



# **MCCMH Contracted Provider**

## **Training Requirements:**

### **Course Descriptions**

**MCCMH MCO Policy 3-015 Exhibit B**  
**(Incorporated MCCMH MCO Policy 3-015, 10-007, and 10-041)**  
**Modified: December 2025**

All direct-operated program and contract agency staff shall demonstrate that they meet the Macomb County PIHP/MCCMH Services Board's mandatory training requirements as outlined in the MCCMH Training Requirements Grid attached to this course description. Training described herein does not constitute all training that may be required by law, license, accreditation, certification, credential, provider qualifications or service setting. All trainings offered or reciprocated by MCCMH are aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities.

#### **WHAT IS TRAINING RECIPROCITY?**

MDHHS/PIHP contract language requires CMHSPs and their provider networks to accept staff training provided by other CMHSPs and their provider networks to meet their training requirements when: 1) that staff training is substantially similar to their own training; and 2) staff member completion of such training can be verified. Therefore, training reciprocity will be achieved by ensuring that all future training meets standardized criteria.

Training Reciprocity for MCCMH required trainings can be obtained by providing the proposed training materials to [trainingreciprocity@mccmh.net](mailto:trainingreciprocity@mccmh.net). The MCCMH Training Committee will review the submitted training materials against the standardized criteria and will execute 3 possible actions: 1) Approval, for a 3-year duration; 2) Approval with the following exclusions, for a 3-year duration; or 3) Not Approved.

The training entity's name will be listed first and followed by the title of the training. Example:

**Detroit Wayne Connect – "Limited English Proficiency"**

#### **AGING IN AMERICA: OLDER ADULT CULTURE AND CARE**

This training provides information for case managers and therapists to recognize when our elders need specialized care and how to properly refer and link to medically necessary services. It will also provide knowledge for nonclinical staff to improve engagement with the elderly individuals served they encounter. This training includes ways to improve quality of life for elders and encourages their connection to natural support, with an emphasis on children and adolescents. Attendees will apply new knowledge to writing an integrated care plan for members of the older adult population. This training is to be completed within 60 days of hire and annually thereafter for DCO providers (clinical and nonclinical). This training and the MCCMH training titled "Geriatric Trauma" will fulfill the CCBHC requirement for elderly training.

#### **ASSESSING AND MANAGING SUICIDE RISK (AMSR)**

Assessing and Managing Suicide Risk (AMSR) is a nationally accredited curriculum for clinical professionals to learn

skills in the recognition, assessment, and management of suicide risk and the delivery of effective suicide-specific interventions. Assessing and Managing Suicide Risk fills that training gap by teaching the core competencies that meet suicide care standards established by national organizations including The Joint Commission, the National Action Alliance for Suicide Prevention, the Substance Abuse and Mental Health Services Administration, the Veterans Administration, and others. AMSR training provides participants with the knowledge and skills they need to address suicide risk and behaviors of clients in an outpatient setting. Participants will have the opportunity to increase their knowledge and apply practical skills in the five areas of AMSR competency. This training is to be completed within the first 90 days of hire and will consist of an in-person, manualized training completed initially and every two years. The years between manualized content is an online AMSR refresher. Prescribers will complete the AMSR online annually in place of the manualized training.

#### **ASAM CRITERIA**

The ASAM Criteria training teaches how to administer the ASAM assessment tool with the Substance Use population. Participants will explore the history and evolution of the ASAM Criteria including how it will influence a level of care determination. Additionally, participants will be able to apply the ASAM criteria to assessment, treatment planning and other clinical decision making. This training is to be completed within the first 90 days of hire and every three (3) years thereafter.

#### **BLOOD-BORNE PATHOGENS AND INFECTION CONTROL**

The Infection Control and Blood-borne Pathogens training reviews the modes of transmission in which infections are spread and how employees can protect themselves from infections while minimizing/eliminating exposure to any blood-borne pathogens. The training emphasizes the recognition and prevention of health hazards for mental health employees and specifies the types of hazards in certain settings, consistent with OSHA and MI-OSHA training standards. MCCMH contracted providers should ensure that this training is specific to their developed exposure control plan and is MI-OSHA compliant. Initial training is within 90 days of hire and ongoing training is to be completed annually for all staff (direct- operated and contract agency). Additionally, MCCMH has approved the following titled trainings with the entities listed next to the trainings as reciprocated alternatives:

- Detroit Wayne Connect – “Infection Prevention & Control Practices”**
- Improving MI Practices – “Infection Control & Standard Precautions”**
- Improving MI Practices – “Infection Control for Direct Care Workers”**
- MORC – “Infectious Disease Control”**
- MI Virtual Professional Learning Portal – “Bloodborne Pathogens 2019-20”**
- Network 180/Lakeshore – “Standard Precautions/Bloodborne Pathogens”**

#### **CCBHC INFORMATIONAL TRAINING FOR DCO'S**

MDHHS identifies in the Michigan Certified Community and Behavioral Health Clinic (CCBHC) Handbook a CCBHC Informational Training for DCOs is required to be completed within 60 days of a DCO start date, and every three years after that. The CCBHC Informational Training for DCOs includes the following topics: CCBHC Demonstration background and structure; review of the most current CCBHC Handbook; the six principles of CCBHC; the nine core CCBHC services; and CCBHC measures and metrics. This is required for all staff including but not limited to the DCO financial leadership, clinical leadership, administration, and service delivery staff.

#### **CULTURAL COMPETENCY**

This online training, to be completed within 60 days of hire, recognizes that a multitude of characteristics exist to define a cultural group. This training is a reminder that cultural values affect behavior and provide the basics for employees to begin their journey toward cultural competency. Ongoing online training will be completed every two (2) years or in response to findings or recommendations identified through the audit/review or contract

monitoring process. Additionally, MCCMH has approved the following titled trainings with the entities listed next to the trainings as reciprocated alternatives:

**Detroit Wayne Connect** – “Cultural Competence/Diversity”  
**Improving MI Practices** – “Cultural Competence – Basic Concepts”  
**MORC** – “Cultural Competency”  
**Network 180/Lakeshore** – “Cultural Competency”

#### **CHILDREN’S DIAGNOSTIC TREATMENT SERVICE (CDTS) HOURS (CHILDREN’S TRAINING HOURS)**

Training related to the assessment, diagnosis, and/or treatment of children and adolescents with Mental Illnesses (MI), Substance Use Disorders (SUD), Intellectual/Developmentally Disabilities (Ic/DD), or complex health conditions or related to services available to families must be completed by any provider staff member that administers direct mental health services to minors. Provider staff must complete 24 hours of training annually and begin on date of hire; this requirement shall be maintained for any given 12- month period following the first year of employment. Trainings include, face-to-face, online, psychiatric consultation, or clinical supervision. Online and self-study should total no more than 18 of the 24 hours required. The Children’s Training hour accrual calendar is based on a January 1-December 31 time frame.

#### **COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)**

The Columbia-Suicide Severity Rating Scale (C-SSRS) assesses suicide risk through a series of simple questions. The scale helps users identify whether someone is at risk for suicide, assess the severity and immediacy of suicide risk, and gauge the level of support needed. Some questions asked are whether and when an individual has thought about suicide (ideation), what actions they have taken — and when — to prepare for suicide, and whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition. Decisions about hospitalization, counseling, referrals, and other actions are informed by the responses pertaining to a number of factors and the recency of suicidal thoughts and behaviors. This training is to be completed online within 30 days of hire. Ongoing online training is to be completed every two (2) years. Additionally, MCCMH has approved the following titled training with the entity listed next to the training as a reciprocated alternative:

**MORC** – “Columbia Suicide Severity Rating Scale (C-SSRS)”

#### **CO-OCCURRING DISORDERS FOR CLINICAL STAFF**

This training aims to familiarize employees with an overview of the provisions and integration of substance abuse within the mental health field and treatment by creating a foundation of knowledge. This online training requirement is composed of two (2) online trainings (SBIRT and Advanced Co-Occurring Disorders). Initial training will be completed within 60 days of hire and ongoing training is to be completed every other year for DCO staff.

#### **CONFIDENTIALITY OF SUBSTANCE ABUSE TREATMENT**

This online training is to be completed within 90 days of hire and every 2 years thereafter. This training discusses the difference between HIPAA and 42 CFR Part 2 regulations, what entities and individuals must comply with or benefit from these regulations, the kinds of information protected under these laws, as well as information that is exempt from the non-disclosure requirements. Training participants will also learn about rules governing individuals’ access to their own medical records, how to put safeguards in place to protect the information of the individuals served, and the consequences and penalties associated with unauthorized disclosure of such information. Additionally, MCCMH has approved the following titled training with the entity listed next to the training as a reciprocated alternative:

**Improving MI Practices** – “The Basics of Confidentiality of Alcohol and Drug Treatment: The Implications of 42 CFR 2 and HIPAA.”

#### **CORPORATE COMPLIANCE (SPECIFIC TO PROVIDER)**

The MCCMH Board requires each provider agency to maintain a Corporate Compliance plan and each agency must provide training specific to their Plan and/or Policy. Staff will be educated on the agency’s plan and procedures, as a required component of any corporate compliance plan. The MCCMH Corporate Compliance training can be complete in place of or in addition to agency-specific training. Initial training is within 90 days from the start of employment, and staff will complete a refresher training annually.

#### **CPR AND FIRST AID**

CPR and First Aid is required for all service delivery personnel within 30 days of hire or prior to working independently with individuals. All required providers must complete First Aid and CPR training that requires an in-person skills demonstration in front of a certified trainer for certification. Examples of entities that fulfill this requirement within their established fidelity are American Heart Association, American Red Cross, EMS Safety, American CPR Training and American Safety & Health Institute. Blended training options that incorporate online training content along with an in-person skills demonstration in front of a certified trainer for certification will be accepted. Ongoing training is to be completed every two (2) years. Contracted providers are required to ensure that their employees meet the provider qualifications outlined within the Michigan Medicaid Manual, site/professional licensing requirements, and the accreditation standards outlined by the provider’s accrediting body regarding this training requirement.

#### **DEVEREUX EARLY CHILDHOOD ASSESSMENT (DECA)**

The DECA assessment is required by MDHHS to assess the social-emotional functioning of children ages 0-5. The DECA is initially administered to all children ages 0-5 within 30 days of referral and again between 13 and 14 months of service. DECA results are to be used to identify the social and emotional strengths and needs of a child. Results of the assessment should be used to plan for children to support their growth and development of social and emotional health. Initial training is to be completed before any DECA assessments are started. Ongoing reliability training is to be completed every two (2) years as mandated by the State of Michigan.

#### **EMERGENCY PREPAREDNESS (SPECIFIC TO PROVIDER)**

Prior to consumer contact, but no later than 30 days after employment, employees must complete training that focuses on specific procedures that must be followed should emergency situations arise in service settings. Emergency situations include, but are not limited to, fires or explosions; tornadoes; storms; lightning strikes; power or utility failure; snow, ice, and wind chill factors; bomb threats; workplace violence and other potential threats; hazardous materials; medical emergencies; psychiatric emergencies; and all other emergency or disaster-related events. The training must be on agency-specific practices and procedures. Ongoing training will be completed annually. Additionally, MCCMH has approved the following titled trainings with the entities listed next to the trainings as reciprocated alternatives:

**Detroit Wayne Connect** – “Emergency Preparedness”

**Improving MI Practices** – “Emergency Preparedness”

**MORC** – “Environmental Emergencies”

#### **GERIATRIC TRAUMA: OLDER ADULT CULTURE AND CARE**

This training provides definition of geriatric trauma, and how to reduce risks. Education will be provided around essential nutritional, social, and physical activity needs. Physiological issues that are associated with poorer outcomes are identified. The benefits of intergenerational connections are explored. Mandates and information

on reporting abuse provided. Goals for person centered planning with the geriatric population are explored. The MCCMH training titled “Aging in America” will fulfill this requirement also.

### **GRIEVANCE AND APPEALS**

This training describes the processes that MCCMH has in place pertinent to resolving consumer dissatisfaction with services and resolving disagreements related to denial of service requests, or reduction, suspension, or termination of services that a consumer is currently receiving; and seeks to differentiate consumer grievances from appeals. All staff members (clinical, paraprofessional, and administrative) are required to complete initial training within 30 days of hire. Ongoing online training is to be completed every two (2) years. DCO Providers are required to complete it annually. Additionally, MCCMH has approved the following titled trainings with the entities listed next to the trainings as reciprocated alternatives:

**Detroit Wayne Connect – “Grievances, Appeals and State Fair Hearings”**

**MORC – “Due Process/Medicaid Fair Hearing”**

**Network 180/Lakeshore – “Grievance and Appeals”**

### **HOME AND COMMUNITY BASED SERVICES (HCBS)**

The training will go into detail regarding the Final Rule, specifically HCBS Regulations, Requirements and the role of the Primary Case Holder. This training will also review HCBS Compliance Monitoring. This training consists of 3 modules: Module 1 is available online and Module 2-3 is a live training. Clinical staff functioning as the Primary Case Holder for individuals served are required to complete the HCBS training, including Case Managers, Supports Coordinators and Clinical Supervisors. Training will be completed within 90 days of hire and repeated annually.

### **HIPAA PRIVACY AND SECURITY**

The Health Insurance Portability and Accountability Act (HIPAA) establishes workforce training requirements dealing with privacy and security practices. Initial training is to occur within 30 days from the start of employment and each provider agency must provide training specific to their procedures related to protecting consumer privacy and confidentiality. Staff will complete a refresher training annually. Additionally, MCCMH has approved the following titled trainings with the entities listed next to the trainings as reciprocated alternatives:

**Detroit Wayne Connect – “HIPAA Basics”**

**Improving MI Practices – “HIPAA Essentials”**

**MORC – “HIPAA”**

**Network 180/Lakeshore – “Grievance and Appeals”**

### **INTEGRATING PRIMARY AND BEHAVIORAL HEALTH**

This training is targeted at providing users with an overview of statistics and general information that highlights the importance of an integrated care approach when supporting an individual with both physical and behavioral health needs. This training is to be completed within the first 60 days of hire and every two years thereafter.

### **LEVEL OF CARE UTILIZATION SYSTEM (LOCUS)**

The LOCUS is an assessment and placement instrument developed by the American Association of Community Psychiatrists (AACP) and the American Association of Child and Adolescent Psychiatry (AACAP). Effective immediately, this tool must be completed on any adult who is receiving services from Macomb County Community Mental Health. This course will assist attendees with documenting the enrollee’s needs based on the six (6) evaluation dimensions, level of functioning, and the recommended level of care. The training is relevant for Social Workers, Psychologists, Counselors, and all other staff involved with care coordination or other functions for

which knowledge about level of care instruments is important. This training is also appropriate for providers who will be using or interpreting the tool for Utilization Management purposes and to meet the requirements of the MI Health Link. Prior to attending the MCCMH LOCUS in-person training, staff must complete the LOCUS training provided by the American Association for Community Psychiatry. This training class appropriately teaches staff how to use and administer LOCUS. This training must be completed prior to any LOCUS assessments being completed. Ongoing training is to be completed every two (2) years.

#### **LIMITED ENGLISH PROFICIENCY (LEP)**

Limited English Proficiency training seeks to increase employee awareness of potential barriers to services provided by the MCCMH service network and of the accommodations in place to minimize and eliminate those barriers for consumers with limited English proficiency. Initial training online must be completed within 30 days of hire. Ongoing online training is completed every two (2) years for contracted providers and annually for DCO providers. Additionally, MCCMH has approved the following titled trainings with the entities listed next to the trainings as reciprocated alternatives:

- Detroit Wayne Connect – “Limited English Proficiency”**
- Improving MI Practices – “Limited English Proficiency”**
- MORC – “Limited English Proficiency”**
- Network 180/Lakeshore – “Limited English Proficiency”**

#### **MICHICANS (MICHIGAN CHILD AND ADOLESCENT NEEDS AND STRENGTHS TOOL)**

The MichiCANS assessment is required by MDHHS to be completed on severely emotionally disturbed (SED) children from the ages of six (6) to twenty-one (21). The MichiCANS is a collaborative tool crafted to explore and communicate the needs and strengths of the child/youth and family. This allows staff to listen to the experiences of the child and family; and together, the child, family, and care team can prioritize action steps and track changes. The MichiCANS is made up of domains that focus on important areas of the child’s/youth’s life and ratings that help the provider, child/youth, and family understand where intensive or immediate action is most needed and where a child/youth has strengths that could become a major part of the treatment or service plan. Initial training is to be completed before any MichiCANS assessments are started. MDHHS requires MichiCANS users to pass the recertification test annually. The MichiCANS online Booster training is optional to be completed in conjunction with the recertification test.

#### **MEDICARE GENERAL COMPLIANCE & FRAUD, WASTE AND ABUSE**

Completion of this training is only required for the employees of service providers that provide/bill for services that are covered by Medicare. This online training must be completed within the first 90 days of employment and annually thereafter. This training provides information regarding how a compliance program operates and how violations should be reported. Trainees are provided with information regarding the scope of fraud, waste, and abuse while highlighting the laws that mandate the reporting of such incidents and how to report them.

- Detroit Wayne Connect – “Medicare Fraud & Abuse”**

#### **MILITARY CULTURE (ONLINE OR IN-PERSON)**

Military and Veterans Culture training educates attendees on the importance of understanding the many concerns that are associated with military service and understanding these in the context of the military culture to increase effectiveness in treating this group as well as improving engagement with this population for non-clinical staff. This training will bridge the gap between the military and civilian cultures and teach staff how to better serve the Veterans and active military members in our communities. This training is to be completed within the first 60 days of hire and every two (2) years for contracted providers and annually for DCO providers (clinical and nonclinical).

### **MOTIVATIONAL INTERVIEWING (MI) INITIAL OR REFRESHER**

Motivational Interviewing (MI) is a basic presentation of the historical/theoretical foundation, style, spirit, and practice skill of Motivational Interviewing as applied to human services. MI is a disciplined psycholinguistic method to help people make positive and healthy behavior changes and is based on a belief that every person has optimal natural development that can be achieved in a nurturing, supportive environment. MI is a person-centered approach to treatment that has a spirit of collaboration, evocation, compassion, acceptance, autonomy support, absolute worth, affirmation, and accurate empathy toward people served. The curriculum includes a working definition of MI, an understanding of the theoretical foundation and evidenced based support of MI and learning skills that directly correlate with healthy behavior change. Participants will observe and practice demonstrations of MI style, spirit, and skill sets, and will demonstrate active listening skills. This training is to be completed within the first 90 days of hire and every two (2) years thereafter.

**Improving MI Practices – “MI Lesson One through MI Lesson Ten”**

### **NONVIOLENT CRISIS INTERVENTION**

Crisis de-escalation training seeks to teach prevention and intervention strategies for resolving hostile, anxious or violent behavior should employees become confronted with these situations. Training targets learning that employees can use to recognize the causes of stressors and how to effectively respond to threatening behavior by way of alternative interventions. The curriculum will educate staff on how to de-escalate crisis and challenging behaviors in a nonrestrictive manner that demonstrates dignity and respect while focusing on safety of all parties. Initial training shall be completed within 90 days of hire and include clinical, paraprofessional, and clerical/administrative staff that have frequent face-to-face contact with consumers. An online training refresher of crisis De-escalation training shall be completed the following year. Every other year a face-to-face training shall be completed by applicable staff. Third-Party Industry Standard Trainings such as Welle, Culture of Gentleness, QBS' Safety -Care Training. Contracted providers are required to ensure that their employees meet the provider qualifications outlined within the Michigan Medicaid Manual, site/professional licensing requirements, and the accreditation standards outlined by the provider's accrediting body.

### **OPIOIDS AND OVERDOSE (ONLINE)**

This course was designed to increase understanding of how the opioid pandemic is continuing to affect our area. The course covers where the opioids come from and reasons why most people turn to them. The training will explore drug-opioid interactions that can substantially increase the risk of overdose. Also covered is an introduction to evidence-based practices that can help reduce the risk of overdose. This training focuses on the need for integrated health care and includes some medical aspects of the opioid epidemic. This training is to be completed within the first 60 days of hire and annually thereafter for DCO providers.

### **PERSON-CENTERED PLANNING FOR ANCILLARY PROFESSIONAL STAFF**

Person-Centered and Family-Centered training encompasses education in the values, principles, guidelines, and implementation of the PCP and FCP planning processes. Training will incorporate recovery, Wellness Recovery Action Planning (WRAP), advance directives, and advance crisis planning. Paraprofessional staff will be trained by their employer on each individual consumer's plan of service. All nonclinical staff training is to be completed online within 90 days of hire. Training will be completed annually by all staff who have direct contact with CCBHC individuals served and completed every other year by providers not serving CCBHC individuals.

**Detroit Wayne Connect- “Person-Centered Planning and Individual Plan of Service for Direct Support Professionals (Direct Care Workers)”**

**Detroit Wayne Connect- "Person-Centered Planning Process with Children, Adults & Families"**

**Improving MI Practices – “Person-Centered Planning Process with Children, Adults, & Families”**

**MORC – “Introduction to Human Services and Meeting Special Needs”**  
**Network 180/Lakeshore – “Person Centered Planning/Self Determination”**

#### **PERSON-CENTERED PLANNING (PCP) AND FAMILY-CENTERED PRACTICE (FCP) AND REFRESHER**

Person-Centered and Family-Centered training encompasses education in the values, principles, guidelines, and implementation of the PCP and FCP planning processes. Training will incorporate recovery, Wellness Recovery Action Planning (WRAP), advance directives, and advance crisis planning. All training will emphasize the importance of developing and writing meaningful person-centered goals and outcomes, objectives, and interventions that best reflect a person’s needs. Clinical staff training (both initial and ongoing) is to be completed face-to-face. This training must be completed within 60 days of hire and every two years for contracted providers and annually for DCO providers. Person/ Family-Centered Planning will consist of an of an in-person training completed initially. Clinical staff can complete the full or refresher PCP annually thereafter.

#### **QUESTION, PERSUADE, REFER (QPR)**

The QPR nationally accredited curriculum is a gatekeeper training program designed to prepare people to recognize and respond to suicide warning signs. An individual in a suicide crisis sending warning signs should trigger a QPR intervention and these 3 simple steps can assist anyone to help save a life from suicide training will be completed annually by all staff who have direct contact with CCBHC individuals served and completed every other year by providers not serving CCBHC individuals.

#### **RECIPIENT RIGHTS TRAINING**

This training must be completed within 30 days of hire and will focus on the rights of persons served by the MCCMH provider network along with outlining specific procedures designed to ensure that the rights of consumers are protected. This training will be provided by the MCCMH Office of Recipient Rights or their designate. Ongoing training will be completed annually by all staff who have direct contact with CCBHC individuals served and completed every other year by providers not serving CCBHC individuals. Training will also be repeated in response to findings, recommendations from recipient rights complaints, investigation reports, or recipient rights audits. Employees must complete Recipient Rights Training each time they begin employment with a new employer. All trainings must be completed in a face-to-face training format and facilitated by a representative from the Office of Recipient Rights.

#### **SELF-DETERMINATION TRAINING**

This training provides attendees with information regarding an alternative to currently established treatment service programs. Attendees will learn the philosophy and technical components of self- determination service delivery, such as the application process, documentation requirements, and responsibilities that are taken on by the consumer/consumer’s guardian. This training is to be completed within the first 90 days of hire and every two (2) years thereafter. Clinical staff functioning as the Primary Case Holder for individuals served are required to complete the SD Training, including Case Managers, Supports Coordinators and Clinical Supervisors.

#### **SUICIDE ASSESSMENT AND INTERVENTION**

This online training will provide prescribers with beneficial information pertaining to the assessment, prevention and response of suicidal ideations and actions. Participants will be provided with an overview of known risks and protective factors, certain populations at risk and intervention strategies/programs that exist. Prescribers will complete the initial training within 90 days from the start of employment.

#### **TRAUMA-INFORMED CARE**

Through detailed examples and evidenced-based materials, training participants will learn the scope of their role and responsibilities when serving individuals with trauma histories. Participants will examine best practices to

implement, as well as how to avoid harmful ones that can further perpetuate the suffering and silence of trauma. As this course is completed, participants will gain a deeper understanding of how organizational culture and personal views on trauma-informed care can impact one's work with trauma survivors. Participants will learn what it means to provide trauma-informed care, and why this approach is a multi-faceted one that should be considered for individuals served. Initial training will be completed online within 60 days of hire and ongoing training is to be completed every two (2) years for contracted providers and annually for DCO providers. Additionally, MCCMH has approved the following titled training with the entities listed next to the training as reciprocated alternatives:

**Improving MI Practices – “Creating Cultures of Trauma-Informed Care (CMHSP)”**

**TRAUMA-INFORMED CARE TRAINING FOR NON-CLINICAL, ANCILLARY, AND PARAPROFESSIONAL STAFF**

This training details the fundamentals of trauma-informed care and the multitude of circumstances that can impact an individual resulting in trauma. Operating in a trauma-informed way reduces the chances of re-traumatization and raises awareness to potential triggers. Training participants will receive a synopsis of trauma and its various types, how changing one's approach can be beneficial and more effectual in service delivery and how being trauma-informed can change the trajectory of someone's recovery. Training participants will also explore examples of a trauma-informed approach to care and the need to implement universal precautions. Lastly, participants will learn how to identify signs of compassion fatigue and best practices for combating it. Strategies for self-care when working with traumatized populations will also be delved into. Initial training will be completed online within 60 days of hire and ongoing training is to be completed every two (2) years. Additionally, MCCMH has approved the following titled trainings with the entities listed next to the trainings as reciprocated alternatives:

**Detroit Wayne Connect – “Trauma 101”**

**Improving MI Practices – “Trauma Basics”**

**MORC – “Introduction to Human Services and Meeting Special Needs”**

**Network 180/Lakeshore – “Trauma-Informed Care”**

**Links for Approved Alternative Trainings:**

**Online Training Links: All online trainings will require staff to create a user profile before being able to access training content**

**Detroit Wayne Connect: [DWC - Online Training](#)**

**Professional Learning Portal: [Login | Michigan Virtual](#)**

**Improving MI Practices: [Courses & Resources | Improving MI Practices](#)**

**Improving MI Practices trainings outlined on this document are located within the “Core Courses” area of the main website or “Courses and Resources” section under the specific training topic.**