



**Direct Course**  
ONLINE CURRICULA FOR LIFE IN COMMUNITY

## College of Recovery and Community Inclusion

# CMS Core Competencies: What this Means for the Behavioral Health Workforce

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# Workshop Presenters

- Richard Baron, MA
  - Temple University, TU Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities
- Bill Burns-Lynch, MA, LPC, CPRP
  - Temple University, TU Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities



# Agenda

- The TU Collaborative: Who We Are
- Brief Overview of the Behavioral Health Direct Service Workforce
- Overview and Purpose of New CMS Core Competencies for Direct Service Workers
- Identify and Explore how DirectCourse: College of Recovery and Community Inclusion (CRCI) Supports These Competencies
- Next Steps



# Temple University RRTC on Community Living and Participation of Individuals with Psychiatric Disabilities

- Mission



- *Advance knowledge through rigorous research aimed at developing practical technologies for maximizing community living and participation of individuals with psychiatric disabilities.*
- *Work in partnership with consumers and other stakeholders to ensure that current research findings in this area are utilized in national, regional, and local behavioral health policies, supports, and practices.*

<http://www.tucollaborative.org>



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# Who is the Behavioral Health Direct Service Workforce?

- Community Mental Health Practitioners
  - Unlicensed Individuals Who Work In:
    - Community Mental Health Centers
    - For Profit and Not-for-Profit Agencies/Organizations
  - These Direct Service Positions Staff:
    - Case management or care management programs
    - Partial hospitalization and day programs
    - Mobile and on-site psychiatric rehabilitation programs
    - Community residential (both congregate and independent living) programs
    - Employment programs
    - Peer-run programs
    - Other rehabilitation and treatment settings
  - Work closely and often intensely with individual service participants.



# Contours of the Workforce

- Sizeable and diverse (at least as many as there are professionally degreed workers; social workers, psychologists, psychiatric nurses, psychiatrists, etc.).
  - Estimates range from 500,000 – 750,000
- Many without advanced/professional degrees.
- Myriad of job titles and responsibilities.
- High turnover rate.
- Inadequately paid.
- No established career ladder.
- Some crossover between disability fields (intellectual and developmental disabilities, personal care, aging).



# Workforce Roles and Responsibilities

- Most deliver “non-clinically-based” services.
- Provide “hands-on” assistance, meeting basic mental health care, physical health care, safety, and at times other self-care needs.
- Facilitate independent living and functioning in the community.
  - Support increased community participation.
  - Supervise group living and group interactions.
  - Care management supports.
- In today’s environment, they not only provide direct care and supervision, but are increasingly expected to deliver rehabilitation/recovery supports.



# Behavioral Health Workforce Development Issues

- Often not recognized as the critically important profession they are.
- Often not respected, rewarded and tended to as they deserve.
  - Career paths, training and educational opportunities, and financial compensation remain inadequate.
  - Experiencing the “pushing down” of responsibilities.
- Oncoming competition for workers from other sectors in the long-term services and supports system.





# Behavioral Health Workforce Development Issues Pre-recorded Webinar

- Mental Health Workforce Development in 2015 and Beyond: Strategies to Support Change for County Level Administrators
- <http://directcourseonline.com/blog/2014/12/30/recent-webinar-examines-methods-support-county-level-change-mental-health-workforce/>



# Polling Question

If you or your agency is currently training your workforce, by what method do you train them?

- Online
- In-person
- Blended
- N/A



# Purpose of the CMS Core Competencies

The **Direct Service Worker Core Competency Set** establishes evidence-based practices for training and employment across the Long Term Services and Supports sectors (including behavioral health) to:

- **Frame competency-based training objectives** to guide the evaluation of existing curriculum and/or identify the need for new curriculum development.
- **Develop measures of initial worker skills** to identify necessary entry level competencies and support planning for training and competency development.
- **Cultivate skill development by measuring competencies** within the current workforce and identify needs for ongoing training.
- **Serve as the foundation of career ladders and lattices** inclusive of a wide variety of Direct Support Worker roles across sectors.



# CMS Core Competency Development Phases

Phase I	An inventory and overview of competency initiatives developed in the United States to improve training and proficiency of the DSW within and across LTSS sectors.
Phase II	A comparative analysis and systematic review of DSW competency sets identified during Phase I. Results of the analysis indicated that a significant number of common competencies across sectors.
Phase IIIA	Synthesized the results of the competency analysis (Phase II) in collaboration with stakeholders across sectors to reach consensus on an initial set of core competencies for direct service workers.

dsw-core-competencies-phase-III-B-december-2014.pdf



# CMS Core Competency Development Phases

## Phase IIIB

In 2014, the DSW RC began a validation study (Phase IIIB) of the Set of Core Competencies to determine the applicability of each competency statement included across all four sectors. To do so, it held over 40 focus groups and fielded an online survey reaching over 2,500 key ground-level stakeholders including:

- Service participants
- Family members and guardians of service participants
- Direct service workers

dsw-core-competencies-phase-III-B-december-2014.pdf



# To Learn More

- To listen to a previously recorded webinar given by Lori Sedlezky, MSW, of the University of Minnesota, that provides a detailed discussion about the development and importance of the CMS Direct Support Worker Competencies go to the following link:

<http://tinyurl.com/directcourse-cms>



# CMS Core Competencies for the Direct Service Workforce: Competency Areas

1. Communication (3)
2. Person-Centered Practices (7)
3. Evaluation and Observation (4)
4. Crisis Prevention and Intervention (7)
5. Safety (5)
6. Professionalism and Ethics (6)
7. Empowerment and Advocacy (5)
8. Health and Wellness (7)
9. Community Living Skills and Supports (4)
10. Community Inclusion and Networking (4)
11. Cultural Competency (5)
12. Education, Training, and Self-Development (3)

[www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/workforce/downloads/dsw-core-competencies-final-set-2014.pdf](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/workforce/downloads/dsw-core-competencies-final-set-2014.pdf)



## 10. Competency Area: Community Inclusion and Networking (4)

- The Direct Support Worker helps individuals to be a part of the community through valued roles and relationships, and assists individuals with major transitions that occur in community life.





## 10. Competency Area: Community Inclusion and Networking Skill Statements

- a. *Encourages and assists individuals in connecting with others and developing social and valued social and/or work roles based on his or her choices.*
- b. *Supports the individual to connect with friends and to live and be included in the community of his or her choice.*
- c. *Helps the individual transition between services and adapt to life changes, including moving into home and community based settings.*
- d. *Respects the role of family members in planning and providing services.*



# Polling Question

Do your workers typically have experience in some of these core competency areas before you hire them?

- Yes
- No
- Don't know



# The College of Recovery and Community Inclusion (CRCI)

- Developed by Temple University, Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, in partnership with the UMN Research and Training Center on Community Living and Elsevier.
- One of four 'Colleges' within DirectCourse online training.
- Launched in 2013 with 5 online courses.

**CRCI** online courses help community mental health practitioners develop the attitudes, knowledge, and skills necessary to competently and compassionately support individuals with mental health conditions to live satisfying, successful, and self-directed lives. CRCI is founded on the belief that everyone has the right to lead a life of full participation in the community in the valued roles of their choice.

<http://directcourseonline.com/recoveryandcommunityinclusion/>



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# CRCI Current Course Catalogue

## 7 Courses:

- The Effective Use of Documentation (15 Lessons)
- Universal Precautions and Infection Control (11 Lessons)
- Seeing the Person First: Understanding Mental Health Conditions (8 Lessons)
- Mental Health Treatments, Services and Supports (8 Lessons)
- Cultural Competence in Mental Health Service Settings (13 Lessons)
- Introduction to Mental Health Recovery and Wellness (9 Lessons)
- Principles and Practices of Community Inclusion (8 Lessons)



# CRCI Courses in Development/Planning

- **Current Development**
- Professionalism and the Community Mental Health Practitioner (8 Lessons)
- Understanding HIPAA: Protecting Confidentiality and Privacy (3 Lessons)
- Trauma Informed Services and Supports (12 Lessons)
- Implementing Community Inclusion Practices in Real Life Settings (8 Lessons)
- **Sampling of Courses in the Planning Stages**
- Communication Skills for De-escalating Crises
- Safety at Home and in the Community (including fire, first aid and driving safety)
- Promoting Employment Across all Program and Service Environments
- Supporting Increased Leisure and Recreation



# How Does CRCI Meet These Competencies?

CMS Direct Service Worker Competency Area		College of Recovery and Community Inclusion (CRCI)
1	<p>Communication</p> <p>Total of 29 individual lessons, approximately 14.5 hours of training</p>	<p>The Effective Use of Documentation</p> <p>Cultural Competence in Mental Health Service Settings: L1, L2, L4, L5, L6, L10, L11, L12</p> <p>Seeing the Person First: Understanding Mental Health Conditions: L2, L7, L8</p> <p>Professionalism and the Community Mental Health Practitioner: L2, L3, L4*</p>
2	<p>Person-Centered Practices</p> <p>Total of 29 individual lessons, approximately 14.5 hours of training.</p>	<p>Seeing the Person First: Understanding Mental Health Conditions: L1, L2, L3, L4, L7, L8</p> <p>Mental Health Treatments, Services and Supports: L4, L5, L6, L7</p> <p>Introduction to Mental Health Recovery and Wellness: L3, L4, L5, L6, L7, L8</p> <p>Principles and Practices of Community Inclusion: L1, L3, L5</p> <p>Cultural Competence in Mental Health Service Settings: L1, L2, L3, L5, L6, L11</p> <p>The Effective Use of Documentation: L4, L12</p> <p>Professionalism and the Community Mental Health Practitioner: L2, L4*</p>
3	<p>Evaluation &amp; Observation</p> <p>Total of 14 individual lessons, approximately 7 hours of training.</p>	<p>Seeing the Person First: Understanding Mental Health Conditions: L4, L5, L6, L7, L8</p> <p>Introduction to Mental Health Recovery and Wellness: L5, L6, L7, L8</p> <p>Cultural Competence in Mental Health Service Settings: L1, L2, L3, L6</p> <p>Principles and Practices of Community Inclusion: L5</p>
4	<p>Crisis Prevention and Intervention</p> <p>Total of 7 individual lessons, approximately 3.5 hours of training.</p>	<p>The Effective Use of Documentation: L10</p> <p>Mental Health Treatments, Services and Supports: L2, L3, L7</p> <p>Introduction to Mental Health Recovery and Wellness: L6, L7, L8</p>



# How Does CRCI Meet These Competencies?

CMS Direct Service Worker Competency	College of Recovery and Community Inclusion (CRCI)
<p>5</p> <p>Safety</p> <p>Total of 13 individual lessons, approximately 6.5 hours of training.</p>	<p>The Effective Use of Documentation: L8            Universal Precautions and Infection Control            Professionalism and the Community Mental Health Practitioner: L6*</p>
<p>6</p> <p>Professionalism &amp; Ethics</p> <p>Total of 14 individual lessons, approximately 7 hours of training.</p>	<p>The Effective Use of Documentation: L13, L14, L15            Professionalism and the Community Mental Health Practitioner*            Understanding HIPAA: Protecting Confidentiality and Privacy*</p>
<p>7</p> <p>Empowerment &amp; Advocacy</p> <p>Total of 14 individual lessons, approximately 7 hours of training.</p>	<p>The Effective Use of Documentation: L2            Seeing the Person First: L1, L2, L4            Mental Health Treatments, Services and Supports: L4, L5, L6            Introduction to Mental Health Recovery and Wellness: L3, L4            Cultural Competence in Mental Health Service Settings: L10            Principles and Practices of Community Inclusion: L2, L4            Professionalism and the Community Mental Health Practitioner: L2, L6*</p>
<p>8</p> <p>Health &amp; Wellness</p> <p>Total of 34 individual lessons, approximately 17 hours of training.</p>	<p>Seeing the Person First: Understanding Mental Health Conditions            Introduction to Mental Health Recovery and Wellness            Mental Health Treatments, Services and Supports            Universal Precautions and Infection Control: L3, L4, L5, L7, L8, L9, L10            The Effective Use of Documentation: L6            Professionalism and the Community Mental Health Practitioner: L2*</p>



# How Does CRCI Meet These Competencies?

CMS Direct Service Worker Competency	College of Recovery and Community Inclusion (CRCI)
<p>9</p> <p>Community Living Skills &amp; Supports</p> <p>Total of 11 individual lessons, approximately 5.5 hours of training.</p>	<p>Mental Health Treatments, Services and Supports: L4, L5, L6, L8            Seeing the Person First: Understanding Mental Health Conditions: L2, L3, L7, L8            Principles and Practices of Community Inclusion: L5, L6, L7</p>
<p>10</p> <p>Community Inclusion &amp; Networking</p> <p>Total of 13 individual lessons, approximately 6.5 hours of training.</p>	<p>Principles and Practices of Community Inclusion            Seeing the Person First: Understanding Mental Health Conditions: L2, L3            Mental Health Treatments, Services and Supports: L4, L8            Professionalism and the Community Mental Health Practitioner: L4*</p>
<p>11</p> <p>Cultural Competency</p> <p>Total of 13 individual lessons, approximately 6.5 hours of training.</p>	<p>Cultural Competence in Mental Health Service Settings            Professionalism and the Community Mental Health Practitioner: L2*</p>
<p>12</p> <p>Education, Training &amp; Self-Development</p> <p>Total of 5 individual lessons, approximately 2.5 hours of training.</p>	<p>Cultural Competence in Mental Health Service Settings: L7, L8, L12            Professionalism and the Community Mental Health Practitioner: L1, L7*  <b>All courses in the CRCI curriculum. Currently over 80 lessons and over 40 hours of training and education.</b></p>





# Key Components of the CRCI Curriculum

- Competency Driven
- Comprehensive and Coordinated
- Rooted in Recovery, Community Inclusion, Empowerment
- Incorporating Emerging Best and Evidenced-based Practices
- Developed and Vetted by Experts in the Field
- Pilot Tested and Continually Revised
- Engages the Supervision Process
- Supporting a 'Reflective Practice' Model
- Provides Access to a Wide Range of Topics
- Creates a Standard Base of Knowledge
- Cost Effective with 24 Hour Accessibility



# Cultural Competency in Mental Health Service Settings

- Why do a course on cultural competency?
  - Frequently a state and/or county training requirement.
  - Recognizes past mental health system inadequacies.
  - Substantially improves service delivery.



# Cultural Competency

- Course Development
  - Draws on College of Direct Support Professionals course on cultural competency.
  - Responds to concerns and directions from our own National Advisory Board for this specific course.
  - Shaped by the course's National Editor – Laurene Finley, Ph.D.



# Cultural Competence

- Key Course Components
  - Multicultural presenters.
  - Emphasis on stories and examples.
  - Frequent use of reflective exercises.



# Cultural Competence

## Course Content by Lesson Topic

1. An Introduction to Cultural Competence
2. Responsible Practice for the Practitioner
3. Defining Race, Ethnicity, Heritage, Ancestry
4. Defining Culture and Its Effects
5. Cultural Differences in Communication
6. Understanding Diversity



# Cultural Competence

## Course Content by Lesson Topic

7. Understanding Your Own Culture
8. Your Family and Your Cultural Roots
9. Multiple Cultural Identities
10. Bias and Discrimination
11. Organization Structure as a Culture
12. Promoting Cultural Competence via Change



# Cultural Competence

- Competency Focus
  - Use of NADSP and PRA Competencies
  - Linking the Course to the CMS Competencies
    - Communication (Lessons 1,2,4,5,6,10,11,12)
    - Person Centered (Lessons 1,2,3,5,6,11)
    - Evaluation and Observation (Lessons 1,2,3,6)
    - Empowerment and Advocacy (Lesson 10)
    - Cultural Competency (all Lessons)
    - Education, Training, Development (Lessons 7,8,12)



# Cultural Competence

- Course/Lesson Demonstration
  - Lesson 7: Understanding Your Own Culture





# Cultural Competence

- Is the course comprehensive?
  - Addresses multiple issues.
  - Full of content and links for more depth.
  - Can be used independently online or as a resource for in-person training activities on-site.



# Principles and Practices of Community Inclusion

- Recovery has increasingly become the clarion call in mental health systems both in terms of expected outcomes and in systems transformation efforts.
- The recovery ‘movement’ has signaled a shift in community mental health from an era of segregation, stabilization and maintenance to one of integration, empowerment and participation.
- It is this participation that leads to a sense of meaning and purpose in life, enhances our sense of self, and supports our continued personal growth across the lifespan.



# Principles and Practices of Community Inclusion

- Eight Lessons cover:

Lesson 1: Defining Community Integration, Participation, and Inclusion

Lesson 2: The Evidence of Community Exclusion

Lesson 3: The Evidence for Community Participation

Lesson 4: The Historic, Legal, and Policy Foundations of Community Inclusion

Lesson 5: Building a New Understanding of Community Inclusion

Lesson 6: The Principles of Community Inclusion, Part 1

Lesson 7: The Principles of Community Inclusion, Part 2

Lesson 8: The Challenges of Community Inclusion



# Principles and Practices of Community Inclusion

- Use of NADSP and PRA Competencies
- Linking to the CMS Competencies
  - Person Centered (Lessons 1, 3, 5)
  - Evaluation and Observation(Lesson 5)
  - Empowerment and Advocacy (Lessons 2 & 4)
  - Community Living Skills & Supports (Lessons 5, 6, 7)
  - Community Inclusion & Networking (all Lessons)



# Principles and Practices of Community Inclusion

- Course/Lesson Demonstration
  - Lesson 6: Principles of Community Inclusion Part 1
  - Highlights 3 of 6 Community Inclusion Principles
- **Community Inclusion:**
  - is a right
  - promotes opportunity in a variety of valued social roles across all community inclusion domains
  - prioritizes individual choice and self-determination that promotes a sense of responsibility among persons in recovery



# Principles and Practices of Community Inclusion

- Course/Lesson Demonstration
  - Lesson 6: Principles of Community Inclusion Part 1



# Professionalism and the Community Mental Health Practitioner

- A course, from the College of Recovery and Community Inclusion, available Summer 2015
- **Development Process**
  - Discussed the need for this course with key leaders in the mental health training world
  - Met with an advisory group to determine goals and key content areas
  - Reviewed by the course's National Editor – Craig Strickland, Ph.D. / Director of Organizational & Employee Development/ Horizon House, Philadelphia, PA



# Professionalism

- Why have a course on **professional conduct**?
  - Professional conduct improves service delivery quality.
  - Professional judgment is at the heart of most human service interactions.
  - Professionalism – sometimes repeating other course content – needs to be emphasized.





# Professionalism

## Course Content by Lesson Topic

1. The Importance of Professionalism
2. Focusing on Program Participants
3. Meeting Professional Standards
4. Building Effective Relationships
5. Respecting Privacy and Confidentiality
6. Behaving Ethically
7. Increasing Your Knowledge and Skills
8. Taking Care of Yourself



# Professionalism

- Linking to the CMS Competencies
  - Communication (Lessons 2, 3, 4)
  - Person Centered (Lessons 2 & 4)
  - Professionalism and Ethics (all Lessons)
  - Empowerment and Advocacy (Lessons 2 & 6)
  - Health and Wellness (Lesson 2)
  - Community Inclusion & Networking (Lesson 4)
  - Cultural Competency (Lesson 2)
  - Education, Training, and Development (Lessons 1 & 7)



# Professionalism

- The Uses of Online Access
  - A useful, accessible, and comprehensive online tool.
  - An adjunct to in-person training – to be used ahead of time by training participants.
  - A support for supervision, to emphasize the practitioner's growth and development.



# How to Utilize the DSW Core Competency Set?

- Guide the development of cross-sector statewide training requirements.
- Collaborate with other agencies in the state about establishing common training policies.
- MCO - Use Competency Set to assess capacity of providers in the network.
- Independent Providers/Agencies –
  - Consult the set to make revisions to training and orientation
  - Inform all workforce development tools (recruiting – training – performance evaluation – mentoring – recognition)



# Next Steps

- Learn more about the Direct Support Worker Core Competencies and related tools at:  
[www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Workforce/Workforce-Initiative.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Workforce/Workforce-Initiative.html)
- Assess your current training (cost, quality, consistency).
- Determine if additional or different training strategies are needed.
- Prepare implementation plan for any changes to existing workforce development strategies.



# Conclusion

- We are at a crossroads ...
  - The number of staff in this workforce will likely continue to increase...
  - Their work responsibilities will continue to increase...
  - Competition for competent and compassionate members of this workforce will increase...
  - Need a demonstrated commitment to training the workforce...



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# To Learn More

To request a demo and learn more about DirectCourse:  
College of Recovery and Community Inclusion (CRCI):  
<http://directcourseonline.com/recoveryandcommunityinclusion/>

Learn more about the entire DirectCourse  
Suite of Curricula:  
<http://directcourseonline.com/>





# Resources

- Learn more about the Direct Support Worker Core Competencies and related tools at:

[www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Workforce/Workforce-Initiative.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Workforce/Workforce-Initiative.html)

- A Review of Current Information About the Careers of the Direct Support Professional Workforce in the Mental Health, Developmental Disabilities, and Substance Abuse Service Delivery Systems:

[http://tucollaborative.org/pdfs/Toolkits\\_Monographs\\_Guidebooks/community\\_inclusion/Careers\\_of\\_the\\_Direct\\_Support\\_Professional\\_Workforce.pdf](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Careers_of_the_Direct_Support_Professional_Workforce.pdf)



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## Questions and Answers



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