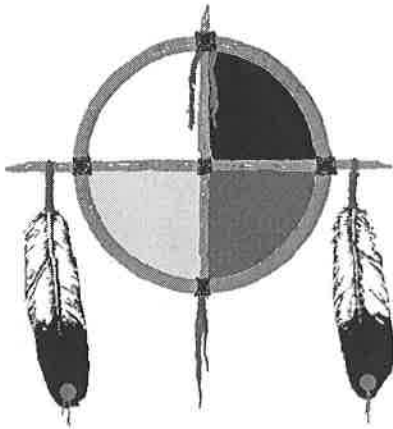


KAHNAWAKE COMMUNITY HEALTH PLAN HEALTH TRANSFERRED PROGRAMS

Training Plan 2012 - 2022



Submitted to Onkwata'karitáhtshera
Steering Committee & Health Canada

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INTRODUCTION

As mentioned earlier in the report, Onkwata'karitáhtshera is the overall responsible body for health and social services in Kahnawake and for the coordination of the Community Health Plan (CHP). As such, there are training needs at this level as well as within the Kahnawake Shakotiiia'takehnhas Community Services (KSCS) and Kateri Memorial Hospital Centre (KMHC) organizations which have specific mandates with shared responsibilities for some service delivery areas. However, each level and system is different from the other and for this reason each will have its own section.

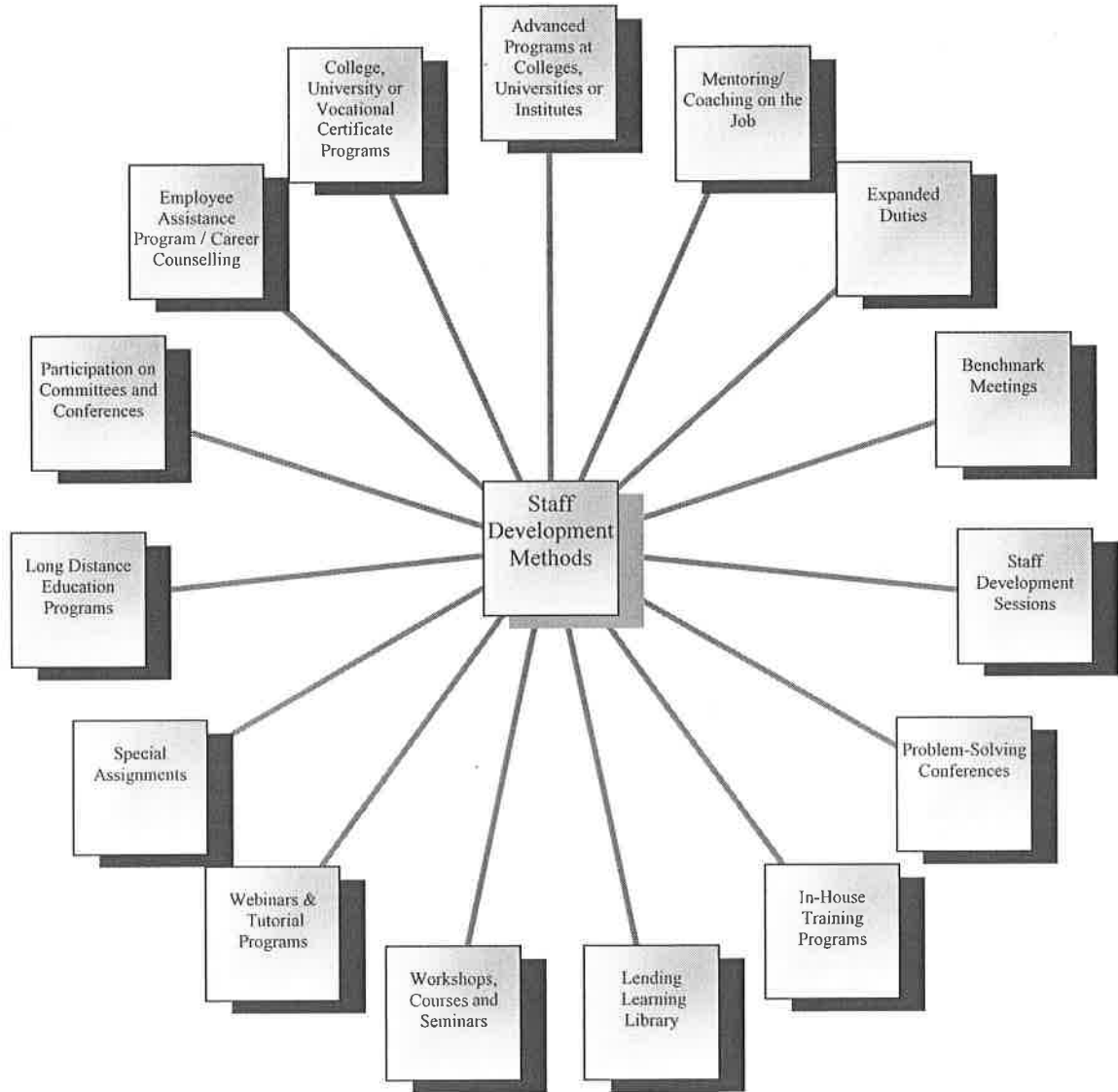
The training plan is presented with the following qualifier: ***The information within the training plan tables are an approximation of what organizations anticipate in terms of training needs and are subject to change based on a range of factors that influence how and where training resources are used, such as but not limited to:***

- Cultural Relevance
- Performance Reviews
- Staff Turnover
- Training Costs Increases
- Access to English Training
- Courses are withdrawn
- Shortages in Labor Market
- Licensing Requirements
- Evaluations
- Programming Cycles
- Cultural Content/Competence
- Strategic Plans
- Staff Promotions/transfers/resignations/retirements
- Change in Health Priorities
- Legislative Impacts
- Workload
- Recruitment Compromises
- Accreditation Requirements
- Needs Assessments

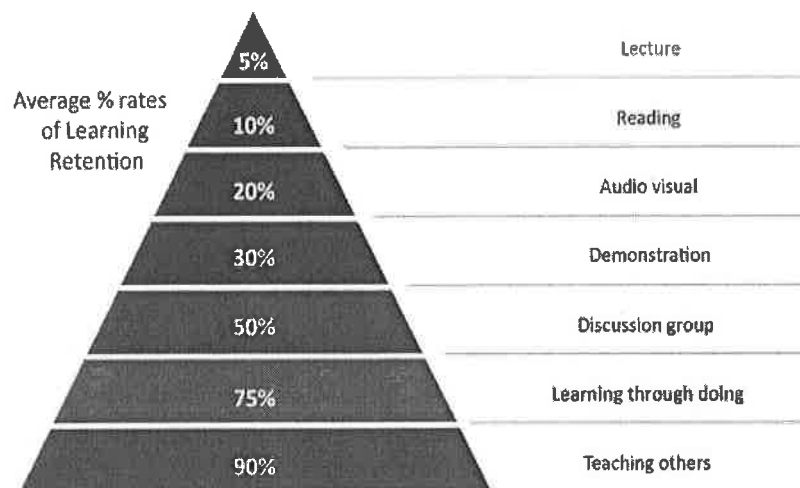
Some of these factors are further elaborated on in the Training Considerations section of this document in order to provide a better appreciation of their impact.



Staff Development can be achieved using a range of methods that include training. Not all methods can be reflected within a multi organizational training plan as they are specific to each employee and usually emerge out of the annual performance review. We can, however, outline what the methods are in the following diagram:



Besides the above methods mentioned, what also needs to be taken into consideration is the percentage of learning retention in relation to the methods, the diagram to the right illustrates this further.



Research indicates that experiential practice results in the highest level of retention (short of teaching others).
Source: National Training Laboratories, Bethel, Maine

For each organization's plan, the following will be outlined:

- Organization Mission and Vision: An organization's vision and mission helps guide an organization on many fronts, one of which includes the development of training plans. Often, training can be found in organizational strategic plans as an organizational goal. It is important to ensure that the training is in alignment with not only the organizational strategic plans, but also in alignment with the Community Health Plan and its goals.
- Training plan strategy/process
- A listing of the different categories of employees identified in the Health Plan
- Identified training needs for each category, short and long term
- The training sources as internal or external.

The training plan is based on the analysis of findings and in consideration of:

- Training Policies and Procedures of each organization
- Literature review
- CHP and health priorities
- The competencies of current staff as evidenced in the performance processes presently used to determine staff development needs



PURPOSE OF THE TRAINING PLAN

The purpose of this training plan is to increase the effectiveness and proficiency of current staff in carrying out the CHP. It is a guide for helping the organizations determine training activities and manage training resources. The training plan is also a requirement of the funding agreement.

EVALUATION OF THE TRAINING PLAN

The evaluation of the training plan will involve answering these questions:

1. Was the training plan helpful in determining and managing resources?
2. Did the training take place as outlined, if not what were the reasons (implementation)?
3. Did workers find the training useful to their work (relevancy)?
4. Did the training serve to increase the effectiveness and proficiency of workers (skills, knowledge, and attitude) as evidenced in their performance as it relates to achieving the CHP?

Possible methods for evaluation:

- Annual reviews exploring Return On Investment (ROI)
- Training evaluations
- Annual alignment activities
- Opinion interviews

ONKWATA'KARITÁHTSHERA (for all the people to be concerned in the area of good health)

Vision

Kahnawake's full control of Health and Social Services is based upon determining Kahnawake priorities, resource allocations, evaluation and measuring our effectiveness incorporating a holistic approach from a community approach. (Nov. 3, 2005).

Mission

Onkwata'karitáhtshera is the responsible body that oversees Kanien'keha:ka control of Kanien'keha:ka health.



Onkwata’karitáhtshera believes in holistic health. We believe in the social, physical, emotional and spiritual well-being of our people.

Our mission is to plan, maintain and improve health and social services for all Kahnawakehró:non.

Onkwata’karitáhtshera Training Plan Strategy/Process

The training strategy has not yet been developed as this is a developmental activity in follow up to the new CHP and funding arrangement. The need to establish a Secretariat to support the Onkwata’karitáhtshera table has been identified by both the Onkwata’karitáhtshera table members and existing administrative support staff and will be included in the creation of this strategy and supporting process.

Categories of Employees Identified in the Health Plan

Presently there are no employees but there are several Onkwata’karitáhtshera members, they are:

Valerie Diabo	KMHC Director of Nursing, Onkwata’karitáhtshera Chair	Vickie Coury-Jocks	KSCS Manager of Assisted Living Services
Derek Montour	KSCS Executive Director, Onkwata’karitáhtshera Vice- Chair	David Scott	Kahnawake Fire Brigade and Ambulance Services Fire Chief
Susan Horne	KMHC Executive Director	Kelly Ann Meloche	Director of Community Protection
Lynda Delisle	KMHC (Interim Executive Director) Director of Operations	2 MCK Representatives (due to elections chiefs have not been designated as of yet)	
Rheena Diabo	KSCS Director of Human Resources	Patsy Bordeau	Team Leader Community- Based Programs- Onkwata’karitáhtshera Support



Short and Long Term Training Needs

Short Term Training Needs	
<ul style="list-style-type: none"> • Understanding of Provincial and Federal Health and Social Services (HSS) funding in order to remain in control of our own HSS • How Provincial and Federal government works • Board/Governance • Grant & Proposal Writing • Program Development & Design • Understanding Information Management (databases) 	<ul style="list-style-type: none"> • Project Management • Understanding of each Kahnawake organization • Strategic planning • Team Building • Evaluation • Assessments • Logic Models and Quantitative data • Understanding & interpreting statistics
Long Term Training Needs	
<ul style="list-style-type: none"> • Health Management/Administration • Emergency Response 	<ul style="list-style-type: none"> • Knowledge Transfer

Secretariat Training Needs

- Governance /Board training
- PR & Communications
- Orientation to and on Kahnawake’s HSS system
- Proposal & Grant Writing
- Understanding Logic Models
- Information Management Systems

Training Sources

The training sources identified for many of the needs could be accessed internally from member organizations. Other training sources identified as external were accessing both provincial and federal resources.



KATERI MEMORIAL HOSPITAL CENTER (KMHC)

KMHC Vision

KMHC is a centre of excellence. We support Onkweshón:'a to use and develop all the gifts given to them by the Creator.

We strengthen our community's health and well-being by delivering quality health services that respond to the needs of the community.

KMHC is a haven of comfort and support to families who share with us in the care of their loved ones.

KMHC is recognized as a role model to First Nations communities and other communities for our ability to successfully develop holistic services and programs that meet the needs by incorporating both contemporary medical practices and traditional Kanien'kehaka practices.

KMHC Mission

We are a team dedicated to strengthening the health and well-being of Onkweshón:'a by providing in partnership with others, quality and holistic** services that respond to the needs of the community.

*** Holistic means that all of mental, physical, social spiritual, emotional, economic and political elements of life and living are interdependent.*

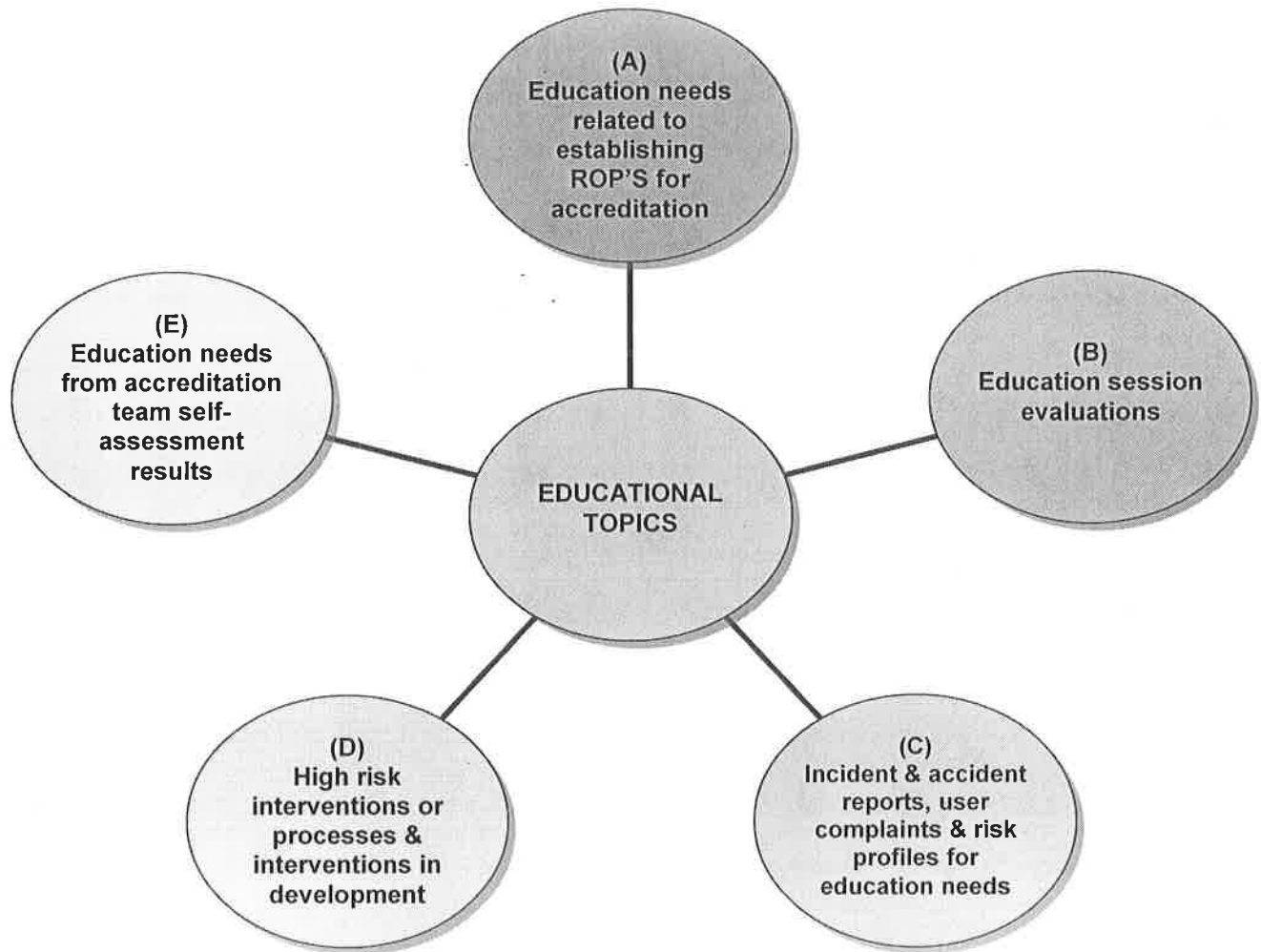
KMHC Training Plan Strategy/Process

The planning format proposed in the former 2006-2007 CHP was useful in determining educational needs derived from risk analysis or realized risk, e.g. departmental risk profiles, high risk interventions, accident reports and user complaints. There was, however, less success with identifying skills/knowledge required for major clinical interventions or non-clinical processes and the consequent focus to develop and test competencies or assessing these skills/knowledge at hiring.

Training needs analysis is now further supported by an annual education event on Quality Improvement. Evaluations from the three (3) sessions of education days which have been implemented since 2008-2009 have provided a clear direction for education required not only by those funded under the Consolidated Health Agreement but by all staff (attended by 2/3 of all staff).



The education planning process now consists of the following activities:



1. Choosing educational topics are results of:

- a. Responding to education needs related to establishing Required Organizational Practices (ROP'S) for accreditation, e.g. Double Identification, Suicide Assessment, Medication Reconciliation, Influenza and Pneumococcal Vaccination, etc.
- b. Reviewing all education session evaluations for commonly identified topics, e.g. preventing workplace violence, conflict resolution etc.
- c. Reviewing incident and accident reports, user complaints, and risk profiles for education needs, e.g. confidentiality, medication omissions, etc.
- d. Focusing on high risk interventions or processes and interventions in development, e.g. bladder re-contenance.
- e. Identifying educational needs through accreditation team self-assessment results, e.g. knowledge of research ethics.



2. Providing educational sessions:

- a. Continue the All Staff Quality Improvement (QI) Day annually till evaluations show this method is no longer useful and expanding the idea to also have a Clinical QI Day every two years.
- b. Firmly establish a general orientation program for all new staff provided once or twice a year (regroups all new staff) depending on the amount of new staff that year.
- c. Increased use of Webinars.
- d. Introduction of On-Line courses from Registered Nurses of Ontario for specific topics, e.g. pain.
- e. Favour community educators/presenters... capacity building

Other: To continue to work on establishing knowledge and skill set requirements for clinical interventions or non-clinical processes. These requirements will help staff, as well as managers, to evaluate performance and identify education needs.

Experience at KMHC has shown that there are some months and scheduling that are more optimal to training. Being mindful of vacation times i.e. holidays, Christmas, summer, March break, the best months are:

- ⇒ January
- ⇒ February
- ⇒ September
- ⇒ October
- ⇒ November

The hospital is an organization that operates on a 24 hour 7 day schedule with a number of staff working three shifts. The best training schedule has been to offer full day trainings which allows shift workers to dedicate the day to education. An additional consideration when coordinating training is finding replacements for full time staff to be able to attend training.



Categories of Employees Identified in the Health Plan

- | | |
|--|-----------------------------------|
| ⇒ Community Health Unit (CHU) Manager | ⇒ Homecare Nurse Manager |
| ⇒ Breastfeeding support (CHW) | ⇒ Homecare Nurse |
| ⇒ CHU Administrative Assistant | ⇒ Information Technician |
| ⇒ CHU Nurse | ⇒ Language & Cultural Coordinator |
| ⇒ Community Health Worker (CHW) | ⇒ Nutritionist |
| ⇒ Dental Hygienist | ⇒ Quality Improvement Coordinator |
| ⇒ Director of Professional Services (DPS) Administrative Assistant | ⇒ Social Service Worker |
| ⇒ Financial Assistant | ⇒ Volunteer Coordinator |

Education/Training Priorities

The educational/training priorities listed below are generic in nature and applicable to a majority of the KMHC staff. More individualized education/training needs specific to types of services provided by employees are identified in short and long term training needs section. The priorities identified for the next year are:

- Breastfeeding Education
- Foot Care Training
- Dealing with Mental Health Issues training i.e. Dual Diagnosis
- Substance Abuse Subtle Screening Inventory (SASSI) training
- Human Factor Training
- Non Violent Crisis Intervention

It is important to note that training plans must be adaptive in order to respond to critical needs that are not always anticipated, example Pandemic.

Short and Long Term Training Needs

Below are the tables identifying the training needs. The tables have been designed to allow the reader to view the training needs of each program/service. Following that are tables illustrating mandatory training and then global training.



- Community Health Unit (Adult Prevention, Cancer Care, Child Injury Prevention Program, Diabetes Education, Home Care Nursing, Pre-Conceptual Health, Pre-Natal to Toddler, Reportable Diseases, School Health, Staff Health)
- KMHC Operations
- Risk & Quality Management
- Social Service Worker
- Volunteer Program

Table 1.0

Program/ Service: Community Health Unit (CHU) Job titles - 1CHN– Prenatal Well Baby Clinic & Staff Health - 1 CHN School Health & Well Baby Clinic - 1 Dental Hygienist, Child Oral Health Initiative - 1 CHU Adult Prevention - 1 CHU Out Patient Nurse Manager - 1 CHU Well Baby Clinic - 1 Diabetes Nurse Educator - 1 CHU Breastfeeding Support - 1 Administrative Assistant - 1 Child Injury Prevention - 1 Community Health Worker		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Developmental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
3	Update of Canadian Diabetes Association 2013 Clinical Practice Guidelines for Prevention & Management of Diabetes in Canada	•		•	•		•	•		•	
1	School Nurse Conference	•		•	•	•	•	•		•	
5	Occupational Health Conference	•		•	•	•	•	•	•	•	
2	Breastfeeding Support	•				•	•	•	•	•	
1	Pediatric Conference	•		•	•	•	•	•	•	•	
1	Prevention Cardiovascular Nurses Association (PCNA) Conference	•					•		•	•	
1	Prevention Cardiovascular Nurses Association local meeting	•					•		•	•	
1-2	Palliative Care Conference	•					•	•	•	•	
1	Breastfeeding Conference (annual)	•		•	•	•	•	•	•	•	
1	Canadian Diabetes Educators Section meeting (local)	•		•	•		•		•	•	
1	Occupational Health Course	•		•	•	•	•	•	•	•	
1	Specifics on learning disabilities – different kinds/needs (to be able to understand more)		•			•					
2	Retinal Photography	•							•		



Table 1.01

Program/Service: Home Care Nursing Job title: - 2 Home Care Nurse - 1 Mental Health Nurse				Health Priority targeted by the training								
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific	
4	Foot Care	•									•	
4	Mental Health	•		•	•					•	•	
4	Medication Reconciliation	•										
4	ISO-SMAF (Functional Autonomy Measurement)	•										
4	Palliative Care	•		•	•		•	•	•	•	•	
4	Wound Care	•					•	•	•	•	•	
	Management Training		•								•	
	Conflict Management		•								•	
4	Flu Shot Refresher		•									

Table 1.1

Program/Service: KMHC Operations Job title: - 1 Human Resources Aide/Finances				Health Priority targeted by the training								
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific	
1	HR logibec Payroll Database Program	•		•	•	•	•	•	•	•		
1	Succession Planning for Management & key positions	•	•	•	•	•	•	•	•	•		
1	Health Services National Training (Managing Work through Other People: Diversity in Workplace)	•		•	•	•	•	•	•	•		
1	French Language Training		•	•	•	•	•	•	•	•		
1	Occupational Health & Safety in Work Place (awareness)	•	•	•	•	•	•	•	•	•		
1	Logic Models training/refresher	•	•	•	•	•	•	•	•	•		

Table 1.1.1



Program/Service: KMHC Operations Job title: - 1 Information Technician - 1 Language & Culture Coordinator - 1 Administrative Assistant		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
Global	Management Session		•	•	•	•	•	•	•	•	
Global	Development of Policy (policy writing skills)		•	•	•	•	•	•	•	•	
1	Teachings on Traditional Medicines		•	•	•	•	•	•	•	•	
1	Traditional Medicines (cancer, diabetes)	•			•		•	•	•	•	
1	Suicide Awareness & Prevention		•	•	•			•	•	•	
1	Mental Health Awareness		•	•	•			•	•	•	
1	Knowledge & Awareness on all health areas (cancer, diabetes)	•	•	•	•	•	•	•	•	•	
1	Traditional teaching (based on what is offered)		•	•	•						
1	Grieving Cycle		•	•	•			•	•	•	
1	Mohawk Language enhancement		•	•	•	•	•	•	•	•	
1	Dealing with Elders – issues isolation, spiritual problems, assist to have strong mind	•		•	•						
1	Medical technology-remaining updated		•	•	•	•	•	•	•	•	
1	Electronic Health Records		•	•	•	•	•	•	•	•	

Table 1.2

Program/Service: Risk & Quality Management Job title: - All Staff		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
All Staff	Quality Improvement (QI) Days i.e. patient safety	•		•	•	•	•	•	•	•	
All Staff	Medication Safety	•		•	•	•	•	•	•	•	
All Staff	Medication Reconciliation	•		•	•	•	•	•	•	•	
All Staff	Process of Accreditation	•		•	•	•	•	•	•	•	
All Staff	Understanding Indicators & Measurements for outcomes	•		•	•	•	•	•	•	•	
All Staff	Learning & incorporating QI model (PDSA) Plan, Do Study, Adjust, Act	•		•	•	•	•	•	•	•	
All Staff	Human Factors & Patient Safety	•	•	•	•	•	•	•	•	•	
All Staff	All Policy Procedures that affect patient safety (i.e. double identification)	•	•	•	•	•	•	•	•	•	
All Staff	Reporting Adverse Events	•	•	•	•	•	•	•	•	•	



All Staff	Managing Risks pertinent to Center	•	•	•	•		•		•		
All Staff	Lean Sigma Training		•	•	•		•		•		
Need Based	Succession Training for key positions		•	•	•	•	•	•	•	•	•
All Staff	Policy & Procedures i.e. Work place violence	•		•	•						
All Staff, Board Directors & User Committee	Governance for Health Facility		•	•	•	•	•	•	•	•	
All Staff	Infection Prevention & Control		•	•	•	•	•	•	•	•	

Table 1.3

Program/Service: Social Services Worker Job title: - 1 Social Services Worker		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/Specific
1	Understanding Legal Aspects of Mandates (Power of Attorney, Living Wills)	•			•	•					
1	Public Curator (understanding legal aspects, how impacts patients & families)	•			•	•					
1	Palliative Counseling	•		•			•	•	•		
1	Logic Models (how to do effectively)	•		•	•	•	•	•	•	•	
1	Alzheimer’s Support Group – (how to run & be a trainer)	•			•						

Table 1.4

Program/Service: Volunteer Program Job title: - 1 Volunteer Coordinator		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/Specific
1	Logic Model Training										•
1	Volunteer workshops/Conferences										•
1	Basic Excel Course										•
1	Personal Development (communications)										•

KMHC Mandatory Training



This section identify any mandatory training required within the organization, training that is required by law, regulation, professional orders etc.

Program/Service	Accreditation - Mandatory Training
Community Health Unit Staff	CPR (Cardio Pulmonary Resuscitation) biannually
Community Health Unit Staff	Non-Violent Crisis Intervention
Community Health Unit Staff	Immunization
Community Health Unit Staff	CPR Instructor Recertification Biannually
Community Health Unit Staff	Non-Violent Crisis Intervention Training Certification
Community Health Unit Staff	Baby Friendly Initiative
Home Care Nursing	TNP Refresher (Therapeutic Plan)
Quality Improvement	Quality Improvement on Accreditation

This section identifies that training that could be considered Multi-Element/Global Training *i.e.* Sexual Harassment. All of the training needs were identified by those staff interviewed.

Multi-Element/Global Training

- ⇒ CPR Instructor Recertification Biannually - Accreditation
- ⇒ Dealing with Elders in Isolation, spiritual problems
- ⇒ Electronic health records
- ⇒ Ethics training specific to KMHC
- ⇒ Grieving Cycle
- ⇒ HR Logibec Software
- ⇒ HR- Succession Planning (mgt & key positions)
- ⇒ Human Factors & patient safety
- ⇒ Infection Prevention & Control
- ⇒ Innovations in medical technology
- ⇒ Lean Sigma Training
- ⇒ Learning & Incorporation QI Model - PDSA
- ⇒ Management Risks
- ⇒ Management Sessions
- ⇒ Medication Safety
- ⇒ Mohawk Language enhancement
- ⇒ Non-Violent Crisis Intervention Training & Certification
- ⇒ Occupational Health & Safety in Workplace (awareness)
- ⇒ Policy and Procedures – work place violence, patient safety
- ⇒ Policy Development, policy writing skills
- ⇒ Process of Accreditation
- ⇒ Quality Improvement
- ⇒ Reporting Adverse Events/Disclosure
- ⇒ Safe talk (suicide awareness)
- ⇒ Traditional Teachings & Medicines
- ⇒ Understanding Indicators & Measurements for Outcomes
- ⇒ Understanding Legal aspects of Mandates
- ⇒ Work Place Hazardous Material Information Systems

Training Sources

KMHC derives its employee training from a variety of resources.



The Quality Improvement days provide training on a variety of pertinent topics which are presented by internal staff members, external consultants and external experts.

Other identified resources accessed for training are listed below:

- ⇒ McGill University offers training on Management and Succession planning.
- ⇒ The Canadian Diabetes Association Educators coordinates Section meetings in our area.
- ⇒ The Canadian Patient Safety Institute is accessed for web based and collaborative training.
- ⇒ In addition, staff access training from Webinar sessions for appropriate topics to meet their training needs.

Accreditation Canada Conferences are attended by staff for topics such as:

- ⇒ Lean Sigma training and Improving Patient Safety in Your Organization.
- ⇒ The Occupational Health Course is accessed from the University of Montreal but is only offered in French which limits who is able to attend due to the language issue.

The KMHC Nursing staff attends conferences which are reflective of their field of expertise i.e.

Prenatal, Well Baby Clinic. Below is a sampling of commonly attended conferences.

- ⇒ Health Canada offers courses in topics such as immunization, Retinal Photography McGill University Conference on Palliative Care
- ⇒ Canadian Diabetes Association Conference
- ⇒ National Association of School Nurses Conference
- ⇒ Occupational Health Conference
- ⇒ Montreal Children's Hospital Paediatric Conference
- ⇒ Preventive Cardiovascular Nurses Association Conference

Other KMHC staff members access training or attend conferences as listed below:

- ⇒ The Breastfeeding Coordinator attends the Breastfeeding Conference.

The Language and Culture Coordinator accesses training from traditional persons with knowledge on culture and medicines. Attends workshops and conferences as they are offered.



KMHC Training Considerations

- Optimum months for both organizations to possibly jointly coordinate training are: January, February, September and October.
- In the Accreditation report, the following training needs were identified, however, did not come up in the interviews and are worth noting here.
 - ⇒ Public Health Agency of Canada offers an online 14 module course (free of charge) for nurses who administer vaccines to ensure competency.
 - ⇒ There is the need to access training regarding the transportation of dangerous goods, i.e. specimens from one facility to another and used syringes
 - ⇒ Infusion pumps are used sporadically in Home care; it is encouraged that training be provided as required and available in policy and procedure.



KAHNAWAKE SHAKOTIIA'TAKEHNHAS COMMUNITY SERVICES (KSCS)

KSCS Vision

To continue to strengthen our participation by working hand in hand with our community in renewal of Mohawk cultural values. Community has responsibility for its well being and our role is to assist.

KSCS Mission

“To encourage a healthier lifestyle”

- With the assistance of a team of caring people
- Offering promotion, prevention and wellness activities
- That strengthens pride, respect and responsibilities of self, family and community as MOHAWKS OF KAHNAWAKE.

KSCS Training Plan Strategy/Process

The KSCS Human Resource strategy is competency based and aligned to those competencies required to carry out our strategic and Community Health Plans. This translates into competency needs driving the recruitment, performance management, training and retention practices at KSCS extending to the succession planning. All job descriptions have been revised and are aligned to the achievement of the strategic framework and where relevant CHP.

To further support this strategy, KSCS will employ internal/external trainers to help build staff competencies (awareness, skills, knowledge and attitudes) to better equip them to address the community health priorities. For example, the issue of workplace violence was looked at by addressing violence in general. A strategy was developed and extended to the community at large by implementing a campaign around “respect”.

Another strategy is to accommodate/host practicums and stages of college and university students as a means of developing future workforce resources.

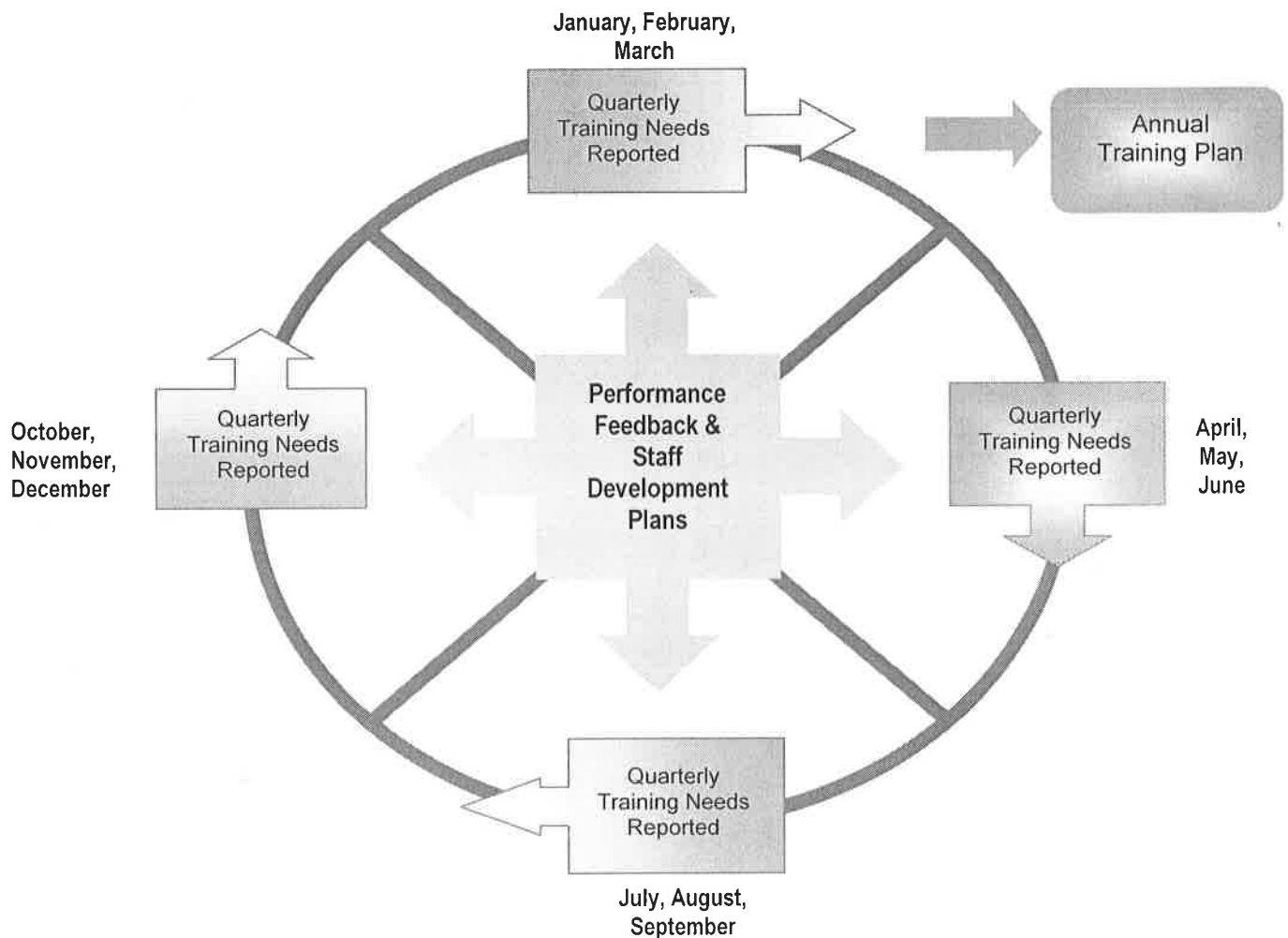
The core questions explored in determining what and how training needs are met:

- What additional knowledge/competencies do employees need to achieve the long and short term goals (strategic & CHP this includes changing priorities)?



- What are the current strengths & weaknesses of the workforce relative to the competencies?
- What improvements can training expect to offer?
- What professional accreditation/licensing requirements must be met through training?
- What sources can provide this training (internal/external)?

The KSCS staff development plans are a key data source and are the result of the KSCS performance management cycle. A computerized HR data base has been established which will integrate with the performance management system (presently being developed) and will be able to generate reports based on these staff development plans.



Experience at KSCS has shown that some months are more conducive to training because of staff's availability or when programming is not as heavy. In a 2000 KSCS HR report, research indicated the optimal months for when training is best to occur. Since, changes have been made in May and June to update this calendar.

JANUARY	⇔	Most staff available
FEBRUARY	⇔	Most staff available
MARCH	⇔	Vacation season
APRIL	⇔	Most staff available
*MAY	⇔	Most staff available
*JUNE	⇔	Peak programming/vacation season
JULY	⇔	Vacation season
AUGUST	⇔	Vacation season
SEPTEMBER	⇔	Most staff available
OCTOBER	⇔	Most staff available
NOVEMBER	⇔	Peak programming
DECEMBER	⇔	Holiday season

When KSCS plans any global training or all staff training efforts they should take the information provided in the previous chart into consideration. The planning and coordination of training activities at KSCS requires consideration of the above to ensure:

- optimum participation
- training meets participants needs
- scheduling considers programming and staff availability
- absence of staff for service delivery is minimal
- training overlap and conflict with partners is minimized

KSCS recognizes that even considering the above, there will be some overlap of training activities and training will not always be practical for each staff member to attend.

Categories Of Employees Identified In The Health Plan

- | | |
|----------------------------------|----------------------------------|
| ⇒ Addictions Worker | ⇒ Human Resources Director |
| ⇒ Addictions Clinical Supervisor | ⇒ Human Resource Generalist |
| ⇒ Administration Assistant | ⇒ Information systems Technician |



- | | |
|---|--------------------------------|
| ⇒ Communications Correspondent | ⇒ Maintenance /Security Worker |
| ⇒ Drama Project Coordinator/Artistic Director | ⇒ Prevention Worker |
| ⇒ Environmental Health Technician | ⇒ Receptionist |
| ⇒ Environmental Health Officer | ⇒ Support Counsellor |
| ⇒ Health Programs Liaison | ⇒ Team Leader |

Training Priorities

Currently, there is a process in place to ensure that training and development is relevant, tracked, recorded and evaluated. At the management level, the HR team uses incoming complaints, recurring issues in the workplace or comments from the management table as indicators/sources of potential training needs.

Supervisors complete and submit the training needs identified in the staff development plans quarterly. Human Resources will then use these forms to develop annual training reports; which will be submitted to KSCS management for review and approval. The reports will include recommendations for training that also address community health priorities for the next fiscal year.

Research will be conducted to determine: costs, training providers, and logistics based on least impact to service delivery. Training will then be planned, organized and coordinated on a variety of levels i.e. basic, intermediate and advanced. Training delivery will occur both in the community and outside locations based on budget, availability and access.

In 2009 KSCS Human Resources acquired *EmployeeD* a Desjardins database. HR imported all existing payroll information. The database is very comprehensive as it contains all employee personal information, employment information, associated documents, etc. the database also includes a Training Plan component; however, Policies and Procedures regarding usage and access are currently in review. Until this occurs the above process will be in place.

Other factors that are considered:

- Nature and scope of gaps between skills, knowledge and personality attributes
- State of the labour market
- Current workload in the organization



- Internal resources and budget

The training priorities listed below are more generic in nature and apply to a majority of staff, there are more individualized training specific to types of services provided by employees, example Environmental Health. The priorities identified for the next year are:

- Data base training for KSCS managers
- Mental Health First Aid for employees
- Mental Health Issues training
- Substance Abuse Subtle Screening Inventory (SASSI) training
- Computer Software upgrades
- Non Violent Crisis Intervention
- First Aid & CPR

It is important to note that training plans must be adaptive in order to respond to critical needs that are not always anticipated, example Pandemic.

Short and Long Term Training Needs

The individualized training plans presented in the following tables are subject to change, as KSCS is intending to embark on a strategic planning process in 2012 and outcomes of this process can have substantive impact in determining training needs - where, who and how will they be met. Further we are in the process of revising our training policy and procedures. What we can state is the expected outcomes to training are more competent workers to achieve the strategic and community health plans. Training needs and/or competencies are determined through their performance and measured in annual reviews.

Below are the tables identifying the training needs. The tables correspond to the list below and have been designed to allow the reader to view the training needs of each program/service, the title and number of staff requiring this training, whether they are short or long term and which if any healthy priority is the training targeting. The mandatory and global training tables follow.



1. Addictions Response Services
2. Community Based Programs-BFI
3. Children’s/ Teen Drama Project - Missing
4. Communications For A Healthier Lifestyle
5. Environmental Health Services
6. Prevention Services (Healing & Wellness Lodge, MAD Group, Our Gang, Parenting & Family Center, Shakotisnien:nens Support Counselor)
7. Human Resources
8. KYC Outreach
9. KSCS Operations (Finance, Receptions, Information systems, Maintenance/Security, Film Librarian/Researcher)
10. Health Management

Table 2.0

Program/ Service: Addictions Response Services (ARS) Job titles: - 1 Clinical Supervisor ARS - 5 Addictions Response Worker (ARW)		Health Priority targeted by the training										
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific	
6	Use of comprehensive addiction screen instrument (DUSI-R)	•	•	•							•	
6	Trainers training on DUSI-R addiction assessment	•	•	•							•	
1	Clinical report writing	•		•							•	
6	Prescription drug treatment Psycho-Pharmaceutical (impact medication)			•							•	
6	Treatment clients dually diagnosed –Co-morbidity (mental illness, substance or dependence abuse)	•	•	•							•	
3	Addiction treatment for clients with neurological challenges or cognitive deficits	•		•							•	
6	Pharmacological advances in addiction treatment		•	•							•	
6	Problem Gambling/ Pathological Gambling treatment		•	•							•	
5	Design Processes & Procedures Formatting Standard Operating Procedures		•	•								
6	CHARLIE Training		•	•	•	•	•	•	•	•		
All	Case Manager - upgrade	•		•	•	•	•	•	•	•		
5	Excel training	•		•	•	•	•	•	•	•		
5	Power Point	•		•	•	•	•	•	•	•		
All	SASSI Refresher	•	•	•								
2	Quality Management	•		•	•	•	•	•	•	•		
All	Conflict Resolution & mediation	•	•	•	•	•	•	•	•	•		
All	Cross Training		•	•	•	•	•	•	•	•		



Table 2.1

Program/Service: Community Based Programs Job title: 1 Community Based Programs-Team Leader				Health Priority targeted by the training							
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
1	Multiple Project Management	•			•				•		

Table 2.2

Program/Service: Children's/Teen Drama project Job title: Artistic director				Health Priority targeted by the training							
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
1	Upgrade of technical theatre skills	•		•	•					•	
1	Upgrade of teaching methods and material.		•	•	•					•	

Table 2.3

Program/Service: Communications for a Healthier Lifestyle Job titles: - 2 Communications Correspondent - 2 Prevention Worker				Health Priority targeted by the training							
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
2	FASD Awareness		•	•	•	•					
1	T4T Mental Health First Aid	•		•	•	•					
4	Mental Health Awareness		•	•	•	•	•	•	•	•	
2	Gambling Awareness & Prevention	•	•	•	•						
2	Adobe Dreamweaver (Internet)	•		•	•	•	•	•	•	•	
2	Adobe In Design	•		•	•	•	•	•	•	•	
2	Adobe Photoshop	•		•	•	•	•	•	•	•	
1	Adobe Premiere Pro CS5	•		•	•	•	•	•	•	•	
4	Business Writing & Grammar Skills		•	•	•	•	•	•	•	•	
4	Database	•	•	•	•	•	•	•	•	•	
2	Questionnaire Design Workshop –surveys	•		•	•	•	•	•	•	•	
2	Drupal training	•		•	•	•	•	•	•	•	



4	Emergency Response			•								
1	Mohawk language			•								

Table 2.4

Program/Service: Environment Health Services		Job titles: -1 EHS Team Leader/Technician -1 EHO-To Be announced		-2 EHS Technician		Health Priority targeted by the training						
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific	
4	Annual Ontario Safety Conference in Ottawa	•	•					•				
3	Ryerson Polytechnic training offered based curriculum		•					•				
3	Workshops/Conferences related to field	•	•					•				
3	Skill Path Training		•					•				
3	Health Canada training offered	•	•					•				
3	Canadian Mortgage & Housing Corp training offered		•					•				
3	Computer Based train-Center Disease Control		•					•				
3	Knowledge environmental impacts related to cancer		•					•				

Table 2.5

Program/Service: Prevention Services		Job titles: -8 Shakotisnien:nes Support Counsellors -1 Team Leader Secondary Prev. -1 TL, Family Wellness Center -3 Prevention Worker, Our Gang -2 PW MAD Group -3 PW, Parenting -1 PW Satatenikonrarak -1 Admin. Assistant		Health Priority targeted by the training							
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
4-8	Borderline Personality Disorders Workshop	•	•		•			•			
4-8	Bi-polar workshops	•	•		•						
4-8	Asperger's Syndrome	•	•		•						
2 p/yr	FASD	•	•		•						
4-8	Non-Violent Crisis Intervention	•	•		•						
1	Grief Counselling Certification Program	•	•		•						
18	Conflict Resolution	•	•		•						
18	Cultural Sensitivity	•	•		•						
2-4	Cognitive Behaviour Therapy	•	•		•						



18	Sexual Abuse Awareness	•	•		•							
18	Residential Schools & Multigenerational Trauma	•	•		•							
18	Screening & Assessment for clients	•	•		•							
18	SASSI	•	•		•							
18	SA 45	•	•		•							
18	Case Manager	•	•		•							
18	Suicide Prevention Awareness (ASIST)	•	•		•							
18	Safe Talk	•	•		•							
18	Supervisory Training	•	•		•							
18	Microsoft Office	•	•		•							
18	Effective Writing Skills	•	•		•							
18	Basic Counselling Skills Building	•	•		•							
4	How to Implement Parenting Programming	•	•		•							
18	CHARLIE training	•	•		•							
18	HIV/AIDS Awareness	•	•		•							
18	Homophobia Awareness & Impact on Youth	•	•		•							
All staff	Traditional Methods (collaboration with western methods)		•		•							
	Community mobilization		•	•	•							
	Learning /Development Disabilities general knowledge on intervention strategies	•		•	•	•						

Table 2.6

Program/Service: Human Resources		Health Priority targeted by the training										
Job titles: - 2 Human Resource Generalist - 1 HR Administrative Assistant												
# to be trained	Identified Training Needs *Includes Communications staff	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific	
3	Management-Health & Social Services	•									•	
3	Human Resource Development	•									•	
3	Public Speaking - Basic		•	•	•	•	•	•	•	•		
8*	Conflict Management - Basic	•										
4	Conducting Work Place Investigations	•									•	
8*	Interpersonal Skills		•									
8*	Emotional Intelligence		•									
4	Supervision		•									
4	Training Theory		•								•	
5*	Public Relations & Communication Strategies		•	•	•	•	•	•	•	•		
8*	Learning Disabilities & Developmental Delay Basic	•				•						
8*	Mental Health - Refresher & innovations in the field		•		•							
8*	Innovations in Addictions Treatment & Prevention		•	•								
8*	Family Systems New Theory /Innovations		•	•	•	•						
8*	Performance Management	•										



8*	Emergency Response & Planning		•									
5	Innovations in Diabetes Prevention		•						•			
5	Innovation in Obesity Prevention		•							•		
5	Innovations Cardio Vascular Disease Prevention		•				•					
5*	Innovation in Cancer Prevention		•						•			
8	Evaluating Health Programs			•	•	•	•	•	•	•	•	

Table 2.7

Program/Service: KYC Outreach		Health Priority targeted by the training										
Job titles:												
- 1 Program Director		- 1 Executive Director										
- 1 Administrative Assistant		- 1 Program Administrator										
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific	
4	Management –Professionalism in Workplace	•			•							
4	Culture & Language	•			•							
4	Child Development	•		•	•							
4	Health Education		•				•	•		•		
4	Coaching & Leadership for staff	•				•	•		•	•		
4	CPR-First Aid		•				•					
4	Water Safety Course		•			•	•	•	•			
4	Computer training, software, trouble shooting	•			•		•					
4	Self Development related to youth, health & fitness		•	•	•							
4	Substance Abuse	•		•								
4	Mental Health		•		•							
4	Bullying	•		•	•							
4	Governance		•	•								
4	Stress management	•		•								

Table 2.8

Program/Service: KSCS Operations - Finance		Health Priority targeted by the training										
Job titles:												
- 1 Team Leader		- 1 Payroll & Benefits										
- 1 Finance Administrator & Payroll & Benefits												
- 1 Finance Administrator- A/R, A/P, Trust Accounts												
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific	
4	Desjardins payroll Services – Report, Health Insurance & Timesheet input	•		•	•	•	•	•	•	•		
4	Accpac (Accounts Receivable, Accounts Payable,		•	•	•	•	•	•	•	•		



	General Ledger, Direct Deposit, Report training)										
4	Advanced Excel	•		•	•	•	•	•	•	•	
4	Multiple Project Management	•		•	•	•	•	•	•	•	

Table 2.8.1

Program/Service: KSCS Operations - Reception Job titles: - 1 Receptionist Services, Team leader - 1 Receptionist - 1 Administrative Assistant II		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
5	Non-violent Crisis Intervention	•		•	•	•	•	•	•	•	
5	CPR		•	•	•	•	•	•	•	•	
5	Skills on how deal with individuals suffer mental illness	•		•	•	•	•	•	•	•	
5	Administrative skills upgrades (computer programs)	•		•	•	•	•	•	•	•	

Table 2.8.2

Program/Service: KSCS Operations - Information Systems Job titles: - 1 Manager Information Systems- 1 Information Systems Technician		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
2	Windows Server 8 Comprehensive Introduction	•	•	•	•	•	•	•	•	•	
2	Windows Server 8 Active Directory	•	•	•	•	•	•	•	•	•	
2	Windows Server 8 Group Policy	•	•	•	•	•	•	•	•	•	
2	Hyper V Virtualization	•	•	•	•	•	•	•	•	•	
2	Sonicwall Firewall Security	•	•	•	•	•	•	•	•	•	
1	Cloud Computing Comprehensive Introduction	•	•	•	•	•	•	•	•	•	
1	Systems & Network Security	•	•	•	•	•	•	•	•	•	
2	Windows Power shell: Automating Administrative Tasks	•	•	•	•	•	•	•	•	•	
1	Linux Comprehensive Introduction	•	•	•	•	•	•	•	•	•	
1	Linux Administration & Support	•	•	•	•	•	•	•	•	•	
1	Crystal Reports	•	•	•	•	•	•	•	•	•	
1	Microsoft Office Streamlining Tasks for Productivity	•	•	•	•	•	•	•	•	•	
1	Exchange 2010/2013	•	•	•	•	•	•	•	•	•	
1	SharePoint 2010 Building Data Drive Applications	•	•	•	•	•	•	•	•	•	



Table 2.8.3

Program/Service: KSCS Operations - Maintenance/Security Job titles: - 1 Maintenance/Security Team Leader - 4 Maintenance/Security		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
5	Managing Multiple Projects Objectives & Deadlines		•	•	•	•	•	•	•	•	•
5	Communicating for Results	•		•	•	•	•	•	•	•	•
5	Escaping the Time Trap		•	•	•	•	•	•	•	•	•

Table 2.8.4

Program/Service: Health Management Job title: - 1 Film Librarian/Researcher		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
1	Administrative skills upgrades (computer programs)		•	•	•	•	•	•	•	•	

Table 2.9

Program/Service: Health Management & Multiple Priority Support Job titles - 1 Human Resource Manger - 1 Coordinator Special Projects - 1 Executive Assistant		Health Priority targeted by the training									
# to be trained	Identified Training Needs	Short Term	Long Term	Substance Abuse/ Addictions	Mental Health Issues	Learning /Develop mental Disabilities	Cardiovascular Disease	Cancer	Diabetes	Obesity	Professional/ Specific
All staff	Conflict Management	•	•								
All staff	Project management	•	•								
All staff	Supervisory & Management (leadership) training	•	•								
All staff	Proposal writing		•								
All staff	Statistics & Data base	•									
All staff	Changes in legislation (Bill 21)	•	•								



All staff	CPR & First Aid	•	•								
All staff	Emergency Response		•								
All staff	Public Speaking/Presentation/ Communication		•								

KSCS Mandatory Training

This section identify any mandatory training required within the organization\, training that is required by law, regulation, professional orders etc.

Program/Service	Mandatory Training
Environmental Health Officer	Supporting Environmental Practices
Environmental Health Technicians	Upgrading Best Practices (water, waste, disposal, food)
Addiction Response Workers <i>*Trainings identified support certification and recertification.</i>	Use of comprehensive addiction screen instrument (DUSI-R) Trainers training on DUSI-R addiction assessment Clinical report writing Prescription drug treatment Psycho-Pharmaceutical (impact medication) Treatment clients dually diagnosed –Co-morbidity (mental illness, substance or dependence abuse) Addiction treatment for clients with neurological challenges or cognitive deficits Pharmacological advances in addiction treatment

This section identifies that training that could be considered Multi-Element/Global Training *i.e. Sexual Harassment*

Multi-Element/Global Training

- ⇒ Changes in Legislation (Bill 21)
- ⇒ Communication
- ⇒ Community Based – multiple projects
- ⇒ Conflict Management (resolution, mediation) Training
- ⇒ CPR Recertification
- ⇒ CPR/First Aid Training
- ⇒ Evaluating Health Programs
- ⇒ Excel/Word (Intermediate & advanced)
- ⇒ Family Systems New Theory/Innovations
- ⇒ Finance – Multiple Project Management
- ⇒ Project management
- ⇒ Proposal writing
- ⇒ Public Speaking/Presentation



- | | |
|---|--|
| ⇒ Current Policy Manual | ⇒ Supervisory & Management (leadership) training |
| ⇒ Emergency Response/ Preparedness KSCS Roles & /responsibilities | ⇒ Statistics & Data base |
| ⇒ Emotional Intelligence | |

Training Sources

Currently at KSCS the following in-kind (internal) training is available to staff:

- Applied Suicide Intervention Skills Training (ASIST)
- Mental Health First Aid Training
- Non-Violent Crisis Intervention Training
- CPR and First Aid
- Tehontatoris: monthly Health and Social Services presentations from experts in the field
- Supervisory training is open to Directors, Managers and Team Leaders and the topics presented are relevant to the roles and responsibilities of those in a supervisory position.

Other sources where training could be accessed were identified. A few were free of charge, however, most do have a cost associated.

- ⇒ Internal and External consultants are utilized to present on specific topics to staff based on the needs of the services or the global organization. Examples to these types of training are Non-Violent Crisis Intervention, Critical Incident Stress Debriefing and Conflict Management.
- ⇒ Webinar learning is utilized to provide in-house training on applicable topics to staff.
- ⇒ The Douglas Hospital which is part of McGill University offers training in Cognitive Behaviour, Mental Health and other various related topics in Mental Health and Addictions (free of charge) which staff working in the area of Addictions and Social Work access.
- ⇒ In addition AMI Quebec and the Mental Health Association Canada offer training in relation to Mental Health.
- ⇒ Health Canada provides training relevant to the Environment Health Services staff.
- ⇒ The EHS staff access training from Ryerson Polytechnic, Canadian Mortgage and Housing Corporation (CMHC), and the Center for Disease Control topics relevant to their field of expertise.
- ⇒ Skill Path training for the EHS staff based on topic offered and developmental needs of team.



- ⇒ McGill University offers Health Management training and Human Resource Development.
- ⇒ The Canadian Management Center offers Work Place Investigations training.
- ⇒ The First Nations Quebec and Labrador Health and Social Services Commission (FNQLHSSC) offers CHARLIE and Health and Social Services training to community organizations.
- ⇒ Concordia University is accessed for Coaching, Leadership and Health Education.
- ⇒ Reports, Health Insurance and Timesheet Input training is accessed for finance staff from Desjardins Payroll Services
- ⇒ Skill Path offers courses in many various topics that when relevant to staff are accessed in topics such as report/effective writing and project management.
- ⇒ Information Systems Training is used for upgrading the computer skills of the Information Systems staff members.
- ⇒ Tewatohnhi'saktha training program is accessed to upgrade computer skills for staff.
- ⇒ Culture and Language training can be accessed through the Kahnawake Cultural Center.

Conferences are attended by staff to obtain knowledge, information on new methods and current trends in relation to their field of discipline. Below is a sample of the types of conferences sought by staff.

- ⇒ Annual Ontario Safety Conference
- ⇒ Mental Health Annual Conference
- ⇒ Addictions Annual Conference
- ⇒ Cancer Annual Conference
- ⇒ Diabetes Annual Conference
- ⇒ Obesity Annual Conference

KSCS Training Considerations

- The Human Resources department at KSCS has a database that includes a component to track training and development of employees. However due to labour laws and regulations there is a requirement to develop policies and procedures regarding accessibility to the database before access can be extended to supervisors.
- KSCS is currently in a process of reviewing and revising KSCS's Performance Management system. When the process is complete, possibly a new process with new tools will be in place.

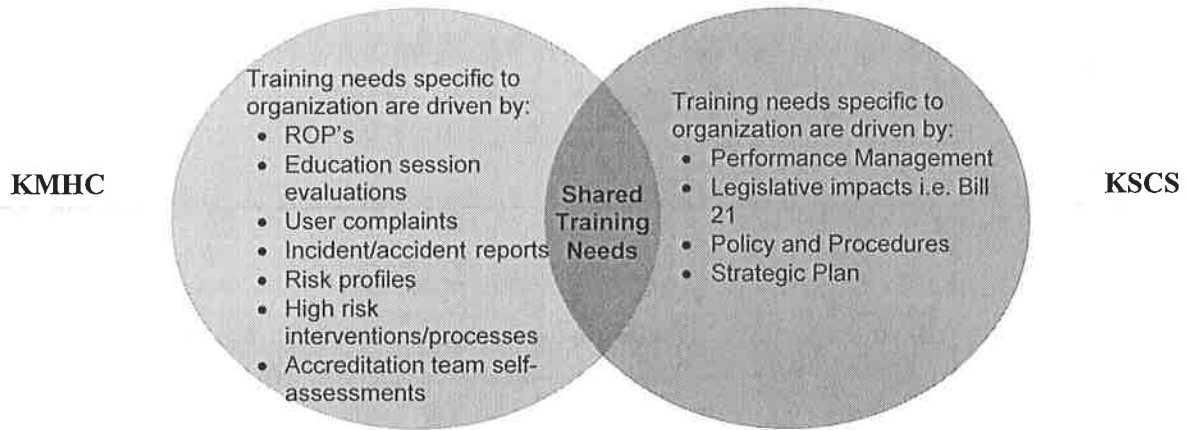


- KSCS is planning to enter into a Strategic Planning process in 2012/2013. The organizational goals (yet to be determined) set by the new strategic plan will have an impact on future training plans.
- Optimum months for both organizations to possibly jointly coordinate training are: January, February, September and October.

OVERALL TRAINING CONSIDERATIONS

- Bill 21; Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations; comes into effect September 20, 2012. This bill will have an impact on certain positions within the two systems. The bill will require psychologists, social workers, nurses, physicians and addiction workers to become licensed, belong to a professional association/order before hiring. Orders will require members to attain certain number of hours and possibly specific training.
- In Kahnawake, the language of business/services is primarily English. Accessing resources and training in the province of Quebec are sometimes limited, putting our community at a disadvantage, i.e. having to access training out of province can be expensive or certified training is not recognized from province to province.
- The resources are limited and organizations are more strategic about meeting the priority needs. The organizations may want to ask what attitudes do they want to encourage amongst staff regarding training and staff development and to what level of responsibility will each have (individual staff member responsibility and organization responsibility). Does the organization want staff to take responsibility to train on their own?
- Both KMHC and KSCS have very specific training needs, however, there are some that are shared. Perhaps both organizations can look at cost sharing on those identified.





Shared Training Needs Identified Were:

- Conflict Management
- CPR & First Aid
- Non-Violent Crisis Intervention Training
- Mental Health Issues (Refresher & Innovations in the field)
- Suicide Awareness & Prevention
- Management Training
- Computer training, Excel, Word, Power Point (Microsoft Office)
- Learning/ Development Disabilities-knowledge

APPROXIMATE TRAINING COSTS

Based on the 1998 Transfer documentation provided to Kahnawake the following formula for approximate training costs is used: \$1,200. per year x # of staff = amount per year.

KSCS

$1,200. \times 49 = 58,800.$

KMHC

$1,200 \times 22 = 26,400.$

Approximate costs per year is \$85,200.00

