

## ACCOUNTABLE BEHAVIORAL HEALTH ALLIANCE

**Policy No. 042**    **ABHA Training**

<b>Original Policy Date:</b>	February 1, 2007
<b>Next Review Date:</b>	February 1, 2007 February 1, 2009 May 14, 2011
<b>Revision History (approval):</b>	May 14, 2009
<b>Cross References:</b>	ABHA Mission Statement

<b>Purpose:</b>	This policy provides a set of guidelines that will enable ABHA to provide a comprehensive approach to and scheduling of trainings for providers, members, and other key stakeholders, consistent with recovery-focused, community-based, and cost-effective care for ABHA members.
<b>Policy:</b>	ABHA will make available clinically and recovery oriented trainings for providers, members, and other key stakeholders on a regular basis. Training activities will be developed to meet the needs of ABHA partner providers, members, and other stakeholders in a manner that is consistent with the principles of a recovery-based model, and provides for continuity and sustainability of service delivery changes as a result of introducing new and relevant mental health information.
<b>Objective:</b>	To have a comprehensive approach to training that: <ul style="list-style-type: none"> <li>• Focuses ABHA’s efforts on long-term strategic priorities that are shared by ABHA and counties alike.</li> <li>• Results in the acquisition of new skills, knowledge and processes that are put into everyday practice in the delivery of mental health care.</li> <li>• Creates efficiencies between ABHA and county training programs.</li> </ul>
<b>Scope:</b>	This policy applies to ABHA staff, providers, and stakeholders, with input from the Administrative Council (AC), Quality Assurance Committee (QAC), Consumer Advocacy and Advisory Committee (CAAC), and the Children and Family’s Mental Health Advisory Council (CFMHAC).

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<b>Procedure:</b>	ABHA will use the following as guidelines for planning, scheduling and prioritizing training activities. <ol style="list-style-type: none"><li>1. Focus training efforts on top strategic priorities.</li><li>2. Plan training with “the end in mind”. Be clear on what specific results ABHA is looking to achieve, how ABHA anticipates the day-to-day delivery of services will be different or improved as a result of the training(s).</li><li>3. Identify what/how to measure outcomes and success.</li><li>4. Identify who needs to be trained in order to achieve intended results. Training could include clinicians, consumers, community partners and other stakeholders.</li><li>5. Identify the most effective method and format for delivering the trainings,</li><li>6. Identify and provide the resources needed to translate didactic information into actual skills, new behaviors, and new, sustainable care delivery processes. Such resources might include case consultation; small skill building groups lead by a local content expert, local implementation groups involving all key stakeholders, and special training for clinical supervisors.</li><li>7. Create a coordinated process by which ABHA trainings are coordinated with and complement county trainings- and visa versa.</li></ol>
<b>Enforcement:</b>	Training activities will be reported to the AC, QMC, and CAAC.

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Seth Bernstein, Executive Director

May 14, 2009

Date Adopted by the Governing Board