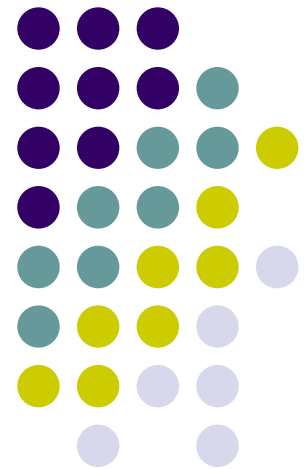


MANAGING & ADAPTING PRACTICES (MAP)

TRAINING AND IMPLEMENTATION

December 2010



DIRECT SERVICE SERIES



- 5 Day Practitioner Workshop
- 6 Month Telephone Case Consultation
- Therapist Portfolio Review
- Agency Participation in Community Development Team (CDT)

PARTICIPANT REQUIREMENTS:

- Must be case carrying therapist
- Submit completed Pre-Registration Form
- Laptop with WiFi access for workshop
- Signed Agency User Agreement

ONE DAY MAP CONFERENCE

PROVISIONAL TRAINING



- Allows participants to bill for MAP upon completion of One Day MAP Conference which expires upon commencement of the pre-scheduled 5 Day Practitioner Workshop
- Agencies and participants commit to complete Direct Service Series
- Submit completed Direct Service Series Pre-Registration Form and other required documents
- December 14 or December 16



County of Los Angeles Department of Mental Health
PREVENTION AND EARLY INTERVENTION
Managing and Adapting Practice (MAP)
DIRECT SERVICES SERIES – PRE-REGISTRATION FORM

Training Title	MAP Direct Service Series & One Day MAP Conference		
Date	Please indicate which date you would like to attend the One Day MAP Conference : <input type="checkbox"/> December 14, 2010 <input type="checkbox"/> December 16, 2010 <input type="checkbox"/> Will not attend either day		
Time	9:00 am to 5:00 pm	Location	TBD
Agency Name		Provider #	
Participant's Name			
Address			
City		Zip Code	
Phone Number			
Email Address			

Training Coordinator's Name	
Phone Number	
Email Address	

Which month you will be able to attend the Five -Day Practitioner Workshop Training? (Please indicate your 1st, 2nd and 3rd choice.)

____ January 2011 ____ February 2011 ____ March 2011 ____ April 2011
____ May 2011 ____ June 2011 ____ July 2011 ____ August 2011
____ September 2011 ____ October 2011 ____ November 2011 ____ December 2011

- > Participants **MUST** be case-carrying clinicians
- > All participants **MUST** bring their own WiFi accessible laptop.
- > Due to certain restrictions, refreshments will not be served and lunch will be on your own.
- > Only registered participants will be allowed to attend the trainings.
- > If a registered participant is unable to attend please notify DMH ASAP so the space may be offered to another agency.
- > Deadline to return completed registration is **DECEMBER 9, 2010**.

All participants will receive a confirmation letter for the One Day MAP Conference.
RETURN COMPLETED FORMS TO: Lucy Farias via email at lfarias@dmh.lacounty.gov

CHECKLIST: DIRECT SERVICE SERIES



- Completed Pre-Registration Forms for participants (number of participants cannot exceed the number of Direct Service Slots allocated to the Agency)
- Updated Transformation Form for MAP
- Signed User Agreement
- Signed MAP Training Slot Allocation indicating Agency participation in MAP implementation

SUPERVISION & CONSULTATION SERIES



- 2 Day Supervisor Workshop
- 6 Month Telephone Consultation
- Supervisor Portfolio Review
- Train the Trainer
- Able to train up to 6 therapists at the Agency

PARTICIPANT REQUIREMENTS:

- Submit completed Pre-Registration Form
- Must have completed the Direct Service Series
- Laptop with WiFi access for workshop
- Signed Agency User Agreement



County of Los Angeles Department of Mental Health
PREVENTION AND EARLY INTERVENTION
Managing and Adapting Practice (MAP)
SUPERVISION & CONSULTATION SERIES
PRE-REGISTRATION FORM

Training Title	MAP Supervision & Consultation Series		
Supervisor Status	<input type="checkbox"/> I have not completed the Direct Service Series but will complete this training using a slot allocated to my agency and have submitted a completed Direct Service Series Pre-Registration Form. <input type="checkbox"/> I have completed the Direct Service Series and have attached a copy of my MAP Therapist Certificate.		
Agency Name		Provider #	
Participant's Name			
Address			
City		Zip Code	
Phone Number			
Email Address			

Training Coordinator's Name	
Phone Number	
Email Address	

Which month you will be able to attend the Two -Day Workshop Supervisors Training? (Please indicate your 1st, 2nd and 3rd choice.)

_____ January 2011 _____ February 2011 _____ March 2011 _____ April 2011
 _____ May 2011 _____ June 2011 _____ July 2011 _____ August 2011
 _____ September 2011 _____ October 2011 _____ November 2011 _____ December 2011

- > All participants **MUST** bring their own WiFi accessible laptop.
- > Due to certain restrictions, refreshments will not be served and lunch will be on your own.
- > Only registered participants will be allowed to attend the trainings.
- > If a registered participant is unable to attend please notify DMH ASAP so the space may be offered to another agency.
- > Deadline to return completed registration is **DECEMBER 9, 2010.**

RETURN COMPLETED FORMS TO: Lucy Farias via email at lfarias@dmh.lacounty.gov

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH



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