Sioux Rivers Regional MHDS Provider Staff Development Funding Request

Sioux Rivers requests this form to be completed 30 days prior to staff development attendance. In the rare case that this is not possible, please complete this form and notify CEO/CAO of an urgent request. If it is possible the request may still be reviewed and approved, but not guaranteed.

Provider Name:	Date of Request:
Provider Address:	Person Submitting Request:
Email:	Phone:

Training Information:
You will be contacted by Sioux Rivers to discuss this request if we have questions.

Training Requested:	Training Offered By:
Type of Training (In-Person/Virtual):	Cost of Training/Attendee:
Additional Training Funding Requests (Be specific):	Provider Funding Amount:
Additional Funding Sources and Amount:	Total Regional Funding Request:
Expected Start Date:	Expected End Date:

Number of Attendees:	Name and Position of those Attending:

Is the requested training an Evidence Based Practice or supplemental training supporting an Evidence Based Practice. Share information regarding EBP.

Describe how attending this training will benefit individuals served.

Is this staff development request a "Train the Trainer" training and utilized to train additional regional partners and/or Sioux Rivers Community Members? If so, what is your initial training proposal.

Staff Development Training Requested Category:

(Please check one box that best applies)

☐Co-Occurring
☐Trauma Informed Care
☐Crisis Intervention Training
☐Crisis Prevention Training
☐General Education
☐Prevention
☐Other:_____

Provider Staff Development Fund Criteria:

- Providers requesting staff development funds must be licensed or accredited to provide MHDS Regional Core and/or Core Plus services.
- Training must be able to support a Core and/or Core Plus practice.

Request Considerations:

- Request was received 30 days prior to the Staff Development Training.
- Educational needs to enhance the delivery and competence in Core and Core Plus areas.
- The extent in which the staff development will be utilized within Sioux Rivers.
- Evidence Based Practice or Supplemental to EBP
- Availability to use training within Sioux Rivers.
- The number of trained staff within the region regarding any one modality.
  *For example, if a request is for ASIST Train the Trainer and three providers already have staff able to train in ASIST the request may be denied.

Request Approval:

- If the request is approved, you will be notified at the email listed above with approval of funding.
- The invoice for training will need to be sent to the CAO by the 15th of the month for reimbursement the following month.
  Ex. September 15th receive invoice will be reimbursed in October.

The Regional Governance Board has approved funding for Provider Staff Development training in the Annual Service and Budget Report. Sioux Rivers will approve training on an as needed basis until the maximum dollar amount has been reached. Sioux Rivers will keep track of the total dollar amount used per requesting program to ensure shared Staff Development funding across programs.

Thank You for your Staff Development Training Request and serving the individuals of Sioux Rivers Regional MHDS with continued quality services and care.

Submit completed proposal to: brennak@siouxcounty.org

Any questions please contact: Brenna Koedam, LMHC IADC
Sioux Rivers Region MHDS CEO
(712) 209-9979

Submit Invoice (Upon Completion of Staff Development) to: sduhn@dicinsoncountyiowa.gov
Sioux Rivers Region MHDS CAO
1802 Hill Ave. Suite 2502
Spirit Lake, IA 51360
(712) 336-0775

For Sioux Rivers Use Only:

Funding Approved:
☐Yes ☐No: Reason for denial: _____

☐Invoice Received and Paid: Date: _____