



## Workforce Investment Act Individual Training Accounts

### TRAINING PROGRAM

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#### Part 1: TRAINING PROGRAM DESCRIPTION

Name of training program/course **TransformationServices, LLC**

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

List all cities/sites where training occurs **835 N. 23rd Street Suite 212 Milwaukee,**

**Wisconsin 53233** **Distance Learning:** We also provide Substance Abuse

Counselor-in-Training/Substance Abuse Counselor course as a individualized self-study

**Distance Learning** program for those that are located outside the Milwaukee

County-and still eligible for WIA funding for job retraining, or in need of additional CEU

hours for the Substance Abuse Counselor.

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:** Student will be able to coordinate case management aspects/development of a client's treatment plan (referral to discharge), Learn and apply HIPAA:HFS 92 & 94, 42CFR (Confidentiality/Grievance), special attention is paid to working with clients with Co-occurring disorders (AODA/Mental Health); **Assessment:** Student will be able to collect DSM-IVTR 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:** 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:** Student will be able to provide educational information to clients on HIV/AIDS, TB, AODA, Skills Training (Assertiveness, Stress/Anger Management, Communication etc.), Psychopharmacology; **Professional Responsibility and Ethics:** 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/Transexual/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 in Wisconsin.**

2. Completion of this training program/course will lead to (Choose **Yes** or **No**, then click on the next field):

- Baccalaureate degree
- Associate degree
- Technical diploma
- Certificate
- Other (if yes, please specify below)

**--specify other-- Pre-SAC-IT Hours, SAC-IT, SAC (360), Pre-Registered Prevention Specialist Hours, Registered Prevention Specialist, Allows graduates to work in Inpatient/Outpatient Settings Mental Health Facilities Clinics, All Age/Race/Gender Populations**

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 (Can Refer), Department of Regulation & Licensing Application requires background check if applicable, Background Check-Negative Result will NOT necessarily deny license, 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: FREQUENT Email During Course, Open Book Jurisprudence Exam MUST be taken On-Line, Updating Resume & Development of Business Plan also part of course; Computer Access, and many materials for class come from library/also want to encourage use-if library fines are a problem, Instructor can help student problem solve.**

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 :**100 to 4000 Hours**
- Pre-SAC-IT=100 Hours**
- SAC=101-4000 Hours**
- Pre-Registered Prevention Specialist=45 Hours**
- Registered Prevention Specialist=245 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, LLC)** 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 **\$2,632.00**  
\$ **\$books** Books costs **\$72.00 (DSM-IVTR); \$30.00 (Wisconsin State Statutes)**  
\$ **\$fees** Other fees/Separate Voucher **\$132.00-\$140.00 (Exam/License)**  
\$ **\$equipment** Supplies/Materials costs **\$150.00 (Workbook/ Handouts/Misc)**
8. Is student financial aid available for this training program? (Choose **Yes** or **No**)  
**NO, but payment arrangements are available for those that may not qualify for WIA funding. Distance Learning (outside Milwaukee County-Area Codes 262, 715, 608, 920 etc.) may have additional cost, contact Dr. Ingrid D. Hicks directly**
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  
# **49grads** Total number of graduates  
# **51 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 2008 through**  
**September 2009**

### **Part 3: TRAINING PROVIDER INFORMATION**

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

Name of Training Provider, Entity or Institution **TransformationServices, LLC**

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 **30-0562704**

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

(Choose **Yes** or **No**) **Yes**

If yes, name the approving or accrediting agency (-ies)

enter agency here, or type "none" - **Wisconsin Department of**

**Regulation & Licensing**

**Wisconsin Department of**

**Health & Human Services**