

| MSHN Regional Minimum CMHSP/SUD Training Requirements FY20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------------|---|---------------------------------|-------------------------|--|-----------------------------------|---|--|---|-----------------------------------|---|----------------------------------|------------------------|---|-------------------------------------|------------------------|------------|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Source Document Key: 1. Balanced Budget Act 2. Health Insurance Portability and Accountability Act (HIPAA) 3. Deficit Reduction Act 4. Michigan Department of Health & Human Services (MDHHS) 5. Michigan Administrative Code 6. Michigan Mental Health Code 7. Occupational Safety & Health Administration (OSHA) 8. Code of Federal Regulations | CMH-employed Administration Group | Crisis Intervention/ Access | Other Professional Service (OT,PT, Dietary, Psychological Testing | CMH- employed Maintenance | Medical Professional | Residential Supervisors/QI/ Licensee | AFC Licensed Direct Care Staff | Aide level staff providing service in the community or in unlicensed settings | Students/ Volunteers/ Temporary workers | Primary Service Providers (Case Managers, Supports Coordination, Home Based Staff, MST, Wraparound) | Individual/ Group Therapist | Clubhouse/ Drop-In/ Peer Supports | CMH- employed Transporters | ACT | Autism Service Providers | | Substance Use Disorder | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Behavior Technicians | BCaBA BCBA LLP QBHP QLP | Treatment | Prevention | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Renewal Key: I = Initially A = Initially & Annually 2 = Initially & every 2 years | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Assertive Community Treatment (ACT) | 180 days of hire for work in ACT | 4 | | | | | | | | | | | | I | | | | |
| | | | | | | | | | | | | | | | Advance Directives | 90 days of hire | 1, 4 | I | I | | | I | | | | I | I | | I | | | I | |
| | | | | | | | | | | | | | | | Appeals & Grievances | 90 days of hire | 1, 4, 6 | A | A | A | A | A | | A | A | A | A | A | A | | A | A | |
| | | | | | | | | | | | | | | | CAFAS and/or PECFAS (if working with children) | 90 days of hire | 4 | | 2 | | | | | | 2 | 2 | | | | | | | |
| | | | | | | | | | | | | | | | Corporate & Regulatory Compliance | 90 days of hire | 1, 3 | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A |
| CPR & First Aid* | 30 days of hire | 5 | | | | | | 2 | first aid only | | | | | 2 | | first aid only | | | | | | | | | | | | | | | | | |
| Cultural Competency & Diversity | 1 year of hire | 4, 6, 8 | A | A | A | A | A | A | A | | A | A | A | A | A | A | A | A | | | | | | | | | | | | | | | |
| Environmental Safety | 1 year of hire | 5, 6 | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | | | | | | | | | | | | | | | |
| Health Management - (Blood Borne Pathogens/Infection Control) | 30 days of hire | 5, 6, 7 | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | 2** | 2** | | | | | | | | | | | | | | |
| HIPAA Privacy & Security | 30 days of hire | 2, 4, 5, 8 | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | | | | | | | | | | | | | | |
| IDDT/COD | 90 days of hire | 4 | | COD | | | | | | I (COD) | I (COD) | | | A- if provides IDDT | | | | | | | | | | | | | | | | | | | |
| Limited English Proficiency (LEP) | 90 days of hire | 1, 4 | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | | | | | | | | | | | | | | |
| Medication Administration | 90 days of hire | 5 | | | | | | I | I - if passing meds | | | | | | | I - if passing meds | I - if passing meds | | | | | | | | | | | | | | | | |
| Non-Physical Intervention (Verbal De- escalation) | 90 days of hire | 8 | | I | | | | I | I | | I | I | I | | I | I | I | | | | | | | | | | | | | | | | |
| Person-Centered Planning | 30 days of hire | 4, 6, 8 | A | A | A | | A | A | A | A | A | A | A | A | A | A - includes beneficiary IPOS | A | | | | | | | | | | | | | | | | |
| Recipient Rights | 30 days of hire | 4, 5, 8 | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | | | | | | | | | | | | | | |
| Self Determination | 90 days of hire | 4 | | A | | | | | | | | A | A | | | | | | | | | | | | | | | | | | | | |
| Trauma Informed Care | 90 days of hire | 4 | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | | | | | | | | | | | | | | | |
| SIS Process/Procedure (IDD) | 60 days of hire | | | | | | | | | | I | | | | | | | | | | | | | | | | | | | | | | |
| LOCUS (MI Adults) | 30 days of hire | 4 | | I | | | | | | | 2 | I | | | I | | | | | | | | | | | | | | | | | | |
| GAIN I-Core | 120 days of hire | 4 | | | | | | | | | | | | | | | | I*** | | | | | | | | | | | | | | | |

* Based on Certification Length set by the training entity (i.e., American Red Cross)

** SUD Prevention of Communicable Diseases

*** Applies only to clinicians conducting assessments (H0001)

→ Training with a DHHS-approved group home curriculum is required for direct care staff working in licensed specialized AFC settings.

→ Customer Service staff must receive training as defined in Attachment P.6.3.1 of the MDHHS/PIHP contract (paragraph F.14)

→ Additional program specific training is required for programs such as Wraparound, IMH, DBT, TFEBT, MST, Supported Employment.

→ Child Mental Health Professionals are required to obtain 24 hours annual related to child specific training

→ The following job titles will require Core Elements of Case Management training: Case Manager, Supports Coordinator, Home-based Mental Health Therapy, Multisystemic Therapy, and Wraparound

→ SUD Qualified Peer Recovery Coaches must complete state approved training program

→ SUD Enhanced Women's Services - must complete training listed in BSAAS TA #08; designated Women's Program or Gender Competent Program - must meet training/work experience listed in BSAAS TP #12

→ SUD Treatment must complete training to meet BSAAS TP #5 (Welcoming)

→ Advanced Directives for CMH Admin Group - evidence of knowledge of agency P/P is sufficient

This is a set of MSHN minimum training requirements and is not all inclusive to each individual CMHSP/SUD Provider. Any county, accreditation, evidence-based practice, or CMHSP specific training will be additionally documented by each CMHSP in their respective subcontracts. Not all requirements for accredited services (by CARF, etc.) are indicated.