

Cultural Competency

CGF Designation

## COMMUNITY OUTREACH SERVICES (COS) and COS DOCUMENTATION

**DATE & TIME:** February 7, 2019

**9:00AM - 12:00PM**

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

**PLACE:** ENKI MHC  
3208 Rosemead Blvd., 2nd Fl.,  
El Monte, CA 91731

**PARKING:** Parking on-site, must be at the Lower Level only.

**DESCRIPTION:** Community Outreach Services (COS) provide programs a proactive way to address the needs of those who do not or will not utilize traditional mental health services. This training will provide an overview of what COS is, the purpose of COS, the services reimbursable under COS, and documentation requirements. Participants will learn the essential elements of reimbursement for COS as well as the proper use of the COS procedure codes and other dictionary values. The newly revised COS Manual will serve as the basis for this training.

**TARGET AUDIENCE:** DMH Directly-Operated & Legal Entity Providers who provide COS and use IBHIS (Integrated Behavioral Health Information System)

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

- 1) Describe the purpose of Community Outreach Services
- 2) Identify the required elements on a COS form
- 3) Explain how to complete the COS form
- 4) Identify the procedure codes used for COS
- 5) Identify reimbursable COS services
- 6) Describe Service Types and Service Recipients under COS

**CONDUCTED BY:** Bertrand Levesque, Ph.D

**COORDINATED BY:** Lucious Wilson, MA, MPA, Training Coordinator  
e-mail: [ltwilson@dmh.lacounty.gov](mailto:ltwilson@dmh.lacounty.gov)

**DEADLINE:** When capacity is reached

**CONTINUING** None

**EDUCATION:**

**COST** NONE

DMH Employees register at:  
<http://learningnet.lacounty.gov>

Contract Providers complete  
attached training application



**County of Los Angeles Department of Mental Health  
NON-DMH STAFF TRAINING APPLICATION FORM**



**Please Print or Type**

**Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information.

Notification of registration confirmation for a training will be provided by the training coordinator.

If this training is CGF funded, Jail MH staff may submit an application to attend this training and will be notified one week prior to the training date, if openings are available. Refer to the training bulletin for CGF designation.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period.

Unless otherwise specified, walk-in registrations will not be admitted. Late arrivals will not be permitted.

Training Title **COMMUNITY OUTREACH SERVICES (COS) and COS DOCUMENTATION**  
(as in DMH bulletin)

Date(s) **February 7, 2019**

Training  
Coordinator

County Employee Number

*(non-county employees supply the last four digits of the SSN)*

Name **(Type or Print Clearly)**

Program, Service or  
Agency

Job Title

Address

City

Zip Code

Telephone

Email **(Type or Print Clearly)**

**License or Credential Number(s)** (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

For processing, please return Application to:

**County of Los Angeles – Dept. of Mental Health  
PSB – Workforce Education & Training (WET)  
695 S. Vermont Ave., 15<sup>th</sup> Floor**

Print Supervisor Name

**Los Angeles, CA 90005**

**Fax: (213) 252-8776**

**Phone (213) 251-6872**

Supervisor's Signature

**Email: [ltwilson@dmh.lacounty.gov](mailto:ltwilson@dmh.lacounty.gov)**

(When faxing, there is no need to use a cover sheet)