

Staff Name: _____ Hire Date: _____

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTE
I/DD WAIVER BEHAVIOR SUPPORT PROFESSIONAL TRAINING**

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

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

* 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 of the Trauma 101 Tr

Revised 3/7/2016; 7/10/17; 10/18/17; 7/8/20

Staff Name: _____ Hire Date: _____

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTE
RESIDENTIAL SERVICES PARAPROFESSIONAL STAFF TRAINING
BSP SPECIFIC TRAINING**

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials
Orientation to Building and Service Area	-	-	-	-	-
1. General Building Introduction	1wk				
2. Office Space / Work Area	1wk				
3. Introduction to Staff	1wk				
4. Parking	1wk				
5. Signing In / Out	1wk				
6. Site Specific Memos / Instructions	1wk				
7. Forms / Supplies	1wk				
8. Internal / External Mail	1wk				
Computer Systems	-	-	-	-	-
1. My Documents	2wk				
2. Email System	2wk				
3. Access / Logging On	2wk				
4. Confidentiality	2wk				
5. Policy 243 - Email	2wk				
6. Overview of Intranet	2wk				
7. Microsoft Teams	2wk				
8. Accessing Avatar	2wk				
Avatar	-	-	-	-	-
1. Logging In	2wk				
2. General Structure / Feature	2wk				
3. Completing Progress Notes	2wk				
4. Completing PSALs	2wk				
5. Accessing Medical Records	2wk				
Medical Records	-	-	-	-	-
1. Format of Medical Records	2wk				
2. Confidentiality of Medical Records	2wk				
3. HIPAA Guidelines	2wk				
4. Procedures for Release of Information	2wk				
5. Acceptable Abbreviations	2wk				
Copier / Fax / Scanner	2wk				
Caseload Assignment	2wk				
Letters of Introduction	2wk				

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials
Initial Performance Plan	-	-	-	-	-
1. Productivity	2wk				
2. Job Description Accountabilities	2wk				
3. Mileage Sheet	2wk				
4. PTO	2wk				
5. Transport of Confidential Information	2wk				
Current Waiver Manual	-	-	-	-	-
1. Overview of KEPRO / BMS	2wk				
2. Waiver Program Overview	2wk				
3. Service Delivery Options	2wk				
4. Service Types / Definitions	2wk				
5. Service Limitations and Caps	2wk				
Annual KEPRO Assessments	-	-	-	-	-
1. Participation / Respondents	1m				
2. Assessment Results	1m				
3. Interpretation of Assessment Results	1m				
Assessment	-	-	-	-	-
1. Types of Assessments	1m				
2. Approved Assessments	1m				
3. Annual BSP Assessment (SH-116)	1m				
4. Functional Beh. Assessment (SH-105)	1m				
Staff Trainings	-	-	-	-	-
1. Teaching Functional Skills	1m				
2. Type and Frequency of Training	1m				
3. Training Timelines	1m				
4. Training Documentation (I/DD6)	1m				
Program Development	-	-	-	-	-
1. I/DD5 IHP Task Analysis Form	1m				
2. IHP Format	1m				
3. IHP Timelines	1m				
4. Guideline for Implementation Materials	1m				
5. Types and Levels of Beh. Interventions	1m				
6. Behavior Support Plan Structure	1m				
7. Behavior Support Plan Timelines	1m				
8. Behavior Guidelines	1m				
Medley	-	-	-	-	-
1. Definition/ Overview	1m				
2. Practices and Procedures	1m				
3. Advocacy	1m				
4. Consumers on Caseload	1m				

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials
IDT Attendance	-	-	-	-	-
1. Habilitation Summary	1m				
2. Role in the Meeting	1m				
3. Documentation	1m				
BSP Progress Note	1m				
Shadowing Opportunities	-	-	-	-	-
1. IDT Meeting	1m				
2. Assessment	1m				
3. Training	1m				
Data Analysis and Review	-	-	-	-	-
1. Data Analysis Structure (SH-517)	1m				
2. Data Analysis Completion Timelines	1m				
3. BSP Data Analysis (SH-521)	1m				
4. Completion	1m				
Human Rights Committee	-	-	-	-	-
1. Overview / Procedure	3m				
2. Form	3m				
Guardianship / Medical Surrogacy	3m				
Supervised Completion Of:	-	-	-	-	-
1 IHP Tasks Analysis	3m				
2. Habilitation summary	3m				
3. BSP Progress Note	3m				
4. I/DD6	3m				
5. Annual BSP Assessment	3m				

*By: 1d - First Day; 1wk - First Week; 2wk - Second Week; 1m - First Month; 3m - Third Month

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

Revised 3/2007; 2/2009; 3/2012; 2/2013; 3/7/2016; 7/10/17; 10/18/17; 7/8/20

Responsible Staff
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Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
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Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
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Program Director
Program Director
Program Director
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Admin. Supervisor
Qualified Instructor
Qualified Instructor
Qualified Instructor
Qualified Instructor

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Responsible Staff
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Admin. Supervisor
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Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
U.M. Specialist
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Clinical Supervisor
Clinical Supervisor
Clinical Supervisor
Clinical Supervisor
Clinical Supervisor
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Record Room Staff
Record Room Staff
Record Room Staff
Record Room Staff
Record Room Staff
Admin. Supervisor
Clinical Supervisor
Clinical Supervisor

Responsible Staff
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Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
Admin. Supervisor
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Clinical Supervisor
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Clinical Supervisor
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Clinical Supervisor
Clinical Supervisor
Clinical Supervisor
Clinical Supervisor
-
HRC Chair
HRC Chair
Admin / Clinical Sup.
-
Clinical Supervisor
Clinical Supervisor
Clinical Supervisor
Clinical Supervisor
Clinical Supervisor