

Excerpt from the Commonwealth of Virginia Crisis Continuum Standards – 2023 Draft currently under review:

REACH Staff Training:

The REACH Mobile Crisis Teams consist of qualified staff that are educated and trained to provide crisis services to individuals with DD. The REACH Director is responsible for ensuring that all REACH staff comply with guidelines required by the respective governing board regarding the respective license/practice standards and billing regulations.

Apart from the Crisis Therapeutic Staff direct support professionals and administrative staff who do not provide direct service, all other newly hired REACH staff will complete the Mobile Crisis Response (MCR) Training core modules (six designated modules) and one hybrid training. If the staff member designation is youth focused by the regional program, they should complete the youth MCR training and then follow-up with the adult hybrid MCR training and vice versa if the region designates the staff as having an adult focus (complete the adult MCR training and follow-up with the youth hybrid training). Refer to the section “*Service: Mobile Crisis Response – Subsection “Provider Qualifications, Credentialing, and Training Requirements”*” in this document for more information on the MCR training and required completion deadlines. In addition to the MCR courses, required training by the respective operator of the REACH program, and the program operator’s regional crisis intervention training, staff will be required to complete a minimum of 12 additional hours of training by the end of their one-year anniversary hire date. Recommended areas to focus training are as follows: understanding of the REACH model and how services relate within the model and connect to system supports; required documentation including CEPP completion and related data entry at all points of service within the REACH model; understanding the individual who has ASD and related supports needed to aide in the prevention of crisis; the impact of medical and pharmacological needs for the individual with DD; communication barriers that impact on the stability and related care needs of the individual; and caregiver fatigue and related self-care strategies for REACH staff.

All direct service professional staff employed at the REACH CTH must complete the standardized DBHDS DSP competencies, that are required to bill waiver services, in the timeframes set forth by DBHDS. All staff who may administer medications, apart from nurses, must complete the medication aide training curriculum designated per their agency policy. The links to these training requirements are as follows: [Virginia Board of Nursing - Medication Aide Education Programs](#) and [Required Training - Virginia Department of Behavioral Health and Developmental Services](#)

Each year by the anniversary of their hire date, all staff members will complete at least 12 hours of continuing education. All training should be commensurate with the level of expertise of the receiving staff and related to their respective job. For those that are completing continuing education for a license or certification, these credits may count against the 12 required hours. The DSP training should be related to their respective job and does not have to be a formal CEU program. For example, review of the OIH newsletter and a related discussion may count as annual hours or how to implement key sections of a CEPP.

The completed training must be documented in the employee’s personnel record available for review as needed by DBHDS staff.

While formalized didactic training serves as the minimum necessary to prepare staff to provide crisis and prevention services, ongoing supervision and mentoring of staff both in and outside the provision of crisis services is critical for employee development. Therefore, in addition to the

tasks outlined above, incoming REACH staff must complete a process of supervision and mentoring. This process must include at a minimum:

- All new hires in DSP positions and those designated as QDDPs must have weekly supervision sessions for the first 90 days and then monthly thereafter. These supervision sessions may be individual or in groups and must be documented.
- All new hires who are licensed or certified must have supervisory sessions as per their regulatory board requirements.
- All mobile crisis staff must be shadowed for at least a minimum of two on site (in person) responses by a supervisor at which time the supervisor will be responsible for deciding if further supervision is required. The shadowing should take place within 30 days of hire.
- All new clinical hires must develop and have at least one CEPP peer reviewed within 90 days of hire.
- All new clinical hires must complete at least one training of a CEPP under the guidance of their supervisor within 90 days of hire.