

Cultural Competency

CGF Designation

COMMUNITY OUTREACH SERVICES (COS) and COS DOCUMENTATION

DATE & TIME: April 4, 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

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) April 4, 2019	Training Coordinator
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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
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Telephone	Email (Type or Print Clearly)
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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., 15th Floor Los Angeles, CA 90005 Fax: (213) 252-8776 Phone (213) 251-6872 Email: ltwilson@dmh.lacounty.gov (When faxing, there is no need to use a cover sheet)
Print Supervisor Name	
Supervisor's Signature	