

EXECUTIVE SUMMARY  
ADULT PANEL REPORT

Produced for: The Managed Care Initiative

Funded by: Center for Mental Health Services

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# **EXECUTIVE SUMMARY**

## **ABSTRACT**

This Executive Summary is a ten page synthesis the work of the Adult Panel that was produced for the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, as part of the Managed Care Initiative. The Managed Care Initiative is a multi-year human resource development/management project (“Project”) coordinated by the Center for Mental Health Policy and Services Research at the University of Pennsylvania Medical School. The Project is designed to support the development of managed care expertise in public sector mental health administrators and staff. A key Project objective was to clarify existing standards, guidelines, and competencies for providers of mental health services within a managed care setting to a variety of vulnerable populations, including adults with serious mental illness (SMI). This objective was accomplished, for the adult population with SMI, through a comprehensive literature review and evaluation, and the development of a competency statement describing the necessary values, attitudes, knowledge, and skills that staff need to deliver quality services in public mental health/managed care systems. This work was accomplished by an Adult Panel of 28 experts, under the direction of Dr. Robert Coursey, Ph.D.

## **WHAT’S IN THIS EXECUTIVE SUMMARY**

The five sections of this report cover:

- I) Project Overview of the Managed Care Initiative (p. 3)
- II) Methodology of the Adult Panel (p. 3)
- III) The Condensed Competency Statement for service staff who work with adults with SMI in public mental health/managed care systems (p. 4)
- IV) Products (p. 7)
- V) Dissemination Plans (p. 8)

## **INTENDED AUDIENCES**

The intended audiences for the Executive Summary/Final report include: purchasers of mental health services for adults such as state mental health and Medicaid authorities, financing sources of mental health services such as the Health Care Financing Administration, demonstration project funders such as the Center for Mental Health Services and the Robert Wood Johnson Foundation, providers of services such as the VA; advocacy and consumer organizations such as the National Alliance for the Mentally Ill and DRADA; accrediting bodies such as NCQA, JCAHO, CARF; training programs ranging from community colleges to graduate programs and medical schools across the entire range of mental health providers; their professional and academic staff;

inservice and CE training programs for hospitals, public and private mental health services staff; and private non-profit organizations that relate to people with SMI, e.g. Mental Health Associations, housing agencies, etc.

## **I. PROJECT OVERVIEW: THE MANAGED CARE INITIATIVE**

The Managed Care Initiative, funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, was a multi-year human resource development/management project coordinated by the Center for Mental Health Policy and Services Research at the University of Pennsylvania. The Project was designed to support the development of clinical and managed care expertise in public sector mental health administrators and staff. A key project objective was to clarify existing standards, guidelines, and competencies for providers of mental health services within a managed care setting serving people with severe mental illnesses. This objective was pursued through eight national panels (Children, Adult, Elderly, Consumers, African American, Native American, Asian, Latino) that produced eight reports. The panels dealing with ethnicity also developed an overarching cultural competency document. All of these components of the Project had an Oversight Committee which consisted of representatives from all of the mental health disciplines, managed care, consumers, family members, and a wide variety of other mental health organizations.

## **II. METHODOLOGY OF THE ADULT PANEL**

The overall goal of this project was to review standards of care, clinical guidelines, outcome studies, and the views of the various stakeholders in order to identify the core competencies that mental health providers need to deliver effective services to adults with serious mental illness in a managed care environment.

An Adult Panel of 28 experts, who were balanced for areas of expertise and background, provided guidance throughout the process, identified and reviewed literature, and wrote nine of the 20 sets of core competencies that were gathered for this project. They also helped develop the final product by writing competency statements and by reviewing the outcomes at all stages of development.

The methodology of this study included bibliographic reviews and evaluation of documents in 11 major areas (mental health workforce competencies, competencies from six mental health disciplines, consumers' roles and views, families' roles and views, managed behavioral healthcare perspectives, states' viewpoints, the biopsychosocial services literature, practice

guidelines, standards of care, outcome measures, and efficacy and effectiveness studies). The resulting background documents and references used in this endeavor can be found at [WWW.med.upenn.edu/CMHPSR/](http://WWW.med.upenn.edu/CMHPSR/). See "Adults with SMI Reports" under "Managed Care Consensus."

The 10 areas were condensed into four domains for further critical reviews and implications for provider competencies: (a) *standards and guidelines* from managed care and states; (b) *mental health professions' clinical practice guidelines*; (c) *outcome studies and outcome measures*; and (d) *views* of consumers, family members, service providers, mental health service researchers, senior personnel in state agencies, managed behavioral healthcare organizations, and views from all of the mental health professions.

In order to provide a basic working document for a **Consensus Conference**, an effort was made to consolidate the information gathered from 20 competency documents. Two documents stood out as the most comprehensive and the least parochial. They were developed for the mental health systems of Vermont (18) and of South Carolina (98). Five judges then reviewed all of the competencies in the other 18 documents to see if their material could be included within their frameworks. The Vermont document was chosen as the basis for developing the final competency set.

At the Consensus Conference, seven representatives from the Adult Panel developed a first draft. This draft was sent to all of the Adult Panel members who reviewed and provided extensive feedback on this and three other drafts. New or extensively revised sections were developed for consumers (competency # 1), families (competency #2), legal issues (competency # 7), and cultural competency (# 10). The feedback was then integrated into the final version.

### **III. COMPETENCIES FOR DIRECT SERVICE STAFF WHO WORK WITH ADULTS WITH SERIOUS MENTAL ILLNESS IN PUBLIC MENTAL HEALTH/MANAGED CARE SYSTEMS**

1. Regards adults with serious mental illness as persons with dignity and competence and engages them as full collaborators in service planning, delivery, and evaluation
  - A. *Uses language and behavior that consistently reflect and enhances the dignity of individuals with mental illness*
  - B. *Fosters client empowerment*
  - C. *Fosters consumers' recovery*

- D. *Demonstrates holistic understanding of adults with mental illness*
  - E. *Works in partnership with service recipients in all aspects of service planning, treatment, and support activities*
  - F. *Provides needed information and education*
  - G. *Helps clients achieve a normal lifestyle*
  - H. *Works to diminish stigma*
2. Where relevant, includes family members and caring others in all aspects of service planning, delivery, and evaluation
- A. *Understands the unique issues facing family members of persons with mental illness*
  - B. *Engages families in the treatment and rehabilitation process*
  - C. *Knows about family support resources and intervention strategies*
  - D. *Addresses the expressed needs of individual families*
3. Demonstrates current knowledge of issues related to mental illness
- A. *Demonstrates up-to-date knowledge of different characteristics and courses of mental illnesses, as well as risk factors, and how people are affected*
  - B. *Recognizes the unique needs of individuals with mental illness and co-occurring disorders (e.g., substance abuse, developmental disabilities, physical disabilities, personality disorders, trauma, brain injury)*
  - C. *Knows about societal, cultural, racial, gender, and other issues related to mental illness and its treatment*
4. Knows and uses best practices of intervention and support strategies
- A. *Demonstrates basic communication and other intervention skills*

- B. *Teaches both simple and complex skills, including physical, social, cognitive, emotional, and other relevant skills*
  - C. *Knows a variety of program models and their philosophies*
  - D. *Knows about a range of crisis prevention and crisis intervention approaches*
  - E. *Understands the principles of community support, rehabilitation, and managed behavioral healthcare*
  - F. *Knows about psychotropic medications*
5. Designs, delivers, and documents highly individualized services and supports
- A. *Encourages and facilitates personal growth and development toward recovery and wellness*
  - B. *Routinely solicits personal goals and preferences*
  - C. *Designs personal growth/service plans based on individual choices and preferences*
  - D. *Ensures individualized services and supports*
  - E. *Facilitates and supports natural support networks*
  - F. *Designs, delivers, and documents services that meet the requirements of state, regulatory, and funding agencies*
6. Effectively accesses and employs community resources
- A. *Identifies, develops, and maintains good relationships and linkages with a wide range of community resources,*
  - B. *Knows about entitlement and benefit programs*
  - C. *Integrates community resources and entitlement programs into service planning and delivery*

- D. *Participates in public education and advocacy*
7. Demonstrates knowledge of legal issues and civil rights that are relevant to work setting and occupation
- A. *Knows about legal issues applicable to provider's mental health setting*
  - B. *Knows about individual rights*
  - C. *Recognizes ethical guidelines and boundaries for community support work*
  - D. *Knows about and connects individuals to legal and advocacy resources as needed and/or requested*
8. Works collaboratively within and across the service system (e.g., with other professions, with agency and interagency teams, managed behavioral healthcare organizations, state and county systems, community boards, all in the best interests of the client)
- A. *Demonstrates knowledge of own agency and its place within the mental health care system*
  - B. *Assists in building positive working relationships within and across the service system (e.g., agency and interagency teams, family members, service recipients, concerned others)*
  - C. *Knows about and skilled in working within a managed behavioral healthcare framework*
9. Conducts activities in a professional and ethical manner
- A. *Adheres to recognized ethical and other relevant standards*
  - B. *Performs work in a positive manner*
  - C. *Shows commitment to professional development*
  - D. *Values accountability and observes appropriate procedures*

10. Conducts activities in a culturally competent manner
  - A. *Understands and values cultural and racial differences, their alternative perspectives on mental illness, help-seeking, and alternative healing practices, as well as lifestyles, goals, family and community life*
  - B. *Able to clearly understand and communicate effectively with the client*
  - C. *Makes diagnoses that are culturally informed*
  - D. *Makes assessments that are culturally informed*
  - E. *Develops treatment plans that are culturally informed*
  - F. *Provides culturally competent treatment*
  
11. Knows methods of evaluation and applies them appropriately to own work
  - A. *Knows research findings applicable to position*
  - B. *Uses evaluation and feedback in own work*

#### **IV. PRODUCTS**

The Adult Panel developed the following products:

- 1) Coursey, R. D. (1996). *Core Competencies for Mental Health Service Providers: Part I: Annotated Bibliography*. Rockville MD: Center for Mental Health Services, SAMHSA. 32 pp. This document provides an extensive bibliography along with brief comments and evaluations. It can be found at [WWW.med.upenn.edu/CMHPSR](http://WWW.med.upenn.edu/CMHPSR). See "Adults with SMI Reports" under "Managed Care Consensus."
  
- 2) Coursey, R. D. (1996). *Core Competencies for Mental Health Service Providers: Part II: Views of Competencies*. Rockville MD: Center for Mental Health Services, SAMHSA. 113 pp. This paper presents 25 competency statements for staff who work with SMI, from a wide range of sources, e.g., states, mental health professions, consumers, family members, managed care, from

standards of care, practice guidelines, outcome measures, and controlled efficacy/effectiveness studies. The document can be found at [WWW.med.upenn.edu/CMHPSR](http://WWW.med.upenn.edu/CMHPSR).

- 3) Coursey, R. D. (1996). *Core Competencies for Mental Health Service Providers: Part III: Evaluation & Summary of Adult Material*. Rockville MD: Center for Mental Health Services, SAMHSA. 142 pp.
- 4) Coursey, R. D. (1998). *Competencies for direct service staff who work with adults with serious mental illness in public mental health services*. Rockville MD: Center for Mental Health Services, SAMHSA.
- 5) This 10 page executive summary.
- 6) A one page overview of the Adult Competencies.
- 7) A six page summary of the full Adult Competencies document.
- 8) The complete 27 page document on Adult Competencies, including introduction, method, acknowledgement, and a 115 item bibliography.
- 9) Presentation materials such as Power Point Slides.
- 10) Articles and papers for professional journals and presentations.

## **V. DISSEMINATION PLANS FOR THE ADULT PANEL**

### **A) Expected Publications**

“Core Competencies For Service Providers For SMI Adults”

Publish in *Psychiatric Services* (Largest readership across disciplines)

“Values & Attitudes Of Service Providers For SMI Adults”

*Schizophrenia Bulletin* Either in regular section or in "At Issue" section. Readers are leaders in area of SMI.

“Critique Of Practice Guidelines And Standards Of Care”

*Professional Psychology: Research and Practice* Focuses on policy, managed care, professional practice. Large readership. APA is particularly interested in practice guidelines and, unlike other disciplines, has not yet developed a set.

B) Reaching Membership of the Professions and Advocate groups

Send copies to:

Psychiatry: *Psychiatric News*

Psychology: *APA Monitor*

Nursing: ?

Psychiatric Rehabilitation: *IAPSRs Connection Newsletter*;

Boston University: *Community Support Network News*

Social Work: ?

NAMI: *NAMI Advocate*: (This is distributed to state and local affiliates.)

Consumer Organizations: Sent to CMHS consumer group; National Mental Health Consumer Self-Help Clearinghouse in Philadelphia.

Family & Marriage Counselors through CMHPSR

MA Counselors through CMHPSR

C) Conference Presentations

I think that it would be important that a team of us go to the big conferences, e.g. Psychiatric Services Convention, the two APAs, NAMI, IAPSRs, social work, etc. That way we could present our findings on children, adults, elderly, on both mental health and substance abuse

D) Abstracting Services ?

Psychiatry: *Journal Watch for Psychiatry*

Psychology: *Psychological Abstracts*; *Clinician's Research Digest*

Nursing ?

Rehabilitation: *Psychiatric Rehabilitation Journal*

Social Work ?

Family & Marriage Counselors ?

MA Counselors ?

CMHS, SAMHSA: National Mental Health Services Knowledge Exchange Network (KEN) & Electronic Bulletin Board System (BBS)

ERIC: How do we get something there?

E) Accrediting/ Training/ Other Agencies

Send copies to:

Psychiatry: JCAH

Psychology: APA Accreditation. Commission for the Recognition of  
Specialties and Proficiencies in Professional Psychology (CRSPPP)

Nursing: ?

Rehabilitation: CARF

Social Work: ?

Family & Marriage Counselors: ?

MA Counselors: ?

Federal Agencies: Health Care Financing Administration (HCFA). Who is  
relevant person to send them to?) Dept. Health and Human Services  
Eric Gopelrud, Managed Care, SAMHSA.

Other Federal Agencies?

Ron Manderscheid and Paul Wohlford at CMHS.

AMBHA: E. Clark Ross

Managed Care Companies ?

Mental Health Associations

NASMHPD: Noel Mazade & other relevant folks

States: Get list of relevant state mental health program directors from  
NASMHPD.

National Community Mental Health Care Council: Charles Ray.

NAMI: The Decade of the Brain Newsletter

NARSAD: Research Newsletter. National Alliance for Research on  
Schizophrenia and Affective Disorders