

LIMITED MENTAL HEALTH – ASSISTED LIVING FACILITY TRAINING

Assisted Living Facilities (ALFs) housing three or more mental health clients must obtain a Limited Mental Health License (LMHL). To maintain good standing, ALF staff having client contact must complete the **full day** mental health training developed by the Department of Children and Families (DCF) within six (6) months after the ALF obtains their Limited Mental Health License, or within six (6) months of hire for new staff. Following the initial training, three (3) hours of Mental Health continuing education is now required every two years.

Miami area:

SFBHN

South Florida Behavioral Health Network
7205 Corporate Center Drive Ste 200
Miami, FL 33126

Broward area:

DCF

Department of Children & Families
201 West Broward Blvd
Ft Lauderdale FL 33301

Palm Beach area:

SEFBHN

South East Florida Behavioral Health Network
140 Intracoastal Pointe Drive Ste 211
Jupiter, FL 33477

CONFIRM LOCATIONS & DATES WITH THE TRAINER WHEN REGISTERING

Staff in need of the (3) hours continuing education refresher may attend either the early or late sessions (8:30 – 12:00 or 1:30 – 5:00). There will be a half-hour lunch break. Full day attendees are encouraged to bring lunch to the classroom.

Please plan to arrive by 8:20 a.m. for the morning or full-day session.

Please plan to arrive by 1:20 p.m. for the afternoon session.

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Morning session will include:
Community Mental Health System
Mental Health Diagnosis and Treatment
Resident progress in achieving treatment goals

Afternoon session will include:
Recognizing changes in residents' status or condition that may require intervention
Crisis services and Baker Act procedures
Legal Issues
Trauma Issues

Upon completion of each training session, certificates will be issued for all attending. Please note full-day/half-day attendance on the Registration Form and include the appropriate payment.

To reserve your seat(s), please mail completed registration form and business check/ personal money order to:

Laura A. Weber Mental Health Associates, P.A.
Box 1791
Lake Placid, FL 33862

Seats will be reserved when payment and registration form are received. Once registered, there will be no refund for failure to attend the training. Credits for a future class are available with advance cancellation. Attached you will find a registration form.

If you have any questions, or need additional information, please contact **Laurie Weber at 863-243-1087 or laweber@htn.net**.

LIMITED MENTAL HEALTH LICENSE TRAINING

REGISTRATION FORM

CLASS DATE: _____ LOCATION: _____

ALF NAME: _____ EMAIL: _____

ALF ADDRESS: _____

_____ City _____ Zip Code

PHONE: _____

ADMINISTRATOR: _____ ALF OWNER: _____

NAME(S) OF TRAINEE(S) Please Note: FULL day MORN only AFT only

of Trainees attending full-day session: _____ @ \$50.00 = _____

of Trainees attending half-day session: _____ @ \$25.00 = _____

Total Payment enclosed: \$ _____

NO PERSONAL CHECKS ACCEPTED

Please enclose business check or money order made payable to:

Laura A. Weber Mental Health Associates, P.A.
Box 1791
Lake Placid, FL 33862