



**Comprehensive Community Services
Orientation Checklist**

Name: _____ 20 hrs 40 hrs.

All Wisconsin River Collaborative providers will participate in a WRC CCS orientation training to fulfill items 1-8 below. (If a provider has been certified in another county or region the CCS agency program supervisor must approve this training to apply to these required areas)

**Columbia County
CCS Program
2652 Murphy Road
Portage, WI 53901
608-742-9227**

**Richland County
CCS Program
221 W Seminary Stree
Richland Ctr. WI 5358
608-647-8821**

**Sauk County
CCS Program
505 Broadway
Baraboo, WI 53913
608-355-4200**

1. Parts of Chapter 36 pertinent to the services they provide.
This requirement was fulfilled by _____ Date _____ Hrs _____
2. Policies and procedures pertinent to the services they provide.
This requirement was fulfilled by _____ Date _____ Hrs _____
3. Job responsibilities for staff members and volunteers.
This requirement was fulfilled by _____ Date _____ Hrs _____
4. Applicable parts of Chapters 48, 51 and 55, Stats., and any related administrative rules.
This requirement was fulfilled by _____ Date _____ Hrs _____
5. The basic provisions of civil rights laws including The American With Disabilities Act of 1990 and The Civil Rights Act of 1964 as the laws apply to staff providing services to individuals with disabilities.
This requirement was fulfilled by _____ Date _____ Hrs _____
6. Current standards regarding documentation and the provisions of HIPAA, s. 51.30, Stats., Ch. DHS 92 and if applicable, 42 CFR Part 2 regarding confidentiality of treatment records.
This requirement was fulfilled by _____ Date _____ Hrs _____
7. The provisions of s. 51.61, Stats., and Ch. DHS 94 regarding consumer rights.
This requirement was fulfilled by _____ Date _____ Hrs _____
8. Current knowledge about mental disorders, substance use and addiction disorders, and co-occurring disabilities and treatment methods.
This requirement was fulfilled by: _____ Date _____ Hrs _____

9. Recovery concepts and principles:
 *Which ensure that services and supports promote consumer hope, healing, empowerment, connection to others and to the community, and
 *Are provided in a manner that is respectful, culturally appropriate, collaborative between consumer and services providers, and
 *Based on consumer choice and goals protective of consumer rights.

This requirement was fulfilled by: _____ Date _____ Hrs _____

10. Current principles and procedures for providing services to children and adults with mental disorders, substance use, addiction disorders, and co-occurring disorders. Areas addressed shall include:

- *Recovery-oriented assessment and services and person centered planning.
- *Principles of relapse prevention,
- *Psychosocial rehabilitation services,
- *Age-appropriate assessments and services for individuals across the life span,
- *Trauma assessment and treatment approaches, including symptom,
- *The relationship between trauma and mental health and substance abuse disorders, self-management, and
- *Culturally and linguistically appropriate services.

This requirement was fulfilled by: _____ Date _____ Hrs _____

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11. Techniques and procedures for providing non-violent crisis management for consumers, including:

- a. Verbal de-escalation,
- b. Methods for obtaining backup,
- c. Acceptable methods for self-protection and protection of the consumer and others in emergency situations, and
- d. Suicide assessment, prevention and management.

This requirement fulfilled by: _____ Date _____ Hrs _____

12. Ethics and Boundaries training regarding your role as a CCS provider, the scope of your authorized activities in this role, and the ethics of and professional boundaries inherent in your role.

This requirement fulfilled by: _____ Date _____ Hrs _____

13. Additional training specific to services you are providing in the CCS program, for example; substance use and dual diagnoses treatment, functional behavioral assessments, coping skills training, WRAP, cultural competence, motivational interviewing, teaming, and service facilitation.

This requirement fulfilled by: _____ Date _____ Hrs _____

This requirement fulfilled by: _____ Date _____ Hrs _____

This requirement fulfilled by: _____ Date _____ Hrs _____

Please provide a brief description of the training(s) from the areas listed above:

I attest that by signing this that I have completed all of the training I have entered on this CCS orientation Checklist.

Provider Signature

Date

I approve the completion of CCS training requirements by this provider.

WRC County Agency Supervisor Signature

Date

Staff Qualification Level as Determined by WRC County Agency

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Supervisor: _____

Instructions for completing the WRC CCS Orientation Checklist

- 1.) All new providers must attend a WRC orientation Training. This training will fulfill requirements 1-8. Contact a county CCS agency supervisor or check the WRC website for the next available training.
- 2.) Complete and provide verification of completion (training certificate, transcript or course description, name of webinar) and completion date.
- 3.) All trainings should have occurred within past 3 years.
- 4.) You have 90 days from the time you are authorized to bill as a CCS provider to complete all the training on this checklist. If you fail to do so you will no longer be authorized to bill your county entity for CCS services you provide. Individual counties may request that the orientation checklist be completed before you are authorized to receive services. The maximum time to complete the orientation checklist is 90 days from the date in which you first provided CCS services.
- 5.) Sign and attest your completion of training orientation checklist.
- 6.) Request that the CCS county program supervisor sign your completed checklist.



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