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

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

***Six (6)-Hour Substance Use Disorder 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 for adolescents and adults with Substance Use Disorders (SUD) as well as Targeted Case Management for Pregnant and Postpartum women with substance use. This is required **in addition** to the 12-hour Core Competency Curriculum for Behavioral Health Targeted Case Managers.

**Overview of Core Competency Recommendations**

* Core Competencies include:
  + Core Competency 1. Addiction and Recovery Basics
  + Core Competency 2. Resources
  + Core Competency 5. Special Populations within Substance Use Treatment
  + Core Competency 6. Care Planning
* 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>.

**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 \_\_\_**

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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** | **Specifics for the Curriculum** | **Example: Core Competency 1 *(is the file name),* Page 3** | **Does not Meet** | **Partially Meets** | **Meets** |
| **Core Competency 1. Addiction and Recovery Basics (2 hours)** | **Addiction and Recovery Basics** | | | | |
| Identify and define Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry for Evidence (NREP) based practices. <https://www.samhsa.gov/ebp-resource-center> | File Name:  Page No.: |  |  |  |
| Provide 3 examples below from Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry for Evidence (NREP) based practices for persons with substance abuse treatment needs. *(see below)* | | | | |
| * Example 1 | File Name:  Page No.: |  |  |  |
| * Example 2 | File Name:  Page No.: |  |  |  |
| * Example 3 | File Name:  Page No.: |  |  |  |
| Provide an outline summary of the “*Comprehensive Case Management for Substance Abuse Treatment, Treatment Improvement Protocol (TIP) number 27*” found at: <https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA15-4215> | File Name:  Page No.: |  |  |  |
| Provide evidence that the “*Comprehensive Case Management for Substance Abuse Treatment, Treatment Improvement Protocol (TIP) number 27*” will be made available to training participants. This protocol is found at:  <https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA15-4215> | File Name:  Page No.: |  |  |  |
| Describe each of the National Institute of Drug Abuse’s (NIDA) 13 Principles of Effective Drug Addiction Treatment using the 13 principles as provided at NIDA’s website:  <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment> | File Name:  Page No.: |  |  |  |
| Provide evidence that a copy of the National Institute of Drug Abuse’s (NIDA) 13 Principles of Effective Drug Addiction Treatment is provided to training participants.  <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment> | File Name:  Page No.: |  |  |  |
| Define and describe the following risk factors for addiction: *(see below)* | | | | |
| * Genetics | File Name:  Page No.: |  |  |  |
| * Age of onset | File Name:  Page No.: |  |  |  |
| * Adverse childhood experiences | File Name:  Page No.: |  |  |  |
| * Mental illness | File Name:  Page No.: |  |  |  |
| * Environmental factors | File Name:  Page No.: |  |  |  |
| Describe the six dimensions of the American Society of Addiction Medicine’s (ASAM) level of care assessment. <http://www.asam.org/publications/the-asam-criteria/about/> <https://www.naadac.org/assets/2416/david_gastfriend_ac15_asamcriteria.pdf>  *(see below)* | | | | |
| 1. Acute Intoxication and/or Withdrawal Potential | File Name:  Page No.: |  |  |  |
| 1. Biomedical Conditions and Complications | File Name:  Page No.: |  |  |  |
| 1. Emotional, Behavioral , or Cognitive Conditions and Complications | File Name:  Page No.: |  |  |  |
| 1. Readiness to Change | File Name:  Page No.: |  |  |  |
| 1. Relapse, Continued Use, or Continued Problem Potential | File Name:  Page No.: |  |  |  |
| 1. Recovery/Living Environment | File Name:  Page No.: |  |  |  |
| Describe the five broad levels of care and their sublevels per Chapter 5 of the American Society of Addiction Medicine (ASAM). *(see below)* | | | | |
| 1. Level 0.5: Early Intervention | File Name:  Page No.: |  |  |  |
| 1. Level I: Outpatient Services | File Name:  Page No.: |  |  |  |
| 1. Level II: Intensive Outpatient/Partial Hospitalization Services | File Name:  Page No.: |  |  |  |
| 1. Level III: Residential/Inpatient Services | File Name:  Page No.: |  |  |  |
| 1. Level IV: Medically Managed Intensive Inpatient Services | File Name:  Page No.: |  |  |  |
| Provide information on how case management plays an important part in the levels of care described above. | File Name:  Page No.: |  |  |  |
| Describe the key elements of addiction listed below: *(see below)* | | | | |
| * Brain disease model | File Name:  Page No.: |  |  |  |
| * Control | File Name:  Page No.: |  |  |  |
| * Compulsion | File Name:  Page No.: |  |  |  |
| * Chronicity | File Name:  Page No.: |  |  |  |
| Define the Diagnostic and Statistical Manual (DSM) 5 | File Name:  Page No.: |  |  |  |
| Provide an overview of the 11 criterion of substance use disorder criteria (features, severity and specifiers as described in the current edition of the Diagnostic and Statistical Manual (DSM) (Pages 483-484) | File Name:  Page No.: |  |  |  |
| Describe the ten guiding principles of recovery as provided by SAMHSA. <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> *(see below)* | | | | |
| 1. Recovery emerges from hope | File Name:  Page No.: |  |  |  |
| 1. Recovery is person-driven | File Name:  Page No.: |  |  |  |
| 1. Recovery occurs via many pathways | File Name:  Page No.: |  |  |  |
| 1. Recovery is holistic | File Name:  Page No.: |  |  |  |
| 1. Recovery is supported by peers and allies | File Name:  Page No.: |  |  |  |
| 1. Recovery is supported through relationship and social networks | File Name:  Page No.: |  |  |  |
| 1. Recovery is culturally-based and influenced | File Name:  Page No.: |  |  |  |
| 1. Recovery is supported by addressing trauma | File Name:  Page No.: |  |  |  |
| 1. Recovery involves individual, family and community strengths and responsibility | File Name:  Page No.: |  |  |  |
| 1. Recovery is based on respect | File Name:  Page No.: |  |  |  |
| Define a recovery oriented system of care using the SAMHSA Resource Guide Book at: <http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf> | File Name:  Page No.: |  |  |  |
| List five characteristics of a recovery oriented system of care using the SAMHSA Resource Guide Book at: <http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf> *(see below)* | | | | |
| * Characteristic Example 1 | File Name:  Page No.: |  |  |  |
| * Characteristic Example 2 | File Name:  Page No.: |  |  |  |
| * Characteristic Example 3 | File Name:  Page No.: |  |  |  |
| * Characteristic Example 4 | File Name:  Page No.: |  |  |  |
| * Characteristic Example 5 | File Name:  Page No.: |  |  |  |
| **Core Competency**  **2. Resources (1 hour)** | **Resources, Insurance and Health Maintenance Options** | | | | |
| Describe the below resources that may be helpful for individuals with SUD and explain how Targeted Case Managers (TCM) can assist individuals in accessing these identified resources. *(see below)* | | | | |
| * Family support services * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Social services and benefits programs * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Health Insurance Coverage - KYNECT <https://kynect.ky.gov/> * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Recovery houses * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Tobacco cessation * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Alcoholics Anonymous * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Narcotics Anonymous * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Cocaine Anonymous * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| * Double Trouble Recovery Groups * Described the Resource * Explained how TCM Can Assist in Access | File Name:  Page No.: |  |  |  |
| Define and describe parity in relationship to behavioral health insurance coverage using the below paragraph and use of the resource by SAMHSA.  “The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health insurers and group health plans to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care. The Affordable Care Act further expands the MHPAEA’s requirements by ensuring that qualified plans offered on the Health Insurance Marketplace cover many behavioral health treatments and services.” <http://www.samhsa.gov/health-financing/implementation-mental-health-parity-addiction-equity-act> | File Name:  Page No.: |  |  |  |
| Provide evidence that the 12 steps to recovery from one of the following groups: Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous or Double Trouble Recovery Groups is provided to participants. | File Name:  Page No.: |  |  |  |
| Provide evidence that the below fact sheet is provided to training participants. <http://www.williamwhitepapers.com/pr/CSAT%20Mutual%20Support%20Groups%202008.pdf> | File Name:  Page No.: |  |  |  |
| **Core Competency**  **3. Meeting Facilitation**  **(1/2 hour)** | **Meeting Facilitation** | | | | |
| Provide evidence that meeting facilitation skills are demonstrated (include at least: setting an agenda, establishing ground rules and reframing and redirecting) *(see below)* | | | | |
| * Setting an Agenda | File Name:  Page No.: |  |  |  |
| * Establishing Ground Rules | File Name:  Page No.: |  |  |  |
| * Reframing | File Name:  Page No.: |  |  |  |
| * Redirecting | File Name:  Page No.: |  |  |  |
| Identify effective networking skills needed by the TCM to work with local community and state partners. | File Name:  Page No.: |  |  |  |
| **Core Competency**  **4. Regulations**  **(1/2 hour)** | **Regulations** | | | | |
| Provide a descriptor of the instruction for training participants on KAR 908.1:370, (Alcohol and Other Drug Abuse Treatment Entity - AODE) as found at the Kentucky Legislative Research Commission: <http://kyrules.elaws.us/rule/908kar1:370> | File Name:  Page No.: |  |  |  |
| Provide a summary of the Medicaid Pregnancy and Case Management Services using information from the Kentucky Department of Medicaid Services website: <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>  (907 KAR 1:044: Community Mental Health Center Services Material Incorporated by Reference: <https://chfs.ky.gov/agencies/dms/dpo/bpb/Documents/CLEANCMHCBHMANUALARRS43015.pdf>) | File Name:  Page No.: |  |  |  |
| Provide evidence that participants have a copy of the Medicaid Pregnancy and Case Management Services using information from the Kentucky Department of Medicaid Services website: <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>  (907 KAR 1:044: Community Mental Health Center Services Material Incorporated by Reference: <https://chfs.ky.gov/agencies/dms/dpo/bpb/Documents/CLEANCMHCBHMANUALARRS43015.pdf>). | File Name:  Page No.: |  |  |  |
| Provide a descriptor of the instruction for training participants on supervision requirements as defined in 907 KAR 15:050 found at the Kentucky Legislative Research Commission: <https://apps.legislature.ky.gov/law/kar/907/015/050.pdf> | File Name:  Page No.: |  |  |  |
| Provide a descriptor of the instruction for training participants on the Certified Alcohol and Drug Counselor (CADC) statue of KRS 309:083 <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=44294> | File Name:  Page No.: |  |  |  |
| Provide a descriptor of the instruction for training participants on 42 CFR (Code of Federal Regulations) Part 2 Confidentiality <http://www.ecfr.gov/cgi-bin/text-idx?SID=3e7120966031e7fc990b15407461852d&node=pt42.1.2&rgn=div5> | File Name:  Page No.: |  |  |  |
| **Core Competency**  **5. Special Populations within Substance Abuse Treatment (1 hour)** | **Special Populations within Substance Abuse Treatment** | | | | |
| Describe the specific needs of pregnant and post-partum women related to addiction with the following: *(see below)* | | | | |
| * SEI Substance Exposed Infants/ NAS Neonatal Abstinence Syndrome | File Name:  Page No.: |  |  |  |
| * Kentucky prevalence data (used data within the last three years) | File Name:  Page No.: |  |  |  |
| Describe medication assisted treatment (MAT) to include the below: *(see below)* | | | | |
| * Medications that are currently available for MAT | File Name:  Page No.: |  |  |  |
| * Locations of current facilities for Opioid Treatment Program (OTP) | File Name:  Page No.: |  |  |  |
| * Information on the Suboxone locator (SAMHSA) <https://findtreatment.samhsa.gov/> and <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator> | File Name:  Page No.: |  |  |  |
| * Information on Kentucky prevalence data | File Name:  Page No.: |  |  |  |
| * Use of naloxone for overdose prevention | File Name:  Page No.: |  |  |  |
| Provide evidence that SAMHSA document “Know your Rights” is provided to training participants. Found at: <http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Know_Your_Rights_Brochure_0110.pdf> | File Name:  Page No.: |  |  |  |
| Provide instruction on specific risks and needs of priority populations for substance abuse treatment for the following listed below: *(see below)* | | | | |
| * Prevalence data of HIV/AIDS | File Name:  Page No.: |  |  |  |
| * IV Drug Usage and Hepatitis C | File Name:  Page No.: |  |  |  |
| * Pregnant women | File Name:  Page No.: |  |  |  |
| * Women with dependent children | File Name:  Page No.: |  |  |  |
| Describe the specific needs for working with adolescents (12 – 18 years of age) and their families with substance use issues to include the below: *(see below)* | | | | |
| * Kentucky prevalence data | File Name:  Page No.: |  |  |  |
| * Developmental concerns | File Name:  Page No.: |  |  |  |
| **Core Competency**  **6. Care Planning (1 hour)** | **Care Planning/Discharge Planning/Relapse Prevention Planning** | | | | |
| Define the elements of an effective discharge plan to include the following listed below: *(see below)* | | | | |
| * Behavioral indicators that the person is ready for discharge | File Name:  Page No.: |  |  |  |
| * Goals met | File Name:  Page No.: |  |  |  |
| * Natural supports identified | File Name:  Page No.: |  |  |  |
| * Expected discharge timeframe | File Name:  Page No.: |  |  |  |
| * Responsibility parties for transition identified | File Name:  Page No.: |  |  |  |
| Provide evidence of practice by the training participant in developing a care plan which includes the following listed below: *(see below)* | | | | |
| * Development of goals and objectives | File Name:  Page No.: |  |  |  |
| * Discharge Criteria | File Name:  Page No.: |  |  |  |
| * After care plan which includes relapse prevention | File Name:  Page No.: |  |  |  |
| Provide instruction on the following steps of person centered case planning as listed below: (*see* below) | | | | |
| * Identification of Needs | File Name:  Page No.: |  |  |  |
| * Prioritize Needs | File Name:  Page No.: |  |  |  |
| * Develop Goals | File Name:  Page No.: |  |  |  |
| * Develop Objectives | File Name:  Page No.: |  |  |  |
| * Identify Resources | File Name:  Page No.: |  |  |  |
| * Development of Crisis Plan | File Name:  Page No.: |  |  |  |
| * Discharge and Transition Plan | File Name:  Page No.: |  |  |  |
| * Set Next Meeting Date | File Name:  Page No.: |  |  |  |
| Evidence of practice by the training participant of implementation and monitoring a care plan which includes the following listed below: (*see* below) | | | | |
| * Goal Modification | File Name:  Page No.: |  |  |  |
| * Objective Modification | File Name:  Page No.: |  |  |  |
| * Addition of New Goals | File Name:  Page No.: |  |  |  |