



**Mississippi Department of Mental Health**  
**Provider Bulletin**  
**Number PR012**

**Subject:** Psychosocial Rehabilitation Services Curriculum and Training

**Issue Date:** June 11, 2012

**Effective Date:** N/A

**Scope**

All DMH Certified Providers of Psychosocial Rehabilitation (PSR) Services

**Purpose**

Provide an outline of information required to submit to DMH.

**Subject**

Please submit the curriculum that you have selected to implement in your PSR programs and your training plan for the selected curriculum. **Please submit the curriculum and training plans to Ms. Kala Booth by July 1, 2012. Ms. Booth's email address is [kala.booth@dmh.state.ms.us](mailto:kala.booth@dmh.state.ms.us).**

In your submission, please include the following:

- Name of curriculum
- If not included in SAMHSA's National Registry of Evidence-based Programs and Practices, list references
- Number of staff to be trained
- Training timeline
- Methods of training to be utilized (i.e. face to face with developers of curricula, instructional video provided with curricula, self-study, etc.)
- If curricula will be piloted in certain programs, include the programs that will be pilot sites and specific timeline for the pilot period by location
- Date of implementation in all PSR programs
- How fidelity to the curriculum will be monitored

DMH staff will review your submissions and notify you of any concerns with your selection and plan for implementation. DMH will also share this information with the Division of Medicaid.

***End of Provider Bulletin***