
BEHAVIORAL HEALTH TECHNICIAN

ROLE DELINEATION STUDY FINAL REPORT

July 7, 2006

Florida Certification Board

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Introduction

The Florida Certification Board (FCB) contracted to conduct a Role Delineation Study (RDS) for the new Behavioral Health Technician certification examination. The purpose of the Role Delineation Study was to formally identify the domains of knowledge and specific tasks needed to be a competent Behavioral Health Technician. This information would then used to systematically develop the examination blueprint.

The development of a certification examination used to measure an individual's competence in a particular area is a long and complex process. This process must be followed to ensure that the examination has content validity and reliability. That is, the contents of the examination must be linked to the knowledge required to perform competently on the job. In addition, the results obtained from the certification examination process must be reliable in that they provide a true measure of a candidate's test performance.

The Role Delineation Study is the first step of the test development process and is the most commonly applied and accepted validation strategy used in developing certification examinations. In addition, it is the first step in ensuring that the examination is a reliable examination, as it provides the tasks to which exam items will later be written and analyzed. The tasks identified also help to determine the number and types of examination questions needed to measure important areas of job performance.

Compliance with Standards

Two widely accepted standards for the development of certification examinations and certifying agencies are the *Standards for Accreditation of Certifying Agencies* (National Commission for Certifying Agencies, 2002) and the *Standards for Educational and Psychological Tests* (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 1999).

For the purpose of this report, the *Standards for Accreditation of Certifying Agencies* will be referred to as the NCCA Standards and the *Standards for Educational and Psychological Tests* will be referred to as the Joint Standards.

The NCCA Standards specifically state that a role delineation study “must be conducted to clearly delineate performance domains and tasks, associated knowledge and/or skills, and sets of content/item specifications to be used as the basis for developing each type of assessment instruments.” In addition, “a report must be published linking the job/practice analysis to specifications for the assessment instruments.” The Joint Standards similarly state “the test specifications should be documented, along with their rationale, and the process by which they were developed.” In addition, the Joint Standards state that in certification tests, role delineation studies “usually provide the basis for defining the test specifications.”

The FCB used the above standards to help guide the process used for the RDS and in the development of the final report which will serve as documentation for content validity for the Behavioral Health Technician certification examination.

The Role Delineation Study Process

As mentioned earlier, the Role Delineation Study is the first step in developing a valid and reliable examination. The RDS is a formal process by which the knowledge and skills needed to be a competent professional in the field are determined. The results of the study serve as the blueprint for examination development. By conducting a RDS, the content validity of the examinations is ensured.

The RDS is conducted with selected subject matter experts (SMEs) and consists of two phases. Phase 1 consists of a workshop with SMEs in which the tasks, skills, and knowledge for competent performance are determined. Phase 2 is the validation of the tasks identified by the SMEs in Phase 1. The validation effort includes a survey distributed to a larger group of SMEs and job incumbents. Survey respondents are asked to review the list of tasks and rate each task in terms of its importance to competent job performance and the frequency, which each task is used.

The results of the survey are then used to determine the exam blueprint. The number of survey participants varies depending on the size of the target population. For new certification programs, there may be difficulty in finding current job incumbents as the role may be new. In this case, best efforts are made to solicit as many responses as possible. In fact, there is no set defined minimum, as this number is really dependent upon the size of the target audience. More important is ensuring that the respondents are reflective of the desired population. Upon receipt of the surveys, the data is analyzed and the test blueprint is developed.

In summary, the following steps were conducted as part of the Behavioral Health Technician RDS:

1. The FCB convened a panel of SMEs in the field of behavioral health to determine the scope of practice. These SMEs were led through the role delineation process by a psychometrician from the FCB. The panel was selected to be representative of a variety of practice settings and levels of experience and education. During the two-day workshop, the panel defined the major performance domains and the associated tasks necessary for successful performance. Knowledge and skills associated with each task were then identified.
2. The FCB conducted an editorial and psychometric review of the listing of domains, tasks, and knowledge and prepared a survey, which was distributed to a statewide sample of practicing behavioral health technicians identified by the FCB.

3. The FCB compiled and analyzed the survey data to determine the test specifications. These results were reported to the FCB who gave final approval on the test blueprint.

This report documents the process and results of the Behavioral Health Technician Role Delineation Study.

The Role Delineation Study Workshop

The Role Delineation Study workshop was held on August 16-17, 2001 in Tallahassee, Florida at the Florida Certification Board headquarters. The workshop structure was established by Dr. Akihito Kamata, PhD, and was implemented by Dr. Linda Althouse, PhD. The following section identifies the workshop participants and agenda, and describes the methods used during the workshop.

A. List of Participants

Table 1 identifies the panel members who served as SMEs in the workshop. Panel members were recruited by the Florida Certification Board.

Table 1: Subject Matter Experts Participating in Role Delineation Study Workshop

Vance Burns, BS Senior Project Manager Florida Alcohol and Drug Abuse Association 1030 E. Lafayette Street Tallahassee, FL 32301	Kay Doughty, MA, CAP, CAPP President, Florida Certification Board DACCO 7402 North 56 th Street Building 700, Suite 700 Tampa, FL 33617
Karen Koch, MSW, MEd Director of Research and Policy Florida Council for Community Mental Health 316 East Park Avenue Tallahassee, FL 32301	Jodi Riley, BA Program Analyst Mental Health Program Office Florida Dept of Children and Families 1317 Winewood Blvd, Bldg 6, Room 232 Tallahassee, FL 32399

B. Agenda

The following agenda was established to guide the workshop:

August 16, 2001

(9:00 am to 4:30 pm)*

9:00 – 9:15am

Introductions

9:15 – 9:30am

Overview of Role Delineation Study

9:30 – 9:45am

Define the Target Audience

9:45 – 10:15am

Define Performance Domains

10:15 – 10:30am

Break

10:30 – 10:45am

Instructions on Writing Task Statements

10:45 – noon

Write Task Statements

Noon – 12:30pm

Lunch

12:30pm – 5:00pm

Write Task Statements

5:00pm

Adjourn

August 17, 2001

(9:00 am to 4:30 pm)*

9:00 – Noon

Write/Review Task Statements

Noon – 12:30pm

Lunch

12:30 – 1:30pm

Validate Domains and Tasks

1:30 – 1:45

Instruction on Writing Knowledge
Statements

1:45 – 4:30pm

Write and Review Knowledge Statements

4:30 – 5:00pm

Wrap-up/What's Next?

5:00pm

Adjourn

**times are approximate. The agenda may change to meet the progress and needs of the group.*

C. Defining the Performance Domains

After multiple large groups, small group, and individual brainstorming sessions the panel members determined the major responsibilities or duties that define the Behavioral Health Technician's job role. After identifying all possible major responsibilities, the panelists identified the following four domains of practice, which are:

- Domain 1: Clinical Competence
- Domain 2: Professional Responsibility
- Domain 3: Safety
- Domain 4: Administrative Responsibility

D. Determining the Task Statements

Once the domains were finalized, the facilitator led the panel members through another brainstorming activity in which the tasks needed to perform competently as a Behavioral Health Technician were identified. These tasks were then categorized under each domain. Once all the tasks were delineated, the panel members reviewed the tasks to ensure that the tasks provided full coverage of the job responsibilities, the tasks were independent of each other, and the tasks were appropriately categorized within each domain.

E. Determining the Knowledge, Skill, and Abilities (KSAs)

The final step in the RDS workshop was to determine the knowledge and skills necessary to perform the delineated tasks. As with the other steps, the facilitator led the group in a brainstorming session as well as some individual work as SMEs determined the appropriate list of knowledge and skills necessary for a competent performance by a Certified Behavioral Health Technician.

F. The Relationship between Domains, Job Tasks, and KSAs

As stated previously, domains identify the major duties that define a job role. Under each of these performance domains are specific tasks that the Behavioral Health Technician is expected to perform on-the-job. The knowledge, skill and ability statements describe what the Behavioral Health Technician must know or be able to do in order to carry out their job tasks in a competent manner.

Each of the knowledge, skill and ability statements refers to the cognitive abilities of the Behavioral Health Technician that will facilitate his or her ability to perform the job tasks in partnership with the consumer. As such, the knowledge, skill and ability statements specifically do not refer to the consumer population that will receive support from the Behavioral Health Technician. In addition, each statement is written to one of the following cognitive levels:

1. **Knowledge**, which refers to the Behavioral Health Technician's ability to recall information. Knowledge statements frequently begin with action verbs such as *define, list, name, recall, state, etc.*

2. **Comprehension**, which refers to the Behavioral Health Technicians' ability to interpret information in their own words. Comprehension statements frequently begin with action verbs such as *describe, explain, identify, discuss, etc.*
3. **Application**, which refers to the Behavioral Health Technicians' ability to apply their knowledge or generalize it to a new situation. Application statements frequently begin with action verbs such as *demonstrate, apply, choose, interpret, etc.*

It is important to understand that in a role delineation study, the knowledge, skill and ability statements are written at the highest cognitive level required to competently perform the job task. It can be concluded that all higher order cognitive levels require that the Behavioral Health Technician also possesses the lower level cognitive abilities required to perform at the highest level indicated.

After the Role Delineation Study Workshop, FCB's psychometric staff conducted an editorial and psychometric review of the five performance domains and 58 task statements; all recommended edits were approved by RDS workshop panel members. The next section lists the job tasks and associated knowledge, skill, and ability statements, identified by the RDS SME Panel Members, as necessary for competent performance as a Behavioral Health Technician. The statements are grouped by performance domain. This list does not reflect the relative importance or frequency of any given task to another.

Performance Domains, Job Tasks, and KSAs

Domain 1: Clinical Competence

Job Tasks that should be performed by the Behavioral Health Technician in the *Clinical Competence* domain are:

- 1.1 Establish a helping relationship with the person receiving services by demonstrating empathy respect and genuineness in order to build trust.
- 1.2 Orient the person receiving services to the program including rules and expectations. Assist in gathering information about basic and community living of the person receiving services to be used in the assessment process.
- 1.3 Assist in gathering information about basic and community living of the person receiving services to be used in the assessment process.
- 1.4 Work as part of a treatment team to assist the person receiving services in formulating measurable service/recovery goals.
- 1.5 Monitor and record the behavior of the person receiving services in order to measure response to interventions.
- 1.6 Teach basic and community living skills to persons receiving services either individually or in group settings.
- 1.7 Assist persons receiving services to obtain needed community resources.
- 1.8 Implement designated interventions and behavioral management program.
- 1.9 Organize supervise and encourage participation in social educational spiritual cultural and recreational activities.

- 1.10 Assist and supervise the person receiving services in completing daily living activities such as but not limited to hygiene grooming and meals.
- 1.11 Work with the family or designated support persons to understand the needs of the person receiving services and to help the family/support persons assist in the interventions.

Knowledge Skills and Abilities necessary to competently perform the job tasks in the *Clinical Competency* domain are:

Knowledge of:

- Definitions of basic and community living skills
- Qualities, characteristics, needs, developmental level of population served
- Documentation and mandatory reporting requirements
- Client rights and responsibilities
- Purpose and components of a treatment/recovery plan
- Mental health, substance abuse and co-occurring disorders
- Community resources available to population served, such as referrals, support systems, etc.

Skills and Abilities to:

- Utilize treatment/intervention strategies, techniques and activities
- Use helping relationships to facilitate change, including modeling desirable behavior and reinforcing target behaviors
- Use effective communication, including advocacy skills and relationship building
- Perform required tasks specific to daily living activities, including the use of mechanical devices such as lifts and grab bars

Domain 2: Professional Responsibility

Job Tasks that should be performed by the Behavioral Health Technician in the *Professional Responsibility* domain are:

- 2.1 Treat persons receiving services their support persons and staff with respect and dignity.
- 2.2 Comply with federal state local and program regulations in order to protect the privacy and confidentiality of the person receiving services.
- 2.3 Adhere to ethical standards of conduct in dealing with persons receiving services, their support persons and staff.
- 2.4 Recognize and demonstrate appropriate boundaries in interactions with persons receiving services their support persons and staff.
- 2.5 Services without discrimination or preference based on age ethnicity culture race disability gender religion sexual orientation or socio-economic status.
- 2.6 Value the ability of each person receiving services to seek and sustain a satisfying life in the community.
- 2.7 Seek and participate in effective approaches and training to enhance job skills.

Knowledge Skills and Abilities necessary to competently perform the job tasks in the *Professional Responsibility* domain are:

Knowledge of:

- Cultural Diversity
- Client Rights, including state and federal regulations
- Mandatory Reporting requirements
- Title IX of the Civil Rights Acts
- Resiliency and Recovery
- Limitations of therapeutic process

Skills and Abilities to:

- Avoid crisis situations or utilize coercive measures
- Demonstrate ethical and professional behavior according to the FCB's Code of Ethics
- Build on client strengths in implementing intervention strategies
- Identify areas for growth in job-related skills
- Recognize limits of personal skill

Domain 3: Safety

Job Tasks that should be performed by the Behavioral Health Technician in the *Safety* domain are:

- 3.1 Recognize unsafe behaviors situations and environments and evaluate risks to persons receiving services, staff and community members.
- 3.2 Respond appropriately to unsafe behaviors situations and environments to ensure the safety and well-being of persons receiving services, staff and community members.
- 3.3 Monitor/observe persons receiving services and their environments as required by agency policy and applicable laws and regulations to maintain safety and security.
- 3.4 Follow established health and safety protocols to ensure safety of the persons receiving services.
- 3.5 Work with the organization the community and the person receiving services to prepare for and respond to disaster situations.

Knowledge Skills and Abilities necessary to competently perform the job tasks in the *Safety* domain are:

Knowledge of:

- Signs of substance abuse, threatening behavior, suicidal/homicidal behaviors, and relapse
- Requirements to inform and duty to warn
- Advanced directives, such as living wills, medical power of attorney, etc.
- CPR-First Aid

- Baker and Marchman Acts
- Location of emergency equipment and procedures

Skills and Abilities to:

- Implement safety plans
- Follow-through on crisis/medical issues
- Perform critical care issues
- Perform First Responder duties

Domain 4: Administrative Responsibility

Job Tasks that should be performed by the Behavioral Health Technician in the *Administrative Responsibility* domain are:

- 4.1 Document all required information in a clear legible timely concise and accurate manner.
- 4.2 Communicate with supervisor and established chain of command regarding daily operations.
- 4.3 Maintain a clean and orderly working environment with adequate supplies.

Knowledge Skills and Abilities necessary to competently perform the job tasks in the *Administrative Responsibility* domain are:

Knowledge of:

- Legal rules/guidelines for documentation
- Agency, state, and federal regulations, policies, and procedures
- Agency chain of command
- Universal precautions regarding cleaning supplies, hand washing, cleanliness, infection control, biomedical waste handling, and HIV/AIDS

Skills and Abilities to:

- Utilize functional literacy skills
- Write clearly
- Perform file maintenance
- Communicate with a team

The Role Delineation Study Validation Survey

While the panel members of the RDS Workshop are considered subject matter experts, they represent only a small group of practitioners and their expert status may result in a perception of the profession that is different from many practitioners. It is for this reason that an RDS validation survey is developed and sent to a larger sample of practitioners. The survey was open to panel members prior to opening it to the target audience in order to gather data from the two groups. The responses from the survey respondents were then compared to the panelists' responses as a way to validate the panel's analysis of the profession.

A. Developing the Survey

After the Role Delineation Study Workshop, the FCB conducted an editorial and psychometric review of the domains and task statements. All changes were approved by members of the RDS Workshop panel. Using the final performance domains and task statements identified through the RDS workshop, the FCB prepared a web-based survey that enabled respondents to evaluate and provide feedback on the domains and task statements.

The survey provided respondents with an explanation of its purposes, as well as clear instructions for its completion. Along with each domain and task listing, definitions of the rating scales were provided on each page. Based on the list of 26 tasks for the four domains, the survey asked the respondent to rate the importance and the frequency (amount of time spent) of each task in the 5-point Likert-type scale, where a higher value indicated more importance and higher frequency. In addition to the domains and tasks, the survey collected confidential demographic information, such as gender, age, and level of education, used to document the respondents' qualifications and background.

B. The Survey Sample

The FCB mailed over 450 surveys to a statewide sample of individuals practicing in job roles, which would qualify them for Certified Behavioral Health Technicians. The FCB worked with the Florida Alcohol and Drug Abuse Association, Inc. (FADAA) and the Florida Council for Community Mental Health to obtain and produce mailing lists. The listing of facilities included both members and non-members of the above associations. The contact person who received the survey was then asked to disseminate the survey within their facility to the appropriate individuals. In addition, the FCB board members distributed surveys to individuals at their work locations. The FCB also received some phone requests for survey by individuals who heard about the study. 303 surveys were returned by the deadline.

The demographic characteristics of the sample are summarized in Tables C-1 through C-9. In some cases, not all respondents answered every question, so the total number of respondents for each demographic question may not equal the total number of surveys analyzed. Also, for some questions, respondents had the opportunity to select more than one option, so the total value would be larger than the total number of surveys returned.

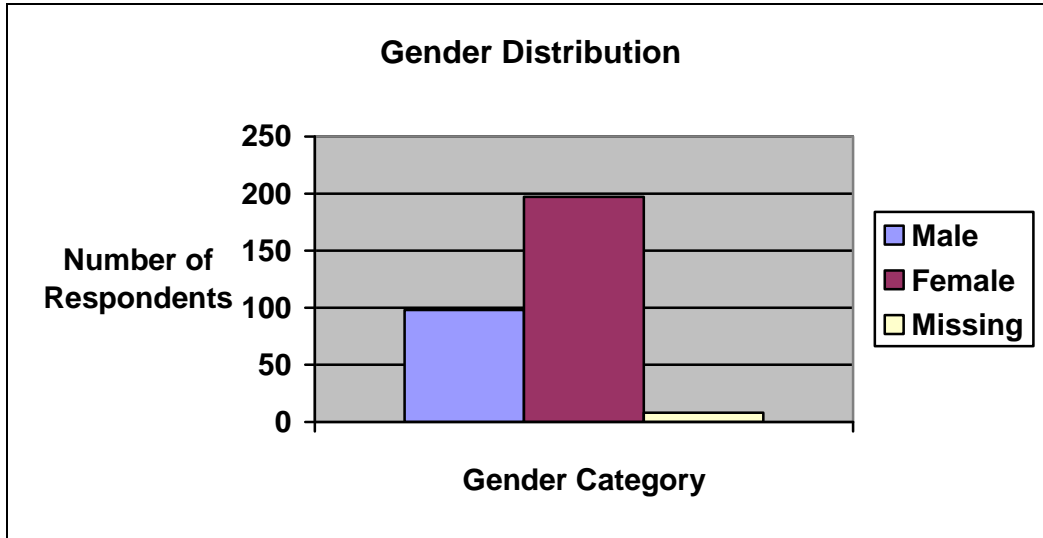
C. Analysis of Demographic Data

Five demographic questions were asked in the survey. This section provides a summary of the demographic results and confirms that the survey sample represents practitioners from a variety of practicing setting with varying levels of education and experience and background. Note that some of the percents will not add to 100% due to rounding.

Gender:

Of those responding to the survey, 66.8% (n=197) of the respondents were female and 33.2% (n=98) were male. Eight respondents did not indicate gender. Table Table 3 below summarizes the gender variable.

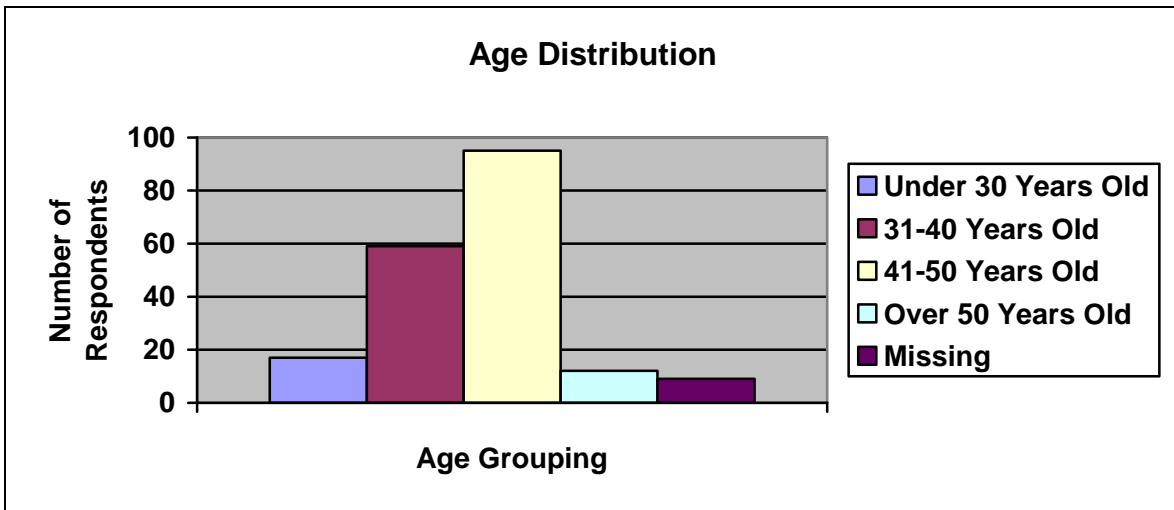
Table C-1: Summary of the Gender Demographic Responses



Age:

All levels of age were represented in the survey. The majority of the respondents (41.8%) were over the age of 50 years. Thirty-two percent were between the ages of 41-50. Twenty percent were between 31-40 years of age. The remaining 5.8% were under 30 years of age. The age variable is summarized below in Table C-2.

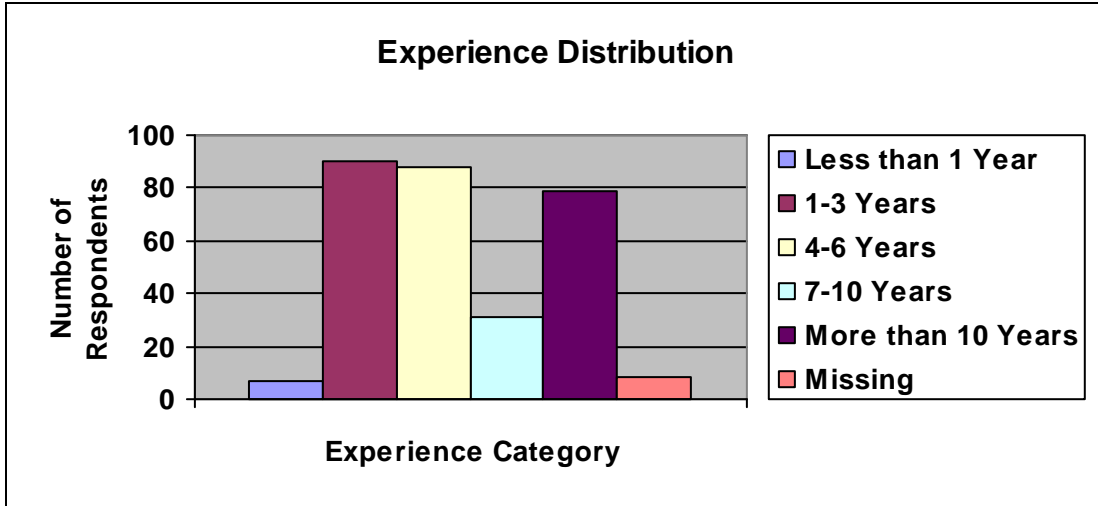
Table C-2: Summary of the Age Demographic Responses



Years of Experience:

The number of years of practice in a Behavioral Health Technician role varied from beginner (2.4% had less than one year) to advanced (26.8% had more than 10 years). Table C-3 below provides the summary of the number of years of practice by the survey respondents.

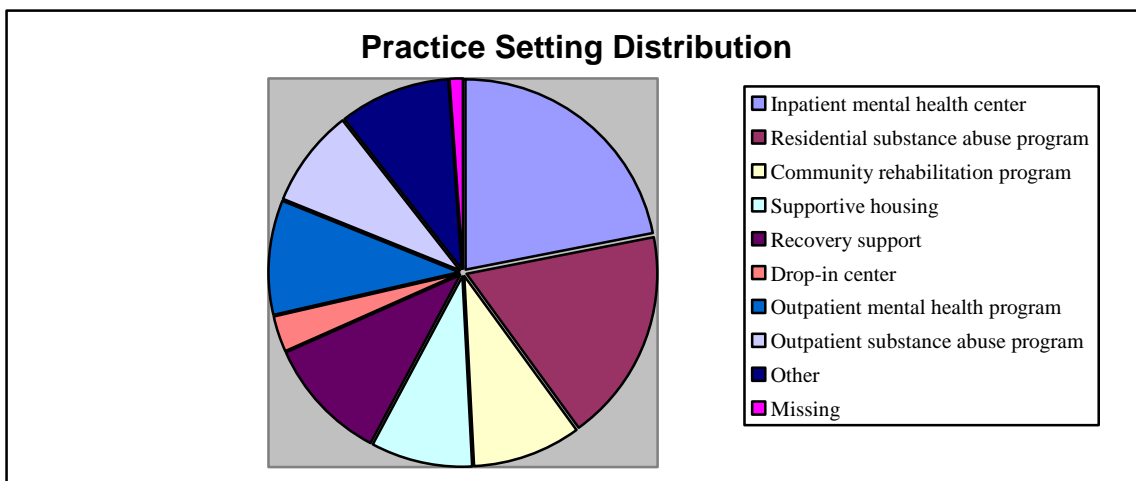
Table C-3: Summary of the Years of Experience Demographic Responses



Practice Area:

A variety of practice settings were represented by the survey respondents as shown below in Table C-4. Although respondents may work in multiple work settings, respondents were asked to select their *primary* work setting.

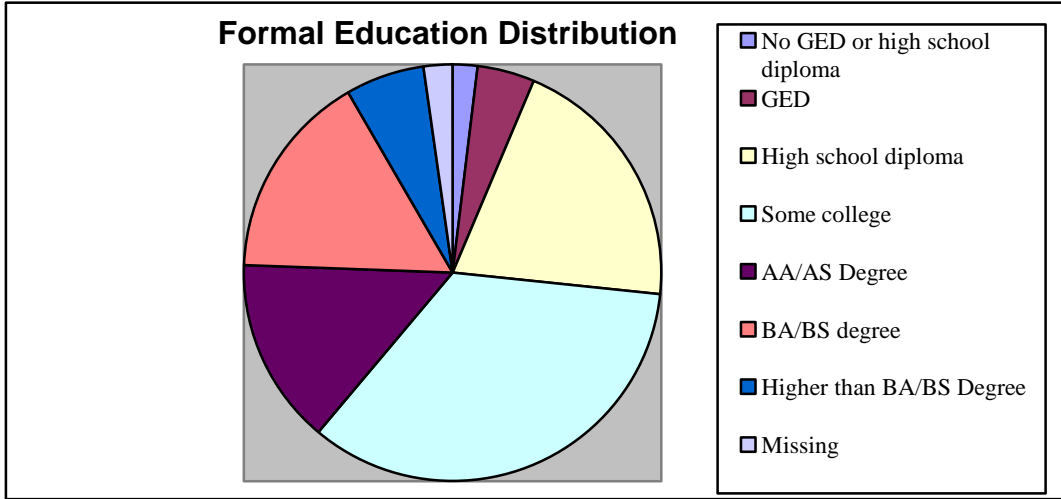
Table C-4: Summary of the Practice Area Demographic Responses



Formal Education:

Respondents were asked to identify their highest level of formal education. Formal education varied from no GED or high school diploma (2%) to higher than a Bachelor’s Degree (6%). Table C-5 provides a summary of education levels of survey respondents.

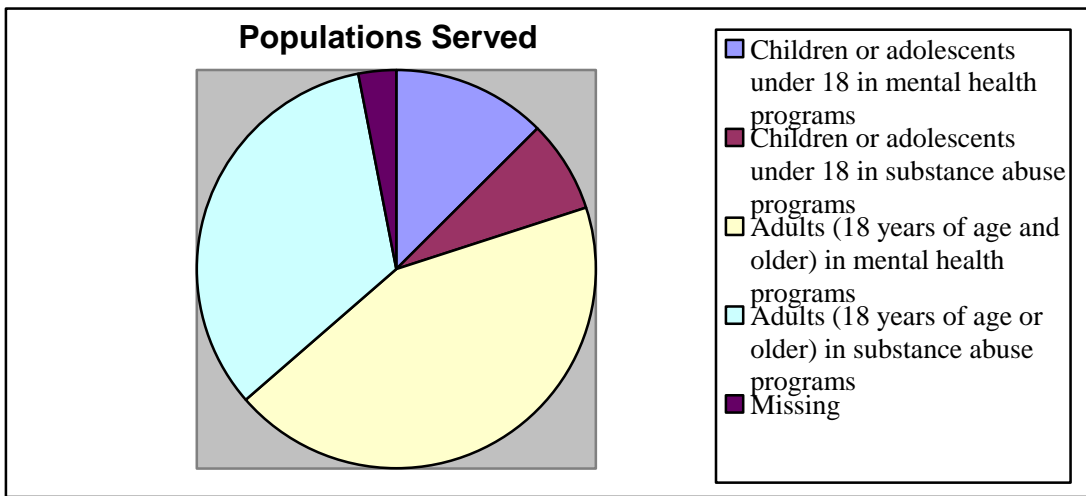
Table C-5: Summary of the Highest Level of Education Demographic Responses



Populations Served:

In addition to the variety of work settings, the survey indicated that individuals responding to the survey work with various populations. Respondents were able to select all age groups, which they served, so the values shown in Table C-6 will not equal the number of survey respondents since many of the respondents selected more than one age group. As can be seen in Table C-6, a majority all of the respondents (64.9%) worked with adults in mental health program. However, there was still a large representation working with children and geriatrics.

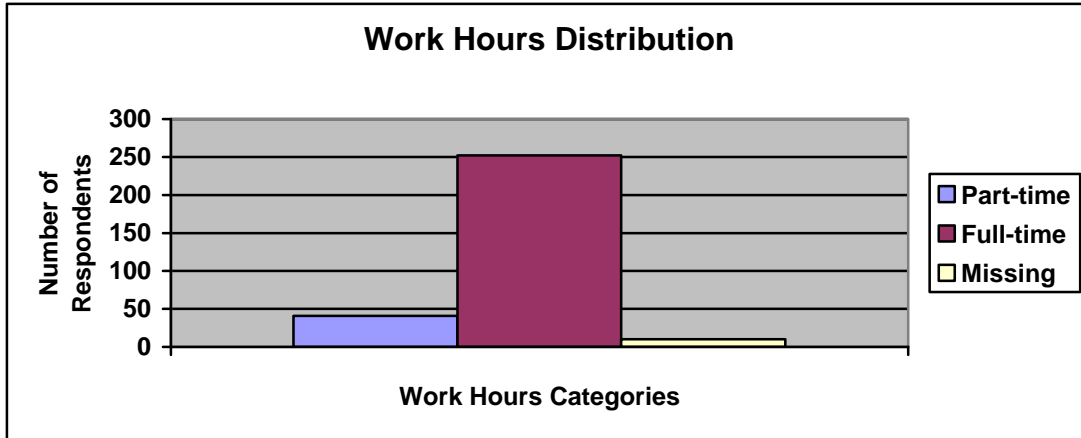
Table C-6: Populations Served Demographic Responses



Work Hours:

The majority of respondents (86%) indicated that they worked full time. Only 41 respondents worked part time. Table C-7 shows the distribution of work hours.

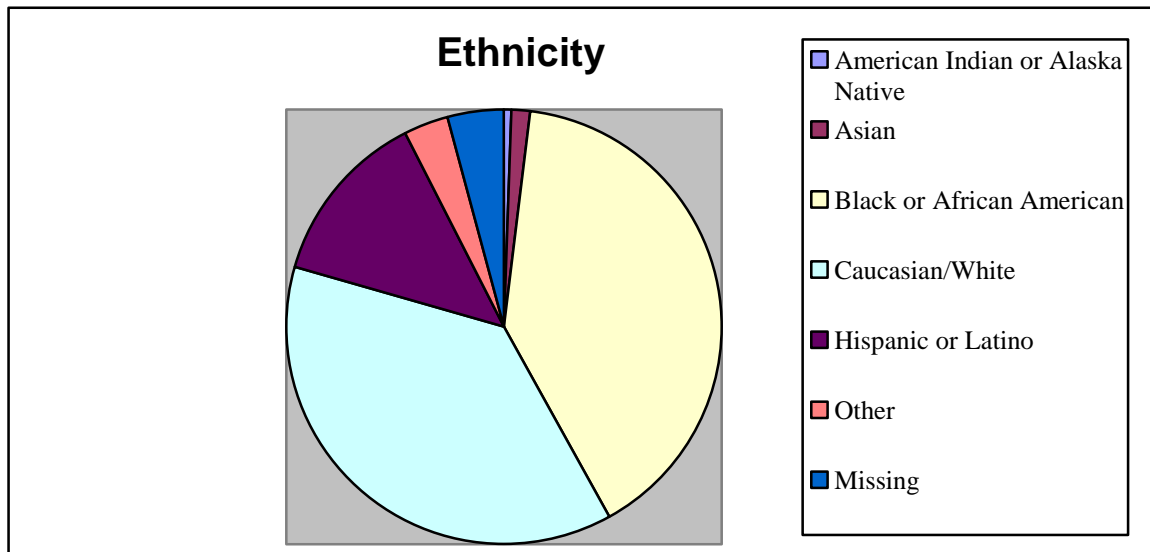
Table C-7: Summary of the Work Hour Distribution



Ethnicity:

The final demographic question asked information regarding the ethnicity of the respondents. As shown in Table C-8, a range of ethnicities was represented.

Table C-8: Summary of the Ethnicity Responses



Determining the Domain Percentages

The responses from the survey were analyzed and compared to the responses of the panel members. In particular, the domains are compared to ensure that the coverage on the examination at the domain level is not significantly different between panel members and the survey respondents. If the responses for the domain ratings are similar between the two groups, then one can assume that the work produced by the panel members is a valid assessment of the profession.

The survey respondents and the panel members were asked to evaluate the five domains in terms of importance and frequency, using the same five-point scale. In addition, survey respondents and panel members were asked to estimate the percentage of time a Behavioral Health Technician spends performing duties in these domains.

A. Importance Ratings

Respondents were asked to use the five-point scale (see table A-1, below) to respond to the following question, "How important is the domain, relative to the other domains, to the job performance of a Behavioral Health Technician?"

Table A-1: Importance Rating Scale

Rating	Description
1	Not Important
2	Somewhat Important
3	Important
4	Very Important
5	Extremely Important

As shown in Table A-2, all four of the domains were evaluated as being important by both panel members and survey respondents, as the lowest rating was 3.250.

Table A-2: Comparison of Importance Ratings – Survey Respondents vs. Panelists

Performance Domains	Panelists' Importance Ratings	Survey Importance Ratings
Clinical Competence	4.500	4.304
Professional Responsibility	5.000	4.761
Safety	4.750	4.724
Administrative Responsibility	3.250	4.643

Both survey respondents and panelists viewed Professional Responsibility as being the most important domain. The panelist viewed Administrative Responsibility as the least

important domain while the survey respondents viewed Clinical Competence as the least important domain.

B. Frequency Ratings

Respondents were asked to use the five-point scale (see table B-1, below) to respond to the following question, “How much time does a Behavioral Health Technician spend performing duties in these domains, relative to the other domains?”

Table B-1: Frequency Rating Scale

Rating	Description
1	Not Much Time
2	A Little Bit of Time
3	An Average Amount of Time
4	A Fair Amount of Time
5	A Large Amount of Time

As shown in Table B-2, all four domains were evaluated as being performed an average or fair amount of time, with the lowest rating at 3.500.

Table B-2: Comparison of Frequency Ratings – Survey Respondents vs. Panelists

Performance Domains	Panelists’ Frequency Ratings	Survey Frequency Ratings
Clinical Competence	5.00	4.2
Professional Responsibility	4.750	4.4
Safety	4.000	4.266
Administrative Responsibility	3.500	4.147

There were some difference in the frequency ratings between the survey respondents and panelists. The workshop panel members felt that Clinical Competence domain was where the most time was spent, followed by Professional Conduct. Respondents to the survey felt that Professional Conduct was where the most time was spent, followed by Safety Issues. Both groups agreed that Administrative Duties was where the least amount of time was spent. The differing opinion in time may be attributed to the low number (n=4) of panel members providing ratings. However, when you look at the values, the difference in the means is not significant.

C. Summary of Findings Regarding Domains

As shown in the tables in the preceding pages, the perception of the profession by the survey respondents is fairly consistent with the perception of the panelists. Both groups found all four domains “important” to “extremely important”. In addition, while there

were some differences in the frequency and estimated percentages, the differences were not by significant values. In fact, the minor differences between the panelists and survey respondents in terms of the frequency and estimated percentage of time spend in the domains may be attributed to the small number of panel members per the workshop design. The small number of panel members needed to conduct the RDS workshop (Phase 1) is one reason why a validation survey (Phase 2) is sent to a larger audience.

In accordance to standard practice, the test blueprint is computed based on the survey responses rather than the panelists. However, in the final acceptance of the test blueprint, the data from the workshop panelists may also be considered.

The Test Blueprint

The final phase of the Role Delineation Study was to develop the test blueprint. The test blueprint provides the exact number of items from each domain and task that should appear on the examination. Exam items should be developed to assess the knowledge and skills in each domain and task according to the determined percentages.

Appendix A contains a summary test blueprint, which contains the percentages for each domain and task. Appendix B contains a detailed test blueprint, which also includes the knowledge, and skills statements associated with each task. The detailed test blueprint is typically found to be helpful to item writers as examination items are developed. In addition, the detailed test blueprint provides more information to candidates about the knowledge the examination will be measuring.

A. Testing Format

A variety of testing formats exist for appropriately assessing a candidate's knowledge. Typically, multiple-choice examinations are used to measure knowledge while performance-based examinations are used to assess skills and actual job performance. Each testing format has advantages and disadvantages. Ultimately, it is the decision of the certifying agency which examination format they prefer to use.

The FCB recommends that the Behavioral Health Technician certification examination be in multiple-choice format. This format can be scored objectively, allows for the most content coverage, and is the least expensive to administer. In addition, the FCB evaluated the tasks and associated knowledge statements outlined in the role delineation and concluded that the use of a written multiple-choice examination format was appropriate to assess candidate performance for the Certified Behavioral Health Technician. The FCB suggests that no fewer than 100 items be used on the examination as 100 items are needed to ensure adequate reliability. Conversations with the FCB resulted in a final decision of having 100 items. As a result, the test blueprint in this report was calculated using 100 items.

B. Overview of the Statistical Analysis

All statistical work was conducted by the FCB's psychometrician, Dr. Akihito Kamata. When developing the test blueprint for the Behavioral Health Technician examination,

the first consideration was given to the mean percentage assigned to each domain. The mean value was used to:

1. identify any task statements that should be eliminated from the test blueprint, and
2. determine the percentage of the examination that should be allocated for the domain

First, the mean rating was calculated for “Importance” and “Frequency” by task. Tasks with a mean rating of less than 2.5 are flagged as “not important” or “not frequently performed.” As expected, none of the tasks identified by the panelists in the Role Delineation Study Workshop would be eliminated as these panelists have delineated these tasks as critical for competent performance of a Behavioral Health Technician. The survey data analysis indicated that all tasks are important and are frequently performed, as the lowest survey mean rating was 4.086. Therefore, all tasks identified by the panelists were used in the development of the test blueprint.

To calculate the percentage allocated per domain, the weight of each task was determined in the following way.

- ☑ First, the average ratings for “Importance” and “Frequency” were calculated for each task.
- ☑ Next, the mean of the two ratings was calculated, establishing the Mean Combined Rating.
- ☑ Then, the mean combined rating for each of the 26 tasks was summed to establish the Total Rating Score, which is 112.67 in this case.
- ☑ Finally, the weight for each task (exam proportion) was computed by dividing the Mean Combined Rating by the Total Rating Score.

The summary blueprint is presented in Appendix B.

The proportion of each task to the entire task inventory within each domain was then calculated. This proportion was directly used to determine the number of items that should be allocated to each task. The differences in exam proportions between tasks were very small at less than 1%. Therefore, each task should be allocated the same number of items. In order to achieve the total number of items of 100, four items are allocated to all tasks, except for the three tasks with the lowest exam proportions.

C. Reliability of the Task Ratings

Since the mean task ratings for importance and frequency are directly used to determine the number of exam items, it is important that the data be reliable. The reliability of the task ratings can be described as the consistency of the scores/ratings that are obtained on the observed scales.

One of the most common methods used to determine the reliability of a measurement instrument is the Cronbach Coefficient Alpha (Cronbach, 1951). This statistic measures

the internal consistency of responses made within a survey. A widely used rule of thumb is that the reliability coefficient should be at least .70 (Nunnally, 1978). However, it is noted that this is just a rule of thumb and there have been many studies published in the social science literature with coefficient alpha reliabilities under .70.

The coefficient alpha reliability estimates were computed using the statistical package SSPS and are shown below in Table C-2. The reliability of each scale (importance and frequency) was calculated across all tasks.

Table C-2: Reliability Estimates of the Task Ratings

Variable	Reliability Estimate
Importance	.920
Frequency	.942

With reliability estimate values greater than .80, we can assume that the respondents responded to the survey in a consistent manner with thoughtful consideration to each rating provided and that the questions relating to these tasks were appropriately interpreted by respondents.

D. Summary Statistics for the Domains and Tasks

To determine the proportion of the examination to be allocated to each domain, the mean percentage values per the survey respondents was computed. Table D-1 provides a listing of the calculated percentage (adjusted/rounded to yield 100%). The importance and frequency mean ratings for the tasks, and the calculated exam proportions, are provided in table D-2.

Table D-1: Percent of Exam Items per Domain

Domain	Percent of Exam Item
Clinical Competence	40%
Professional Responsibility	28%
Safety	20%
Administrative Responsibility	12%

Table D-2a: Summary of Ratings with Calculated Exam Proportions by Domain

Domain	Importance Rating	Frequency Rating	Exam Proportion
Clinical Competence	4.301	4.20	40%
Professional Responsibility	4.761	4.40	28%
Safety	4.724	4.266	20%
Administrative Responsibility	4.643	4.147	12%

Table D-2b: Summary of Ratings with Calculated Exam Proportions by Domain and Task

Domain/Task	Importance Rating	Frequency Rating	Exam Proportion
Domain 1: Clinical Competence			
Task 1.1	4.69	4.29	3.99%
Task 1.2	4.55	3.84	3.72%
Task 1.3	4.13	3.62	3.44%
Task 1.4	4.46	3.98	3.75%
Task 1.5	4.5	4.15	3.84%
Task 1.6	4.21	3.89	3.59%
Task 1.7	3.94	3.56	3.33%
Task 1.8	4.19	3.86	3.57%
Task 1.9	4.25	3.98	3.65%
Task 1.10	4.24	3.89	3.61%
Task 1.11	4.15	3.52	3.40%
Domain 2: Professional Responsibility			
Task 2.1	4.85	4.49	4.14%
Task 2.2	4.9	4.54	4.19%
Task 2.3	4.81	4.47	4.12%
Task 2.4	4.75	4.43	4.07%
Task 2.5	4.88	4.47	4.15%
Task 2.6	4.62	4.27	3.95%
Task 2.7	4.52	4.13	3.84%

Domain 3: Safety			
Task 3.1	4.79	4.35	4.06%
Task 3.2	4.82	4.33	4.06%
Task 3.3	4.71	4.37	4.03%
Task 3.4	4.78	4.34	4.05%
Task 3.5	4.52	3.94	3.75%
Domain 4: Administrative Responsibility			
Task 4.1	4.77	4.33	4.04%
Task 4.2	4.62	4.07	3.86%
Task 4.3	4.54	4.04	3.81%

Conclusion

The FCB's contract to conduct a Role Delineation Study workshop and validation survey effort is indicative of FCB's commitment to developing valid and reliable certification examinations. In addition, the efforts engaged by FCB in conducting the RDS are in compliance with the NCCA and Joint Standards. With the domains and tasks finalized, FCB can proceed with the appropriate item writing sessions and begin to develop the first Behavioral Health Technician certification examination.

Upon completion of the Role Delineation Study, the test blueprint is final and should not be changed until an update Role Delineation is conducted. In particular, the domains and tasks and the assigned percentages cannot be modified. The associated knowledge and skills statements can be modified, if needed. However, this modification can in no way change the percentage values for the domains and tasks.

The life span of the Role Delineation Study and test blueprint is five years. After five years, it is recommended that the FCB conduct another Role Delineation Study to update the domains and tasks and to assess any changes to the importance and frequency ratings. Although this is a relatively new job specialization, especially in terms of service delivery, the job tasks conducted in the field of behavioral health are well established. If significant changes occur, such as a significant shift in the professional body of knowledge due to advances in evidence based practice, there may be a need to consider updating the Role Delineation Study sooner than the year 2011.

Appendices

- A. Validation Survey Instrument
- B. Summary Test Blueprint
- C. Detailed Test Blueprint

Appendix A: Validation Survey Instrument

Note: the survey was conducted on-line. This document duplicates the survey content and format. For access to the online version of the survey, please contact the FCB offices.

Introduction

Thank you for participating in the Behavioral Health Technician Role Delineation Study Survey. The purpose of this survey is to determine how many exam questions will be developed for each job task in the final CBHT examination instrument. If desired, you may claim 2 CEU's for completing this survey.

The job tasks are divided into the following four domains of practice:

1. Clinical Competence (11 job tasks)
2. Professional Responsibility (7 job tasks)
3. Safety (5 job tasks)
4. Administrative Responsibility (3 job tasks)

Section 1 of the survey asks you to identify **how important** each task is *and* **how frequently** each task is performed by the average behavioral health technician. When you begin the survey, you will rate each job task for **importance**. Next, you will be provided with the same domain/job task list, but this time you will be rating each job task for **frequency**.

Section 2 of the survey asks you to estimate the percentage of time that **YOU** spend performing the tasks in each domain.

Section 3 asks for your demographic information. **ALL SURVEY RESPONSES – Section 1 through Section 3 – ARE ANONYMOUS.** We need to collect your demographic information to ensure that we gathered survey data from a representative group of behavioral health technicians. The survey software only records and tabulates your responses ... no identifying information is gathered on individual surveys.

To receive two (2) continuing education units (CEU's), enter your CBHT certification number at the end of the survey. Again, your number will not be linked to your survey responses. Your number is used to document your eligibility for the two (2) CEU's.

PLEASE COMPLETE YOUR SURVEY BY JUNE 20, 2006.

Thank you for your participation.

Section A Demographic Information

Please complete the following demographic information. This data will be used to ensure that professionals working in various settings with differing backgrounds are represented in the data collection. This data will also allow us to assess any potential difference based on setting, years of experience, and other potential variables.

Your responses will be kept strictly confidential by the Florida Certification Board, Inc. In addition, no individual person/responses will be identifiable in the final analysis and report.

1. Gender:
 - Female
 - Male

2. Age:
 - Under 30 years old
 - 31-40
 - 41-50
 - 51+

3. Years of practice in a *Behavioral Health Technician* role (e.g., mental health technician, substance abuse program aid, psych technician, substance abuse technician):
 - Less than 1 year
 - 1-3 years
 - 4-6 years
 - 7-10 years
 - 10+ years

4. Which of the following best describes your *primary* work setting? (Select only one.)
 - Community Mental Health Agency - Residential Treatment
 - Community Mental Health Agency - Day Treatment
 - Community Mental Health Agency - CSU/Hospitals
 - Community Substance Abuse Agency - Residential Treatment
 - Community Substance Abuse Agency - Day Treatment
 - Community Substance Abuse Agency – Detox
 - DJJ Facility
 - State Hospital
 - Other _____

5. Which populations do you serve in your *Behavioral Health Technician* role? (Select all that apply.)

- Children/Adolescents (under 18 years of age)
- Adults (18-59 years of age)
- Geriatric Adults (60+ years of age)

6. Which of the following best describes your highest education level? (Select only one.)

- High School Diploma
- GED
- AA/AS degree
- BA/BS degree
- Higher than a BA/BS degree

Section B
Evaluation of Performance Domains

A performance domain outlines the major responsibilities or duties that define a job role. Four domains have been identified by an expert panel for the Behavioral Health Technician role. These domains are:

- Domain 1: Clinical Competence
- Domain 2: Professional Conduct
- Domain 3: Safety Issue
- Domain 4: Administrative Duties

The purpose of this section is to differentiate between the importance and frequency of these domains to one performing the role of a Behavioral Health Technician. The ratings you provide will be used to determine the *percentage* that each of these domains will have on the examination.

Directions: Rate the domains using the rating scale below:

- Importance Ratings** How important is the domain (relative to the other domains) to the job performance of a Certified Behavioral Health Technician?
 1 – Not Important
 2 – Somewhat Important
 3 – Important
 4 – Very Important
 5 – Extremely Important
- Frequency Ratings** How much time does a Certified Behavioral Health Technician spend performing duties in these domains (relative to the other domains)?
 1 – Not Much Time
 2 – A Little Bit of Time
 3 – An Average Amount of Time
 4 – A Fair Amount of Time
 5 – A Large Amount of Time
- Percentage** What estimated percentage of time does a Certified Behavioral Health Technician spend performing duties in these domains (relative to the other domains)?
 Assign percent to each domain. The total must add to 100%.

PLEASE CIRCLE YOUR RESPONSES

Domain	Importance	Frequency	Percentage
1. Clinical Competence	1 2 3 4 5	1 2 3 4 5	_____%
2. Professional Conduct	1 2 3 4 5	1 2 3 4 5	_____%
3. Safety Issues	1 2 3 4 5	1 2 3 4 5	_____%
4. Administrative	1 2 3 4 5	1 2 3 4 5	_____%

Duties	5	5	100%
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Section C Evaluation of Task Statements

A task is an activity performed by the Behavioral Health Technician. Each of the tasks is associated with a domain. The grouping of tasks makes up a domain area.

The purpose of this section is to differentiate between the importance and frequency of the tasks within the four domains. The ratings you provide will be used to determine the *percentage* that each of these tasks will have on the examination.

Directions: Rate the tasks using the rating scale below:

Importance Ratings	How important is the task (relative to the other tasks in the domain) to the job performance of a Certified Behavioral Health Technician?	1 – Not Important 2 – Somewhat Important 3 – Important 4 – Very Important 5 – Extremely Important
Frequency Ratings	How much time does a Certified Behavioral Health Technician spend performing duties this task (relative to the other tasks in the domain)?	1 – Not Much Time 2 – A Little Bit of Time 3 – An Average Amount of Time 4 – A Fair Amount of Time 5 – A Large Amount of Time

PLEASE CIRCLE YOUR RESPONSES

Domain 1: Clinical Competence

Task	Importance	Frequency
1. Help clients with daily living skills by providing help with hygiene, meals, cleaning rooms and personal items, etc. in order to develop and maintain clients' independence.	1 2 3 4 5	1 2 3 4 5
2. Provide the appropriate information to the clients' family by participating in family visitations in order to ensure appropriate interactions and clients' safety.	1 2 3 4 5	1 2 3 4 5
3. Gather data that can be used to assess clients' stability and therapeutic progress by interacting with clients in order to provide information to modify treatment and/or appropriate intervention.	1 2 3 4 5	1 2 3 4 5
4. Provide support to clients by encouraging compliance with treatment plan in order to ensure clients' progress.	1 2 3 4 5	1 2 3 4 5
5. Monitor clients' behavior by recognizing situations that may become a crisis in order to	1 2 3 4 5	1 2 3 4 5

determine if intervention is needed.		
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Review of Rating Scales:

<i>Importance</i>		<i>Frequency</i>	
1:	<i>Not Important</i>	1:	<i>Not Much Time</i>
2:	<i>Somewhat Important</i>	2:	<i>A Little Bit of Time</i>
3:	<i>Important</i>	3:	<i>An Average Amount of Time</i>
4:	<i>Very Important</i>	4:	<i>A Fair Amount of Time</i>
5:	<i>Extremely Important</i>	5:	<i>A Large Amount of Time</i>

Domain 2: Professional Conduct

Task	Importance	Frequency
1. Treat staff, clients, and clients' families with the appropriate level of respect by adhering to accepted standards, such as language, dress, behavior, and voice tone, in order to meet standard professional guidelines.	1 2 3 4 5	1 2 3 4 5
2. Adhere to the Professional Code of Ethics in order to ensure the protection of the consumer of services and the integrity of the profession.	1 2 3 4 5	1 2 3 4 5
3. Comply with federal, state, local, and program regulations in order to protect clients and enhance the integrity of the profession.	1 2 3 4 5	1 2 3 4 5
4. Demonstrate appropriate professional/client relationships by maintaining boundaries in order to protect the integrity of treatment.	1 2 3 4 5	1 2 3 4 5
5. Treat clients with respect towards their diversity in order to ensure quality care.	1 2 3 4 5	1 2 3 4 5

Review of Rating Scales:

<i>Importance</i>		<i>Frequency</i>	
1:	<i>Not Important</i>	1:	<i>Not Much Time</i>
2:	<i>Somewhat Important</i>	2:	<i>A Little Bit of Time</i>
3:	<i>Important</i>	3:	<i>An Average Amount of Time</i>
4:	<i>Very Important</i>	4:	<i>A Fair Amount of Time</i>
5:	<i>Extremely Important</i>	5:	<i>A Large Amount of Time</i>

Domain 3: Safety Issues

Task	Importance	Frequency
1. Report any threatening behavior by clients to the appropriate agency contact to prevent harm to the threatened party.	1 2 3 4 5	1 2 3 4 5
2. Adhere to health and safety regulations when working with clients to ensure clients' safety.	1 2 3 4 5	1 2 3 4 5
3. Assess clients' behavior and physical condition by recognizing the signs and symptoms of prescribed medication or substance abuse in order to ensure clients' safety.	1 2 3 4 5	1 2 3 4 5
4. Supervise clients as required by agency policy and procedures to ensure clients' safety.	1 2 3 4 5	1 2 3 4 5

Domain 4: Administrative Duties

Task	Importance	Frequency
1. Manage clients' property by using agency procedures and removing inappropriate articles in order to ensure clients' rights and safety.	1 2 3 4 5	1 2 3 4 5
2. Provide information to clients and/or the public by using agency approved procedures and resource materials in order to direct people to the appropriate services.	1 2 3 4 5	1 2 3 4 5
3. Provide appropriate and courteous responses to inquires in order to ensure the requested parties needs are met professionally and accurately while maintaining clients' confidentiality.	1 2 3 4 5	1 2 3 4 5
4. Maintain required documentation of clients' activity by providing the appropriate and relevant information in order to ensure compliance with professional standards.	1 2 3 4 5	1 2 3 4 5

Appendix B: Summary Test Blueprint

Behavioral Health Technician Summary Test Blueprint (Based on 100 multiple-choice items)

Domain/Task		Items per Task	Items per Domain
Domain 1: Clinical Competence			40
1.1	Establish a helping relationship with the person receiving services by demonstrating empathy, respect, and genuineness in order to build trust.	4	
1.2	Orient the person receiving services to the program, including rules and expectations.	4	
1.3	Assist in gathering information about basic and community living of the person receiving services to be used in the assessment process	3	
1.4	Work as part of a treatment team to assist the person receiving services in formulating measurable service/recovery goals.	4	
1.5	Monitor and record the behavior of the person receiving services in order to measure response to interventions.	4	
1.6	Teach basic and community living skills to persons receiving services either individually or in a group setting	4	
1.7	Assist persons receiving services to obtain needed community resources.	3	
1.8	Implement designated interventions and behavioral management programs.	3	
1.9	Organize and encourage participants in social, educational, spiritual, cultural, and recreational activities.	4	
1.10	Assist and supervise the person receiving services in completing daily living activities, such as, but not limited to, hygiene, grooming, and meals.	4	
1.11	Work with the family or designated support persons to understand the needs of the person receiving services and to help the family/support persons assist in the interventions.	3	
Domain 2: Professional Responsibility			28
2.1	Treat persons receiving services, their support persons and staff with respect and dignity.	4	
2.2	Comply with federal, state, local, and program regulations in order to protect the privacy and confidentiality of the person receiving services.	4	
2.3	Adhere to ethical standards in dealing with persons receiving services, their support persons, and staff.	4	
2.4	Recognize and demonstrate appropriate boundaries in interactions with persons receiving services, their support persons, and staff.	4	
2.5	Provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation, or socio-economic status.	4	

2.6	Value the ability of each person receiving services to seek and sustain a satisfying life in the community.	4	
2.7	Seek and participate in effective approaches and training to enhance job skills.	4	
Domain 3: Safety			20
3.1	Recognize unsafe behaviors, situations, and environments and evaluate risks to persons receiving services, staff, and community members.	4	
3.2	Respond appropriately to unsafe behaviors, situations, and environments to ensure the safety and well-being of persons receiving services, staff, and community members.	4	
3.3	Monitor/observe persons receiving services and their environments as required by agency policy and applicable laws and regulations to maintain safety and security.	4	
3.4	Follow established health and safety protocols to ensure safety of the persons receiving services.	4	
3.5	Work with the organization, the community, and the person receiving services to prepare for and respond to disaster situations.	4	
Domain 4: Administrative Responsibility			12
4.1	Document all required information in a clear, legible, timely, concise, and accurate manner.	4	
4.2	Communicate with supervisor and established chain of command regarding daily operations.	4	
4.3	Maintain a clean and orderly working environment with adequate supplies.	4	

Appendix C: Detailed Test Blueprint

Behavioral Health Technician Summary Test Blueprint (Based on 100 multiple-choice items)

Domain/Task		Items per Task	Items per Domain
Domain 1: Clinical Competence			40
1.1	Establish a helping relationship with the person receiving services by demonstrating empathy, respect, and genuineness in order to build trust.	4	
1.2	Orient the person receiving services to the program, including rules and expectations.	4	
1.3	Assist in gathering information about basic and community living of the person receiving services to be used in the assessment process	3	
1.4	Work as part of a treatment team to assist the person receiving services in formulating measurable service/recovery goals.	4	
1.5	Monitor and record the behavior of the person receiving services in order to measure response to interventions.	4	
1.6	Teach basic and community living skills to persons receiving services either individually or in a group setting	4	
1.7	Assist persons receiving services to obtain needed community resources.	3	
1.8	Implement designated interventions and behavioral management programs.	3	
1.9	Organize and encourage participants in social, educational, spiritual, cultural, and recreational activities.	4	
1.10	Assist and supervise the person receiving services in completing daily living activities, such as, but not limited to, hygiene, grooming, and meals.	4	
1.11	Work with the family or designated support persons to understand the needs of the person receiving services and to help the family/support persons assist in the interventions.	3	
<p>Knowledge, Skills, and Abilities that the Behavioral Health Technician should possess in order to perform the tasks identified in the <i>Clinical Competency</i> domain are:</p> <ul style="list-style-type: none"> • Active listening • Using non-judgmental language • Qualities, characteristics, needs, and developmental level of population served • Maintaining consistent and predictable behavior • Comfort strategies • Measures to avoid crisis situation or use of coercive measures • Using helping relationships to facilitate change • Program rules and expectations • Staff roles and responsibilities • Physical plant and safety procedures • Forms to be completed • Purpose and process of services to be provided • Abuse reporting requirements 			

<ul style="list-style-type: none"> • Client rights and responsibilities • Grievance procedures • Interviewing techniques • Possible sources of information (collateral) regarding person receiving services • Use of open-ended questions • Definitions of basic and community living skills • Observing and recording behavior of person receiving services • Purpose and components of a treatment/recovery plan • Mental health/substance abuse/co-occurring disorders recovery • Child resiliency • Setting measurable goals • Care Person – centered or family-centered • Implementing specific interventions • Course curriculum content • Teaching strategies using developmentally appropriate techniques • Encouraging participation • Referral process/linkage • Advocacy skills and relationship building • Cultural competency • Follow-up procedure • Medical conditions and medications 		
Domain 2: Professional Responsibility		28
2.1	Treat persons receiving services, their support persons and staff with respect and dignity.	4
2.2	Comply with federal, state, local, and program regulations in order to protect the privacy and confidentiality of the person receiving services.	4
2.3	Adhere to ethical standards in dealing with persons receiving services, their support persons, and staff.	4
2.4	Recognize and demonstrate appropriate boundaries in interactions with persons receiving services, their support persons, and staff.	4
2.5	Provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation, or socio-economic status.	4
2.6	Value the ability of each person receiving services to seek and sustain a satisfying life in the community.	4
2.7	Seek and participate in effective approaches and training to enhance job skills.	4
<p>Knowledge, Skills, and Abilities that the Behavioral Health Technician should possess in order to perform the tasks identified in the <i>Professional Responsibility</i> domain are:</p> <ul style="list-style-type: none"> • Active listening • Maintaining consistent and predictable behavior • Cultural diversity • Customer relations/service • Interpersonal communication • Client rights • Applicable state and federal regulations and limitations • Proper forms for release of information and informed consent • Consequences of violating ethical standards • Scope and limitations of practice • Mandatory reporting • Maintaining personal space 		

<ul style="list-style-type: none"> • Restrictions regarding social and personal relationships with patients receiving services • Definitions of abuse, exploitation, neglect, and harassment • Self-disclosure in the helping relationship • Title IX of the Civil Rights Act • Willingness to work with diverse types/groups • Sensitivity to issues of language (humor offensive comments) • Philosophy of community-based care • Concepts of resiliency and recovery • Requirements for obtaining and maintaining credentials • Identifying areas for growth in job-related skills • Recognizing limits of personal skills • Understanding limits of therapeutic process 			
Domain 3: Safety			20
3.1	Recognize unsafe behaviors, situations, and environments and evaluate risks to persons receiving services, staff, and community members.	4	
3.2	Respond appropriately to unsafe behaviors, situations, and environments to ensure the safety and well-being of persons receiving services, staff, and community members.	4	
3.3	Monitor/observe persons receiving services and their environments as required by agency policy and applicable laws and regulations to maintain safety and security.	4	
3.4	Follow established health and safety protocols to ensure safety of the persons receiving services.	4	
3.5	Work with the organization, the community, and the person receiving services to prepare for and respond to disaster situations.	4	
<p>Knowledge, Skills, and Abilities that the Behavioral Health Technician should possess in order to perform the tasks identified in the <i>Safety</i> domain are:</p> <ul style="list-style-type: none"> • Substance use signs • Signs of threatening behavior • Recognize need for safety plans • Suicidal/homicidal risk indicator • Relapse signs • Safe parameters for persons receiving services who have sex offending behaviors • Recognize changes in behavior • Requirement to inform or duty to warn • Medication side effects • Recognize physical plant/environment dangers • Knowledge of possible legal restrictions and their impact on interventions • Advanced directives • CPR/First-Aid • Verbal de-escalation • Implement safety plans • Responsibility to inform chain of command on dangerous environmental factors • Universal precautions • Location of emergency equipment • Options for Baker Act or Marchman Act • Knowledge of unusual incident reporting • Follow-through on crisis/medical issues • Agency, local, state, and federal regulation • Procedures and requirements for drills and practices • Personal responsibility 			

<ul style="list-style-type: none"> • Community responsibility • Critical care issues 			
Domain 4: Administrative Responsibility			12
4.1	Document all required information in a clear, legible, timely, concise, and accurate manner.	4	
4.2	Communicate with supervisor and established chain of command regarding daily operations.	4	
4.3	Maintain a clean and orderly working environment with adequate supplies.	4	
<p>Knowledge, Skills, and Abilities that the Behavioral Health Technician should possess in order to perform the tasks identified in the <i>Administrative Responsibility</i> domain are:</p> <ul style="list-style-type: none"> • Legal rules/guidelines for documentation • Functional literacy skills • Ability to write clearly • File maintenance and file location requirements • Confidentiality • Terminology • Use of behavioral language • Chain of command • Shift report requirements • Team communication • Knowledge of employee handbook • Limit electronic communication and limit use of computers • Universal precautions • Precautions associated with cleaning supplies • Hand washing • Expectations for cleanliness • Transport precautions • Infection control • Filing, ordering supplies • Biomedical waste handling precautions • HIV/AIDS • Shopping skills • Dress code 			