## INITIAL L.P.S. DESIGNATION TRAINING AND TESTING

DATE & TIME: 9:00 AM - 3:00 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

**PLACE:** 

PARKING:

This condensed training will provide an introduction to mental health law and an overview of ethical issues as they relate to involuntary detention. The clinical component will discuss the mechanisms of the LPS application. The participant is expected to spend a minimum of two hours in self-study prior to the class and exam. (Please download and review the study guide before attending the training).

TARGET AUDIENCE: Licensed Clinical Staff requiring LPS Authorization from agency

OBJECTIVES: As a result of attending this training, participants should be able to:

- 1. Describe the fundamental law and criteria involving involuntary detention.
- 2. Define the impact of the Lanterman-Petris-Short Act on the rights of the mentally ill.
- 3. Identify who has authority to initiate an involuntary detention form and understand the scope of that authority.
- 4. Identify the responsibilities inherent in initiating involuntary detention and the ramifications of that responsibility.
- 5. Operationalize and problem-solve clinical and behavioral issues that may arise while conducting 5150 assessments in the field.

CONDUCTED BY: Staff from Patient's Rights Bureau, and DMH Clinician

**COORDINATED BY: Lisa Song, LCSW - Training Coordinator** 

Email: Isong@dmh.lacounty.gov

**DEADLINE:** 

CONTINUING NONE

**EDUCATION:** 

COST: NONE

**DMH Employees register at**: <a href="http://learningnet.lacounty.gov">http://learningnet.lacounty.gov</a>

Contract Providers complete attached LPS Training Application



## **COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH** LANTERMAN-PETRIS-SHORT (LPS) ACT INITIAL AND RENEWAL AUTHORIZATION APPLICATION

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Resident	_	ssional S ting Privi		_	fessional Staff w nitting Privileges			y/DMH or Con y Staff	tracted
Name of Agency, P	ogram, or Hos	spital							
Work Address					City			Zip Code	
Work Telephone			Fax		-	E-mail			
Number of years ex MH professional	perience as a	licensed	List all	other cu	rrent facilities at	which LPS	Authorized	(if applicable)	1
Start Date with LAC	DMH or Contr	acted Age			Completed initia		robationary	period with L	ACDMH or
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	☐ PhD/PsyD	☐ MD/	ио 🗆	Unlicens	sed Resident		Specify:		
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DMH Regional Med	cal Director (S	Signature)	):				Date:		
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Submit this	form to: County				Mental Health, W I5 <sup>th</sup> Floor, Los Ang			Training (W.E.1	ī.) Division
••			Fax N	o. (213)	252-8776 or 252-	<u>-8775</u>			
					submitted at least L APPLICATION				
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			<b>IONS REGAR</b>	RDING LI	PS AUTHORIZAT	ION STATU		_	
	1 10 1 2				tor@dmh.lacounty				
Submit this form as a facility at which ind									
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202.3 Attachment I, pg. 1 Revised 04/07/16

## COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH ATTESTATION FOR LPS AUTHORIZED APPLICANTS

## **Certificate of Applicant**:

I attest that all statements made in this application are true and correct. I acknowledge that any false or incomplete statement given here or an omission of material fact will result in my disqualification. I further acknowledge that I have reviewed the <u>LACDMH "LPS Designation Guidelines and Process for Facilities within Los Angeles County," Seventh Edition (revised February 2016)</u>, and that I have read and understood this document, and will uphold all applicable legal, ethical, regulatory and reporting principles contained therein and in the standards of my professional license(s). Further, I will uphold basic ethical standards essential to the fulfillment of my responsibilities carried out in the application of my authority for involuntary detention, including but not limited to the following:

- Avoidance of circumstances where work based action may affect or appear to affect private financial interest or personal gain, financial or non-financial.
- Avoidance of any participation in a personal arrangement or business transaction which would generate potential or perceived conflict of interest or compromise my ability to provide treatment fairly and objectively.
- Avoidance of any circumstances that would hinder my ability to provide or refer to service that is of highest quality and effectiveness.
- Recognition and avoidance of any personal situation, habits or behaviors that might impair ability to provide competent care.
- Respect and protection of client confidential information, in accordance with applicable legal and regulatory standards.
- Performance of all duties in a manner that demonstrates an understanding of each client's personal dignity.
- Demonstration of highest standards of personal integrity in all work related activities carried out in the application of my authority for involuntary detention.

I acknowledge that, if I am given authority for involuntary detention, my failure to comply with the above principles and all laws, policies, by-laws or regulations related to involuntary detention, or with those portions of the <u>LACDMH "LPS Designation Guidelines and Process for Facilities within Los Angeles County," Seventh Edition (revised February 2016)</u> related to individuals (including any revisions thereafter adopted), will result in withdrawal of my involuntary detention authority. I acknowledge that involuntary detention authority may also be withdrawn without cause at any time by the LACDMH Director.

Signature of Applicant	Print Name	Date	
Credential, License No.	Expiration Date		
Designated Facility or Directly Operated Progra	am or Contract Site Approved to	Initiate LPS Involunta	ry Holds
Address	City	State	Zip Code
Address Work Telephone	City Email Address	State	Zip Code

202.3 Attachment I, pg. 2 Revised 04/07/16