



Workforce Investment Act

## Individual Training Accounts

### TRAINING PROGRAM

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#### Part 1: TRAINING PROGRAM DESCRIPTION

Name of training program/course **Transformation Services: Substance Abuse Counselor In Training (SAC-IT) or Prevention Specialist In Training Course**

City (or sites) where training program will be provided: **Milwaukee**

List all cities/sites where training occurs **835 N. 23rd Street Suite 212 Milwaukee, Wisconsin 53233. Distance Program Available Statewide, Contact Dr. Hicks.**

1. Describe the training program. Identify at least five skills or competencies to be gained upon the completion of the training program.

**Transformation Services** offers skills or competencies in the Wisconsin Department of Regulation & Licensing in the 6 required areas: **Case Management (Planning Evaluation)**: Student will be able to coordinate case management aspects/development of a client's treatment plan (referral to discharge), Learn and apply (Confidentiality/Grievance); **Assessment**: Student will be able to collect information on suicide/depression, child abuse, domestic violence, psychopharmacology, as well as gather familial, historical, biological, cultural, educational, sociological/environmental, and spiritual data to provide effective psychotherapeutic care to clients; **Counseling (Community Organization & Counseling Methodology)**: Student will be able to learn and apply basic therapeutic techniques (psychoanalytic, behavioral, humanistic, developmental, AODA/12-15 step/group, required to work with individuals, couples, families, in crisis, supportive/ongoing mode(s)); **Education (Education & Skill Development)**: Student will be able to provide educational information to clients on HIV/AIDS, Skills Training (Assertiveness, Stress/Anger Management, Communication etc.), Psychopharmacology; **Professional Responsibility and Ethics (Professional Growth & Responsibility)**: Student will be able to practice in a responsible and ethical manner including client welfare, developing boundaries, socio-cultural competence, power. **Elective**: Development of student skills in working with identified populations: Ex-Offenders, African-American, Latina, Native American, Asian-American, Women, Gay/Bi/Transsexual/gendered etc. Student will also learn how to develop a business/marketing/trademarking plan (private practice, clinic, group home residential treatment center etc), incorporation (INC, LLC etc.) becoming certified as a minority business. Allows graduates to work in Inpatient/Outpatient Settings, Mental Health Clinics, All Age/Race/Gender.

2. Completion of this training program/course will lead to **Yes**

Certificate

Other (if yes, please specify below)

**License (Wisconsin Department of Regulation & Licensing)**

--specify other-- **Pre-SAC-IT/SAC-IT(0-100) hours, Pre-Prevention Specialist (0-50) hours**

3. Describe the minimum requirements (educational, physical, other prerequisites or qualifications) to get into this training program, if any:--describe minimum requirements, or type "none"—**HSED/GED; REQUIRED: Library Card, EMAIL Address, Basic/Introductory Computer Skills (MS Word etc., navigation of the Internet); ADVISED: Easy Computer Access & Cell Phone Helpful for Class; OTHER: Many materials for class come from library/also want to encourage use-if library fines are a problem, Instructor can help student problem solve. Criminal Background Check is Done at Licensure, *Negative Result Does Not Preclude Licensure.***

4. State the average time period necessary to complete this program (Based on full-time enrollment, measured in hours, weeks or months. Enter the number value and choose hours, weeks or months from the drop down list):time period :

**Pre-SAC-IT/SAC-IT=0-100 Hours**

**Pre-Prevention Specialist/inTraining=0-50 Hours**

5. How often does this training begin? (Choose the appropriate description from the drop down list **Quarterly: Fall, Winter, Spring/Summer Classes**  
**Next Session Start is posted on FaceBook (TransformationServices, Inc.)**  
Describe start time **1-4PM, 8 Weeks, Tuesday & Thursday**

6. Give the typical schedule

#Hrs/wk hours per week **6+ hours Class Room Training; 4+ Hours Clinical Practicum is at location that may end in employment.**

7. Costs of training program services (per person):

\$ **\$tuition** Tuition costs **\$2,588.00**

\$ **\$books** Books costs **\$72.00 (DSM-IVTR); 30.00 (Wisconsin State Statutes)**

\$ **\$fees** Other fees/Separate Voucher **\$160.00 (Exam/License)**

\$ **\$equipment** Supplies/Materials costs **\$150.00 (Workbook/Handouts/Misc)**

8. Is student financial aid available for this training program? **NO**

9. Contact person for information about this training program:

Contact person **Dr. Ingrid D. Hicks**

Contact person's title **Clinical & Executive Director**

Business phone/fax **(414) 933-7083/ (414) 933-7883**

e-mail address **drhicks@transformationservices.info**

## Part 2: PERFORMANCE INFORMATION

Give performance information for all that have participated in this training program. Information should be for the most recent period available.

10. Program completion rates

# **65 grads** Total number of graduates

# **63 students** Total number of students

**98% completed** Completion percentage for this training program

Provide methodology for arriving at the numbers above. Cite source information, if necessary. **Explain Latest statistics**

11. **50 % employed, 50 %** of individuals who obtained training-related unsubsidized employment: Provide methodology for arriving at the number above. Cite source information, if necessary. Remaining students are still providing clinical volunteer services, gaining hours for further licensure and experience at a variety of community placements.

**Ongoing job placement. As TransformationServices is also an approved AODA/MH clinic, if they are not hired there, may be referred to AODA/Prevention Specialist training employers-regular network of job placements and follow-up/recommendation(s) are provided.**

12. Hourly wages at placement (enter dollar values):

\$ **Average** Average, per hour **\$15.05**

\$ **High** High, per hour **\$12.05**

\$ **Low** Low, per hour **\$10.05**

13. Time period the information is from:

From **Month/year** though **Month/year** **September/2009 through December/2010**

## Part 3: TRAINING PROVIDER INFORMATION

A. Name of the education/training provider, entity or institution:

Name of Training Provider, Entity or Institution **TransformationServices, Inc.**

Street Address **835 N. 23rd Street Suite 212**

City, State, Zip **Milwaukee, Wisconsin 53233**

List web page address, if available: - enter URL here, or type "none" -

**www.transformationservices.info**

B. Federal Tax Identification Number: **FEIN Number 30-0639850**

C. Is the education/training provider, entity or institution approved or accredited? **YES**

Name the approving or accrediting agency (-ies) - **Wisconsin Department of Regulation & Licensing  
Wisconsin Department of Health & Human Services**



Workforce Investment Act

## Individual Training Accounts

### TRAINING PROGRAM

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#### Part 1: TRAINING PROGRAM DESCRIPTION

Name of training program/course: **TransformationServices: Substance Abuse Counselor (SAC) or Prevention Specialist Course.**

**This is a CONTINUATION of the Substance Abuse Counselor-In-Training or Prevention Specialist-In-Training Course**

City (or sites) where training program will be provided: **Milwaukee**

List all cities/sites where training occurs **835 N. 23rd Street Suite 212 Milwaukee, Wisconsin 53233; Distance Learning Available Statewide, Contact Dr. Hicks.**

1. Describe the training program. Identify at least five skills or competencies to be gained upon the completion of the training program.

**TransformationServices** offers skills or competencies in the Wisconsin Department of Regulation & Licensing in the 6 required areas: **Case Management (Planning Evaluation):** Student will be able to coordinate case management aspects/development of a client's treatment plan (referral to discharge), Learn and apply (Confidentiality/Grievance), special attention is paid to working with clients with Co-occurring disorders (AODA/Mental Health); **Assessment:** Student will be able to collect information on suicide/depression, child abuse, domestic violence, psychopharmacology, as well as gather familial, historical, biological, cultural, educational, sociological/environmental, and spiritual data to provide effective psychotherapeutic care to clients; **Counseling (Community Organization & Counseling Methodology):** Student will be able to learn and apply basic therapeutic techniques (psychoanalytic, behavioral, humanistic, developmental, AODA/12-15 step/group, required to work with individuals, couples, families, in crisis, supportive/ongoing mode(s); **Education (Education & Skill Development):** Student will be able to provide educational information to clients on HIV/AIDS, AODA, Skills Training (Assertiveness, Stress/Anger Management, Communication etc.), Psychopharmacology; **Professional Responsibility and Ethics (Professional Growth & Responsibility):** Student will be able to practice in a responsible and ethical manner including client welfare, developing boundaries, socio-cultural competence, power. **Elective:** Development of student skills in working with identified populations Ex-Offenders, African-American, Latina, Native American, Asian-American, Women, Gay/Bi/Transsexual/gendered etc. Student will also learn how to develop a business/marketing/trademarking plan incorporation (INC, LLC etc.) becoming certified as a minority business. Allows graduates to work in Inpatient/Outpatient Settings, Mental Health Clinics, Group Homes, All Age/Race/Gender Populations.

2. Completion of this training program/course will lead to **Yes** next field):

Certificate

Other (if yes, please specify below)

**License (Wisconsin Department of Regulation & Licensing)**

**Substance Abuse Counselor (101-360 hours)**

**Prevention Specialist (51-250 hours)**

3. Describe the minimum requirements (educational, physical, other prerequisites or qualifications) to get into this training program, if any:--describe minimum requirements,

**Substance Abuse Counselor-In Training (SAC-IT); Prevention Specialist-In Training**

4. State the average time period necessary to complete this program (Based on full-time enrollment, measured in hours, weeks or months. Enter the number value and choose hours, weeks or months from the drop down list):

**Substance Abuse Counselor=101-4000 Hours**

**Prevention Specialist=51-250 Hours**

5. How often does this training begin? (Choose the appropriate description from the drop down list **Ongoing Enrollment, Self/Guided-Study: Required Weekly Supervisory Meetings**

Describe start time **TBD, Usual completion w/6 months**

6. Give the typical schedule

#Hrs/wk hours per week **20-40 hour work week, regularly scheduled meetings w/instructor**

7. Costs of training program services (per person):

\$ **\$tuition** Tuition costs **\$2,560.00**

\$ **\$fees** Other fees/Separate Voucher **\$190.00 (Exam/License)**

\$ **\$equipment** Supplies/Materials costs **\$350.00 (Workbook/Handouts/Misc)**

8. Is student financial aid available for this training program? **NO**

9. Contact person for information about this training program:

Contact person **Dr. Ingrid D. Hicks**

Contact person's title **Clinical & Executive Director**

Business phone/fax **(414) 933-7083/ (414) 933-7883**

e-mail address **drhicks@transformationservices.info**

## Part 2: PERFORMANCE INFORMATION

Give performance information for all that have participated in this training program. Information should be for the most recent period available.

10. Program completion rates

# **0** grads Total number of graduates

# **0** students Total number of students

# **0%** completed Completion percentage for this training program

Provide methodology for arriving at the numbers above. Cite source information, if necessary. **Explain Latest statistics, New program**

11. **0 % employed, 0 %** of individuals who obtained training-related unsubsidized employment: Provide methodology for arriving at the number above. Cite source information, if necessary. Remaining students are still providing clinical volunteer services, gaining hours for further licensure and experience at a variety of community placements.

**Ongoing job/placement. Part time employment is a prerequisite, expectation that Substance Abuse Counselor or Prevention Specialist license will lead to pay increase.**

12. Hourly wages at placement (enter dollar values):

\$ **Average** Average, per hour **\$15.05**

\$ **High** High, per hour **\$12.05**

\$ **Low** Low, per hour **\$10.05**

13. Time period the information is from:

From **Month/year** though **Month/year** **September/2010 through December/2010**

## Part 3: TRAINING PROVIDER INFORMATION

A. Name of the education/training provider, entity or institution:

Name of Training Provider, Entity or Institution **TransformationServices, Inc.**

Street Address **835 N. 23rd Street Suite 212**

City, State, Zip **Milwaukee, Wisconsin 53233**

List web page address, if available: - enter URL here, or type "none" -

**www.transformationsservices.info**

B. Federal Tax Identification Number:

FEIN Number **30-0639850**

C. Is the education/training provider, entity or institution approved or accredited? **YES**

Name the approving or accrediting agency (-ies) **Wisconsin Department of Regulation & Licensing  
Wisconsin Department of Health & Human Services**