



County of Fresno Department of Behavioral Health

SUD ANNUAL PROVIDER TRAINING PLAN

This training plan along with documentation of completion for each training, if applicable, must be utilized and kept in every employee's personnel file. If the training does not provide any type of certificate or confirmation of completion, the staff member's supervisor is required to certify the training was completed by signing and dating in the last column of the tables below.

If a provider wishes to utilize a source that isn't listed as an approved trainer below, the training curriculum must be sent to SAS@fresnocountyca.gov for consideration. The request will be reviewed and the provider will be notified whether or not it's approved. Any trainings that aren't approved will not satisfy DBH's training requirements.

EMPLOYEE NAME	JOB TITLE	DATE OF HIRE	YEAR
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REQUIRED TRAINING: ALL STAFF

Compliance	FREQUENCY		APPROVED TRAINER(S)
	Within 30 days of contract execution or hire and annually thereafter.		Fresno County DBH*
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	

This training is provided to promote additional awareness and reinforcement of Fresno County's Compliance Program, and address relevant changes to any applicable laws, regulations, policies or Fresno County's Code of Ethics and Code of Conduct. For training dates and how to register, please visit the DBH Compliance website: <https://www.co.fresno.ca.us/departments/behavioral-health/mental-health-compliance>.

Cultural Competency Training	FREQUENCY		APPROVED TRAINER(S)
	One training must be completed every fiscal year.		Topic, trainer and duration are at the provider's discretion.
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	

If a provider wishes to utilize another training source, it must be sent to: DBHStaffDevelopment@fresnocountyca.gov for approval prior to implementation.

HIPAA	FREQUENCY		APPROVED TRAINER(S)
	Within 30 days of contract execution or hire and annually thereafter.		Trainer and duration are at the provider's discretion.
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	
As a covered entity, providers must meet the training requirements described in the HIPAA Privacy Rule 45 CFR § 164.530(b)(1) and the HIPAA Security Rule 45 CFR § 164.308(a)(5).			

Ethics & Confidentiality	FREQUENCY		APPROVED TRAINER(S)
	Within 30 days of contract execution or hire and annually thereafter.		CIBHS / Approved training through the licensing or certifying body
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	
This training should review California laws directly impacting behavioral health care staff, facilities, and/or patients including but not limited to information on: access to records, mandated reporters, review of confidentiality laws including 42 CFR Part 2, confidentiality, ethical issues, and boundary issues.			

REQUIRED TRAINING: ADMINISTRATIVE & BILLING STAFF

AVATAR – CalOMS, DMC Billing	FREQUENCY		APPROVED TRAINER(S)
	Prior to performing any billing activities and the use of AVATAR.		Fresno County DBH / AVATAR "How-To" Videos*
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	
This training course will show provider administrative and billing staff how to navigate through AVATAR and enter billing information as well as CalOMS and DMC parameters for billable services.			

REQUIRED TRAINING: CLINICAL STAFF

ASAM A (CIBHS) -OR- ASAM Module 1: Multidimensional Assessment (The Change Companies)	FREQUENCY		APPROVED TRAINER(S)
	Prior to providing any services and annually thereafter.		CIBHS / The Change Companies
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	

This effective and accessible solution for training will help practitioners understand, assess and implement the six dimensions of the American Society of Addiction Medicine's *The ASAM Criteria*. Each section is devoted to a certain component of *The ASAM Criteria*, and information is reinforced through knowledge checks and a final exam that learners must pass in order to receive credit. Skills that reinforce the module's learning objectives are practiced and applied through interactive case studies and followed up with review from Chief Editor of *The ASAM Criteria*, Dr. David Mee-Lee.

ASAM B (CIBHS) -OR- ASAM Module 2: From Assessment to Service Planning and Level of Care (The Change Companies)	FREQUENCY		APPROVED TRAINER(S)
	Prior to providing any services and annually thereafter.		CIBHS / The Change Companies
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	

This course helps practitioners understand how to work with a participant's assessment and service planning to identify the best level of care in which to provide his or her services. Skills that reinforce the module's learning objectives are practiced and applied through interactive case studies and Dr. Mee-Lee provides real-world application and description via brief video clips throughout the module.

ASAM C (CIBHS) -OR- ASAM Module 3: Introduction to the ASAM Criteria (The Change Companies)	FREQUENCY		APPROVED TRAINER(S)
	Prior to 7/1/20 and annually thereafter.		CIBHS / The Change Companies
	COMPLETION DATE	PROOF OF COMPLETION ON FILE	SUPERVISOR SIGNATURE / DATE
		Yes/No	

This effective and accessible solution for training will serve as a quick orientation and reference guide for the new edition of the American Society of Addiction Medicine's criteria for patient assessment, service planning and level of care placement. *The ASAM Criteria* (2013), now in its Third Edition, introduces new context and content key to the field of addiction treatment.

Evidence-Based Practices (EBP): Motivational Interviewing	FREQUENCY Within 30 days of contract execution or hire and as needed thereafter.		APPROVED TRAINER(S) CIBHS / Fresno County Managed Care Plans
	COMPLETION DATE	PROOF OF COMPLETION ON FILE Yes/No	SUPERVISOR SIGNATURE / DATE
Motivational Interviewing (MI) is an EBP (Evidenced Based Practice) that is a method that works on facilitating and engaging intrinsic motivation within the client/member/consumer in order to change behavior. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.			

EBP #2: Choose an item.	FREQUENCY Within 30 days of contract execution or hire and as needed thereafter.		APPROVED TRAINER(S) CIBHS / Fresno County Managed Care Plans
	COMPLETION DATE	PROOF OF COMPLETION ON FILE Yes/No	SUPERVISOR SIGNATURE / DATE
Clinical provider staff who provide direct services are required to be trained in Motivational Interviewing and at least two additional Evidence-Based Practices as follows: Psycho-Education, Trauma-Informed Treatment, Cognitive Behavioral Therapy and Relapse Prevention.			

EBP #3: Choose an item.	FREQUENCY Within 30 days of contract execution or hire and as needed thereafter.		APPROVED TRAINER(S) CIBHS / Fresno County Managed Care Plans
	COMPLETION DATE	PROOF OF COMPLETION ON FILE Yes/No	SUPERVISOR SIGNATURE / DATE
Clinical provider staff who provide direct services are required to be trained in Motivational Interviewing and at least two additional Evidence-Based Practices as follows: Psycho-Education, Trauma-Informed Treatment, Cognitive Behavioral Therapy and Relapse Prevention.			

Medication Assisted Treatment (MAT)	FREQUENCY Within 30 days of contract execution or hire and as needed thereafter.		APPROVED TRAINER(S) CIBHS
	COMPLETION DATE	PROOF OF COMPLETION ON FILE Yes/No	SUPERVISOR SIGNATURE / DATE
This training course will provide a general overview of the medication used in MAT that are available through the DMC-ODS Waiver. The overview shall address each specific medication, including the primary use of treatment and the relationship, if any, with other medications available for treatment. As part of the MAT training content, CIBHS shall educate participants on the theory of MAT and how MAT can be utilized to treat substance use disorders.			

Documentation & Billing	FREQUENCY		APPROVED TRAINER(S)	
	Within 30 days of contract execution or hire and annually thereafter.		Fresno County DBH*	
	COMPLETION DATE	PROOF OF COMPLETION ON FILE		SUPERVISOR SIGNATURE / DATE
		Yes/No		
<p>This training will help staff to better understand the documentation components from intake to discharge as required by the DMC-ODS Waiver as well as how to obtain the necessary information during the assessment process in order for an LPHA to make an SUD diagnosis. Staff will learn about the specific criteria listed in the DSM-5 and how to effectively document the necessary information pertaining to SUD impairments.</p>				

**These trainings do not have an alternate source.*

RECOMMENDED & OPTIONAL TRAININGS

Aside from the required trainings listed above, DBH encourages its providers to explore additional training opportunities as necessary and appropriate. This section can be used to document the training courses DBH recommends as well as other courses taken throughout the year.

Training Description	Completion Date	Proof of Completion on File	Supervisor Signature & Date
Case Management/Care Coordination		Yes / No	
Co-Occurring Disorders		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	