

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

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER  
RESIDENTIAL SERVICES PARAPROFESSIONAL STAFF TRAINING - Crisis Response Unit**

<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

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<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	2-5d					Program Director
<b>I/DD WAIVER TRAINING**</b>	-	-	-	-	-	-
Participant specific training in Habilitation objectives needed to provide direct care services	2-5d					Therapeutic Consultant ( <b>Must be documented on DD-6</b> )
Participant specific training in Health/Safety objectives needed to provide direct care services	2-5d					Registered Nurse ( <b>Must be documented on DD-6</b> )
Sensitivity to Family/Individual Needs/concerns	2-5d					Qualified Trainer
Current I/DD Waiver Manual Training & Home/Community based Waiver Services	2-5d					Qualified Trainer
<b>OTHER:</b>	-	-	-	-	-	-
Initial Performance Plan / Appraisal	3d					Administrative Supervisor
Dietary Training	3d					Registered Nurse
Cardio Pulmonary Resuscitation (CPR)	1w					Qualified Instructor
First Aid	1w					Qualified Instructor
NARCAN Training	1w					Qualified Instructor
Crisis Intervention	1w					Qualified Instructor
Food Handler's Card (Coordinator to Schedule) (Non-licensed sites trained by SHCMHC trainer) (Licensed sites trained at Public Health Dept.)	ASAP					SHCMHC Trainer (non-licensed sites); Mercer County Health Department (licensed sites)

\* 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.**

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<b>ORIENTATION TO SITE</b>	-	-	-	-	-	-
Introduction to CRU Director, BSP, I/DD Director,	2wk					CRU Director
Tour of Crisis Response Unit	2wk					CRU Director
Introduction to Consumers	2wk					CRU Director
Location of Forms/Supplies	2wk					CRU Director
Introduction to Billing	2wk					CRU Director
Bed Bug Prevention Protocol	2wk					CRU Director
Personal Property Inventory	2wk					CRU Director
Staff Parking	2wk					CRU Director
<b>RESIDENTIAL SERVICES OVERVIEW AND</b>	-	-	-	-	-	-
Schedules and Postings	2wk					CRU Director
Employee Chore List	2wk					CRU Director
Dress Code	2wk					CRU Director
Staff Rules	2wk					CRU Director
Visitor's Log	2wk					CRU Director
Telephone Log	2wk					CRU Director
Fire Drills	2wk					CRU Director
Emergency Protocol	2wk					CRU Director
Transportation	2wk					CRU Director
Protective Oversight	2wk					CRU Director
<b>UNDERSTANDING / COMPLETING DOCUMENTATION</b>	-	-	-	-	-	-
Master Treatment Plan A170:A177& Reviews	2wk					Residential Coord. / Director
1. Purpose	2wk					Residential Coord. / Director
2. Basic Understanding of Goals and Objectives	2wk					Residential Coord. / Director
3. How to Read a Treatment Plan	2wk					Residential Coord. / Director
4. Timelines	2wk					Residential Coord. / Director
Daily Billing/Activity Notes	2wk					Residential Coord. / Director
Bed Checks	2wk					Residential Coord. / Director
Procedures for Reporting Internal Problems	2wk					Residential Coord. / Director
Documentation Completion / Submission / Timelines	2wk					Residential Coord. / Director

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