

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- Psychology**
 - Practicum
 - Clerkship/Internship
 - Externship
- Social Work**
 - Specialization: _____
 - Macro/Administrative
- MFT**
- Occupational Therapy**
- Other** (specify): _____

Service Area

6

DMH Agency:	Specialized Foster Care Vermont Corridor
DMH Agency Address:	10421 S. Figueroa Street, LA 90003
Agency Liaison:	Carlos Perez
New or Returning	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
Liaison Email Address:	ceperez@dmh.lacounty.gov
Liaison Phone Number:	(323) 418-4200
Liaison Fax Number:	
Agency ADA Accessible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

Student Requirements:

How many positions will you have?	5
Beginning and ending dates:	Immediately for entire school term

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services): **No Preference –program operates 5 days per week**

Monday	8 am to 5 pm
Tuesday	8 am to 5 pm
Wednesday	8 am to 5 pm
Thursday	8 am to 5 pm
Friday	8 am to 12 pm

*Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)*

Monday	
Tuesday	
Wednesday	Didactics and Training
Thursday	
Friday	
Total hours expected to be worked per week:	20
How many clients would the student have at one time?	5
What cultural groups and language services are	African American, Latino

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provided at your site?	
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	One academic year

Provide a short description of your site and services offered:

Co-located with Department of Children and Family Services providing community based mental health services
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Students will provide services for (please check all that apply):

<input checked="" type="checkbox"/> Individuals	<input type="checkbox"/> Consultation/Liaison
<input type="checkbox"/> Groups	<input type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input checked="" type="checkbox"/> Families	<input type="checkbox"/> Community Outreach
<input checked="" type="checkbox"/> Children 0-5	<input type="checkbox"/> FSP
<input checked="" type="checkbox"/> Children & Adolescents	<input type="checkbox"/> FCCS
<input type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input type="checkbox"/> Older Adults	<input type="checkbox"/> AB109
<input type="checkbox"/> Court/Probation referred	<input type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency:

<input type="checkbox"/> Child-Parent Psychotherapy	<input type="checkbox"/> Seeking Safety
<input type="checkbox"/> Crisis Oriented Recovery Services	<input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> Triple P – Positive Parenting Program
<input type="checkbox"/> Families Over Coming Under Stress	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Managing and Adapting Practices	<input type="checkbox"/> Other (Specify)

Students will provide (please check all that apply):

<input checked="" type="checkbox"/> Brief Treatment	<input checked="" type="checkbox"/> Screening and Assessment
<input type="checkbox"/> Long – Term Treatment	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> For Psychology Students Only: Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

PTSD, ADHD, Mood Disorder, Substance Abuse
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What specific training opportunities do students have at your agency?

Didactic training on 0-5; monthly intern seminar
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What theoretical orientations will students be exposed to at this site?

Various theoretical orientations

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Social Workers, Psychiatrists, Medical Case Workers, Psychologists, MFTs
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Does your agency have Peer Specialists or Service Extenders providing services?

Yes No

List locations where students will be providing services **other than agency**?

Community Outreach in SA6

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes No

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual		
Group		
Individual & Group	2.0 hrs. to 3.0 hrs	LCSW PhD

Do you have one or more staff, who is licensed by:

- California Board of Psychology
- California Board of Behavioral Sciences
- California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes No

B. Weekly staff meetings

Yes No

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes No

Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify):

Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes No

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Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes No

Does your agency prefer the student to work from a particular theoretical orientation?

Yes No If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

2nd Year students strongly preferred

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes No If yes, please specify

Students must be cleared through LiveScan background check before they may start working with clients.

Please specify dates your agency accepts students Beginning of academic year - Fall

Supervision will be in compliance with professional standards established by the following:

APPIC AAMFT
 NASW Other (specify): _____

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box

DMH Staff completing this form: Carlos Perez, MSW

Title: PSW

Supervisors Name: Angela Shields, PhD

Title: Clinical Program Head

Date of Completion:
2/18/2016