## **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<br/>514 Shatto Place, 2nd Floor Conference Room<br/>Los Angeles, CA 90020<br/>Venue is a few blocks from Red Line/Metro Station<br/>523 Shatto Place - Parking structure (floors 3-8) OR<br/>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: <u>lsong@dmh.lacounty.gov</u>
- DEADLINE: August 20, 2016; or when maximum capacity is reached.

# CONTINUING NONE EDUCATION:

COST: NONE

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

(Please Print or Type)

TO BE COMPLE	TED BY CAN	DIDATE'S SU	PERVISOR (	Failure to	complete all item	s may result i	n the applica	ation not being	processed.)
DMH Employee		NON - DMH	I Employee		Date of requ	uested traini	ng (initial o	only)	
Initial Application Work Location Change From: Change Fr									
County Employee Nu	nber (non-co	ounty emplo	oyees supp	ly the la	st four digits of t	he SSN)			
Candidate's Name					Job Title				
Resident		sional Staf ting Privileg			essional Staff wi hitting Privileges		County Facility	//DMH or Con / Staff	tracted
Name of Agency, Pro			Jes	Aui	inting Finneges		r acinty	Jan	
Work Address					City			Zip Code	
Work Telephone			Fax			E-mail			
Number of years expe	rience as a l	licensed	List all c	other cu	rrent facilities at	which LPS A	uthorized (	(if applicable)	
MH professional Start Date with LACDI	/H or Contra	acted Agend	cv: Rec	nuired <sup>.</sup>	Completed initial	6 month pr	bationary	neriod with I	ACDMH or
		loted Agent			Agency?  Yes		Joanonary		
Current job description of candidate which requires that he/she be authorized (please check one):									
On-Site <u>Mobile</u>									
LPS Designated Fa							Contracted	I Clinic Emplo	oyee
LPS Designated Fa	cility (inpati	ient) MD			-	•		•	-
Field Based Services									
FSP Specify:		[			_		Other, Sp		
Credential					RN 🗌 RN		•	clinics only)	
	PhD/PsyD			Unlicens	ed Resident	Other, S	ресиу:		
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 (If applicant is clinically in charge then immediate supervisor must sign.)									
Signature				_	Print Name				
Date					SignatureDate				
	Offic	e Use Only:	This section	on to be	completed after	training and	examinatio	on.	
Test Score:	Pass:	Fail	:	Test D	late:	Designatio	on Expiratio	on:	
DMH Regional Medica	I Director (S	ignature):					Date:		
			For: INITIA		RAINING APPLI	CATION			
For: INITIAL LPS TRAINING APPLICATION 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									
<u>Fax No. (213) 252-8776 or 252-8775</u> <u>Note</u> : 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									
For Submission of: LPS RENEWAL APPLICATION, NOTICE OF CHANGES &									
QUESTIONS REGARDING LPS AUTHORIZATION STATUS email: LPSCoordinator@dmh.lacounty.gov									
Submit this form as an facility at which individ	nitial application	tion for LPS	training a re	anowal a	uthorization or a c	hange of way	k location	Earm must be	completed for each
i iariiity at which indivii									

#### 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 LACDMH "LPS Designation Guidelines and Process for Facilities within Los Angeles County," Seventh Edition (revised February 2016), 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</u> Facilities within Los Angeles County," Seventh Edition (revised February 2016) 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	Expiration Date				
Designated Facility or Directly Operated Progra	am or Contract Site Approved to	Initiate LPS Involunta	ry Holds			
Address	City	State	Zip Code			
Work Telephone	Email Address					
Professional Clinically in Charge of Designated or Approved Site (Print Name)	l Facility Signature					
202.3 Attachment I, pg. 2			Revised 04/07/16			