Training Policy

**Purpose:** The intent of the following policy is to articulate CDS’ commitment to providing training and development opportunities for both full and part-time personnel including but not limitd to SAMH, SNAP, Administrative staff as well as all direct care CINS/FINS staff for shelter and community counseling services, on-call personnel and interns, as required by contracts and applicable rules and regulations and as resources are available. This includes educational opportunities, which are appropriate to employees’ present work and professional growth.

**Policy:** All employees shall be properly trained to perform their job duties in accordance with CDS policies and procedures, applicable contract requirements, rules and regulations, and laws. CDS’ training program at the Orientation phase includes, but is not limited to, expectations regarding professional conduct, prohibition against harassment, workplace violence prevention, child abuse reporting, and confidentiality requirements. Ongoing training includes, but is not limited to, opportunities for personnel to acquire: 1) skills in working cooperatively and effectively with staff who fulfill different tasks or responsibilities; 2) an awareness, sensitivity, and appreciation of the culture, perspective, and rights of the participants served by CDS; 3) person and family centered skills to work more effectively with children and families and substance abusers and their significant others; and 4) skills to enable personnel to gain promotion.

**Procedure and/or Process:**

####  Planning

The Chief Operations Officer shall act as the agency Training Director and will work with the appropriate level supervisor who manages their staff-training budget to address training issues. All training shall be properly recorded on forms designed for that purpose. New hires must be oriented to all training locations (virtual/in-person) and methods for sign up and log-in to obtain credit.

Each Program/Regional Director will conduct a staff meeting at least annually where program planning occurs and training needs are assessed. Based on information gathered at the meeting, each Director will establish annual program goals and create and/or revise an annual staff development and training plan, which delineates any required specialized training for employees who perform specific functions.

Each Program/Regional Director develops a quarterly training calendar, which outlines specific training topics and dates, based on required trainings and their employees’ training needs. Time frames for completion of specific trainings are established in accordance with the Department of Juvenile Justice Quality Assurance Standards and SAMH requirements. Calendars may be adjusted frequently based on opportunities and perceived needs. If a required training course is not completed within the required timeframe, there must be documentation as to why and when the staff member is scheduled to complete the training.

Upon completion of the Employee Probationary period during each employee’s performance evaluation specific individual training needs should be identified and incorporated in their individual training plan.

The Program/Regional Director at their program location maintains training files that include documentation of training and certifications, sign in sheets, and/or agendas for each training attended on each employee. A training log for each staff should include at minimum, (staff name, position, date of hire, fiscal year, training, hours, (and cumulative total), training completion/facilitation date, and training location/platform). The Human Resources Manager maintains training files for Administrative staff.. A position-specific annual training plan, which indicates completed training as well as projected training topics for the remainder of the year, is also maintained in each employees training file.

The training plan for each new employee is initiated at orientation and progress is tracked throughout the year. A new training plan is developed at the time of each employee’s annual evaluation.

When an employee terminates employment their entire training file should be transferred to the Human Resources Department.

Training opportunities are prioritized to meet the requirements outlined in appropriate program grants, contracts, and/or as established by corresponding rules or regulations. **Health and Safety**, **Person and Family Centered Approach, and Cultural Competency** training should be on-going priorities and interwoven as considerations in all applicable work and training endeavors.

## Attending to the Health and Safety of our program participants, coworkers, and public should be a matter of constant attention for all staff. Each employee should be familiar with and practice universal health precautions at all times. Program outings, participant interventions, and clinical plans should always be analyzed in terms of potential harm and safety risks prior to taking on the initiative. Foresight and vigilance must be practiced and reinforced at all levels to maintain a safe, productive, and healthy work environment.

### Universal Infection Control

## CDS meets the minimum educational requirements for HIV and AIDS pursuant to section 381.0035, F.S. and all infection prevention and control educational activities. Documentation of these training activities is maintained either in the Employee Personnel Record or at the Program site where the employee works.

The following procedure is used for employees:

1. All new employees are oriented to read the **Infection Control Policy and the Blood** **borne Pathogen** **Exposure Control Program**. At Orientation of New Employees the Human Resources Department provides a video education on Hepatitis B and Blood borne Pathogen Exposure.
2. All clinical staff and any other direct staff who have contact with participants shall receive two hours of education on HIV/AIDS/TB training within the first six months of employment and every two years thereafter.
3. The Human Resources Department and/or the Program/Regional Director maintain all documentation of staff training in individual employee files.

Employees are expected to respond to and report problems, misconduct, and/or potential risky health situations up the chain of command at the first opportunity.

**Aggression Control**

## Staff is trained to use self-protection through awareness, avoidance, and verbal de-escalation techniques in managing participant behavior.

## This section applies to all programs with the exception of Prevention Level 1.

* 1. CDS has written documentation of the specific control of aggression technique(s) to be used.
	2. Direct care staff are trained in control of aggression emphasizing self-protection through awareness, avoidance, and verbal de-escalation techniques.

## Justification and Documentation of Use of Physical Intervention:

### Verbal de-escalation techniques are always the preferred method of intervention

### In the event that significant physical intervention would be necessary to protect the safety of all concerned, staff should call 911 and request assistance from law enforcement. In the event that physical intervention is used to restrict a participant’s movement, justification is documented in the participant record and a complete, detailed report of the event shall be written on an Internal Event Report, which is maintained as part of the administrative record.

1. Prohibitions.

### Under no circumstances is a participant to be involved in the use of verbal de-escalation or physical intervention to control aggressive behavior of other participants. Additionally, such techniques are not employed as punishment or for the convenience of staff.

* 1. When faced with a combative participant, attempts should be made to calm the participant through the use of crisis intervention techniques and enlisting assistance as needed from other staff or family or significant others in the session. If these interventions are unsuccessful, the police may be notified.

**Seclusion or restraints are not utilized.**

**Approach**

CDS is committed to **Person and Family Centered Services** because ultimately our goalis to assist our program participants to achieve their goals and become productive, happy**,** law abiding citizens. This means that services must be rendered in a manner that is sensitive to the cultural background of the individual and/or family being served and consistently considers and involves them in the assessment of their strengths, needs, abilities, preferences, and desired outcomes. Person and family centered services facilitates a process in which the Program Participant describes in their own words their goals and aspirations and learns what kind of support is needed to achieve their desired results. Progress is monitored with the Participant to ensure that the services being provided reflects and responds to those needs and goals.

A cornerstone of a Person and Family Centered approach is the recognition of the unique aspects of the participants being served. Each individual brings with them a personal history and value system often largely developed within the culture and community where they were reared and/or reside. By simply staying attuned to the cultural cues as exemplified in how an individual expresses themselves through language, dress, notions of modesty, eye contact, and issues of privacy and personal boundaries can lead to further understanding and exploration of deeper issues such as spiritual values, attitudes about seeking outside assistance in general, and in particular as it relates to concerns regarding mental health or substance abuse. It is through demonstrating **Cultural Competency** that the helper makes clear their respect for the traditions, perspective, and values of the program participant and strengthens opportunities for a productive therapeutic relationship.

##### Supervision and Scope of Practice

A qualified individual must supervise all program staff as defined by CDS job description, or as prescribed by applicable State/Federal rules and/or regulations and as permitted within the scope of their qualifications.

Supervisors shall conduct regular reviews of work performed by subordinate staff for training purposes, compliance, and continuing quality.

Unless licensed under Chapter 458, 459, 490, 491, F.S., persons providing clinical services are limited to the following tasks:

## Screening;

## Psychosocial Assessment;

##  Treatment Planning;

## Referral;

## Service Coordination and Case Management;

## Consulting;

## Continuing Assessment and Treatment Plan Reviews;

## Counseling;

### Individual Counseling;

### Group Counseling; and

### Counseling for families, couples, and significant others;

## Participant, family, and community education;

## Documentation of progress; and

## Any other tasks permitted in applicable rules and appropriate to that licensable component

**Delivery**

CDS encourages employees to contribute their ideas for possible training areas and share their experience and expertise as trainers and/or their experiences in training events.

Delivery of training sessions is accomplished through the following means:

* CDS personnel trained in required curriculum
* Video, teleconferencing and on-line instruction (when available)
* Peer training
* Training conducted by the Florida Network trainer
* Area conferences and/or workshops
* Contracted certified trainers (i.e. First Aid & CPR)

Employees are encouraged to seek professional licensure and/or certifications relevant to professional positions. CDS is also committed to providing in-service training to staff as needs are generated by Directors/Supervisors, at staff meetings, or at the annual program retreats. In this regard, CDS attempts to work with employees to identify continuing education within and outside CDS that will lead toward the attainment of licensure and/or certification or fulfill any applicable continuing education requirements.

In the case where a program is funded through the Department of Juvenile Justice, CDS is committed to providing full-time, part-time, and prn employees with a minimum of 40 hours of job-related training annually and 80 hours of training in the first year of employment. These training opportunities consist of pre-service/in-service training, annual in-service training, emergency procedures (first aid, CPR, universal precautions, and use of fire equipment), and position specific training and conferences deemed appropriate by the Program Director/Supervisor. The training plan process begins at new employee orientation.

Trainings to be completed within 90 days of hire and prior to working independently with youth:

* Local Provider Orientation Training (agency policies & procedures, building/facility layout)
* Medical and Mental Health Alert System (shelter)
* Video Camera Surveillance & Equipment
* Risk Management- Including, but not limited to the following:
	+ Disaster Preparedness & Emergency Response
	+ First Aid/CPR
	+ Universal Precautions (to include COVID related elements)
* File documentation/development of paperwork requirements and confidentiality
* Client Intake & Screening
* Client Orientation (direct care staff training on delivering new client orientation)
* CINS/FINS Core Training (Bridge)
* Managing Aggressive Behavior (Residential Only every two years. In-Person)
* Florida Network Youth Suicide Prevention (Bridge and Annually)
* Signs and Symptoms of Mental Health and Substance Abuse (Bridge)
* Behavior Management (Residential Only)
* Understanding Youth/Adolescent Development
* CCC & Incident Reporting
* Confidentiality
* Child Abuse Reporting
* Medication Distribution for Staff Without a Medical License (Residential and prior to the administration of medication)
* Fire Safety Equipment (Residential every 2 years)
* Serving LGBTQ Youth (Bridge)
* Cultural Humility
* Motivational Interviewing (All Staff administering the NIRVANA-required prior to the administration of the NIRVANA)
* All other necessary information to orient a new hire to perform their job role and duties.

Below is a list of the first year required training topics:

To be completed within 90 days of hire and annually or every 2 years thereafter:

 SkillPro Required Trainings:

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| --- | --- | --- | --- |
| Training Requirement | Staff Required | Location | Frequency |
| JJIS (Juvenile Justice Information System) | All staff who will monitor the system for program eligibility | SkillPro/DJJ | * Required prior to accessing the system
 |
| Child Abuse: Recognition, Reporting, and Prevention | ALL Staff | SkillPro (1 hour)Course #168 | * Required within 90 days of hire. Shelter Staff Required first 2 weeks
* Required Annually
 |
| Civil Rights & Federal Funds (United States Department of Justice) | All Staff | SkillPro (0.5 hours)Course # 1484 | * Required within 30 days of hire.
 |
| Equal Employment Opportunity | All Staff | SkillPro (1 hour)Course # 112 | * Required within 90 days of hire.
 |
| Human Trafficking Intervention for Direct-Care Staff | All Staff | SkillPro (2 hours) Course #316 | * Required within 90 days of hire.
* Required Annually
 |
| Information Security Awareness | All Staff | SkillPro (1 hour)Course #45 | * Required within 90 days of hire.
* Required Annually
 |
| Prison Rape Elimination Act (PREA)– Part 1 and Part 2 | All Staff | SkillPro (1.5 hours) Course #1549Course #1546 | * Required within 90 days of hire.
* Required Every 2 years
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| Sexual Harassment | All Staff | SkillPro (1 hour)Course #111 | * Required within 90 days of hire.
* Required Every 2 years
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| Trauma Responsive Practices | All Staff having Direct Contact with Youth | SkillPro (2 hours)Course #125 | * Required prior to working independently with youth; no later than 90 days of hire.
* Required Every 2 years
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 FLN Required Trainings:

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| --- | --- | --- | --- |
| Training Requirement | Staff Required | Location | Frequency |
| Behavior Management | Shelter Staff Only | In-Person | * Required prior to working independently with youth; no later than 90 days of hire.
 |
| CPR/First Aid | All staff having direct youth contact | Third-party source / Certified External | * Required prior to working independently with youth; no later than 90 days of hire.
* Retrain every 2 years
 |
| CINS/FINS CORE | All Staff | Instructor-Led or in Bridge | * Required prior to working independently with youth; no later than 90 days of hire.
 |
| Florida Network Youth Suicide Prevention | All Staffhaving direct youth contact | Bridge | * Required prior to working independently with youth; no later than 90 days of hire.
* Required Annually
 |
| FL Statute 984 CINS Petition | All Staff Participating in Case Staffing & CINS Petitions | Instructor-led Local DJJ Attorney | * Required within 1 year of effective date of this policy for current staff
* Required within 1 year of employment for new hire
 |
| Crisis Intervention training approved by the Network (ex: Managing AggressiveBehavior (MAB) | Shelter Staff Only | In-Person (2- day/16 hours) | * Required prior to working independently with youth; no later than 90 days of hire.
* Retrain every 2 years
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| Medication Distribution for Staff Without a Medical License | Shelter Staff Only | In-Person / Registered Nurse (RN) NOTE:Programs without an RN may contact the Florida Network or other Network Program RNs to coordinate a trainingsession. | * Required prior to the administration of medication
 |
| Motivational Interviewing (MI) | All Staff Administering the NIRVANA | In- Person/Virtual DJJCurriculum | * Required prior to the administration of the NIRVANA Assessment
 |
| NetMIS Training | Staff | Bridge or Virtual through Bridge | * Optional for Staff using NetMIS
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| NIRVANA –Network Inventory of Risks, Victories And Needs Assessment | All Staff who will be administering the Assessment | Virtual through Bridge | * Required prior to the administration of the Assessment
 |
| PYXIS | Shelter staff Authorized users | In-Person / Virtual | * Required prior to accessing the system
 |
| SNAP Support Overview | SNAP Staff | Virtual through Bridge | * Not required, but offered for staff in between hire and full SNAP Facilitator training
* After completing training, this Supporter must only be paired with a fully trained SNAP Facilitator

\*This training does not certify staff to facilitate SNAP* If the staff member is hired as a facilitator, they must complete the next available SNAP Facilitator Training (Offered at minimum quarterly). \*When an extension is required, agencies must submit in writing the extenuating circumstances and future attendance plan for review.
 |
| SNAP Facilitator Training | All Staff Delivering the SNAP Model | In-Person | * Required prior to the delivery of groups

\*If the trained staff has not facilitated groups or participated in fidelity monitoring before the end of one year from the completion of either the SNAP Facilitator Training or Annual SNAP Refresher Training, they will be required to attend SNAP Facilitator training prior to returning in a facilitator/fidelity monitoring role. |
| SNAP Refresher Training  | All staff Delivering the SNAP Model  | Virtual through Bridge | * Required annually for all staff who have completed SNAP Facilitator Training and are delivering SNAP group services or monitoring fidelity
 |
| Non-licensed Clinical Staff Suicide Assessment Training\*see FL Network Policy 3.02 | All staff who are not licensed and administering a suicide assessment | In person/ Virtual | * Once at time of hire, prior to independently completing an assessment
 |
| The below trainings are required by the Network but are not limited to a specific location. Each training is for all staff who have direct contact with youth and is required prior to working independently with youth; no later than 90 days from hire. Please log all trainingson FLN Training Log. Contact the Florida Network team for training related needs. |
| Adverse Childhood | All staff who have not completed the | Bridge or another platform | * Required within 90 days of hire.
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| Experiences (ACE) | NIRVANA Training |  |  |
| Cultural Humility / Cultural and Linguistic Diversity (RHYTTAC) | ALL STAFF with direct youth contact | In-Person / or a platform from another funder such as RHYTTAC | * Required prior to working independently with youth; no later than 90 days of hire.
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| Confidentiality | ALL STAFF | In-Person / FYSB / DCF /SkillPro | * Required prior to working independently with youth; no later than 90 days of hire.
 |
| Fire Safety Equipment | ALL Shelter STAFF | FLN / DCF by a Certified External Provider | * Required prior to working independently with youth; no later than 90 days of hire.
* Retrain every 2 years
 |
| Signs and Symptoms of Mental Health and Substance Abuse | ALL STAFF with direct youth contact | Bridge or related topic with another funder | * Required prior to working independently with youth; no later than 90 days of hire.
 |
| Universal Precautions / Communicable Diseases / Infection Control Bloodborne Pathogens: PartOne and Two | ALL STAFF with direct youth contact | Bridge / DCF/ SkillPro | * Required prior to working independently with youth; no later than 90 days of hire.
 |
| Adolescent Development / Positive Youth Development / AdolescentDevelopment and Behavior | ALL STAFF with direct youth contact | In-Person/ RHYTTAC/SkillPro | * Required prior to working independently with youth; no later than 90 days of hire.
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Additionally, following the first year of employment, direct care staff training for residential staff will include refresher training on the use of available fire safety equipment, crisis intervention, and training necessary to maintain current CPR and first aid certification and suicide prevention.

There must be documentation in the shelter non-licensed clinical staff person’s file regarding the suicide assessment training in accordance with FL Network Policy & Procedure Section 3.02 (FL Network QI Standards Section 4.02) which states the following:

Non-licensed clinical staff working in shelters under the supervision of a licensed clinical staff person completing Assessments of Suicide Risk must have documented 20 hours of training/supervision and supervised experience in assessing suicide risk, mental health crisis intervention and emergency mental health services. The non-licensed clinical staff person’s training hours must include administration of, at a minimum, five (5) one-to-one assessments of suicide risk or crisis assessments individually conducted on-site in the physical presence of a licensed professional. The 20 hours of training/supervision must be documented and maintained in the non-licensed clinical staff person’s personnel file using the Documentation of Non-Licensed Mental Health Clinical Staff Person’s Training in Assessment of Suicide Risk form (can be found on the Florida Network partner portal). This training may be waived for non-licensed clinical staff who were employed in a CINS/FINS program and conducting Assessments of Suicide Risk for one year prior to July 1, 2014. There must be written confirmation by the licensed professional supervising the non-licensed professional that this individual has received training and is competent to conduct Assessment of Suicide Risk under the direct supervision of the licensed professional. The written confirmation must be placed in the personnel file of the non-licensed clinical staff person, and must contain the date, signature, and license number of the licensed professional supervisor.

In the case where a program is funded by and/or licensed through the Substance Abuse and Mental Health (SAMH) program office CDS will comply with the position training requirements as outlined in 65D-30.

When appropriate, CDS administration may consider certifications, academic course credits, and demonstration of competence under supervision in lieu of participation in certain required trainings.

(See Orientation Policy for associated information.)