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Adult Community Clinical Services (ACCS)

Best Practice Structured Interview Process for Clinical Positions

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ACCS Design Team, Hiring & Retention Strategy Workgroup #1, Massachusetts Department of Mental Health's (DMH) Southeast Area (SEA) ACCS Pilot Implementation Team, and the ACCS Diversity, Equity & Inclusion Review Group.

Disclaimer: Sections from the original copyrighted Interview and Staff Selection document of the Active Implementation Research Network (AIRN) were adapted and revised for the (ACCS) Design Team's use in developing this material by a representative group of the Massachusetts Department of Mental Health's contracted ACCS Provider Agencies



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SECTION 1

Adult Community Clinical Services (ACCS) Staff Selection Process: Preparing for Interviews

Staff recruitment and selection for filling Adult Community Clinical Services (ACCS) agency positions requires thought, effort, planning, and organization. This *ACCS Best Practice Structured Interview Process* was designed as a voluntary resource to assist ACCS community agencies in recruiting, interviewing, and selecting candidates for hire. Guidance and revisions by the Massachusetts Department of Health's (DMH) Southeast Area ACCS Implementation Team and participants from the Diversity, Equity, and Inclusion Review Group were incorporated into this document.

A. Agency Point Person & Interview Team

From the beginning of the hiring process, an ACCS agency should have a point person who is responsible for assembling the interview team and coordinating the quality and timeliness of the interview processes.

The ACCS agency is also responsible for assuring the availability of competent interviewers (selection, training, and coaching of interviewers) and is encouraged to use this newly developed ACCS Best Practice Clinician Interview Protocol developed for provider agencies as a resource during the interview process. Although agencies may already have an established selection process in place, materials in this ACCS guidance are specifically designed and intended to be useful for hiring ACCS Clinicians.

B. Diversity Equity and Inclusion

The ACCS agency point person should also refer to the agency's Diversity, Equity, and Inclusion Statement, if established, or work with agency human resource staff and executive leadership to ensure that interviewers selected for the Interview Team bring a diverse and inclusive equity lens to this hiring process. For instance, health service delivery research has documented that a diverse interview team is a key factor in ensuring a diverse workforce. Moreover, the health care service delivery literature reports that persons receiving services have increased satisfaction, are more likely to adhere to provider guidance, and will experience improved health outcomes when they receive services from people with similar

lived experience (race, ethnicity, gender, sexual orientation, and disability). ACCS staff and clinicians in community agencies and staff involved in recruitment and hiring should consider if the applicant reflects the diversity of the persons and the community they serve.

C.

Marketing, Advertising & Recruitment

General human resources staff in larger agencies often advertise for positions and screen applicants for basic qualifications (required licensure and formal education). Advertising for new people to be hired can include information on training and coaching support, and opportunities to gain experience in behavioral health service delivery and innovations.

To ensure that potential candidates are being recruited that reflect the diversity of the community served by the agency, marketing and recruitment efforts should go beyond the usual process to include an increased focus on outreach for recruiting the diversity desired for positions. Recruitment could be pursued with local organizations, coalitions, and community groups serving diverse groups that best reflect a shared lived experience (race, ethnicity, culture, gender, gender identity, sexual orientation, and disability) with persons served in the community.

Advertising for people already employed in an organization might take the form of an email alerting staff about the new position and the name of a person to contact if anyone is interested in applying.

GUIDANCE:

The Diversity, Equity and Inclusion Review Group highlighted the importance of “word of mouth” recruitment efforts and the positive impact current employees can have on recruiting new employees to an agency. Members of the DMH SEA ACCS Pilot Implementation Team confirmed that current employees in their agencies have been a valuable resource for recruiting new staff members.

D.

Checklist: Staff Selection in Practice

The table below provides a checklist of key aspects to consider at the onset of the hiring process. This checklist can assist an organization that is determined to make full and effective use of DMH’s ACCS Model by hiring the ideal applicants to strengthen its capacity to deliver high quality, evidenced-based behavioral health care services to the people of the Commonwealth.

Best practices for recruitment and selection of staff	In Place
<p>Accountability for development and monitoring of a quality interview process and timeliness of candidate selection is clear (e.g., lead person is designated and supported by Agency Leadership).</p>	
<p>Job description for human resource staff; clarity re: Licensure Requirements; Responsibilities; Expectations; Functional Areas; Core Competencies; Desired Attitudes & Values that reflect Agency Mission and Vision.</p>	
<p>Pre-Requisites for employment are related to “new ACCS practices” and expectations (e.g., Clinical Licensing for LPHA, Leadership & Team-building skills; embraces Evidenced-based Practice (EBP); basic group management skills; practices cultural humility and understands and promotes diversity, equity, inclusion; experience in referral, coordination, collaboration, and communication; writing and documentation skills). The proposed <i>ACCS Core Competencies for All Staff</i> should be reviewed and incorporated into this process as a prerequisite for all positions.</p>	
<p>Applicant Scenario to gauge ability to construct a Clinical Formulation and determine treatment interventions.</p>	
<p>Interactive Interview Process: Behavioral Vignettes, Scenarios and Behavioral/Situational Interview Questions are selected and prepared for interview.</p>	
<p>Interviewers selected and onboard who bring an <i>Equity Lens</i> to this interview process and understand the skills and abilities needed and can assess applicants accurately.</p>	
<p>A regular process is in place (or created for this purpose) to feed forward interview data to Executive & Senior Clinical Leadership and Administrators.</p>	

E.

Interview Structure

The following example of a best practice structured interview process is conducted by those who have a stake in hiring the person; that is, those who will “live with” the decision to hire. Typically, interviewers should include a clinical coach, Licensed Practitioner of the Healing Arts (LPHA), who successfully meets or exceeds high quality clinical practice, either a trainer or mentor who knows the agency expectations well and has a “feel for” successful (and not successful) practitioners, or a manager responsible for meeting required contract deliverables for the ACCS Model and Evidenced-based Practice (EBP) adherence. Of equal importance is the inclusion of at least one direct care staff member and one or more Peer Specialists or Recovery Coaches. Many organizations also include persons served or family members on their interview teams, as well as staff members who will be supervised by the candidates, both which reflect best practice. This diverse interview team will play a critical role in the in-person/virtual interview process.

NOTE:

If there are agency staffing limitations, agencies can forego the larger interview team composition but are encouraged to include at least two ACCS staff members, one being the Team Lead or Primary Clinician.

F.

Screening Process: Telephone Interview

Initial telephone call — approximately 20 Minutes. This first telephone encounter is conducted by one member of the interview team, and in some organizations one staff member from human resources or a recruiter, to screen potential candidates. *(Based on guidance from participants in the DEI Review Group, this first encounter with potential candidates should not be conducted solely by a human resource staff member who may not fully understand the unique skill sets, demands, and values required of the position.)* Participation of an ACCS team member is essential to this process. The lead interviewer could be the interview team lead who understands agency expectations or an Agency Manager responsible for ACCS contract deliverables. Ten minutes is allocated to briefly describe the position, agency attributes (e.g., tuition reimbursement) and community location, MA DMH ACCS Model, the composition of the Integrated Team and roles of Team members. For instance, briefly describe the demands of the job, the fast-paced nature experienced in the delivery of ACCS services, and the variety of service delivery settings (in cars, person’s home, and other locations in the community). The remaining 10 minutes is for asking the applicant about relevant experience and abilities, which could include asking the applicant questions about their resume or other application materials related to licensing, licenses pending or the future pursuit of additional credentials and qualifications *(See Telephone Screening Questions, [pg. 10](#), or the fillable form option in the separate attachment).*

Look for candidates who are engaging, enthusiastic, and curious; those who ask

questions related to the ACCS Model and the persons served and not just the position (salary, benefits); candidates who exhibit the knowledge, skills, abilities, empathy, and values that are a good fit with the position. Ideal candidates will understand and practice the tenets of cultural humility and reflect the lived experience of persons in the community (*refer Section III: ACCS Core Competencies for All Staff, pg. 25, during this telephone screening*).

Invite promising applicants for an in-person or virtual interview.

G.

Part 1 Interview (In-Person or Virtual)

The in-person or virtual interview is scheduled for 40 to 60 minutes. The first five to ten minutes is to answer any additional questions the applicant has about the position and to discuss the work to be done, the integrated team's composition and roles, and to provide an overview of the supports provided by the agency to delivery services and accomplish the work with fidelity. Following this discussion, allow 15 to 20 minutes for asking the applicant to describe the unique skills and expertise they will bring to the position and respond to more complex questions (behavioral and situational) taken from the experience of clinicians, staff, and practitioners. The final five minutes is to describe next steps and answer any questions the applicant might have.

All Interview Team members have a significant role in this first in-person encounter. The Lead Interviewer will cover the first 5 to 10 minutes of the interview and answer the applicants' questions.

During the remainder of the interview, all interviewers on the Team will take part and ask questions of the applicant. During this process, all Interview team members are encouraged to pay close attention to how the applicant responds to the Team member asking each question. This is an opportunity to observe how an applicant manages power dynamics and responds in an equitable team environment. For example, if a Recovery Coach or someone in another ACCS position poses a question to the applicant, when responding does the applicant make eye contact with the Recovery Coach and acknowledge their role in asking the question? Or instead, does the applicant make eye contact or direct their answer to the Lead Interviewer, the member with title and authority?

It is also important to select and incorporate at least one or more Diversity, Equity, and Inclusion (DEI) focused questions, and at least two questions that are behavioral/situational questions (*See Section II: Interview Questions & Scoring Forms — Part 1, pg. 11, or the fillable form option in the separate attachment*)

Look for candidates who are engaging and enthusiastic; who exhibit the knowledge, skills, and abilities that are a good fit with the agency; someone who can engage, respect, and work with all staff levels (Peer Specialists, Recovery Coaches, Direct Care Workers, and paraprofessionals, as well as Occupational Therapists and Nursing Staff). Most important is to look for candidates who are knowledgeable of and empathic toward persons served by the ACCS agency.

For some candidates, Section G is the end of the interview process.

Certain candidates will not meet the expectations of the position and other candidates will emerge who look like potentially good hires. Let the candidates know when a decision will be made for filling the position and how and when they will be contacted.

H.

Part 2 Interview (Scenarios for Strong Candidates)

NOTE:

Continue with scenarios after Part 1 or schedule for a separate time.

Part 2 of the in-person interview is highly interactive and is comprised of at least two behavioral interview questions or a response to a scenario/vignette. Twenty minutes will be needed to present and discuss a scenario. The interview team might ask two additional situational/behavioral interview questions. The scenarios and behavioral interview questions elicit hints about an applicant's personal philosophy and values, and the candidate's ability to create a clinical formulation that can be explored further with observations and questions.

When interviewing strong applicants, please select two supervisory/leadership questions included in the interview packet (*see Section II: Interview Questions & Scoring Forms — Part 2 Scenarios, [pg. 17](#), or the fillable form option in the separate attachment*)

SECTION 2

Interview Questions and Scoring Forms

Adult Community Clinical Services (ACCS) Best Practice Structured Interview Process for Clinical Positions

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Telephone Screening Process

Name:
Position:
Interviews:
Date:

Candidate Application

All Reviewers/Interview Team Members should review the applicant's Resume, CV, and other materials before the first encounter. Look for basic qualifications (Licensure/Education) and experience specifically related to the ACCS Clinical position. Also look for specific experience in a content area if that also is a consideration (e.g., Working with SMI population, Substance Use or Addiction Treatment experience, Peer Services, Dual Diagnosis, Evidenced Based Practices (EBP), Leadership, Person-Centered, Strength-Based and Trauma Informed care service delivery, Team building, Change-Management, Diversity, Equity, Inclusion). Our primary consideration relates to the applicant's experience (and licenses/credentials or pursuit of license/credentials) in mental health, behavioral health, and addiction service delivery on the ground- in the real world, and/or the capacity to learn and apply these competencies in an equitable integrated team environment.

Telephone Screening Interview | *Guidance*

- The Interviewer describes the Agency's ACCS program and explains how the program works if the person is unfamiliar with this contracted service delivery system, including a description of the Integrated Team, as well as the agency's service area. Let the candidate know that the telephone interview will take less than 30 minutes.
- Interviewer explains the position and asks questions to gain a deeper understanding of the person's qualifications.
- The Telephone Screening Questions are included on the following page.
- It is helpful to look at the Interview Rating Sheet (Appendix 2a) that asks you to rate and summarize seven core areas during/following the screening. Please note that these become part of the permanent file so professional language and rationales are important, as always.

After the telephone screening, the Interviewer should thank the applicant and offer to follow-up should they have additional questions about the position. Interviewer reminds the applicant that the telephone screening is the first step in the process. Let them know that they should hear back from you or someone from the interview team about any next steps within the next (state timeline) as to the potential for scheduling an in-person or virtual interview.

Telephone Screening Interview | Questions

Select four or more questions from the list below

1. Why are you interested in this job?
2. Do you have any experience working in community service delivery settings?
3. ACCS agency staff work and deliver services in a variety of settings in order to schedule visits that are convenient for our clients. Often visits can occur in cars or other community settings. *Are you able to fulfill this requirement of the position?*
4. Writing at the computer-often one full day a week-is required for this position. *Do you enjoy writing assessments and treatment plans?*
5. As a member of the integrated team, this position requires flexibility and collaboration. For example, sometimes staff in this position are asked to fill other ACCS roles or provide services in Group Living Environments (GLEs). *Are you willing to fulfill these requirements, if needed?*
6. For applicants in pursuit/or with pending credentials ask them when they will complete their master's degree or receive license.
7. Do you speak any languages in addition to English?

Part 1 Interview (In-Person or Virtual)

Part 1 Interview (In-Person or Virtual) | *Guidance*

- On-site (or virtual face-to-face) interview: Consists of an in-person or virtual presentation by the applicant and in-depth explorations of the applicant's experience and knowledge in delivering person-centered, strength-based, and trauma informed care; behavioral healthcare service delivery; Team Leadership and membership; EBP screenings, assessment, and treatment.
- During this first in-person interview you will obtain more information on the unique skills and expertise the candidate would bring to this role, and rate responses related to the content of answers to questions per the form.
- The Lead Interviewer opens the interview, but questions are asked by everyone on the interview team as noted in the Staff Selection Process.
- It is helpful to look at the Interview Rating Sheet (Appendix 2b.) that asks you to rate and summarize the ten areas (competencies, roles, and responsibilities) following the interview and turn them into the lead interviewer. Please note that these become part of the permanent file so professional language and rationales are important, as always.

Part 1 Interview (In-Person or Virtual) | Questions

Please select at least three questions from this section

- 1.** *[After the brief introduction (Agency Overview/Explaining ACCS model and services.)]*
Do you have any questions about the Agency or what the position entails?

- 2.** Can you briefly tell us about the unique skills and experience you would bring in serving the ACCS population?

- 3.** Can you briefly describe any experience you have in delivering addiction services or working with persons using substances

- 4.** *Agency staff work with and serve a wide variety of people from different ethnic groups, racial backgrounds, and cultures.*
Describe your experiences in delivering services to persons from diverse communities or persons who are not from your racial, ethnic, or cultural group.

5.

(Two-Part) What areas would be professional 'growth' areas for you to develop in this position? What else do we need to know about you as we make our decisions about this position?

6.

Describe or provide an example of how you would approach a crisis situation. Please describe your process (intervention) and follow-up safety planning.

7.

Provide an example of what you would define as a successful coordination of care for a person with co-occurring conditions. Please describe the approach, process, identify partners/experts, and coordinating service entities and community resources.

Part 1.a: Interview Questions Focused on Diversity, Equity, and Inclusion.

Please select at least one question from this section

- 1.** “How have you committed yourself to understanding and aiding in the pursuit of equity and inclusion in your professional and or personal life?”

Guidelines of a “quality” answer:

- Actionable: articulates specific actions or steps taken (Proactive and/or Reactions)
- Clearly articulates or explain their “why” or “motivation”
- Demonstrated knowledge and understanding of the terms (equity and inclusion)
- Able to articulate and explain connection between equity/inclusion and their personal and/or professional opportunities
- Acknowledges the challenges and difficulties of this work
- Demonstrates specific classes, tools, resources, trainings used to gain more understanding

- 2.** “What steps have you taken to mitigate your biases in the workplace?”

Guidelines of a “quality” answer:

- Clearly demonstrates knowledge of bias in general and several types of bias
- Able to articulate and explain self-awareness of their own biases
- Clearly defines their measure of success or failure
- Acknowledges challenges around recognizing and minimizing biases in the workplace
- Speaks to knowledge of personal impact of biases as well the impact on others
- Identifies specific steps taken and additional growth and resources desired

<https://hr.uw.edu/diversity/hiring/tools-for-evaluating-applicants/>

Notes:

4.

Briefly describe your experience in serving on an integrated treatment team or leading, coaching, mentoring, and supporting clinical teams in delivering behavioral health services? Highlight what you have learned from your work.

5.

Please describe the way in which you would lead the Treatment Planning Process and follow-up documentation. What is most challenging about this work? What have you learned?

Lead Interviewer reminds the applicant that the first part of the in-person interview has ended. For candidates with potential, the interview team will move into the second part in the interview process. Explain that this next step is more interactive and conversational.

ONLY MOVE ON TO PART 2 OF THE IN-PERSON INTERVIEW IF THE INTERVIEW TEAM BELIEVES THIS IS A STRONG CANDIDATE FOR THE POSITION

Part 2 Interview: For Strong Candidates

Part 2.a: Scenarios (ask 1 or 2)

Explain to the candidate that this part of the in-person interview is highly interactive and is comprised of scenarios and vignettes. Use one of the examples below or create a vignette with a challenge around risk or safety issues or one that will elicit a commitment to strength-based, person-centered care. For instance, how have they dealt with risk issues, whether that be assessing for or directly addressing?

GUIDANCE:

When persons enter ACCS services, often they are facing a variety of challenges. For an ACCS clinician and an integrated team to adequately assess the persons level of need for services and identify the best type of services to offer the person, clinicians need to understand the person's history, current experiences and challenges, and barriers to optimal wellbeing.

When an applicant responds to the scenarios below-which identify a person's behavioral health condition and a variety of deficits-interviewers should look for thoughtful, creative, strength-based, and person-centered first approaches. For instance, applicants would not be a good fit for ACCS positions if they suggest compliance-related first approaches like "increase or change in medications" or "a need for inpatient services". Instead, interviewers should look for applicants who can quickly identify and build on the strengths that exist in persons served.

SCENARIO 1: CARLA

Question: What is your clinical formulation for this individual? Where would you start in your work with her as her primary clinician (i.e., planning treatment interventions)?

Scenario 1: Carla is a 47-year-old woman of Dominican descent who lives alone in a rooming house. She is diagnosed with Schizophrenia, Paranoid Type. She is single and has a family member living nearby. Her sister visits her a couple times monthly, but often Carla will not let her in her room as she thinks her sister will tell her to throw out things. Carla has had several evictions because she accumulates items she finds in the trash and on the street and keeps them in her room. She believes that if she immerses certain items in water that she will "save the world, and staff members have observed containers of water in her room with items, mostly pieces of scrap metal, in them. She can be seen frequently walking around town, scavenging items in the trash or in vacant lots. She has damaged the floors of places where she has lived because of excess water and at one point was found to have electrical cords (not plugged in) in contact with water as well.

Staff has worked with her on reducing this risk by educating her about the possible risk and providing her with smaller containers. Carla frequently unplugs her refrigerator and has been found to have spoiled food which she consumes.

Carla used to come to the office for her check and would accept medications, but then it was discovered that she was discarding them in the bushes outside the office so all medications were discontinued.

Carla comes to the office for her checks but leaves quickly. She will open the door for team members but does not allow them into her room. Carla has not been hospitalized for over two years.

When asked about her treatment goals, Carla states, “I want the team to leave me alone. “She is adamant that medications are making her sleepy and that the team is trying to poison her. She states that she likes to walk and collect things and might be interested in having her own art exhibit. She has been threatened with eviction by the property owner, but is not concerned with this notice stating, the team will just find me a new place to live, or I can be homeless. She does not feel she needs to move any of her belongings despite the threat of eviction and staff concern that she is blocking exits and covering heating vents.

SCENARIO 2: JOE

Question: What is your clinical formulation of Joe? How would you work with him as his primary clinician?

How do you approach collaborating with Joe and his family to address their concerns and re-engage Joe in services? Provide an example of your clinical approach as well as engagement with collaborating service partners and community resources.

Scenario 2: The ACCS Integrated Team has received concerns from the family of Joe, a 32-year-old male of Portuguese descent diagnosed with Bi-Polar Disorder and co-occurring substance use challenges. Joe has a history of disorderly conduct and assault and had maintained sobriety for several years. Joe lives in his own apartment, is receiving rental assistance and in the past has worked seasonally as a landscape laborer. The family is concerned that Joe is becoming more distant with them, less engaged in services, and they are concerned that he has started using Alcohol again. Joe has stopped attending the Clubhouse and AA Meetings and lost his therapist at another provider’s outpatient clinic. He also did not work as a landscaper this season, something he enjoys and does every season, and as a result is having difficulty paying his bills. The family is concerned Joe’s apartment will not pass inspection due to unsanitary conditions, including cat urine and fecal matter. Joe refuses to use or maintain a litter box for his three cats. He also had a recent encounter with the Police after screaming expletives at his upstairs neighbor. The family is expressing concerns that the Integrated Team is not providing adequate services to their son and is requesting a meeting. Joe has an ROI on file.

Notes:

Part 2.b: Optional Questions

- 1.** Describe what you would do if you observed conflict between what a person (who is supported by their Peer Specialist) may want in their Treatment Plan and what the Integrated Team believes needs to be included in the Treatment Plan.

- 2.** Describe your approach when a person does not believe they have a mental illness, but without medication they can be unsafe in the community.

- 3.** Other questions: If needed, add additional clinically focused and agency specific questions and ask them here. What are important questions to ask that relate to needs of persons served in your location?

NEXT STEPS:

Interview ends.

Interview Team will discuss the candidate's strengths in the interview process.

Move to review of the candidate's score on the scoring sheets and begin selection of the final candidate.

Prepare to make the offer.

Telephone Screening Interview Scoring Form

Candidate: _____ Date: _____ Interviewer: _____

Category	1 (weak)	2	3	4	5 (strong)	Comments
Applicable Education						
Required Experience						
Evidence of Unteachables: Empathy-Openness (<i>Core Competencies for All ACCS Staff</i>)						
Interest in and Knowledge of Population served						
Flexibility in Service Delivery Setting						
Team-oriented. Flexibility in role. <i>Will offer team coverage and will step into other roles when needed.</i>						
Enjoys writing or is open to one day a week writing at computer						

Part 1 Interview Scoring Form

Candidate: _____ Date: _____ Interviewer: _____

Category	1 (weak)	2	3	4	5 (strong)	Comments
Focus on Person-Centered Care and Empowerment						
Supervisory Feedback. <i>Addressing Performance Issues</i>						
Experience Treating Co-Occurring Conditions						
Diversity & Inclusion						
Crisis Intervention Screening- <i>Assessment-Safety Planning</i>						
Belief that Recovery is possible						
Care Coordination						
Ability to construct a clinical formulation						
Experience in/understanding of engaging persons family/support						
Open to Growth/Ongoing Learning						

Part 2 (Scenario) Interview Scoring Form

Candidate: _____ Date: _____ Interviewer: _____

Category	1 (weak)	2	3	4	5 (strong)	Comments
Focus on Person-Centered Care and Empowerment						
Evidence of Team-Building Skills						
Evidence of Leadership Skills						
Understands the Eight Dimensions of Wellness or Social Determinants of Health						
Evidence of ability to lead the team through the assessment and treatment planning process						
Evidence of Skilled Crisis Intervention <i>Screening-Assessment-Safety Planning</i>						
Promotes holistic health and wellness						
Care Coordination <i>Uses Cross System resources and Referral</i>						
Evidence of Evidenced-Based Practice Use & Adherence						

Summary Interview Scoring Form

Total scores from all sections

Date: _____

Interviewer: _____

Candidate: _____

Category	Score	Comments
Telephone Screening Interview		
Part 1: In-person interview questions (including DEI and situational opinions)		
Part 2: For strong candidates — continu- ing with scenarios & optional questions		
Total Cumulative Score		

SECTION 3

Core Competencies

For All Adult Clinical Community Services (ACCS) Staff

Created/Adapted by the Hiring & Retention Workgroup of the ACCS Design Team

This document contains *Universal Core Competencies for ACCS staff*, meaning these are the required competencies (“unteachables”) that should be present in any candidate under consideration for an ACCS position. The framework was adapted from the work of Aubry et al (2005) and was further informed by a review of the literature, along with the collective expertise of contracted ACCS agency leaders and clinicians serving on the ACCS Design Team. These ACCS Universal Core Competences can be used as resource to guide the ACCS Staff Selection Process and Interview Protocol and to help to inform agency training needs.

Competencies Identified as “Needed Before Starting the Job”

I.

ABSOLUTELY NECESSARY

1.1 Personal Attributes

A. Values and Attitudes

1. Shows sensitivity to and respect for individual differences.
2. Demonstrates a positive attitude towards persons with mental health conditions.
3. Understands and appreciates that adults with serious mental health and substance use conditions are to be treated with dignity and as people with competence.
4. Believes that persons with serious mental health and substance use challenges are an expected population who should be welcomed into treatment, and who are desirable to engage.
5. Shows commitment to serving these persons.
6. Demonstrates belief in person’s rights to a certain standard of living.
7. Adopts a caring and supportive attitude towards persons.

B. Personal Characteristics

1. Is sincere and genuine in interactions with others.
2. Considers person as the authority on their own life and seeks to understand their lived experience from the person’s own perspective.
3. Is independent and takes initiative in their work.
4. Demonstrates common sense and good judgement.
5. Does what they promise to do.
6. Adopts a positive and optimistic view of others.
7. Adopts a friendly, kind, and warm manner with others.

1.2 Personal Attributes

A. Work Practices

1. Willingness to:
 - a. Deliver treatment services in a variety of settings, i.e., person's home, in a vehicle while running errands, office setting, etc.
 - b. Maintain confidentiality of information regarding and shared by persons.
 - c. Adopt a professional approach to work.
 - d. Collaborate and reach out to community partners.
2. Ability to:
 - a. Work in a team.
 - b. Provide feedback to others.
 - c. Accept feedback and suggestions from others. and
 - d. Recognize that staff at all levels bring specialized knowledge and expertise.

II.

DESIRABLE

1.1 Personal Attributes

A. Values and Attitudes

1. Embraces cultural humility.
 - a. Lifelong learning and practices self-awareness of personal and cultural biases.
 - b. Examination of own beliefs and cultural identities.
 - c. Recognizes and mitigates power imbalances.

B. Personal Characteristics

1. Adjusts well to change.
2. Demonstrates a sense of humor.
3. Demonstrates creativity and intelligence.
4. Practices self-care.

ACKNOWLEDGEMENTS

Adult Community Clinical Services (ACCS)

Adult Community Clinical Services (ACCS) is DMH's primary community service for adults. ACCS is a comprehensive, clinically focused service that provides clinical interventions and peer and family support to facilitate engagement, support functioning and maximize symptom stabilization and self-management of individuals residing in all housing settings. In addition, ACCS provides a range of provider-based housing options as treatment settings to assist individuals in developing skills, establishing natural supports and resources to live successfully in the community.

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ACCS DESIGN TEAM

The ACCS Design Team is a collaborative effort between the Massachusetts DMH, contracted ACCS community agencies, and the UMASS Chan Medical School. The Design Team was convened in October 2020 by the ACCS Statewide Implementation Team within the Implementation Science and Practice Advances Research Center (iSPARC) at the UMASS Chan Medical School. The purpose of the Design Team is to develop strategies to assist providers in implementing the DMH ACCS Model and its components and to guide provider organizations in supporting this work. The ACCS Design Team is comprised of both Department of Mental Health (DMH) staff and contracted ACCS provider leadership, as well as frontline staff and clinicians to ensure various perspectives and expertise are brought to the table. Members of this team also come together to share lessons learned and best practice strategies based on their agency's experience.

Southeast Area (SEA) ACCS Pilot Implementation Team

MEMBERS (* Notes Agency Lead/Pilot Champion)

Aspire Health Alliance

Suzy Waas, ACCS SE2 Program Director*

Bryon Lincks, Director of Peer Recovery Services

Brockton Area Multi-Services, Inc. (BAMSI)

Teresa Belsan, VP of Adult Behavioral Health Services*

Peter Muojieje, Residential Counselor, ACCS GLE, Bridgewater

Community Counseling of Bristol County (CCBC)

Alex Schubert, Director, ACCS Taunton/Attleboro*

Brianne Ohrenberger- Implementation Team- BH/CP Liaison

Fellowship Health Resources (FHR)

Kim Mello, Regional Director*

Lori Mattos, ACCS Team Leader

Robert Ortiz, Director of Peer Recovery Services

State Operated Program (SOP), DMH

Sandra Kiley Davis, Clinician, Brockton ACCS Team*

Christine Cordiero, Learning and Development

Vinfen

Daniela Johnson, Director Clinical Practice and Standards-All ACCS Teams*

Alissa Renaud, ACCS Substance Use Specialist/Clinician

SOUTHEAST AREA (SEA) ACCS PILOT IMPLEMENTATION TEAM

The SEA ACCS Pilot Implementation Team is comprised of agency member representatives who lead and guide the implementation of the proposed ACCS improvement strategies within their respective agencies. This Team met monthly with the Technical Assistance (TA) Team from iSPARC, UMASS Chan Medical School. Members partnered with iSPARC to recruit agency staff to the Diversity, Equity, and Inclusion (DEI) Review Sessions. The Team also provided guidance and coaching to relevant staff on piloting the hiring packet material and worked with iSPARC to address challenges in implementing the materials, improve and refine materials, and offer suggestions for strengthening processes. Their collective expertise was invaluable to this work.

Southeast Area ACCS Diversity, Equity & Inclusion Review Session Feb. 28, 2022

PARTICIPANTS

Janna Ayoub, Residential Director, Aspire Health Alliance
Maria Ciccolo, ACCS Assistant Program Director, Aspire Health Alliance
Christina Casten, ACCS Lead Peer, Vinfen
Jason Costa, ACCS IBGLE Milieu Supervisor, Community Counseling of Bristol County
Alison Dyer, ACCS Team 2-Community Mental Health, State Operated Program, DMH
Lisa Fitzgerald, Sr. Employment Consultant, Aspire Health Alliance
Christy Gagne, ACCS Program Manager (DCIII), Fellowship Health Resources
Debra Gross, ACCS Clinical Coordinator, Brockton Area Multi-Services, Inc.
Rachel Gundersen, ACCS Director of Operations, Brockton Area Multi-Services, Inc.
Melissa Jaworski, ACCS Recovery Specialist, Aspire Health Alliance
Ann Maggi, Assistant ACCS Program Director, State Operated Program, DMH
Thaymara Martins, ACCS Outreach Counselor, Aspire Health Alliance
Carlos Monroig, ACCS IBGLE Shift Supervisor, Community Counseling of Bristol County
Makiesha (Keisha) Burnett-Morle, ACCS Team Clinician, Vinfen
Allison Morrisey, ACCS Clinical Recovery Specialist, Aspire Health Alliance
Loveth Odejobi, ACCS Residential Counselor, Aspire Health Alliance
Jessica Pelletier, ACCS Team Leader, Vinfen
Jason Quirk, ACCS Clinical Recovery Specialist, Aspire Health Alliance
Shonna Santos, ACCS Residential Counselor, Aspire Health Alliance
Katherine Smith, ACCS SE 1/Respite Program Director, Aspire Health Alliance
Addie Steinberg, ACCS Senior Outreach Caseworker, Aspire Health Alliance
Alicia Walker, ACCS Family Connector, Vinfen
Dillon Search-Wells, ACCS Lead Peer Specialist, Vinfen

SEA DIVERSITY, EQUITY & INCLUSION REVIEW SESSIONS

On behalf of DMH leadership in the Central Office and the Southeast Area, on February 28, 2022, iSPARC, UMASS Chan Medical School convened a Diversity, Equity, and Inclusion (DEI) Review Session with participants representing ACCS staffing levels from within Southeast Area contracted agencies. Participants were asked to examine the proposed ACCS hiring packet materials with an equity lens and provide feedback and suggestions on ways in which the proposed draft hiring materials could be revised and improved to be more inclusive and considerate of diversity and equity. Participants also revised the materials to ensure they are inclusive to all ACCS staff and will not negatively impact any persons or groups within the ACCS community.

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