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|  | The Community Partnership for the Prevention of HomelessnessStaff Training Transcript – Low Barrier Shelter |

Please use this form to track and manage the TCP required training completion for your staff. This form may be requested by TCP staff for contract monitoring and at contract close out review. Certificates of completion may also be requested by TCP staff. Should TCP staff request certificates of completion, only trainings with an accompanying certificate will be considered. If you have any questions regarding this form, please contact the training team via email at training@community-partnership.org.

### Staff Information

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| Name of Staff: |  |  | Date of Hire: |  |

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| Contract Number of Staff Assignment: |  | Contract Period of Transcript: |  | Staff Title: |  |

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| Position Description (check all applicable): | Client Facing Staff  Administrative Staff | Case Manager  Client-Facing Specialist | Executive Director  Financial Staff | Program Director/Manager |

### Staff Trainings

**Please note that not all topics listed on this transcript are required for all staff or programs. Please review your contract to ensure you are in compliance with training requirements.**

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| ANNUAL TOPICS\*  \* Training is required for each topic every contract period, or once every 18 months, whichever comes first | | | | | | | |
| Training Topic | **Training Title** | | **Date of completion** | **Mandatory Staff** | | **Time Frame for Completion** | |
| ADA and Reasonable Accommodation |  | |  | All client facing staff and ADA Liaison | | 90 days of hire and then annually\* | |
| Cultural Competency |  | |  | All client facing staff, security | | \* | |
| Customer Service |  | |  | All client facing staff, security | | \* | |
| Domestic Violence |  | |  | All client facing staff | | \* | |
| Emergency Preparedness |  | |  | Executive directors and any staff involved in creating the emergency preparedness plan | | \* | |
| Fair Housing |  | |  | Program managers, case managers, housing specialists | | \* | |
| Language Access |  | |  | All staff, administrative, executive, financial, security, and maintenance | | 90 days of hire and then annually\* | |
| LGBTQ+ Cultural Competency |  | |  | All client-facing staff | | \* | |
| Mandated reporting for Children and Adults/Seniors |  | |  | Consistent with District Requirement | | 90 days of hire and then annually\* | |
| Medical Hypothermia |  | |  | All LBS/Hypo staff, maintenance and security | | \* | |
| Synthetic Drug Usage |  | |  | All LBS/Hypo staff, maintenance and security | | \* | |
| Trauma Informed Care |  | |  | All client facing staff | | 90 days of hire and then annually\* | |
|  |  | |  |  |  | |  |
| BI-ANNUAL TOPICS§  § After initial completion, training is required for each topic every other contract period or once every 24 months, whichever comes first | | | | | | | |
| Training Topic | **Training Title** | | **Date of completion** | **Mandatory Staff** | | **Time Frame for Completion** | |
| *Assertive Engagement* |  | |  | All client facing staff | | § | |
| Boundaries and Confidentiality |  | |  | All client facing staff | | § | |
| Conflict Resolution |  | |  | All client facing staff | | § | |
| Crisis Intervention |  | |  | All client facing staff | | § | |
| *Critical Time Intervention* |  | |  | Program managers, case managers, and client facing specialists | | § | |
| *Financial Management and Grant Administration* |  | |  | Staff who manage, handle, or are dedicated points of contact for contract deliverables. | | § | |
| *Housing Based Case Management* |  | |  | Program managers, case managers, and client facing specialists | | § | |
| Housing First |  | |  | All client facing staff | | § | |
| Homeless Services Reform Act (HSRA) 2005 Overview |  | |  | All client facing staff | | § | |
| *Motivational Interviewing* |  | |  | Program managers, case managers, client facing specialists | | § | |
| Non-coercive approaches to conflict management |  | |  | All client facing staff | | § | |
| Non-violent Crisis Intervention |  | |  | All client facing staff | | § | |
| *Stages of Change* |  | |  | Program managers, case managers, client facing specialists | | § | |
| Suicide Risk Assessment and Prevention |  | |  | All client facing staff | | § | |
| Understanding the Office of Administrative Reviews/Hearings |  | |  | All Client Facing Staff | | § | |
| Unusual Incident Reports |  | |  | Program managers, case managers, client facing specialists | | 90 days of hire and then every other year § | |
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| CERTIFICATIONS AND SYSTEMS TRAININGS†  †Trainings required once or when a specific certification expires, after initial completion. | | | | | | | |
| Training Topic | **Date of Completion** | **If Applicable:** Date of certification expiration | | **Mandatory Staff** | | | **Time Frame** |
| VI-SPDAT/TAY VI-SPDAT and CAHP Overview |  |  | | All providers who participate in CAHP and complete or supervise case management tasks. (Requirements vary by program and position) | | | 90 days of hire**†** |
| HMIS |  |  | | All HMIS users | | | 90 days of hire**†** |
| CPR/First Aid |  |  | | All client-facing staff | | | **†** |
| HIPAA |  |  | | All staff, administrative, executive, and financial staff | | | 90 days of hire**†** |
| Mental Health First Aid |  |  | | Program managers, case managers, specialists | | | **†** |
| Narcan |  |  | | All LBS/Hypo staff, maintenance and security | | | **†** |
| SOAR |  |  | | At least one staff person per program, and any additional program managers, case managers, client facing specialists | | | **†** |

### Acknowledgment

**By signing below, I verify that the staff person identified on this form has completed the trainings as noted on this transcript.**

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| **Signature** | **Date** |