Staff Name:	Hire Date:	

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER COMMUNITY ENGAGEMENT SPECIALIST TRAINING

ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
GENERAL ORIENTATION	_	_	-	-	-	-
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
Harrassment 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

ORIENTATION TRAINING	By*	N/A	Date	Verified	Staff Initials	Responsible Staff
OPERATION OF VANS			Completed	By		
	-	-	-	-	-	- 1:C 1.T :
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
POPULATION SPECIFIC TRAINING	-	-	_	-	-	-
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
OTHER:	-	-	-	-	-	-
Initial Performance Plan / Apprasial	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.

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

Revised 3/7/16; 7/10/17; 7/8/20

	Hire Date:
--	------------

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER COMMUNITY ENGAGEMENT SPECIALIST TRAINING

GENERAL ORIENTATION TRAINING	By*	N/A	Date	Verified	Staff	Responsible Staff
GENERAL ORIENTATION TRAINING	Бу"	IN/A	Completed	By	Initials	Responsible Staff
			Completed	l Dy	Initials	
ORIENTATION TO SITE	-	-	-	-	-	-
Introduction to Staff	2wk					Program Supervisor
Tour of Facility	2wk					Program Supervisor
Location of Forms/Supplies	2wk					Program Supervisor
Staff Parking	2wk					Program Supervisor
Review of In-House Procedures/Memos	2wk					Program Supervisor
Computer/Email Set Up/Log Ins	2wk					IT Specialist
AVATAR	2wk					Program Supervisor
MEDICAL RECORDS ORIENTATION	-	-	-	-	-	-
Accessing Medical Records	2wk					Record Room Staff
1. Format of Medical Record	2wk					Record Room Staff
2. Confidentiality of Records	2wk					Record Room Staff
3. HIPAA Guidelines	2wk					Record Room Staff
4. Procedure for Release of Information	2wk					Record Room Staff
5. Acceptable Abbreviations	2wk					Record Room Staff
INTRODUCTION TO CES SERVICES	-	-	-	-	-	-
Review of Community Engagement Program	2wk					Program Supervisor
Policy 109 - Community Engagement Admission	2wk					Program Supervisor
Shadowing Opportunities	2wk					Program Supervisor
1. Home Visit	2wk					Program Supervisor
2. Completion of CES Referral	2wk					Program Supervisor
3. Progress Notes	2wk					Program Supervisor
4. Case Assignment/Familiarity with Case	2wk					Program Supervisor
Social Security Guidelines/Benefits	2wk					Program Supervisor
Representative Payee	2wk					Program Supervisor
Care Connection Forms/Medicaid Manual	2wk					Program Supervisor
Posting Notes	2wk					Program Supervisor
Scheduling Appointments	2wk					Program Supervisor
WVDHHR Services	2wk					Program Supervisor
Safety in the Field	2wk					Program Supervisor
ON CALL/CRISIS SERVICES	-	-	-	-	-	-
Documentation/Procedural Training	2m					Coord. Of Crisis
Shadowing Daytime Hours	2m					Qualified Trainer
Shadowing After Hours	3m					Qualified Trainer

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials	Responsible Staff
REQUIRED TRAININGS	-	-	-	-	-	-
DSM-5 Overview	3wk					Qualified Trainer
Wellness Recovery	3wk					Admin. Supervisor
Supported Employment/Education Services	3wk					Admin. Supervisor
Family Psycho-education and Support	3wk					Admin. Supervisor
Housing Procurement and Support	3wk					Admin. Supervisor
Community Reintegration Services	3wk					Admin. Supervisor
Medications/Categories/Side Effects	3wk					Qualified Trainer
Guardianship/Medical Surrogate/Olmstead Act/ Hartley Act	3wk					Qualified Trainer
Consumer Grievance Process	3wk					Admin. Supervisor
Human Rights Committee	3wk					Admin. Supervisor
Statement of Work (SOW) Review	3wk					Admin. Supervisor
Productivity	3wk					Admin. Supervisor
Administrative Reviews/Medicaid Reviews	3wk					Admin. Supervisor
DIRECT OBSERVATION BY SUPERVISOR		_	_	_	_	_
(Yearly after 3 month review)		_	_		_	-
Community Engagement Referral	3m					Clinical Supervisor
Progress Notes	3m					Clinical Supervisor
Home Visit	3m					Clinical Supervisor

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

Revised 3/7/16; 7/10/17

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