultural Competency	Recognizes and values diversity and partners with the person receiving services and family to discern the relevant cultural and diverse aspects of the individual's life needing to be addressed in developing the treatment plan and its implementation.			
Comments:				
Integrated Behavioral Health Practice	Understands the interface between behavioral health and primary medical health care practices and the importance of the ability to participate in the full spectrum of service delivery with other service providers.			
Comments:				
Professional Development	Recognizes and assesses one's own level of knowledge development and demonstrates commitment to lifelong learning and improvement knowledge and helping skills.			
Comments:				
Work Management	Manages responsibilities and tasks of work assignment within agency timelines and expectations.			
Comments:				
Plan for Improvement and Training Activities over next Performance Evaluation Period:				

_____   _____   _____   _____

Supervisor Signature   Date   Employee Signature   Date