

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 2:260E Targeted Case Management
Department Approved Training Curriculum Criteria Rubric for the
Six (6)-Hour Co-Occurring Behavioral Health (Serious Mental Illness (SMI), Severe Emotional Disability (SED), Substance Use Disorder (SUD)) and
Chronic or Complex Physical Health Condition(s)
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 Managers serving individuals (adults and children/youth) with Co-Occurring Behavioral Health (SMI, SED, SUD) **and** a Chronic or Complex Physical Health Condition(s). This is required in addition to the 12-hour Core Competency Curriculum for Behavioral Health Targeted Case Management.

Overview of Core Competency Recommendations

- Core Competencies recommended as in-person, face to face training include:
 - Core Competency 1. Chronic or Complex Physical Health Condition
 - Core Competency 2. Physical Health Medications
 - Core Competency 3. Morbidity and Mortality
 - Core Competency 4. Resources

- Interactive teaching strategies must be used for the core competencies.
- Any video or other media to be used should be submitted with the curriculum.

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 (<i>is the file name</i>), Page 3	Does not Meet	Partially Meets	Meets
Core Competency 1. Chronic or Complex Physical Health Condition (1 hour) <i>Recommended as In-person, face to face format</i>	Chronic or Complex Physical Health Condition.				
	Define "Chronic or Complex Physical Health Condition" as described in 908 KAR 2:260.	File Name: Page No.:			
	Define co-occurring as it relates to physical and behavioral health conditions.	File Name: Page No.:			
	Briefly define each co-occurring category as listed below: (<i>see below</i>)				
	<ul style="list-style-type: none"> SMI (as defined in 908 KAR 2:260 and KRS 210.005 (2)(3)) 	File Name: Page No.:			
	<ul style="list-style-type: none"> SED (as defined in KRS 200.503(3)) 	File Name: Page No.:			
	<ul style="list-style-type: none"> SUD (as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders) 	File Name: Page No.:			
	Describe the interplay between physical health conditions and behavioral health conditions.	File Name: Page No.:			
	Describe at least one sample situation that a Targeted Case Manager may encounter when working with an individual in each of the following: (<i>see below</i>)				
	<ul style="list-style-type: none"> SMI and chronic or complex physical health condition (as described in 908 KAR 2:260) 	File Name: Page No.:			
<ul style="list-style-type: none"> SED and chronic or complex physical health condition (as described in 908 KAR 2:260) 	File Name: Page No.:				
<ul style="list-style-type: none"> SUD and chronic or complex physical health condition (as described in 908 KAR 2:260) 	File Name: Page No.:				

Core Competency 2. Physical Health Medications (2 hours) Recommended as In-person, face to face format	Physical Health Medications.			
	Select at least 5 of the 11 chronic or complex physical health conditions (as described in 908 KAR 2:260) and describe the condition, symptoms, medication and medication side effects for each of the 5 selected: <i>(see below)</i>			
	<i>The chronic or complex physical health conditions in 908 KAR 2:260 are as follows: cardiovascular disorder, respiratory disorder, genitourinary disorder, endocrine disorder, musculoskeletal disorder, neurological disorder, immune system disorder, gastrointestinal disorder, hematological disorder, infectious disease, or cancer.</i>			
	1. List Chronic or complex physical health condition selected _____ (for reviewer scoring only) <ul style="list-style-type: none"> Describe Chronic Condition _____ (for reviewer scoring only) Describe Common Symptoms _____ (for reviewer scoring only) Describe Common Medication _____ (for reviewer scoring only) Describe Common Medication side effects _____ (for reviewer scoring only) 	File Name: Page No.:		
	2. List Chronic or complex physical health condition selected _____ (for reviewer scoring only) <ul style="list-style-type: none"> Describe Chronic Condition _____ (for reviewer scoring only) Describe Common Symptoms _____ (for reviewer scoring only) Describe Common Medication _____ (for reviewer scoring only) Describe Common Medication side effects _____ (for reviewer scoring only) 	File Name: Page No.:		
	3. List Chronic or complex physical health condition selected _____ (for reviewer scoring only) <ul style="list-style-type: none"> Describe Chronic Condition _____ (for reviewer scoring only) Describe Common Symptoms _____ (for reviewer scoring only) Describe Common Medication _____ (for reviewer scoring only) Describe Common Medication side effects _____ (for reviewer scoring only) 	File Name: Page No.:		
4. List Chronic or complex physical health condition selected _____ (for reviewer scoring only) <ul style="list-style-type: none"> Describe Chronic Condition _____ (for reviewer scoring only) Describe Common Symptoms _____ (for reviewer scoring only) Describe Common Medication _____ (for reviewer scoring only) Describe Common Medication side effects _____ (for reviewer scoring only) 	File Name: Page No.:			
5. List Chronic or complex physical health condition selected _____ (for reviewer scoring only) <ul style="list-style-type: none"> Describe Chronic Condition _____ (for reviewer scoring only) Describe Common Symptoms _____ (for reviewer scoring only) Describe Common Medication _____ (for reviewer scoring only) Describe Common Medication side effects _____ (for reviewer scoring only) 	File Name: Page No.:			

	Describe possible complications regarding physical health medications and substance use disorders.	File Name: Page No.:			
	Describe the interplay between the following: physical health medication, behavioral health medication and possible self-medication for behavioral health disorders. <ul style="list-style-type: none"> Included physical health medication in description _____ (for reviewer scoring only) Included behavioral health medication in description _____ (for reviewer scoring only) Included possible self-medication for behavioral health disorders in description _____ (for reviewer scoring only) 	File Name: Page No.:			
	Identify and explain possible reasons individuals stop taking and/or do not begin taking their physical and/or behavioral health medication including at least: (see below)				
	<ul style="list-style-type: none"> Side effects 	File Name: Page No.:			
	<ul style="list-style-type: none"> Fear of potential side effects 	File Name: Page No.:			
	<ul style="list-style-type: none"> Inhibitive cost of medication 	File Name: Page No.:			
	<ul style="list-style-type: none"> Unable to keep medication organized 	File Name: Page No.:			
	<ul style="list-style-type: none"> Symptoms of psychosis interfere with taking medication 	File Name: Page No.:			
<ul style="list-style-type: none"> Forget the need for taking medication 	File Name: Page No.:				
Core Competency 3. Morbidity and Mortality (1 hour) <i>Recommended as In-person, face to face format</i>	Morbidity and Mortality.				
	Provide evidence that the 2006 study by the National Association of State Mental Health Program Directors (NASMHPD) titled, “Morbidity and Mortality in People with Serious Mental Illness”, that states that adults with SMI who receive services in the public mental health system die, on average, 25 years premature will be available to training participants. Web addresses for this study: : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3497918/ , https://www.bjmp.org/content/physical-morbidity-and-mortality-people-mental-illness	File Name: Page No.:			
Describe the physical health issues that lead to premature death as described in 2006 study by the National Association of State Mental Health Program Directors (NASMHPD) titled, “Morbidity and Mortality in People with Serious Mental Illness”. Web addresses for this study: : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3497918/ , https://www.bjmp.org/content/physical-morbidity-and-mortality-people-mental-illness	File Name: Page No.:				

	Provide evidence that the article, “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults” published in 1998 in the American Journal of Preventive Medicine, Volume 14, (4) will be made available to training participants. http://www.theannainstitute.org/ACE%20folder%20for%20website/4RCH.pdf	File Name:			
		Page No.:			
	Provide an overview of the Adverse Childhood Experiences (ACE) study. Web address for this study: http://www.theannainstitute.org/ACE%20folder%20for%20website/4RCH.pdf	File Name:			
		Page No.:			
	Describe at least 5 adverse experiences that have been repeatedly shown to increase the risk of physical health complications in adult life from the ACE study. http://www.theannainstitute.org/ACE%20folder%20for%20website/4RCH.pdf (see below)				
	Example 1	File Name:			
		Page No.:			
	Example 2	File Name:			
		Page No.:			
	Example 3	File Name:			
	Page No.:				
Example 4	File Name:				
	Page No.:				
Example 5	File Name:				
	Page No.:				
Describe at least 3 co-morbid physical health conditions that may occur with individuals who are diagnosed with a substance use disorder. (see below)					
Example 1	File Name:				
	Page No.:				
Example 2	File Name:				
	Page No.:				
Example 3	File Name:				
	Page No.:				
Core Competency 4. Resources (2 hours) <i>Recommended as In-person, face to face</i>	Resources.				
	Identify and describe at least five resources that may be helpful for individuals with co-occurring chronic or complex physical health conditions and explain how targeted case managers can assist individuals in accessing these identified resources. (e.g., indigent drug programs; local health department services; Accessing diabetic testing supplies; hepatitis and HIV/AIDS testing, making and accessing medical appointments, etc. - these are examples for reference.) (scored below)				
	Example 1	File Name:			
	Page No.:				
Example 2	File Name:				
	Page No.:				

format	Example 3	File Name: Page No.:			
	Example 4	File Name: Page No.:			
	Example 5	File Name: Page No.:			
	Identify and describe at least five statewide and/or federal resources targeted case managers may need to be aware of in serving this population. (DCBS office in each county; Kentucky Housing Corporation; Social Security Office; Health Department in each local area– these are examples for reference) <i>(see below)</i>				
	Example 1	File Name: Page No.:			
	Example 2	File Name: Page No.:			
	Example 3	File Name: Page No.:			
	Example 4	File Name: Page No.:			
	Example 5	File Name: Page No.:			
	Describe the process a targeted case manager shall use to assist an individual with the following needs: <i>(see below)</i>				
	Deaf or Hard of Hearing Individuals:	File Name: Page No.:			
	<ul style="list-style-type: none"> • Language assistance _____ (for reviewer scoring only) • Interpreter services _____ (for reviewer scoring only) 				
	Individuals with a different native language than English:	File Name: Page No.:			
<ul style="list-style-type: none"> • Language assistance _____ (for reviewer scoring only) • Interpreter services _____ (for reviewer scoring only) 					