



Date Approved

By: James Wagner, MFT  
James Wagner, MFT,  
Deputy Director,  
Behavioral Health Care Services

**POLICY TITLE**

**Approval and Tuition Payment Policy for BHCS Staff to Attend Specialized Training Programs for Skill Development for Behavioral Health Care Services**

Policy No: 901-1-1

Date of Original Approval: 9/19/17

Date of Revision(s):

**PURPOSE**

The purpose of this policy is to provide standards and criteria (standardized criteria?) for the Alameda County Behavioral Health Care Services' (ACBHCS) Leadership and Management to approve and fund requests for employees to participate in Specialty Behavioral Health related training programs. The request may be generated by the employee or his/her manager.

**AUTHORITY**

ACBHCS has the authority to create this standard of practice

**SCOPE**

All BHCS county operated and owned programs and administrative operations have responsibility for implementing and adhering to this policy.

**POLICY**

This policy establishes standardized criteria for approving and funding specialized training programs for county employees either as a group or as individuals. The goal of the policy is to provide equity of opportunity, if funding is available, to support and to develop the skills and competencies of the management, clinical and administrative workforce through specialized training. Additionally, it will require the engagement and collaboration with the the Workforce, Employment and Training (W.E.T.) program to coordinate and schedule departmental trainings or skills transfer, depending upon the deliverables required of the employee.



**PROCEDURE****I. Documentation and Justification**

- A. The employee may initiate on behalf of him/herself individually or through a manager for a group, via a memo with their direct supervisor's input and approval, a request to attend or participate in a training that will benefit the organizational initiatives, goals and workforce of BHCS.
- B. The employee shall submit a written memo to his/her immediate supervisor or department/program supervisor detailing:

The training program description, cost, length of course and the amount of time required away from current job duties, the direct relationship to improving behavioral health care service delivery, supervisor name and approval date and the minimum employee deliverables to the department upon completion of the program. Supporting documentation regarding the training (brochures, applications, etc. ) should be attached.
- C. In order to be approved to participate in the specialty training, the employee must be in good standing as defined and up to date and current with their documentation, execution of their job duties and functions, demonstrated positive time management skills per their Supervisor's written attestation and as reported by Human Resources, with no performance concerns.
- D. Upon identification of a funding source, alignment with the Mission, Vision and Values of the department and Executive Team's agreement that the training will benefit the organization, identification of the funding source department and program number, the memo will be initialed as approved, returned to the employee and their direct (SOC or Program Director) supervisor.
- E. The employee will submit a Yellow Supply Request with all of the required information attached and a completed Budget Modification form no less than 6 weeks prior to the start of the course for final approval, signatures and course prepayment.
- F. Failure to complete the prepaid course, either through voluntary or involuntary separation from the department and/or dismissal by the training organization for not fulfilling attendance or course requirements, may result in the employee being held fiscally responsible to reimburse the department for that portion of the course remaining that is not refundable. The staff will not be considered for any future BHCS funded Specialized Training Program opportunities.

**II. Deliverables**

- A. The deliverables to be provide by the trained staff, are to commence upon completion of the training course.



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B. The employee will provide a written email summarizing the agreed upon deliverables annually at the anniversary date of their completed training to their System of Care or Program Director and the MHSA Director.

**III. Action**

A. Within in one month after the completion of the training, the employee or employees will meet with the W.E.T. program Coordinator and BHCS Training Director to schedule department specific trainings, skills or knowledge transfer opportunities (eg brown bag lunch meetings) or learning communities. The deliverables will be co-monitored by the employee’s direct supervisor and department program director.

**CONTACT**

<b>BHCS Office</b>	<b>Current as of</b>	<b>Phone</b>
BHCS Director and Deputy Director		510-567-8100

**HISTORY**

**Original Author** Ellen Muir, Assistant Director, CYASOC and Tracy Hazelton, MHSA Director

**Original Date of Approval:** 9/19/17

<b>Revision Author</b>	<b>Date of Approval</b>	<b>Approved BY</b>

**DEFINITIONS**

<b>Term</b>	<b>Definition</b>
Specialized Training	Training in the area of behavioral health that serves to better improve operations, service delivery or management performance that supports and aligns with the ACBHCS Mission, Vision and Values and/or specific departmental initiatives
BHCS Staff/Employee	Permanent line or management staff an any level of the organization who have successfully completed probation, are in good standing and per Human Resources do not have not outstanding personnel or performance concerns. The employee’s participation must be approved by their supervisor who certifies that they are current in their work and endorsed to participate in a Specialized Training and they time requirements.
BHCS Site	ACBHCS owned or operated facilities or programs

