**Submitting Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you submitting, with permission, a curriculum with *no revisions* owned by another entity that has previously submitted to DBHDID? Yes \_\_\_ No \_\_\_**

**908 KAR 2:260 Targeted Case Management**

**KY Department for Behavioral Health, Developmental and Intellectual Disabilities**

***Twelve (12)-Hours Core Curriculum Criteria Rubric***

**to Satisfy Training Recommendations**

The KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) recommends use of this rubric and related forms to ensure providers’ submission of all necessary materials. This will allow the DBHDID staff to review the curricula in their entirety and make an approval decision or request supplementary materials in an efficient manner, within the period specified.

The following curriculum rubric details the core competencies to be included in the 12 hour Core Competency Curriculum for the training of Behavioral Health Targeted Case Managers (BHTCM). This includes BHTCMs serving Adults with Serious Mental Illness (SMI), Youth with Severe Emotional Disability (SED), Adolescents and Adults with Substance Use Disorder (SUD) or Pregnant women with substance use or targeted case managers serving individuals with co-occurring behavioral health conditions (SMI, SED, SUD) and chronic or complex physical health conditions. The curriculum submitted for approval should be reflective of services for adults and children/youth.

**Overview of Core Competency Recommendations**

* Core Competencies include:
  + Core Competency 1. Engaging Consumers and Family Members
  + Core Competency 2. Behavioral Health Crisis Management
  + Core Competency 3. Strength-Based Case Management
  + Core Competency 4. Ethics
  + Core Competency 5. Behavioral Health Diagnoses & Understanding Treatment
  + Core Competency 7. Integrated Care
  + Core Competency 8. Advocacy Skills and Empowering Consumers
* Interactive teaching strategies must be used for the Core Competencies.
* Any video or other media to be used must be submitted with the curriculum for approval.
* Trainings must be taught in person or via a virtual platform (i.e. Zoom, Microsoft Teams, etc.) that has two way interactive video and audio communications.

**Directions for Curriculum Rubric Completion:**

Include the submitting provider’s name in the upper right corner on the first page. Provide the document file name of the corresponding core competency and then provide the page number for that specific item in the core competency as indicated in the following curriculum rubric. Please see the sections highlighted in yellow below. Once the information is completed on this rubric, save as a Word or PDF document. The curriculum submitted should be saved as a Word, Power Point and/or PDF document(s). For information on submitting the curriculum, please go to the Kentucky Department for Behavioral Health, Developmental and Intellectual and Disabilities website at <http://dbhdid.ky.gov>.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Completed by Submitter of the Curriculum**  Provide document file name of the corresponding core competency and then provide the page number for each specific item in the core competency | **Completed by the Reviewer** | | |
| **Core Competencies**  **of the Quality Curriculum** | **Specifics for the Curriculum** | **Example: Core Competency 1 *(is the file name),* Page 3** | **Does not Meet** | **Partially Meets** | **Meets** |
| **Core Competency**  **1. Engaging Consumers and Family Members**  **(3 hours)** | **Engagement and Effective Communication** | | | | |
| Define OARS (Open-ended questions, Affirmations, Reflections, and Summarizing): *(see below)* | | | | |
| * Open-ended | File Name:  Page No.: |  |  |  |
| * Affirmations | File Name:  Page No.: |  |  |  |
| * Reflections | File Name:  Page No.: |  |  |  |
| * Summarizing | File Name:  Page No.: |  |  |  |
| Provide evidence that OARS is practiced based upon the motivational interviewing technique. | File Name:  Page No.: |  |  |  |
| Describe how to identify and support individuals through the stages of change as defined by Prochaska and DiClemente stages of change. | File Name:  Page No.: |  |  |  |
| **Consumer and Family Centered Services** | | | | |
| Define concepts of: Family driven, youth guided, consumer driven and system of care. *(see below)* | | | | |
| * Family Driven | File Name:  Page No.: |  |  |  |
| * Youth Guided | File Name:  Page No.: |  |  |  |
| * Consumer Driven | File Name:  Page No.: |  |  |  |
| * System of Care | File Name:  Page No.: |  |  |  |
| Describe how these concepts (family driven, youth guided, consumer driven and system of care) are applicable to the scope of work as a Targeted Case Manager (TCM) (provide an example of each of the listed concepts). *(see below):* | | | | |
| * Family Driven Example | File Name:  Page No.: |  |  |  |
| * Youth Guided Example | File Name:  Page No.: |  |  |  |
| * Consumer Driven Example | File Name:  Page No.: |  |  |  |
| * System of Care Example | File Name:  Page No.: |  |  |  |
| **Trauma-Informed Care** | | | | |
| Define trauma to include: An understanding of the prevalence, the impact of trauma and the complexity to healing and recovery. *(see below)* | | | | |
| * Understanding of the prevalence | File Name:  Page No.: |  |  |  |
| * Impact of trauma | File Name:  Page No.: |  |  |  |
| * Complexity to healing and recovery | File Name:  Page No.: |  |  |  |
| Define trauma informed care. | File Name:  Page No.: |  |  |  |
| Describe the 5 core values within a culture of trauma-informed care which are: Safety, trustworthiness, choice, collaboration and empowerment. *(see below)* | | | | |
| * Safety | File Name:  Page No.: |  |  |  |
| * Trustworthiness | File Name:  Page No.: |  |  |  |
| * Choice | File Name:  Page No.: |  |  |  |
| * Collaboration | File Name:  Page No.: |  |  |  |
| * Empowerment | File Name:  Page No.: |  |  |  |
| Provide at least 3 examples of how trauma informed care principles are utilized in the practice of case management. *(see below)* | | | | |
| Example 1 | File Name:  Page No.: |  |  |  |
| Example 2 | File Name:  Page No.: |  |  |  |
| Example 3 | File Name:  Page No.: |  |  |  |
| Provide an overview of the Adverse Childhood Experiences (ACE) Study. This overview will include an explanation of the correlation between early trauma and later functioning. Web addresses for this study include: <http://www.cdc.gov/violenceprevention/acestudy/index.html>,  <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>  and <http://www.acestudy.org/yahoo_site_admin/assets/docs/RelationshipofACEs.127152545.pdf> | File Name:  Page No.: |  |  |  |
| **Core Competency**  **2. Behavioral Health Crisis Management**  **(1 hour)** | **Behavioral Health Crisis Management** | | | | |
| Define behavioral health crisis. | File Name:  Page No.: |  |  |  |
| Provide instruction on behavioral health crisis intervention strategies and resources (include at least 3 examples of each). *(see below)* | | | | |
| Example 1 Strategies and Resources | File Name:  Page No.: |  |  |  |
| Example 2 Strategies and Resources | File Name:  Page No.: |  |  |  |
| Example 3 Strategies and Resources | File Name:  Page No.: |  |  |  |
| Provide instruction on writing (assisting) consumers and families in writing a behavioral health crisis prevention plan. | File Name:  Page No.: |  |  |  |
| **Suicide Prevention and Awareness (e.g., Question, Persuade, and Respond – QPR) http://www.qprinstitute.com/** | | | | |
| Define suicide risks, signs and behaviors (as described in the Zero Suicide Model) SAMHSA. *(see below)* | | | | |
| * Suicide Risks | File Name:  Page No.: |  |  |  |
| * Suicide Signs | File Name:  Page No.: |  |  |  |
| * Suicide Behaviors | File Name:  Page No.: |  |  |  |
| Identify at least 3-appropriate responses when working with potential suicide risk. (see below) | | | | |
| Example 1 Appropriate Response | File Name:  Page No.: |  |  |  |
| Example 2 Appropriate Response | File Name:  Page No.: |  |  |  |
| Example 3 Appropriate Response | File Name:  Page No.: |  |  |  |
| **Core Competency**  **3. Strength-based Case Management**  **(1 hour)** | **Strength-Based Case Management** | | | | |
| Define and describe a strengths-based needs assessment. | File Name:  Page No.: |  |  |  |
| Provide evidence (training participants practice) of practice in the development of a strength-based needs assessment by the Targeted Case Manager. | File Name:  Page No.: |  |  |  |
| Explain how to identify and use strengths in case planning. | File Name:  Page No.: |  |  |  |
| **Core Competency**  **4. Ethics**  **(1 hour)** | **Boundary Issues** | | | | |
| Define appropriate boundaries between the Targeted Case Manager and the client. | File Name:  Page No.: |  |  |  |
| Provide instruction on how to handle boundary breaches (at a minimum include supervision, reporting requirements). *(see below)* | | | | |
| * Supervision | File Name:  Page No.: |  |  |  |
| * Reporting Requirement | File Name:  Page No.: |  |  |  |
| **Confidentiality** | | | | |
| Provide instruction on applicable laws including Health Insurance Portability and Accountability Act (HIPAA) and Client Rights for the Targeted Case Manager. | File Name:  Page No.: |  |  |  |
| **Abuse/Neglect Issues** | | | | |
| Provide instruction on the KY statutes related to abuse and neglect. Include at least: KRS 209.030 (Adult abuse, neglect or exploitation) and KRS 620.030 (Duty to report child dependency, neglect, abuse or human trafficking) *(see below)* | | | | |
| * KRS 209.030 | File Name:  Page No.: |  |  |  |
| * KRS 620.030 | File Name:  Page No.: |  |  |  |
| Instruction on abuse and neglect reporting requirements (at a minimum include supervision, reporting procedures). *(see below)* | | | | |
| * Supervision | File Name:  Page No.: |  |  |  |
| * Reporting Procedures | File Name:  Page No.: |  |  |  |
| **Core Competency**  **5. Behavioral Health Diagnosis & Understanding Treatment (1 hour)** | **Diagnoses/Symptoms** | | | | |
| Provide an overview of behavioral health diagnoses (as defined in the most current =edition of the APA’s Diagnostic and Statistical Manual of Mental Disorders- DSM). | File Name:  Page No.: |  |  |  |
| Describe symptoms of and treatment for mental health disorders for both adults and children. | File Name:  Page No.: |  |  |  |
| Describe symptoms of and treatment for substance use disorders for both adults and youth. | File Name:  Page No.: |  |  |  |
| Define the meaning of co-occurring mental health and substance use disorders. | File Name:  Page No.: |  |  |  |
| Describe symptoms of and treatment for co-occurring mental health/substance use disorders as listed below: *(see below)* | | | | |
| * Depression and Substance Use | File Name:  Page No.: |  |  |  |
| * Anxiety and Substance Use | File Name:  Page No.: |  |  |  |
| * Post-Traumatic Stress Disorder and Substance Use | File Name:  Page No.: |  |  |  |
| * Schizophrenia with Substance Use | File Name:  Page No.: |  |  |  |
| * Bi-polar with Substance Use | File Name:  Page No.: |  |  |  |
| **Medication Side-Effects** | | | | |
| Define common side effects of medications prescribed for psychiatric and substance use disorders. | File Name:  Page No.: |  |  |  |
| Describe the professional limitations regarding medication, including medication administration. | File Name:  Page No.: |  |  |  |
| Provide at least 3 possible reasons for medication non-adherence. *(see below)* | | | | |
| Example 1 Reason for Medication Non-adherence | File Name:  Page No.: |  |  |  |
| Example 2 Reason for Medication Non-adherence | File Name:  Page No.: |  |  |  |
| Example 3 Reason for Medication Non-adherence | File Name:  Page No.: |  |  |  |
| **Core Competency**  **6. Cultural Awareness (1 hour)** | **Cultural Awareness** | | | | |
| Define culture competency in your curriculum including : Integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions, associated wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. | File Name:  Page No.: |  |  |  |
| Provide overall instruction on how to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices.\* | File Name:  Page No.: |  |  |  |
| Provide examples to include at least the following populations \*(from the above): *(see below)* | | | | |
| * Race/ethnicity | File Name:  Page No.: |  |  |  |
| * Lesbian, gay, bisexual and transgender | File Name:  Page No.: |  |  |  |
| * Deaf/hard of hearing | File Name:  Page No.: |  |  |  |
| * Poverty | File Name:  Page No.: |  |  |  |
| * Military/veterans | File Name:  Page No.: |  |  |  |
| * Rural populations | File Name:  Page No.: |  |  |  |
| **Core Competency**  **7. Integrated Care**  **(1 hour)** | **Integrated Care** | | | | |
| Identify and describe common co-morbidity issues related to serving individuals with co-occurring behavioral health (mental health or substance use) and physical health disorders and briefly describe common issues related to serving individuals with behavioral health and/or physical health disorders and developmental or intellectual disorders. *(see below)* | | | | |
| * Co-morbidity issues related to physical health and mental health disorders | File Name:  Page No.: |  |  |  |
| * Co-morbidity issues related to physical health and substance use disorders | File Name:  Page No.: |  |  |  |
| * Co-morbidity issues related to physical health and developmental or intellectual disorders | File Name:  Page No.: |  |  |  |
| Describe the statistical relationships associated with co-morbid physical health and behavioral health conditions (e.g., prevalence rates, mortality rates, associated cultural factors or other for example.) | File Name:  Page No.: |  |  |  |
| Describe appropriate interventions to be used by the Targeted Case Manager with a client who has co-occurring disorders, including interventions appropriate for working with other providers who are serving the client. | File Name:  Page No.: |  |  |  |
| **Core Competency**  **8. Advocacy Skills/Empowering Consumers (1 hour)** | **Advocacy Skills** | | | | |
| Provide an overview of how to navigate the health and social services systems that adults and children may be involved with in their local community. Include at a minimum: Courts, DCBS, Corrections, Education, Vocational Rehabilitation, Physical and Behavioral Health and other community resources). *(see below)* | | | | |
| * Court System | File Name:  Page No.: |  |  |  |
| * Department for Community Based Services | File Name:  Page No.: |  |  |  |
| * Department for Corrections | File Name:  Page No.: |  |  |  |
| * Education System | File Name:  Page No.: |  |  |  |
| * Vocational Rehabilitation | File Name:  Page No.: |  |  |  |
| * Physical and Behavioral Health Providers | File Name:  Page No.: |  |  |  |
| * Community Resource Example | File Name:  Page No.: |  |  |  |
| * Community Resource Example | File Name:  Page No.: |  |  |  |
| * Community Resource Example | File Name:  Page No.: |  |  |  |
| **Effective Engagement of Natural Supports** | | | | |
| Define natural supports and provide an example of these supports (i.e., both personal and community). *(see below)* | | | | |
| * Definition | File Name:  Page No.: |  |  |  |
| * Example of Personal Support | File Name:  Page No.: |  |  |  |
| * Example of Community Support | File Name:  Page No.: |  |  |  |
| Provide instruction on engagement strategies (specifically how to identify, link and develop natural supports). *(see below)* | | | | |
| * Engagement Strategies - Identify Natural Supports | File Name:  Page No.: |  |  |  |
| * Engagement Strategies – Link Natural Supports | File Name:  Page No.: |  |  |  |
| * Engagement Strategies – Develop Natural Supports | File Name:  Page No.: |  |  |  |
| **Empowering Consumers** | | | | |
| Define and describe empowerment. | File Name:  Page No.: |  |  |  |
| Define and describe enabling. | File Name:  Page No.: |  |  |  |
| Provide at least 3 examples of empowerment strategies (as opposed to enabling) for the Targeted Case Manager to use. *(see below)* | | | | |
| Example 1 Empowerment Strategy | File Name:  Page No.: |  |  |  |
| Example 2 Empowerment Strategy | File Name:  Page No.: |  |  |  |
| Example 3 Empowerment Strategy | File Name:  Page No.: |  |  |  |
| **Core Competency**  **9. Developmental**  **Perspectives Across the Life Span**  **(1 hour)** | **Developmental Perspectives Across the Life Span** | | | | |
| Define and discuss Stages of Human Development across the Lifespan (infancy to geriatric population) citing research/source (e.g., Erickson’s Psycho Social States, Piaget or other) | File Name:  Page No.: |  |  |  |
| Provide at least 3 different scenarios of individuals who are in different stages of development and provide instruction on different case management strategies used in each. *(see below)* | | | | |
| Example 1 Scenario | File Name:  Page No.: |  |  |  |
| Example 2 Scenario | File Name:  Page No.: |  |  |  |
| Example 3 Scenario | File Name:  Page No.: |  |  |  |
| **Core Competency**  **10. Documentation - Regulations.**  **(1 hour)** | **Documentation/Regulations** | | | | |
| Provide the managed care/Medicaid requirements for documentation for Targeted Case Management services. (Including discharge requirements and transition requirements between programs.) | File Name:  Page No.: |  |  |  |
| Provide information on managed care/Medicaid requirements including medical necessity and the development of goals and objectives for the client. | File Name:  Page No.: |  |  |  |
| Provide instruction on monitoring services and assessing and reassessing needs as indicated by client progress or feedback. | File Name:  Page No.: |  |  |  |
| Provide instruction on modification to documentation as a result of monitoring and assessment activities. | File Name:  Page No.: |  |  |  |
| Define the role of a Targeted Case Manager as provided for in both Department for Behavioral Health, Developmental and Intellectual Disabilities and the Department for Medicaid Services regulations: 907 KAR 15:040, 907 KAR 15:050, 907 KAR 15:060 and 908 KAR 2:260. *(see below)* | | | | |
| * 907 KAR 15:040 | File Name:  Page No.: |  |  |  |
| * 907 KAR 15:050 | File Name:  Page No.: |  |  |  |
| * 907 KAR 15:060 | File Name:  Page No.: |  |  |  |
| * 908 KAR 2:260 | File Name:  Page No.: |  |  |  |