

REGIONAL CCS ORIENTATION AND TRAINING CHECKLIST

Name: _____ Position: _____

Amount of psychorehabilitation experience:

- | | |
|---|-----------------------------|
| <input type="checkbox"/> More than 6 months | 20 hours of training needed |
| <input type="checkbox"/> Less than 6 months (or for volunteers) | 40 hours of training needed |

Orientation Training:

Date Completed

Hours

Read and review:

- | | | |
|--|-------|-------|
| 1. DHS 36 | _____ | _____ |
| 2. CCS policies and procedures | _____ | _____ |
| 3. Job Responsibilities | _____ | _____ |
| 4. State Statutes: | | |
| a. Ch. 48 – Children’s Code | _____ | _____ |
| b. Ch. 51 – AODA/MH code | _____ | _____ |
| c. Ch. 55 – Protective Service | _____ | _____ |
| 5. Overview of American with Disabilities Act and Civil Rights Act | _____ | _____ |
| 6. DHS 92 – Confidentiality/HIPAA | _____ | _____ |
| 7. DHS 94 – Patient Rights | _____ | _____ |
| 8. Current knowledge about mental health and substance use disorders and treatments | _____ | _____ |
| 9. Recovery concepts and principles | _____ | _____ |
| 10. Techniques and procedures for non-violent crisis management and suicide assessment | _____ | _____ |

Completed training needed in the following areas (please complete sections in training binder or provide documentation of training attended to cover these areas):

- | | | |
|--|-------|-------|
| 11. Recovery oriented assessment and services | _____ | _____ |
| 12. Principles of relapse prevention | _____ | _____ |
| 13. Psychosocial rehabilitation services | _____ | _____ |
| 14. Age appropriate assessments and services for individuals across the lifespan | _____ | _____ |
| 15. Trauma Informed Care | _____ | _____ |

Other Training:

Date Completed

Hours

Motivational Interviewing

Illness Management and Recovery

Documentation and Medicaid Billing Requirements

TOTAL TRAINING HOURS

Signature

Date

CCS Supervisors or Program Manager

Date