



Provisional Mental Health Support Specialist (MHSS) Handbook

2006

Maine Department of Health and Human Services
Office of Adult Mental Health Services





Maine Department of Health and Human Services
Office of Adult Mental Health Services
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To: Adult Mental Health Providers
From: Ron Welch, Director, Office of Adult Mental Health Services
Date: August 2006
Re: New Provisional Mental Health Support Specialist (MHSS) Handbook

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Enclosed please find a hard copy of the newly completed Provisional Mental Health Support Specialist (MHSS) Handbook. It is also available for download in:

Word Format at <http://www.cfl-muskie.org/Forms/provmhss.doc>
Or Adobe Format at <http://www.cfl-muskie.org/Forms/provomhss.pdf>

Effective October 1, 2006, the Provisional Mental Health Support Specialist (MHSS) Handbook is replacing *"Caring for People with Mental Illness in Community Based Settings: An Orientation for Mental Health Rehabilitation Technicians"*.

The Provisional MHSS Handbook is an abbreviated version of the full MHSS curriculum. It is designed to teach those competencies needed before beginning to work in residential services and/or daily living supports. Supervisors are expected to review and discuss the content with newly hired Mental Health Support Specialists; and the workbook includes exercises and discussion questions to facilitate that process. Supervisors should then complete and sign the Residential Worker Orientation form for Provisional Mental Health Rehabilitation Technician I Certification (MHRT I) that is found at the end of the Handbook and forward to MHRT Coordinator, Muskie School Center for Learning, 295 Water Street, Augusta, ME 04330.

Our intent with this newly updated curriculum is to reflect best practices in the field and provide the best possible training to those who support adults diagnosed with mental illness. If you have any questions or comments about the Provisional Handbook or Full Mental Health Support Specialist curriculum please contact Christine Robinson at christine.c.robinson@maine.gov or the Muskie School Center for Learning at 626-5280. We'd be interested to hear your feedback.

Provisional Mental Health Support Specialist Handbook

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Please Note: The Provisional MHSS Handbook includes excerpts from some, but not all, modules of the Full MHSS curriculum. Modules 3 and 8 have been excluded in their entirety.

Introduction

This 2006 *Provisional Mental Health Support Specialist (MHSS) Handbook* replaces the 1991 Residential Care Specialist Provisional Handbook entitled “*Caring For People With Mental Illness in Community Based Settings*”. The Provisional Mental Health Support Specialist (MHSS) Handbook is an abbreviated version of the Full MHSS Curriculum.

The exercises written for this Provisional MHSS Handbook reflect the content and structure of the full MHSS curriculum and join the other elements of the MHRT I certification requirements in order to ensure that Mental Health Support Specialists are safe practitioners and are familiar with best practices in the field of adult mental health.

In the full MHSS curriculum as well as in this *Provisional MHSS Handbook*, students will learn foundational information about their roles and responsibilities as MHSS workers and some theoretical underpinnings of the adult mental health field such as psychosocial rehabilitation, mental health recovery, and trauma-informed services.

This Provisional Handbook is designed to teach those competencies that a newly hired Mental Health Support Specialist will need before engaging in their work. Agencies are expected to use this handbook during their orientation process for new Mental Health Support Specialists. Completion of this provisional handbook is required before beginning work in the role of MHSS. Agencies are expected to schedule new employees for the full MHSS in a timely manner in order to meet the requirement to complete the course within the first year of their employment. It is strongly recommended that the full MHSS curriculum be completed within the first six months of employment.

Module 1: The Role of the Mental Health Support Specialist (MHSS)

◆ LEARNING EXPERIENCE 1 ◆

Describe the roles, expectations, and functions of the Mental Health Support Specialist (MHSS).

The role of the MHSS is to assist individuals who are living with mental illness to maintain the highest level of independence possible. You will support them as they develop and maintain their skills of daily living and progress toward mental health recovery. You will provide this support to individuals in their own home, in a supported living environment and in their community.

The following list includes some, but not all, of the duties you will perform as part of your work as an MHSS. You will support individuals who are working on:

- › Being part of their community
- › Recreation
- › Menu planning and meal preparation
- › Communication skills
- › Exploration of meaningful activities including work, education, or other interests
- › Housekeeping
- › Accessing transportation
- › Interpersonal relationships
- › Health maintenance
- › Maintaining safety
- › Financial management
- › Basic academic skills
- › Management of personal and legal affairs
- › Problem solving and decision making
- › Developing and using self-awareness



In order to complete this Provisional MHSS workbook successfully, you will need to work with coworkers, supervisors and the people you support to practice some of these duties and skills.

Let's take a closer look at some of these life areas. Keep in mind that your role as an MHSS is not just to support someone in achieving these tasks; it is also to help them develop the skills to accomplish these tasks without your help in the future.

Being Part Of Their Community

Supporting someone in being part of their community is the overarching purpose of your role as an MHSS. Feeling connected to others, and leading a life that has meaning to an individual, is an essential foundation of mental health recovery. Making connections to community beyond those people paid to be with them is critical to community integration. As you read through the rest of this list of life areas, keep in mind how they relate to the overall goal of being part of one's community.

Developing And Using Self-Awareness

Making decisions about life goals may be a new experience for many of the people you support. They may have experienced "institutionalization" for much of their lives. This experience can happen in an actual institution or can be a result of the person consistently being treated like a "mental patient." In those situations they are allowed to make very few decisions. They become accustomed to being told when to eat, what to do and when to go to bed. Your job will be to support those individuals in thinking for themselves. Ask them what they do (or would like to do) for fun. Also ask them about when they're having a rough day-- is there something in the past that has helped? These are important ideas to explore as you get to know the person you support. As they learn more about what is helpful for them, the more they will be able to maintain their own health and sense of grounding, even during stressful times.

Exploration Of Meaningful Activities

Exploration of meaningful activities would include work, education, or other interests. The people you support may have "learned" that it's not possible for them to have a paying job or be a successful learner. With your support the individual can rediscover where their interests or passions lie. Ask if they once had a job, volunteer or paid, or a hobby they enjoyed. Are there classes in the community they can attend to improve their skills in those areas? Is there a person who could mentor them? Be creative.

Accessing Transportation

You may sometimes need to provide transportation for the person you're supporting. However, helping someone learn how to access transportation independently is important. Explore alternative ways for them to get to and from appointments, the grocery store, the movies, or wherever else they wish to go.

Recreation

Does the person you support enjoy physical activity? Do they like to read books? Are they interested in antiques? There are a variety of active groups throughout most communities---bowling leagues, reading groups and snowmobiling clubs to mention just a few. Once they decide which interests to pursue, help them find people in their community with similar interests.

Communication Skills

Remember that getting out in their community may be new to the person you support. Speaking and relating to people they don't know may be a frightening idea to them. You can help by modeling good communication skills and coaching them as they try it themselves.

Financial Management

Some of the people you support may need assistance counting out money for purchases, managing a checkbook or planning a monthly budget. These are skills you can help with or you can guide them to a class or mentor who can help them develop those skills.

Basic Academic Skills

Ask the people you support if there are academic skills they would like to improve. Be sensitive when you discuss this topic, because some people feel a lot of shame about "not knowing." However, it is very difficult to get by these days without the ability to read, write and do basic math. If they lack those skills you may want to encourage them to enroll in a local adult education class. Often these classes are free. Also discuss how you can contribute to their learning. As they build these skills they will be more able to become a successful participant in the larger community.

Problem Solving And Decision-Making

Keep in mind that you might often be inclined to tell someone how to solve a particular problem. However, while your advice might be helpful over the short run, it is very important to encourage people to make their own choices. You can tell them about your experiences and how you've accomplished things in the past, but also ask the person about problems they've solved successfully or good decisions they've made in the past. Encourage them to use a process that has been successful for them before. When we're able to make our own decisions it allows us to truly feel the success of the choice. It also creates the opportunity to take responsibility for a decision whether the outcome is positive or not.

Management Of Personal And Legal Affairs

This is an area where you will need to be particularly careful about supporting people to make their own decisions. It is not your role to give personal or legal advice. At times, however, you may need to help the people you support fill out paperwork involving legal affairs or continuation of services, for example. This may also be an opportunity for you to help them find the appropriate people (benefits specialist, social security office, attorney, etc.) within the community who can assist them.

Supporting People In Managing Their Lives

This type of work may consist of:

- › Housekeeping (laundry, sweeping, vacuuming, dishes, setting the table, etc.)
- › Health maintenance (personal hygiene, dental care)
- › Financial management (making a spending plan)
- › Basic academic skills (reading, writing)
- › Management of personal and legal affairs (filling out applications)
- › Menu planning, grocery shopping and meal preparation



In a supported living environment, keeping a group living space up to standards mandated by state regulations

This work will usually involve you and a coworker although consumers may help with household work as part of a regular chore:

- › Keeping the house clean, including the bathrooms and kitchen.
- › Ordering, receiving, and storing supplies.
- › Purchasing groceries for planned and unplanned meals and for stock supplies.
- › Dating cooked food, checking for freshness, and destroying all food kept over 48 hours.
- › Reporting the presence of insects or vermin.
- › Checking medications and medication orders for dates, pulling out-dated medications from supply, and obtaining up-to-date orders from physicians. (CRMA certified only)

SUGGESTED ASSIGNMENTS:

- › *Find and review the regulations applicable to your program.*
- › *Are there any that are not discussed here?*
- › *Discuss with your supervisor the purpose of state and agency regulations.*

Maintaining Safety

In addition to the health and cleanliness tasks listed above, in a supported living environment Mental Health Support Specialists should also:

- › Schedule and perform fire drills
- › Assess and report unsafe conditions (fraying carpets, overloaded electrical outlets, ice on walkways, etc.)
- › Check temperatures in all refrigerators (including medication refrigerators).
Is there a place to document your findings?
- › Make sure cleaning solutions are in a secure place.

In an individual's own home, safety precautions should include:

- › Are smoke detectors in working order?
- › Do electrical outlets and appliances work properly?
- › How is the driveway and walkway maintained in winter weather?
- › Are there people in the person's life that endanger them?

If there are children in the home, is the space physically safe for a child?

- › Outlets covered
- › Water temperature not too hot
- › Stairs blocked off with a gate
- › Cabinets have childproof locks



◆ **LEARNING EXPERIENCE 2** ◆

Explain some of the important aspects of the MHSS job.

The Mental Health Support Specialist job can be complex and challenging, as well as rewarding. It can be an opportunity for personal and professional growth and a vehicle for developing core skills that will last you a lifetime.

Let's take a look at some of the skills you will learn and develop in your work:

Working as part of a team

You are starting out as a new member of a team. The other members of the team are looking forward to your addition to the team to the skills that you bring to the job. Each time new member joins; the team adjusts to that person's entry. Please take the time to observe some of the following courtesies:

- › Show up on time, do what people request you to do, ask for help when you need it.
- › Communicate clearly and directly.
- › If you don't understand something, ask for clarification.
- › Participate in staff meetings and clinical supervision. New input is always valuable, if given respectfully.



- If you sense that there is disagreement and tension within the team, **don't take sides**. Do what you can to resolve it. Don't engage in gossip.
- Pay attention to yourself. Use supervision to identify things that may be stressing you out, and come up with a plan to deal with it.

Using supervision:

Your supervisor has skills and expertise to share. You will meet with him or her on a regular basis. If you prepare ahead of time, you will make the best use of supervision.

- ORGANIZE** ▸ your thoughts, questions, and observations.
- TELL** ▸ your supervisor what you want and need. Remember that he or she isn't a mind reader. Be as clear as you can be.
- DISCUSS** ▸ your feelings, thoughts, and reactions to your work.
- REQUEST** ▸ guidance and help with specific issues before the issue reaches the crisis stage.
- BE OPEN** ▸ to input and feedback

Treating others with respect and dignity:

It is important to remember that you are a guest in the life of the person you support. In essence, you are their employee. It may seem easier to read the person's chart and make up your mind about what they need, but that will not help an individual in pursuing their own recovery. The person you support knows best what they want from life. Ask them. We sometimes come to this work with ideas about how we think people should be, or should live. That isn't for us to decide. The work of a MHSS is to support another person to live the best life they can. What that life encompasses depends on the unique preferences of each person you support.

Attending to boundaries:

Establishing and maintaining healthy personal and professional boundaries is an essential aspect of your work as an MHSS. The nature of your role as paid staff creates a power differential between yourself and the person you are supporting. You need to be aware of how that power affects the relationship and be careful not to misuse it. Because you are in the paid role the people you support may assume you know what is best for them. It will be important to encourage them to make their own decisions. Be mindful of the suggestions you give.

You will also need to determine how much and what type of personal information to share with the individuals you support and give thought to the reason to disclose or not disclose. For example, if you are asked where you

grew up or if you have a dog, why wouldn't you answer that? If you are thinking about sharing personal stories about past or present struggles, remember that the goal should be to help individuals believe in themselves. Be mindful of whether your sharing will benefit the other person, or is simply filling your need to share.

SUGGESTED ASSIGNMENTS:

- *Name four activities prohibited when working with clients.*
- *Observe interactions between coworkers and the people they support. Is there evidence that people are treated with respect and dignity? If not, think how you will address this in supervision.*
- *Discuss with your supervisor what information you will and won't share with the people you support.*

Problem solving

Humans are unique and so too are the issues and problems we confront. As a result, there won't always be rules or black and white answers to many questions that arise during the day.

We suggest that you spend some time practicing your problem solving skills. Listed below is one example of a problem-solving model you could practice:

- 1 Fact-finding:** What is the problem, and whose problem is it?
What facts do I understand about the problem?
Are there other things I need to know?
- 2 Brainstorming:** Discuss the problem with other members of the team or the person with whom you are working and brainstorm, that is, set time aside to consider just this problem and begin to think of possible courses of action. The most unusual idea may hold the key to the resolution of the problem, so don't hesitate to say what's on your mind. The more ideas, the more possibilities you will have to choose from.
- 3 Proposing a possible solution:** Make a prioritized list of possible actions.
Review the risks and benefits of your choices. Make a choice.
- 4 Implement the solution and then evaluate the outcome.**
- 5 Repeat the process as needed.**

SUGGESTED ASSIGNMENT:

Choose a problem you have solved, or are dealing with now (it helps to start with a small one). Ask your coworkers or supervisor to schedule some time to practice the above problem solving technique.

Resolving conflict

In everyday life, conflict will occur periodically. As an MHSS, you may experience conflict among members of your team, between yourself and the people you support, and among various people you support. In any of these situations, it is essential for you to model healthy ways of dealing with conflict. In dealing with conflict, it is important to:

- Be respectful
- Seek to understand and help others understand the points of view of those involved in the conflict
- Focus on win-win solutions
- Work to create long-lasting solutions
- Acknowledge your own and other people's feelings
- Be direct, keep the issue between you and the other person and avoid creating "sides"

In the full MHSS training, you will be discussing conflict again. By that time, you may have engaged in and resolved a number of conflicts. Most of us find dealing with conflict difficult and sometimes frightening. We all come together with our various experiences of conflict. Think about how you learned what conflict looked like. Was it safe for you to share your concerns? Was conflict always resolved, or left hanging with no results? Many people have unhealthy methods of resolving conflict. It will be very important for you to stay calm and examine what is going on for you in the situation and to model this for the people you support. Use your supervision time to review and discuss conflict resolution strategies, as needed.

Dealing with stress

Being an MHSS can be a stressful job. Stress is our internal response to situations that we find difficult. We become burned out when we believe that we can't do anything about the stress we are feeling. We can't eliminate stress from our lives, but we can choose to manage the stress in positive, proactive ways.

It is critical that you take care of yourself in order to have the patience and energy you need to do this work well. Some strategies for dealing with the moment-to-moment stress of your job may include:



- Being aware of what is causing you stress -
 - Taking a break -
 - Drinking a glass of water -
 - Taking deep breaths –
 - Going for a walk -
 - Counting to 10 -



Avoiding becoming overwhelmed with your job by using the following strategies:

- › Talking with your supervisor for advice and support.
- › Developing techniques for “leaving work at work.”
- › Paying attention to having a satisfying life outside of work.
- › Using your team meetings as a way of getting re-energized.

Maintaining a healthy lifestyle will also reduce stress. Try to exercise every day, get enough sleep, cut down on caffeine, nicotine, and sugar; talk to friends, and pursue a hobby. These simple steps can help keep stress down and resilience up. If you feel that you are getting too stressed at work, talk to your supervisor. Perhaps he or she can help you devise some coping strategies beyond what is listed here.

◆ **LEARNING EXPERIENCE 3** ◆ *Identify ways of supporting different learning styles in providing daily support.*

Each of us processes information in ways that make sense to us. There are a variety of typical ways that people learn. These include:



- › **Visual** – Visual learners acquire new information by looking at or making their own pictures, videos, diagrams, or other visual images. Seeing a demonstration of the skill being taught may be critical to the success of the visual learner.



- › **Auditory** – Auditory learners need to hear instructions and information. Sometimes auditory learners may not appear to be paying attention when spoken to because they are processing what has just been said.



- › **Kinesthetic (tactile, hands-on)** – Kinesthetic learners learn by moving, doing, and touching. They learn best when engaging in hands-on instruction. Kinesthetic learners may display impatience with instructions and demonstrations, because they need to be in direct contact with the task or skill. They may find it hard to sit still for long periods and may become distracted by their need for activity and exploration.
- › Some people **combine** one or more of these learning styles.

There are other variables to take into consideration when teaching skills or supporting people in maintaining skills. Ask the person how they learn best. The following questions may be useful to ask yourself and the person you work with:

- › How big or small do the learning steps need to be?
- › Are there times of the day when you are more or less alert?
- › Are you a morning or an evening person?
- › What frustrates you when learning a new skill?



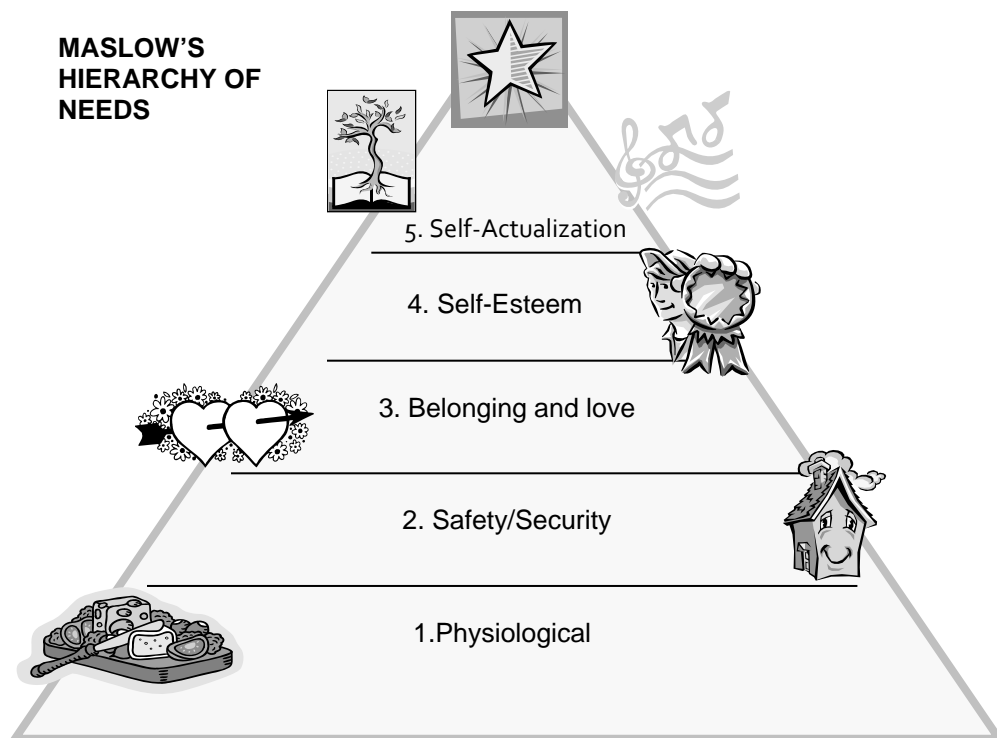
- ▶ What motivates you to learn a new skill?
- ▶ What have previous learning experiences been like?
- ▶ Do you get mixed up or frustrated with lots of directions?
- ▶ Can you stay on task when there are disruptions or distractions?

SUGGESTED ASSIGNMENTS:

- Do you know your own learning style? Think about how you've been working through this handbook. If interested, ask your supervisor about taking a learning styles inventory.
- Read an Occupational Therapy evaluation and pay attention to the description of how that person processes information.

◆ **LEARNING EXPERIENCE 4** ◆ Explain Maslow's Hierarchy of Needs

Abraham Maslow was a psychologist who developed the now famous *Hierarchy of Needs*. His theory is that we can't focus on the higher needs in this pyramid until the needs that are lower down in the pyramid are met.



Maslow believed that all of us need to have basic needs satisfied, such as air to breathe, food, water, and shelter, before we can focus on the next highest level of needs such as security and belonging, love, family, and friends. Once those

needs are met, we can then work on self-esteem needs such as the need for status, societal approval, and a good job. And once these are met, people can then move on to the highest level of the pyramid where human beings can reach their full potential through activities such as intellectual pursuits, creative expression, and appreciation of the arts and beauty.

Maslow believed that people are motivated to fulfill the needs in the hierarchy that have not yet been satisfied and that this motivation guides much of human behavior. Once a need is satisfied, and only when it is satisfied, people can move to the next level of the pyramid.

According to this theory, if you are worried about getting enough to eat, you won't be thinking much about self-esteem. Maslow also believed that if people have experienced abuse or neglect, they are at risk of spending the rest of their lives trying to get the basic needs of safety and security fulfilled. The people you support may have difficulty being motivated to look for a job if they have no place to live or if they have experienced trauma in their lives.

**SUGGESTED
ASSIGNMENT:**

- *Think about a time in your life when you had difficulty having your needs on the lower level of the pyramid met. You may have lost a job or had a spouse/parent die, or experienced a natural disaster such as flood or fire. Think about how this experience affected you at the time. What were you mostly worried about? What kind of need did you seek to have fulfilled?*
- *Then think about the people you support. What needs do you see them trying to fulfill? Discuss your observations with your supervisor.*

◆ **LEARNING EXPERIENCE 5** ◆

Describe the responsibility of the MHSS as a mandatory reporter.

Abuse, mistreatment, and exploitation — your role as a mandatory reporter

It is the responsibility of those working in the mental health system to report mistreatment. Unfortunately, there will be times when staff or family members may abuse, neglect, or exploit individuals receiving mental health services. In addition, some residential mental health facilities have experienced problems with residents abusing one another. Because you work closely with people, you may be in a position to witness these occurrences.

In your role as an MHSS you are considered a **mandatory reporter**. If you observe abuse, neglect, or exploitation in the course of your work **you are obligated to report it to your supervisor**. You are also obligated to report it to the DHHS Office of Adult Protective Services.

Where to Report

Reports are made to the DHHS, Adult Protective Services.

To make a report, call:

Phone: 1-800-624-8404 (24-hours, toll free)

TTY: 1-800-606-0215 (24-hours, toll free)



DHHS has duty officers available for reporting (24 hours, toll free). If the person you are supporting also has a guardian, you are obligated to report the event to the person's guardian by calling the guardian and/or leaving a message. Calling the guardian alone does not constitute reporting.

DHHS is responsible for investigating reports of abuse, neglect, and exploitation of incapacitated and dependent adults and for protecting incapacitated and dependent adults in danger or in substantial risk of danger. Categorical definitions and examples of reportable occurrences include:

Abuse means the infliction of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm or pain or mental anguish; sexual abuse or exploitation; or the willful deprivation of essential needs (22 MRSA 3472). Examples of abuse include:



- › Any physical and or sexual assaults
- › Giving the wrong medicine or too much medicine on purpose
- › Denying visits with friends or family
- › Name calling, harassment or verbal threats
- › Pushing, hitting, shaking, or pulling hair

Neglect means a threat to an adult's health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these (22 MRSA 3472). Neglect is a failure to provide care and services when an adult is unable to care for him or herself. Neglect may be at the hands of someone else or it may be self-neglect. Neglect includes failure to provide:

- › Adequate shelter, clothes, or food
- › Personal care (including assistance with bathing, toileting, and dressing)
- › Medical attention or necessary medication
- › Necessities such as glasses, dentures, hearing aides, walkers

Residents suffer from neglect when they are left alone, ignored by staff or left with staff who fail to care for them appropriately. Examples of neglect include:

- › An MHSS has fallen asleep or is intoxicated while on duty.
- › A person you support is fearful about leaving her room and seems almost panicky when it is time to leave the facility for an outing. You decide to "leave her be" rather than attempting to determine the cause of her fear.

Exploitation means the illegal or improper use of an incapacitated adult or his resources for another's profit or advantage (22 MRSA 3472). Maine's law prevents facility employees from being appointed guardians or conservators (18-A MRSA 5-311). Exploitation is the illegal or improper use of an adult's money or property for another person's profit or advantage. Examples of exploitation include:

- ▶ Forcing an adult to change a will or sign over control of assets.
- ▶ Forcing an adult to sell or give away property or possessions.
- ▶ Keeping the adult's pension or social security check.
- ▶ Failing to pay nursing, boarding, or foster home bills and provide personal needs money on the part of a resident's relative who is a representative payee.
- ▶ Using a resident's money to purchase furniture or clothing not intended for the resident.

Abuse can occur in a variety of ways and in a variety of settings. Residents may abuse one another. Staff in a facility or those providing in-home supports may abuse residents/ consumers. And residents, or consumers, abuse staff. Abuse may be an act of violence such as physical or sexual assault, or it may be verbal abuse, medication errors, or failure to provide proper assistance resulting in injuries. Facility staff or family members may neglect people. Staff, family members, or other residents may exploit people.



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Prevention

Preventing abuse, neglect, or exploitation requires trained staff at all levels. In addition, as an MHSS, you should have administrative support to act to prevent abuse and to file proper incident reports.

In a healthy environment, all staff and people receiving services are treated with dignity and respect. This alone will go a long way toward preventing abuse.

Even “minor” incidents of abuse should be dealt with immediately. The administrators and staff at your agency should be conveying a message of how important it is to report suspected abuse, neglect, or exploitation to DHHS.

SUGGESTED ASSIGNMENTS:

- *Locate your agency's reporting procedures.*
- *Work with your supervisor to develop a short in-service training that covers the definitions above and reporting procedures.*
- *Call DHHS to find out what happens after a report is made.*
- *Find out what happens in your agency after a report is filed.*
- *Determine the number of incidents that have been reported to DHHS by your agency during the past year.*

Module 2: Understanding Mental Health and Mental Illness

◆ LEARNING EXPERIENCE 1 ◆

Explore some of the characteristics of mental health and mental illness.

What is mental health?

The 1999 Surgeon General’s Report on Mental Health defined mental health as the state of successful performance of mental function resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. It went on to say that mental health is indispensable to personal wellbeing, family and interpersonal relations, and contribution to community or society. It is the springboard of effective thinking and communication, skills, learning, emotional growth, resilience, and self-esteem.

The Surgeon General’s Report also noted that it is easy to overlook the value of mental health until problems surface. Mental health difficulties occur for almost everyone during times of crisis, major life transitions, losses, hormonal or physiological changes, and other events. According to the Report, “mental health” and “mental illness” are not polar opposites, but can be thought of as points on a continuum, or line.



What is mental illness?

The federal government currently uses the following definition of mental illness, which was outlined in the 2003 New Freedom Commission Report:

A diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria in the Diagnostic Statistical Manual...(and) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic daily living (e.g., eating, bathing, dressing); instrumental living (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/ educational contexts.

As you read through this definition, you likely recognized tasks related to your job description.

Historically, serious mental illness has been seen as a chronic and deteriorating condition. More recent research indicates that most people diagnosed with serious mental illnesses can and do recover. For example, the diagnosis of schizophrenia was once considered a lifelong condition; however, a third of people diagnosed with this illness will recover completely; a third will cope well with the illness if they are given various forms of support; and a third will continue to experience acute episodes of their illness throughout their lives.

People who require more intensive supports, including those who were hospitalized at the Augusta Mental Health Institute (some for as many as 30 years) struggle not only with mental illness but also from the effects of institutionalization. In an institution, the emphasis was usually on caring for large numbers of people in a limited space according to rules and regulations that support the safety of all. Individual wants and wishes, while they may have been considered, were often denied because of time, personnel, and space limitations. Because institutional care emphasizes care and control as opposed to independence, many people lost their functional abilities to make decisions, care for themselves, and plan for a meaningful future.

The programs established in the last 15 years in Maine focus on recovery, learning, practice, and self-mastery for people who previously were not thought to be able to exist outside of the institution where they would be cared for.

◆ **LEARNING EXPERIENCE 2** ◆

What is the prevalence of mental illness and what causes mental illness?

Mental illnesses affect almost every American family. Mental illness can occur at any stage of life, from childhood to old age. The federal government estimates that 5 to 7 percent of American adults live with a mental illness every year. That means millions of Americans are coping with a mental illness each year. Mental illnesses rank first among illnesses that cause disability in the U.S., Canada, and Western Europe (New Freedom Commission, 2003).

Mental illness stems from a variety of causes too numerous to include in this handbook. You will have an opportunity to learn about these factors in the course of your work as an MHSS. You are also encouraged to read and keep abreast of current research and theory, much of which is being generated by university research, pharmaceutical companies, and the medical community. While most experts believe there is a genetic component to mental illness, much of mental distress and disease also stems from responses to stress, poverty, trauma, or hormonal changes.

While medications have an important impact, research has clearly shown that healthy and supportive relationships make an equally important contribution to many individuals' mental health recovery. Be sure to remember that when you are relating to the people you support. The quality of your interactions can do as much to repair the damage that has been done to them as the newest medication. A regular schedule, a safe place in which to live, friends, opportunities to participate in meaningful activities, and a chance to do work that is of interest, along with the right medication, can make an immense difference for the people you support.

◆ **LEARNING EXPERIENCE 3** ◆ *What does mental illness "look like"?*

When you are working with people with severe (we no longer use the term 'chronic' because it implies a permanent condition) mental illness, they may show some signs of their specific disorder. Mental illness can cause changes in thinking, mood, and behavior. People may be sad and feeling hopeless if they are depressed. They may experience hallucinations (seeing and/or hearing things others don't see and hear), delusions (holding beliefs that no one else believes), and/or difficulty organizing themselves. They may be angry and frustrated because they have mental illness or they may deny that they have an illness at all. While an accurate diagnosis is important to establish medication management, and to establish eligibility for certain types of support, we encourage you to focus more on the individual and less on the diagnosis.

**SUGGESTED
ASSIGNMENT:**

Interview one person you will be supporting, before you read their records. Ask them to think about times in their lives when they felt successful, or fulfilled. You could ask them to go over their ISP with you and tell you what they want to do in their lives, or the kinds of activities they enjoy. If they seem comfortable talking with you about their past, find out where they came from, what they did when they were growing up, and what they wish they could do next. Notice what it was like to explore with someone their story and see how the conversation opens up as they share that story. Then read this person's record and imagine how your initial impression may have differed if you hadn't first met and talked with the individual. Discuss your experience with your supervisor.

Module 4: Health and Recovery

◆ **LEARNING EXPERIENCE 1** ◆ *Define the principles of recovery.*

In this module you will learn about the possibilities for people to recover from the effects of mental illness. You will read what some of the leading experts in mental health hold to be true. This module will also serve to debunk various myths that exist about mental illness. When you complete your work with this module you should have a foundational knowledge of recovery and understand your role in supporting the people you work with as they transform their lives.

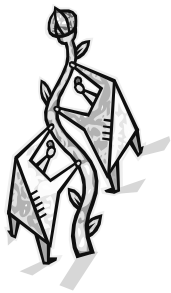
What do people say about recovery?

The concept of recovery was adapted and expanded to apply to mental illness in the late 1980s--most eloquently by Patricia Deegan, Ph.D., herself a survivor of mental illness. In 1988 she said: "Disabled persons are not passive recipients of rehabilitation services. Rather, they experience themselves recovering a new sense of self and purpose within and beyond the limits of the disability."

At a pivotal national forum held in Ohio in 1994, consumers, survivors, ex-patients (C/S/Xs), professionals, and family members reached consensus on the following definition: "Recovery is an internal, ongoing process requiring adaptation and coping skills, promoted by social supports, empowerment, and some form of spirituality or philosophy, that gives hope and meaning to life. Recovery involves hope and courage, and is accomplished one step at a time according to individual abilities and goals."



William Anthony of Boston University summarizes definitions of recovery in this way: "Recovery is described by consumers/survivors as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living, a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic events of mental illness."



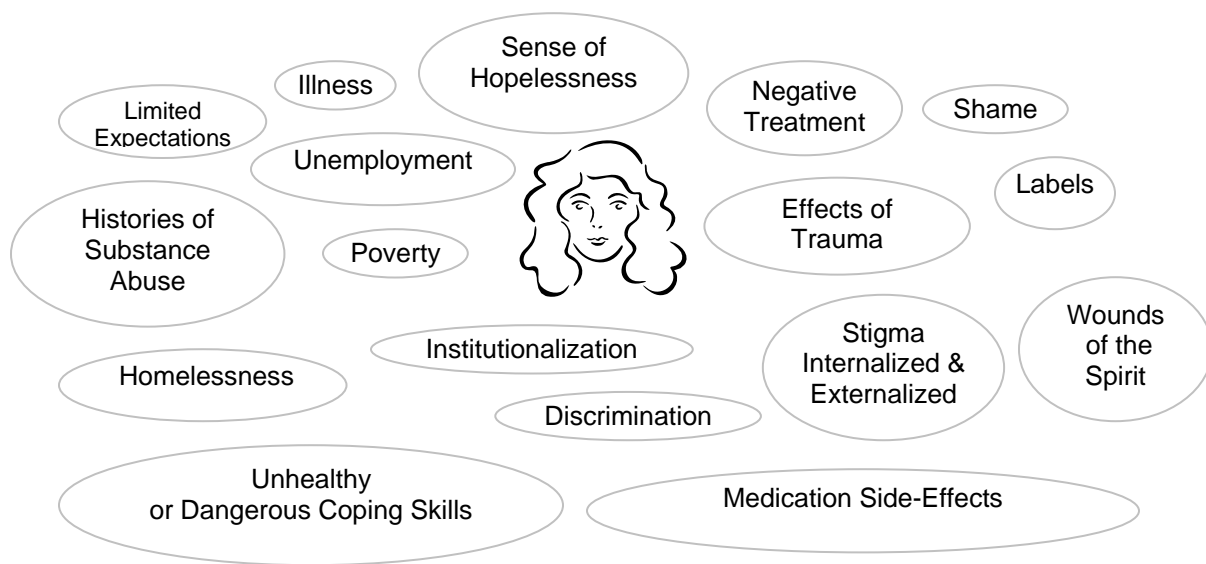
In 1999, Mary Ellen Copeland, a survivor of mental illness and developer of the Wellness Recovery Action Plan, said: "Recovery involves people having a personal vision of the life they want to live; seeing and changing patterns; discovering that symptoms can be managed and doing it; finding new ways and reasons; doing more of what works and less of what doesn't."

Connecticut has been working to implement a new recovery model within the state system of service delivery and defines a recovery-oriented system as one that "helps the person to not only

understand what his disorder is, but it also shows him how to manage it while using the tools of recovery. The tools can be medication, diet, therapy, and supportive relationships — any number of things to manage the illness. It is the consumer’s choice, and they have to be part of the journey. It’s not us doing it for them; it’s us doing it with them.”

The mental health community is undergoing a profound shift from thinking of mental illness as permanent and debilitating to something from which it is possible to recover as one would recover from a physical illness. It is possible to be a valued member of society regardless of one’s disability. The State of Maine supports and expects recovery to be the driving model for programs supported by DHHS, Adult Mental Health Services.

What are people diagnosed with mental illness recovering from?



MYTHS about people diagnosed with mental illnesses:

- › You can tell someone has mental illness by looking at them.
- › They will always need to be taken care of
- › Their illness is due to personal failure.
- › They are so “crazy” that they don’t know how people respond to them.
- › They are doomed to a life of suffering and pain and can't change.
- › They cannot be successful unless they can make their symptoms of mental illness go away.
- › They cannot be productive citizens.
- › They are dangerous

What are the components of a strong recovery-based program?

- ▶ Strong recovery-based programs emphasize choice, self-management, personal freedom and the personal growth that results from that freedom.
- ▶ An understanding that mental health recovery is not an end product but rather a process or journey. All of our lives are constantly transforming, whether we have a mental illness or not. Recovery-based programs take a holistic approach. Using this approach, a mental illness is seen as only one part of a whole person.
- ▶ Recovery-based programs make an effort to involve a network of supportive individuals which could include friends, family, professionals, peers who are also recovering from mental illness, and the community in general.
- ▶ Recovery-based programs strive for individualized, unique approaches to help people develop a sense of responsibility for their own lives.
- ▶ The individuals receiving services lead the planning of those services and give feedback on the quality and appropriateness of those services.
- ▶ Recovery isn't focused on fixing what is wrong, rather it is focused on moving towards what someone wants to accomplish.

How can MHSS staff support recovery?

The key is the formation of healthy, supportive relationships. Many of the people you support may have never experienced a healthy or "real" relationship in their lives. Some folks may have really only had professional relationships, while others may have only experienced relationships as being controlling and/or painful.

The way we interact with other people can have an impact (negative or positive) on their self-image. When you treat the people you support with respect and dignity it reflects back to them a sense of their own value and importance. Over time people learn from healthy relationships how to accept themselves, trust themselves, give to others, and trust others. Relationships provide a "safe" place to learn new ways of being and to be accepted unconditionally. Healthy relationships provide healing.

It will be important for you to be patient with the people you support as they learn how to maintain a healthy relationship. It may be difficult for them to learn new ways of interacting, and to trust that relationships can be rewarding.

You can create an environment conducive to recovery by:

- › Having positive expectations for the people you support
- › Encouraging hopes and dreams
- › Seeing yourself as a learning partner rather than the "expert"
- › Avoiding unnecessary limits and preconceived judgments
- › Teaching and modeling a healthy lifestyle
- › Encouraging independence while honoring requests for support
- › Seeing the value in small steps as well as big ones
- › Allowing the people you support to be in control whenever possible
- › Encouraging some risk taking, as long as it doesn't involve a threat to safety
- › Listening, listening, listening....
- › Seeing your work through the eyes of the people you support.
- › Being clear about your limits
- › Being open to the possibilities of each day
- › Using any opportunity to help a person practice their decision-making skills

Your supervisor will assign you to work with an experienced co-worker. With that co-worker choose one action step in the ISP of someone you will be supporting. With the preceding list in mind, work on the action step task(s) for a period of time, identifying when and where you are able to use recovery principles. Document and discuss this with your supervisor, co-worker and the person you will be supporting.

Suggested Process:

SUGGESTED ASSIGNMENT:

1. *Identify an action step- an example might be "I will try one new activity in the community."*
2. *Talk with the person you will be supporting to find out what specific kinds of things he/she wants to do. Help him/her "brainstorm" ideas.*
3. *Encourage the person to choose the date, time, and circumstances of the activity.*
4. *Do the activity with the person allowing him/her the maximal amount of control.*
5. *Notice any instincts you may have to do the task for the person.*
6. *Give feedback and encouragement.*
7. *Upon completion, discuss what happened and how the person felt about it.*
8. *Document your observations and then discuss them with your supervisor. Think about what worked, what didn't work, and how you felt about your work.*

Module 5: Communication

Effective communication is a big part of your work. Learning good communication skills early in your employment will limit misunderstandings and possible mistakes in the future.

As an MHSS, communicating with people diagnosed with mental illnesses is a vital skill you will be practicing throughout your workday. Of course you are also expected to be a good communicator with your coworkers, other service providers, and people in the community in general. At the same time you will be assisting the people you support by modeling and teaching them how best to make their wants and needs known.

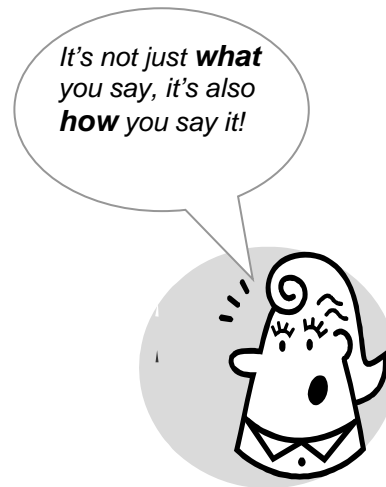
The overarching principle that guides your communication with all people should be respect. Remember to recognize and honor people's dignity in any verbal, non-verbal, and written communications. This curriculum module will explain the importance of non-verbal communication; assist you to effectively use words; and help you to be a better listener. If you learn these skills well, they are bound to improve your communication not only at work but in your personal life as well!

◆ **LEARNING EXPERIENCE 1** ◆ *Characterize verbal and non-verbal communication.*

Communication: The giving and receiving of information, signals, or messages. Communication can include talking, writing, or gestures.

Nonverbal Communication

Nonverbal communication is defined as the parts of a message that are not conveyed by the literal meaning of words. Nonverbal communication includes body language, use of space, pacing of words, and tone. People notice both nonverbal and verbal messages. In fact, approximately 90 percent of messages are nonverbal and automatic. For example, in the first year of life, babies establish vivid nonverbal relationships with their mothers and close relatives. From this, you may conclude that when you are working with people, they will be gathering an opinion of you based entirely on how you present yourself. If your body language expresses disgust or impatience, what you say may not make a difference.



*It's not just **what**
you say, it's also
how you say it!*

Often non-verbal communication can be misunderstood. So, it will be important for you to be mindful of how you carry yourself and to give the people you work with permission to question what they see. You can model this skill by "checking in" with the person you work with when you are unsure of the non-verbal messages you witness. For example, many people stand or sit with their arms crossed over their chests. This is often interpreted as someone being angry, or trying to create a barrier between themselves and the world. These are all assumptions until we ask what is going on for someone. You can say, "I notice you have your arms crossed. Sometimes when I do that I'm feeling bothered about something. Is that how you're feeling?" The person can then share what is going on for them. It may be that they are simply bored, or that holding themselves that way helps them to feel more comfortable. It is imperative that we not assume how someone is feeling.

Listed below are aspects of non-verbal communication. This list may be helpful to you as you try to be more mindful of what you are communicating non-verbally.

Body language

How is your posture? Are your arms crossed or open, down at your sides?
Do you use gestures when you are communicating?
Are you smiling? Frowning? What other facial expressions are you using?
Do you make eye contact?
Do you nod your head in response to others?

Use of Space

Are you sitting or standing?
Where are your arms or legs?
How do you move around in the room?
Are you aware of where others are in the space?
Do you know how large your personal space is?

Pacing and Tone

How fast or slowly do you speak?
How loudly or softly do you speak?

Verbal Communication

You'll find that people communicate differently depending on their audience. When co-workers get together there are often inside jokes that need little explanation. With a good friend you may sit closer to them and speak more openly about your feelings. When you greet a neighbor at the supermarket you may smile and say hello and continue on your way or if you know them well you may stop and chat.

It is important to communicate with the people you support in a way that is comfortable for both of you. There is no formula for how to relate to people with mental illness, so it is important to not make assumptions and take the time to get to know each person as a unique individual.

Barriers to Communication

A number of things may limit a person's ability to give and receive messages. As you read the following consider what it is like for you to attempt a conversation under these circumstances:

1. Physical

- › Hearing: Can the person hear you?
- › Seeing: Can the person see your body language?
- › Impairments: Can the person speak and understand?

Also consider the impact of:

- › Traumatic brain injury
- › Thought disorders: If the person is experiencing hallucinations, he/she may not be able to distinguish between what you are saying and his/her own thoughts.
- › Dementia

2. Past History and Experiences

- › People may be distressed because of past trauma. If the person has a history of abuse, they may be fearful of relationships. While they appear to be listening, they may have fearful racing thoughts that get in the way of hearing you.
- › People may have difficulty with eye contact if much of their experience is based in shame, trauma and low self-esteem.
- › People may be "hyper vigilant" about their surroundings.

3. Structural

- › Are you both using the same language?
- › Are you viewed as a person who has "power over the other individual?"
- › Are you trying to talk about something personal?

4. Emotional State

- › Stress, anger, fear, distraction and grief can impact communication
- › When any of us are experiencing a heightened emotion it can be difficult to engage with someone else.

◆ **LEARNING EXPERIENCE 2** ◆ *Identify what constitutes respectful communication.*

Communication is a complex human interaction. Consider all the potential barriers that we have identified in this section. One or more of them may be present in any interactions we have, but when we are respectful and honest more of our message is likely to get through to the other person. When we are unclear, impatient, rushed, or obviously stressed, the meaning of our message can become garbled and unclear and barriers to communication may become magnified.

Being honest about how you're feeling on any given day can go a long way in keeping the communication channels open. For example, if you're having a bad day, it may be a good idea to let people know. That is not to say that it is ok to go to work and be grumpy. However, you could begin your time with the person by saying something like "I've had sort of a rough time today, and I don't want it to get in the way of our work together. If I seem distracted or impatient, please let me know." Sometimes just saying it out loud helps you to feel better. You are also "owning" the fact that you may not be at the top of your game, and acknowledging that you have a responsibility to "be there" for the relationship and the work that you do. You haven't revealed personal information; you've just acknowledged what the person you support will probably sense anyway---that you're having a rough day.

◆ **LEARNING EXPERIENCE 3** ◆ *Explore specific strategies that can improve communication, including listening skills and empathy.*

The following list contains a number of strategies you can use to improve your communication:

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- › Be fully present and take time in a quiet place for your communications.
 - › Maintain eye contact (in a way that is comfortable for both of you)
 - › Notice the other person's non-verbal communication and check in with the person (don't make assumptions).
 - › Make sure your own body language matches your emotional tone.
 - › Let people finish what they are saying before you respond.
 - › Don't plan your response while you're listening to the other person.
 - › Focus your attention on the problem the other person is describing without giving advice.
 - › Acknowledge what people are saying by statements or body language.
 - › Use "I" statements that communicate to the person how you are feeling in response to his or her statements.
 - › Use phrases like "I wonder," and "I'm curious" when asking questions rather than saying "Why do you . . ." or "Why would you . . ."
 - › Restate in a few words what you've heard to make sure you understood.
 - › If the person appears to be distressed, ask if they want to continue talking, or pick up the conversation at some future time
 - › Get comfortable with silence. You don't have to fill in the silence with comments.

Remember:

You will be a more effective communicator if you are unfailingly respectful, even when you're having a rough day. The people you support will be more likely to trust you and find you helpful if you remember that, and you will feel better about yourself as well!

**SUGGESTED
ASSIGNMENT #1:**

Ask your supervisor to arrange for you to sit in on a conversation between a coworker and one of the people s/he supports. Observe your co-worker and note if you see him/her using any of the communication techniques in this module. Discuss this experience with your supervisor.

**SUGGESTED
ASSIGNMENT #2:**

Think about how you were feeling when you came to work this morning. Were you happy? Sad? Worried? Tired? Full of energy? When you've identified how you are feeling, ask a coworker or your supervisor what they noticed about your body language. What were their assumptions about how you were feeling? Make a list of the nonverbal messages you sent.

**SUGGESTED
ASSIGNMENT #3:**

Talk with a person you support about communication skills. Ask them what they know or understand about non-verbal communication. Demonstrate to them your understanding and explain what you've learned from this module.

Module 6: Confidentiality

Confidentiality is the protection of personal information and is enforced through professional codes of ethics, regulations, and by state and federal laws.

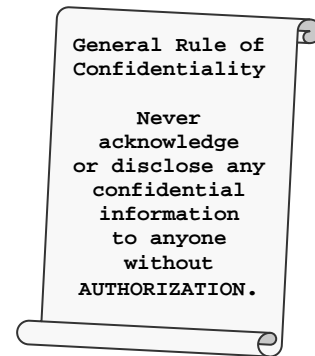
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- ◆ **LEARNING EXPERIENCE 1** ◆ Give examples of “individually identifiable information” and define the General Rule of Confidentiality.
-

Any information that makes it possible to figure out who is being referred to is called “individually identifiable information.” Examples of individually identifiable information obviously includes a name or a social security number, but could also include information such as an address, a place of work, or a detailed description of an individual’s appearance, personal history, family relations, etc. In a state as sparsely populated as Maine, we need to be particularly careful not to inadvertently reveal personal information about individuals we support.

The General Rule of Confidentiality

“Never acknowledge or disclose any confidential information to anyone without authorization.”

This general rule provides a basis for how you treat information and make decisions in situations when people inquire about individuals you currently support or have supported in the past. There will certainly be “grey areas;” but if you are in doubt, don’t share the information and consult with your supervisor.



The General Rule means that:

- You know nothing and you share nothing without an authorization.
- You don’t admit knowing or not knowing the person in question without an authorization.
- You do not share information with coworkers, professionals, the person’s family, law enforcement, the Governor, or your friends and family without an authorization.
- The person in question has the right to disclose any information he/she chooses

◆ **LEARNING EXPERIENCE 2** ◆ *Define informed consent.*

Informed consent means that nothing should be shared without the person's specific knowledge of *what*, *when*, and *with whom* it will be shared and *why*.

To Release Information

Individuals retain the right, except in certain emergency circumstances, to control their personal information. If an individual agrees to share his/her confidential information with others, s/he will complete a release of information form. This document specifies:

- Who will disclose or obtain information.
- What specific information will be disclosed (the more specific the better).
- How the information will be used (treatment planning, collaboration, etc.).
- How long the information will be available (no longer than a year, ideally only as long as is necessary).
- That the person in question can rescind the release at any time.

Exceptions to the General Rule of Confidentiality do exist. However, they are rare and should only occur in extraordinary circumstances. Two examples of extraordinary circumstances where the rule may be set aside include mandatory reporting and emergency situations where there is a clear and immediate danger to a person. Discuss this issue with your supervisor. If you are ever in doubt about whether a situation warrants an exception to the rule, check with your supervisor before taking any action.

◆ **LEARNING EXPERIENCE 3** ◆ *Explain the “Need to Know” concept.*

The “Need to Know” concept limits access to an individual’s confidential information to the information needed for employees to perform their job functions. For example, a person who provides transportation for a resident does not need to know the resident’s medical history if it does not affect the transportation. Note that some of what’s important about confidentiality is also what’s important about documentation. Consider how confidentiality is maintained in the process of documentation. Many of the guidelines in documentation are based on preserving confidentiality.

What this means for you on a daily basis when sharing information:

Never...

- × Use analog cell phones to convey confidential information, as they are not secure lines.
- × Leave confidential consumer information on answering machines that may be listened to by people other than the intended recipient of the message.
- × Refer to other consumers by name when documenting in someone else's record.
- × Talk outside of work (except in a very general way) about the individuals you support. Don't use their names or other individually identifiable information.
- × Have confidential discussions where you can be overheard.
- × Gossip about the people you support.
- × Send confidential information in an email.

Always...

- ✓ Check the copier to make sure that you have removed all copies of consumer information.
- ✓ Share information in a way that is respectful of the dignity and privacy of the person.
- ✓ Keep individual records or other documents secured when not in use. Never leave an individual's records unattended when they are not secured.
- ✓ Verify fax numbers before faxing any consumer information. The person receiving the fax must be aware that the fax is being sent. Always put a cover sheet on the fax specifying who the fax is intended for, and indicating that the faxed information is confidential.

Nothing About Us Without Us

"Nothing about us without us" is a phrase often used by people who have been disenfranchised or discriminated against. It basically means "Don't talk about me or make decisions about me without me present". You can compare it to "taxation without representation." Whenever possible the people you support should participate in meetings that impact them. It will take effort and at times may seem like a lot of work, but it is the most respectful thing you can do. How would you feel if other people were making plans for your life without you present?

Are you documenting something in a person's record that you wouldn't want that person to read? Are you sharing someone's personal information with your co-worker that s/he doesn't "need to know"? The work you are doing is very personal and you must always be mindful of how you share your experiences of that work. In the next module you will learn more about what you should document in the permanent record.

Your supervisor will assign you to review one person's record. Find the releases section and examine the releases.

**SUGGESTED
ASSIGNMENT:**

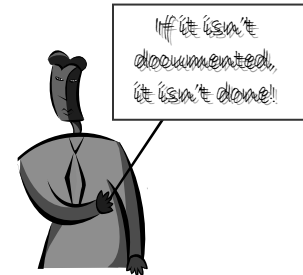
- Are any of them outdated?*
- Are any of them good for an entire year?*
- Is there a good reason for the length of time?*
- Is the release specific as to the information that is being exchanged?*
- Has the person declined to release information about their mental illness or HIV status?*
- Did the person indicate that they wanted to read the information before you release it?*
- Is the documented information "need to know" only?*

Discuss your findings with your supervisor.

Module 7: Documentation

◆ **LEARNING EXPERIENCE 1** ◆ *Know the main purposes of documentation.*

The State of Maine, in partnership with the federal government, spends millions of dollars every year to provide support to persons with disabilities. Agencies that create programs using MaineCare (aka Medicaid) dollars or other public monies are obligated to assure the government and the taxpayers that the money is spent wisely.



That is one of the reasons why your responsibilities include writing about the services you've provided in the course of your work. Clear, concise documentation about what you do conveys to funding sources that the service is consistent with what the person wants, meets that person's assessed needs, and has been done correctly.

If you spend hours assisting someone to learn a skill but you do not document it, then it will be as if that work wasn't done. An auditor who reviews the record in the future will notice that there is no documentation and may subsequently demand that the monies allocated to your agency be repaid, which could have a serious financial impact on your agency.

Justifying the use of funds is of course not the only reason for documentation. A person's record (or "chart") is also an important tool for planning and coordination.

What are the standards for documentation in your agency?



During your orientation, you will learn your employer's specific expectations for documentation. You will be expected to provide written documentation at the conclusion of each day or project. You are expected to ask for help if you have questions about how to document. Your supervisor and other coworkers will rely in part on your documentation to write summary statements about a person's progress. Sloppy, incorrect documentation isn't acceptable, but you're not expected to be Shakespeare either! Your documentation will improve with practice.

Please keep in mind that your documentation may be read by the person you support. As always, remember to be respectful when writing your notes.



The following guidelines apply to all types of documentation and records:

- › Records should be kept in a secure spot, such as a locked file cabinet, so that they are not likely to be lost, stolen, or damaged.
- › Records are confidential. Only authorized personnel, on a “need to know” basis, should view an individual’s record.
- › Keep separate records for each person.
- › Be objective in your notes and record what you observe and experience. Do not include opinions or assumptions.
- › Never mention the name of one person receiving services in someone else's record—that would be violating their right to confidentiality.
- › The original of all documents should be in the person’s file.
- › Photocopies and fax copies may be placed in the person’s file only if originals are not available.
- › Use only black or dark blue ink to write in the records--do not use red ink, pencils, markers, etc.
- › Never use liquid paper, erasable ink, or correction tape to reverse an error in the record.
- › When you make an error, cross it out with a single line and place your initials over the line. (Your agency may ask you to do something slightly different)
- › Do not make an entry for a coworker.
- › Do not document anything that you did not perform or witness.
- › If acronyms or initials are used for any purpose, there must be a key or code in the record identifying what they mean.
- › Use only abbreviations approved by your agency.
- › Include the month, day, and year on all entries.
- › Include the time that the entry is made, including a.m. or p.m. unless using a 24-hour clock.
- › Do not write that you have done something until you have done it.
- › Make sure that your notes are legible and signed, using your full name and title.
- › Use the full line in progress notes; draw a line from the end of your entry to the right margin if you need less than the full line for writing---that prevents someone from adding to a note you've written.
- › Keep entries in chronological order.

Incident Reports

Sometimes people receiving services are injured, or other unusual events occur. At those times you will be expected to document what occurred, who responded, what treatment was provided, and the outcome.

Falls, injuries, fires, and automobile accidents that occur when you are driving agency vehicles are among the types of events that require Incident Reports. Each agency has its own format and procedures regarding Incident Reports. It is your responsibility to become familiar with those procedures.

General considerations include:

- › Follow the reporting timelines. Finish the report before you leave work.
- › Be as clear as you can about what happened.
- › Include who you talked to, what they said to you, and the time.
- › If you or a co-worker makes notes while the event is occurring, it will help your note to be accurate.

Module 9: Health & Safety

◆ **LEARNING EXPERIENCE 1** ◆ *Identify environmental and household hazards.*

As an MHSS, you are on the front line of safety whether you are working in a residential mental health facility or in someone's home. There are general environmental hazards (such as the possibility of fire) and specific household hazards (such as blocked doorways) that you should be aware of as you go about your work. We give more specific examples of these hazards below. Remember to not only check for safety hazards but also teach the people you support to be aware of safety concerns and take proper precautions.

DHHS has established safety standards for the programs it funds and oversees. MHSS workers are responsible for protecting the health and safety of the people they support whether those people live in their own apartments, or in group or temporary settings. Your watchfulness will help to prevent people being needlessly injured. You are expected to be alert to possible hazards and to carry out periodic inspections of living spaces. This section identifies the safety categories that you must evaluate.

◆ **LEARNING EXPERIENCE 2** ◆ *Identify some potential fire hazards as well as some preventive measures.*

Fire



Fire presents the most serious potential problem, regardless of the setting you work in. Fire is rapidly destructive and difficult to escape from unless there are regularly scheduled inspections, plans for evacuation, and practice drills.

Hazards that may cause fire:

- **Improperly discarded smoking materials**
Imposing no smoking and no open flame policies within any facility can help prevent fires from starting. Know what policies apply to the settings in which you work. For example, many facilities do not allow candles or incense. If you are working with people in their own homes, stress the importance of safe smoking, safe burning of candles as well as safe use of outdoor grills.

- **Clutter**
Help people to keep their space clean and free of clutter, particularly around heating elements. Encourage proper disposal of trash, newspapers, etc.
- **Electrical equipment in poor condition**
Periodically check appliances and lighting fixtures. Remove any equipment that works intermittently, has fraying wires, or sparks when turned on, until checked for safety by a qualified person. If you're supporting someone in their own home you can show them how to insure these items are safe.

◆ **LEARNING EXPERIENCE 3** ◆ *Identify some preventive safety measures*

Smoke detectors and hard-wired connections to the fire department

Staff will usually be asked to test this equipment regularly as part of fire drills.

Regular fire drills must be done monthly in residences

Practicing how to get out in the case of a fire assures that people know what to do when a real fire occurs. Persons with mental illness often take sedating medications and getting up in the middle of the night can present a challenge. People may have to be roused to evacuate. Varying the escape routes by blocking an exit during the drill will help people learn multiple routes away from a fire. The times of fire drills should also vary. Ask your supervisor about fire drill policies and procedures.



Evacuation Plans

Evacuation plans clearly show the location of all exits from each room. These should be posted in each room.

When working in someone's home you may not be required to do regular fire drills. However you can encourage the person you support to make evacuation plans and practice them.

Fire safety policies

Fire protection procedures need to ensure the safety of all residents, and should be amended or revised immediately if an individual with special needs moves in. You will be asked to read all the policies associated with fire and fire prevention as part of your orientation.

◆ **LEARNING EXPERIENCE 4** ◆ *Explain some important considerations regarding food storage and preparation.*

Food preparation

Food preparation is a common role of an MHSS. You will be expected to adhere to the following standards and regulations. While we may choose to take some risk in food preparation in our own homes, to do so at work could potentially expose others to the risk of sudden and life-threatening illness.

Employee cleanliness: All employees are expected to maintain a high degree of personal cleanliness and conform to good hygienic practices.

Communicable (contagious) illness: When you are sick with any contagious illness or afflicted with boils, infected wounds, sores, or any acute gastrointestinal or respiratory infection you are forbidden from preparing food or coming in contact with any food or food contact surfaces. In fact, it is generally good practice to call in sick and stay home when you have the flu or some other contagious illness to prevent exposing others to the illness.

Hand washing: All staff are required to thoroughly wash their hands and arms with soap and warm water before starting work and as often as may be required to remove soil and contamination; and immediately after using the restroom. Employees must also keep fingernails clean.

Tobacco use: Employees cannot use tobacco in any form while engaged in food preparation or in washing utensils or food preparation areas. Ask your supervisor about your employer's specific smoking policies.

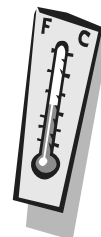
Refrigerated and frozen food storage

Refrigerated food: When storing leftovers remember to get them in the refrigerator promptly and make sure they are dated and labeled to indicate what is in the package. Food must be discarded after 48 hours if uneaten.

Frozen food: Frozen food must be kept frozen and stored at a temperature of zero degrees (0°) Fahrenheit or below.

Thawing potentially hazardous foods: Potentially hazardous foods shall be thawed as follows:

- › In the refrigerator
- › Under warm running water at a temperature of seventy degrees (70°) Fahrenheit or below.



- In a microwave oven, only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process or when the entire uninterrupted cooking process takes place in the microwave oven; or
- As part of the cooking process.

Frozen food must not be thawed on a countertop or in an oven! Work with your team to make certain that foods are thawed properly. If that's not possible, change plans and prepare a different meal instead.

While many of the safety procedures mentioned above may seem as though they only apply to residential mental health facilities, all can be adjusted for those who live in their own homes. As opportunities come up, share this knowledge with the people you support in their own homes.

Safety Hunt Assignment

Discuss this assignment with your supervisor prior to completing it. Also enlist the help of other staff members to locate these items. If you support someone living independently you can encourage him or her to help with this assignment. When you complete this form, bring it back to your supervisor for discussion and to answer any questions you may have. If important safety issues are identified as a result of this assignment, you and your supervisor will make and carry out a written plan to make sure that they are reported and addressed properly.

What am I looking for?	What did I find?
OSHA and Dept. of Labor notices	
MSDS book(s)	
Fire extinguishers How many? Where are they? What kind are they? What date will they expire?	
Where is the last Fire Marshal's report? Read it and summarize the findings. Was everything fixed that was mentioned in the report?	
Are there maps showing escape routes and alternates in each room?	
Where do people go after they leave the building during a fire drill?	
Find the first aid kit. Has anything in it expired? Are all necessary items there?	
Find the thermometer in a refrigerator or freezer. What is the temperature?	
Identify unsafe conditions. What would you do to fix them?	

Module 10: Diversity, Values, Cultural Competence

◆ **LEARNING EXPERIENCE 1** ◆ *Define culture and cultural competence.*



As an MHSS, you will be expected to recognize and respect the qualities of diversity and differences between and among human beings. In order to work effectively with people belonging to different cultures, you should learn about and be sensitive to those attributes that are shared by different cultural groups.

The Maine Department of Health and Human Services, Office of Immigrant and Multicultural Services, defines culture as:

"The values, beliefs, attitudes, and customs that are shared by a group of people and passed from one generation to the next."

(The website address for the Office's Multicultural Resource Guide is: <http://www.maine.gov/dhhs/bds/mhservices/MulticulturalResource/Contents.html>.)

Culture also refers to the shared language, behavior, customs, symbols, knowledge, pattern of comprehending reality, and the ability to create or determine history (Priest 1991).

SUGGESTED ASSIGNMENT:

What cultural groups do you belong to? Make a list. How many did you identify? Consider any traditions you may have because of your culture. Is there something that makes you feel "different" or "other than?" This will be important to remember when you work with people.

There are many definitions of cultural competence—just as there are many definitions of mental health.

One definition is: *Cultural competence is the willingness, commitment, effort, and ability to understand and appreciate the cultural differences of others with whom one comes in contact, and the use of this knowledge to provide effective services based on cultural identity* (Baker, 1989; Roland, 1994).

Because we belong to different cultures, others do not always hold the personal values that we hold. We should not insist that the people we support hold our same values.

Listed below are five ways that individuals and systems can be culturally competent:

- Value diversity.
- Be aware of your own culture and how it impacts your view of the world.
- Be conscious of the dynamics that can occur when people from different cultures interact.
- Learn about different cultures, and share what you learn with your coworkers.
- Think about how you might need to adjust how you support an individual based on his/her cultural traditions and beliefs.

◆ **LEARNING EXPERIENCE 2**

◆ *Describe diversity between cultures and within cultures.*

Valuing diversity means accepting and respecting differences. People come from very different backgrounds, and their customs, thoughts, ways of communicating, values, traditions, institutions vary accordingly. The choices that we as individuals make are powerfully affected by our culture. Culture can influence choices that range from recreational activities to how defines family.



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one

Not only do we need to recognize diversity between cultures, we also need to recognize diversity within cultures. We are exposed to many different cultures through school, television, books, and other social activities. People generally assume a common culture is shared between members of racial, linguistic, and religious groups. That's not always the case. Some individual members of the culture may share nothing beyond similar physical appearance, language, or spiritual beliefs. Once again, while it is a good idea to learn about different cultures, you still need to treat each person you interact with as an individual and not assume anything about what they believe, think or feel.



You will be expected to be culturally competent and value diversity in your interactions with coworkers and the people you support, as well as modeling that attitude in the community. It is easy for us to support people who hold similar beliefs to our own. It can be more challenging to support someone you disagree with. Think ahead of time about cultural beliefs that challenge you. Then you can strategize how you would handle it if the situation arises.

If you have concerns, be honest and discuss them with your supervisor.

◆ **LEARNING EXPERIENCE 3**

◆ *Ponder the values you hold and their sources.*

In addition to cultural competence, it is also important to reflect on the values you have about your work. Have you given some thought to how you feel about people with mental illness?

When asked what values are most important to them, the MHSS staff at a large mental health agency in Maine answered by making the following list:

- › Inclusion
- › Understanding
- › Respect
- › Dignity
- › Belief in the equality of others
- › Freedom from intrusion, control, restraint
- › Hope
- › Equality
- › Cultivating trust

**SUGGESTED
ASSIGNMENT:**

Do you agree with the above list? Do you have values to add? What do you think is the source of many of your values? Please discuss this with your supervisor.

**We value diversity
by
ACCEPTING
and
RESPECTING**

DIFFERENCES

Module 11: Maine's Mental Health System

◆ LEARNING EXPERIENCE 1

◆ *Identify the vision and values underlying DHHS/ Adult Mental Health Services.*

The Office of Adult Mental Health Services, which is part of the Department of Health and Human Services, has primary responsibility for developing and maintaining a system of community-based mental health services, as well as psychiatric in-patient services, for persons aged 18 and older who are diagnosed with serious mental illness and demonstrate significant difficulty participating in the community.

DHHS continues to work toward a system that creates opportunities for self-directed recovery and where consumers of mental health services are partners in the development of all aspects of the mental health system.

Mission Statement of DHHS

The mission of DHHS is " to provide integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources."

Vision Statement of Adult Mental Health Services

The Vision Statement of the Office of Adult Mental Health Services is as follows:

"Maine citizens will freely and fully experience the highest quality of life regardless of illness or disability. To achieve this vision we will join with communities and people who receive and deliver services to:

- *Promote recovery;*
- *Support people to live in and be part of their communities;*
- *Promote and support aspirations and growth by building self-confidence, self-esteem, and personal responsibility;*
- *Promote quality of life by participating in strengthening families and communities;*
- *Promote services that merit public confidence, trust, and respect; and*
- *Promote informed choices.*

Values of Adult Mental Health Services

The values underlying Adult Mental Health Services are:

- › Recovery
- › Choice
- › Access
- › Dignity
- › Quality
- › Prevention and early intervention

◆ **LEARNING EXPERIENCE 2** ◆ *Describe the role of DHHS Licensing in community mental health facilities.*

DHHS Licensing is responsible for the oversight of community mental health facilities. Licensing staff periodically visit residences, programs, and agencies to certify that the programs are following the laws, statutes, and regulations that have been set up to assure health and safety. You will be expected to carry out regular responsibilities to maintain, monitor, and document conditions in the program where you are employed. You are also expected to have a solid understanding of Individual Service Planning and the Rights of Recipients of Mental Health Services, important information that will be reviewed during your orientation.

◆ **LEARNING EXPERIENCE 3** ◆ *Explain the Rights of Recipients and the AMHI Consent Decree.*

Currently, public mental health services in Maine are delivered under the terms of a consent decree from Maine's Superior Court. In the 1980s, a lawsuit was filed against the State on behalf of patients at Augusta Mental Health Institute (AMHI). The immediate cause of the suit was the deaths of several patients at AMHI due to poor institutional conditions and treatments. This class action suit was filed on behalf of all patients living at AMHI on January 1, 1989, and all patients who would be admitted after that date.

The settlement agreement and the consent decree are based on the following principles:

- › Improving conditions for patients could only be achieved by reducing AMHI's population and developing a comprehensive mental health system in the community.
- › Community services should be developed on the basis of individual needs using an Individual Support Planning process.

Rights of Recipients

The State of Maine requires all adult mental health agencies that receive any public funding to know and honor ***The Rights of Recipients of Mental Health***

Services. These rights, available in booklet form and electronically on the DHHS website, exist so that “mental health service recipients should suffer no loss of basic human or civil rights.” In your position as an MHSS, you will be called upon to uphold, protect, inform or clarify the rights of those you support. It is important to be familiar with ***The Rights of Recipients of Mental Health Services***, and review it regularly. You should receive a copy at your agency's orientation. It is also available on line at:

www.maine.gov/dhhs/bds/mhservices/Index.html

For now, an excerpt from the *Statement of Intent* from this document can convey to you its importance:

“Because of the exceptional circumstances under which such patients are treated... the exercise of some rights may require special safeguards. These rules, therefore, are intended to keep recipients’ rights paramount, to assure that individual rights will be both recognized and protected during the course of service delivery, and to ensure treatment consistent with ethical and professional standards.”

Enforcing a person’s rights

Many recipients of services do not know or understand their rights. You will be expected to identify people’s rights and assist them in understanding and exercising those rights. The Office of Adult Mental Health Services has created a shortened version of the ***Rights of Recipients of Mental Health Services*** so that each person receiving services knows what their rights are. Be familiar with that booklet, and make sure that the people you support are familiar with it as well. You may be involved in helping people with the two rights below:

Filing a grievance

Every person has a right to file a grievance if they have a complaint about some aspect of their services. They are also entitled to have that grievance speedily processed. Each agency that offers services to people with mental illness must have a grievance procedure. Employees are expected to be able to assist individuals receiving services if they wish to file a grievance. The procedures and forms for your agency's grievance process should be accessible to all.

Reading one’s record

Each person who receives services has a right to read their record. If a person asks to read their record, you must inform your supervisor immediately so that he/she can make arrangements for that to happen.

SUGGESTED ASSIGNMENT:

*Read the short version of the **Rights of Recipients of Mental Health Service**. Locate grievance forms and ask about the process within your agency. Scan the Rights of Recipients booklet so you can find relevant sections and practice filing a grievance in which the person alleges that his mail has been opened before he got it. Review with your supervisor.*

Module 12: Being Part of the Community

In this module you will be asked to consider what "community" means for you and for the people you support. Much of the work you do will be to encourage community involvement. Historically, for consumers of mental health services this has meant traveling in the agency's van to participate as a group in a community activity such as picking apples or going bowling. Over the years, as a system we have learned to take a more "natural" and individualized approach. In your work as an MHSS you will have the opportunity to support people in getting out in the community to explore their own individual interests and talents.

◆ **LEARNING EXPERIENCE 1** ◆ *Discuss the origin of community-based mental health services.*

As the mental health system has developed more effective treatments and an improved understanding of mental illness, it is rarely necessary to hospitalize people with mental illness. Instead, people receive treatment and support in their own communities.

When the first wave of "deinstitutionalization" took place in the late 1950s, many people were discharged from large mental health institutions with little or no support, and therefore did not function well in the community. A lot has been learned since those days. We understand now the importance to all of us of having a valued role to play in our communities. Supporting individuals in finding the right role or roles for them can lessen the impact of mental illness for many and strengthen the community at the same time.

As a Mental Health Support Specialist you may be working in a supported housing facility as well as in someone's house or apartment who is living independently. In many cases, the people who are currently living in supported housing would not have been considered candidates to leave their institutions as late as during the 1980s. We now know that all people, with or without disabilities, value independence and benefit from connecting with their community. *Physical presence in the community is not enough. We benefit when we feel connected and believe we have a role to play.*

Assisting people to participate in their community will be one of the most rewarding and vital aspects of your work. As you join with the person you are supporting, you'll be witness to a person discovering new aspects of themselves.

When you consider your own life there are probably several communities you belong to. Communities can be geographic, such as a town or city; an association, such as the people you work with, a union or professional organization; social, such as the Elks Club or a knitting group; or spiritual such as a church, synagogue or mosque. Communities often come together to support individuals or families in times of distress or celebration. Graduations, weddings, funerals, births of babies are all occasions that people spend time with people who are important to them. Yet, historically, many people who have been diagnosed with mental illness have been excluded from these examples of community.

For many of the people you support their identity may have been only as a consumer of mental health services. Their relationships may have been limited to people who were being paid to spend time with them, and to other people considered "chronically mentally ill." You have not only the responsibility, but also the *opportunity* to open new doors for the people you support.

A focus of the mental health system in Maine, including the agency where you work, is to promote true community integration of individuals diagnosed with mental illness. But how can you measure whether someone is participating in the community or not?

As we consider how to support individuals to become part of their larger community there are some elements of community participation we can look at:

Participation

Although a person may live in a residence within a city or town, they can't be considered a member of that community unless they are actually pursuing activities there. As we've discussed, going into town in an agency van and driving through the donut shop drive-through isn't community participation. Instead, you'll be asked to assist people to participate in community activities that may include social or political events, fairs, parties, visiting family and friends, going out to eat or to the library, shopping, joining a gym, or becoming a member of a book group or knitting group. The critical element in all of these examples is that the person is an active participant, not merely an observer. The eventual goal is that the person you support become an active participant in pursuits of their choosing and that they do that independently, not needing a staff member to be present.

Depending on the person's interests, you can encourage and support them in meeting new people and cultivating relationships with other people in the community with similar interests. Routine daily activities such as going to the

corner store for snacks and coffee is the first step to regular social interactions. You will help by modeling appropriate behavior and talking about it afterwards with the person. Role-playing various situations with the person you support may help them feel more comfortable in new situations.

Choice

Do you know what the people you support like to do? What are their hobbies? What interests them? Who do they like to spend time with? Were there things they used to dream of doing but never had the courage or opportunity to try? Were there things they used to do that they no longer do? Ask them if there are people or places to which they used to have a connection. Be curious. Unless we ask we may never know. They may have forgotten or given up on old interests. When you know the answers to these questions, it will give you a place to start in finding potential natural supports in the community.

Making choices is a learned skill. Many of the people you will support have had very limited experience making their own decisions or choices. Therefore, they may find it difficult to be clear about their interests or express a preference about who they want to spend time with. Offer opportunities and encouragement for making choices. Also remember, the person's choice does not need to be the same as yours. The task here is not to "get them" to do what you want, but rather to discover their interests together.

Role

Encourage people to do things that interest them and are respected by others in the community. Some examples may include volunteering at a food bank, taking an adult education course, maintaining a walking trail, participating in beach clean-up crews, and/or getting a job. If you know someone is interested in antiques, you can visit local museums, antique stores and flea markets. There may be opportunities for them to volunteer in these situations and eventually become employed. Be creative, "shoot for the moon", be the champion for the person you support!

Just as you have various roles in your life and in your community, so do the people you support. They are family members, neighbors, artists, golfers and gardeners. Help them to reconnect, or stay connected, to these roles. Participate with them as a co-learner, rather than a "supervisor", or worse yet "babysitter". If the person you support is volunteering to address envelopes then do that with them. If they join a book club, read the book just like everyone else in the group. Be willing to put yourself in the shoes of the person you are supporting. Imagine how awkward you would feel if you were out in the community trying something new and the "staff" with you is in a corner taking notes, making phone calls or reading a book. Would you feel supported? Would you feel like your efforts and goals are valued? Your participation will let the person participate as an equal.

Eventually they will be able to participate without you present. The goal here is for the person you support to discover that they have much to offer to their community.

◆ **LEARNING EXPERIENCE 3** ◆ *Name some strategies for linking people with resources in their communities.*

Case managers are very good at linking people with social service and entitlement programs. Your role is different; you will be finding opportunities to link people with the larger community. Actually, you can use many of the same strategies you would use for yourself in looking for connection to your community. Consider the following:

- › Read the newspaper with people -- especially the sections that list things to do and places to go.
- › Read the postings and bulletin boards at convenience and grocery stores; they often have information about upcoming events.
- › Go to the local school or library and get a copy of the adult education listings and recreation program schedule.
- › Get on the mailing lists for the local churches or clubs.
- › Spend time at the library; attend lectures, check out books, join their book club.
- › Surf the Internet.

This works best when you show enthusiasm for the task, excitement at the possibilities, and work together to discover opportunities. Enjoy!

Conclusion:

You've finished the Provisional MHSS training and are on your way to earning a MHRT I certification. At this point you should have a foundational understanding of mental health recovery, what it means to live with mental illness and what your role is as a Mental Health Support Specialist. Some essential points to remember:

- › The people you will support have not chosen this path in their lives.
- › Many of the people you support have experienced trauma, and some may have spent a number of years in a mental health hospital.
- › Just as recovery from physical illness is possible, it has been shown that people living with mental illness can recover and have full and meaningful lives. That is what you're working towards.
- › Mental illness is a disability you can't see, but is very real. Remember to believe in the people you support and have compassion for their situation. Whenever possible try to put yourself in their shoes.
- › Good communication is crucial in any relationship. In your role you will need to successfully communicate with your co-workers and the people you support.
- › The work you do is confidential. Check for a signed release before sharing information, and share information with coworkers only on a "need to know" basis. Your documentation should be short and to the point and objective, not opinion. It should be something you'd be comfortable having the person you support read.
- › Maintaining a safe living space is a requirement at an agency residence and something you can assist someone with if they are living independently.
- › Cultural competence is an expectation of anyone working in the mental health field. Sometimes different cultural beliefs can challenge your personal values. Think ahead of time about how best to handle that, should the situation arise.
- › Community integration is why your job exists! It is our mandate to encourage the people we support to maximize their potential. As a co-learner you can discover together where someone's interest's lie and what they can do to move in a direction of growth and recovery.

Congratulations and good luck as you complete your certification process. Please remember, if you mindfully participate as a learning partner with the people you support and wholeheartedly champion their personal growth you will find this work challenging yet incredibly gratifying.

**MENTAL HEALTH REHABILITATION TECHNICIAN I
PROVISIONAL CERTIFICATE**

I, _____
Name & Title of Agency Supervisor

of _____
Agency Name

Full Address of Agency

do hereby certify that _____
Name of Employee

Has completed the *Provisional Mental Health Support Specialist (MHSS) Handbook*. The above named person is familiar with all the content of the handbook, and has demonstrated the ability and understanding to safely and competently perform his/her job assignments in this facility in accordance with the general instructions contained in the handbook. This qualifies said person for this one-year Provisional MHRT I certification, which shall commence on _____ and expire on _____. No part of the MHRT I requirements can be waived. In addition, it is the policy of the Department of Health & Human Services-Office of Substance Abuse and Mental Health Services (SAMHS) not to grant extensions for MHRT I provisional certificates.

Signed:

Name and Title of Agency Supervisor Date

Employee Date

Muskie School MHRT Coordinator Date

Agency Representative: please forward this form for co-signature to:

**MHRT Coordinator
USM Muskie School
12 East Chestnut St.
Augusta, ME 04330
Tel: (207) 626-5280 / Fax: (207) 626-5022**