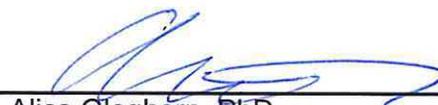
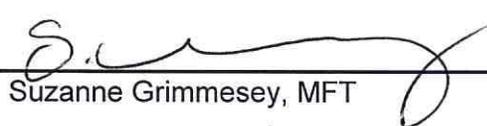




SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

**Departmental  
Policy and Procedure**

<b>Section</b>	Office of Strategy Management	<b>Effective:</b>	9/27/2011
<b>Sub-section</b>	Systems Training		
<b>Policy</b>	Mandatory Trainings	<b>Last Revised:</b>	6/13/2018
<b>Policy #</b>	5.008		
<b>Director's Approval</b>	 _____ Alice Gleghorn, PhD	<b>Date</b>	7/3/18
<b>Chief Quality Care/ Strategy Officer</b>	 _____ Suzanne Grimesey, MFT	<b>Date</b>	7/9/18
<b>Supersedes:</b>	#31 Mandatory Trainings rev. 10/10/2012	<b>Audit Date:</b>	6/13/2021

## 1. PURPOSE/SCOPE

- 1.1. The Santa Barbara County Department of Behavioral Wellness (hereafter "the Department") is committed to providing high-quality, evidence-based trainings to care providers. The Department requires the completion of certain trainings to ensure compliance with all relevant laws, regulations, contracts, and guidelines; this includes compliance with the requirements of the Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver.<sup>1</sup>

## 2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. MHP staff – any employee or contractor on payroll, or any volunteer, under supervision of the Mental Health Plan (MHP), the program established by the contract between the Department and the California Department of Health Care Services (DHCS) which guides the provision of mental health services to Medi-Cal beneficiaries.
- 2.2. DMC-ODS staff – any DMC-ODS employee or contractor on payroll, or any volunteer, under the supervision of the DMC-ODS, a substance use disorder (SUD) treatment system.
- 2.3. CBO staff – any employee, contractor, or volunteer affiliated with a program operated by a Community-Based Organization (CBO) that has a current contract with the Department to provide mental health services, SUD prevention services, or SUD treatment services within the boundaries of Santa Barbara County.

<sup>1</sup> For more information on the DMC-ODS waiver program in Santa Barbara County, please refer to policy ADP-7.006 "Drug Medi-Cal Organized Delivery System (DMC-ODS) Continuum of Care". A comprehensive implementation plan may also be accessed at this link: <http://countyofsb.org/behavioral-wellness/Asset.c/3866>.

- 2.4. Mental health provider – any MHP staff or CBO staff who enters documentation, or who has been assigned the right to review and approve documentation of others, using the Clinician's Gateway electronic health record system.
- 2.5. Substance Use Disorder (SUD) provider – any DMC-ODS staff or CBO staff who enters documentation, or who has been assigned the right to review and approve documentation of others, using the Clinician's Gateway electronic health record system.

### 3. TRAINING DEFINITIONS

- 3.1. Consumer and Family Culture – a training specified in the Cultural Competence Plan in which consumers, as well as the parents or caretakers of child mental health consumers, describe their personal experiences.
- 3.2. Cultural Competence Training – specified in the Cultural Competence Plan which addresses a cultural issue relevant to mental health and SUD services.
  1. The "Consumer and Family Culture" training does not count as a "Cultural Competence Training."
- 3.3. HIPAA Privacy and Security Training – a training on the requirements of the Security Rule and Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), and on any requirements specific to California law which are more restrictive than HIPAA requirements.
- 3.4. 42 CFR, Part 2 Training – "42 CFR training" teaches about SUD-specific confidentiality regulations.
- 3.5. Code of Conduct Training – a training which describes and discusses the Compliance Plan and Code of Conduct for the purpose of informing staff of relevant legal and ethical issues and encouraging compliance with legal and ethical standards.
- 3.6. Medi-Cal/Drug Medi-Cal Documentation – a series of two trainings ("Progress Notes" and "Assessment & Plans") which provide information and ensure compliance regarding Medi-Cal and Drug Medi-Cal documentation standards, as indicated by one or more of the following:
  1. California Code of Regulations (Title 9, Chapter 11, *et al.*; and Title 22);
  2. The contract between the California Department of Health Care Services (DHCS), the MHP and the DMC-ODS;
  3. DHCS Letters and Information Notices;
  4. Results of reviews or audits performed by State and Federal agencies or their contractors;
  5. Information conveyed by or on behalf of State or Federal government agencies related to the interpretation and application of regulations and contracts; or
  6. Department Policies and Procedures.

- 3.7. Medicare Documentation – a training to provide information and ensure compliance with Medicare documentation standards, as indicated by one or more of the following:
1. Code of Federal Regulations;
  2. Publications of the Center for Medicare and Medicaid Services (CMS);
  3. Publications of the Office of the Inspector General (OIG) of the Department of Health and Human Services (DHHS); or
  4. Department policies and procedures.

#### 4. POLICY

- 4.1. It is the policy of the Department to provide necessary administrative and clinical trainings to comply with all relevant laws, regulations, contracts, and guidelines with regard to trainings. It is also the policy of the Department to provide trainings to promote compliance with laws, regulations, contracts, guidelines and Department policies and procedures additionally relevant to staff practices.

#### 5. MANDATORY TRAININGS for ALL STAFF AND PROVIDERS

- 5.1. All MHP staff, DMC-ODS staff, and CBO staff must successfully complete a HIPAA Privacy and Security Training within 30 days of hire or beginning services, and at least once every 12 calendar months. SUD Providers also must complete a 42 CFR training within 30 days of hire or beginning services, and at least once every 12 calendar months.
1. Whenever a staff member fails to complete the annual HIPAA Privacy and Security Training (and, in the case of SUD providers, 42 CFR training) as required, that staff member will be denied access to all Department electronic health records systems and will be barred from access to any Protected Health Information (PHI) in any format. The individual will be assigned other duties by their supervisor until that individual successfully completes the required training.
- 5.2. All mental health providers and SUD providers (i.e., MHP, DMC-ODS, and CBO staff providing mental health or SUD treatment services, and those supervising the documentation of these services) must complete a minimum of one training in Medi-Cal/Drug Medi-Cal Documentation during each fiscal year of employment or other service.
1. In order to meet this requirement, trainings must be provided by the Department, or must be certified by the Department QCM Manager or designee as equivalent to the Department training.
  2. The supervisor of a new mental health provider or SUD provider may permit the individual to enter documentation into Clinician's Gateway under the following conditions:

- a. The supervisor ensures that the individual has been provided with materials and/or training regarding Medi-Cal/Drug Medi-Cal documentation standards prior to beginning documentation; and
  - b. The supervisor ensures that the individual has been provided with material and/or training regarding Clinician's Gateway prior to beginning documentation; and
  - c. Any progress notes entered by the individual must be approved by a designated reviewer to finalize.
3. Whenever a mental health provider or SUD provider fails to complete annual Medi-Cal and/or Drug Medi-Cal Documentation training as required, that provider will be placed on mandatory note review until the individual completes the required training.
  4. All new staff, including CBO staff, are encouraged to incorporate initial documentation training and Clinician's Gateway training into their schedules as early as possible in the employment or volunteering process.
- 5.3. All MHP staff, DMC-ODS staff, and CBO staff must complete a "Code of Conduct" training within 60 days of hire or beginning services, and at least once during each fiscal year of employment or other service.
- 5.4. All MHP staff, DMC-ODS staff, and CBO staff must complete a minimum of one training in the "Cultural Competence Training" category during each fiscal year of employment or other service.
- 5.5. When CBO staff are noncompliant with mandatory training requirements, this noncompliance constitutes a breach of contract and may be reported to the Department's Chief of Compliance and the Contracts division.
- 5.6. When MHP staff and DMC-ODS staff are noncompliant with mandatory training requirements, noncompliance will be reflected in the next Employee Performance Review (EPR) for each staff member.
1. The EPR for each supervisory staff member will include the completion of mandatory trainings by supervised staff, including corrective actions where applicable.
6. **ADDITIONAL MANDATORY TRAININGS for MHP STAFF and CBO STAFF PROVIDING MENTAL HEALTH SERVICES**
- 6.1. All MHP staff and CBO staff must complete a minimum of one "Consumer and Family Culture" training during each fiscal year of employment or other service.
  - 6.2. Every Medicare provider (any MHP staff or CBO staff who is a mental health provider, who is employed as a Psychiatrist, or who holds a currently valid California license as a Psychiatrist and/or Licensed Clinical Social Worker) must complete a minimum of one training in Medicare documentation during each fiscal year of employment.

1. In order to meet this requirement, trainings must be provided by the MHP, or must be certified by the Department QCM Manager or designee as equivalent to the MHP training.

## **7. ADDITIONAL MANDATORY TRAININGS for DMC-ODS STAFF and CBO STAFF**

- 7.1. All SUD providers (i.e., DMC-ODS staff and CBO staff who provide direct SUD treatment) are required to attend the following SUD-specific trainings at least once per year:
  1. DMC-ODS Continuum of Care
  2. Title 22 Rules and Regulations
  3. ASAM Screening and Multi-Dimensional Assessment
  4. Motivational Interviewing
  5. Cognitive Behavioral Treatment/Counseling
- 7.2. All SUD providers (i.e., DMC-ODS staff and CBO staff who provide direct SUD treatment) are required to complete a minimum of 18 CEU hours of alcohol and other drug specific clinical training per year.
- 7.3. All SUD providers who enter data into ShareCare and the California Outcome Measurement Systems (CaOMS) are required to attend scheduled CBO Collaborative meetings.

## **8. COMPLIANCE MONITORING**

- 8.1. Monitoring of staff training completion will be performed by the Department Systems Training Coordinator or designee for MHP staff, by an Alcohol and Drug Program (ADP)-designated staff member for DMC-ODS staff, and by a CBO-designated staff member for each CBO.
- 8.2. All MHP staff, DMC-ODS staff, and CBO staff will receive a written statement of required trainings, with applicable timelines for completion, at the time of hire or acceptance. All existing staff will be given this written statement at the time of each Employee Performance Review (EPR).
- 8.3. Each individual responsible for monitoring staff training completion (or their designee) will maintain a log of all individuals covered by these procedures, and the latest date each individual has successfully completed each mandatory training. Completion of a training can be defined as follows:
  1. Face-to-face or video conferenced trainings are completed when the individual has attended the full training and has signed a sign-in sheet at the time of the training.
    - a. Staff who arrive at a training more than 5 minutes after the start of the training, or who are absent more than 5 minutes during a training, have not completed the training successfully.

- b. Staff who do not sign the appropriate sign-in sheet at the time of the training have not completed the training successfully.
    - c. Staff who sign the sign-in sheet for another person are in violation of Department standards and will be reported to their direct supervisor to recommend appropriate actions.
  2. Online or other electronic trainings are completed when the individual has signed in to the training using the relevant electronic system, has read all training materials, and has achieved a passing score on the test for the training.
    - a. Passing scores and number of allowable retries for the training are defined by the electronic training system.
    - b. Staff who electronically sign in for another staff, or who obtain answers to tests from another staff, are in violation of Department standards and will be reported to their direct supervisor to recommend appropriate actions.
- 8.4. An annual summary report showing the mandatory training status of all staff covered by these procedures, including staff names, will be presented to the Department's Compliance Committee for review as soon as practicable after the end of each fiscal year.
- 8.5. Supervisory staff are responsible for monitoring all staff under their supervision to ensure timely completion of the requirements above.
  1. "Timely completion" includes ensuring that staff take advantage of training opportunities throughout the fiscal year, so that a disproportionate number of staff do not require completion of trainings during the last quarter of the fiscal year.

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
6/13/2018	1.1	<ul style="list-style-type: none"> <li data-bbox="678 268 1393 365">• Incorporated training procedures for DMC-ODS staff to ensure compliance with the DMC-ODS waiver.</li> </ul>

***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf)*