STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

**DEPARTMENT OF MENTAL HEALTH**
1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 654-2309

February 10, 1995

FEB 23 1995

DMH INFORMATION NOTICE NO.: 95-04

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: REQUEST FOR APPLICATION FOR EMPLOYMENT AND INDEPENDENT LIVING TRAINING AND/OR TECHNICAL ASSISTANCE

EXPIRES: Retain Until Rescinded

The Department of Mental Health and the Department of Rehabilitation's (DMH/DR) Cooperative Unit training program assists local programs to improve the quality of employment and independent living services to consumers through training, consultation, and technical assistance. Training topics all share a common philosophy of integrated comprehensive services, consumer direction, and interagency cooperation and collaboration.

The following trainers were selected through a recent DMH/DR Cooperative Unit Request for Proposal process to address the specific training topics necessary to meet employment and independent living goals:

**Bruce Anderson**
- Family Engagement
- Natural Supports

**Stephen Ekstrom**
- Program Assessment

**Edna Engle**
- Job Development, Preparation and Placement

**Laura Mancuso**
- "Americans with Disabilities Act" for Persons with Psychiatric Disabilities

**Matrix**
- Dual Diagnosis

**Rob Peters**
- Benefits Counseling and Social Security Work Incentives

**Wanda Remmers**
- Supported Housing

**University of San Francisco**
- Consumer Directed Service Planning, Goal Planning and Career Counseling
- Psychopharmacology and Employment
- Psychosocial Rehabilitation in Support of Employment
- Supported Education

We encourage all to take advantage of the excellent training available this fiscal year (through June 30, 1995). We would like to remind you of the following process to make training requests:

1. The attached Request for Application RFA (Revised 1/95) must be completed and returned to the DMH by the local program. Please fill out this RFA in accordance with the directions; make sure that the dual mental health and rehabilitation signatures are included and send two copies to the DMH/DR Cooperative Unit (the address is on the RFA).

2. The DMH/DR Cooperative Unit will review the RFA. If approved, trainers will be contacted and requested to make all necessary arrangements for the training with the requesting local program.

3. The local program must provide a brief statement either in the form of a flier or a letter to the DMH about who will be providing the training, what the training will address, and when and where the training will occur.

4. Approved training requests which cannot be delivered this fiscal year will be considered as priority training next fiscal year.

5. This RFA application process is an ongoing one, so there will be no due date.

If there are any questions, please contact Diane Utsumi, Contracts/Training Coordinator, DMH/DR Cooperative Unit, at (916) 654-3216.

STEPHEN W. MAYBERG, PhD.
Director

Enclosure

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

**DMH/DR COOPERATIVE UNIT**
**1600-NINTH STREET, ROOM 250**
**SACRAMENTO, CA 95814**

3. List the most prominent training or technical assistance you have received in the last two years, including names of the trainers/consultants:

_____

_____

_____

_____

4. Describe the anticipated audience for this training (including consumers, family members, staff from other agencies, or persons from the general community, if any), size of anticipated audience and anticipated training site(s):

_____

_____

_____

_____

WE HAVE REVIEWED THIS REQUEST AND WILL SUPPORT THE PARTICIPATION OF OUR STAFF.

_____
Department of Rehabilitation
District Administrator

_____
Department of Mental Health
Director

Name of designated contact person: _____ Date: _____

Phone number: _____ FAX number: _____

***After this application is completed and signed, please send two (2) copies to Diane Utsumi at the above address***. If you have any questions, please call Diane at (916) 654-3216.

FOR DMH USE ONLY

_____ APPROVED _____ NOT APPROVED

DESIGNATED DMH SIGNATURE: _____

DATE: _____

Revised 1/95

***REQUEST FOR APPLICATION***
***TRAINING AND/OR TECHNICAL***
***ASSISTANCE***

**DMH/DR COOPERATIVE UNIT**
**1600-NINTH STREET, ROOM 250**
**SACRAMENTO, CA 95814**

Completion of the Request for Application (RFA) initiates the process to arrange training and/or technical assistance through the Department of Mental Health/Department of Rehabilitation (DMH/DR) Cooperative Unit. All RFAs must be reviewed and approved by the DMH/DR Cooperative Unit before training can be provided.

I. Selection of Training Topics

The following represents topics in which training can be provided. As resources are limited, we ask that you select no more than three topics, ranking each selection in the priority order (1 = first choice, 2 = second choice and 3 = third choice)

_____ Consumer Directed Services
_____ Dual Diagnosis
_____ Psychopharmacology and Employment
_____ Americans with Disabilities Act
_____ Job Development, Preparation and Placement
_____ Supported Education
_____ Benefit Advocacy (SSI/SSDI)
_____ Family Engagement
_____ Program Assessment
_____ Natural Supports
_____ Psychosocial Rehabilitation
_____ Supported Housing

Please list additional training needs that you have identified. This will assist in developing future training topics.

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_____

_____

_____

_____

II. Background Information

1. What program or community outcomes do you expect from the training(s)?

_____

_____

_____

_____

2. What program or system weakness or problems will this training address?

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