**Managing and Adapting Practice (MAP):**

**Evidence-Based Practices in OMH-Licensed Community Based Provider Agencies to Serve Children with Significant Mental Health Needs and their Families**

**Attestation**

**MAP Funding Requirements:**

Staff attending MAP training must:

* Commit to the training program for 4-5 months
* Provide direct clinical services
* Carry a caseload that includes at least 3 children or adolescents
* Frequently treat childhood anxiety, depression, trauma, and/or disruptive behavior disorder

OR supervise clinicians who meet the above criteria (These clinicians must also be participating in MAP training)

Full commitment to the MAP training includes:

* Participation in a 1-hour pre-training webinar and 4 days of webinar-based training
* Participation in at least 6 of 8 webinar consultations (bi-weekly by video conference) across 4 months
* Participation in a 4-hour mid-point webinar training (held 2 months after the initial 4-day training)
* Submission of certification materials at the end of the 5-month period with a passing score to qualify for certification
* All three individuals’ complete trainings and receive receipt of NYS MAP certification
* Integration and continued use of MAP for a minimum of 6 months post certification
* All three individuals participate in training feedback and attendance at no more than 2 one-hour sessions with OMH regarding the promotion and applications of MAP more widely in NYS

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**I attest to understanding and agree to all the required components of participation:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_