



## HURON BEHAVIORAL HEALTH PROCEDURE

Procedure #: **TR.2.03**  
Issue Date: **03/25/03**  
Rev. Date: **09/12/17**  
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### Title: Training Requirements for HBH Employees Procedure

Prepared By: Executive Director

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#### Purpose:

To define the agency's training goals and the minimum training requirements for employees.

#### Scope:

The procedure applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH).

#### Information:

1. HBH Human Resource (HR) Manager provides initial orientation to new employees to familiarize them with HBH philosophies, objectives, programs, services, and populations served (see [New Employee Orientation Procedure TR.2.02](#)). With the orientation process, a [training checklist \(90-126\)](#) defines the new employee training requirements.
2. HBH makes a good faith effort to provide all staff with the necessary training in order to perform their job duties and to meet contractual requirements as applicable. On-going training is required to ensure that the employee's skills are renewed on a periodic basis to provide the best possible care and outcomes to the consumer.
3. In accordance with the Mid-State Health Network (MSHN), the Pre-paid Inpatient Health Plan (PIHP), of which HBH is a participant in, responsibilities for staff training has been delegated to HBH. MSHN monitors HBH and other affiliate members for uniformity, reciprocity, and compliance to MSHN network training policies.
4. HBH provides the opportunity for clinical staff to fulfill their continuing education requirements for the various professions via internal on-line courses and external conferences, workshops, etc. HBH staff has access to an on-line/internet training provider, Relias, for clinical training courses as well as additional elective courses for personal and/or career enhancement. This service allows employees to obtain their required trainings at their convenience and receive credit for the hours successfully completed.
5. In-service training for program-specific needs, such as Medicaid Provider Manual guidelines, monitoring, linking, advocacy, plan development, assessing, re-assessing, and monitoring consumers occurs during supervision and regular staff meetings. Additionally, training in public assistance programs, eligibility requirements and benefits, as well as the available community resources occurs at staff meetings, All Programs meetings as well as specific trainings with Department of Human Services (DHS) staff members and other community service agency providers (see also Medicaid Provider Manual core elements).
6. HBH Supervisors review each of their employee's training records for compliance as part of the annual performance appraisal process. Areas of need are identified and addressed as formal goals for the employee, including any external training needed to enhance an employee's skills.
7. Training materials are developed annually (each calendar year). Trainers are required to develop a written curriculum and course materials and submit them to the Training Manager (or designee) prior to January each year.
8. **There are no exceptions to mandatory trainings.** As circumstances, needs, services, or governing body requirements, and/or legislative or contractual requirements are imposed, additional mandatory training requirements may be added. Supervisors may also require additional trainings.
9. Supervisors should make every effort to have their staff utilize the on-line and in-house trainings to the maximum degree possible before seeking more expensive alternative (off-site) trainings. Occasionally internal or on-line training is not available to accommodate specific training needs, and trainings may then be sought outside of the agency and training credit obtained for that training.
10. Contractual providers who do not meet the training requirements may have payment/reimbursement withheld until training required is completed.

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## Procedure:

### A. Employee Training Requirements:

1. The table below defines the job areas and the required training per the key below:

Code for "Type of Training" Column: OL = On-Line; CR = Class-Room; Both = CR & OL; OS = Off-Site; SM = Staff Meetings (Supervisor responsible for training)

Training Topic ↓		Type of Training	Timeframe	Clinical Director/ Administrative Staff/ Contractual Providers	Clinical Staff	Clerical/Support Staff	Clinic Nurses	Community Links/ Supported Employment	Flashpoint	Janitorial Staff	Physicians	Contractual Providers - Residential	Contractual Providers - Vocational
1	New Employee Orientation Curriculum	CR	Within 30 days of hire	I	I	I	I	I	I	I	I		
2	Recipient Rights, Grievance & Appeals, LEP & Advance Directives, Mandated Reporter/Abuse & Neglect Reporting, review of Emergency Physical Intervention policies	CR & OL	RR- 30 days of hire. All others 90 days of hire.	A	A	A	A	A	A	A	A	A	A
3	Corporate Compliance & HIPAA Training (including Privacy & Security)	OL	30 days of hire	A	A	A	A	A	A	A	A	A	A
4	Standard Precautions/Blood-Borne Pathogens/TB	OL	Within 30 days of hire	A	A	A	A	A	A	A	I	A	A
5	Cultural Competence/Limited English Proficiency (LEP)	OL	Within 90 days of hire	A	A	A	A	A	A		A	A	A
6	PCP/ Self Determination/ Independent Facilitation	OL	Within 30 days of hire	A	A	A	A	A	A		I	A	A
7	Environmental Emergencies/ Fire Safety / Hazardous Materials/ Safety Data Sheets, Safety Handbook, Employee Safety/Dr. Strong/Field Safety	CR & OL	Within 90 days of hire	A	A	A	A	A	A	A	I	A	A
8	CPR/First Aid	CR	Within 30 days of hire		2	2	2	2	2			2	2
9	Non-Violent Physical Intervention (Verbal De-escalation, and Culture of Gentleness (* Members of Dr. Strong Team are required to take annually)	CR & OL	Within 90 days of hire	I*	2*	2*	2*	A	2	I*	2	A	2
10	Human Resource (HR) Policy & Procedure Updates/Employee Handbook Updates	CR & OL	As needed/ required	A	A	A	A	A		A	A		
11	Family Psycho-Education (Evidence-Based Practice – MDHHS)	CR & OS	As needed/ required		A								
12	Medication Administration Review	SM	Within 90 days of hire		R			R				R	R
13	Program-Specific Medicaid Guidelines Refresher Training (Supervisor completes in staff meetings)	SM	Within 90 days of hire		A	A	A	A					
14	Emergency Services (ES) / Suicide Risk Assessment / Jail Diversion	SM	Within 90 days of hire		A								
15	Trauma Informed System of Care (TISC)	OL	Within 90 days of hire	I	I								
16	Children-specific training (24 hours annually) –all staff who provide treatment to children	CR & OL	As needed/ required		A						A		
17	IDDT – COD Training (Welcoming, Stages of Change & Motivational Interviewing)	CR & OL	Within 90 days of hire	I	A	I	I	I	A	I	I		
18	CAFAS/PECFAS Rater Training (If working with Children)	OS	Within 90 days of hire		2								
19	Mandated Reporter Training (DHS)	OL	Within 30 days of hire	A	A	A	A	A	A	A	A	A	A
20	ACT 101(Initially for ACT staff only) and ACTA (annually for ACT staff only)	OS	180 days of hire & then annually (ACT only)		A								

**I = INITIALLY      A= INITIALLY & ANNUALLY      2 = INITIALLY & EVERY TWO YEARS      3 = INITIALLY & EVERY THREE YEARS**  
**R = At Consumer's Request      \* This training is done with printed training matter and is not done on-line**

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2. There are several groups of clinical professionals and program staff who are required to take a minimum number of hours of specific training in order to meet certain requirements, as follows:
  - a. All clinical staff who work with children (this includes emergency services workers) are required to complete a minimum of twenty-four (24) hours of annual training specific to the treatment of children in accordance with MDHHS guidelines. This can relate to infant, toddler, adolescent, and youth training topics utilizing seminars, classes, printed materials, audio materials, video training materials, staffings with a focus on a particular child-related topic (this must be documented in minutes) and on-line courses, etc. Also all staff who work with children are required to have initial CAFAS (Children & Adolescent Functional Assessment Scale) training initially and booster training every two (2) years to become a CAFAS Rater. Additionally, clinical staff who works with children ages 3-7 may also receive training in administering the PECFAS (Preschool and Early Childhood Functional Assessment Scale) Tool.
  - b. OBRA/Geriatric clinical staff must receive an additional eight (8) hours of specialized older-adults training in addition to the training defined in the training matrix (this is usually accomplished through conferences, seminars, on-line courses, and in-house trainings) in areas such as:
    - Needs of older adults (i.e. mental, social, physical, economic, emotional)
    - Recognition of problems in older adults (i.e. substance use disorders, emergency situations/crisis)
    - Communication skills with older adults
    - Community resources available to older adults
  - c. Assertive Community Treatment (ACT) Team Members must also receive initial ACT 101 Training sponsored by MDHHS. This includes any supervisors, physicians, nurses, social workers, peer support specialists, etc., who participate on the ACT Team.
  - d. Contracted specialized residential homes staff receive training in consumer-specific aspects of a resident's Person Centered Plan (PCP) (using the "[PCP-Specific Training and Agreement Form for Personal Care Staff](#)" 90-004), and must also complete an MDHHS-approved toolbox or specialized residential training.
  - e. Wraparound facilitator staff must complete a three (3) day Wraparound facilitator training provided by MDHHS within ninety (90) days of hire/assignment and minimally, an additional two (2) Wraparound trainings per calendar year. The Wraparound Supervisor must also complete a three (3) day MDHHS Wraparound facilitator training and one (1) additional MDHHS supervisor training during the first year of supervision. The Wraparound Supervisor must also complete two (2) MDHHS Wraparound trainings annually, one of which must be a Wraparound supervisor training.

**B. External Trainings:**

1. Because HBH is a publicly funded entity with limited resources and fiscal responsibility to the public, great care should be taken by staff to utilize all available internal and on-line trainings before any external and more costly training is requested. Supervisors are responsible for monitoring their employee's external training expenses. Employees wishing to take training outside of HBH, must first evaluate and then provide evidence that no internal or on-line courses are available to satisfy the employee's training needs.
2. If there are not any suitable internal or on-line courses available, the employee must complete a "[Request for Workshops, Conferences, and Off-Site Trainings Form](#)" (90-088) and submit it to their supervisor for approval.
3. Upon approval, the employee will receive a "[Training/Conference Approval Form and Training Record](#)" (90-151) as authorization that they may proceed with the external training.
4. After completion of the training, it is the employee's responsibility to obtain training evidence (such as a training certificate) and provide a copy to the Training Manager (or designee) for his/her training records. Training records are maintained in the Relias database system as well as hard copies of training certificates.

**C. On-Going Training:**

1. HBH has a formal/controlled documentation system which addresses topics that may impact an employee's job. To educate employees on any new or changed systems/processes, employees are routinely assigned policies and procedures in the Relias on-line system. When these job-specific assignments are made,

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employees are typically given one (1) month to read the document on-line. The employee must also confirm that they have read and understand the document by taking an exam question at the end of the course. The results are recorded in Relias.

2. Staff that is directly involved in the development and revision of the organizational policy or procedure will not be assigned to read the document in Relias. In this case, records of the policy/procedure being read is evidenced by the signatures on the policy/procedure cover page and can be obtained from the Controlled Documentation Manager (or designee).

**D. On-Going Supervision:**

Program Supervisors are required to provide basic training to their program's staff at time of hire and on an on-going basis regarding:

- MDHHS (protocols, best-practice guidelines, contractual requirements, etc.), MSHN (policies, standards, and contractual requirements), COA (standards and reporting requirements), and HBH (processes, practices, protocols, etc.).
- HBH controlled documentation system (policies, procedures, instructions, forms, etc.)
- Coordination of care with primary care providers, medical & social service delivery systems, etc.
- Medical Necessity, Medicaid Guidelines, Level of Care, etc.
- Person Centered Planning (PCP) philosophies and monitoring compliance to the plan
- Required case record documentation (such as progress notes, periodic reviews, transfers/referrals, case closings, etc.).
- Electronic Medical Record (EMR) system
- Findings from internal and external audits and responsibilities for corrective action follow-up
- Required reporting of suspected Abuse & Neglect, Duty to Warn, Reportable Criminal Behavior, etc.
- Recipient Rights, treatment of consumers, and protection of rights
- HIPAA Privacy and Security regulations and confidentiality of consumer information

See also "[Supervision Procedure](#)" (HR.2.14) and "[Clinical Supervision Policy](#)" (HR.1.02)

**E. Training Committee:**

HBH has established a Training Committee with the following purpose and responsibilities:

- Meet at least twice per year (additionally as necessary)
- Develop and maintain the written policies and procedures regarding HBH employee training
- Evaluate employee training needs and develop appropriate trainings to meet those needs

See also "[Training Committee Procedure](#)" (TR.2.05)

**Definitions/Acronyms:**

CAFAS – Children & Adolescent Functional Assessment Scale

COA – Council on Accreditation

CPR – Cardio-Pulmonary Resuscitation

CLS – Community Living Supports

CWP – Children's Waiver Program

DHS – Department of Human Services (previously referred to as FIA – Family Independence Agency)

HBH – Huron Behavioral Health

HR – Human Resources

LEP – Limited English Proficiency

MDHHS – Michigan Department of Health and Human Services

MSHN – Mid-State Health Network

PCP – Person Centered Plan

PECFAS - Pre-School and Early Childhood Functional Assessment Scale

PIHP – Pre-paid Inpatient Health Plan

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## Forms:

[90-004 PCP-Specific Training and Agreement Form for Personal Care Staff](#)

[90-088 Request for Workshops, Conferences, and Off-Site Trainings Form](#)

[90-151 Training/Conference Approval Form and Training Record](#)

## Records:

- Training records are retained by the Training Manager (or designee) for the active year plus seven (7) years
- Some training records (e.g. new employee orientation, bloodborne pathogens, etc.) are retained in the employees personnel file for the active term of employment plus one (1) year

## Reference(s) and/or Legal Authority

[HR.1.02 Clinical Supervision Policy](#)

[HR.2.14 Supervision Procedure](#)

[TR.1.01 HBH Training Policy](#)

[TR.2.02 Orientation of New Employees Procedure](#)

MDHHS Guidelines

Medicaid Provider Manual @ <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

COA Standards

MSHN policy "Quality Management" adopted 11/22/13

## Change History:

Change Letter	Date of Change(s)	Changes
A	01/26/04	Added columns in the training matrix for Self-determination employees, Hab Waiver individuals/Alternative Services Specialists, added requirements for OP & Clinical Staff columns to include Confrontational avoidance training, added mandatory confrontational avoidance training for customer service and reception personnel, Home-Base Worker and Children's Waiver to Community Support column to clarify additional training requirements, added reference to COA chapter G10.3.02.
B	05/26/04	Added OBRA/Geriatric Training requirement paragraph on page 3 to comply with COA requirements (S38.7.05)
C	01/13/05	Changed bullets to numbers in "Information" section and added # 3 & #4 to comply with S5 (COA), revised matrix to add column for FT Maintenance/Janitorial, combined Specialized Residential and Community Supports columns, moved "Finance" and "Billing" staff to "Professional staff column"
D	03/16/05	Added "Abuse Reporting" to training matrix
E	05/25/06	Incorporated changes to accommodate new on-line training courses from Continued Learning. In "Information" section: #2 changed "annual basis" to "periodic basis" & "job responsibilities" to "job duties", added #3, #4 removed weekly case management meetings and daily ACT meetings" and replaced it with "staffings". #5 changed "FIA" to "DHS", removed # 6 as it was redundant with #7 ("All employees who serve as trainers and contracted trainers are required to provide employees with new learning materials each year, added last sentence in #8, added "X" for "Cultural Diversity" training for Contract employees, removed #10 (Some annual topics may be "tested" as opposed to participation in a classroom course. In no cases, can testing be used for new employee training or as the first time an employee is trained in a particular topic), Revised table on page 2 to include On-Line Training courses, changed "Personnel Manager" to "HR Manager", added reference to Continued Learning courses through-out document, added "Team Building" under Quality Improvement in the training table.
F	11/26/07	In "Information" section, reworded #3 completely, combined #4 & #5, revised Training Matrix on page 2, added "External Training" section, added "Training Committee" section, removed references to on-line trainings in several places, added acronyms, added references. (See QI Coordinator for specific changes and additional information).
G	06/17/08	Revised training matrix under "Procedure" "A" (Added "CWP/CLS" to "Respite Worker" column, added Physical Intervention training for Respite/CWP/CLS), added Initial training of IDDT to all categories of staff, added "Human Resource Update training" to matrix, added "Suicide Risk Assessment" for all clinical staff doing ES, added "CAFAS" training initial & Booster training to matrix), added the last sentence in 2.a, added "CWP" and "CLS" to "Acronym" section
H	12/10/08	Reviewed and revised to comply with COA 8 <sup>th</sup> Edition Standards and present practices – added B.7, added "Jail Diversion Training" to matrix changed "Netsmart" to "Essential Learning" throughout procedure (4 places), changed "contractual employees" to "contractual" in "Scope" section.
I	06/09/09	Combined Jail Diversion with Suicide Risk Assessment Training and added ES & Trauma Informed System of Care to it (17), Removed ToolBox Training (old #9) and Consumer-Specific Training (#12) and moved to item 2.d
J	07/28/09	Corrected matrix – removed "I" (Initial) CAT/PI training requirement from the "Administration/ Finance/ /Clinical Director" column as this is in error and has never been a requirement.
K	12/10/09	Revised training matrix: changed "Safe Driving" Course from "annually" to "every 2 years", moved "HIPAA" training from "Recipient Rights" to "Corporate Compliance", added "Gentle Teachings" to "PI/CAT" training, deleted "Medication Policies, Procedures & Medication Administration" and added "Medication Administration Review" to "Universal Precautions/Blood-borne Pathogens" training, removed "Program-specific Medicaid Training from clerical, Contractors, Admin staff and residential categories
L	03/23/10	Changed "HR Manager/Training Coordinator" to "Training Coordinator" throughout document (3 places), revised the table completely to accommodate new on-line "Essential Learning" training courses being implemented in July 2010 (see QI Coordinator for details/complete list of changes), added last sentence in A.2.d and added two bullets in A.2.d,
M	08/18/10	Revised table on page 2 – changed "Peer Support Specialists" to "Flashpoint" and removed "Peer Support Specialist Training" from their column, added "tracked by Fiscal Intermediary" to "Self Determination Staff", changed "Human Resource Updates" from "CR" to "OL", added asterisk * Paper Training done – not on line", added "Welcoming to "IDDT-COD" Training, added "TB" to "Universal Precautions/Bloodborne Pathogens" Training, removed "IDDT-COD" and "Employee Safety" training from Self Determination column



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		and changed "Cultural Competency" from Initial to as requested by consumer, added hyperlinks.
N	01/19/11	Revised table on page 2 – added PCP training to Physician column, added EPI & Gentle Teaching to Administration and Janitorial columns, changed "Sand Beach staff to Mobile Support Unit
O	06/06/11	Revised training table/matrix on page 2: added "HIPAA" to #1 (Recipient Rights) and removed it from #3 (Corporate Compliance), removed "Employee Safety" (#9) and combined with #8 (Environmental Emergencies", changed First Aid from "OL" to "CL & OL" and changed all employees EXCEPT residential staff from "3" years to "2" years, added "R" to "Self Determination" column for "CPR" and "A" to "PCP" Training, removed "Corporate Compliance" training requirement from "Self Determination" column.
P	07/26/12	Changed 1 <sup>st</sup> bullet in "D" from "quarterly" to "twice per year",
Q	01/24/13	Reviewed and revised to comply with 8 <sup>th</sup> edition COA standards – removed rows labeled "Peer Support Specialists Training" & "HIV/AIDS/STD" training, added row labeled "CPS (Child Protective Services) Abuse reporting", and also columns labeled "Contractual Outpatient", Clinical – SA", Respite Workers", "Self-Determination" columns and also "Mobile Support Unit" from matrix on page 2,
R	06/13/13	Removed "First Aid" from "Nurses column, added Abuse Reporting Training, in "Reference" section removed "AAM Protocols"
S	05/14/14	Reviewed and revised to comply with MSHN policy "Quality Management" – removed references to "AAM (4 places) and replaced with "MSHN" or "PIHP", added to "Acronym" section "PIHP", "MSHN", "PECFAS" and "CAFAS" and removed "AAM" and "SIP", added last sentence in A.2.a., changed "Essential Learning" to "Relias" or "on-line training" (3 places), added #3 in "Information" section, added last bullet in "C", expanded example in bullets in "C", added "Gentle Teachings" in A.2.d, added last sentence in A.2, made numerous additional grammatical changes without changing sentence content.
T	02/04/15	Reviewed and revised to add Medicaid Provider Manual Wraparound Training requirements – added A.2.f.
U	07/29/15	Added reference to "90-004 PCP-Specific Training and Agreement Form for Personal Care Staff" (2 places – 2.d & Forms section) to match existing process.
V	04/05/16	Changed "Michigan Department of Community Health" to "Michigan Department of Health and Human Services" and changed "MDCH" to "MDHHS" throughout document (16 places), in Training grid in section "A.", in A.2.d removed statement about Toolbox training and Gentle Teachings training, in training grid added new #1 ("New Employee Orientation Curriculum"), "Trauma Informed Treatment training" (#15) and "Mandated Reporter Training" (#19) and broke #2 into #2 & #3 to break out Recipient Rights training from Compliance training, combined CPR and First Aid training (#8) and added "ACT training" (#20), made several additional minor wording/descriptive changes to clarify course names, in "Information" section removed #10 (referred to RCS staff not allowed to work if mandatory trainings are not completed),
W	06/23/16	Added section "C".
X	11/01/16	In table on page 2 added (2) far right columns ("Contractual Providers – Residential" & "Contractual Providers – Vocational") and added column labeled "Timeframe", in table corrected several items to reflect current training options.
Y	01/04/17	Reviewed by HBH Training Committee – In "Information" section #1 added "Human Resource (HR) Manager" and last sentence, in table on page 2: #1 removed "& OL", #2 removed "(Initial training is face-t-face and alternating years are classroom and online)", #3 changed "within first year" to "90 days of hire", #7 added "/Dr. Strong", #9 added "(Verbal De-escalation)" and added "Members of Dr. Strong Team are required to take annually."
Z	09/12/17	In training grid on page 2 topic #2 added "review of Emergency Physical Intervention policies".