



Missouri Department of Mental Health Office of Deaf Services Deaf Services Advocates Training Registration Information

Date and Time: Friday, May 6, 2016, 9:30 AM to 4:30 PM

Location: Missouri Coalition for Community Behavioral Healthcare, 221 Metro Drive, Jefferson City, MO

Invited CMHCs

CMHCs invited to participate in the initial Deaf Services Advocates Training due to their current or anticipated volume of services to deaf consumers include: Burrell Behavioral Health, Crider Health Center, Comprehensive Mental Health Services, East Central Missouri Behavioral Health, Hopewell Center, Ozark Medical Center, Pathways Community Behavioral Healthcare, Tri-County Mental Health Services, and Truman Medical Center. Each CMHC may identify one or more staff members to be trained as Deaf Services Advocates. Please see the Program Description document for information on selection of appropriate staff for training. CMHCs will receive a stipend to offset travel expenses and lost productivity for staff attending initial training. Lunch will be provided.

Prerequisites

- Deaf Services Training (Missouri DMH, 5 hours): Relias Lookup Code MOCMHC-DEAFSERVICES
- Working with People with Hearing Loss (Minnesota DHS Deaf and Hard of Hearing Services Division, 3 hours): http://registrations.dhs.state.mn.us/HearingLoss/welcome_intro.html

Trainees are strongly encouraged to complete both prerequisites before attending the Deaf Services Advocates Training. If trainees do not have time to complete both online trainings before attending the Advocates Training, they should focus on the Deaf Services Training first; however, trainees will not be designated as a Deaf Services Advocate until completion of all required trainings is documented.

Documentation should be brought to the Deaf Services Advocates Training; mailed to DMH Office of Deaf Services, PO Box 687, Jefferson City, MO 65102; or emailed to david.kingsbury@dmh.mo.gov.

Registration Information

CMHCs may register staff to be trained as a Deaf Services Advocate by emailing the following information to khicks@mocoalition.org no later than [suggested date April 22, 2016]:

Registrant's name, degrees, credentials, job title, agency, work mailing address, email address, and phone number.

Please include any requests for accommodation or special dietary needs with the registration request.

Registrant Background Information

Registrants should email the following information to david.kingsbury@dmh.mo.gov no later than [suggested date April 22, 2016]:

- Please describe any prior training or experience related to the Deaf community.
- Please describe any prior training or experience related to cultures other than your own.
- Please describe any prior training or experience related to the hard of hearing community.
- Please describe any training, experience, or immersion you have in any languages other than English, including your current level of fluency.