

# **Continued Competency Implementation Plan Mental Health Professionals HB09-1086**

## **Purpose**

The purpose of this document is to outline the basic development strategy of the continued competency program for 4 mental health professions (Addiction Counselors, Licensed Marriage & Family Therapists, Licensed Professional Counselors and Licensed Clinical Social Workers).

## **Background**

In 2009 the Colorado State Legislature passed HB09-1086 entitled “Concerning Continuing Professional Competency of Certain Mental Health Professionals”. This bill was introduced by four mental health professions (Addiction Counselors, Licensed Marriage & Family Therapists, Licensed Professional Counselors and Licensed Clinical Social Workers) and was supported by DORA. Prior to the introduction of the bill, mental health professional associations met to discuss support for this a continued competency program. The psychologist association declined to participate citing their preference to monitor how the continued competency program fared amongst the other professions first. The unlicensed psychotherapists were not part of this effort since there are no education or training requirements associated with being listed in the database.

During the legislative process some employers indicated a concern that they as employers would be required to bare the burden of offering and tracking continued competency activities. Language was developed to mitigate this concern and to make clear that employers are not responsible as this is strictly a licensee responsibility. The professional associations also voiced concern that they would like to be active participants in the development of the continued competency program. To address that concern, DORA committed to engage the professional associations in the development process.

## **Strategy**

It is planned that the development of the continued competency model will be done in three phases as described below.

### **Phase One:**

The first phase will consist of research and development of a draft model. To date, we have not found any other state that has a continued competency model for mental health providers. However, there are other countries, states and entities that have developed continued competency models for various professions. Program staff are in

the process of reviewing various models and have initially identified four that appear to meet the intent and purpose of HB09-1086. The models that the staff will refer to for development are:

- The National Board of Certification for Occupational Therapy, Inc.,
- The North Carolina Board of Nursing,
- The College of Nurses of Ontario, and
- The Ontario College of Pharmacists

Each of the models above offer aspects from which Colorado's initial draft of the continued competency model will be based. The intent is to provide the workgroup and committee members with a model that allows them to devote their time and energy into the substance of the model rather than the form.

### **Phase Two:**

Form a workgroup consisting of two professional board/advisory members from each of the four boards/program. The purpose of this workgroup is gain a general consensus amongst the four boards/programs regarding the form and basic substance of the draft model. This will be important so that the basic structure (forms, processes, conversion tables, basic premises) is consistent between the boards/program. This will help mitigate drastic variances where no substantial value is gained. From an administrative perspective, this would be a more cost effective approach and reduce confusion amongst staff, practitioners and employers. When the workgroup determines that a general consensus has been reached, phase three will begin. Three meetings are planned within a three month period. However the workgroup may schedule additional meetings within that time period as they deem necessary.

### **Phase Three:**

Form a committee comprised of several different stakeholders;

- 2 professional board members,
- 2 representatives from the respective associations,
- 2 representatives from the employer community,
- 1 representative from the academic community, and
- 2 board staff members.

Not including the academic representative, the above group is comprised of stakeholders who participated in the creation of the bill and have an expressed interest in how the continued competency program will impact their constituency. A conscious decision was made to keep the committee in phase three a manageable yet effective size.

During phase three, the committee will review the draft model and provide feedback and recommendations that craft the final model. The hope is that the work completed in phase one and two will allow the committee to focus on substantive issues that strengthen the model and account for nuances within a particular profession. Three

meetings are planned within a three month period. However, the Committee may schedule additional meetings within that time period as they deem necessary.

**Board Adoption/Rule-Making:**

Once Phase Three is complete, the final version of the continued competency model will be drafted by board staff and presented to each board for adoption. It is anticipated that rule making will need to be scheduled concurrent or shortly after the adoption of the model.

**Outreach to Profession:**

Board staff will work with committee members to coordinate cost effective strategies to educate and inform practitioners about the continued competency program and its requirements. It is anticipated that the following outreach methods will include, but not be limited to:

- Email updates from DOR, professional associations and academic networks,
- Postings on DOR, professional association and academic websites
- Provide talking points and format handouts for stakeholders to use when sharing continued competency program information with their constituency, and
- DOR staff conducting outreach through various presentations and meetings, including FY11 legislative outreach.

**Continued Competency Effective Date:**

By statute, the continued competency program begins on January 1, 2011. The effective date will coincide with one-quarter of a renewal period (mental health license renewal is required every other odd numbered year) which runs from January 1, 2011 through August 31, 2011. It is anticipated that Boards may choose to pro-rate the required professional development units for that renewal period.

**Timeline**

<b>Phase/Step</b>	<b>Phase/Step</b>
Phase One	Draft model to be developed September- December of 2009.
Phase Two	Three meetings to be held in January, February, and March of 2010.
Phase Three	Three meetings to be held in April, May and June of 2010.
Board Adoption/Rule-making	July – October of 2010
Outreach to Profession	November - December of 2010
Continued Competency Effective Date	January 1, 2011

The above timeline does not provide much room for rescheduling or pushing back the corresponding phases/steps. We must keep in mind the importance of this effort and note that it has a repeal date of July 1, 2014. This means that there will be only one full cycle in which the continued competency program will operate before it is reviewed by legislature.

### **Database Selection**

DORA will be working through an RFP process to select a vendor to provide a software solution into which professionals will record continued competency information. It is anticipated that professionals will be able to record their plan and document professional development activities to track their progress. It would also be highly desirable to administer the assessment online using the software solution but not have any personal identifiers of individual professionals. This would provide valuable information and encourage professionals to accurately rate themselves without the fear of such information being misused.

### **Implementation Factors**

There are many factors that may either promote or obstruct the success of the continued competency program. The intent of this section is to relate those factors so the workgroup and committee may grant them consideration as the process proceeds.

#### **Success Factors:**

- HB09-1086 was initiated and promoted by the professional associations of the mental health providers that this bill affects.
- The implementation design provides stakeholders with a meaningful opportunity to help craft the continued competency model that will impact their constituency.
- There are existing continuing competency models that provide a framework, research, examples and best practices for the workgroup and committees to consider rather than starting from scratch.
- The mental health boards have the same board staff and program director which promotes consistency in implementation, administration and communication.
- The continued competency program is supported by DORA.
- The intent of the program is professional development. In other words, the primary focus of the continued competency program is one of enrichment rather than remediation.

#### **Obstructive Factors:**

- State budget and hiring freeze has hindered the hiring process. There is one full time staff person that to date has not been hired. It is hoped that the staff person will be in place by October 1, 2009.
- The repeal date provides a short window to demonstrate the success of the continued competency program.

- The temptation to “tinker” with the program after effective date of January 1, 2011 should be discouraged. Unless there is a dire reason to change the program, it should be allowed to proceed as initially designed. The concern is that given the short timeframe, changes will create confusion amongst the mental health professionals resulting in frustration and dissatisfaction.
- The overall structure of the continued competency program must remain consistent. Instituting various structures would increase staff workload, create confusion amongst staff, professionals and employers and become administratively burdensome translating into increased costs for the licensee.
- Unknown technical information regarding the construct of the software solution selected will likely impact processes.