



# Implementation Training & Support

The Bureau of Family Health offers trainings and resources to Louisiana providers that can help enhance and expand their clinical services. Our team of experts is available to develop a tailored plan to fulfill your clinic's needs, and can meet in-person or virtually to provide technical assistance. We use a quality improvement framework that helps embed continuous improvement into your practice. We provide trainings on the following topics:

- Developmental Screening
- Care Coordination
- Youth Health Transition
- Pediatric and Perinatal Mental Health

These trainings and resources are available at no cost. If you're interested in learning more, please complete the information below and email it to [DevScreen@la.gov](mailto:DevScreen@la.gov). We will contact you to provide more information and to schedule a training.

## Step 1: Tell Us Your Interests

Check the following services you are interested in for each of the topic areas.

|                                       | Referral Resources | Tools to Use in Clinic | Implementation Training* |
|---------------------------------------|--------------------|------------------------|--------------------------|
| Developmental Screening               |                    |                        |                          |
| Care Coordination                     |                    |                        |                          |
| Youth Health Transition               |                    |                        |                          |
| Pediatric and Perinatal Mental Health |                    |                        |                          |

\*Implementation Training can be done in-person or virtually. Training includes:

- Project planning
- Staff training
- Process mapping
- Implementation Assistance

## Step 2: Tell Us About Your Practice

Provide the following information about your clinic. We will contact you using your preferred method of communication.

|               |       |                 |   |
|---------------|-------|-----------------|---|
| Clinic:       | _____ | Contact Name:   | _____   |
| Address:      | _____ | Contact's Role: | _____   |
| City:         | _____ | Phone:          | _____   |
| EHR System:   | _____ | Email:          | _____   |
| Clinic Owner: | _____ | Preference:     | <input type="checkbox"/> Phone <input type="checkbox"/> Email |