

**DRAFT Minutes**  
**MHRT/C Redesign Advisory Committee Meeting**

**Date:** January 22, 2015

**Time:** 10am-12pm

**Location:** 41 Anthony Ave.; Conf. Room A

**Meeting Lead:** Leticia Huttman

**Purpose:** Redesign of MHRT/C

**Overview:** Welcome, Introductions

Opening Remarks

Minutes from Last Meeting/Changes

General Updates

Role of MHRT/C Advisory Committee

Competency Sub-Committee Updates

Crosswalk of CM positions

Discussion

Next Meeting

**Participants:**

Elizabeth Bailey	Sweetser	Leticia Huttman	SAMHS	David McCluskey	Community Care
Catherine Charette	CHCS	Donna Kelley	Kennebec BH	Jenna Mehnert	NAMI ME
Kelly Brown	CCSME/TCMHS	Angela Feliccia	Penobscot CHC	Sybil Mazerolle	OMS
Stephanie Truman	Amethyst	Mark Joyce	DRC	Carol Nemeroff	USM-LAC
Paula Gustafson	Consumer Council System of Maine	Janice Daley	Muskie	Jacinda Dionne	Muskie
Nadine Edris	Muskie				

**Minutes:**

**1. Welcome , Introductions and Opening remarks:**

Leticia Huttman opened the meeting and members introduced themselves.

**2. Minutes from last Meeting/Changes**

Leticia asked if anyone had any changes to the draft minutes from the previous meeting on December 11<sup>th</sup>.

The following are changes that were noted and will be added to the minutes:

- Add understanding of brain as best and emerging practices
- Interface with APS (consistency in reviews and approvals) – added to Parking Lot
- Broad workforce issues (e.g. basic computer skills) – added to Parking Lot

**3. General Updates**

Leticia provided some general Department updates. She stated that Kristen Jiorle is no longer with the Treatment and Recovery team. In addition, Linda Frasier, the Associate Director of Treatment and Recovery has left her position. Kristen Fortier has been named the Acting

Associate Director of Treatment and Recovery. She stated that the Department is currently examining Section 17. She also explained that even as the Department continues to involve initiatives (e.g. BHH, 1915 I Amendment) there will still be a need for a core workforce with clear functions and ways for these workers to access training.

**4. Role of MHRT/C Advisory Committee**

Leticia explained that the role of the Advisory Committee will now be slightly different than originally intended. Because there have not been a lot of volunteers for the MHRT/C Systems/Administration sub-committee, the systems issues will be brought to the Advisory Committee for input. Some examples of systems issues include continuing education, waivers, provisional status, portfolio reviews, etc.

**5. Updates on Competency Sub-Committee**

Janice Daley gave an update on the progress of the Competency sub-committee. She stated that the committee has met twice. The group had a smaller initial meeting in December, followed by a larger follow-up session at the beginning of January. The notes from these meetings have been posted to the MHRT/C Redesign website. There has been a lot of participation and helpful feedback. She mentioned that it can be challenging at times to separate the systems issues from the competencies. The committee has been examining the current competencies to make recommendations regarding what knowledge areas should be added or eliminated. Their feedback will be gathered and synthesized for the next meeting. A draft list of competencies will be completed in March and widely disseminated to enable stakeholders an opportunity to give feedback.

**6. Crosswalk of Case Management Positions in Maine**

Janice distributed two crosswalks, one comparing case management positions in Maine and one detailing the similarities and differences in qualifications and requirements for targeted case management (TCM) and community integration (CI) positions. She stated that the major difference in TCM and CI positions is how they treat academic degrees. (All TCM positions require a degree; CI recognizes certain degrees, but does not require a degree.) Janice gave an overview of the similarities and differences in TCM and CI for various categories such as work experience, certification, professional staff, non-academic training, continuing education, and reciprocity. These crosswalk documents will be posted to the MHRT/C Redesign website.

The following are highlights of stakeholder discussion regarding the crosswalks:

- Although CI does not require a degree, a degree may be required by the specific hiring agency.
- Not all homeless programs are licensed entities.
- One participant pointed out that one of the requirements listed on the TCM and CI crosswalk is that staff providing TCM to children are required to have parented a child with special needs.

**ACTION: Janice will verify whether the above requirement is accurate.**

## **7. Additional Discussion**

The following are highlights of some of the topics discussed by the committee. It should be noted that there was a wide range of opinion on these topics.

- It would be helpful to have a visual of the staffing levels/functions of mental health systems, perhaps highlighting one or two agencies as an example. Catherine Charette from CHCS volunteered to provide information on the roles and services of her agency. Kennebec Behavioral Health also volunteered to share this information.
- Need to remember that competencies do not equal skills; how do you measure competency?
- APS tutorial/documentation. Submitting to APS is a major stressor for MHRT/Cs (how to get through MaineCare's system for funding); however, this is not expected at all agencies. Some members would like this to be a competency and some do not.
- The lack of a decertification process is a major issue. No higher authority to revoke certification. Individuals are able to move from agency to agency.
- Consider mirroring the standards of some licensing boards with regard to a Code of Ethics
- If a Code of Ethics is created, there will also be the additional workload of establishing an entity charged with revoking certification for ethics violations.
- Consider establishing a board to cover all certified individuals (e.g. BHP, OQMHP, DSP, MHRT I, MHRT/C).
- If advocacy groups took the lead on the decertification issue, it may carry more weight.
- Provisional structure and expiration date of the MHRT/C are also major systems issues to consider.
- If someone has a Bachelor's or Master's degree, should they be certified at a higher level?
- What is the decision-making process for these systems issues? Is the purpose to brainstorm or to develop specific recommendations?

**ACTION:** Muskie staff will follow up with Paula Gustafson and Catherine Charette to gather information on the roles and responsibilities of mental health staff at CHCS and prepare a visual representation of mental health services.

## **8. Next Meeting (s):**

**The next meeting of the Advisory Committee will be held on February 26<sup>th</sup> from 10-noon at 35 Anthony Ave., Conference Room C. Note the change in location.**