

O. Training

The increasing focus and requirements on cultural sensitivity, outcome measures, practice guidelines, electronic health record and evidence-based practice necessitates the need for ongoing training. Many providers have a contractual obligation to participate in identified trainings within 60 days of hire (unless otherwise specified) or when training becomes available.

Tracked Trainings

Some trainings are tracked on MSR/QSR:

1. Cultural Competency Training – Minimum of four hours annual requirement for all staff. When an in-service is conducted, program shall keep on file a training agenda and a sign-in sheet for all those in attendance with sign-in/out times. For outside trainings, certificate of completion shall be kept on file at the program. Contractor shall maintain and submit a Cultural Competence Training Log annually.
 - a. Per [BHIN 25-019](#), BHPs shall require all subcontractors, downstream subcontractors (excluding network providers), and all its staff who are in direct contact with members, including providers directly employed by the BHP (staff working in county owned and operated facilities), to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI.
 - b. This training may be developed in conjunction with existing cultural competency training as outlined in the DMH Information Notice 10-02, DMH Information Notice 10-17, or any subsequent guidance. BHPs shall require that the training is completed by all staff at least every two years or more often if needed.
2. BHS Disaster Support Training e-learning access is available through the BHS Training and Technical Assistance website. A minimum of 25% of contracted staff need to be disaster trained.
3. System of Care training e-learning access is available through the BHS Training and Technical Assistance website. All direct service staff shall complete e-learning about *BHS System*, *CFWB System*, and *Pathways to Well-being*.
4. Continuing Education Units (CEUs) -- Contractor shall require clinical staff to meet their licensing requirement. Other paraprofessional staff shall have a minimum of sixteen (16) hours of clinical training per year.

5. Trainings for STRTP staff – See section below “*STRTP Trainings*”

Contractor Trainings

Contractor shall attend trainings as specified in their Contract. Children, Youth and Families Contractors shall obtain training on the *DCR System* for FSP programs. Trainings are available through [Child and Adolescent Services Research Center](#) (CASRC).

Family and Youth Support Trainings

Family and Youth Support Partners trainings are available through NAMI San Diego. Contact the Peer & Family Support Helpline at 1-800-523-5933.

STRTP Trainings (per STRTP Regulations Version II)

All STRTP mental health program staff shall receive a minimum of twenty-four (24) hours per calendar year of ongoing, planned academic and on-the-job in-service education. At a minimum, the in-service education shall cover all of the following topics even if the STRTP mental health program staff must attend more than twenty-four (24) hours of training in a calendar year:

1. Client-centered and trauma-informed approach
2. Suicide prevention techniques;
3. Preventing and managing assaultive and self-injurious behavior (must have at least eight (8) hours of training on this topic or other similar crisis services prior to commencing any employment duties involving direct contact with children.
4. Cultural competence;
5. Interpersonal relationship and communication skills;
6. Confidentiality of client information;
7. Client rights and civil rights;
8. Monitoring and documenting responses to psychotropic and other medications to treat mental illness and recognizing possible side effects in children and youth
9. All approved policies and procedures applicable to the STRTP.

Subdivisions (a), (b), and (e) shall not apply to a psychiatrist or physician, who is not the head of service. Psychiatrists and physicians shall attend a minimum of one training per calendar year on preventing and managing assaultive and self-injurious behavior. The STRTP shall document all trainings by maintaining a record of the training title and date, syllabus or curriculum, and sign-in sheets of attendees.

The Quality Assurance Unit

The Quality Assurance Unit provides trainings and technical assistance on topics related to the provision of services in the Systems of Care.

Training and information is disseminated through:

- Basic Medi-Cal/County Standards Documentation Training through CalMHSA LMS
- Root Cause Analysis Training
- SmartCare Health Electronic Health Record User Trainings through CalMHSA LMS
- QA Specialized Trainings
- Regular QA Communications
- Organizational Provider Operations Handbook
- Provider Meetings
- TKC—The Knowledge Center

For information on upcoming trainings or in-services, or if you require technical assistance, please contact QA at: www.QIMatters.hhsa@sdcountry.ca.gov

CalMHSA Documentation Trainings

CalMHSA has collaborated with DHCS on the integration of CalAIM requirements and documentation standards. All direct service providers are required to complete the online documentation trainings through the CalMHSA LMS and are encouraged to review and be familiar with the CalAIM Documentation Guides relevant to their credential level. These guides are updated periodically as new requirements are issued. [CalAIM Documentation Guides - California Mental Health Services Authority \(calmhsa.org\)](http://calmhsa.org). Newly hired direct service staff must complete the required documentation trainings within 90 days of hire.

All direct service providers are required to complete the following CalMHSA trainings:

- [01-Foundations of Documentation and Service Delivery](#)
- [02-Access to Services](#)
- [03-Assessments](#)
- [04-Diagnosis, Problem Lists, and Care Planning](#)
- [05-Progress Notes](#)

- [06-Care Coordination](#)
- [07-Screening Tools for SMHS](#)
- [08-Transition of Care Tool](#)
- [09-Discharge Planning](#)
- [10-Effective Administration of Screening Tools](#)
- [Coding for DMC and DMC-ODS - Non-CE](#)
- [Coding for SMHS - Non-CE](#)

All direct service staff are required to complete the required documentation trainings and review the documentation guides relevant to their credential level to ensure compliance with DHCS [BHIN 23-068](#) which clarifies documentation standards and requirements for all SMHS, DMC and DMC-ODS services. Verification of completed trainings can be viewed within the CalMHSA LMS portal [HERE](#).

Electronic Health Record Trainings

Various hands-on trainings are available for the Electronic Health Record through CalMHSA LMS system and the [CalMHSA Knowledge Base](#) website .

All clerical staff are required to attend all [SmartCare LMS Trainings](#) as determined by their staff role in order to have access to the system for entering data and pulling reports with option supplemental live training. Any staff entering billing for services are required to complete the CalMHSA LMS SmartCare for Billing Staff and Smartcare Basics for all Users. Specialized staff are required to attend SmartCare Calendar Management for Providers training to be able to enter staff into the scheduling system and to set appointments for clients.

All clinicians and all other qualified staff are required to have completed all applicable training in the CalMHSA LMS System in order to complete assessments, and service notes. Clinicians will also learn how the Calendar Management will work for their caseload and services.

Psychiatrists and prescribing staff including Nurses are required to have training in CalMHSA LMS to complete the SmartCare Basics, SmartCare Calendar Management, Front Desk Staff Training, Clinical Workflow for Clinicians-Life Cycle of a Client, and SmartCare for Prescribers, Nurses, and Med Support Staff.

Additional specific training on the CalMHSA Rx for e-prescribing is also required. Prescribers, and nurses who stage medications for prescribers, will have access to CalMHSA Rx. Prescribers who need to be set up to electronically prescribe controlled substances (EPCS) must additionally go through an identity proofing process and a soft or hard token must be established within their account. Both primary and backup tokens are required in SmartCare.

Information about SmartCare EHR trainings may be found on the Optum website under the “BHS Provider Resources” tab and selecting SmartCare Training. Additional resources can be found on the [CalMHSA Knowledge Base](#) website and BHP Provider Documents page under the ‘SmartCare’ site link also located on the [Optum San Diego website](#) .