

County of Los Angeles Department of Mental Health

Student Professional Development Program

2018-2019 Academic Year

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

SA 8

- | | |
|---|--|
| <input type="checkbox"/> Psychology
<input type="checkbox"/> Practicum
<input type="checkbox"/> Externship
<input type="checkbox"/> Internship
<input checked="" type="checkbox"/> Social Work
<input type="checkbox"/> Specialization _____
<input type="checkbox"/> Macro/Admin | <input type="checkbox"/> Nursing
<input type="checkbox"/> Marriage Family Therapist
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Other (specify): _____ |
|---|--|

DMH Agency:	San Pedro Mental Health Center
DMH Agency Address:	150 W. 7 th Street San Pedro, Ca 90731
DMH Agency Liaison:	Kathleen Villagomez, LCSW Agueda Mendoza, LCSW
New or Returning:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Returning
Liaison Email Address:	kvillagomez@dmh.lacounty.gov amendoza@dmh.lacounty.gov
Liaison Phone Number:	310-519-6189 310-519-6227
Liaison Fax Number:	310-732-5809
Agency ADA accessible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" identify:

Student Requirements:

How many positions will you have?	2
Beginning and ending dates:	Academic Year

Student Schedule: *Please indicate days and times students should be available to provide services, including mandatory staff meetings (SM), training seminars (TR), supervision (SUP), etc.*

Monday	8:00-4:30 pm
Tuesday	8:00-4:30pm (group supervision 8-10am)
Wednesday	8:00-4:30pm
Thursday	8:00-4:30pm
Friday	8:00-4:30pm
Total hours expected to be worked per week:	16-20
Number of direct client hours per week anticipated:	10 on average
Expected average consumer caseload:	10-12

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What cultural groups typically received services at your site?

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Description of Site: *(Please describe the type of Agency setting and services offered)*

San Pedro Mental Health Center (SPMHC) is a Los Angeles County Directly Operated adult outpatient program which provides an array of mental health services to chronic and persistently mentally ill adults, or those presenting with early onset mental health symptoms. SPMHC employs a multi-disciplinary, best practices approach to client care with teams comprised of clinical social workers, psychiatrists, psychologists, psychiatric nurse, substance abuse counselor, occupational therapist and community workers. SPMHC's extensive services include, but are not limited to: medication management, group & individual therapy, case management and individual rehabilitation, as well as several Evidence Based Practices.

Target population and types of services provided: *(please check all that apply)*

- | | |
|--|---|
| <input checked="" type="checkbox"/> Individuals | <input checked="" type="checkbox"/> Psychoeducational groups (e.g. Parenting) |
| <input checked="" type="checkbox"/> Groups | <input checked="" type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Families | <input checked="" type="checkbox"/> Brief treatment |
| <input type="checkbox"/> Children & Adolescents | <input checked="" type="checkbox"/> Evidence Based Practices |
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Crisis Intervention |
| <input checked="" type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Screening and Assessment |
| <input type="checkbox"/> Court/Probation referred | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Consultation/Liaison | <input type="checkbox"/> Other (specify): |

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

Depressive D/Os, Anxiety D/Os, Bi-Polar, Schizoaffective D/O, Schizophrenia, Substance Use/Abuse, and various Personality D/Os.

What specific (perhaps unique) training opportunities do students have at your agency?

Weekly multi-disciplinary consultations; department-wide trainings; opportunities to learn and conduct triage screenings and biopsychosocial intakes in addition to treatment planning and interventions.

What evidence based practices or theoretical orientations will students be exposed to at this site?

Seeking Safety, CBT, Prolonged Exposure, DBT.

Do students have the opportunity to work in a multidisciplinary team environment that includes those with lived experience?

Yes, weekly team meetings are conducted and include psychiatrist, psychologists, social workers, community workers, etc... In addition, the clinic incorporates volunteers with lived experience.

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

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Services will be provided within the clinic

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes? Yes No

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Supervision:

What types of supervision will be provided for the students and what is the licensure/discipline of the supervisor? Please specify below.

Type	Hours Per Week	On Site Supervisor Degree/Discipline
Individual:	1	Kathleen Villagomez, LCSW, Agueda Mendoza LCSW
Group:	2	Kathleen Villagomez, LCSW, Cindy Tafoya PsyD

What is the minimum ratio of supervision to client contact hours? 1/16-20

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

Students should have some degree of experience working with mental health clientele.

Agency Application Process
Mandatory requirements: *Only students from academic institutions who have a current affiliation agreement with the Los Angeles County Department of Mental Health may be extended a placement opportunity. All students are processed through Human Resources Bureau. All prospective interns must obtain live scan clearance. All interns are required to complete a mandatory HIPAA Compliance and Sexual Harassment Prevention Training (for line staff) as part as the terms of their internship.*

DMH Staff completing this form: Kathleen Villagomez, LCSW **Title:** _____

Signature: _____ **Date:** 2/9/18

Program Head: _____ **Phone #:** _____

District Chief: _____ **Phone #:** _____

Electronic Signature: _____ **Date:** _____