

Basic Case Management Training: Module 6 Test

DIRECTIONS: Complete this test after finishing Module 6 of the Basic Case Management Training. Print your name, agency information and social security number CLEARLY below. After finishing the test, sign and return this form to your supervisor.

PLEASE PRINT CLEARLY

Name: _____

Social Security Number (Last 5 Digits): _ - _ _ _

Agency: _____

Today's Date: _____

MULTIPLE CHOICE - Choose the BEST answer to each of the following multiple choice question

1. Which statement is not a principle of resource acquisition?

- A. Community integration needs to occur in addition to MH services
- B. The community is an obstacle to the individual
- C. Resources must be tailored to the individual
- D. Consumers have the right to use community resources

TRUE/FALSE - Indicate whether the statement below is TRUE or FALSE

2. Accessing community resources is the use of informal and formal support systems in order to help individuals with mental illness enjoy a high quality of life and to avoid unnecessary hospitalization. T F

MULTIPLE CHOICE - Choose the BEST answer to each of the following multiple choice questions

3. How does one acquire resources?

- A. Get out of the MH clinical mode and into the community mode
- B. Ask yourself what you would do if you or your friend or a family member needed services?
- C. Network
- D. When you get a "no," ask if there's anywhere else you can turn.
- E. All the above
- F. None of the above.

4. Principles for successful collaboration include:

- A. Collaboration requires interagency independence.
- B. Collaboration creates conflict.
- C. Familiarity breeds contempt.
- D. Clarify expectations—ask what the agency can do for you.

5. Bridges to collaboration can include:

- A. Provide "professional competence" at times to empower other parts of the system.
- B. Accept conflict and work through it to synergize.
- C. Seek first to get your point across.
- D. Require the other systems to learn your agency's language.

I hereby affirm that I did complete the module indicated above:

_____ Date _____

Participant's Signature

Supervisor: Please Complete

Supervisor Name:

_____ Agency _____

I hereby affirm that the case manager completed Module 6 and scored more than 80% on the test.

Supervisor Signature _____ Date _____