

Staff Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**  
**I/DD WAIVER  RESPITE  HOME BASED PCS ORIENTATION**

<b>ORIENTATION TRAINING</b>	<b>By*</b>	<b>N/A</b>	<b>Date Completed</b>	<b>Verified By</b>	<b>Staff Initials</b>	<b>Responsible Staff</b>
<b>GENERAL ORIENTATION</b>	-	-	-	-	-	-
Mission Statement	1d					Orientation Staff
Demographics	1d					Orientation Staff
False Claims Act Policy	1d					Orientation Staff
Drug Free Workplace Policy	1d					Orientation Staff
Employee Benefits and Expenses Policy	1d					Orientation Staff
Employee Code of Ethics Policy	1d					Orientation Staff
OSHA and Tuberculosis Guidelines	1d					Orientation Staff
Harassment Policy	1d					Orientation Staff
Privileging Application (Licensing if necessary)	1d					Orientation Staff
Job Description	1d					Orientation Staff
Electronic Time Sheets	1d					Orientation Staff
Benefit Package	1d					Orientation Staff
Confidentiality	1d					Orientation Staff
HIPAA Guidelines	1d					Orientation Staff
Mandatory Reporting of Abuse and Neglect	1d					Orientation Staff
Adverse Incident Reports (Policy, Completion of Form and Timelines)	1d					Orientation Staff
Direct Care Guide	1d					Orientation Staff
911 Protocol	1d					Orientation Staff
Choking Protocol	1d					Orientation Staff
Consensual Relationship	1d					Orientation Staff
Trauma Training	1-5d					Orientation Staff
Consumer Rights	2-3d					Orientation Staff
Consumer Rights Pertaining to Freedom from Physical and Verbal Abuse	2-3d					Orientation Staff
Management of Inappropriate Behavior	2-3d					Orientation Staff
People First Language	2-3d					Orientation Staff
Person Centered Planning	2-3d					Orientation Staff
Overview of Developmental Disabilities	2-3d					Orientation Staff
Positive Behavior Support	2-3d					Orientation Staff
Cultural Competency	2-5d					Orientation Staff
Motivational Interviewing	2-5d					Orientation Staff
Suicide Prevention	2-5d					Orientation Staff

<b>ORIENTATION TRAINING</b>	<b>By*</b>	<b>N/A</b>	<b>Date Completed</b>	<b>Verified By</b>	<b>Staff Initials</b>	<b>Responsible Staff</b>
<b>OPERATION OF VANS</b>	-	-	-	-	-	-
Transportation Policy	2-3d					Qualified Trainer
Lifts	2-3d					Qualified Trainer
Safety Belts	2-3d					Qualified Trainer
Emergency Equipment	2-3d					Qualified Trainer
Safety/Maint. Checks – Pre-Trip & Routine	2-3d					Qualified Trainer
Van Logs	2-3d					Qualified Trainer
Operator Accident Form/Procedures	2-3d					Qualified Trainer
Passenger Profile Cards	2-3d					Qualified Trainer
Driving Proficiency Test	2-3d					Qualified Trainer
<b>POPULATION SPECIFIC TRAINING</b>	-	-	-	-	-	-
Understanding Mental Illness - Basic Physiology	2-5d					Qualified Trainer
Common Misconceptions	2-5d					Qualified Trainer
The Effects of Stigma	2-5d					Qualified Trainer
Sensitivity to Consumer/Family Needs	2-5d					Qualified Trainer
Understanding Substance Use Disorder	-	-	-	-	-	-
1. Symptoms	2-5d					Program Director
2. Withdrawals	2-5d					Program Director
3. Behavior						Program Director
<b>OTHER:</b>	-	-	-	-	-	-
Initial Performance Plan / Appraisal	3d					Administrative Supervisor
Cardio Pulmonary Resuscitation (CPR)	1w					Qualified Instructor
First Aid	1w					Qualified Instructor
NARCAN Training	1w					Qualified Instructor
Crisis Intervention	1w					Qualified Instructor

\* Training must be completed within this number of employment days.

\*\* Required Waiver Training

**This checklist must be completed and turned in at the end of the Trauma 101 training.**

Staff Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**  
**I/DD WAIVER  RESPITE  HOME BASED PCS SITE SPECIFIC**

<b>GENERAL ORIENTATION TRAINING</b>	<b>By*</b>	<b>N/A</b>	<b>Date Completed</b>	<b>Verified By</b>	<b>Staff Initials</b>	<b>Responsible Staff</b>
<b>UNDERSTAND/COMPLETING DOCUMENTATION</b>	-	-	-	-	-	-
Calling in Time/ ADP	2wk					Coordinator
Completing Documentation (I/DD7)	2wk					Coordinator
Submitting Monthly Documentation	2wk					Coordinator
Timelines for Submitting Documentation	2wk					Coordinator
Service Definitions and Responsibilities	2wk					Coordinator
Monthly Summary	2wk					Coordinator
I/DD6 - Habilitation Goal Training	2wk					Beh. Support Prof.
I/DD6 - Crisis Response Plan	2wk					Beh. Support Prof.
I/DD6 - Health and Safety Training	2wk					RN
Service Definitions and Limitations	2wk					Coordinator

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