

# AUTISM SERVICES TRAINING SCHEDULE 2021

ADMH AUTISM SERVICES

OCTOBER 2021

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Please read this document in its entirety. Scroll to page 2.

INTENSIVE CARE COORDINATION		
PROVIDER-WIDE	10.12.2021	<a href="https://mhalabama.zoom.us/meeting/register/tZEscuqprzkqGd2HzmlA1Onq3tffb09TNMYy">https://mhalabama.zoom.us/meeting/register/tZEscuqprzkqGd2HzmlA1Onq3tffb09TNMYy</a>
BEHAVIOR SUPPORT	10.14.2021	<a href="https://mhalabama.zoom.us/meeting/register/tZMpd-urqTouE9GWF181av1_3M95M0G4okWD">https://mhalabama.zoom.us/meeting/register/tZMpd-urqTouE9GWF181av1_3M95M0G4okWD</a>
IN-HOME THERAPY	10.19.2021	<a href="https://mhalabama.zoom.us/meeting/register/tZwkdOqprz0uHdMilaKPGEf5panTNMoSEH2I">https://mhalabama.zoom.us/meeting/register/tZwkdOqprz0uHdMilaKPGEf5panTNMoSEH2I</a>
THERAPEUTIC MENTORING	10.21.2021	<a href="https://mhalabama.zoom.us/meeting/register/tZAlceigqzoqE9M-pb3yF4f0azC-MOD_Ffq6">https://mhalabama.zoom.us/meeting/register/tZAlceigqzoqE9M-pb3yF4f0azC-MOD_Ffq6</a>
PEER SUPPORT Y/F	10.26.2021	<a href="https://mhalabama.zoom.us/meeting/register/tZUvdeyrrDgsG9SVf36IYAQBicoYqYCNkhBL">https://mhalabama.zoom.us/meeting/register/tZUvdeyrrDgsG9SVf36IYAQBicoYqYCNkhBL</a>
PSYCHOEDUCATIONAL SERVICES	10.28.2021	<a href="https://mhalabama.zoom.us/meeting/register/tZwvc-mgqiltGtTn8c-E9XhpbAEvJxd80PDg">https://mhalabama.zoom.us/meeting/register/tZwvc-mgqiltGtTn8c-E9XhpbAEvJxd80PDg</a>

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
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3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	
24	25	26	27	28	29	30	28							28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29	27	28	29	30					
31																												30	31													
JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
				1	2	3	1	2	3	4	5	6	7				1	2	3	4						1	2		1	2	3	4	5	6					1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		
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- **If it has been more than one year since your last training session (case management & rehabilitation service providers), please register for Provider Wide Training or attend via Relias <https://bit.ly/3tGUHcr>. Only annual refreshers can be completed through Relias.** Email certificate of completion to [shirah.suttles@mh.alabama.gov](mailto:shirah.suttles@mh.alabama.gov).
- **November Provider-Wide Training Registration Link**  
[https://mhalabama.zoom.us/meeting/register/tZMrd-2rqTkrHNSbMe5FGAy5W8i\\_Wwr8islw](https://mhalabama.zoom.us/meeting/register/tZMrd-2rqTkrHNSbMe5FGAy5W8i_Wwr8islw)
- Registration is mandatory. *Please register; it assists in the organization of training and materials.*
- Cameras must be turned on during trainings to receive credit for attendance.
- All participants are expected to be engaged and participate during training sessions.
- When you accept the event to your calendar, it may disappear from your email. **Please check your calendar for attachments and the event link.**
- All participants must complete a pre-test and post-test.
- To successfully complete training, each participant must score 80% on the post-test.
- Pre-test and post-tests will be disseminated via email from the registration list. Tests are in pdf format and fillable.
  - Open attachment.
  - Type your name and date in the appropriate boxes (top of page).
  - Select your answer to each question.
  - Save or Save As (to change document name-optional/not necessary).
  - Submit to [shirah.suttles@mh.alabama.gov](mailto:shirah.suttles@mh.alabama.gov).
- You will also receive a survey-please complete your survey. It helps our team to make improvements to the training.
- Submit your survey to [robyn.mcqueen@mh.alabama.gov](mailto:robyn.mcqueen@mh.alabama.gov)

