5-1-1989

Client-Based Rehabilitation Model and Certificate System for Intergrated Personnel and Settings

Maine Department of Mental Health and Mental Retardation

Maine Bureau of Rehabilitation Services

CLIENT-BASED REHABILITATION MODEL
and
CERTIFICATE SYSTEM
for
INTEGRATED PERSONNEL
and
SETTINGS

Maine Department of Mental Health
& Mental Retardation

May 1989

John R. McKernan, Jr.
Governor

Susan B. Parker
Commissioner

Ronald S. Welch
Associate Commissioner
Programs

DEPARTMENT OF
MENTAL HEALTH AND MENTAL RETARDATION

May 3, 1989

James W. Stockdill, Director
Division of Education & Service Systems Liaison
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857

Dear Jim:

I am pleased to submit on behalf of the Maine Department of Mental Health and Mental Retardation this proposal in response to RFA-89-16 State Human Resource Development Programs. This proposal seeks support in the categories of capacity building and continuing education.

As you know, in the last year and one half this Department, the Maine State Legislature, independent consultants, and more than 1200 people across the state who are concerned about mental health have examined the system of services and supports to children, adolescents, and adults with mental illness and emotional disturbance. This scrutiny has uncovered many inconsistancies and problems; but, on a positive note, it has provided us with a firm basis for planning and developing a comprehensive mental health system driven by the strengths and needs of those people who will use its services and supports.

I look forward to working with this knowledge base and the support of Human Resource Development on the challenges which face this Department and the Maine mental health system.

Sincerely,

Susan B. Parker
Commissioner

SBP/jmb
Enc.

State House Station 40, Augusta, Maine 04333 — *Offices Located on* 4th Floor, State Office Building
(207) 289-4220
(207) 289-2000 TDD for Hearing Impaired

John R. McKernan, Jr.
Governor

Susan B. Parker
Commissioner

Ronald R. Martel
Associate Commissioner
Administration

DEPARTMENT OF
MENTAL HEALTH AND MENTAL RETARDATION

May 3, 1989

Joyce Benson
Review Coordinator
State Planning Office
State House, Station #38
Augusta, Maine 04333

Dear Ms. Benson:

As prescribed by Federal Executive Order 12372 and State Executive Order 7 FY 83/84, a Standard Form 424 is submitted outlining the intent of this Department to submit an application for federal funds.

The submission is a renewal proposal for Human Resource Development for mental health providers in Maine to be supported by the National Institute of Mental Health. The central theme of the proposal is the development and delivery of training/educational programs for mental health system administrators and treatment providers.

Sincerely,

Donald F. Williams
Acting Associate Commissioner
Administration

RRM/b
Enc. SF424

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:
Application ☐ Construction ☐ Non-Construction
Preapplication ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Maine Department of Mental Health and Mental Retardation

Organizational Unit: Human Resource Development

Address (*give city, county, state, and zip code*):
State House Station 40
Room 411, State Office Building
Augusta, Maine 04333
Kennebec County

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Ronald R. Martel
(207) 289-4222

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 01-6000001

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) [A]
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify): _____

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (*specify*): _____

9. NAME OF FEDERAL AGENCY:
National Institute of Mental Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 13.244
TITLE: Mental Health Clinical Service Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
State Human Resource Development Program
Client-Based Rehabilitation

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*):
Statewide

13. PROPOSED PROJECT:

Start Date	Ending Date
9/15/89	6/30/90

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: First
b. Project: First and Second

15. ESTIMATED FUNDING:

a. Federal	$ 99,636.00
b. Applicant	$ .00
c. State	$ 96,186.00
d. Local	$ .00
e. Other	$ 15,600.00
f. Program Income	$ .00
g. TOTAL	$ .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 5/3/89
b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Susan B. Parker	Commissioner	(207) 289-4223

d. Signature of Authorized Representative: Susan B. Parker
e. Date Signed: 5/02/89

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Form Approved through 9/30/91
OMB No. 0937-0189
Burden Est.- 5 min. to 15 min.

CHECKLIST

NOTE TO APPLICANT: Complete and forward this sheet with your application.

Type of Application

NEW ☐ Noncompeting Continuation ☐ Competing Extension ☐ Supplemental

CHECKLIST

- ☒ Proper Signatures and Dates (Item 18 on face page and reverse side of appropriate assurances page).
- ☒ Human Subjects Certification (when applicable).
- ☒ Staff and Position Data (biographical sketch(es) with job description when required).
- ☒ Intergovernmental review under E.O. 12372 if required by the State (see reverse side of this form).
- ☒ Civil Rights Assurance on File with HHS (45 CFR 80).
- ☒ Assurance Concerning the Handicapped on File with HHS (45 CFR 84).
- ☒ Assurance Concerning Sex Discrimination on File with HHS (45 CFR 86).
- ☒ Debarment Certification (45 CFR Part 76).
- ☒ Drug-Free Workplace Certification.

A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence:

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's most recent cumulative list of organizations.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body or the State Attorney General certifying that the organization is a nonprofit organization operating within the State and that no part of its net earnings may lawfully inure to the benefit or any private shareholder or individual.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date must be indicated.

Previously filed with:_____ on _____
(date)

Name, title, address and telephone number of official in business office to be notified if an award is made.

Ronald R. Martel, Associate Commissioner/Administration
Maine Department of Mental Health and Mental Retardation
State House Station 40, Augusta, Maine 04333

Name, title, address and telephone number of official responsible for carrying out the proposed project.

Ronald R. Martel, Associate Commissioner/Administration
Maine Department of Mental Health and Mental Retardation
State House Station 40, Augusta, Maine 04333

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported; or (3) a negative certification.

OMB Approval No. 0348-0044

BUDGET INFORMATION — Non-Construction Programs

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. State Human Resource Dev.	13-244	$	$	$99,636	$ 106,186	$
2.						
3.						
4.						
5. TOTALS		$	$	$ 99,636	$ 106,186	$

SECTION B – BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
a. Personnel	$33,680	$ 35,352	$ 37,119	$	$
b. Fringe Benefits	10,456	11,059	11,722		
c. Travel	6,500	6,500	6,500		
d. Equipment					
e. Supplies	4,000	4,000	4,000		
f. Contractual	45,000	47,250	49,612		
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a - 6h)	99,636	104,161	108,953		
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	$ 99,636	$ 104,161	$ 108,953	$	$
7. Program Income	$	$	$	$	$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. State Human Resources	$	$ 96,186	$15,600	$ 111,786
9.				
10.				
11.				
12. **TOTALS** (sum of lines 8 and 11)	$	$ 96,186	$15,600	$111,786

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. **Federal**	$	$	$	$	$
14. **NonFederal**					
15. **TOTAL** (sum of lines 13 and 14)	$	$	$	$	$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. State HRD	$ 104,161	$ 108,953	$	$
17.				
18.				
19.				
20. **TOTALS** (sum of lines 16 -19)	$ 104,161	$ 108,953	$	$

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. **Direct Charges:**	22. **Indirect Charges:**

23. **Remarks**

ABSTRACT

In order to provide individualized mental health services and continuity of care and support based on client choices, goals, and needs, we propose to develop and implement a client-based rehabilitation model and educational and certificate system for all those who work in community and inpatient, rural and urban, public and private settings at all levels throughout the state in order to promote the development of a shared vision and purpose by all mental health service providers.

The Maine Department of Mental Health and Mental Retardation is the mental health authority for the state with responsibility for primarily three population groups: adults with mental illness, children and adolescents with special needs, and persons with mental retardation. It operates two mental health institutes, two childrens residential programs, three small adult crisis intervention programs, and a small regional childrens capacity. The major part of mental health services are supported through contract with a variety of private, non-profit agencies and organizations.

The Departmental adult and children's mental health plans, the result of a statewide, locally-based planning process involving over 1,200 individuals, identified as the highest of all mental health priorities the need to take "extraordinary measures to recruit and retain mental health professionals, including education/training activities, in order to alleviate significant shortages of mental health professionals throughout the state, especially those with specialized expertise."

Appropriations for new community and institutional mental health staff were made by the Maine State Legislature in September 1988 in response to overcrowding at the state mental health institutes. The University of Maine at Farmington (UMF) and the University of Maine in Augusta (UMA) have been actively involved in the development of programs for mental health personnel. The Department and UMF continue to collaborate in the development and provision of rehabilitation training to community mental health support staff. This project takes advantage of this ongoing effort and experience, building on its foundation.

The proposed project will involve significant systems change toward a client-based rehabilitation systems orientation and process including all sectors of the mental health system. The project will develop a mental health rehabilitation model for Maine, community/inpatient and interdisciplinary integration, an educational and certificate system, and a departmental human resource development infrastructure and method of insuring integration and implementation. The model will be used to develop a common knowledge base, a common language, and a common client-based value base for those interested or involved in provision of treatment and supportive services for adults with severe mental illnesses and children and adolescents with serious emotional disorders.

The educational and certificate process, using the rehabilitation model and knowledge as a base, has several puposes: it will provide the opportunity for the development of knowledge and skills in specialized mental health areas (case management, crisis intervention, family support, residential, social/recreational, vocational, and dual diagnosis of substance abuse and mental illness); it will promote the development of expanded and common knowledge bases; it will validate the work of community/family mental health workers; it will increase career mobility; it will provide greater opportunities for learning and skill development for all mental health personnel, public and private; it will expand the Maine university system's mental health educational capacity; and, it is expected, will affect the ability of the mental health system to recruit and retain personnel through its shared vision and role clarification and validation.

The Department and the universities will evaluate the appropriateness and effectiveness of the model and educational/certificate system on an ongoing basis in order to make any changes necessary to assure their utility in meeting the needs of clients and their families, mental health personnel, and the mental health system. Instruments will be developed to survey the agencies and individuals involved and assessments of the purposes and products described above will be made on a periodic basis to evaluate the effectiveness of the project.

The first year of the project will result in an appropriate and viable rehabilitation model; 120 mental health personnel from a variety of settings and disciplines will have participated in the rehabilitation orientation; a departmental human resource development infrastructure will have been developed and implemented; the development of the educational and certificate process will be well underway toward the establishment of these curricula as a permanent part of the university system's certificate/associates degree programs; and the effect of the integrating functions will begin to be felt throughout the system.

The Department of Mental Health and Mental Retardation, in establishing standards, mission statement and values, has commited to the underlying assumptions of this project and, in developing this proposal, has made a commitment to this process. It has made arrangements for the participation of an integrated staff in the UMF rehabilitation orientation; it has reached agreement on the establishment and immediate implementation of a broadly representative work group to refine the rehabilitation model; and it has reached agreement among its relevant bureaus and institutions to pursue the substantial changes and directions involved in this project.

ORGANIZATIONAL BACKGROUND

The Maine Department of Mental Health and Mental Retardation is the state mental health authority. It is composed of three bureaus: Children with Special Needs, Mental Health and Mental Retardation. The Division of Planning, Office of Quality Assurance, Office of Substance Abuse Services, and Office of Information and Public Affairs are also discrete entities.

The Department divides the state, which has a population of approximately 1,200,000 people, into six service areas which range from 1,600 to 12,000 square miles and from 86,350 to 403,600 people.

A variety of mental health agencies and organizations provide services in these service areas, including nine psychiatric units within general hospitals, one for-profit mental health institute, and seven community mental health centers.

The Department directly operates two mental health institutes, one of which has an adolescent unit, and three small crisis stabilization programs. For children and adolescents the Department operates two residential facilities, one early intervention center, six regional offices staffed by child development workers, and two Child and Adolescent Service System sites.

Through contracts, the Department supports a variety of services throughout the state including homebased and outreach crisis intervention and counseling, preschool and early intervention programs, rehabilitative day treatment, residential, outpatient, inpatient, and consultation and education services.

Recent studies have found that the overall prevalence of diagnosable mental disorders in the population at large is approximately 19%. This means that in Maine 170,147 adults have mental health problems severe enough to need mental health intervention and help. The Bureau of Children with Special Needs estimates that about 5,000 children and youth with severe emotional disturbances require services annually.

A shortage of personnel to serve these citizens has been noted for years. A dearth of highly trained mental health personnel has made the delivery of mental health services problemmatic both in the community and the institutions. Recruitment and retention of staff have been difficult because of the isolation imposed by Maine's rural character and the lack of education and training programs in the state. This chronic shortage of personnel has created significant public and professional concern.

The University of Maine at Farmington and the Department are collaborating on the development of a rehabilitation curriculum based on the values in an individualized service system driven by the choices, goals and needs of clients. Original plans called for training only community adult mental health personnel, but training will be expanded to include representatives of in-patient and children's mental health staff with the assistance of Human Resource Development funds.

With Human Resource Development seed money the Department and the University of Maine at Augusta collaborated to develop a curriculum and program at that university branch. This program now has the second highest enrollment of any program at UMA. It leads to an associate degree and flows into other programs at UMA and the University of Maine Farmington, such as the rehabilitation program, for bachelor's degree credit. An introduction to mental health course is currently provided for new employees at AMHI and the most recent collaborative effort includes community service providers and family groups in institute/UMA activities.

The University of Maine at Augusta (UMA) has had extensive experience in developing certificate and associate degree programs. The 4,000 student campus has its second highest enrollment in the associate degree Social Services program. With its community college orientation and its success in reaching out to the non-traditional student, UMA has expressed a clear interest and excitement about developing such certificate programs which will build on its growing mental health expertise. The Department of Mental Health and Mental Retardation, in its planned credentialling process for mental health providers in those specialized areas, will work closely with the University system and other sectors of the mental health community to assure that the certificate programs meet not only academic but consumer and community needs as well.

The University of Maine at Farmington (UMF) also has lengthy experience in the rehabilitation model being proposed for use in this project. The Department's commitment to the rehabilitation orientation of state-funded mental health services is reflected in its arrangements with UMF to provide competency-based training to mental health community support staff, serving adults with severe and prolonged mental illness, in that model. This project proposes to expand dramatically upon this effort by extending it to mental health in-patient personnel and to child and adolescent mental health staff. This, in effect, would bring the entire mental health system toward a shared knowledge and orientation that is client-centered and rehabilitative. The Bureau of Mental Health has already made beginning arrangements to include in-patient and child and adolescent mental health staff in the already scheduled orientation sessions.

The proposed institution of this client-centered rehabilitation orientation for the provision of mental health services to children, adolescents, and adults throughout Maine involves significant systemic change, toward a shared vision, language, and approach among all mental health

providers and personnel. This is not unlike the change in the late seventies and early eighties promoted by Maine's Community Support Systems Project through its community organization and resource development activities and its empowerment of clients and families. These activities resulted in an extensive systemic value change which affected all mental health service provision throughout the state.

The Department has extensive experience in integrated training including training parents and potential respite providers together in a federally funded Maine Respite Project. This project of the Bureau of Children with Special Needs also forged linkages with the private sector in the form of American Red Cross chapters which provided the actual training. In the last two years the Bureau of Mental Health has brought deaf interpreters and mental health clinicians together in workshops to promote understanding by interpreters of mental health techniques and by clinicians of deaf culture and language. The clincians trained included both community and institute practitioners. The Bureaus of the Department in conjunction with its Office of Substance Abuse have fostered the integration of substance abuse counselors and mental health clinicians through conferences and workshops.

The Department has extensive experience in collaboration with post-secondary educational institutions including several interdepartmental initatives such as the child sexual abuse treatment committee's and the Committee on Transition's contracts with the University of Southern Maine, Child Development Services work with several university branches, the interagency subcommittee on training, and the university industries projects. All these iniatives rely on both interagency collaboration and university participation.

NEED STATEMENT

The Department of Mental Health and Mental Retardation, in the plans of both the Bureau of Children with Special Needs and the Bureau of Mental Health, has clearly articulated client-based values and principles: individualized services, availability of a comprehensive range of services and supports, flexibility in service provision, coordination of needed services and supports, locally relevant services, long-term continuity and commitment to the target population, and involvement of primary consumers and their families in policy and planning. With the proposed client-based orientation of the rehabilitation model, the integration of the mental health system, and the certificate program, a basis for the recognition of the individualized needs of people with severe mental illness and serious emotional disorders will be established and a fexible system of comprehensive community-based mental health services developed to provide continuity of care and build Maine's capacity to attract, train and retain mental health personnel.

There are, however, serious mental health human resource issues to be considered. Maine has a total of 112 psychiatrists, 2,146 licensed social workers (4 levels of licensure), 269 psychologists, and 452 nurses in the mental health field (Only about a dozen are specialized master's level psychiatric nurses.).

Although mental health services in Maine to children and adults are provided substantially through contract with private non-profit organizations, the numbers of community mental health personnel are exceeded by, for example, State inpatient staff. This does not imply an inpatient emphasis but instead reflects the numbers and nature of staff required for 24-hr, 7-day/week facilities. Thus, as an example, adult community mental health services have approximately 1,100 employees while the two mental health institutes alone have approximately 1,400.

The urban/rural distribution of psychiatrists, psychologists, and licensed social workers emphasizes the rural nature of Maine and the effect of that rurality. Four of the sixteen counties (substitute for that the four major urban areas in Maine: Portland, Lewiston/Auburn, Augusta, Bangor) have 71% of the total professionals in these disciplines while their percentage of the total state population is 49.6%. The Portland/Cumberland County percentage alone is 35% with only 19.4% of the population. If the southernmost, populous, and expensive York County is added, the percentage of professionals jumps to 81%, leaving the more rural areas of the state with scarce mental health professional resources.

Numbers of mental health staff with only a high school diploma range from 33% of those employed in community services to over one half at BMHI. Twenty-five percent of community staff hold bachelor's degrees, and at BMHI 21% have such credentials. Almost 40% of the persons working in community mental health services have a master's degree or higher, while only 18% of those working at BMHI have attained that level of education.

The high number of persons with a high school diploma (or a generally unrelated bachelors degree) working in the mental health field points to a compelling need for specialized mental health educational programs and opportunities.

A study requested by the Department and performed by Quality Health Care Resources in March of this year revealed that personnel at Augusta Mental Health Institute at all levels lack a sense of mission and a vision of how they fit into the overall Department mission in providing services to people with serious mental illness. There is a need, said the surveyors, to both instill the mission of the Department in all staff and to teach staff the concept of continuity of care.

Institute supervisory personnel interviewed have cited the differences between the medical and rehabilitation models as problemmatic. Many nurses at the institutes are increasingly involved in direct supervision of mental health workers, the core group with direct involvement with in-patients. The provision of the value-based rehabilitation orientation will provide the tools and information needed by the nursing staff to meld the two models, as is routinely done so successfully in relation to physical health, although it has not generally been as successful, or even acceptable, in mental health settings. Client-based rehabilitation will require that all personnel espouse its values and understand its concepts.

Dr. E. Fuller Torrey of the Health Research Group has commended the Aroostook Mental Health Center as being as good as any in the nation, while, he has said, some community mental health centers in Maine are below the norm. The Aroostook Mental Health Center has for years used a rehabilitation model of treatment and support.

When the Boston University model of rehabilitation was introduced into the institutes, it proved too cumbersome for staff to implement. The University of Maine Farmington has agreed to modify the model for use in training community mental health personnel and, through this project, to include institute and children and adolescent services staff, create a central focus for the training, and assure that all segments of the mental health field share a client-based value system.

The Maine State Employees Association, which represents employees of the state institutions and some people working in communities as child development workers or crisis workers, has identified "dead end" jobs and lack of meaningful training as problems. The institutes of the Department are specified in the union literature as a case in point.

These conditions all point to a need to build the capacity of the mental health system to train and retain personnel. The adoption of the rehabilitation model and the certificate curricula will build that capacity. The institution of the values which the Department espouses will also enhance the capacity of the system.

GOAL I: TO DEVELOP AN INDIVIDUALIZED, FLEXIBLE MODEL OF REHABILITATION, BASED ON THE VALUES AND CHOICES OF CHILDREN, ADOLESCENTS, AND ADULTS WITH MENTAL ILLNESS AND THEIR FAMILIES, TO BE USED BY ALL PEOPLE WHO PROVIDE MENTAL HEALTH TREATMENT AND SUPPORT IN ALL SETTINGS.

Objective A.: Establish a work group to refine and develop the Maine rehabilitation model and core curriculum and invest all segments of the mental health community in its use.

YEAR 1
1. Determine composition and schedule of group.
2. Define tasks and roles of group.
3. Provide support and technical assistance in activities of group.

Objective B: Review and evaluate existing models.

YEAR 1
1. Study UMF rehabilitation model.
2. Review Aroostook Mental Health Center, AMHI, and BMHI adaptations and experiences with the model.
3. Review other rehabilitation models in other states.

Objective C: Refine and modify the UMF model based on the reviews and the needs of the mental health system to become the Maine model for client-based rehabilitation.

YEAR 1
1. Review and refine the model from both academic and work perspectives.
2. Test the refined model in subsequent training sessions.
3. Evaluate the results of personnel surveys.
4. Refine model, as necessary.
5. Determine final implementation model.

Objective D: Implement the model and educational process for institutions and communities, urban and rural, statewide.

YEAR 2
1. Determine remaining and ongoing needs of mental health personnel re: the rehabilitation model and process.
2. Explore training resources of the broader educational and service community and experiences including the use of the university interactive telecommunications network.
3. Develop ongoing rehabilitation program of training objectives, resources, and schedules, including consideration of training for all new mental health employees, and known system needs.
4. Develop a process for communicating information about the training program and rehabilitation orientation.

ONGOING
5. Monitor on an ongoing basis the effectiveness and appropriateness of the rehabilitation education model and process through periodic reviews by the work group.

GOAL II: TO INTEGRATE THE MENTAL HEALTH PERSONNEL AND WORK OF IN-PATIENT AND COMMUNITY SETTINGS IN ORDER TO PROMOTE CONTINUITY OF CARE AND REINFORCEMENT OF VALUE AND KNOWLEDGE BASE.

Objective A: Establish common and concurrent training wherever possible and appropriate in order to promote integration.

YEAR 1
1. Develop a training curriculum base that is transdisciplinary and transcends work settings.
2. Develop pretest/post-test methodology to assess needs/changes in knowledge, attitudes based on training.

ONGOING
3. Conduct assessments and refine training/education as needed.
4. Deliver training in integrated classes, as appropriate to levels of knowledge and expertise.

Objective B: Develop and encourage an active and effective communication process among all segments of the treatment and support system.

YEAR 1
1. Develop training in communication process and techniques.
2. Involve families, co-workers, and employers.

YEAR 2
3. Begin delivery of ongoing communication training.
4. Develop clear and specific systemic communication linkages.
5. Develop a process for monitoring the communication between system segments by assessing level of communication before and after training (at periodic points).

Objective C: Foster the career mobility of people who serve and support persons with mental illness.

YEAR 1
1. Review programs which promote career mobility among segments of the mental health system.
2. Explore career mobility within single settings.

YEAR 2
3. Explore and develop, as indicated, integrating programs such as
   a. Job Exchange;
   b. Community Sabbatical system for institutional personnel.
4. Develop pretest/post-test methodolgy to assess changes in knowledge, attitudes based on chosen career mobility initiative.

Objective D: Develop interest in public mental health in order to recruit personnel by expanding the numbers of persons available and interested in working with children and adolescents with serious emotional disorders and adults with severe mental illness.

YEAR 2
1. Develop field placements and internships for students of the mental health certificate and degree programs.
2. Promote visibility and knowledge of mental health personnel and their work within communities, including schools.

YEAR 3
3. Examine education leave policies and programs of mental health and related service providers in relation to their encouragement of public mental health work.

GOAL III: TO DEVELOP AND IMPLEMENT, IN CONJUNCTION WITH THE UNIVERSITY SYSTEM, AN EDUCATIONAL AND CERTIFICATE PROGRAM FOR PEOPLE WHO PROVIDE MENTAL HEALTH SERVICES AND SUPPORTS.

Objective A: Develop standards, with the university system and the project advisory committee, for the training and certificate programs.

YEAR 1
1. Convene the ongoing advisory committee to the project to assist with the development of a work plan.

2. Determine needs of system and personnel.
3. Develop standards.

Objective B. Develop and refine curriculum for mental health personnel and other interested persons.

YEAR 1-3 1. Develop the various specialized curricula including
a. case management,
b. crisis intervention,
c. family support,
d. residential,
e. social/recreational, and
f. substance abuse/mental illness.
g. vocational (aimed toward competitive, integrated emp.)
2. Review/refine curricula.
3. Establish, as developed, certificate programs within the university structure.

Objective C: Develop and refine education delivery process.

YEAR 1 1. Determine delivery needs in relation to discipline, client group served, and geography.
2. Develop schedule of courses/training.
YEAR 2 3. Explore and assure accessibility through such means as the university interactive telecommunications system.

Objective D: Design and implement evaluation mechanisms.

YEAR 1 1. Review literature and program implementation of mechanisms.
2. Establish competency determinants which reflect the standards.
YEAR 2 3. Develop instruments and implement ongoing evaluation program.

GOAL IV: ASSIST THE BUREAUS WITH THE DEVELOPMENT OF A MENTAL HEALTH CREDENTIALLING PROCESS.

Objective A: Define credentialling process and role within the mental health system.

YEAR 1: 1. Convene work group to define purpose, process, and outcomes for credentialling within the mental health system.
2. Establish work plan for implementation.
3. Coordinate and plan in conjunction with university certificate development and implementation.

Objective B. Incorporate credentialling into existing personnel functions.

YEAR 2 1. Review positions and mobility in relation to the proposed credentialling.
2. Develop administrative process for tracking credentialling.
YEAR 3 3. Adjust, as indicated, position descriptions and requirements for mobility and educational leave policies to promote involvement.

Objective C: Reflect Department rehabilitation orientation and credentialling in policy and program development and implementation.

YEAR 2 1. Build into state-supported service provision efforts Department requirements for orientation and credentialling.
ONGOING 2. Assist personnel in becoming credentialled.

GOAL V: TO DEVELOP A DEPARTMENT INFRASTRUCTURE TO SUPPORT ACTIVITIES RELATED TO PERSONNEL COMPETENCY, DEVELOPMENT, AND MOBILITY.

Objective A: Develop a departmental focal point for support.

YEAR 1 1. Create a position to coordinate the incorporation of the model and certificate activities.
2. Identify the departmental commitment as reflected in employee evaluation, programs, and contracts.

Objective B: Identify an existing position in each bureau to be the focus for support of the activities.

YEAR 1 1. Identify position.
2. Identify the bureau commitment as reflected in employee evaluation, programs, contracts, and credentialling.

Objective C: Establish an ongoing advisory committee for the project model and certificate functions.

YEAR 1 1. Appoint representatives of the post-secondary education system, institutions, community service providers, children and adults with mental illness and their families, taking into account geographic representativeness as well.
2. Define role and process for committee.
3. Determine meeting schedule; meet on a regular basis.

Objective D: Assure that human resource development activities are a cohesive, yet integrated, component of departmental planning.

YEAR 1 1. Solicit information on human resource development issues from segments of the mental health services system.
2. Disseminate information and training to planning groups.
YEAR 2 3. Evalutate and coordinate human resources development needs with Departmental educational components, state educational systems, and community mental health providers.
YEAR 3 4. Develop a statewide plan for continued human resource development efforts and strategies.

POTENTIAL IMPACT

The achievement of these goals and objectives will effect major systems change. Personnel at all levels, in communities and institutions, public and private, urban and rural, who serve children, adolescents and adults, will be touched by this program which will alter the way they serve and support people with mental illness.

All mental health personnel will share a common client-based value system and a rehabilitation orientation. Communication among segments of the mental health system will be enhanced by formal training in communication, the use of

a common language and the experience of integrated training. Career mobility will be improved by the common orientation, exposure to a variety of work settings, and opportunities for continuing education, certification, and credentialling.

Human Resource Development activities will become integrated into the overall planning, support, and service provision of the Department. Recruitment and retention of mental health personnel will be enhanced by the opportunities for credentialling, education, mobility, and increased exposure of mental health personnel in field placements and internships.

With the core rehabilitation curriculum as a base, the certificate programs will offer several areas of competency-based course work and field training: case management, crisis intervention, family support, substance abuse, residential, social/recreational, and vocational.

With their competency-based course work, training, and field experience/ placements with adults and children with severe mental illness or emotional disorders, these certificate programs will have a major impact on the pool of persons available in Maine and knowledgable in mental health. With its many campuses, extensions, and burgeoning interactive telecommunications system for classes, the University of Maine can extend these programs throughout Maine, already a rural state, into its even more remote, sparsely populated regions. In establishing these programs within the university system, there is also the opportunity for the certificate courses to be used toward degree programs. There is the further advantage that these specialized programs will be available to the private practitioner.

An advisory committee, established to monitor these orientation sessions in order to assess the appropriateness and effectiveness of the model and the process itself, will result in a rehabilitation model and process specifically refined to meet the needs of Maine's mental health consumers and personnel. The composition of this work group will reflect the disciplines and settings involved and will include primary and secondary consumers. The Alliance for the Mentally Ill of Maine, for example, has already indicated its interest in participating on the work group. All segments of the system will be represented in the development of a cohesive value system, and the diversity of the group will promote investiture of all segments of the system.

Maine's extremely low rate of high school graduates continuing on to any college/university work is of significance in expected outcomes of this project. Those high school graduates represent a particularly large pool of persons which could be tapped for the public mental health field. The availability of certificate programs will encourage them to obtain specialized knowledge and skills geared toward specific employment without their having to face the more daunting associate or bachelor degree programs. Those with mental health experience can increase their expertise and mobility through these programs. Moreover, the certificate specialization curricula will be of value even to those with mental health degrees for the development of expertise in a specific area in which they may not have trained or taken course work.

WORKPLAN

The approach in pursuing the goals of this proposal will, first and foremost, be based on the choices, goals, and needs of children and adolescents with serious emotional disorders and adults with severe mental illness. Without this orientation and the recognition of the systems change involved, the purposes of the proposal would be subverted.

The Advisory Committee will be an integral part of this approach to the project. In appointing this group during the first month of the project the Commissioner of the Department of Mental Health and Mental Retardation will chose representatives of in- and outpatient, urban and rural, private and public, services to children, adolescents and adults with serious mental illness. This group will work closely with the Project Director regarding all facets of the project, including the specific and more detailed responsibility regarding the specialized certificate courses. Members of the Committee will represent the commitment of their mental health service setting to promoting and instituting the rehabilitation model and supporting the curriculum.

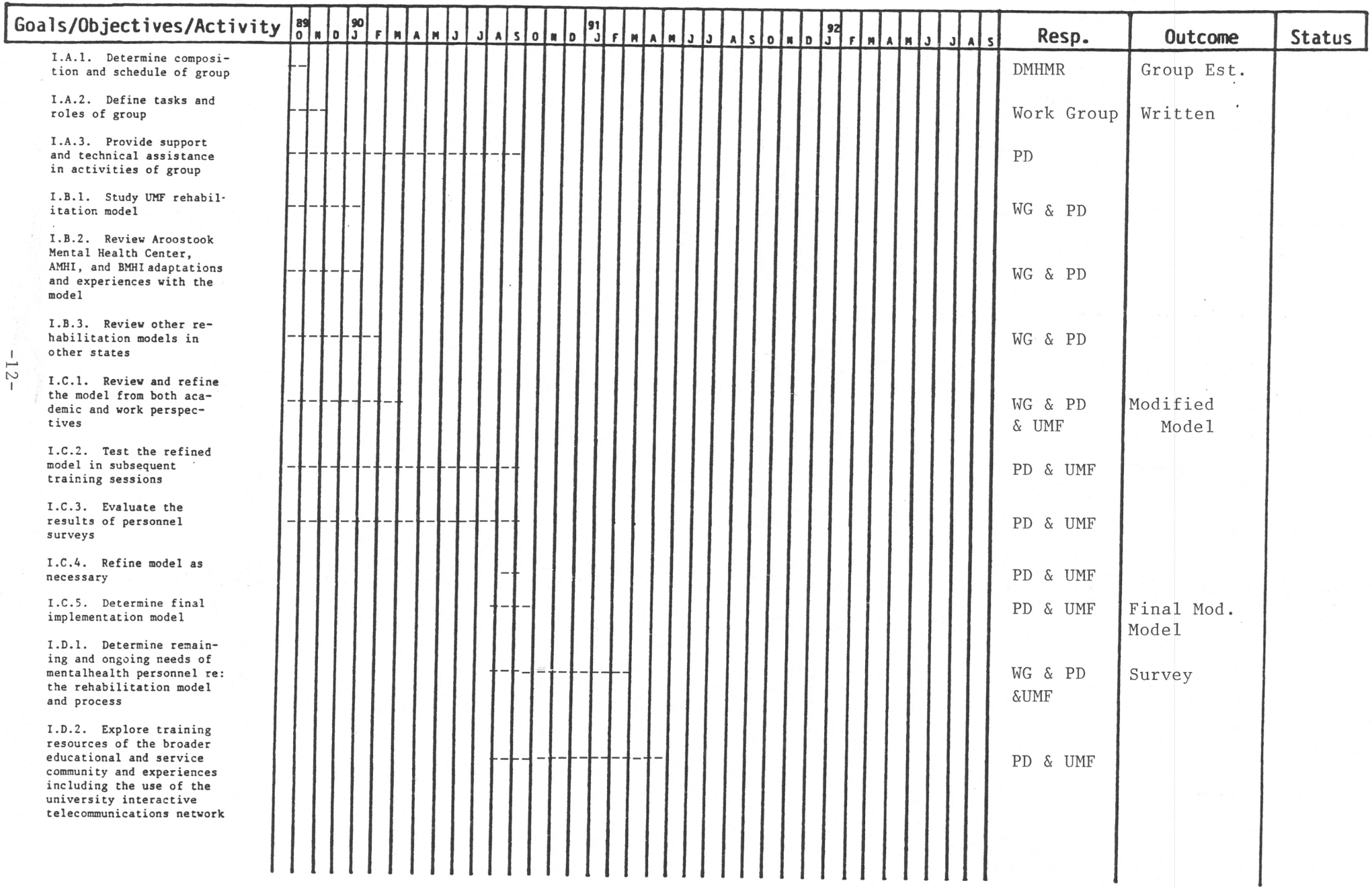
A Project Director will be hired to integrate the advice of the Committee, to be a focal point in client-based rehabilitation and integrated training for the Department, to assist directly with curriculum and training development, and to be responsible for the evaluation of the project. The Director will be housed either in the Department's central office or the offices of the University Chancellor in Augusta. This siting of the office and the position's minimum qualifications will assure that the Director will have the credentials and credibility to be a contributor to the curriculum development thus solidifying the collaboration between the university and the Department.

Although the Department will assign staff to the Committee before the Project Director is hired, once in place, the Project Director will staff the Advisory Committee, assume responsibility for moving the study and development of the rehabilitation model and the curriculum and, with the HRD liaisons, aid and monitor its implementation. The Director will also be responsible for administering and collecting the data from the various surveys and tests which will be used to evaluate the results of the project and for preparing the quarterly and annual reports.

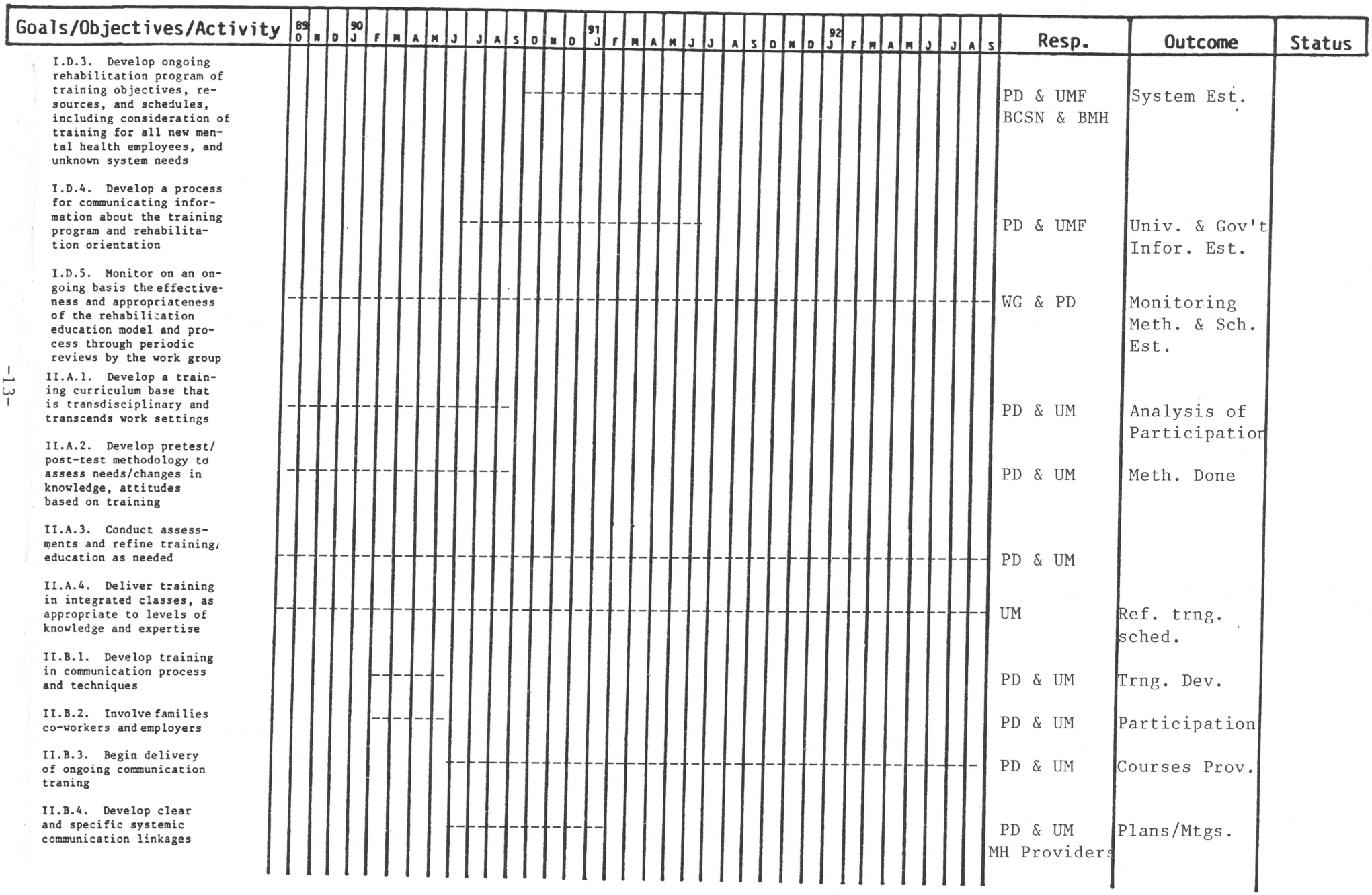
Each of the two branches of the University system currently involved (more branches and/or private schools may be involved later) will work closely with the Project Director in developing their models and curricula. By the third year of the Project the models and curricula will be fully formed and the university system will collaborate with the Department on the use of dissemination techniques to reach mental health personnel not yet exposed to the model and curriculum. One of the principle methods will be the interactive telecommunications network.

The liaisons in the two institutions and two bureaus will work to implement the model in their environments and encourage all staff to take advantage of the eduational opportunties. They will also help to monitor the communication linkages that are established. They will be the eyes and ears of the Advisory Committee and the Project Director in soliciting information about human resource development needs and issues from their segments of the mental health system.

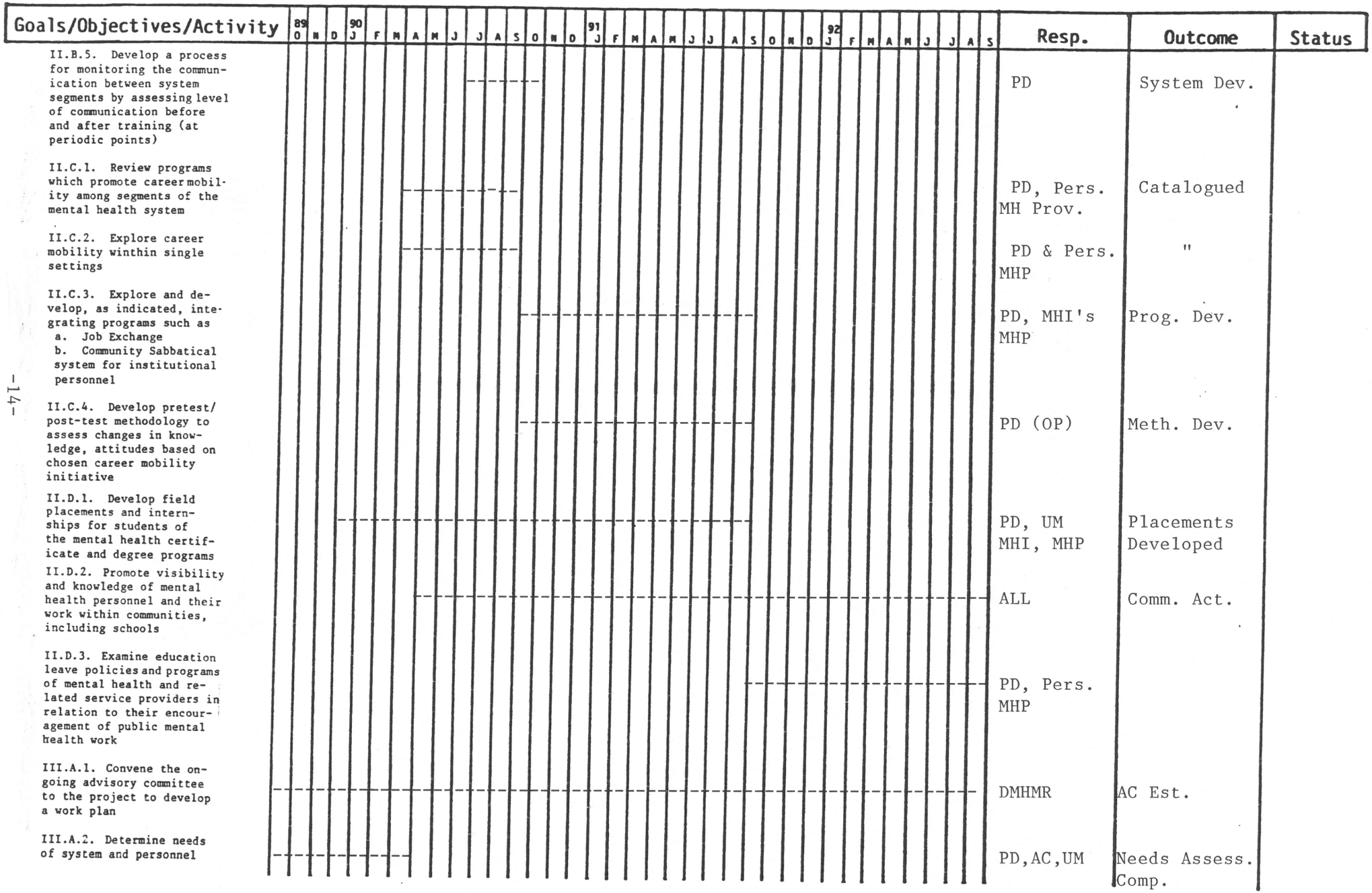
WORK PLAN


Goals/Objectives/Activity
89 O N D 90 J F M A M J J A S O N D 91 J F M A M J J A S O N D 92 J F M A M J J A S
Resp.
Outcome
Status
I.A.1. Determine composition and schedule of group
DMHMR
Group Est.
I.A.2. Define tasks and roles of group
Work Group
Written
I.A.3. Provide support and technical assistance in activities of group
PD
I.B.1. Study UMF rehabilitation model
WG & PD
I.B.2. Review Aroostook Mental Health Center, AMHI, and BMHI adaptations and experiences with the model
WG & PD
I.B.3. Review other rehabilitation models in other states
WG & PD
I.C.1. Review and refine the model from both academic and work perspectives
WG & PD & UMF
Modified Model
I.C.2. Test the refined model in subsequent training sessions
PD & UMF
I.C.3. Evaluate the results of personnel surveys
PD & UMF
I.C.4. Refine model as necessary
PD & UMF
I.C.5. Determine final implementation model
PD & UMF
Final Mod. Model
I.D.1. Determine remaining and ongoing needs of mentalhealth personnel re: the rehabilitation model and process
WG & PD &UMF
Survey
I.D.2. Explore training resources of the broader educational and service community and experiences including the use of the university interactive telecommunications network
PD & UMF

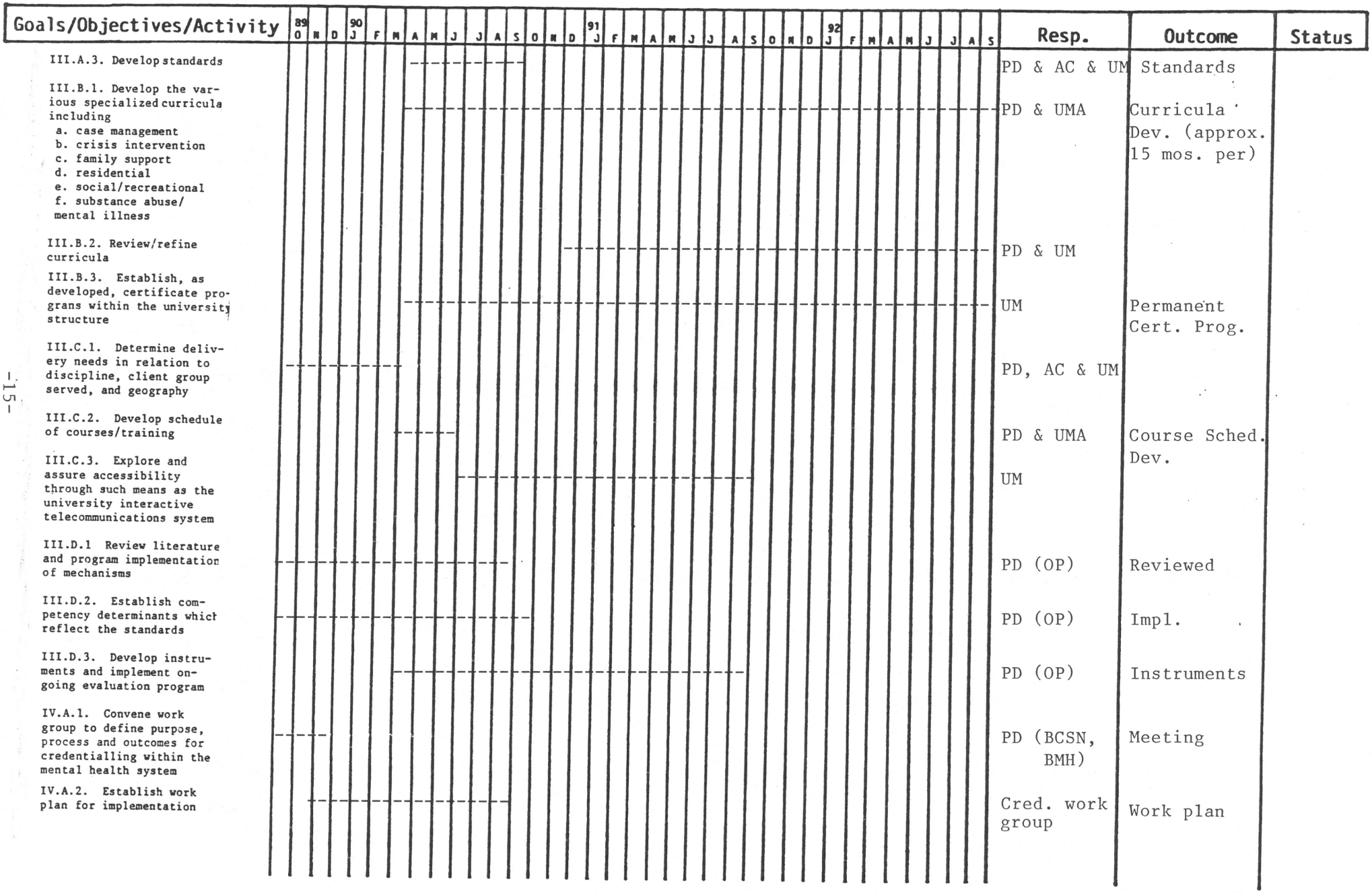
WORK PLAN


Goals/Objectives/Activity
89 O N D 90 J F M A M J J A S O N D 91 J F M A M J J A S O N D 92 J F M A M J J A S
Resp.
Outcome
Status
I.D.3. Develop ongoing rehabilitation program of training objectives, resources, and schedules, including consideration of training for all new mental health employees, and unknown system needs
PD & UMF BCSN & BMH
System Est.
I.D.4. Develop a process for communicating information about the training program and rehabilitation orientation
PD & UMF
Univ. & Gov't Infor. Est.
I.D.5. Monitor on an ongoing basis the effectiveness and appropriateness of the rehabilitation education model and process through periodic reviews by the work group
WG & PD
Monitoring Meth. & Sch. Est.
II.A.1. Develop a training curriculum base that is transdisciplinary and transcends work settings
PD & UM
Analysis of Participation
II.A.2. Develop pretest/post-test methodology to assess needs/changes in knowledge, attitudes based on training
PD & UM
Meth. Done
II.A.3. Conduct assessments and refine training/education as needed
PD & UM
II.A.4. Deliver training in integrated classes, as appropriate to levels of knowledge and expertise
UM
Ref. trng. sched.
II.B.1. Develop training in communication process and techniques
PD & UM
Trng. Dev.
II.B.2. Involve families co-workers and employers
PD & UM
Participation
II.B.3. Begin delivery of ongoing communication traning
PD & UM
Courses Prov.
II.B.4. Develop clear and specific systemic communication linkages
PD & UM MH Providers
Plans/Mtgs.

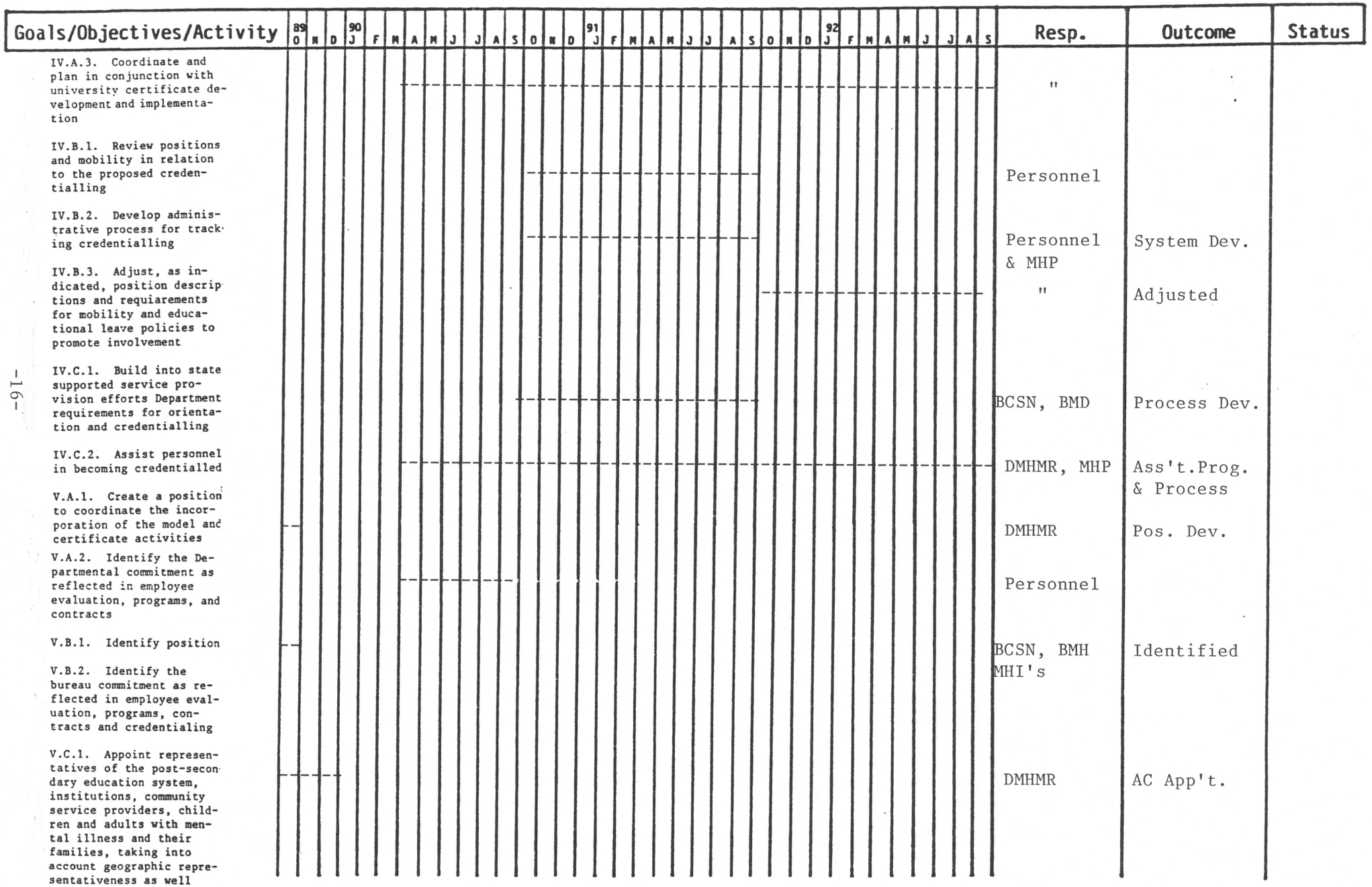
WORK PLAN


Goals/Objectives/Activity
89 O N D 90 J F M A M J J A S O N D 91 J F M A M J J A S O N D 92 J F M A M J J A S
Resp.
Outcome
Status
II.B.5. Develop a process for monitoring the communication between system segments by assessing level of communication before and after training (at periodic points)
PD
System Dev.
II.C.1. Review programs which promote career mobility among segments of the mental health system
PD, Pers. MH Prov.
Catalogued
II.C.2. Explore career mobility winthin single settings
PD & Pers. MHP
"
II.C.3. Explore and develop, as indicated, integrating programs such as
a. Job Exchange
b. Community Sabbatical system for institutional personnel
PD, MHI's MHP
Prog. Dev.
II.C.4. Develop pretest/post-test methodology to assess changes in knowledge, attitudes based on chosen career mobility initiative
PD (OP)
Meth. Dev.
II.D.1. Develop field placements and internships for students of the mental health certificate and degree programs
PD, UM MHI, MHP
Placements Developed
II.D.2. Promote visibility and knowledge of mental health personnel and their work within communities, including schools
ALL
Comm. Act.
II.D.3. Examine education leave policies and programs of mental health and related service providers in relation to their encouragement of public mental health work
PD, Pers. MHP
III.A.1. Convene the ongoing advisory committee to the project to develop a work plan
DMHMR
AC Est.
III.A.2. Determine needs of system and personnel
PD,AC,UM
Needs Assess. Comp.

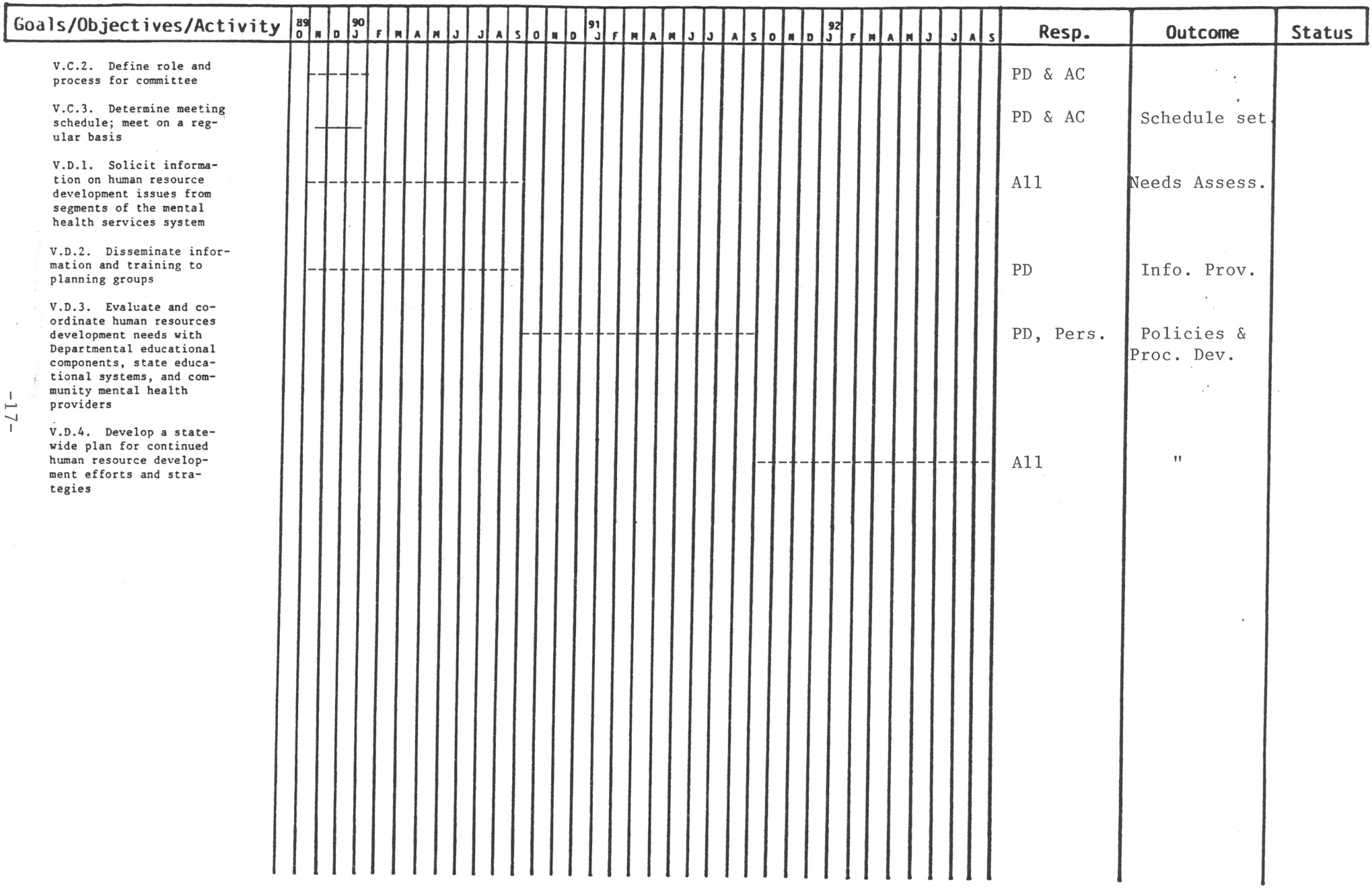
WORK PLAN


Goals/Objectives/Activity
89 O N D 90 J F M A M J J A S O N D 91 J F M A M J J A S O N D 92 J F M A M J J A S
Resp.
Outcome
Status
III.A.3. Develop standards
PD & AC & UM
Standards
III.B.1. Develop the various specialized curricula including
a. case management
b. crisis intervention
c. family support
d. residential
e. social/recreational
f. substance abuse/ mental illness
PD & UMA
Curricula Dev. (approx. 15 mos. per)
III.B.2. Review/refine curricula
PD & UM
III.B.3. Establish, as developed, certificate prograns within the university structure
UM
Permanent Cert. Prog.
III.C.1. Determine delivery needs in relation to discipline, client group served, and geography
PD, AC & UM
III.C.2. Develop schedule of courses/training
PD & UMA
Course Sched. Dev.
III.C.3. Explore and assure accessibility through such means as the university interactive telecommunications system
UM
III.D.1 Review literature and program implementation of mechanisms
PD (OP)
Reviewed
III.D.2. Establish competency determinants which reflect the standards
PD (OP)
Impl.
III.D.3. Develop instruments and implement ongoing evaluation program
PD (OP)
Instruments
IV.A.1. Convene work group to define purpose, process and outcomes for credentialling within the mental health system
PD (BCSN, BMH)
Meeting
IV.A.2. Establish work plan for implementation
Cred. work group
Work plan

WORK PLAN


Goals/Objectives/Activity
89 O N D
90 J F M A M J J A S O N D
91 J F M A M J J A S O N D
92 J F M A M J J A S
Resp.
Outcome
Status
IV.A.3. Coordinate and plan in conjunction with university certificate development and implementation
"
IV.B.1. Review positions and mobility in relation to the proposed credentialling
Personnel
IV.B.2. Develop administrative process for tracking credentialling
Personnel & MHP
System Dev.
IV.B.3. Adjust, as indicated, position descriptions and requiarements for mobility and educational leave policies to promote involvement
"
Adjusted
IV.C.1. Build into state supported service provision efforts Department requirements for orientation and credentialling
BCSN, BMD
Process Dev.
IV.C.2. Assist personnel in becoming credentialled
DMHMR, MHP
Ass't.Prog. & Process
V.A.1. Create a position to coordinate the incorporation of the model and certificate activities
DMHMR
Pos. Dev.
V.A.2. Identify the Departmental commitment as reflected in employee evaluation, programs, and contracts
Personnel
V.B.1. Identify position
BCSN, BMH MHI's
Identified
V.B.2. Identify the bureau commitment as reflected in employee evaluation, programs, contracts and credentialing
V.C.1. Appoint representatives of the post-secondary education system, institutions, community service providers, children and adults with mental illness and their families, taking into account geographic representativeness as well
DMHMR
AC App't.

WORK PLAN


Goals/Objectives/Activity
89 O N D 90 J F M A M J J A S O N D 91 J F M A M J J A S O N D 92 J F M A M J J A S
Resp.
Outcome
Status
V.C.2. Define role and process for committee
PD & AC
V.C.3. Determine meeting schedule; meet on a regular basis
PD & AC
Schedule set
V.D.1. Solicit information on human resource development issues from segments of the mental health services system
All
Needs Assess.
V.D.2. Disseminate information and training to planning groups
PD
Info. Prov.
V.D.3. Evaluate and coordinate human resources development needs with Departmental educational components, state educational systems, and community mental health providers
PD, Pers.
Policies & Proc. Dev.
V.D.4. Develop a statewide plan for continued human resource development efforts and strategies
All
"

EVALUATION PLAN

The achievement of project goals and objectives will be reported in quarterly/annual progress reports prepared by the Project Director. The quarterly progress reports will be brief and focus on the degree to which specific tasks are/are not on schedule, barriers to task achievement (where they exist), and plans for overcoming barriers. Such quarterly progress reports will be presented to the advisory committee for review and comment, as well as for assistance in addressing identified problems.

The annual report, wider in scope than the quarterly reports, will assess not only task achievement, but also to examine progress towards overall project objectives. Each objective will be addressed individually to determine: 1) the degree to which the objective has been achieved (full/partial/not achieved); 2) barriers encountered, both in relation to specific tasks and overall strategy; and 3) plans for achieving objectives not accomplished fully in Year 1, including revisions of objectives, timelines, work plans, and/or strategy as appropriate.

The annual progress report will be developed by the Project Director with the assistance of the advisory committee. Advisory committee contributions will be sought particularly in connection with plans for achieving objectives not fully accomplished in Year 1. The Commissioner, Associate Commissioners, Bureau Directors, and Superintendents will participate in an active review. If indicated, the annual report will be summarized for inclusion in the grant renewal application and will form a partial basis both for sections describing Year 1 activities and for those containing plans for Year 2 activities.

These reports will report on and reflect the program refinements and planning based on the results of the various surveys, testings, and evaluations conducted throughout the implementation of the project. These include the development of 1) mental health personnel and client surveys to determine the efficacy of the rehabilitation model and process, 2) pre- and post-test methodologies to assess needs/changes in knowledge and attitudes of students in the rehabilitation and certificate programs and chosen career mobility initiatives, 3) evaluation of the degree and effectiveness of systemic communication linkages, 4) training needs assessment instruments, and 5) instruments for competency-based credentialling determinants. Close adherence to the development, analysis, and implementation of these will be maintained, for the achievement of the goals relies particularly strongly in this project on a specific and clear knowledge of the needs of the mental health personnel and system and the effectiveness of the rehabilitation model and certificate programs in meeting those needs.

BUDGET NARRATIVE

Because this project involves systems change and the institution of a value base among many segments of the mental health service system, several key Department administrators and staff will be involved in the project. These staff will be a State contribution. The Commissioner will provide leadership in endorsing both the certificate programs and the rehabilitation model and in establishing a clear Departmental mission and value base.

The Bureau Directors will consult with the Project Director regarding the needs of their bureaus in the planning and development of curricula and training. They will be involved in the scheduling of private practitioner involvement as well as of the contractual system and will assure that the practices of the bureaus support the client-based rehabilitation orientation.

The Director of Planning will assume an advisory role and his staff will assume direct responsibility for the design of the evaluation surveys of the project. The Directors of Personnel and Information and the BMH Family Liaison will all accept responsibility for making the project and its basis known to their constituencies. The Information Office will track the use of value-based language. Each of the two bureaus and each institution will have a coordinator or liaison as well, a staff person who has the trust of management as well as contact with direct care personnel.

The Project Director will be hired at a pay range commensurate with those in the university and government systems with the skills outlined in the job description in order to recruit a person who has expertise and experience in curriculum development, human resource development, and the ability to actually design the training as well as work with the various segments of the mental health system and universities.

Travel in-state in order to visit community service sites, university campuses, and residential facilities is budgeted and reflects travel expenses for members of the advisory committee as well as the Project Director. Travel expenses for Department employees will be assumed by the Department. Travel for university employees is budgeted under their contractual agreements.

Although the physical space for the office of the Project Director will be in-kind from either the Department or the university system, the printing of quarterly and annual reports, phone, and office supplies are tallied under the federal portion.

Contractual services from the universities include curriculum development, working with the Advisory Committee to refine the rehabilitation model and curricula, and model dissemination in the form of work books for personnel. During the first year, federal funds will add in-patient personnel to the sessions to be conducted for community mental health staff by UMF. The UMA portion will provide for curriculum and certificate development in specialized mental health areas. The university branches waive all but about 10% of their indirect charges for the purposes of this proposal.

The University budgets reflect UMF's existing contractual commitment to rehabilitation sessions adding the somewhat expanded student focus, while maintaining a class size appropriate to the teaching of client-based rehabilitation values. The University of Maine Augusta draws upon many more part-time instructors as a usual method of operation and can, therefore, add classes and sessions more easily.

BUDGET

I) Personnel	federal	state	other
Commissioner, Department of Mental Health & Mental Retardation 1%	-0-	604	
Assoc. Commissioner, Programs 5%	-0-	3,115	
Assoc. Commissioner, Administration 5%	-0-	2,688	
Director, BMH 10%	-0-	5,133	
Director, BCSN 10%	-0-	5,133	
Director, Planning 10%	-0-	3,563	
Director, Training & Human Resources 10%	-0-	3,284	
HRD Coordinator, BMH 20%	-0-	6,785	
HRD Coordinator, BCSN 20%	-0-	5,712	
HRD Liaison, AMHI 10%	-0-	5,161	
HRD Liaison, BMHI 10%	-0-	4,123	
Director, Personnel 5%	-0-	1,901	
Information Officer 5%	-0-	1,709	
Family Liaison, BMH 5%	-0-	1,820	
Project Director 100%	33,680	-0-	
Clerk Typist III 50%	-0-	9,547	
Personnel Sub-total	33,680		
Fringe	10,456		
TOTAL	44,136	60,277	
II) Travel			
In-State	3,500		
Out-of-State	3,000		
III) Office		1,200	
Phone, printing, supplies	4,000		
IV) Contractual Services			
A) Capacity Building/Education & Training			
Rehabilitation model training, UMF	10,000	23,000	5,600
Certificate Programs, UMA	30,000	10,000	10,000
Model Dissemination	5,000		
Contractual Sub-Total	45,000	33,000	15,600

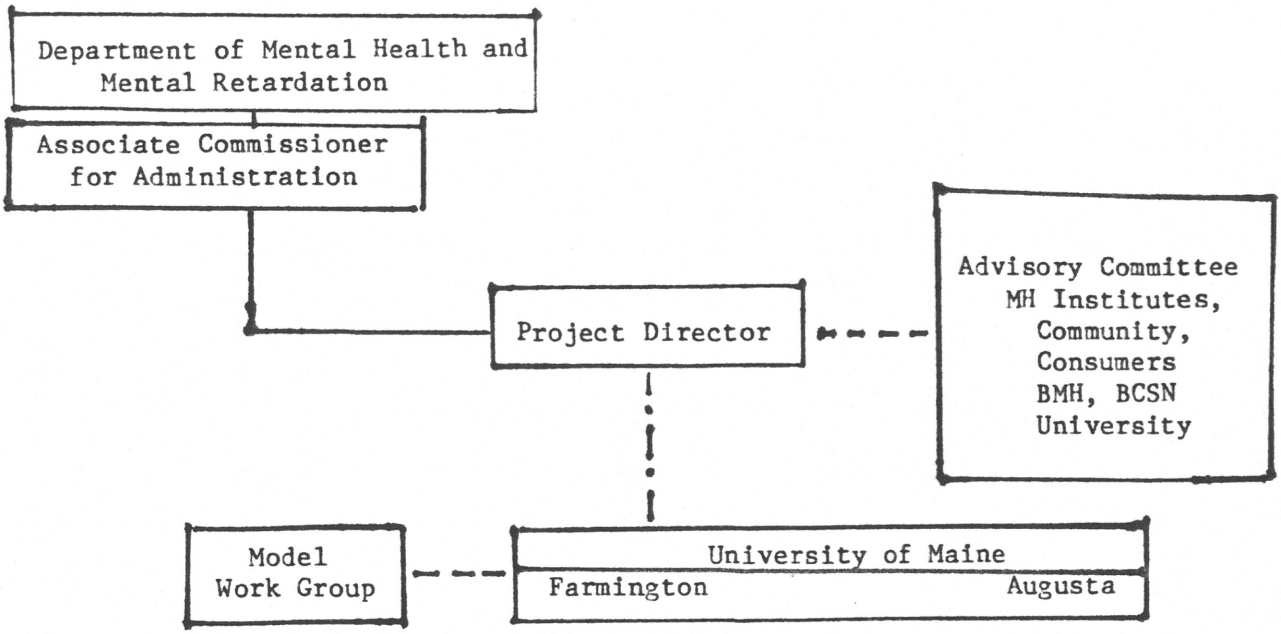
Section Sub-Totals

I) Personnel	44,136	61,986	
II) Travel	6,500		
III) Office, Phone, Printing, Supplies	4,000	1,200	
IV) Contractual Services	45,000	33,000	15,600
Total Direct Charges	99,636	96,186	15,600

*"Other" denotes the contributions of the universities, primarily through waiver of their indirect fees and staff contributions to curriculum development.

APPENDIX

PROPOSED PROJECT



Advisory — — —
Contractual —·—·—

MENTAL HEALTH HUMAN RESOURCES DEVELOPMENT PROJECT DIRECTOR

Pay Range: 28
Bargaining Unit:

SCOPE OF WORK:

This is professional work in designing and implementing a program of mental health education, staff development, and training designed to expand the numbers of persons in Maine interested in pursuing a mental health career, to enhance mental health knowledge and competency, and to retain mental health personnel in the mental health field. This leadership work will be performed in collaboration, as appropriate, with a variety of mental health and related government and private organizations and the post-secondary educational system throughout the state in the context of a client-centered mental health rehabilitation orientation.

TYPICAL DUTIES:

... Plans and coordinates statewide mental health core and specialized education/training programs and delivery systems.
... Collaborates with the post-secondary education system in the design, development, and implementation of programs and curricula for the rehabilitation model and certificate program.
... Consults and acts as liaison with mental health consumers and mental health and related government and private organizations regarding education/training needs and appropriateness of implementation/results.
... Assesses/anaylyzes training needs and coordinates program development and services.
... Assesses, evaluates, and recommends community, educational system, and state resources available to meet education/training needs.
... Consults with departmental officials, trainers, and others in order to plan, develop, and implement training programs and delivery systems.
... Coordinates and facilitates the work of the advisory committee and work group.
... Monitors and evaluates the implentation of project components.
... Develops reports and studies as indicated by the project plan and requirements.
... Prepares and recommends training program budget(s), monitors training expenditures, and prepares periodic financial reports on program activities.
... Administers implementation of project goals and objectives.

REQUIRED KNOWLEDGE AND ABILITIES:

... Knowledge of curriculum development and educational program development, especially in the mental health or related fields.
... Knowledge of education and alternative education programs.

... Knowledge of federal and state education programs, policies, and resources.
... Knowledge of human resource development, organizational, and training principles and practices.
... Ability to design, implement, and coordinate a client-centered rehabilitation human resource education/training program.
... Ability to communicate effectively orally and in writing.
... Ability to provide effective consultative and advisory services.
... Ability to establish and maintain effective working relationships with students, consumers, management, providers, etc.
... Ability to analyze, assess, and evaluate education programs and/or policies.
... Ability to prepare grant proposals and reports.
... Ability to provide technical assistance in the development of curricula and education programs.

MINIMUM QUALIFICATIONS:

A minimum of a Master's degree in Adult Education, Education Administration, Human Resource Development, or related degree with a minimum of five year's experience beyond the degree in curriculum development, education/training program development, or other closely related education/training experience. Knowledge and experience with mental health/human services education program or curriculum development desirable.

EXAMINATION: A numerical evaluation of Training and Experience (100%).

WORKPLAN

Grace Leonard
University of Maine Augusta

UMA will prepare and design a three-tiered curriculum which details training and education on the speciality topics of case management, crisis intervention, dual disorders, social/recreational activities, residential, vocational, and family support services. Both rural and urban mental health services and their settings will be considered in the curriculum design.

The three tiered educational structure will provide basic, intermediate, and advanced level education on the content areas listed above. Potential falculty prepared in these mental health specialities will be identified during the first year of the project.

This curriculum will combine a system of educational coursework and competency-based training through pooling the resources of DMHMR and UMA. UMA faculty, in conjunction with the project, will write the curriculum after conducting in-depth interviews with numerous service providers, family groups and clients. As the curriculum is prepared, a format for educational certification will also be considered. DMHMR approval of the various curriculum components will be required during specified stages of this project:

Stage 1: UMA faculty and central office staff meet to determine desired outcomes of curriculum design-2 mos.;

Stage 2: interviews conducted-4 mos.;

Stage 3: desired attitudes, skills and knowledge components determined-3 to 4 mos.;

Stage 4: curriculum prepared-2 mo.;

Stage 5: review and comment & make adjustments-2 to 3 mos.

LETTERS OF COMMITMENT

University of Maine Farmington
University of Maine Augusta

UNIVERSITY OF MAINE *at Farmington*

Health/Nursing
Home Economics/Dietetics
Physical Education
Rehabilitation/Recreation

Department of Human, Health, and Family Studies

Farmington, Maine 04938-1990
207-778-3501

May 2, 1989

R.J. Harper
Director
Maine Bureau of Mental Health
State House Station 40
Augusta, ME 04333

Dear J:

I write in support of the Bureau's application for support of its human resource development initiative in psychosocial rehabilitation toward establishing a client-centered rehabilitation systems orientation and process, throughout Maine's mental health service system. This is an exemplary project.

Development of a sound and efficient working relationship between University resources and the Bureau of Mental Health is a vital step in the implementation of effective rehabilitation services and of this project. Together the University of Maine at Farmington and the Bureau have demonstrated how worthwhile such collaboration can be. We have developed a rehabilitation speciality tailored to the needs of mental health providers, and have offered special institutes, workshops, and technical assistance services to workers in the field, for eight years. Now we are prepared to continue to expand our resource base, and to work with the University of Maine system and the Bureau in this regard.

On behalf of the Rehabilitation Program at the University of Maine at Farmington, I offer endorsement of this Bureau's initiative.

Best wishes in this new, significant endeavor.

Sincerely,

Douglas A. Dunlap, Ed.D.
Associate Professor and
Coordinator, Psychosocial
Rehabilitation Training Project

DAD/mh

UNIVERSITY OF MAINE at Augusta

Arts and Sciences

University Heights
Augusta, Maine 04330
207/622-7131

April 28, 1989

Susan B. Parker
Commissioner
Department of Mental Health/
Mental Retardation
State House Station 40
Augusta, Maine 04333

I am pleased to request support for a grant to augment the development of a training and education curriculum for persons working in the mental health field. Since 1980, the University of Maine at Augusta and the Department of Mental Health & Mental Retardation have enjoyed a productive partnership, first through the Career Mobility Project and more recently through a Human Resource Development contract.

The University of Maine at Augusta is eagerly looking forward to continuing this cooperative relationship through the auspices of this new endeavor. We are prepared to design and address the specialized training and educational needs of Maine's Mental Health Community.

U.M.A. holds a unique position within the Maine University System through controlling and operating the telecommunication network. This network system will soon have the capacity to deliver courses, conferences, workshops, etc. to 250 sites within the state via interactive television. In addition, instructional staff capable of teaching mental health related education over this interactive system have been identified. Topics to be addressed include extensive case management, crisis intervention, and family education & support.

We sincerely hope that you will seek to support this vitally needed and important work.

Yours truly,

Grace M. Leonard

Grace M. Leonard
Assistant Professor of Psychology
& Mental Health
University of Maine at Augusta

GML/jp

RESUMES

Jill Long, BMHI Liaison
Marion Carroll, AMHI Liaison
Peter Ezzy, BMH Liaison
Grace Leonard, UMA Liaison
Douglas Dunlap, UMF Liaison

Jill M. Long
R.F.D. 2, Box 615
Winterport, ME 04496

PROFESSIONAL EXPERIENCE

January, 1983 to present

Director, Rehabilitative Services
Bangor Mental Health Institute
Bangor, ME 04401

Responsible to the Superintendent for all rehabilitative services and programs. These include Sheltered Workshop programs, liaison with community agencies and the public, and all programs and services provided by the Rehabilitative Services Department to residents of Bangor Mental Health Institute.

Duties and Responsibilities include full administrative accountability for all programs, ensuring that all such programs are appropriate to the needs and goals of the recipients. Also, the design, development and implementation of new programs as deemed appropriate through evaluation of pertinent data and staff utilization. (Staff size: 48)

May, 1985 - July, 1986

Acting Superintendent
Bangor Mental Health Institute

Responsible to the Commissioner of Mental Health for the overall management of a 300 bed JCAH accredited psychiatric hospital.

Responsibilities include adherence to and implementation of all Departmental Policies, relevant State statutes, accreditation and certification standards; administration of personal services budget covering 558 staff positions and a 1.4 million dollar "operations budget" program, development and implementation and assurance of quality patient care.

January, 1981, to December, 1982

Various non human services vocational experimentation.

January, 1980, to November, 1980

Assistant Director
In charge of all clinical services
Brockton Area Multi Services, Inc.
Brockton, Massachusetts

Responsible to the Executive Director for all corrective/clinical services and programs provided by a comprehensive community mental health center. These services include four outpatient clinics,

adolescent and adult day programs, a network of residential programs and a twenty-four hour emergency services unit.

Duties and responsibilities include full administrative and clinical accountability for all programs; manpower and fiscal management, program design and development, the formulation of contracts with the Department of Mental Health and public relations activities for all programs.
(Staff size: approximately 300)

February, 1979, to January, 1980

Director
Community Residential Programs
Brockton Area Multi Services, Inc.
Brockton, Massachusetts

Responsible for development, implementation and management of a network of transitional community residential programs serving both mental health and mental retardation clients.

Duties include management of all personnel and financial issues, clinical supervision of the programs and public relations activities within the community.
(Staff size: approximately 80)

November, 1972, to July, 1978

Director
Irons Rehabilitation Center
Waterbury, Vermont

Responsible for the operation of a comprehensive personal/social/vocational rehabilitation program for emotionally disabled persons. The program is a specialized unit of the Vermont State Division of Vocational Rehabilitation.

Duties include clinical and administrative supervision of counseling staff and residential programs, management of all personnel matters, the preparation and management of the annual budget and various community relations functions.
(Staff size: approximately 30)

January, 1972, to July, 1978

Clinical Practicum Supervisor
Graduate Program in Community Counseling
St. Michael's College
Winooski, Vermont

Responsible for the clinical supervision, training and management of one to three graduate students per semester.

January, 1975, to June, 1975	Instructor Community College of Vermont Montpelier, Vermont Course title: "Roles, Relationships And Systems" to paraprofessionals working in a mental health setting.
September, 1969, to November, 1972	Psychiatric Rehabilitation Specialist Irons Rehabilitation Center (Assigned to Psychiatric unit of Medical Center Hospital of Vermont) Burlington, Vermont Responsible for providing comprehensive social/vocational rehabilitation services to psychiatrically disabled persons. Duties include functioning as a treatment team member within the psychiatric service (in and outpatient), counseling clients and coordinating evaluation, residential and training services.
January, 1968, to September, 1969	Vocational Rehabilitation Counselor Rutland, Vermont Responsible for coordinating and providing vocational rehabilitation services to a caseload of all disability groups in a two-county area. Duties include performing all casework functions and coordinating all services with various community agencies and facilities.
September, 1965, to July, 1967	Secondary School Teacher (EFL) College Moyen-Secondaire M'Saken, Tunisia (U.S. Peace Corps) Responsible for teaching English to 250 secondary school students each year. Worked as a volunteer with the Ford Foundation Family Planning Program during this period.

EDUCATIONAL BACKGROUND

May, 1975	Master of Science (Counseling)	St. Michael's College
June, 1965	Bachelor of Arts (French Literature)	Colby College
January 1971, to July, 1971	Psychiatric Rehabilitation Internship	Massachusetts Mental Health Center and Harvard Medical School

Marion Carroll
P.O. Box 27
No. Whitefield, Maine 04353
(207) 549-7437

Date of Birth: 1 November 1931
Marital Status: Married

EDUCATION:

1944 - 1948 Gardiner High School

1949 - 1952 Central Maine General Hospital, Diploma, School of Nursing

1978 - 1985 St. Joseph's College, North Windham, Maine, B.S.P.A.

University of Connecticut - Graduate Study in Social Work

Harvard Medical School - Inpatient Psychiatry

ADVANCED PROFESSIONAL PREPARATION:

Group, Individual Therapy, Behavior Modification, Psychosocial Rehabilitation, Financial Management, Management by Goals and Objectives, Program Evaluation, Supervision, Program Development.

WORK EXPERIENCE:

1968 - Present State of Maine, Department of Mental Health and Mental Rehabilitation, Augusta Mental Health Institute, Augusta, Maine.

MENTAL HEALTH UNIT DIRECTOR

Responsibilities:

Management of Sheltered Workshop Program, Alternative Living Program and two Inpatient Treatment Units for the severely mentally ill. Budget preparation, program development, staffing, quality assurance and training. Member of Administrative Executive Board, Program Policy Committee, Infection and Safety Committee.

DIRECTOR OF ALTERNATIVE LIVING PROGRAM

Responsibilities:

Managed and developed a program for seven halfway houses for patients with long term mental illness. Grant preparation for Motivational Services, Middle Street House.

ADMINISTRATIVE ASSISTANT TO KENSOM UNIT CHIEF

Responsibilities:

Budgeting, staffing, supervision, programming and training. Liason to community agencies. Participated in deinstitutionalization of patients to Kennebec/Somerset Counties. Integrated the AMHI outpatient clinic into KMHC system of care, Reorganization Committee.

UNIT DIRECTOR, TEAM LEADER BEHAVIOR MODIFICATION UNIT

Responsibilities:

Developed and supervised Behavior Modification Treatment Modality. Staffing, policy and procedure, Quality Assurance, Utilization Review, Treatment Planning.

DIRECTOR OF MALE ADMISSION UNIT

Responsibilities:

Total unit responsibility for all male admissions to AMHI. Treatment planning, therapeutic milieu, Psychopharmacology Utilization Review.

1966 - 1968 Togus Veterans Administration Center. Staff Nurse, Cardiac Intensive Care and Gastroentrology Unit.

PUBLICATIONS

Lowell, Walter; MacLean, Neil; Carroll, Marion: "The Use of Cluster Analysis in Determining Patient Selection for Rehabilitation Programs." Psychosocial Rehabilitation Journal Volume VIII, Number 3 January 1985.

COMMUNITY

Board of Directors, Kennebec Valley Mental Health Center - 10 years, President - 5 years

Board of Directors, Motivational Contract Services, Clinical Supervision for Motivational Services Middle Street House.

International Association of Psychosocial Rehabilitation.

CURRICULUM VITA

NAME: Peter J. Ezzy

JOB OBJECTIVES: Public Administration, Planning, Research

PERSONAL DATA: Date & Place of Birth: 12 May 1944, Van Buren, Maine
Marital Status: Married, 1 son, 1 daughter
Height: 5'11" Weight: 170#
Home of Record: Maine

EDUCATION:
B.S. Psychology/Biological Science, 1965
University of Maine, Orono, Maine
M.Ed. Secondary Education-Biological Science,-1967
University of Maine, Orono, Maine
MPA Public Administration, Spring, 1979
University of Maine, Orono, Maine
Courses of Particular Interest: Public Administration, Planning, Sciences, Psychology, Research
Other Professional Schools:
Ground Electronics-Communications.
Officer School, 1967-1968
Program Management, 1968
Operations Research, 1969
Syracuse University
Management & Group Behavior
Civil Service Course, 1971 (GS-14 level)
Basic Management, 1970
German, Utica College, 1970
Business Law, Management
University of Maine, Augusta, 1972-73
Computer Programming
University o Maine, Augusta, Maine, 1974
Data Analysis: Research, Methodology, Planning and Systems Analysis Seminars 1974-1977, Applied Statistics Training Institute, National Center for Health Statistics, Rockville, Maryland

PRESENT POSITION:
Organization: Maine Department of Mental Health & Corrections, Governor's Manpower Commission
Position: Project Director
Dates: 27 November 1978 to present

Duties: Full-time professional staff position responsible to the Department Director of Education and Manpower Development and to the Mental Health Manpower Commission appointed by the Governor. Responsibilities include overall coordination and direction of the Mental Health Manpower Commission charged with developing an effective strategy for dealing with mental health

manpower issues statewide. Duties require and utilize research, planning, analytical and synthesis skills; functions include reviewing, evaluating, and integrating relevent research data for presentation to the Manpower Commission and to the Governor; developing and compiling statistical data on the utilization of mental health manpower; identifying and organizing federal and state legislation, departmental policies, professional guidelines and regulations in order to generate valid manpower utilization proposals; developing administrative procedures for inter-agency agreements-of-understanding and other tasks as determined appropriate by the Commission.

MOST RECENT POSITION:

Organization: Maine Division of Community Services
Position: Director of Research
Dates: 6 December 1971 to 27 November 1978

Duties: Full-time professional staff position responsible to the Director of the Maine Division of Community Services for the identification, compilation, analysis and publication of poverty-related data.
Duties also included working with Community Action Agencies in Maine (14) and other social service agencies or groups/individuals in providing social, economic and demographic data, and in developing a research capability at the local level. Director of Research also served as staff support/resource to the Governor's Office for consumer and citizen problems and in responsding to specific research requests.
Publications include Profile of Poverty-Maine, a data source, March 1973-1st edition; November 1973-2nd edition; and February 1975-3rd edition. Community Action Agencies and the Poor People of Maine: A History, 1974.

PREVIOUS POSITIONS:

Organization: United States Air Force
Position: Captain
Dates: July 1967 to September 1971

Duties: Subsequent to graduating from the ground electronics/communications officer course in 1968, assumed duties as a program manager at Headquarters level for the engineering and installation of electronics equipment in support of USAF requirements worldwide. Have had extensive experience in dealing with all types of agencies both military and civilian as a representative of the USAF. Have chaired many top-level meetings and have briefed other organizations worldwide as a representative of the Headquarters. Have conducted

inspections of subordinate organizations world-wide. Have written and submitted proposals and recommendations.

OTHER OCCUPATIONAL DATA:

High School Chemistry/Physics/Math teacher at Hermon High School, Hermon, Maine, 1965-1966

Other: Part-time music store manager, 1959-1966

Salesman: 1966, Grolier Educational Supplies 1967, Honda Motors

Enumerator, University of Maine survey of the Allagash area, Summer of 1966

Library Staff, University of Maine, 1965-1967

Resident Counselor, University of Maine, 1965-1966

SOCIETIES:

PI SIGMA ALPHA
National Honor Society for Political Science

PI APHA ALPHA
National Honor Society for Public Administration

Information for Peer Review
Grace M. Leonard
Assistant Professor of Mental Health and Research Associate

UNIVERSITY - CAREER MOBILITY ACTIVITIES

1982-1983

Instruction

Developmental Psychology - PSY 115

Psychology of Adolescence - PSY 117

Community Mental Health

Life Span Individual and Family Development (A Developmental Psychology course that I prepared and adapted to suit the Augusta Mental Health Institute's Educational need.)

Supervised several field experience courses in developmental disabilities and mental health.

Sponsored course in Intermediate Interviewing and Counseling

Proposed and will teach new course - Current Trends in Mental Health

Career Mobility N.I.M.H. Project Activities

Prepared and Completed:	Career Resource Handbook for persons interested in Human Service related programs, training opportunities, and University degree programs.
Prepared and Completed:	Career Counseling Model for Mental Health personnel.
Member:	Career Mobility Advisory Committee University Subcommittee
Coordinator:	Bangor Community College's Human Service Degree Program, Mental Health Option. Designed Human Services Program Brochure
Trainer:	Trained mental health personnel to administer the Skills Assessment Inventory (A scale to diagnose patient skill deficiencies to assist with treatment planning.)
Member:	Augusta Mental Health Institute's Think Tank - An organization of administrators, whose purpose is to determine A.M.H.I. institutional goals.
Advisor:	To A.M.H.I. employees regarding educational opportunities.

Register: A.M.H.I. employees for U.M.A. Courses

Advising

Advised U.M.A. students on a regular basis during office hours and regularly scheduled advising center hours.

Advised Mental Health employees on U.M.A. and University systems educational opportunities.

University Activity

Member:	Academic Standing Committee
Member:	Career Day Planning Committee
Member:	AFUM Bargaining Council
Member:	Who's Who Screening Committee Who's Who Rules Committee
Presenter:	Human Services Occupations, Career Days Guidance Counselor Roundtable Discussion - Career Days
Member:	Screening Committee - Psychology Faculty Position
Member:	POPE Committee (Purpose objectives, Planning evaluation, Accreditation Committee

Community Service

Member:	Elected - Manchester and School Union #42 Superintending School Committee (School Board)
Member:	Screening Committee Superintendent of Schools - Union #42
Member:	Maranacook Community School District Accreditation Committee
Teacher:	Manchester Community Church Sunday School
Member:	C.S.D. Social Science Advisory Committee

Scholarly Activities

Prepared:	Course Content Outlines for U.M.A. Courses and A.M.H.I. Courses
Devised:	Courses specifically designed for Mental Health Personnel
Wrote:	Career Counseling Model for D.M.H. and M.R.
Prepared:	Career Resource Handbook for D.M.H. and M.R.

Professional Enhancement

Student:	A.M.H.I. Dance Movement Therapy Course Family Systems Therapy Seminar (9 weeks)
Attended:	Weekly A.M.H.I. Grand Rounds - Conferences pertaining to psychiatry.
Attended:	Workshops - Therapeutic Touch Community Support Systems Workshop dealing with chronic mental illness
Member:	Maine Psychological Association

Professional Resume

Douglas A. Dunlap, Ed.D.
P.O. Box 606
Farmington, Maine 04938

207-778-2652
207-778-3501 Ext. 496

Douglas A. Dunlap

Professional Focus

Education of professional counselors, and of other professionals and paraprofessionals in human services professions; with focus on the application of behavioral science to the practices of counseling, group process, consultation, supervision, interpersonal problem solving, and teaching the adult learner.

Qualifications Summary

Experienced Educator	-	Graduate and undergraduate teaching in higher education; staff development and continuing professional education teacher.
Active Clinician	-	Mental health counselor; health counselor; psychoeducational consultant.
Research Investigator	-	Applications of social learning theory to education of adult learners; and to psychosocial skill development.
Program Developer	-	Design and produce video instructional programs; organizer of staff development programs; resource networking among community and educational units.

Professional Education

Doctor of Education
University of Maine
1980

- Degree Program: Community Counseling

Focus: Therapeutic Counseling; Education of Professionals in Competencies of Interpersonal Counseling, Communication, Consulting, Supervision and Evaluation, Teaching Adult Learners

Exemplary Activities: Educating Professionals, Nurses, Allied Health Professionals, and Mental Health Professionals in skills for effective client and colleague communication;

Consultation to rural community health, mental health, and social service programs, regarding staff development, organization effectiveness and interpersonal client issues.

Dissertation: "Effects of an Abbreviated Training Paradigm in Consultation Competencies, for Helping Professionals"; evaluation of a professional education curriculum and video training tapes based upon social learning theory, developed myself for health and mental health professionals.

Clinical Activity: Practica and internship, Behavioral Science, Eastern Maine Medical Center.

Master of Education
Harvard University
1970

- Focus: Counseling in Community and Psychoeducational settings.

Exemplary Activities: Individual and group interpersonal process theory and skill development.

Clinical Activity: Counseling Internship, Navajo Indian Reservation, Arizona, under supervision of Chief Psychiatrist, Indian Health Service, U.S. Public Health Service.

Bachelor of Arts
Amherst College
1966

- Focus: World History; secondary interests in Psychology and Geology

High School Diploma
1962

- Nashua, New Hampshire High School

Employment

1978 to present
- University of Maine system. Teaching and program development positions in counseling, interpersonal process skills, health education, and services to exceptional persons.
- Program Development Coordinator. Health Education Resource Center. Teaching, Program Development, Research pertaining to Health Education, with particular interest in interface of Behavioral Science, Organizational Behavior, and Health.
- University of Maine, Graduate School, Continuing Education faculty for courses in consultation, supervision, counseling, human interaction skills, delivered to medical, health, mental health and education professionals.
- Teacher Corps, Rural Youth Advocacy Project, consultation and training for residential youth treatment programs, and for public school teachers of target youth populations.
- Psychoeducational consultant, trainer and clinician with special interests in behavioral science and health, effective communication, organizational behavior, family and children mental health.
- Community health and counseling services, Bangor, Maine. Contracted services as community consultant and outpatient therapist, (1978-1981).

1974 - 1978
- Mental Health Consultant, Educational Services, Aroostook Mental Health Center, Houlton, Maine.
  - Community and school psychoeducational services, including Headstart, K-12, and adult education; special education and IEP services; parent education and counseling; community education; administrative consultation; teacher training.
  - Designed/directed therapeutic day camp for emotionally handicapped children; consulted on wilderness program for adolescents.
  - Mental health curriculum writing and delivery; therapeutic youth projects in tutoring, video programs.

1969 - 1974
- Director, counselor, and consultant, Human Development Program, Rough Rock Demonstration School, Navajo Reservation, Arizona.
  - School psychological services, preschool-grade 12.
  - Designed and directed intercultural special education program, including children services, staff training, parent education and counseling, staff training program needs assessments, teacher consultation.
  - Grant proposals, including video-based rural parent education projects.
  - Consultation on education specifications, Rough Rock Community High School.

1967 - 1968 - Teacher-counselor, North Carolina Advancement School, Winston-Salem, North Carolina.
- Language arts and social studies teacher for learning handicapped youth.
- Residential counselor.
- Film-making, and field-based social studies projects.

1966 - 1967 - Peace Corps, Teacher and Community development worker, Caroline Islands, Micronesia, Pacific Islands.
- Teacher of English and reading, Grades 5-8.
- Island social studies curriculum project.
- Youth recreation programs.

Related Employment

1970 - 1981 - University level continuing education courses designed and delivered on-site for target professional groups of counselors, teachers, managers and physicians, in counseling, health counseling interpersonal communication, exceptional children, child development, social studies
- University of Maine, Orono (1980-81)
- University of Maine, Presque Isle (1974-75)
- Arizona State University (1970-71)
- Aroostook Mental Health Center, Community Education Program (1974-1978)

1969 - 1970 - Outward Bound Instructor, Summer Programs, North Carolina Outward Bound Program.
- Wilderness-based outdoor education and human relations program.

Various - Part-time experience in farming; millwork factory; radio announcer; wilderness guide; housepainter; YMCA camp counseling; postal clerk; volunteer firemen; town budget committee; free lance writing.

Specialized Training

Family Therapy Workshop: Virginia Satir, Sponsor: Community Health and Counseling Services, Bangor, Maine; November 12-14, 1980.

Invitational Conference: Training in Consultation. Sponsors: National School Psychology In-Service Training Network, and the American Psychological Association; Montreal, P.Q., Canada; August 29-31, 1980.

Workshop in Social Learning and Psychodrama, Zerka Moreno; Institute for Social Learning and Psychodrama, University of Maine, Orono. April 11-12, 1980.

Learning Disabilities: Assessment, Consultation, Programming. Sponsors: Maine Council of Community Mental Health Centers and The Maine Psychological Association; Rockland, Maine. October 5-6, 1979.

Workshop in Child Abuse; Sponsors: Eastern Maine Medical Center, Bangor, Maine. May 31, 1979.

Workshop in Psychodrama; Doris T. Allen. Sponsor: College of the Atlantic, Trenton, Maine January 12, 23, 30, 1979.

Life-work Planning: A Workshop for Adult Decision-Making; Barbara Hare-Noonan. University of Maine, Orono, January 24-25, 1979.

Brain Dysfunction in Children. Sponsors: Aroostook Mental Health Center and Maine Counsil of Community Mental Health Centers. Fort Fairfield, Maine. December 6-8, 1977.

Workshop in Family Therapy. Sponsor: Aroostook Mental Health Center, Fort Fairfield, Maine. December 6-8, 1977.

Systematic Training for Effective Parenting; Gary MacKay. Sponsor: The Counseling Center, Bangor, Maine, April 1977. STEP leader certificate awarded.

Workshop on Disturbed Children; Firtz and Helen Redl. Sponsor: The Counseling Center, Bangor, Maine. October 1975.

Institute in Organizational Development, American Orthopsychiatric Association; San Francisco, Califronia. April, 1974.

Selected Publications

Educating nursing and allied health professionals in interpersonal and organizational effectiveness: a continuing education course sequence (In review).

Staff Development - A Key to Effectiveness in Adolescent Residential Programs: A handbook. Teachers Corps Rural Youth Advocacy Project. University of Maine. In press, 1981.

"The Acting Out Adolescent: and "Motivation of the Emotionally Disturbed Adolescent" in I. Mehnert and H.W. Myers (Eds.) Walker's Sampler: Youth Advocacy Resource. Teacher Corps, U.S. Office of Education, 1980, p. 3-4, 7-8.

The School Consultant as Teacher: Preventive Mental Health Curriculum in a Rural Public High School. Rural Community Mental Health Newsletter, 7 (3), 1979-80, 17-21.

Videotape Involves Parents, Journal of American Indian Education, 19 (1), October 1979, 1-6.

Can a Machine Create a Person? In D.V. Tiedeman (Ed.), Designing Our Career Machines, Schenectady, NY: character Research Press, 1979, 181-198.

The Human Development Program. Rough Rock Demonstration School, Rough Rock, Arizona, Spring, 1974.

The Educational Process of Rough Rock Community High School: Educational Specifications, Rough Rock, Arizona, 1972.

Selected Major Presentations

Teaching Elementary Children to Make Health-Related Decisions in Peer Pressure Situations - Microtraining. Maine Association for Health, Physical Education, Recreation and Dance. Fall Convention, Bates College, Lewiston, Maine, November 13, 1981.

Effects of an abbreviated training paradigm in consultation skills. Maine Psychological Association Scientific Meeting. Lewiston, Maine, April, 1981. (Winner of Parker Johnson Prize, Maine Psychological Association, for excellence in a research presentation).

Rural School Consultation: A Community Mental Health Model; A Counseling Support Group for Step families; Family Network Analysis: Three presentations to The New England Personnel and Guidance Association Annual Convention, Portland, Maine, October 4-5, 1980.

Developing Parent-School Relationships as a Special Education Strategy in Rural Communities: the Home Visit and Related Inverventions. Council for Exceptional children, Annual Convention; Philadelphia, Pennsylvania, April 24, 1980.

Individual counseling and Responsibility Experience (I CARE) (A training model for counseling skills for teachers): Canadian Guidance and Counseling Association, National Conference; St. John's Newfoundland, June 1979.

The School Consultant as Teacher: Preventive Mental Health Curriculum in a Rural Public High School. American Orthopsychiatric Association, Annual Meeting; San Francisco, California, March 1978.

Navajo Parents and Special Education: The Rough Rock Identification Project Council for Exceptional Children, Annual Convention; Los Angeles, California, April, 1975.

"Cross-Cultural Aspects of Counseling: Paper delivered at Reservation Counselors Conference, Navajo Community College, Many Farms, AZ; November 9, 1972 (With Dillon Platero).

"Cross-Cultural Aspects of Counseling - The Problem Itself." Paper Delivered at National Indian Training Center, Brigham City, Utah; March, 1973 (With Dillon Platero).

Professional Information

License and Certification
- Licensed Psychological Examiner, Maine
- Certification, National Academy of Certified Mental Health Counselors.

Memberships
- American Association for Marriage and Family Therapy
- American Mental Health Counselors Association
- American Orthopsychiatric Association
- Maine Psychological Association

References - A reference file is maintained at the Harvard University Graduate School of Education, and is available for forwarding upon request.

Personal - Raised in New Hampshire, Vermont, and Massachusetts rural communities; married with two children; avocations of wilderness activity, farming, writing; active in community service projects.