# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.pnggraduate COMMITTEE curriculum PROPOSAL FORM

## Cover page Scroll over blue text to see further [instructions](#instructions)

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| --- | --- | --- |
| A.1.  [program](#Proposal) | **Certificate of graduate studies in integrated behavioral health** |  |
| [Replacing](#Ifapplicable)  |  |  |
| A.2. [Proposal type](#type) | **Program**[**: creation**](#creation) **|**  |  |
| A.3. [Originator](#Originator) | **Jayashree Nimmagadda** | [Home department](#home_dept) | **Social Work** |
| A.4. [Rationale](#Rationale)/Context | **The purpose of this proposal is to seek approval for a new Certificate of Graduate Studies in Integrated Behavioral Health that will be offered to MSW students.** **The rapid adoption of ‘healthcare home’ team-based models by primary care systems is an indication that collaborative, team-based, integrated physical and behavioral healthcare is rapidly emerging in Rhode Island. Two major efforts are underway to transform health care delivery in Rhode Island - – the State Innovation Model Test Grant and the Care Transformation Collaborative – RI (CTC-RI). Both of these projects are led/convened by the RI Office of the Health Insurance Commissioner (RI OHIC) and RI Executive Office of Health and Human Services (RI EOHHS). With letters of support from these RI offices,** **The MSW program received a federal grant from Health Resources and Services Administration (HRSA) in 2017 to develop and provide this training.** **This certificate program is open to all second-year MSW students interested in gaining knowledge and skills in evidence-informed practices in integrated behavioral health.** **Enrolled students will have to earn 15 credits in courses that are designed to enhance their understanding of how to function as part of an interprofessional team, understand social determinants of health, and develop competencies in engaging and supporting clients across a range of health conditions. Students will complete 300 hours of internship each semester (600 total for the year) in a primary care setting functioning as a behavioral health clinician. We have developed several NEW placements (all in primary care settings) this past year to support this program.** |
| A.5. [Student impact](#student_impact) | **Will have an opportunity to gain knowledge and skills to work in a healthcare setting** |
| A.6. Impact on other programs | **N/A** |
| A.7. [Resource impact](#Resource) | *[Faculty PT & FT](#faculty" \o "Need to hire new full-time or part-time faculty? This is where you indicate if this proposal will be affecting FLH in your department/program.)*:  | **N/A** |
|  | [*Library*:](#library) | **N/A** |
|  | [*Technology*](#technology) | **N/A** |
|  | [*Facilities*](#facilities): | **N/A** |
|  | Promotion/ Marketing needs  | **N/A** |
| A.8. [Semester effective](#Semester_effective) | **Summer 2018** | A.9. Rationale if sooner than next fall | **Since this is a grant funded activity, we would need to begin enrolling students in Summer 2018** |

### C. [Program Proposals](#program_proposals)

|  | [Old (for revisions only)](#old_program) | New/revised |
| --- | --- | --- |
| C.1. [Enrollments](#enrollments) |  | **15 per year** |
| C.2. [Admission requirements](#admissions) |  | **Admission requirements for the CGS:****1. A completed application form accompanied by a fifty-dollar nonrefundable application fee.** **2. Advanced year enrollment in good standing in the MSW program. Awarding of the certificate for current students is to be accompanied by graduation from the MSW program.****3. A current résumé.****4. One reference letter.****NOTE: The reason why this program is available for current MSW students is because people who already have licenses are not looking for college credits (necessarily), but for CEUs. After we pilot the curriculum, we will work with Continuing Education to create a similar certificate.**  |
| C.3. [Retention requirements](#retention) |  | **A minimum cumulative grade point average of 3.00 on a 4.00 scale** |
| C.4. [Course requirements](#course_reqs) for each program option |  | **SWRK 654: Clinical Practice in Integrated Healthcare (3 credits)****SWRK 600: Field Seminar III (4 credits)****SWRK 601: Field Seminar IV (4 credits)****SWRK 644: Clinical evaluation and case consultation I (1.5 credits)****SWRK 646: Clinical evaluation and case consultation II (1.5 credits)****SWRK 690: Independent Study in Social Work (1 credit)** |
| C.5. [Credit count](#credit_count) for each program option |  | **15 credits** |
| C.6. Requirement for thesis, project, or comprehensive exam  |  | **N/A** |
| C.7. Other changes if any |  | **N/A** |

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| **INSTRUCTIONS FOR PREPARING THE CATALOG COPY**: The proposal must include all relevant pages from the college catalog, and must show how the catalog will be revised. (1) Go to the “Forms and Information” page on the Graduate Committee website. Scroll down until you see the Word files for the current catalog. (2) Download ALL catalog sections relevant for this proposal, including course descriptions and/or other affected programs. (3) Place ALL relevant catalog copy into a single file. Put page breaks between sections and delete any catalog pages not relevant for this proposal. (4) Using the track changes function, revise the catalog pages to demonstrate what the information should look like in next year’s catalog. (5) Check the revised catalog pages against the proposal form, especially making sure that program totals are correct if adding/deleting course credits.  |

## D. Signatures

* Changes that directly impact more than one department/program MUST have the signatures of all relevant department chairs, program directors, and relevant dean (e.g. when creating/revising a program using courses from other departments/programs).
* Proposals that do not have appropriate approval signatures will not be considered.
* Type in name of person signing and their position/affiliation.
* Send electronic files of this proposal and accompanying catalog copy to graduatecommittee@ric.edu and a printed or electronic signature copy of this form to the current Chair of Graduate Committee. Check Graduate Committee website for due dates.

##### D.1. Approvals: required from programs/departments/deans who originate the proposal. may include multiple departments, e.g., for joint/interdisciplinary prposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
|  | Program Director of  |  |  |
|  | Chair of  |  |  |
|  | Dean of  |  | Tab to add rows |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS IMPACTED BY THE PROPOSAL. SIGNATURE DOES NOT INDICATE APPROVAL, ONLY AWARENESS THAT THE PROPOSAL IS BEING SUBMITTED. List all other programs and departments affected by this proposal. Signatures from these departments are required in the signature section. CONCERNS SHOULD BE BROUGHT TO THE GRADUATE COMMITTEE MEETING FOR DISCUSSION.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
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