**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**

***Six (6)-Hour Adults with Serious Mental Illness (SMI) 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 curriculum for the Behavioral Health Targeted Case Management Adults with Serious Mental Illness (SMI) that is required in addition to the 12-hour Core Competency Curriculum for Behavioral Health Targeted Case Management.

**Overview of Core Competency Recommendations**

* Core Competencies include:
  + Core Competency 1. Adult Behavioral Health Recovery Process
  + Core Competency 2. What is Serious Mental Illness?
  + Core Competency 3. Evidence Based Practices
  + Core Competency 4. Transition From Long-Term Care
  + Core Competency 5. Involuntary Commitment and Court Related Outpatient Treatment
* 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>.

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|  | | **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** | **Specific Curriculum Requirements** | **Example: Core Competency 1 (*is the* *file name*), Page 3** | | **Does not Meet** | | **Partially Meets** | | **Meets** |
| **Core Competency**  **1. Adult Behavioral Health Recovery Process**  **(2 hour)** | **Adult Behavioral Health Recovery Process** | | | | | | | |
| Define the concept of Behavioral Health Recovery including SAMHSA’s working definition. Include the four major dimensions. <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf> *(see below)* | | | | | | | |
| Concept of Behavioral Health Recovery including SAMHSA’s working definition | File Name:  Page No.: | |  | |  | |  |
| Four major dimensions:  1 Health | File Name:  Page No.: | |  | |  | |  |
| 2 Home | File Name:  Page No.: | |  | |  | |  |
| 3 Purpose | File Name:  Page No.: | |  | |  | |  |
| 4 Community | File Name:  Page No.: | |  | |  | |  |
| Describe the ten guiding principles of recovery as provided by SAMHSA. <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf> *(see below)* | | | | | | | |
| 1 Recovery emerges from hope | File Name:  Page No.: | |  | |  | |  |
| 2 Recovery is person-driven | File Name:  Page No.: | |  | |  | |  |
| 3 Recovery occurs via many pathways | File Name:  Page No.: | |  | |  | |  |
| 4 Recovery is holistic | File Name:  Page No.: | |  | |  | |  |
| 5 Recovery is supported by peers and allies | File Name:  Page No.: | |  | |  | |  |
| 6 Recovery is supported through relationship and social networks | File Name:  Page No.: | |  | |  | |  |
| 7 Recovery is culturally-based and influenced | File Name:  Page No.: | |  | |  | |  |
| 8 Recovery is supported by addressing trauma | File Name:  Page No.: | |  | |  | |  |
| 9 Recovery involves individual, family and community strengths and responsibility | File Name:  Page No.: | |  | |  | |  |
| 10 Recovery is based on respect | File Name:  Page No.: | |  | |  | |  |
| Describe the five stages of the recovery process as provided in the 2009 article by Ike Powell titled, “What is this thing called Recovery? A look at Five Stages In the Recovery Process”, from the Appalachian Consulting Group. *(see below)*  <http://acgpeersupport.com/wp-content/uploads/2013/07/WhatisthisthingcalledrecoveryGPeditsAugust2013.pdf> | | | | | | | |
| 1 Impact of the Illness | File Name:  Page No.: | |  | |  | |  |
| 2 Life is Limited | File Name:  Page No.: | |  | |  | |  |
| 3 Change is Possible | File Name:  Page No.: | |  | |  | |  |
| 4 Commitment to Change | File Name:  Page No.: | |  | |  | |  |
| 5 Actions for Change | File Name:  Page No.: | |  | |  | |  |
| Describe the relevant role of the targeted case manager for each stage listed above. *(see below)* | | | | | | | |
| 1 Impact of the Illness | File Name:  Page No.: | |  | |  | |  |
| 2 Life is Limited | File Name:  Page No.: | |  | |  | |  |
| 3 Change is Possible | File Name:  Page No.: | |  | |  | |  |
| 4 Commitment to Change | File Name:  Page No.: | |  | |  | |  |
| 5 Actions for Change | File Name:  Page No.: | |  | |  | |  |
| Define recovery-oriented system of care (ROSC) as given by Substance Abuse and Mental Health Services Administration (SAMHSA) Page 2 of the following resource: <http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf> | File Name:  Page No.: | |  | |  | |  |
| Describe the system elements of a recovery-oriented system of care (ROSC). as given by Substance Abuse and Mental Health Services Administration (SAMHSA) Page 4 of the following resource: <http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf> | File Name:  Page No.: | |  | |  | |  |
| **Core Competency**  **2. What is Serious Mental Illness (SMI)**  **(2 hou*r*s)** | **What is Serious Mental Illness (SMI)?** | | | | | | | |
| Define Serious Mental Illness (SMI) (as defined in 908 KAR 2:260 and KRS 210.005(2)(3)) *(see below)* | | | | | | | |
| * 908 KAR 2:260 | File Name:  Page No.: |  | |  | |  | |
| * KRS 210.005(2)(3) | File Name:  Page No.: |  | |  | |  | |
| Provide an overview of the following mental health disorders that make up SMI criteria which includes common symptomology and treatment for all of the below: *(see below)* | | | | | | | |
| * Schizophrenia spectrum and other psychotic disorders | File Name:  Page No.: |  | |  | |  | |
| * Bipolar and related disorders | File Name:  Page No.: |  | |  | |  | |
| * Depressive disorders | File Name:  Page No.: |  | |  | |  | |
| * Post-traumatic Stress Disorder | File Name:  Page No.: |  | |  | |  | |
| Provide evidence of a simulation exercise that demonstrates auditory hallucinations building empathy regarding symptoms of psychosis and allotting time for group discussion.  **NOTE:** Simulation exercise shall include accurate representation of auditory hallucinations which includes the use of headphones/earbuds – this must be included in the evidence provided above. For an example, please see the National Empowerment Center. <https://power2u.org/store/hearing-voices-curriculum/> | File Name:  Page No.: |  | |  | |  | |
| **Core Competency**  **3. Evidence Based Practices**  **(.5 hour)** | **Evidence Based Practices** | | | | | | | |
| Describe the following evidence based practices for adults with Serious Mental Illness (SMI) including the availability of each service in the geographic area to be served and how targeted case management is involved:  *(see below)* | | | | | | | |
| Assertive Community Treatment  Describe \_\_\_\_\_ (for reviewer scoring only)  Availability of each service \_\_\_\_\_ (for reviewer scoring only)  How targeted case management is involved \_\_\_\_\_ (for reviewer scoring only) | File Name:  Page No.: |  | |  | |  | |
| Supported Employment  Describe \_\_\_\_\_ (for reviewer scoring only)  Availability of each service \_\_\_\_\_ (for reviewer scoring only)  How targeted case management is involved \_\_\_\_\_ (for reviewer scoring only) | File Name:  Page No.: |  | |  | |  | |
| Supportive Housing  Describe \_\_\_\_\_ (for reviewer scoring only)  Availability of each service \_\_\_\_\_ (for reviewer scoring only)  How targeted case management is involved \_\_\_\_\_ (for reviewer scoring only) | File Name:  Page No.: |  | |  | |  | |
| Peer Support  Describe \_\_\_\_\_ (for reviewer scoring only)  Availability of each service \_\_\_\_\_ (for reviewer scoring only)  How targeted case management is involved \_\_\_\_\_ (for reviewer scoring only) | File Name:  Page No.: |  | |  | |  | |
| **Core Competency**  **4. Transition From**  **Long-Term Care**  **(.5 hour)** | **Transition From Long Term Care** | | | | | | | |
| Provide an overview of the history of institutionalization and community based services for individuals with SMI in America beginning with 1960 to present day. | File Name:  Page No.: |  | |  | |  | |
| Describe at least five barriers to delivery of community-based mental health services for individuals with SMI. *(see below)* | | | | | | | |
| 1 Example | File Name:  Page No.: |  | |  | |  | |
| 2 Example | File Name:  Page No.: |  | |  | |  | |
| 3 Example | File Name:  Page No.: |  | |  | |  | |
| 4 Example | File Name:  Page No.: |  | |  | |  | |
| 5 Example | File Name:  Page No.: |  | |  | |  | |
| Describe the specific role of the targeted case manager in assisting individuals in *accessing and maintaining* independent living in the community, in an integrated setting. | File Name:  Page No.: |  | |  | |  | |
| **Core Competency**  **5. Involuntary Commitment and Court Related Outpatient Treatment**  **(1 hour)** | **Involuntary Commitment and Court Related Outpatient Treatment** | | | | | | | |
| Describe the basic procedures and confidentiality practices for involuntary commitments and court-ordered community-based outpatient treatment  referencing these laws: KRS 202A.026; KRS 202A.028; KRS 202A.041; KRS 202A.081; KRS 202A.091 *(see below)* | | | | | | | |
| * Involuntary commitment (cite laws) | File Name:  Page No.: |  | |  | |  | |
| * Court-ordered community-based outpatient treatment (cite laws) | File Name:  Page No.: |  | |  | |  | |
| Describe the specific role of the targeted case manager regarding the court related procedures per the law. (*see* below) | | | | | | | |
| * Involuntary commitment | File Name:  Page No.: |  | |  | |  | |
| * Court-ordered community-based outpatient treatment | File Name:  Page No.: |  | |  | |  | |