# the BEHAVIORAL HEALTH PROFESSIONAL

# Train-the-Trainer

2024

Woodfords Family Services, in partnership with the Office of Child and Family Services (OCFS) and the Maine Department of Education (DOE), provides curriculum development, training, technical assistance, and quality assurance in compliance with MaineCare.

The BHP course is required for staff providing Children's Behavioral Health Services as BHPs in either the school or home/community setting. The course is available as a 35 hour instructor-led training or as a blended course (12 online modules and an instructor-led live day) and includes the following modules:

- 1. Introduction to the Behavioral Health Professional
- 2. Professionalism
- 3. Working as a Team
- 4. Cultural Competency and Family Dynamics
- 5. Communication
- 6. Documentation

- 7. Child Development
- 8. Children's Behavioral Health
- 9. Autism
- 10. Trauma & Resilience
- 11. Understanding & Managing Behavior
- 12. Principles of Instruction

To be eligible for certification, individuals must complete an annual OSHA compliant Bloodborne Pathogens (BBP) training and have current Child & Adult CPR/First Aid certification.

The Train-the-Trainer course focuses on the delivery of the BHP curriculum using best practices for instructors, as well as a review of the Policies and Procedures for the BHP Training and Certificate Program.

# **Qualifications and prerequisite**

An individual interested in becoming a Certified BHP Instructor must be employed by a DHHS Provider Agency or School providing Children's Behavioral Health Services.

Applicants must have the following qualifications and complete the prerequisite:

Education/Experience Requirement:

Bachelor's Degree or higher plus

Minimum of 2 years of direct experience providing services to children and families. OR

Associate's Degree plus

Minimum of 4 years of direct experience providing services to children and families.

- <u>Training Skills Requirement</u>: Minimum of 2 years of experience training adult learners.
- <u>BHP Blended Learning Curriculum</u>: Successful completion of the 12 online modules and attendance at a Live Day session with Woodfords Family Services prior to the 2-day Train-the-Trainer Course.

Woodfords Family Services BHP Training & Certificate Program 15 Saunders Way, Suite 700 Westbrook, ME 04092 P: 207-878-9663 | F: 1-877-587-6445 bhp@woodfords.org



## <u>Application</u> Please submit the following by March 29, 2024:

- This form: complete with your contact information. All fields are required.
- <u>Your resume</u>: including your highest level of education, number of years and type of experience providing direct service to children and families, number of years training adult learners and the curriculum taught, and your current job position.
- Letter of recommendation: from the Agency Executive Director, Special Education Director, Clinical Director, or equivalent position. This letter should verify that the materials being submitted are accurate and that you have demonstrated quality performance as an instructor of adult learners.

#### **Dates and Locations**

<u>Check the box for the series that you would like to attend. Participants must attend all three days to be</u> <u>eligible for BHP Instructor Certification.</u> Due to demand, registrations are limited to two instructor candidates from the same organization per session.

### □ Brewer - April 2024 Live Day: Tuesday, 4/23/24 Train-the-Trainer: Wednesday, 4/24/24 & Tuesday, 4/30/24

Time: Each class is from 9:00AM to 4:30PM.

#### Course Fee: \$225.00

Note: If you are employed by a DHHS Provider Agency or School program that is billing MaineCare for BHP services under Sections 28 RCS, 65 HCT, 65 Day Treatment, or 97 CRCF the fee for this course is waived.

Please mail, fax, or email the completed application packet to: Woodfords Family Services Attn: BHP Train-the-Trainer 15 Saunders Way, Suite 700 Westbrook, ME 04092 Phone: 878-9663 Fax: 1-877-587-6445 email: <u>wenright@woodfords.org</u>	
Name:	
Date of Birth:/ Last 4 digits of SS#	#:
Organization:	
Organization Address:	
City:	State: Zip Code:
Organization Phone:	Fax:
Home Address:	
City:	
Home Phone: Cell P	Phone:
Email Address:	
Please specify if you require any accommodations to ensure your successful participation:	