**Orientation Checklist**

(To be completed and retained by CSB for inspection)

**Content Orientation**

|  |  |
| --- | --- |
| Orientation to civil commitment process, legal and performance contract related requirements. | Signed and dated by ES Manager or designee: |
| Orientation to documentation expectations and requirements.  | Signed and dated by ES Manager or designee: |
| Orientation to expectations for use of clinical consultation with peers and supervisors | Signed and dated by ES Manager or designee: |
| Orientation to local policies and procedures | Signed and dated by ES Manager or designee: |
| Orientation to role and interface with local law enforcement | Signed and dated by ES Manager or designee: |
| Orientation to role and interface with magistrates and special justices | Signed and dated by ES Manager or designee: |
| Orientation to resources for alternatives to hospitalization | Signed and dated by ES Manager or designee: |
| Orientation to bed registry | Signed and dated by ES Manager or designee: |
| Orientation to process for securing local private beds | Signed and dated by ES Manager or designee: |
| Orientation to process for securing state facility beds | Signed and dated by ES Manager or designee: |
| Orientation to process to access LIPOS or SARPOS funding | Signed and dated by ES Manager or designee: |
| Orientation to alternatives for special populations [e.g. children, ID/DD or geriatric] | Signed and dated by ES Manager or designee: |
| Orientation to Federal and State laws about allowed disclosure of information and communication in routine and emergency situations | Signed and dated by ES Manager or designee: |
| Tour of local facilities [E.g. local hospitals, CSU’s, jail, REACH, etc.] as relevant. | Signed and dated by ES Manager or designee: |
| Agreement that for a minimum of three months after certification the newly certified person will consult with a supervisor on any case where he/she intends to recommend a release from an ECO without hospitalization. | Signed by ES Manager or designee and the individual to be certified: |

**Experiential Orientation**

|  |  |
| --- | --- |
| Completion of 40 hours of observation of direct emergency services client or collateral contact (including telephone evaluation/triage) conducted by a certified prescreener. | Signed and dated by ES Manager or designee: |
| Completion of direct observation of the new employee by a qualified certified prescreener of 40 hours of direct emergency services work. This cannot commence before #1 is completed.  | Signed and dated by ES Manager or designee: |
| Completion of a minimum of 3 prescreening evaluations under direct observation by a qualified certified prescreener. | Signed and dated by ES Manager or designee: |
| Attestation by supervisor that, based upon direct observation, the applicant has reached a minimal acceptable level of clinical competence and procedural knowledge to be certified. This includes such things as interviewing skills, mental status exam, substance use assessment and risk assessment. | Signed and dated by ES Manager or designee: |
| Agreement that for a minimum of three months after certification the newly certified person will consult with a supervisor on any case where he/she intends to recommend a release from an ECO without hospitalization. | Signed and dated by ES Manager or designee: |

For consistency and clarity during a review, completion of this Orientation Checklist is required. It does not preclude additional items from being required at the local level.