

The Right Door for Hope, Recovery and Wellness

Chapter Title	Chapter #		Subject #
Clinical	C		391.1
Subject Title	Adopted	Last Revised	Reviewed
Children’s Diagnostic & Treatment Training	04/17/03	3/17/26	3/24/15; 2/14/14; 4/14/10; 9/3/06; 09/20/05; 04/06/17; 2/27/19; 3/13/20; 3/15/21; 3/17/22; 10/18/2022; 2/23/2023; 3/28/24; 9/27/24; 3/17/25; 3/17/26

PROCEDURE

Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness.

1. Definition

Each worker who provides direct service to children and adolescents shall complete a minimum of 24 hours of child/family specific training each fiscal year of employment. All training options must relate to the diagnosis or treatment of children, youth and their families.

1.1 Required Staff (includes immediate supervisors):

- 1.1.1 Staff who complete the initial screening, emergency evaluation, and intake evaluation within CMHSPs. This includes (a) staff completing MichiCANS assessments and (b) staff completing waiver and 1915(i) related assessments enrollment.
- 1.1.2 Targeted Case Managers
- 1.1.3 Intensive Care Coordination with Wraparound (ICCW) Care Coordinators
- 1.1.4 Home-Based Services Staff
- 1.1.5 Outpatient Therapy Staff
- 1.1.6 Staff for Intensive Crisis Stabilization Services and Crisis Intervention Services
- 1.1.7 Youth Peer Support Specialists
- 1.1.8 Parent Support Partners

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1.1.9 Waiver Leads for Children’s Waiver Program and Waiver Program for Children with Serious Emotional Disturbances

1.1.9.1 Staff and supervisors (including staff for Intensive Care Coordination with Wraparound and Targeted Case Management) who serve children enrolled in the Waiver Program for Children with Serious Emotional Disturbances (SEDW) must attend 16 hours of MDHHS-specific training.

1.1.9.2 The 16 hours of this training count towards the 24-hour annual training requirement.

1.1.10 Clinicians Serving on Children’s Therapeutic Family Care Teams

1.1.11 BCBAs

1.1.12 Other providers as designated by agency leadership

1.2 Staff who are not required to comply with the 24-clock hour requirement

1.2.1 Psychiatrists

1.2.2 Community Living Support (CLS) Staff

1.2.3 Respite Care Staff

1.2.4 Nurses

1.2.5 Overnight Health and Safety Support Staff

1.2.6 Staff Providing Physical Therapy, Occupational Therapy, Speech Therapy, or Behavioral Health Treatment/Applied Behavioral Analysis

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1.2.7 Providers of Other Waiver and 1915(i) Services Not Listed Above

2. Requirements

- 2.1. All trainings must be pre-approved by designated supervisor.
- 2.2. All training options must relate to the diagnosis or treatment of children, youth and their families.
- 2.3. Participation in online learning activities and reading professional literature may account for up to 16 hours per year. Literature review must be documented in employee records.
- 2.4. Trainings may include
 - 2.4.1. Face-to-face training, seminars, workshops
 - 2.4.2. Webinars (live, virtual)
 - 2.4.3. Asynchronous online learning activities
 - 2.4.4. In staff/agency clinical training
 - 2.4.5. Professional journal articles, books, or manuals
 - 2.4.5.1. Staff will be required to submit the agency form to HR for proof of article, book or manual study and review in supervision.
 - 2.4.6. Attendance must be documented and turned into HR for placement into personnel file and tracking. Documentation can be on:

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2.4.6.1. Staff Development form

2.4.6.2. CEU certificate

2.4.6.3. Meeting minutes/agenda showing topic, time spent on topic and validation of clinicians who attended.

2.4.6.4. Supervision notes documenting the book/article read and the discussion that followed OR a literature review.

2.5. Staff must complete their required 24 hours prior to the end of the calendar year and reviewed at performance evaluation.

2.5.1. Hours may be pro-rated based on the hire date at a minimum of two hours per month (ie. An individual hired in June will be responsible for 12 hours of training by end of the calendar year).

2.6. Agency trainings that qualify for Child Diagnostic Hours are Motivational Interviewing, MichiCANs, DECA.ASIST, and SafeTalk.

2.7. Other agency trainings may qualify for Child Diagnostic Hours if the curriculum separates out youth and is clear that this is a focus during the training. Proof of this can be:

2.7.1. Agenda showing time spent on youth training.

2.7.2. Meeting minutes showing time spent on youth training.

2.7.3. Certificates stating topic and time spent on youth training.

2.8. Additional Qualifying trainings

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2.8.1. Intensive Care Coordination with Wraparound Conference and Related Breakout Sessions

2.8.2. Waiver Conference and Related Breakout Sessions

2.8.3. Trainings Offered through the Association for Children’s Mental Health Related to Youth Peer Support Specialists and Parent Support Partners

2.8.4. Evidence Based Practices (EBP) Conference and related activities

2.8.5. Cross Systems Learning Events hosted by MDHHS

2.8.6. Other training offered through the Capacity Building Center (CBC), This does not include Community of Practice trainings or Provider Liaison meetings. Other trainings supported by MDHHS may be found at: <https://cmhebbs.org/>

References:

- March 16, 2026 DHHS Memorandum from Patricia Neitman, MS LLP, Bureau Director, Bureau of Children’s Coordinated Health, Policy and Supports
- Administrative Rule for 24-Clock Hour Requirement - R 330.2125 Staffing and training. Rule 2125. (1) The certified program shall provide for the establishment of a formalized staff development program to assure professional development and training in identifying and treating the needs of minors and their families. (2) Each full-time staff member in the certified

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program shall complete not less than 24 clock hours annually of formalized professional development and training. (3) Staff shall receive training before performing initial screenings. (4) For persons who are hired after the effective date of this rule, the certified program shall be clinically supervised by a child mental health professional who has at least a master's degree in a mental health-related field and 3 years of clinical experience working with minors and their families

Kerry Possehn, Chief Executive Officer	Date		