

(was MCCMH Policy 5-04-060)

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Chapter: **CLINICAL PRACTICE**  
Title: **IN-HOME AND COMMUNITY-BASED SERVICES SAFETY TRAINING**

Prior Approval Date: 8/27/02  
Current Approval Date: 9/17/09

Approved by: \_\_\_\_\_

Executive Director

Date

*Donald S. Habback* *9/17/09*

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**I. Abstract**

This policy establishes the standards for the safety of Macomb County Community Mental Health (MCCMH) network provider staff members who provide in-home and community-based services.

**II. Application**

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

**III. Policy**

It is the policy of the MCCMH Board that MCCMH network provider employees, independent contractors, volunteers, and interns/trainees shall receive information designed to enhance their knowledge and skills to ensure their safety while providing in-home and community-based services.

**IV. Definitions**

A. None.

**V. Standards**

A. MCCMH full time and part-time employees, independent contractors, volunteers, and interns who provide in-home and community-based services shall be offered opportunities to learn how to ensure their safety while providing in-home and community-based services by:

1. Attending staff meetings;

2. Attending in-service trainings, workshops, conferences, etc. (such as “Recognition of Violent Personalities: Verbal De-escalation Techniques”);
  3. Watching videos (such as the Michigan Department of Community Health Department of Human Services’s “Circle of Safety”);
  4. Listening to guest speakers; or
  5. Reviewing literature from the MCCMH Reference Library or obtained from other sources.
- B. MCCMH employees or independent contractors, volunteers, and interns who participate in these activities / trainings, shall document their attendance on a form such as the MCCMH Training/Consultation/Conference Documentation form, MCCMH #163 (sample).

#### **VI. Procedures**

- A. None.

#### **VII. References / Legal Authority**

- A. Commission on Accreditation of Rehabilitation Facilities (CARF) 2009 Standards Manual, §2.F., “Nonviolent Practices,” 2.f., p 126

#### **VIII. Exhibits**

- A. MCCMH Training/Consultation/Conference Documentation form, MCCMH #163 (sample)

## MCCMH Training / Consultation / Conference Documentation

Name: \_\_\_\_\_ Service Unit: \_\_\_\_\_  
 Activity Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact Hours: \_\_\_\_\_ (if applicable)

**Please check:**

- (    ) Internal Training (Lunch 'n Learns, in-services, CAFAS Training, etc.)  
           Topic / title:  
           Trainer / presenter:
  
- (    ) External Training / Conference  
           Topic / title:  
           Trainer / presenter:  
           ***PLEASE ATTACH APPROPRIATE DOCUMENTATION (ie. Certificate of attendance and  
           program brochure / flyer, agenda, or other description of program content)***
  
- (    ) Other planned and deliberately designed training activity (ie. videos training and  
           discussion, case presentations, etc.)  
           ***MUST HAVE PRIOR APPROVAL THROUGH NETWORK TRAINING OFFICE AND BE SIGNED  
           BY SUPERVISOR***
  
- (    ) Psychiatric Consultation (circle area discussed - assessment, diagnosis,  
           treatment)  
           ***MUST BE SIGNED BY SUPERVISOR***

**Comments / Psych. Consultation Information:**

**I certify that this individual did participate in the above referenced  
 activity on this date. (At least one signature is required)**

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Training Coordinator \_\_\_\_\_ Date \_\_\_\_\_

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Clinical Supervisor \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE FORWARD TO NETWORK TRAINING OFFICE: 20686 Hall Road, Clinton Township, MI 48038***

For NTO use:	hrs.
Initials:	