

# **Training & Continuing Education Bulletin**

Orange County Health Care Agency Behavioral Health Services

#### June 2007

## E-Learning Tips:

How to Log into Essential Learning:

Name of Company: hca

Company Password: orange

Enter your First & Last Name

If you are a County Employee enter your employee number. If you work for one of our contract programs enter the password assigned to you.

If you are a new employee of the County of Orange or contract agency please have your service chief / program director send an e-mail to

cysqrttraining@ochca.com requesting new access for staff.

To access online courses click on Other Courses Offered by HCA to find a course. When you get to HCA, you can see the list of all available online courses by just clicking on *GO*, or you can narrow the selection to those approved by one or another accrediting body (e.g. APA, CBBS-California Board of Behavioral Sciences) or to a specific topic area.

Please e-mail or call:

cysqrttraining@ochca.com or call
Zanetta Nowden-Moloi

(714) 796-0179

Website:

http://essentiallearning.net

## **ORTIPS**

This section provides monthly critical reminders in relation to documentation standards.

## 1) Progress notes/EDs:

- **Must** be submitted within 72 hrs. Of when the service was provided
- **Must** be written in black ink/no white-out or masking is permitted
- Must have the provider's signature on both sides of document (ED & progress note)
- (CYS only) At the end of each month the progress notes billed to Medi-Cal **must** be reviewed against Medi-Cal paid claims.

## 2) Different Day Documentation:

If a progress note is written on another day other than the day the service was provided, then it must be documented as "different day "documentation. *Example*: If a provider meets with a client at 6 p.m., but is not able to write the progress note until the next day at 8 a.m., then the progress note needs to be documented on a different day than the service was provided. Documentation on the same progress note would be as follows:

10/10/04 Therapist met with 12 yr., wht, M, Dx Dysthymia for an individual session.

Documentation to follow.

Paul Provider, MFT II

Late entry, 10/12/04 documentation of service rendered on 10/10/04.

S) ......I).......P)

Paul Provider, MFT II

The late entry "date" of the documentation should be entered on the ED claiming side under "Date of Documentation."

The County of Orange Health Care Agency is an approved provider of continuing education credits for the California Board of Behavioral Sciences (provider no. PCE389), and is approved by the American Psychological Association to sponsor continuing education for psychologists. The Orange County Health Care Agency maintains responsibility for this program and its content.

#### June 2007

## **Evidence-based Interventions with Seriously Mentally III Clients:**

## **How it is Changing Clinical Roles**

Presenter: Casey Dorman, Ph.D., Training Coordinator, Orange County Health

Care Agency, BHS

Date and Time: June 25, 2007, 9:00 a.m. – 11:00 a.m. Location: 405 W. 5<sup>th</sup> Street, Ste. 433A, Santa Ana, CA

This workshop will present a review of several psychosocial interventions that have been shown to be effective with clients with serious mental illness. These interventions include: Assertive Community Treatment (ACT), Integrated Treatment for Co-occurring Disorders, Family Psychoeducation, Illness Management and Recovery, Multisystemic Therapy, and Multi-family Parent Training.

Each intervention will be briefly described, as well as the evidence of its effectiveness. The role clinicians play in implementing such interventions and what that means for training and for the separate identities of each profession will be discussed. Challenges to traditional clinical roles will be examined.

As a result of this training, participants will be able to:

- 1) Describe at least six psychosocial interventions that have been shown to be effective with clients with serious mental illness
- 2) Describe the improvements expected in clients who receive evidence-based psychosocial interventions
- 3) Describe the role psychologists, social workers and MFTs play in implementing such interventions
- 4) Describe how new roles for clinicians challenge traditional professional training and identities

2 hours of continuing education credits will be available for psychologists, social workers and MFTs.

Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender/Questioning - Required for Support Staff

Presenter: Nikki Yocham, LMFT

Date and Time: June 19, 2007, 9:00 am - 12:00 pm or 1:00pm - 4:00pm

Location: 744 N. Eckhoff, Orange, CA (Auditorium)

Session A: 9:00am - 12:00pm Session B: 1:00pm - 4:00pm

This training is targeted towards support staff in Behavioral Health Services Including contract agencies and new CCS/FSP contractor. This is a 3-hour training. This curriculum was developed especially for support staff in the community mental health field and is intended to assist in understanding of the culture.

Objectives: To explore and understand the issues of being lesbian, gay, bisexual or transgender in today's society.

If you are a County Employee. You may register for this course online via Essential Learning

All contract agency support staff must go through your program director or designated person to register for this training: e-mail: <a href="mailto:cysqrttraining@ochca.com">cysqrttraining@ochca.com</a>

#### June 2007

## **ADAS Training: Multicultural Gang Awareness**

Presenter: Lowell Smith, Probation Officer

Date: June 13, 2007

Registration: 8:30 a.m. - 9:00 a.m.

Training: 9:00am - 12:00pm

Location: 744 N. Eckhoff, Orange 92868

Deputy Probation Officer Smith has been a Deputy Probation Officer for 10 years with the Probation Department and he has been a training instructor regarding gangs for the last 7 years.

Course Description: This course will provide a basic understanding of criminal street gangs and their activities in Orange County. The course will cover general gangs, their activities and how to identify possible gang membership/associations. We will also review the difference between Tagger & Traditional Gangs and their graffiti. A static display will be provided for the viewers.

Course Objectives: To provide the viewer with the basic general information that can be used to possibly identify those involved in gangs and how membership can influence treatment. The course also addresses safety issues for the field worker.

To Register: Please go to the Essential Learning website: www.essentiallearning.net.

If you do not have an Essential Learning Password use the ADAS training link: HCAADASTraining@OCHCA.COM

# 3 hours of continuing education credits will be available for psychologists, social workers and MFTs.

The County of Orange Health Care Agency is an approved provider of continuing education credits for the California Board of Behavioral Sciences (provider no. PCE389, and is approved by the American Psychological Association to sponsor continuing education for psychologist. The Orange County Health Care Agency maintains responsibility for this program and its content. In addition, these continuing education hours comply with section § 13055 of Chapter 8, Division 4, Title 9 of the California Code of Regulations concerning renewal of an Alcohol or Other Drug (AOD) Counselor Certification and for CAADAC (Provider #IN06-834-0508).

## **Informed Consent for Mental Health Services**

## June 2007

Presenter: Casey Dorman, Ph. D., OCHCA/BHS Date and Time: June 21, 2007, 9:00 a.m. – 10:00 a.m. Location: 405 W. 5<sup>th</sup> Street, Ste. 433A, Santa Ana, CA

Informed consent is meant to disclose the benefits, risks, and alternatives to the treatment or non-treatment of a disorder that is being offered to a client. It is the method by which a fully informed, rational patient may be involved in the choices about his or her health. Too often, however, informed consent is meant to refer to the procedure of gaining the client's signature on a form without a meaningful discussion of the full implications of treatment and its alternatives. This brief workshop will discuss how an open and honest informing procedure can take place and the burdens that places upon both the clinician and the client, as well as the advantages of such an informing procedure.

Objectives: At the end of this training, participants will be able to

- 1. Describe a completely informed procedure for obtaining consent to treat
- 2. Describe a collaborative process for informing a client about treatment alternatives

1 continuing education credit will be available for psychologists, social workers and MFTs.

## Show me the Evidence!

Prevention and Intervention with Adolescent Suicide

The Suicide Prevention Resource Center, funded by SAMHSA, and the American Foundation for Suicide Prevention have an Evidence-based Practices Project, listing those suicide prevention practices which, based on empirical evidence, can be labeled either *effective* or *promising*. In addition, they include intervention programs listed in SAMHSA's National Registry of Evidence-based Programs and Practices. The following programs are listed as effective or are on the SAMHSA Registry:

#### Prevention Programs:

Emergency Room Means Restriction for Parents of Teens: The goal of this intervention is to educate parents of youth at high risk for suicide about limiting access to lethal means for suicide. Education takes place in emergency departments and is conducted by department staff.

<u>Prospect Care Management for the Elderly</u>: In PROSPECT, a specially trained master-level clinician works in close collaboration with a depressed patient's PCP to implement a comprehensive disease management program.

<u>C-Care/CAST School-based Program</u>: C-Care/CAST is a school-based intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions. It uses a computerized assessment instrument called the *Measure of Adolescent Potential for Suicide* to identify high-risk students.

### **Intervention Programs:**

<u>Cognitive- Behavioral Therapy for Adolescent and Young Adult Depression:</u> Cognitive Behavioral Therapy (CBT) for Adolescent Depression is a developmental adaptation of the classic cognitive therapy model developed by Aaron Beck and colleagues.

<u>Dialectical Behavior Therapy:</u> Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. This therapy has been shown to be effective in reducing suicide and self-injury across the lifespan, [18-25 (Young Adult), 26-55 (Adult), 55+ (Older Adult)] and with multiple ethnic groups (American Indian/Alaska Native, Asian American, Black or African American, Hispanic or Latino).

Further description of these programs can be found at <a href="http://www.sprc.org/featured">http://www.sprc.org/featured</a> resources/bpr/index.asp

## **BHS/MHSA Training Team**

Casey Dorman, Ph. D. Zanetta Nowden-Moloi, S. A. Anthony Perera, RAIII Dung Le, MHWIII

For further information

E-mail:
cysqrttraining@ochca.com
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mtrainingprogram@ochca.com

Or call: Main Line 714 796-0179 FAX: 714 568-5781

## Your Culture and Mine

By Minh-Ha Pham, Psy.D., Cultural Competency Department

Providing Meaningful Access to Health Care for Immigrant Families

According to the U.S. Census Bureau's 2005 American Community Survey, the foreign-born population rose 14.7% since year 2000, and by year 2005, 19.4% of our population spoke a language other than English at home. The number of U. S. children with immigrant parents is also growing rapidly. In the year 2006 report of *Immigration and Child and Family Policy* from the Urban Institute in collaboration with Child Trends, over 80% of these children are U.S. citizens and are eligible for public benefits. They, however, have lower participation rates in nearly all public benefit programs comparing to children of U.S. natives. For immigrant parents of these children, language difficulties, lack of awareness of their child's eligibility and available services, as well as the fear of documentation requirements seem to be the main barriers to receiving benefits for their families. This 2006 study across 8 selected states also revealed that 18% of U.S. children of immigrant parents in California are currently without health insurance comparing to the 6% uninsured children of native parents. In addition to poverty and the disparities related to lack of enrollment in center-based early childcare, poor school readiness and education, these children also have Limited Proficient English (LPE) parents. In year 2000, the Access Project sponsored an Access Monitoring Survey which helped reveal that 25% of uninsured health care recipients who needed interpreter service but did not receive it left the hospital without understanding how to take prescribed medications comparing to 2% of English-speaking health care recipients who also left the hospital without being clear about taking their prescriptions.

With almost one-fifth of the population preferring a non-English language and the rapid change in diversity of U.S. health consumer population, meaningful and effective health care services require broader perspectives, not only with ethnicities, but also religions and spirituality, cultural customs and beliefs, languages and dialects. As noted by Health Industry Collaboration Efforts in 2007, consumers with linguistic barriers are less likely to seek preventive services and treatment, which can create poor health outcomes, rising health emergency costs, and longer hospital stays. Title VI of the Civil Rights Act of 1964 actually prohibits discrimination based on national origin for any program receiving federal financial assistance. Title VI is also the oldest and most basic regulation that requires meaningful access to health care as well as equal care for all health consumers. In year 2000, President Clinton also issued Executive Order 13166 that requires each federal agency to provide guidance for improving access to programs and activities funded by the agency for LPE individuals. With diverse population no longer found almost exclusively in larger cities, language service offering and cultural competency have become crucial in accommodating the needs of LPE individuals seeking treatment from health facilities and providers.