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| Title: | Training and Supervision of Staff |
| Purpose: | To ensure that programs have staff who are highly trained and receive ongoing supervision |

**Overview**

Each program providing Birth to Three supports to families must have policies in place for hiring, training, and supervision of staff. Programs must address the requirements in this procedure to ensure staff working with families are highly qualified, participate in staff development activities and trainings, advance in their use of evidence-based practices in early intervention, and receive ongoing supervision. Programs are required to develop a comprehensive Training and Supervision plan with an associated tracking system. The Training and Supervision plan must be reviewed and updated as needed, annually at a minimum. This plan will be made available to the lead agency upon request.

For the purpose of this procedure “staff” means employees, per diem employees, as well as subcontractors working for the Birth to Three program, since the training and supervision requirements are the same.

**Supervision Coordinator**

Programs must have a person responsible for providing or overseeing provision of supervision to all staff. Programs must provide supervision and observation of all staff specifically for the purpose of evaluating the quality of their work including their level of fidelity with the evidence-based practices (EBP) in Early Intervention. While the lead agency provides some opportunities for training and technical assistance, programs are expected to supplement this based on identified needs.

All staff should have regularly scheduled supervision sessions that occur more frequently based on the length of time a staff member has been with the agency or on identified needs for supervision. There should be goals developed as part of ongoing supervision. Based on how to best support adults, supervision should include coaching practices and reflective supervision.

**Training Coordinator**

Each program must designate one person or organizational position who is responsible for overseeing the system for training of staff, ensuring that individual training plans for all staff are in place, as well as developing a training plan for their Birth to Three program as a whole. This can be the same person as the Supervision Coordinator, or a different person, depending on the needs of the program. There may be additional staff responsible for training in the program that report information to the training coordinator.

**Program Training and Supervision Plan**

Programs must have a training and supervision plan for the program as a whole. This plan should include the designated training and supervision coordinators or designated organizational position, the orientation and training process for new staff, supervision process including determination and monitoring of staff outcomes, system for staff specific trainings, agency-wide training and Activity-Based Teaming (ABT) focused implementation.

Data from the Lead Agency’s Quality Practices Self-Assessment must be used, in part, to guide training needs for the agency as a whole as related to fidelity with use of evidence-based practices in early intervention.

**Basic Qualifications and Required Training**

It is recommended that programs prioritize hiring people in all disciplines who have a demonstrated knowledge through coursework and preferably through work experience, with very young children. All staff hired by Birth to Three programs must meet the requirements found in the *Personnel Standards* procedure and the Birth to Three Contract including, as appropriate, educational requirements, CT licensure or certification, continuing education and training.

New staff who are working with families one or more hours per week must complete required trainings that are included in the Initial Birth to Three Certificate within 90 days of their start date. There are additional requirements for staff who will function as service coordinators*.* Required trainings are outlined in the *Personnel Standards and Service Coordination procedures,* and found on the Birth to Three website.

When qualified staff are hired who have limited experience in the Connecticut Birth to Three System, it is the responsibility of the program to ensure that the proper training and supervision of these staff is provided.

**Staff Orientation**

Programs must have a written orientation plan for all new staff that includes direct observations in the field and receives intense focus during the first 90 days of hire. Depending on prior CT Birth to Three experience, orientation should include, at minimum:

* Determination of designated supervisor and chain of command
* Determination of training supervisor, if different than personnel supervisor
* Introduction to and understanding of who is on their team
* Program-specific policies (i.e. Mandated reporter)
* Connecticut Birth to Three procedures
* Activity-based teaming basics
* Observations of home visits and IFSPs with other team members, or joint visits
* Observation of an eligibility evaluation if they will be evaluating children and have not been doing evaluations specifically in Birth to Three

**Staff Supervision and Training Plans**

All staff must have a designated person(s) responsible for providing their supervision and overseeing their individualized supervision and training plans, which must include specific goals with measurable outcomes. These plans may be combined into one plan that distinctly addresses both supervision matters and training plans. They must be reviewed bi-annually, and all staff must be observed in the field for this purpose at least annually.

For new hires, after the initial orientation period of 90 days is complete, a training plan must be developed with the staff member and their supervisor or a designated person responsible for training of staff.

Individual training plans can be informed through a variety of sources including the person’s education, previous work experience, experience in Birth to Three, discipline-specific areas for improvement, the state’s Quality Practices Self-Assessment which should only be used to address agency-wide needs rather than individual needs, previous continuing education, observations in the field, and tools used by the lead agency that measure fidelity with evidence-based practices in early intervention (i.e. coaching logs, fidelity checklists).

**Evidence-Based Practices in Early Intervention**

Programs are expected to know and use EBPs related to all aspects of early intervention, for instance, discipline-specific practices, autism-specific supports, and overall early intervention practices. Programs must provide training and technical assistance to staff in order to advance their fidelity in use of EBPs in early intervention, specifically known as Activity-Based Teaming (ABT) in Connecticut. These EBPs include Natural Learning Environment Practices, Coaching as a style of interaction, and Primary Service Provider approach to teaming. It must be clear to staff that the expectation is that delivery of supports to families in early intervention follows these best practices.

The lead agency offers trainings and technical assistance in this area as funds allow. Emphasis is to support development and use of Master Coaches, also known as Mentor Coaches, within the program for program-wide implementation.

Programs are expected to have multi-disciplinary teams trained in Activity-Based Teaming and using these practices with all families, regardless of the child’s diagnosis. Staff will vary in their level of fidelity to ABT and it is recommended that each team include staff who have higher levels of fidelity who can model and support other team members.

Programs are responsible for ensuring all staff have a basic understand Natural Learning Environment practices that is expected to be enhanced over time.

Programs are expected to support their staff in becoming family coaches through use of coaching logs, video review, or field/remote observations which are reviewed by Mentor Coaches or Fidelity coaches. The use of Electronic Coaching logs followed by coaching conversations is highly recommended as the measures of fidelity are built into the logs. If a program chooses to use another form of review such as video or observation, without use of logs, they would have to develop or determine a tool to measure fidelity. Discussion with lead agency staff will be necessary to determine appropriate measures and technical assistance plans. Technical assistance in the form of a coaching conversation reviewing the log, video, or home visit should happen more frequently (at least monthly is recommended) when working on achieving fidelity, and continue periodically after attainment of fidelity.

Mentor Coaches receive additional training and TA after first achieving fidelity as a family coach. Mentor Coaches who have achieved fidelity are used as mentors to other staff, and able to coach and determine the level of fidelity for staff in their use of ABT. Programs can use Mentor Coaches in training roles for increasing staff’s knowledge base but also should use Mentor Coaches to develop fidelity in family coaches. A determination of fidelity of a staff person must be made in consultation with the lead agency, after submission of Electronic Coaching logs or other agreed upon measurement tools. The lead agency maintains a list of staff who have undergone training and TA and what their level of fidelity was at the completion of TA. It should be understood that fidelity will slip unless the practices are being used regularly and occasionally reviewed through submission of logs, video, or observation followed by a coaching conversation.

A Fidelity coach is one that has received additional training above the Mentor Coach level and is able to train other Mentor Coaches.

**Quality Practices Self-Assessment**

To assist programs in determining the level of fidelity to ABT in their program as a whole, the lead agency has developed a Quality Practices Self-Assessment (QPSA), which needs to be completed annually by all staff. The QPSA is completed online through a link that is sent to programs annually by the lead agency. New employees also have to fill out the QPSA on a timeline determined by the lead agency.

The goal of the QPSA is to help programs identify trends where more training is necessary for the program. Results of the QPSA present program level data and does not provide staff specific data.

**Technical Assistance**

Technical assistance (TA) is defined as, “… a process within a dynamic context that enables a goal focused, strategy-oriented, accountable organization to transfer knowledge to clients for the purpose of their growth, change and improvement. (Pascal Trohanis, Foundations and Perspectives of TA)”

Programs are encouraged to provide TA support for their staff in areas for growth identified through supervision and, as necessary, to address goals and outcomes on their individualized training plan.

**Lead Agency Contribution to Training and Technical Assistance**

The lead agency provides training and technical assistance to the system and programs as funds allow. Online modules and videos are provided to assist programs in training of their staff.

Programs can request training or TA on a variety of topics in order to increase understanding of procedures, enhance supports provided to children and families, and keep current with best practices in early intervention. As feasible, the lead agency will address these requests.

Additionally, the CT Birth to Three System is responsible for the public supervision and monitoring of programs in the Connecticut Birth to Three System. In fulfillment of this requirement, programs will participate in a variety of integrated monitoring activities including, self-assessments, data verification, and focused monitoring. As a result of these monitoring activities, a program may request or be required to receive technical assistance. Depending on the nature of the non-compliance identified, TA may be provided at a cost to the program. For more information on monitoring, see the Accountability and Monitoring procedure and the Early Intervention Monitoring and Accountability Performance System (EI MAPS) timeline.

**Peer Supported Technical Assistance**

Peer Supported technical assistance (TA) is defined as one provider providing technical assistance to another provider. The Lead Agency may request a provider receive peer supported technical assistance as a result of finding on the priority rubric, supervision or monitoring, or program identified need. The lead agency will approve the peer mentor program and specific outcomes to be measured to support the identified need. Peer supported TA reimbursement (using Form 4-3) is provided based on pre-approval from lead agency and the availability of funds.

**Accessing Technical Assistance**

Programs may request TA by completing Form 4-1 “Technical Assistance Request Form” and submitting it to CTBirth23@ct.gov.

TA plans should be individualized to meet the needs of the program and the topic being addressed. For this reason, the TA may:

* be provided by a member of the Birth to Three staff, a peer mentor program, or an outside party with more specific knowledge on the topic,
* be delivered in person or through technology,
* involve file reviews or onsite activities,
* be addressedthrough articles and discussion,
* offered in a small group meeting or through an on-going study group
* offered for several programs at the same time or for the system as a whole

Following the completion of formal TA, programs will complete Form 4-2 “Technical Assistance Evaluation” and submit it via email to CTBirth23@ct.gov.

References:

Trohanis, Pascal, Foundations and Perspectives of TA. *Design Considerations for State TA Systems.* NECTAS, 2001