



Mississippi Department of Mental Health Division of Certification Technical Assistance Form

INSTRUCTIONS: This form should be utilized for all agency providers certified to provide services within the public mental health system for individuals with serious mental illness (SMI), serious emotional disturbance (SED), intellectual/developmental disabilities (IDD), and substance use disorders (SUD) requesting Technical Assistance (*Operational Standards Rule 7.2*). Technical Assistance is not limited to, but may consist of, contacts between DMH personnel and the agency provider employees via written correspondence, phone/virtual consultation, and/or personal visit(s). Please read carefully and complete this form. Please type or print legibly. All dates should include the month, date, and year. This form should be submitted to DMH at certification@dmh.ms.gov two to four weeks from the date of the request for Technical Assistance to allow DMH staff enough time to schedule, reserve training space, prepare materials/supplies, etc. Within four (4) days of receipt of the request, DMH will acknowledge receipt and forward the request to the appropriate Bureau. Bureau staff will contact the certified provider to schedule the date and location of the requested Technical Assistance. If the certified provider has not been contacted within 10 business days, email the Division of Certification.

- Technical Assistance: provides consultation, such as process/procedures implementation, staffing and management to streamline or enhance services provided, involves employee development, provides instructions to improve performance or attain a required level of knowledge or skill, etc.

Section A

Technical Assistance Request Information: Please fill out the below fields to request Technical Assistance from DMH. Please ensure that the contact information provided is for the individual requesting Technical Assistance.

Agency Name: _____

Provider Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if not same as street address): _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Primary): _____ (Secondary): _____

Email Address: _____

Date of the Request: _____

Briefly Describe the Need for Technical Assistance: _____

Preferred Technical Assistance Dates (provide at least three dates that are two to four weeks from the Date of the Request): _____

Preferred Location of the Technical Assistance: _____

Targeted Service: _____

Number of Anticipated Participants: _____

Equipment Needed from DMH: _____



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Signature

Date

Type or Print Name and Title of Individual Signing

For DMH Use Only:

Received By: _____

Date: _____

Date TA Provided: _____

Presenter(s): _____

Number of Participants: _____
