**Wisconsin’s Coordinated Services Team (CST) Initiative**

**Request for Training and Technical Assistance**

County or Tribal CST Initiative:

Date of Request:

Contact Person:

Phone:

Email:

Please describe your training or technical assistance need, or if known, the specific activity or assistance you are requesting *(examples may include but are not limited to: onsite assistance at a Coordinating Committee; a half-day in-service or workshop on a specific topic)*:

Please specify the date or timeline for the assistance you are requesting:

Please describe the objectives/intended outcomes of the assistance:

If you have an agency or individual in mind that you would like to request to provide the assistance, please provide this information:

Please share any additional comments:

Please send your request to: Karen Bittner

Department of Health Services

Division of Mental Health and Substance Abuse Services

1 West Wilson Street, Room 951

Madison, WI 53707

(608) 267-9308

[Karen.bittner@wisconsin.gov](mailto:Karen.bittner@wisconsin.gov)