



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

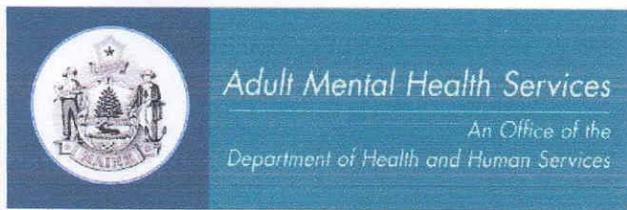
Office of Adult Mental Health Services

PROCEDURAL GUIDELINES for MENTAL HEALTH REHABILITATION TECHNICIAN/COMMUNITY (MHRT/C) Certification

Updated May 2008
See page 3 for January 1, 2009
change in MHRT-C requirements



Produced by the Maine Department of Health and Human Services, Office of Adult Mental Health Services in collaboration with the University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Public Sector Innovation, Center for Learning.



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May, 2008

Dear Colleagues,

Attached you will find the newly updated Procedural Guidelines for Mental Health Rehabilitation Technician/Community (MHRT/C) Certification. These guidelines reflect two significant changes in MHRT/C certification, as follows:

- On April 1, 2007 a new certification for crisis workers took effect. The MHRT/Crisis Services Provider (MHRT/CSP) certification is now required for all Crisis Intervention Services providers in adult mental health (and Crisis Resolution Services providers in children's mental health). This requirement replaced the MHRT/C requirement for crisis intervention and crisis resolution workers.
- As of January 1, 2009 all individuals seeking Full MHRT/C certification must complete the Vocational Aspects of Disability requirement. The Group Process course will no longer be accepted as of that date.

These changes were made as part of the Office of Adult Mental Health Services' ongoing effort to ensure that the mental health workforce receives relevant, up-to-date training that is recovery-oriented. In the case of the MHRT/CSP certification, the training is now more closely focused on the body of knowledge needed by crisis workers. The change in the MHRT/C requirements reflects an increased understanding in the mental health field of the contribution employment can make toward recovery.

As you read through these Procedural Guidelines for MHRT/C Certification, it is important to anticipate the impact of the January 1, 2009 Vocational Aspects of Disability requirement. Please keep in mind the following:

- Individuals who expect to complete the Full MHRT/C requirements after 1/1/09 must take the Vocational Aspects of Disability Course, not the Group Process course.
- Not all of the academic programs currently listed as pre-approved for Full MHRT/C will necessarily remain on the list as of 1/1/09. Those programs that do not add the Vocational Aspects of Disability (or comparable) course will be changed from pre-approval for Full MHRT/C to pre-approval for Provisional Level B MHRT/C.

The Office of Adult Mental Health Services and the Center for Learning staff are available to answer any questions you may have regarding these changes. You may also refer to www.cfl-muskie.org.

Thank you for your interest in promoting mental health for Maine's citizens.

Sincerely,

Ronald Welch, Director
Office of Adult Mental Health Services

**PROCEDURAL GUIDELINES FOR
MENTAL HEALTH REHABILITATION TECHNICIAN / COMMUNITY (MHRT/C)
CERTIFICATION**

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I. Introduction and Historical Background 1992

MHRT Established

The Mental Health Rehabilitation Technician (MHRT) Certification was first established in 1992 so that individuals in DHHS-funded positions providing community support services to adults with mental illness would have the training they needed to provide quality services. When the certification was first established, there were four different MHRT Certifications: I, II, III, and IV.

2001-2002

MHRT/C Established; Process Streamlined

In 2001-2002, the Department of Health and Human Services, Office of Adult Mental Health Services (DHHS, OAMHS) worked with a variety of stakeholders, in partnership with the Muskie School's Center for Learning (CFL), to re-evaluate the relevance of MHRT requirements and consider ways to streamline the certification process. CFL and OAMHS conducted research regarding knowledge competencies needed to work in the field of adult community mental health and developed a draft list of MHRT competencies based on that research. CFL then surveyed stakeholders to determine the importance of these competencies and whether they were necessary at the time of hire or one year later. The survey results were used to develop the final list of competencies required for the Provisional and Full MHRT/Community (MHRT/C) Certification.

At that time, OAMHS and CFL also took steps to streamline the MHRT Certification process as follows:

- The MHRT IV was eliminated because it was comparable to a Licensed Mental Health Professional and a Certified Rehabilitation Counselor.
- The MHRT II and III were changed to MHRT/Community because the scope of work for both II and III was the same.
- A review process was established so that university and college degree programs could be compared to the MHRT/Community competencies and "pre-approved" for Provisional or Full MHRT/C Certification.

2002

The revised *Procedural Guidelines for MHRT/C Certification* became effective August 1, 2002. In order to allow provider agencies and individuals pursuing MHRT/Community Certification to accommodate these changes, a two-year transition period was established during which applicants could meet requirements outlined in either the 1999 or the 2002 *Guidelines*. That transition period ended on August 1, 2004.

2004

Provisional MHRT/C Level A Established

In 2004, a group of community mental health providers reported continued difficulties with recruitment and retention of qualified staff. In an effort to ease recruitment difficulties, while still assuring qualified

staff, the OAMHS decided to add another level to the Provisional MHRT/C certificate. This new level (Provisional MHRT/C, Level A) enables providers to recruit and hire individuals who have earned Associate's, Bachelor's, or Master's degrees in fields that are related to human services, but may not meet the five specific requirements for Provisional MHRT/C Certification. This eliminates the need for transcript review prior to hiring. (A listing of academic programs accepted for Provisional MHRT/C, Level A Certification is included in Appendix C of these *Procedural Guidelines*). As a result of the addition of this new level of certification, Provisional MHRT/C Certification was renamed Provisional MHRT/C, Level B Certification. The requirements for Provisional MHRT/C, Level B Certification were not changed.

Since 2002, CFL has worked with a significant number of Maine colleges and universities interested in creating or modifying programs to meet MHRT/C requirements. Many more pre-approved courses and programs have been added to the expanding list. For the most up-to-date list of academic programs pre-approved for Provisional Level B or Full MHRT/C, go to www.cfl-muskie.org.

2005

In 2005, in response to concern that the MHRT/C requirements did not adequately address the training needs for crisis staff, the Maine Crisis Network (MCN) developed its own 13-module Crisis Training Curriculum (CTC). After review and analysis, the OAMHS approved a change in requirements for Crisis Intervention Services to adults.

2007

MHRT/Crisis Service Provider Established

On April 1, 2007, a new certification for crisis workers based on the CTC, took effect. The MHRT/Crisis Services Provider (MHRT/CSP) certificate is required for all Crisis Intervention workers in adult mental health (and Crisis Resolution Services in children's mental health) in Maine. This requirement replaced the MHRT/C requirement for Crisis Intervention workers.

CFL compared the CTC to the MHRT/C competencies to determine reciprocity. Based on that analysis, individuals with current MHRT/C Certification have the option of testing out of the seven non-core modules of the CTC. Those who earned the MHRT/CSP before April 1, 2014 may earn the MHRT/C by completing the Case Management and Vocational Aspects of Disability requirements.

NOTE: Effective April 1, 2014, individuals with MHRT/CSP certification no longer qualify for the Provisional MHRT/C, Level B certificate due to some changes in the Crisis Training Curriculum. However, the requirements remain the same for those with Full MHRT/C certification who wish to earn the MHRT/CSP certificate.

**Change to
Take Place
1/1/2009**



MHRT/C Requirement Change to take place January 1, 2009: Vocational Aspects of Disability

The National Consensus Statement on Mental Health Recovery defines recovery as "...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." While the process of recovery is an individualized one, research has shown that employment can be a crucial component of mental health recovery for many people.

Community support workers can play an important role in engaging consumers in discussions about work and in supporting consumers in pursuing the resources and services needed to meet their vocational goals. To better prepare community support workers to provide this support, starting January 1, 2009, all individuals seeking Full MHRT/C Certification must complete the Vocational Aspects of Disability requirement. (Prior to that date, individuals can choose either Vocational Aspects of Disability or Group Process. As of January 1, 2009, the Group Process course will no longer be accepted.)

In consultation with community mental health providers, academic representatives, and consumers, the OAMHS identified six core Vocational Aspects of Disability competencies needed by an MHRT/C to support consumers in pursuing vocational goals. These new competencies are listed on pages 5-9 of these *Procedural Guidelines*.

**II.
Summary of
MHRT/ C
Changes
2007-2009**

- 1) As of April 1, 2007, Crisis Intervention Workers are required to have the MHRT/Crisis Service Provider (MHRT/CSP) Certification.
- 2) As of January 1, 2009, individuals seeking Full MHRT/C Certification must take the Vocational Aspects of Disability (or comparable) course. The Group Process course will no longer be accepted.

III. Roles of Participants

A. Maine Department of Health and Human Services, Office of Adult Mental Health Services (DHHS, OAMHS)

The DHHS OAMHS has the responsibility for ensuring that the MHRT/Community Certification program operates in a fair and equitable manner. The OAMHS has assigned responsibility for administering MHRT/Community Certification to the Muskie School's Center for Learning.

B. The Center for Learning (CFL)

CFL serves as the DHHS OAMHS designee. In that role, CFL reviews certification applications and approves or denies requests for MHRT/Community Certification. CFL also reviews mental health agencies' requests to be authorized to issue MHRT/C Certifications for their employees.

C. Adult Mental Health Service Provider Agencies

Provider agencies must ensure that certified employees have sufficient training to provide quality adult mental health services.

D. Authorized Agencies

Authorized agencies are defined as adult mental health service provider agencies that have been approved to issue MHRT/Community certificates for their employees. These agencies are responsible for ensuring that employees meet the qualifications for MHRT/Community Certification and for maintaining this documentation in personnel files. In addition, these authorized agencies forward copies of the *Recognition of Educational Qualifications* forms to CFL for co-signature. These files are reviewed periodically by CFL and OAMHS to ensure compliance with these *MHRT/C Procedural Guidelines*.

OAMHS will continue to authorize certain agencies to issue their own certificates when specific conditions apply. OAMHS may revoke an agency's authority to issue its own MHRT/Community certificates if the agency cannot adequately administer the certification program.

Any additional provider agency requesting approval as an authorized agency must submit this request to CFL. Authorized agencies must have an administrative capacity that is independent of the program to review applicants' credentials (i.e. not clinical or program supervisors). Human resources departments meet this definition.

III.
Roles of
Participants
(continued)

The agency’s executive director must designate which human resources or agency staff is approved to review the employees’ applications for MHRT/Community Certification. The agency staff will then sign the *Recognition of Educational Qualifications form*, which will be sent to CFL for co-signature. Administrative supervisors and treatment staff are not allowed to approve and sign the MHRT/Community forms. Agencies are responsible for keeping supportive documents as proof of courses and trainings completed until a DHHS QA Certification review has occurred, or as otherwise indicated at the time of the QA review.

CFL staff can provide an orientation and ongoing consultation to authorized agency staff as requested.

IV.
MHRT/C
Scope of Practice

A. Scope of Practice for MHRT/C

The MHRT/Community Certificate meets the MaineCare “other qualified mental health professional” requirement for providing specific services to adults. Those services include community integration, intensive case management, assertive community treatment, skills development, day support services and family psycho-education as outlined in Chapter II, Sections 17 and 65 of the *MaineCare Benefits Manual*.

Note: Starting April 1, 2007, all new hires providing crisis intervention services to adults must be certified as a Mental Health Rehabilitation Technician/Crisis Services Provider (MHRT/CSP) prior to providing services. The MHRT/C no longer meets the requirement for crisis providers.

Knowledge
Competencies

B. Knowledge Competencies Required for MHRT/C

The MHRT/C is a competency-based certification. As described in the Introduction to these *Procedural Guidelines*, the following knowledge competencies are deemed necessary to work in the field of adult community mental health and are therefore required for MHRT/C Certification.

Introduction to Community Mental Health

(required for Provisional Level B)

- Understands family theory, developmental theory, human development across the life span, counseling theories, and crisis theory
- Knowledgeable about collaborative planning with people with psychiatric disabilities including the following: goal

IV. MHRT/C

Knowledge Competencies

(Continued)

- setting, skill assessment and training, and linking with supports in the community
- Understands Maine's laws regarding mental health recipients' rights
- Knowledge of the Americans with Disabilities Act (ADA)
- Understands benefit and entitlement programs
- Knowledgeable about etiology, progression, and treatment of major disabling conditions
- Understands interaction of co-occurring medical issues
- Understands role of medication in symptom management
- Understands basic social services and entitlements
- Knowledge of community provider system
- Aware of the need to act as a contributing member of an interdisciplinary team
- Knowledge of confidentiality
- Interacts effectively with community members and other professionals

Psychosocial Rehabilitation

(required for Provisional Level B)

- Aware of outcomes-based research regarding people with psychiatric disabilities
- Understands effective psychosocial rehabilitation interventions to help individuals with psychiatric disabilities function successfully in the community
- Knowledgeable about collaborative planning with people with psychiatric disabilities including the following: goal setting, skill assessment and training, and linking with supports in the community
- Identifies and respects consumer choice
- Knowledge of generic community resources including available natural supports
- Understands strategies that empower consumers

Interviewing and Counseling

(required for Provisional Level B)

- Understands family theory, developmental theory, human development across the life span, counseling theories, and crisis theory
- Aware of prevalence and common effects of trauma
- Aware of screening and assessment strategies for trauma
- Aware of stages of recovery for survivors of trauma
- Knowledgeable about etiology, progression, and treatment of major disabling conditions

IV. MHRT/C

Knowledge Competencies

(Continued)

- Understands role of medication in symptom management
- Understands ethics and conducts practice in a professional manner
- Aware of the need to evaluate effectiveness of personal practice
- Understands effective use of supervision

Crisis Identification and Resolution

(required for Provisional Level B)

- Understands family theory, developmental theory, human development across the life span, counseling theories, and crisis theory
- Aware of prevalence and common effects of trauma
- Aware of prevalence and common effects of co-occurring disorders (substance abuse and mental health)
- Aware of screening and assessment strategies for co-occurring disorders (substance abuse and mental health)
- Identifies consumer risk factors (i.e. suicide) and takes appropriate action
- Understands role of medication in symptom management
- Aware of the need to act as a contributing member of an interdisciplinary team
- Knowledge of confidentiality
- Aware of the need to evaluate effectiveness of personal practice
- Understands effective use of supervision

Cultural Competence/Diversity

(required for Provisional Level B)

- Demonstrates cross-cultural awareness and sensitivity
- Communicates effectively across cultures
- Sensitive to gender differences and differing sexual orientations
- Knowledgeable about changing treatment needs for adult stages of transition

Substance Abuse with a Dual Diagnosis Component

(required for full certification)

- Aware of prevalence and common effects of co-occurring disorders (substance abuse and mental health)
- Aware of screening and assessment strategies for co-occurring disorders (substance abuse and mental health)
- Aware of stages of recovery of persons who have co-occurring disorders

IV. MHRT/C

Knowledge Competencies

(Continued)

- Knowledgeable about resources to assist in recovery process for persons who experience co-occurring disorders
- Aware of the need to evaluate effectiveness of personal practice
- Understands effective use of supervision

Sexual Abuse, Trauma, and Recovery

(required for full certification)

- Aware of prevalence and common effects of trauma
- Aware of screening and assessment strategies for trauma
- Aware of stages of recovery for survivors of trauma
- Knowledgeable about resources to assist in trauma recovery process
- Aware of the need to evaluate effectiveness of personal practice
- Understands effective use of supervision

Case Management

(required for full certification)

- Understands importance of community inclusion and use of natural supports
- Understands Maine's laws regarding mental health recipients' rights
- Understands benefit and entitlement programs
- Understands interaction of co-occurring medical issues
- Knowledgeable about changing treatment needs for adult stages of transition
- Understands basic social services and entitlements
- Knowledge of community provider system
- Knowledge of generic community resources including available natural supports
- Understands ethics and conducts practice in a professional manner
- Aware of the need to act as a contributing member of an interdisciplinary team
- Knowledge of confidentiality
- Aware of the need to evaluate effectiveness of personal practice
- Understands effective use of supervision
- Interacts effectively with community members and other professionals
- Understands strategies that empower consumers

IV. MHRT/C

Knowledge Competencies

(Continued)

Mental Health and Aging

(required for full certification)

- Knowledge of Americans with Disabilities Act (ADA)
- Understands benefit and entitlement programs
- Understands interaction of co-occurring medical issues
- Knowledgeable about changing treatment needs for adult stages of transition
- Knowledge of community provider system
- Knowledge of generic community resources including available natural supports

Vocational Aspects of Disability

(required for full certification)

(NOTE: This course will be required for MHRT/C Certification after January 1, 2009. After that date, applicants will no longer be given a choice of Group Process or Vocational Aspects of Disability.)

- Has working knowledge of the National Consensus Statement on Mental Health Recovery and the 10 fundamental components of recovery as they relate to employment (www.samhsa.gov)
- Understands that research shows that most people with psychiatric disabilities want to pursue employment opportunities and that a consumer can be successful in competitive employment regardless of diagnosis, symptoms, disability status, prior hospitalizations, or co-occurring substance use
- Familiarity with resources and roles of people involved in the employment support system for consumers with psychiatric disabilities, including job developers, job coaches, and community work incentives coordinators
- Understands the role of a MHRT/C in supporting an individual pursuing a vocational goal
- Knowledgeable about the current and evolving research regarding evidence-based practices in employment of individuals with psychiatric disabilities, including supported employment
- Working knowledge of engagement and motivation techniques to assist consumers in pursuing employment

Group Process

(NOTE: After January 1, 2009, this course will no longer be accepted for MHRT/C Certification.)

- Understands importance of community inclusion and use of natural supports
- Aware of the need to act as a contributing member of an interdisciplinary team

V. MHRT/C

Certification Levels

MHRT/C Certification Levels

A Provisional (Level A or B) or a Full MHRT/Community is required to work in a DHHS-OAMHS funded position that requires MHRT/Community Certification.

Individuals with Provisional MHRT/C, Level A Certification, must meet the five requirements for Provisional Level B Certification within one year. Those who are issued Provisional MHRT/C, Level B Certification are given two years to complete the requirements for Full MHRT/Community Certification (see table below).

There are three different levels of MHRT/C Certification:

- Full MHRT/C
- Provisional MHRT/C, Level A
- Provisional MHRT/C, Level B

Full MHRT/Community Certification

Full MHRT/Community Certification is granted and a certificate is issued when 10 course areas have been completed through a combination of approved courses, workshops, or waivers. The 10 MHRT course requirements for Full MHRT/Community Certification are as follows:

- o Intro. to Community Mental Health
- o Psychosocial Rehab
- o Interviewing and Counseling
- o Crisis Identification and Resolution
- o Cultural Competency/ Diversity
- o Substance Abuse with a Dual Diagnosis Component
- o Sexual Abuse, Trauma, and Recovery
- o Case Management
- o Mental Health and Aging
- o Group Process or Vocational Aspects of Disability (*Note: After January 1, 2009, Group Process will no longer be accepted.*)

In Appendix B, you will find a list of degrees and programs that have been approved for Full MHRT/C Certification. Full certification is granted to graduates of these programs.

Provisional MHRT/C Level A Certification

Provisional Level A Certification is granted to applicants with an Associate's, Bachelor's, or Master's degree in a human-services related field from a *regionally accredited* college or university. Provisional Level A status is effective for a one-year period.

- The applicant must complete the five course requirements for the Provisional MHRT/C Level B within the one-year period.

V. MHRT/C

Certification Levels

(Continued)

- The OAMHS strongly recommends that those with Level A Certification make the Psychosocial Rehabilitation course requirement a top priority and receive that training as soon as possible.
- At least one hour of individual clinical supervision per week must occur during the provisional one-year period. This requirement is in addition to the supervision required by mental health licensing.

A list of accepted degrees for Provisional Level A Certification is provided in Appendix C of these *Procedural Guidelines*. For a list of regionally accredited schools, please see the regional accreditation body that oversees the college or university listed below. These are organized according to the location of the school.

New England Association of Schools & Colleges:

<https://cihe.neasc.org/>

Middle States Commission on Higher Education:

<http://www.msche.org/>

(North Central) Higher Learning Commission:

<https://www.hlcommission.org/>

Northwest Commission on Colleges & Universities:

<http://www.nwccu.org/>

Southern Association of Colleges & Schools Commission on Colleges:

<http://www.sacscoc.org/>

Western Association of Schools and Colleges:

Junior (Associate Degree programs): <http://www.accjc.org/>

Senior (Bachelor & above programs): <https://www.wascsenior.org/>

Provisional MHRT/C Level B Certification

Provisional Level B Certification is granted when the five course requirements listed below have been met through academic courses, non-academic courses, approved workshops and/or training, or waivers based on experience. (However, applicants cannot combine experience with workshops or training to meet an individual course requirement.)

The five course requirements are:

- o Intro. to Community Mental Health
 - o Crisis Identification and Resolution
 - o Psychosocial Rehabilitation
 - o Cultural Competency/Diversity
 - o Interviewing and Counseling
- Provisional Level B status is effective for two full years from date of issue.
 - The certified individual and the certified individual's employer are responsible to monitor certification status and to ensure that the individual becomes fully certified before the expiration date of the Provisional MHRT/Community Level B Certificate.

**V.
MHRT/C**

A list of accepted degrees for Provisional Level B Certification is provided in Appendix C.

Certification Levels

(Continued)

Completion Time Frame Requirements for Full MHRT/Community Certification		
Certification	Requirement	Timeframe
<i>Provisional</i> MHRT/Community Level A	Associate's or Bachelor's degree in a human services-related field from a regionally accredited college or university (see list of accepted degrees in Appendix C).	Valid for one year; requirements for Provisional Level B must be completed during that one year.
<i>Provisional</i> MHRT/Community Level B	Completion of five courses: 1) Intro to Community Mental Health 2) Psychosocial Rehabilitation 3) Interviewing and Counseling 4) Crisis Identification and Resolution 5) Cultural Competence/Diversity (See list of degree programs pre-approved for Provisional Level B Certification in Appendix C)	Valid for two years; requirements for Full MHRT/C Certification must be completed during those two years.
<i>Full</i> MHRT/Community	Completion of the five courses listed above as well as these additional five courses: 6) Group Process OR Vocational Aspects of Disability (Note: As of 1/1/09 only Vocational Aspects of Disability will be accepted.) 7) Substance Abuse with a Dual Diagnosis Component 8) Sexual Abuse, Trauma, and Recovery 9) Case Management 10) Mental Health & Aging (See list of degree programs pre-approved for Full Certification in Appendix B)	Full MHRT/C Certification does not expire

VI. MHRT/C Options

Options to Obtain MHRT/C Certification

Applicants have the option of meeting the MHRT/C requirements in three ways: academic coursework, non-academic training and/or waivers through work experience. Academic options are explained in Appendix A.

Non-Academic

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

VII. MHRT/C Credit for Work Experience (Waiver) Policy and Procedure

Credit for Work Experience (formerly Waivers)

A credit for work experience (waiver) of an MHRT/C course requirement may be granted when an individual provides documentation of the following:

- At least one year* of directly relevant work experience in the applicable MHRT/C course area
- A high level of competence in the applicable course area, **and**
- Has received clinical supervision during that time.

When submitting requests for MHRT/C waivers, please be sure the Credit for Work Experience (waiver) request includes the components listed below. Waiver requests that do not contain all of the information below will not be approved.

- Supervisor must be clinically licensed at the Master's level. Accepted credentials for writing waiver requests are LMSW-CC, LMSW, LCPC-CC, LCPC, LCSW, APRN, CCS (Certified Clinical Supervisor) Psy.D/Ph.D., Psychologist, or MD/DO Psychiatrist. *No exceptions are permitted.*
- Waiver request must be written by applicant's direct supervisor at the time of the relevant experience.
- Supervisor must have provided direct supervision to applicant for a minimum of one full year* for every MHRT/C course

VII. MHRT/C Waiver Policy and Procedure

(Continued)

requested for waiver (i.e. three full years of work experience is eligible for three MHRT/C course waivers). A maximum of five* waivers may be obtained.

- Supervisor must document dates of supervision and these dates must include at least one full year and have no overlapping time frames (i.e. March 2004-March 2005, April 2005-April 2006, etc.)
- If requesting multiple waivers, each MHRT/C course must be addressed separately.

*--Effective May 1, 2018, six months for those with a qualifying degree. If you opt for the 6 months' experience rather than a full year, you may only waive 4 courses rather than 5. Full information on this change are on the Center for Learning website at: <http://cfl-muskie.org/images/Newsletter20180420.pdf>

For additional information regarding the waiver process, please refer to the Credit for Work Experience Forms in Appendix G. While these forms are not mandatory when submitting a waiver request, applicants are encouraged to use them to ensure that all of the correct information is submitted.

Applicants cannot combine waivers based on experience with workshops or training to meet an individual course requirement. The applicant can be credited only for those courses, experiences, or trainings that are directly relevant to the 10 required courses with a primary focus on adults with mental illness.

*Please Note: Directly relevant coursework does **not** include broad, sociological areas of focus. For example, the coursework for Mental Health and Aging should pertain to mental health issues facing the elderly (such as dementia, depression) rather than focusing solely on grief and loss for all populations. A course on death and dying would not meet this requirement.*

VIII. Reciprocity with MHRT/CSP

Reciprocity Between the MHRT/C and MHRT/Crisis Services Provider (MHRT/CSP) Certificates

The MHRT/CSP certificate is required for providers of Crisis Intervention Services to adults (and Crisis Resolution Services to children). Those with Full MHRT/C Certification interested in earning a MHRT/CSP Certificate must complete ALL core modules of the Crisis Training Curriculum. Individuals who earned the MHRT/CSP before April 1, 2014 who wish to earn Full MHRT/C are required to complete the *Case Management* and *Vocational Aspects of Disability* MHRT/C requirements through academic or non-academic coursework. These two requirements cannot be waived.

NOTE: Effective April 1, 2014, individuals with MHRT/CSP certification no longer qualify for the Provisional MHRT/C, Level B certificate due to some changes in the Crisis Training Curriculum. However, the requirements remain the same for those with Full MHRT/C certification who wish to earn the MHRT/CSP certificate.

IX. Extension and Renewal Policy

In extenuating circumstances, an applicant may apply to CFL for an extension to the Provisional MHRT/Community Level B Certification. Extensions will be considered on a case-by-case basis and will be granted only if the applicant has experienced a hardship or extraordinary circumstance that prevented the completion of coursework. Examples of extraordinary circumstances or hardships include: a death or illness in the family or a personal circumstance that necessitated a leave of absence from employment. The applicant must submit evidence of good faith efforts to complete the outstanding MHRT/Community course requirements such as transcripts, workshop certificates, proof of course enrollment for the upcoming semester, and/or letters of waiver for some of the uncompleted courses.

Only CFL is authorized to extend Provisional MHRT/Community Level B Certification. Community mental health providers are not authorized to extend Provisional MHRT/Community, Level B Certification without the final approval of CFL. Individuals requesting extensions must submit their request at least one month prior to the expiration date and must provide the information requested above. Individuals are eligible for only one Provisional MHRT/Community, Level B certificate and can request only one extension. Please note that it is not the policy of CFL to grant extensions on Provisional MHRT/C, Level A certificates.

X. Appeal Process

In the event that an applicant has applied to CFL for MHRT/Community Certification and is not satisfied with the results of the assessment of his or her credentials, the applicant may appeal in writing to the Director of CFL for a review of the initial decision. The Director of CFL will review the decision and respond to the applicant in writing within 30 days.

If the applicant is not satisfied with the decision of the Director of CFL, he or she may appeal to the OAMHS Training Coordinator. The OAMHS Training Coordinator will consult with a panel consisting of representatives of the OAMHS team including the Office of Consumer Affairs and will respond in writing within 30 days. This decision will be final.

XI. Evaluation of Foreign Degrees

Transcripts submitted from universities outside the U.S. will be evaluated on an individual basis in consultation with University of Southern Maine staff and other resources as needed. There may be a delay in analyzing these transcripts as a result of the additional work required.

XII. Application Process

Applications for MHRT/Community Certifications are reviewed by CFL in the order they are received. In some cases, the review process can take up to three weeks. Applicants will receive a written response from CFL no more than three weeks after the application is received. Please note that material sent to CFL becomes the property of CFL and may not be returned to the applicant.

In order to earn credit for academic courses completed, the applicant must submit an *official* transcript from the college or university that offered the course. Official transcripts typically bear the seal and/or Registrar's signature. Course descriptions may be requested by CFL in some cases. Please note that the following items are *not* considered acceptable forms of documentation for academic MHRT/C credit: Grade printouts or course registrations (including Maine DSIS computer printouts), unofficial transcripts, and letters from professors.

Individuals who have earned at least three academic credits for human-services-related internships or practicums may be eligible for MHRT/C credit. Internships and practicums must be directly related to the MHRT/C course that the applicant wants approved. In addition to the transcript, the applicant must submit a description of the academic experience as well as verification from the academic or field adviser.

XIII. Tuition Reimbursement

The Office of Substance Abuse and Mental Health Services (SAMHS) has limited funds available to reimburse applicants for college tuition expenses for courses taken to earn Full MHRT/Community Certification. To qualify, the applicant must have a current and valid Provisional MHRT/C, Level B Certificate (individuals with Provisional MHRT/C, Level A Certification are not eligible). In addition, they must currently hold a position that is at least half-time (20 hours or more) and for which MHRT/Community Certification is required. A grade of C or better is required. The tuition reimbursement application must be submitted at least 30 days before the start of class. If approved, tuition reimbursement is provided after successful completion of the course. (See MHRT/Community Tuition Reimbursement Request form in Appendix E.) Given the limited availability of tuition reimbursement funds, applicants are cautioned to not make coursework plans based on an assumption of reimbursement.

For courses taken from professional trainers (non-academic), workshop reimbursement will be considered on a case-by-case basis.

Reimbursement is available only for workshops that satisfy the full 30-hour requirement.

There are additional restrictions to the Tuition Reimbursement Program. Please see the complete policy at:

http://muskie.usm.maine.edu/cfl/MHRT/tuition_reimbursement.htm

XIV. Center for Learning

Contact Information

Mailing Address:	Muskie School of Public Service Center for Learning Re: MHRT/Community Certification 12 East Chestnut St. Augusta, ME 04330
For Guideline Clarification:	207-626-5280 or 207-626-5086
For Status Information on Application:	207-626-5280
CFL Fax Number:	207-626-5022
CFL TTY:	207-626-5282
CFL E-mail Address For All Questions:	cfl-muskie@maine.edu
Appeals:	
<i>Director of CFL</i>	Muskie School of Public Service Att: Director, Center for Learning Re: MHRT/Community Certification 12 East Chestnut St. Augusta, ME 04330
<i>DHHS-Office of Adult Mental Health Services' Training Coordinator</i>	DHHS Office of Adult Mental Health Services Att: Training Coordinator 41 Anthony Avenue SHS 11 Augusta, ME 04333
Guideline Packet CFL Website	http://www.cfl-muskie.org
Guideline Packet * DHHS Website	http://www.maine.gov/dhhs/mh/

*This link will take you directly to the DHHS OAMHS home page where you may click on **Training Opportunities**, which will bring you to the link for the *MHRT-C Procedural Guidelines: Adult Mental Health* document. The CFL website will also provide you with a link to the same document.

Appendix A

List of Individual Courses Approved for MHRT/C Credit

The following are some course offerings that meet MHRT/Community requirements. This is **not** a comprehensive list. Academic courses are continuously being reviewed and approved. If you believe your course qualifies for MHRT/C course credit, but it is not included on this list, please forward an official course description or syllabus to CFL for review.

Last Updated March 28, 2018

Intro to Community Mental Health

UMA	Introduction to Community Mental Health	HUS 218
UMF	Introduction to Social Services	REH 120
UMFK	Introduction to Human Services and Community Mental Health	SOC 110
UMPI	Community Mental Health Counseling	SWK 207
USM	Professional Issues in Mental Health Practice	HCE 640
UMM	Introduction to Behavioral and Community Mental Health Systems	PSY 211
CMCC	Introduction to Mental Health (Effective 2005-06 academic year)	HUS 112
KVCC	Introduction to Community Mental Health	MHT 104
SMCC	Introduction to Human Services	BHHS 100
SMCC	Legal and Regulatory Issues (no longer offered)	BHS 115
WCCC	Community Mental Health (Effective Spring 2015)	HUS 218-01
YCCC	Introduction to Behavioral Health	BHS 101
YCCC	Introduction to Human Services (replaced BHS 101)	HUS 101

Psychosocial Rehabilitation

UMA	Psychosocial Rehabilitation	HUS 222
UMF	Psychosocial Rehabilitation (formerly REH 330)	REH 249
UMFK	Psychosocial Rehabilitation	PSY 221
UMPI	Psycho-Social Rehabilitation	SWK 236
USM	Principles of Psychosocial Rehabilitation	HCE 514
UMM	Psychosocial Rehabilitation Practices	PSY 213
SMCC	Psychosocial and Vocational Rehabilitation (Effective Spring 2010)	BHHS 110
KVCC	Psychosocial Rehabilitation	MHT 124
CMCC	Disabilities and Psychosocial Rehabilitation (Effective 2005-06 academic year)	PSY 202
WCCC	Disabilities and Psycho-Social Rehabilitation (Effective Spring 2015)	HUS 222
YCCC	Psychosocial Rehabilitation (Effective Summer 2013)	PSY 244

Interviewing and Counseling

UMA	Interviewing and Counseling	HUS 330
UMF	Counseling and Interviewing Foundations	REH 200
UMF	Introduction to Counseling & Personality	PSY 235
UMFK	Interviewing and Counseling	PSY 330
UMPI	Principles of Counseling	PSY 380
USM	Methods of Social Work Practice I	SWO 301
USM	Fundamentals of Counseling Skills (need HCE-620 as prerequisite)	HCE 621
USM/LAC	Counseling and Psychotherapy with Adults	SBS 411

UMM	Introduction to Counseling	SSC 302
CMCC	Interviewing and Counseling (Effective 2005-06 academic year)	PSY 151
KVCC	Interviewing and Counseling	MHT 110
SMCC	Interviewing and Counseling	BHHS 220
WCCC	Interviewing and Counseling (Effective Spring 2015)	HUS 230 01

Crisis Identification and Resolution

UMA	Crisis Counseling (Formerly Crisis Intervention & Resolution)	HUS 232
UMF	Crisis Intervention and Stabilization	PSY 455
UMFK	Crisis Identification and Resolution	PSY 344
UMPI	Crisis Intervention	SWK 381
USM	Crisis Intervention	HCE 644
UMM	Crisis Identification and Resolution	PSY 332
SMCC	Crisis Intervention	BHHS 105
SMCC	Common Behavioral Health Problems (no longer offered)	BHS 203
KVCC	Crisis Identification and Intervention	MHT 112
CMCC	Abuse, Trauma, and Recovery (Effective 2006-07 academic year)	PSY 212
WCCC	Crisis Identification and Resolution	HUS 215

Cultural Competency/Diversity

UMA	Social Problems	SOC 201
UMA	Cross Cultural Communications	COM/SCC 250
UMA	Cross Cultural Psychology	PSY 415
UMA	Cultural Competency in the Helping Profession	HUS 134
UMA	Sociology of Minorities	SOC 304
UMF	Diversity and Multiculturalism	PSY 327
UMF	Multiculturalism	REH 220
UMFK	Introduction to Anthropology	ANT 100
UMFK	Social Problems	SOC 101
UMO	Social Inequity	SOC 201
UMO	Social Problems	SOC 202
UMPI	Ethnicity and Multiculturalism	SWK 305
USM	Examining Oppression & Valuing Diversity	SWO 365
USM	Culture, Tradition, and Diversity	HRD 664
USM	Family & Disability in a Multicultural Society	HCE 612
USM/LAC	Race, Class, Gender	SBS 345
SMCC	Special and Diverse Populations	BHHS 150
SMCC	Human Diversity	BHHS 145
UMM	Counseling Diverse Populations	PSY 313
KVCC	The Changing Workplace	MHT 125
CMCC	Issues in Diversity (Effective 2005-06 academic year)	SOC 200
WCCC	Introduction to Human Services	HUS 101
Husson	Cultural Anthropology	SY 222
Husson	Diversity & Multiculturalism	PY 322
Kaplan	Survey of Social Problems	HN 200

Sexual Abuse, Trauma and Recovery

UMA	Sexual Abuse and Trauma	HUS 233
UMFK	Incest and Sexual Abuse	PSY 232
UMM	Trauma and Recovery	PSY239
UMPI	Incest and Sexual Abuse	SWK 307
USM	Sexual Abuse of Children and Adolescents	SWO 385
SMCC	Trauma, Sexual Abuse, and Recovery	BHHS 265
KVCC	Incest, Sexual Abuse, and Trauma	MHT 214
Husson	Sexual Abuse, Trauma & Recovery (Effective 2005-2006 year) (formerly PY 346)	PY 447
CMCC	Abuse, Trauma, and Recovery (Effective 2006-07 academic year)	PSY 212
WCCC	Trauma and Recovery	HUS 235

Substance Abuse with a Dual Diagnosis Component

UMA	Substance Abuse Counseling for Special Populations	HUS 331
UMA	Chemical Dependency Counseling (with Dual Diagnosis) (Effective Summer 2003)	HUS 326
UMA	Counseling for Co-Occurring Mental Disorders & Addiction (formerly Counseling Co-Occurring)	HUS 436
UMF	Addiction Rehabilitation (formerly REH 320/340)	REH 250
UMFK	Substance Abuse Counseling	PSY 332
UMM	Chemical Dependency and Dual Diagnosis Counseling	PSY351
UMPI	Substance Abuse Counseling	PSY 382
USM	Dual Diagnosis in Mental Health Practice	HCE 509
KVCC	Substance Abuse with Dual Diagnosis	MHT 218
CMCC	Substance Abuse (Effective 2006-2007 academic year)	HUS 153
SMCC	Substance Abuse	BHHS 230
SMCC	Co-Occurring Disorders	BHHS 255
WCCC	Substance Abuse	HUS 125
Resource:	Co-Occurring Collaborative Serving Maine – http://www.ccsme.org Catherine Chichester, Executive Director E-mail: cchichester@ccsme.org Tel: 207-878-6172 Fax: 207-878-6171	

Case Management

UMA	Case Management	HUS 212
UMF	Casework: Ethical Standards and Professional Practice	REH 310
UMF	Psychotherapeutic Methods	PSY 435
UMFK	Community Service Internship	PSY 497
UMM	Case Management	PSY328
UMPI	Case Management	SWK 209
SMCC	Case Management	BHHS 270
KVCC	Case Management	MHT 220
CMCC	Case Management (Effective 2005-06 academic year)	HUS 155
WCCC	Case Management (Effective Spring 2014)	HUS 212

Mental Health and Aging

UMA	Mental Health and Aging	HUS 350
UMF	Aging and Mental Health (Not offered since 2009)	REH 260
UMF	Adulthood and Aging	PSY 226
UMFK	Adulthood & Aging	PSY 412
UMPI	Gerontology	SWK 325
USM	Psychosocial Interventions (Effective 2004-05 academic year)	CON 311
CMCC	Sociology of Aging (Effective 2005-06 academic year)	SOC 201
SMCC	Behavioral Health and Aging	BHHS 175
SMCC	Special and Diverse Populations	BHHS 150
SMCC	High Risk Populations	BHHS 104
KVCC	Mental Health and Aging	MHT 216
WCCC	Topics in Health and Aging (Effective Spring 2015)	HUS 102
Husson	Gerontology (formerly Mental Health & Aging)	PY 341
UMM	Lifespan II	PSY 324

Vocational Aspects of Disability

CMCC	Vocational Aspects of Disabilities and Counseling <u>AND</u> Disabilities and Psychosocial Rehabilitation—Must take <u>BOTH</u> courses to meet the requirement	PSY 204 <u>AND</u> PSY 202
Husson	Introduction to Rehabilitation <u>AND</u> Seminar in Psychology—Must take <u>BOTH</u> courses to meet the requirement	PY 335 <u>AND</u> PY 442
KVCC	Occupational Therapy Assistant Program: Introduction to Occupational Therapy & Human Occupation; Occupational Therapy Across the Life Span I; Interpersonal Skills for the Practicing Allied Health Professional; Practice Environments; <u>AND</u> Occupational Therapy Across the Life Span II-- Must take <u>ALL FIVE COURSES</u> to meet the requirement	OTS 101, OTS 102, OTS 104, OTS 201 <u>AND</u> OTS 203
KVCC	Vocational Aspects of Disabilities	MHT 226
UMA	Foundations of Vocational Rehabilitation	HUS 236
UMF	Career Counseling	PSY 237
UMF	Vocational Counseling and Placement	REH 270
UMFK	Vocational Aspects of Disabilities (Effective Summer 2014)	Psy246
UMM	Vocational Implications of Disability	PSYM 326
UMPI	Vocational Aspects of Disability	PSY 374
USM/LAC	Social Psychology of Disability	SBS 315
USM	Vocational Counseling and Placement in Rehabilitation	HCE 615
SMCC	Psychosocial and Vocational Rehabilitation (Effective Spring 2010)	BHHS 110
WCCC	Vocational Aspects of Disability	HUS 120

The Maine Employment Curriculum for Employment Support Personnel offered by Maine Employment Curriculum (MEC) trainers. This course was available on a limited basis through December 31, 2010. Contact information for MEC trainers is available at: <http://www.employmentforme.org/>

Syntiro oversees the Employment for ME Workforce Development System. They occasionally offer ACRE-certified Employment Specialist trainings, which are accepted toward Vocational Aspects of Disabilities. On their website, click on the Calendar link for upcoming trainings: <http://www.syntiro.org/>

Virginia Commonwealth University's Rehabilitation Research and Training Center Supported Employment Web-based trainings offers two different courses:

- "Supported Competitive Employment for Individuals with Mental Illness"
- "Supported Employment Web-based Certificate Series" offered in partnership with APSE (Advancing Employment, Connecting People)

<http://www.worksupport.com/training/courses.cfm>

New 3/28/18:

SAMHS has approved the combination of all four workshops listed below to meet the Vocational Aspects of Disabilities requirement toward Full MHRT/C certification:

1. Earn the 18 module online Job Coach Credential training.
Link: <http://www.syntiro.org/job-coach-credential.html>
2. Complete the follow-up face-to-face Fading Supports training within 6 months of the above. Details are at the above link.
3. Complete the Work & Benefits Navigator Training
Link: <https://www.mh-edu.org/WBNav17-18>
4. Complete the Creating a Culture of Employment Training
Link: <http://www.cvent.com/events/me-457-510-creating-a-culture-of-employment/event-summary-8a62816a34d84e138a4c3f19d42ba14f.aspx?fqp=true>

Note: Currently two sessions of the "Creating a Culture of Employment" training are scheduled on April 4 & 5, 2018. There will be three more scheduled after July 1st. Please refer to the Maine Behavioral Health Workforce Development Collaborative website's training announcement page for future dates:

<http://www.mainebehavioralhealthworkforce.org/trainings/>

New England Rehabilitation Continuing Education Program (NERCEP) at the Institute for Community Integration at the University of Massachusetts at Boston *Innovative Competitive Employment and Support Strategies: A Comprehensive Training*

<http://www.nercep.org>

University of Georgia's Job Coach/Employment Specialist certification:

<http://www.ihdd.uga.edu/>

The following four trainings were offered prior to August 1, 2003 and meet the requirements for Vocational Aspects of Disability:

University of Hartford CRP RCEP Certification

SMCC Employment Specialist course

BDL Employment Specialist course
Goodwill Employment Specialist course

Non-Academic Resources

Amethyst Training & Consulting

Amethyst offers all ten MHRT/Community required courses as non-academic trainings. Most trainings are conducted in Augusta. Please consult their website for more information.

Note: Amethyst also offers training for MHRT I credit.

Website: <https://amethyst-training.com/>

Graham Behavioral Services

(207) 626-0003

Courses that are currently approved are:

Introduction to Community Mental Health	Cultural Competency/Diversity
Psychosocial Rehabilitation	Case Management
Interviewing & Counseling	Mental Health & Aging
Crisis Identification and Resolution	

Newhouse Training

newhousetraining@gmail.com

Website: <http://www.newhousetraining.com/>

Courses that are currently approved are:

Introduction to Community Mental Health	Cultural Competency/Diversity
Psychosocial Rehabilitation	Case Management
Interviewing & Counseling	Mental Health & Aging
Crisis Identification and Resolution	

Partners in Hope

Partners in Hope had offered all ten MHRT/Community required courses as non-academic trainings. Though they are now closed, we keep them on the list as their certificates are still acceptable for certification.

York County Shelter Programs

(207) 324-1137

Courses that are currently approved are:

Introduction to Community Mental Health	Psychosocial Rehabilitation
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Appendix B

List of Degrees and Certifications Pre-Approved for Full MHRT/C Certification

Updated June 14, 2016

Note: The degrees listed on this table qualify individuals for a full certification, only if the Vocational Aspects of Disability course requirement has been completed.

Master's Degrees

<u>Program</u>	<u>Campus</u>
MS Counseling (Rehabilitation Concentration only)	USM
MSW (Effective Spring 2014)	USM

Bachelor's Degrees

<u>Program</u>	<u>Campus</u>
BS Mental Health & Human Services (Mental Health Rehabilitation Concentration only)	UMA
BS Rehabilitation Services/MHRT Track	UMF
BA Psychology, Counseling Track (Effective 2002-03 academic year)	UMF
BS Psychology (Effective 2005-06 academic year)	Husson Univ.
BSW Social Work	UMPI
BASW Social Work (Effective Fall 2013)	USM
BA Social & Behavioral Sciences-Counseling Track--MHRT/C Sub-Track (Effective Fall 2010)	USM/LAC
BA/Psychology—MHRT Track (Effective Fall 2012)	UNE

Associate's Degree

AA Social Services with concentration in Mental Health	UMA
AS Human Services with concentration in Mental Health	UMA
AS Mental Health & Human Services (must complete all 10 courses as part of degree)	UMA
AAS Human Services (Effective Spring 2007)	CMCC
AAS Mental Health	KVCC
AAS Occupational Therapy Assistant	KVCC
AAS Behavioral Health and Human Services (Effective Spring 2010-formerly Behavioral Health Sciences)	SMCC
AAS Behavioral Health Studies (Effective Fall 2013)	YCCC

Full MHRT/C Certificate Programs

Full MHRT/C Certificate Program	KVCC
Full MHRT/C Certificate Program	UMA
Full MHRT/C Certificate Program	UMFK
Full MHRT/C Certificate Program	UMM
Full MHRT/C Certificate Program	USM
Full MHRT/C Certificate Program	SMCC
Certified Psychiatric Rehabilitation Practitioner from U.S. Psychosocial Rehabilitation Association (USPRA)	CPRP Certificate
Bachelor's degree with MHRT Minor	UNE

Appendix C

Degrees and Licenses Pre-Approved for Provisional MHRT/C

Updated April 7, 2014

1.) MHRT/C Level B Certification

The following degrees and licenses qualify for Level B certification. Those who complete one of the degrees or who have one of the licenses listed below only need to complete the MHRT/C course: Vocational Aspects of Disability to qualify for Full certification.	
<u><i>Degree or License</i></u>	<u><i>Campus</i></u>
BS Behavioral Science (Effective 2004-05 academic year)	UMFK
BS Social Science (Effective 2004-05 academic year)	UMFK
AA Human Services/MHRT Track (Effective 2004-05 academic year)	UMFK
BASW Social Work	UMO
BASW Social Work (Prior to Fall 2013—see Appendix B for Fall 2013 forward)	USM
MS Clinical Mental Health Counseling	Husson
AAS Behavioral Health and Human Services (Prior to Spring 2010-formerly Behavioral Health Sciences)	SMCC
MS Community Mental Health	SNHU
MSW	UNE
MSW	UMO
MSW (Prior to Spring 2014—see Appendix B for Spring 2014 forward)	USM
Bachelor's or Master's degree in Social Work from a program accredited by the Council on Social Work Education (CSWE) or 30 credits earned in a CSWE accredited MSW program.	
Current State of Maine License of Social Work. (The conditional LSW does not qualify for certification.)	State of Maine
Bachelor's degree or Master's degree in Occupational Therapy (with a Psychiatric affiliation) from a regionally accredited university or college.	
Master's degree in Counseling, Rehabilitation Counseling, Community Mental Health or other Master's level education that reflects a counseling concentration. (Administrative concentration not approved.)	
Bachelor's level nurse who is certified in psychiatric mental health nursing (RN, BC)	

The following degrees qualify for Level B certification. Those who complete one of the degrees listed below may need to complete up to five courses for Full certification.	
<u><i>Program</i></u>	<u><i>Campus</i></u>
BS Psychology (2003-04 and 2004-05 Academic years)	Husson
BS Rehabilitation Services	UMF
BA Psychology & Community Studies with Counseling Minor (Effective 2005-06 Academic year—formerly Behavioral Science & Community Studies)	UMM

2.) MHRT/C Level A Certification

The following degrees from regionally accredited colleges or universities qualify for Level A certification. (Last Updated: April 29, 2010)

Criminology

Education:

Community Health Education
Special Education

Health/Human Services:

Behavioral Health
Behavioral Health & Human Services
Behavioral Health Sciences
Behavioral Science
Community Health
Health & Human Services
Human Services
Public Health

Human Development:

Human Development
Human Development and Family Studies

Mental Health:

Mental Health Counseling

Nursing

Occupational/Physical Therapy:

Occupational Therapy
Physical Therapy

Psychology:

Applied Psychology
Counseling Psychology
Clinical Psychology
Psychology
Psychology & Social Relations
School Psychology

Rehabilitation:

Psychiatric Rehabilitation
Psychosocial Rehabilitation
Rehabilitation Services
Rehabilitation Sciences and Counseling
Social Rehabilitation
Speech/Hearing Sciences
Speech-Language Pathology
/Communication Sciences &
Disorders

Social Services:

Social Services
Social and Behavioral Sciences

Sociology:

Sociology

Therapy:

Therapeutic Recreation
Art Therapy
Music Therapy
Movement Therapy

Appendix D

APPLICATION FOR MHRT/COMMUNITY CERTIFICATION

This form may be copied

DIRECTIONS: Please read the MHRT/Community Guidelines at www.cfl-muskie.org before completing. Incomplete applications will be returned unprocessed. All applicants must complete Sections I, II, and III. Applicants who have met the certification requirements by earning a pre-approved degree or license must complete Sections IV or V. Official transcripts can be mailed, e-mailed or faxed. Applicants who have met the certification requirements through courses, training, workshops, and/or waivers should complete Sections VI and VII. Applications are reviewed in the order they are received. Please allow approximately three weeks for processing. Please note that CFL staff cannot meet with applicants due to the volume of applications.

I. PERSONAL INFORMATION (All Applicants)

First Name: _____ Last Name: _____

Mailing Address: _____ Daytime Phone: () _____

City: _____ State: _____ Zip Code: _____

Email: _____

II. WORK INFORMATION: (All Applicants)

If you are currently unemployed, please list NA in this section.

Work Place: _____ Work Telephone: () _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

III. CHECK CERTIFICATE TYPE: (All Applicants)

FULL MHRT/Community _____ Provisional MHRT/Community Level A or B _____

IV. APPLYING FOR FULL MHRT/COMMUNITY THROUGH DEGREE/LICENSE EARNED:

Please refer to the list of acceptable degrees and licenses for full certification in the MHRT/C Guidelines Appendix B. List the degree/license you have earned and attach a copy of the degree (listing the field it is in) or an official transcript showing your degree earned, or a copy of your license.

Degree/License Earned: _____ From Where: _____

V. APPLYING FOR PROVISIONAL MHRT/COMMUNITY Level A or B THROUGH DEGREE EARNED:

Please refer to the list of acceptable degrees for provisional certification in the MHRT Procedural Guidelines in Appendix C. List the degree you have earned and attach a copy of the degree (listing the field it is in) or an official transcript showing your degree earned.

Degree Earned: _____ From Where: _____

APPLICATION FOR MHRT/COMMUNITY CERTIFICATION (cont'd)

This form may be copied

VI. APPLYING FOR PROVISIONAL OR FULL MHRT/COMMUNITY THROUGH COURSES OR WORKSHOPS:

The applicant must complete five courses to earn a Provisional MHRT/C, Level B certificate and ten courses to earn a Full MHRT/C Certificate. Until January 1, 2009, applicants may choose to complete either Group Process or Vocational Aspects of Disability. **As of January 1, 2009 Group Process will not be accepted for MHRT/C credit.** If the applicant is substituting workshops in place of courses, the workshop or training must be taught by qualified professional staff and consist of at least 30 hours of training directly related to the course substituted. Please check the courses/workshops you have completed and attach official transcripts or legible photocopies of workshop certificates showing the number of hours completed.

This left column must be completed to earn a Provisional MHRT/C Level B

- | | |
|---|--|
| <p>_____ Introduction to Community Mental Health</p> <p>_____ Psychosocial Rehabilitation</p> <p>_____ Interviewing and Counseling</p> <p>_____ Crisis Identification and Resolution</p> <p>_____ Cultural Competency/Diversity</p> | <p>_____ Vocational Aspects of Disability</p> <p>_____ Substance Abuse with a Dual Diagnosis Component</p> <p>_____ Sexual Abuse, Trauma, and Recovery</p> <p>_____ Case Management</p> <p>_____ Mental Health & Aging</p> |
|---|--|

VII. WORK EXPERIENCE WAIVERS:

Please refer to pages 13-14 of the May 2008 *MHRT/C Procedural Guidelines* for specific guidelines in reference to waivers. The applicant must submit a signed letter from each of the clinical supervisors. Only one course may be waived for each year of experience. A maximum of five courses may be waived.

Course(s) to be Waived	Supervisor's Name and Professional Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

PLEASE NOTE: General letters of reference will not be accepted.

VIII. SUBMIT THIS APPLICATION AND ALL SUPPORTING INFORMATION TO:

MHRT/Community Request
The Center for Learning
12 East Chestnut St.
Augusta, ME 04330

Phone: (207) 626-5280 TTY: (207) 626-5282 CFL E-Mail: cfl-muskie@maine.edu

Appendix E

Department of Health and Human Services' Office of Adult Mental Health Services and The Center for Learning

This form may be copied.

MHRT/COMMUNITY TUITION REIMBURSEMENT REQUEST

Application must be mailed at least 30 days before the start of the class. Funds are very limited. Applicants are cautioned to not make coursework plans based on an assumption of reimbursement.

A. - IDENTIFICATION: (NOTE: All information MUST be filled in for this section in order for your request to be processed.) PLEASE PRINT CLEARLY! Illegible or incomplete requests will be returned unprocessed.

Name: _____ Work Tel: _____
Your Home Address: _____ City: _____ Zip: _____
Agency (Full Name): _____
Agency Address: _____ City: _____ Zip: _____

Reimbursement check is being paid and mailed to: (Circle One) HOME AGENCY

B. - ELIGIBILITY: (A response is needed to each question in this section. A "yes" answer is required for each question. "No" answers and/or false statements will result in denial of tuition reimbursement)

- 1) My position is funded by a DHHS contract Yes ___ No ___
2) My position is DHHS funded for 20 hours (half-time) or more..... Yes ___ No ___
3) The applicant has a Provisional MHRT/Community Level B Certification on file with the Center for Learning Yes ___ No ___
4) The course(s) identified are required for applicant's present position and for MHRT/Community Certification..... Yes ___ No ___

C. - COURSE IDENTIFICATION: (Please enter cost of tuition for the class: \$ _____)

School, Campus & Location: _____
(Note: Please list the name of the institution you will be attending in the above information)

Course Title: _____

Non-Academic Course ___ Academic Course ___ Assessment of Prior Learning/Portfolio Review ___

D. - DATES OF COURSE: Please list the Start & End Dates of the course here: _____

E. - APPROVAL: Supervisor's Name: _____ Date: _____
(Please Print Clearly)

(Supervisor Signature)*

(Applicant Signature)

*NOTE: Supervisor's signature indicates that all Eligibility Statements are accurate and that individual is authorized to submit this request.

BOTH STUDENT & SUPERVISOR SIGNATURES ARE REQUIRED

Completed form must be returned to: The Center for Learning, 12 East Chestnut St., Augusta, ME 04330 Attn: Tuition Reimbursement or faxed to 626-5022. The DHHS Office of Substance Abuse and Mental Health Services will reimburse only the actual tuition costs for the course (up to a maximum tuition rate for an undergraduate 3 credit course at USM). Students understand they are responsible for books and fees. Reimbursement will be made after receipt of an official transcript for the course with a grade of "C" or better. Students must submit the transcript directly to the Center for Learning for reimbursement. Grades must be mailed within 30 days of close of class. There is a limit of one course per individual for each 6 month period in a fiscal year (July 1 through June 30) with a maximum of two courses per fiscal year. See the complete Tuition Reimbursement Policy on the CFL website at: http://www.cfl-muskie.org/index.php/tuition-reimbursement-program

Appendix F
Abbreviation Key and Web Site Addresses

CMCC	Central Maine Community College	http://www.cmcc.edu
Kaplan	Kaplan University	http://www.kaplanuniversity.edu
Husson	Husson University	http://www.husson.edu
KVCC	Kennebec Valley Community College	http://www.kvcc.me.edu
SMCC	Southern Maine Community College	http://www.smccME.edu
SNHU	Southern New Hampshire University	http://www.snhu.edu/
UMA	University of Maine at Augusta	http://www.uma.edu/
UMF	University of Maine at Farmington	http://www.umf.maine.edu
UMFK	University of Maine at Fort Kent	http://www.umfk.edu/
UMM	University of Maine at Machias	http://machias.edu/
UMO	University of Maine at Orono	http://www.umaine.edu
UMPI	University of Maine at Presque Isle	http://www.umpi.edu
USM	University of Southern Maine	http://www.usm.maine.edu
USM/LAC	University of Southern Maine at Lewiston-Auburn College	http://www.usm.maine.edu/lac
UNE	University of New England	http://www.une.edu
WCCC	Washington County Community College	http://www.wccc.me.edu/
YCCC	York County Community College	http://www.yccc.edu/

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM INTRODUCTION TO COMMUNITY MENTAL HEALTH

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

___ Understands family theory, developmental theory, human development across the life span, counseling theories, and crisis theory

___ Knowledgeable about collaborative planning with people with psychiatric disabilities including the following: goal setting, skill assessment and training, and linking with supports in the community

___ Understands Maine's laws regarding mental health recipients' rights

___ Knowledge of the Americans with Disabilities Act (ADA)

___ Understands benefit and entitlement programs

___ Knowledgeable about etiology, progression, and treatment of major disabling conditions

___ Understands interaction of co-occurring medical issues

___ Understands role of medication in symptom management

___ Understands basic social services and entitlements

___ Knowledge of community provider system

___ Aware of the need to act as a contributing member of an interdisciplinary team

___ Knowledge of confidentiality

___ Interacts effectively with community members and other professionals

Continued Next Page

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM PSYCHOSOCIAL REHABILITATION

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

- ____ Aware of outcomes-based research regarding people with psychiatric disabilities
- ____ Understands effective psychosocial rehabilitation interventions to help individuals with psychiatric disabilities function successfully in the community
- ____ Knowledgeable about collaborative planning with people with psychiatric disabilities including the following: goal setting, skill assessment and training, and linking with supports in the community
- ____ Identifies and respects consumer choice
- ____ Knowledge of generic community resources including available natural supports
- ____ Understands strategies that empower consumers

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM INTERVIEWING & COUNSELING

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

- ___ Understands family theory, developmental theory, human development across the life span, counseling theories, and crisis theory
- ___ Aware of prevalence and common effects of trauma
- ___ Aware of screening and assessment strategies for trauma
- ___ Aware of stages of recovery for survivors of trauma
- ___ Knowledgeable about etiology, progression, and treatment of major disabling conditions
- ___ Understands role of medication in symptom management
- ___ Understands ethics and conducts practice in a professional manner
- ___ Aware of the need to evaluate effectiveness of personal practice
- ___ Understands effective use of supervision

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

Continued Next Page

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM CRISIS IDENTIFICATION & RESOLUTION

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

____ Understands family theory, developmental theory, human development across the life span, counseling theories, and crisis theory

____ Aware of prevalence and common effects of trauma

____ Aware of prevalence and common effects of co-occurring disorders (substance abuse and mental health)

____ Aware of screening and assessment strategies for co-occurring disorders (substance abuse and mental health)

____ Identifies consumer risk factors (i.e. suicide) and takes appropriate action

____ Understands role of medication in symptom management

____ Aware of the need to act as a contributing member of an interdisciplinary team

____ Knowledge of confidentiality

____ Aware of the need to evaluate effectiveness of personal practice

____ Understands effective use of supervision

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

Continued Next Page

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM CULTURAL COMPETENCE/DIVERSITY

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

- ___ Demonstrates cross-cultural awareness and sensitivity
- ___ Communicates effectively across cultures
- ___ Sensitive to gender differences and differing sexual orientations
- ___ Knowledgeable about changing treatment needs for adult stages of transition

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM VOCATIONAL ASPECTS OF DISABILITIES

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

_____ Has working knowledge of the National Consensus Statement on Mental Health Recovery and the 10 fundamental components of recovery as they relate to employment (www.samhsa.gov)

_____ Understands that research shows that most people with psychiatric disabilities want to pursue employment opportunities and that a consumer can be successful in competitive employment regardless of diagnosis, symptoms, disability status, prior hospitalizations, or co-occurring substance use

_____ Familiarity with resources and roles or people involved in the employment support system for consumers with psychiatric disabilities, including job developers, job coaches, and community work incentives coordinators

_____ Understands the role of a MHRT/C in supporting an individual pursuing a vocational goal

_____ Knowledgeable about the current and evolving research regarding evidence-based practices in employment of individuals with psychiatric disabilities, including supported employment

_____ Working knowledge of engagement and motivation techniques to assist consumers in pursuing employment

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

Continued Next Page

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM SUBSTANCE ABUSE WITH DUAL DIAGNOSIS

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

____ Aware of prevalence and common effects of co-occurring disorders (substance abuse and mental health)

____ Aware of screening and assessment strategies for co-occurring disorders (substance abuse and mental health)

____ Aware of stages of recovery of persons who have co-occurring disorders

____ Knowledgeable about resources to assist in recovery process for persons who experience co-occurring disorders

____ Aware of the need to evaluate effectiveness of personal practice

____ Understands effective use of supervision

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM SEXUAL ABUSE, TRAUMA & RECOVERY

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

- ___ Aware of prevalence and common effects of trauma
- ___ Aware of screening and assessment strategies for trauma
- ___ Aware of stages of recovery for survivors of trauma
- ___ Knowledgeable about resources to assist in trauma recovery process
- ___ Aware of the need to evaluate effectiveness of personal practice
- ___ Understands effective use of supervision

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

By signing below, I confirm that I provided direct clinical* supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM CASE MANAGEMENT

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

- ___ Understands importance of community inclusion and use of natural supports
- ___ Understands Maine's laws regarding mental health recipients' rights
- ___ Understands benefit and entitlement programs
- ___ Understands interaction of co-occurring medical issues
- ___ Knowledgeable about changing treatment needs for adult stages of transition
- ___ Understands basic social services and entitlements
- ___ Knowledge of community provider system
- ___ Knowledge of generic community resources including available natural supports
- ___ Understands ethics and conducts practice in a professional manner
- ___ Aware of the need to act as a contributing member of an interdisciplinary team
- ___ Knowledge of confidentiality
- ___ Aware of the need to evaluate effectiveness of personal practice
- ___ Understands effective use of supervision
- ___ Interacts effectively with community members and other professionals
- ___ Understands strategies that empower consumers

Continued Next Page

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Appendix G—Credit for Work Experience (formerly Waiver) Forms

CREDIT FOR WORK EXPERIENCE FORM MENTAL HEALTH & AGING

Name of Applicant: _____

Name of Clinical Supervisor: _____

The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.

Dates of Supervision (start & end): _____

Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

- ___ Knowledge of Americans with Disabilities Act (ADA)
- ___ Understands benefit and entitlement programs
- ___ Understands interaction of co-occurring medical issues
- ___ Knowledgeable about changing treatment needs for adult stages of transition
- ___ Knowledge of community provider system
- ___ Knowledge of generic community resources including available natural supports

Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

By signing below, I confirm that I provided direct clinical* supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.

Signature of Clinical Supervisor

License Type & Number

Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.

Frequently Asked Questions about MHRT/C Certification

If I have a current MHRT II or MHRT III, do I need to reapply for the MHRT/Community?

No, your certificate is valid and equivalent to the MHRT/Community. The Center for Learning will not issue you a new MHRT/Community certificate if you already have a valid MHRT II or MHRT III.

My name has changed. Can I obtain a copy of my certificate with my new name on it?

Yes. Please submit your request in writing to the Center for Learning. Please include documentation of your name change such as a copy of your marriage license or divorce papers.

I lost my certificate. How do I obtain a new copy?

Please submit a request for your lost certificate in writing. Include your current address, daytime phone number, and approximate date your certificate was issued. If your name has changed since the certificate was issued, we will also need documentation of that name change such as a marriage license or divorce papers. We will produce a duplicate copy of your certificate and send it to your attention at the address you provided in your request.

My Provisional MHRT /C Level B certification expired just recently. Could I request an extension or have my certificate reinstated?

Once your certificate has expired, you are no longer eligible for an extension. Requests for extensions must be submitted at least thirty days prior to the expiration date of the certificate. In addition, it is not possible to have your provisional certificate reinstated. Once your certificate has expired, you must apply for the next level of certification.

Is there an application fee?

There is no fee to apply for MHRT/C certification.

I'm thinking of applying for MHRT /Community certification but am not sure if I meet the requirements. Is it possible to arrange an appointment with someone to review my transcript and discuss my other qualifications?

Unfortunately, the Center for Learning is unable to meet with individual applicants; however, we are able to respond to your questions. We recommend that you first read the *MHRT/C Procedural Guidelines* and then, if you have specific questions, you may contact us at 626-5200 or email us at cfl.muskie@usm.maine.edu. We encourage individuals to submit their application, transcripts and other documentation and we will then provide written feedback.

How do I know if the college I attended is regionally accredited and accepted for MHRT/C academic credit?

Please refer to the following links for a current listing of regionally accredited colleges and universities we recognize for academic MHRT/C credit. These are organized according to the location of the school:

New England Association of Schools & Colleges: <https://cihe.neasc.org/>
Middle States Commission on Higher Education: <http://www.msche.org/>
(North Central) Higher Learning Commission: <https://www.hlcommission.org/>
Northwest Commission on Colleges & Universities: <http://www.nwccu.org/>
Southern Association of Colleges & Schools Commission on Colleges:
<http://www.sacscoc.org/>

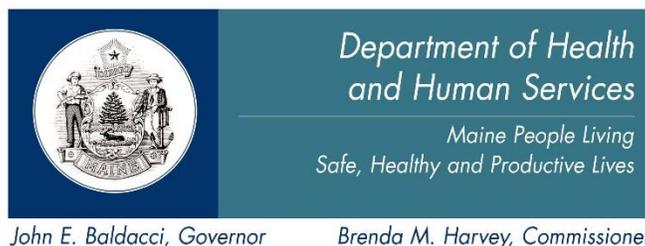
Western Association of Schools and Colleges:

Junior (Associate Degree programs): <http://www.accjc.org/>

Senior (Bachelor & above) programs: <https://www.wascsenior.org/>

If you are unsure whether your college or university is accredited, you are always welcome to contact the Center for Learning.

For additional information and FAQs, please visit the MHRT section of our website at www.cfl-muskie.org



Caring..Responsive..Well-Managed.. We are DHHS

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975 and the Maine Human Rights Act. Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to DHHS's ADA Compliance/EEO Coordinator, State House Station #11, Augusta, Maine 04333, (207) 287-4289 (V), (207) 287-2000 (TTY). Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats.