St. Clair County Community Mental Health Authority Training/Requirement Reporting Form Primary Caseholder CAs (New Oakland)

Staff Name:	Service:
Agency/Program:	Hire Date:
Position:	Termination Date:

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Adverse Benefit	Initial Only	All Primary Caseholders	Yes No N/A	Previous
Determination Notice			Note:	Current
Child and Adolescent	Initial & Every	Primary case holders and their	Yes No N/A	Previous
Functional Assessment Scale (CAFAS)	Two Years	supervisors who provide direct service to children/ adolescents with SED	Note:	Current
Children's Diagnostic & Treatment Specific Training	Annual	Child Mental Health professionals must have 24 Hours annually of specialized training specifically related to the diagnosis and/or treatment of children. This is also required for staff providing services in children's Residential Homes, staff providing CLS/Respite for children, and Home-Based Aides in Children's Programs	Yes No N/A	Hours completed current year:
Communicable Diseases	Initial & Every Two Years	All staff who have direct contact with individuals who has a	Yes No N/A	Previous
	Two rears	SUD/COD	Note:	Current
Corporate Compliance	Initial & Annual	All Staff	Yes No N/A	Previous
			Note:	Current
Cultural	Initial & Annual	All Staff	Yes No N/A	Previous
Diversity/Competency			Note:	Current
Devereux Early Childhood	Initial & Every Two Years	Primary case holders and their	Yes No N/A	Previous
Assessment (DECA)	Two rears	supervisors who provide direct services to infants and young children, 1 month to 47 months with suspected SED.	Note:	Current
Disaster	Initial & Annual	All Staff	Yes No N/A	Previous
Planning/Continuity of Operations			Note:	Current
Emergency Preparedness	Initial & Annual	All Staff	Yes No N/A	Previous
			Note:	Current
HIPAA	Initial & Every Two Years	All Staff	Yes No N/A	Previous
	Two Tears		Note:	Current

RAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Home-based Safety	Initial Only	All Home-based Service Staff	Yes No N/A	Previous
			Note:	Current
Level I Authorizations	Initial & Every	Individuals who complete Level I	Yes No N/A	Previous
	Two Years	Authorizations on behalf of SCCCMHA, and staff who process denials (which includes all primary case holders and Access clinicians)	Note:	Current
Level of Care Utilization	Initial Only	Primary caseholders and their	Yes No N/A	Previous
System (LOCUS)		Supervisors who provide direct service to adults with primary mental illness and/or substance use disorders	Note:	Current
Medication	Initial & Annual	Medication training is required under many circumstances, including	Yes No N/A	Previous
		AFC licensing rules, accreditation requirements, or if medication assistance is identified as a need within the Individual Plan of Service (IPOS). Additionally, medication training may be included as part of a corrective action plan. It is the contract agency's responsibility to comply with all regulatory body rules and requirements and the individual's IPOS. Evidence of applicable medication training must be available if requested by SCCCMHA		Current
	Initial & Annual	All Staff	Yes No N/A	Previous
Military Culture	inindi & Annudi		Note:	Current
	Initial & Annual	All Staff	Note: Yes No N/A	
Person Centered Planning				Current
Military Culture Person Centered Planning 101 Person Centered Planning 201		All Staff All staff directly involved in the	Yes No N/A	Current Previous
Person Centered Planning 101 Person Centered Planning	Initial & Annual	All Staff	Yes No N/A Note:	Current Previous Current
Person Centered Planning 101 Person Centered Planning 301 Pre-School and Early	Initial & Annual Initial Only Initial & Every	All Staff All staff directly involved in the writing and implementation of the PCP process, which includes all primary case holders Required for all primary case	Yes No N/A Note: Yes No N/A	Current Previous Current Previous
Person Centered Planning 101 Person Centered Planning 301 Pre-School and Early Childhood Functional	Initial & Annual Initial Only	All Staff All staff directly involved in the writing and implementation of the PCP process, which includes all primary case holders	Yes No N/A Note:	Current Previous Current Previous Current
Person Centered Planning 101 Person Centered Planning 301 Pre-School and Early Childhood Functional Assessment Scale (PECFAS)	Initial & Annual Initial Only Initial & Every Two Years Within 30	All Staff All staff directly involved in the writing and implementation of the PCP process, which includes all primary case holders Required for all primary case holders, and their supervisors, providing direct service to children	Yes No N/A Yes No N/A Note: Yes No N/A Note:	Current Previous Current Previous Current Previous Previous
Person Centered Planning 101 Person Centered Planning 301 Pre-School and Early Childhood Functional Assessment Scale (PECFAS)	Initial & Annual Initial Only Initial & Every Two Years	All Staff All staff directly involved in the writing and implementation of the PCP process, which includes all primary case holders Required for all primary case holders, and their supervisors, providing direct service to children with SED	Yes No N/A Note:	Current Previous Current Previous Current Previous Current Current
Person Centered Planning 101	Initial & Annual Initial Only Initial & Every Two Years Within 30 Days of Hire &	All Staff All staff directly involved in the writing and implementation of the PCP process, which includes all primary case holders Required for all primary case holders, and their supervisors, providing direct service to children with SED	Yes No N/A Note:	Current Previous Current Previous Current Previous Current Previous Previous Previous Previous

Note: There is a 30 day grace period for recertifications and re-trainings. PERSONNEL REQUIREMENT Frequency Complian Criminal Background Check After Offer of Employment but Yes No Criminal Background Check After Offer of Employment but Yes No DHHS Central Registry After Offer of Employment but Yes No	Current N/A Previous N/A Previous N/A Previous Current Current N/A Previous Current Current N/A Previous Current Current N/A Previous Current Current
Treatment (SBIR1) and Program Supervisors Targeted Case Management Initial & Every Two Years All Primary Caseholder Yes Transition & Discharge Planning Initial Only All Primary Caseholders Yes No Trauma Informed Care Initial & Annual All Staff Yes No Universal Precautions/ Bloodborne Pathogens/ Infection Control Initial & Annual All Staff Yes No Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Yes No Note:	N/A Previous Current N/A Previous Current N/A Previous Current N/A Previous N/A Previous Current N/A Previous N/A Previous N/A Previous N/A Previous
Management Two Years Note: Transition & Discharge Initial Only All Primary Caseholders Yes No Planning Initial Only All Primary Caseholders Yes No Trauma Informed Care Initial & Annual All Staff Yes No Universal Precautions/ Initial & Annual All Staff Yes No Bloodborne Pathogens/ Initial & Annual All Staff Yes No Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Yes No Note:	N/A Current N/A Previous Current Current N/A Previous Current Current N/A Previous N/A Previous N/A Previous N/A Previous
Initial Staff Note: Transition & Discharge Initial Only All Primary Caseholders Yes No Planning Initial Only All Primary Caseholders Yes No Trauma Informed Care Initial & Annual All Staff Yes No Universal Precautions/ Initial & Annual All Staff Yes No Bloodborne Pathogens/ Initial & Annual All Staff Yes No Infection Control Initial Only All Staff Yes No Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Yes No Note:	N/A Previous Current N/A Previous N/A Previous N/A Previous Current N/A Previous N/A Previous N/A Previous N/A Previous
Planning Note: Trauma Informed Care Initial & Annual All Staff Yes No Universal Precautions/ Initial & Annual All Staff Yes No Bloodborne Pathogens/ Initial & Annual All Staff Yes No Infection Control Initial Only All Staff Yes No Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Yes No Initial = Within 90 Days of Hire Note: Note: Note: Personnet Complian Initial = Within 90 Days of Hire Note: Note: Note: Note: No Initial = Within 90 Days of Hire Note: Note: Note: Note: Note: Initial = Within 90 Days of Hire Note: Note: Note: Note: No Note: There is a 30 day grace period for recertifications and re-trainings. Personnet Yes No PERSONNEL REQUIREMENT Frequency Complian Criminal Background Check After Offer of Employment but Yes No e., ICHAT, fingerprinting, Mich Doc, etc. Before	N/A Current N/A Previous Current Current N/A Previous Current Current
Trauma Informed Care Initial & Annual All Staff Yes No Universal Precautions/ Initial & Annual All Staff Yes No Bloodborne Pathogens/ Initial & Annual All Staff Yes No Infection Control Initial Only All Staff Yes No Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Yes No Initial = Within 90 Days of Hire Note: Note: Note: PERSONNEL REQUIREMENT Frequency Complian Criminal Background Check After Offer of Employment but Yes No e.g. ICHAT, fingerprinting, Mich Doc, etc. After Offer of Employment but Yes No DHHS Central Registry After Offer of Employment but Yes No	N/A Previous Current N/A Previous Current N/A Previous N/A Previous N/A Previous
Universal Precautions/ Bloodborne Pathogens/ Infection Control Initial & Annual All Staff Yes No Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Yes No Initial = Within 90 Days of Hire Note: There is a 30 day grace period for recertifications and re-trainings. Frequency Complian Criminal Background Check e.g. ICHAT, fingerprinting, Mich Doc, etc. After Offer of Employment but Before Date of Hire/Annual Yes No DHHS Central Registry After Offer of Employment but Before Date of Hire/Annual Yes No	N/A Current N/A Previous V/A V/A Previous
Universal Precautions/ Bloodborne Pathogens/ Infection Control Initial & Annual All Staff Yes No Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Yes No Initial = Within 90 Days of Hire Note: There is a 30 day grace period for recertifications and re-trainings. Frequency Complian Criminal Background Check e.g. ICHAT, fingerprinting, Mich Doc, etc. After Offer of Employment but Before Date of Hire/Annual Yes No DHHS Central Registry After Offer of Employment but Before Date of Hire/Annual Yes No	N/A Previous Current N/A Previous
Bloodborne Pathogens/ Infection Control Note: Zero Suicide: Introduction to Suicide Prevention Initial Only All Staff Initial = Within 90 Days of Hire Note: There is a 30 day grace period for recertifications and re-trainings. Note: PERSONNEL REQUIREMENT Frequency Complian Criminal Background Check e.g. ICHAT, fingerprinting, Mich Doc, etc. After Offer of Employment but Before Date of Hire/Annual Yes No DHHS Central Registry After Offer of Employment but Before Date of Hire/Annual Yes No	Current N/A Previous
Infection Control Infection Control Initial Only Initial Initial Initial Only Initial	N/A Previous
to Suicide Prevention Note:	-
Initial = Within 90 Days of Hire Note: There is a 30 day grace period for recertifications and re-trainings. PERSONNEL REQUIREMENT Frequency Complian Criminal Background Check After Offer of Employment but e.g. ICHAT, fingerprinting, Mich Doc, etc. Before Date of Hire/Annual Yes No DHHS Central Registry After Offer of Employment but Before Date of Hire/Annual Yes No	Current
Note: There is a 30 day grace period for recertifications and re-trainings. PERSONNEL REQUIREMENT Frequency Complian Criminal Background Check After Offer of Employment but Yes No Criminal Background Check After Offer of Employment but Yes No DHHS Central Registry After Offer of Employment but Yes No	
e.g. ICHAT, fingerprinting, Mich Doc, etc. DHHS Central Registry Before Date of Hire/Annual Yes No Yes No Yes No Yes No	t Date(s) Completed
Before Date of Hire/Annual Yes No	■ N/A
Driver's License /State ID	■ N/A
Age Verification: 18+ years Before Providing Service Yes No	N/A
Driver's License Check Verify Current DL and Driving Record only for Staff Who Regularly Transports	N/A
Recipient Rights Background Check After Offer of Employment but Office of RR Authorization To Disclose Employee Before Date of Hire Information and Release of Liability form Yes Information New Hires Only No	N/A
TB Testing/Screening Before Providing Services I Yes No Reporting Required for SED Waiver Providers Only	
Contract Manager: Date:	N/A
Other Comments:	·