



DMH Certified Providers Procedures for Requesting Technical Assistance/Training

The following procedure is in place for the purpose of tracking technical assistance requests, trainings, material supply, budgeting, etc. The Technical Assistance/Training will be provided by the appropriate staff of the Department of Mental Health (DMH), and/or a Certified Peer Support Specialist Professional (CPSSP).

1. A request may be submitted for Technical Assistance or to conduct any Training provided by the Department of Mental Health.
2. A Technical Assistance Request (TAR) form must be completed and submitted by the DMH certified provider. The TAR must be submitted within 2-4 weeks prior to the scheduled Training/Technical Assistance. This gives DMH staff enough time to reserve training space, prepare materials/supplies and other essentials needed.
3. The request will be routed to the Bureau within three (3) days receipt of the request.
4. The requester will be notified by DMH to confirm the requested Technical Assistance/Training date and location.
5. If receipt of notification from DMH has not been received within 10 days, contact Kala Booth at kala.booth@dmh.ms.gov.

Technical Assistance – provide consultation such as process/procedures implementation, staffing and management to streamline or enhance services provided.

Training - employee development; provide instructions to improve performance or attain a required level of knowledge or skill; to educate.



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Date of Request: _____

Provider Requesting Training: _____

Provider Contact Person: _____

Email Address: _____

Phone Number: _____

Reason for Request: Technical Assistance Training

Preferred Technical Assistance/Training Dates:

 1st _____ 2nd _____ 3rd _____

Location of the Training: _____

Targeted Service: _____

Number of Participants: _____

Equipment Needed from DMH for presentation (equipment (laptop, screens, etc.):

Briefly describe your need for the technical assistance/specific training requested.

This request can be submitted electronically with **SUBMIT** button, faxed or mailed to the identified address.

Please return completed form to:

Mississippi Department of Mental Health
Attn: Kala Booth
239 N. Lamar Street, 1101 Robert E. Lee Building
Jackson, MS 39201
Kala.booth@dmh.ms.gov
Phone: 601-359-6243
Fax: 601-359-5330

For Office Use Only:

Date Request Received: _____ **Date TA Provided:** _____

Presenter(s): _____

Date Evaluations Received: _____ **Number of Participants** _____

Report Received _____