

CCS Rehabilitation Worker Training Checklist (Initial)

Staff Name: _____

<u>Training Area</u>	<u>Date Completed</u>	<u>Name of Training</u>	<u>Duration of Training</u>
Recovery Concepts		<ul style="list-style-type: none"> UW-GB BHTP CCS Orientation Course (see attached) CCS Overview 	13 hours 4 hours
Consumer Rights		<ul style="list-style-type: none"> UW-GB BHTP CCS Orientation Course 	(counted above)
Consumer-centered Individual Treatment Planning		<ul style="list-style-type: none"> UW-GB BHTP CCS Orientation Course 	(counted above)
Mental Illness		<ul style="list-style-type: none"> UW-GB BHTP CCS Orientation Course 	(counted above)
Co-occurring Mental Illness and Substance Abuse		<ul style="list-style-type: none"> UW-GB BHTP CCS Orientation Course 	(counted above)
Psychotropic Medications and Side Effects		<ul style="list-style-type: none"> UW-GB BHTP CCS Orientation Course 	(counted above)
Functional Assessment		<ul style="list-style-type: none"> Strength-Based Assessment and Planning 	1.5 hours
Local Community Resources		<ul style="list-style-type: none"> Review 2-1-1 Website https://211wisconsin.communityos.org/ Review Community Resources 	1 hour
Adult Vulnerability		<ul style="list-style-type: none"> Elder Abuse Sexual Violence in Later Life Navigating Depression in Older Adults Older Adults Living with Serious Mental Illness Older Adults and Depression Other: 	1 hour 1 hour 2 hours 1 hour 6 hours
Consumer Confidentiality		<ul style="list-style-type: none"> CCS Laws & Client Rights HIPAA Privacy Rule and Sharing Information Related to Mental Health Privacy and Security of Electronic Health Information (HIPAA) HIPAA: Secure Electronic Health Records 	3 hours 1 hour 3 hours 2 hours
TOTAL HOURS (must equal 30 or more)			

**You may use a training to meet the criteria for more than one of these areas if it applies to more than one area, but the hours/duration may only be counted once*

***Documentation of each training completed must be submitted with this form to complete this requirement*

****Only 1 training required per competency area*

I certify that I have met the training requirements for CCS as outlined in DHS 36 for a Rehabilitation Worker

Employee Signature

Date