AUTISM TRAINING SCHEDULE 2024

ADMH AUTISM SERVICES

WINTER QUARTER TRAINING

TRAINER: SHIRAH ARNOLD-SUTTLES, M.S.

EMAIL: SHIRAH.SUTTLES@MH.ALABAMA.GOV

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



PROVIDER-WIDE	01/17/2024	https://mhalabama.zoom.us/meeting/register/tZwofuCqrTsuE9THlvrJl-FpvEyBPKxq3JtR
BEHAVIOR SUPPORT	01/23/2024	https://mhalabama.zoom.us/meeting/register/tZYkchpzwtHtWp6D_v2xGyrnDqPrU2T_PD
THERAPUETIC MENTORING	01/25/2024	https://mhalabama.zoom.us/meeting/register/tZMsdO2rqD0tHtHtZ2r5Xb0NSjQOgoOz5o-7
PSYCHOEDUCATIONAL SERVICES	01/30/2024	https://mhalabama.zoom.us/meeting/register/tZcvcOisrzwrGd1FTj8b5uilFfppcXnRYKZp
IN-HOME THERAPY	02/01/2024	https://mhalabama.zoom.us/meeting/register/tZAldempqDkrGtaMdkKt7mmnigRnhEZWY64I
PEER SUPPORT	02/06/2024	https://mhalabama.zoom.us/meeting/register/tZUtceiurT0rEtzwk1M_xqrpK-ZCpgE1kwhm

J۵	NU	AR\	Y				FEBRUARY								MARCH							APRIL							MAY							JUNE							
S	М	Т	W	Т	F	S	S	М	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	М	Т	W	Т	F	S	S	М	Т	W	Т	F	S	S	M	Т	W	Т	F	S		
	1	2	3	4	5	6					1	2	3						1	2		1	2	3	4	5	6				1	2	3	4							1		
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8		
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15		
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22		
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29		
														31																					30								
JULY AUGUST SEPTEMBER											OCTOBER								NOVEMBER							DECEMBER																	
JL	JLY						Αl	JGL	JST					SE	PTI	EME	BER				00	СТО	BEF	₹				N	OVE	MBI	ER				DE	ECE	MBI	ΞR					
S		Т	W	Т	F	S	Al S	JGL M	JST T	W	Т	F	S	SE		EME	BER W	Т	F	S	O(CTC M	BEI T	R W	Т	F	S	N(OVE M	MBI T	ER W	Т	F	S	DE S	M M	MBI T	ER W	Т	F	S		
		T 2	W 3	T 4	F 5	S 6				W	T 1	F 2	S 3			T 3	T	T 5	F 6	S 7			BEI T 1		T 3	F 4	S 5	S		MBI T		Т	F 1	S 2	S 1		MBI T		T 5	F 6	S 7		
		T 2 9	3	T 4 11	5	6				W 7	T 1 8		_		М	Т	W 4	T 5	6	S 7 14			T 1	W	T 3 10	4		S 3		MBI T 5		T 7	F 1 8		S 1 8	М	Т	W 4	T 5	-	S 7 14		
	M 1 8	9	3 10	11	5 12	6	S 4	M 5	Т	7		2	3 10	S 1 8	M 2 9	T 3 10	W 4	12	6	14	S 6	M	T 1 8	W 2 9	10	4	5	3	M	T 5	W	T 7 14	1 8	2 9	S 1	M 2 9	T 3 10	W 4	12	13			
S 7	M 1 8 15	9 16	3 10 17	11 18	5 12 19	6	\$ 4 11	M 5 12	6 13	7 14	15	2 9 16	3 10 17	S 1 8 15	M 2 9 16	T 3 10 17	W 4 11 18	12 19	6 13 20	14 21	S 6 13	M 7 14	T 1 8 15	W 2 9 16	10 17	4 11 18	5 12	3 10	M 4 11	T 5 12	6 13		1 8 15	2 9 16	S 1 8 15	M 2 9 16	T 3 10 17	W 4 11	12 19	13 20	21		
7 14 21	M 1 8 15	9 16 23	3 10 17 24	11 18	5 12 19	6 13 20	\$ 4 11 18	M 5 12 19	6 13 20	7 14 21	15 22	2 9 16 23	3 10 17	\$ 1 8 15 22	M 2 9 16 23	T 3 10 17 24	W 4 11 18	12 19	6 13 20	14 21	5 6 13 20	M 7 14 21	T 1 8 15 22	W 2 9 16	10 17 24	4 11 18	5 12 19	3 10 17	M 4 11	5 12 19	6 13	21	1 8 15 22	2 9 16 23	\$ 1 8 15 22	M 2 9 16	T 3 10 17 24	W 4 11 18	12 19	13 20	21		

- If it has been more than one year since your last training session (case management & rehabilitation service providers), please register for Provider Wide Training.
- 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.
 - o Open attachment.
 - o Type your name and date in the appropriate boxes (top of page).
 - o Select your answer to each question.
 - o Save or Save As (to change document name-optional/not necessary).
 - o Submit to 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 survey to charlotte.smith@mh.alabama.gov
- Provider S.T.A.T.U.S Meeting dates will occur every other month on the third Wednesday. Those dates are in GREY!



This training is approved by the Alabama Department of Mental Health for continuing education in social work (#0125 exp. 1/31/2024). You must be present for the training in its entirety to receive contact hours. Contact hour verification will be provided via email for verified completions within 10 working days of the training.

