

INITIAL L.P.S. DESIGNATION TRAINING AND TESTING

DATE & TIME: December 15, 2016

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: AFSCME Union Headquaraters
514 Shatto Place, 2nd Floor Conference Room
Los Angeles, CA 90020
Venue is a few blocks from Red Line/Metro Station

PARKING: 523 Shatto Place - Parking structure (floors 3-8) OR
metered parking lot Southwest corner 6th & Vermont

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: lsong@dmh.lacounty.gov

DEADLINE: August 20, 2016; or when maximum capacity is reached.

CONTINUING EDUCATION: NONE

COST: NONE

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

Contract Providers complete
attached LPS Training Application

Cultural Competency Pre-licensure Law and Ethics Clinical Supervision General



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

(Please Print or Type)

TO BE COMPLETED BY CANDIDATE'S SUPERVISOR (Failure to complete all items may result in the application not being processed.)

DMH Employee <input type="checkbox"/>		NON - DMH Employee <input type="checkbox"/>		Date of requested training (initial only)	
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application			<input type="checkbox"/> Work Location Change From:		
County Employee Number (non-county employees supply the last four digits of the SSN)					
Candidate's Name			Job Title		
<input type="checkbox"/> Resident		<input type="checkbox"/> Professional Staff with Admitting Privileges		<input type="checkbox"/> Professional Staff without Admitting Privileges	
<input type="checkbox"/> County/DMH or Contracted Facility Staff					
Name of Agency, Program, or Hospital					
Work Address			City		Zip Code
Work Telephone		Fax		E-mail	
Number of years experience as a licensed MH professional			List all other current facilities at which LPS Authorized (if applicable)		
Start Date with LACDMH or Contracted Agency:			Required: Completed initial 6 month probationary period with LACDMH or Contracted Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current job description of candidate which requires that he/she be authorized (please check one):					
<u>On-Site</u>			<u>Mobile</u>		
<input type="checkbox"/> County Clinic/County Contracted Clinic Employee			<input type="checkbox"/> Hospital Employee		
<input type="checkbox"/> LPS Designated Facility (inpatient) Employee			<input type="checkbox"/> County Clinic/County Contracted Clinic Employee		
<input type="checkbox"/> LPS Designated Facility (inpatient) MD					
<u>Field Based Services</u>					
<input type="checkbox"/> FSP Specify:		<input type="checkbox"/> FCCS Specify:		<input type="checkbox"/> Other, Specify:	
Credential		<input type="checkbox"/> LPT <input type="checkbox"/> LMFT <input type="checkbox"/> LCSW <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> LVN (clinics only)			
		<input type="checkbox"/> PhD/PsyD <input type="checkbox"/> MD/DO <input type="checkbox"/> Unlicensed Resident <input type="checkbox"/> Other, Specify:			
License No.		License Expiration Date			
I attest that all statements made in the application are true and correct.					
Applicant			Professional clinically in charge of Designated Facility or Agency <i>(If applicant is clinically in charge then immediate supervisor must sign.)</i>		
Signature _____			Print Name _____		
Date _____			Signature _____ Date _____		
Office Use Only: This section to be completed after training and examination.					
Test Score:	Pass:	Fail:	Test Date:	Designation Expiration:	
DMH Regional Medical Director (Signature):					Date:
<p><i>For: INITIAL LPS TRAINING APPLICATION</i></p> <p>Submit this form to: County of Los Angeles - Department of Mental Health, Workforce Education and Training (W.E.T.) Division 695 S. Vermont Avenue, 15th Floor, Los Angeles, CA 90005 Fax No. (213) 252-8776 or 252-8775</p> <p>Note: The initial LPS Training Application should be submitted at least one month prior to requested training date. QUESTIONS REGARDING TRAINING OR INITIAL APPLICATION (ONLY) email: lsong@dmh.lacounty.gov</p>					
<p><i>For Submission of: LPS RENEWAL APPLICATION, NOTICE OF CHANGES & QUESTIONS REGARDING LPS AUTHORIZATION STATUS email: LPSCoordinator@dmh.lacounty.gov</i></p>					
Submit this form as an initial application for LPS training, a renewal authorization or a change of work location. Form must be completed for each facility at which individual desires authorization. The Medical Director's Office provides final LPS authorization, once training has been completed and passing test score registered.					

