

**Louisiana Integrated Treatment Services Initiative
funded by Co-occurring State Incentive Grant
Technical Assistance/Cross Training
Request Form**

Please complete and return this form to Tanya McGee, COSIG Project Coordinator at tmcgee@dhh.la.gov. If you have any questions please contact Tanya at 337.475.3114. Tanya will review your requests within 5 working days of receipt to confirm receipt and clarify request. All plans for technical assistance will then be discussed with LITS Project Leadership Team within two weeks of receipt, and then presented for consideration and approval by the Louisiana Behavioral Healthcare Taskforce (BHT). Final approval of TA is made by BHT which meets the 4th Wednesday of every month.

NOTE: All requests must be discussed with and submitted by each local area's integration steering committee. Requests directly from individual clinics or individual program agencies will not be accepted. District executive director signature is required or both mental health and addictive disorder regional manager's signatures required.

1. Requesting Organization Entity Type

a. Local area (Region/District)
b. State hospital ELMS ___ SELH ___ CENTRAL ___ NOAH ___

2. Identify Person of Contact

a. Date of Request	
b. Name of Contact Person	
c. Title/Position of Contact Person	
d. Address of Contact Person (Include city, state, zip)	

e. Contact Telephone Number	
f. Contact Fax Number	
g. Contact E-mail Address	

3. Type of Request (check all that apply)

General LITS/COSIG Inquiry

Information/Materials

Off-Site Expert Consultation

On-Site Expert Consultation

Training

Speakers/Conference Presentations

Other (specify)

4. In narrative, please include facilities/staff and the primary focus of the TA/training (administrative policy reviews, clinical/programming, training area, etc.)

5. Justification of Request

- **How will this increase co-occurring capability within your area?**
 - refer to baseline fidelity scores - refer to specific program elements and items on DDCAT
- **If requesting an expert consultant, justify rates.**

6. Additional Comments

7. Authorizing Signatures

OMH Regional Manager

OAD Regional Manager

OR

District Executive Director

8. Intake Information (For COSIG purposes only)

Date Request Received	
TA Request ID#	
Date of response provided to contact person	
Further information/assessment needed	<input type="checkbox"/> yes <input type="checkbox"/> no
Date brought to Project Leadership Team	
Date brought to Taskforce	
Approved	<input type="checkbox"/> yes <input type="checkbox"/> no