



Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

March 2007

Reminder:

If you are an HCA/BHS employee as well as the clinical staff of the contract agencies who provides services to our clients through contracts, you should be able to log-in to our on-line training system. You will have access to a library of 500 online trainings. The majority of these trainings are accredited through: APA, BBS, CAADAC, CADE, BRN and some are accredited for CME through Brown University Medical School. Website:

<http://essentiallearning.net>

Name of Company: hca

Company Password: orange

Enter your full name

Enter your County ID # or password assigned to you

If you experience problems logging in or have questions please e-mail:

cvsqrtraining@ochca.com

or call Zanetta Nowden-Moloi @ (714) 796-0179

QRTIPS

This section provides monthly critical reminders in relation to documentation standards.

1. Professional Licenses and Registrations – Staff are responsible for keeping their licenses and/or registrations to practice updated. Should their license or registration expire, they will be unable to work as a therapist and will be unable to bill Medi-Cal as a therapist until the situation is resolved.

2. National Provider Identifier (NPI) – All providers (licensed, unlicensed and interns) billing for services must have an NPI. NPIs do not expire. Our agency needs to have an NPI for each provider in our IRIS system in order to bill for services.

3. Clinical Supervision – Clinical Supervision is not a reimbursable service by Medi-Cal

4. Travel time – Travel time **cannot** be billed for travel **between** provider sites or from a staff member's residence to a provider site. A **"provider site"** is defined as a site with a provider number, including affiliated satellite and school site operations. For example: "Clinician drove from CYS Mission Viejo to CYS Costa Mesa to co-lead a group to meet with clt's MD or to meet with clt's mother for a collateral session....." This is an example of a billable service with non-billable travel time.

If the main service is billable and the travel time non-billable, write on the ED the main service time and the documentation time but leave the travel time blank. Then select the "Non Billable Travel" code and enter the travel time in the **"Min:"** section. There is one "Non Billable Travel" code that covers each category in the ED, i.e., mental health, assessment, group, case management, etc. These will be entered by support staff as a single batch.

If the main service is not billable, then simply put in the travel time as you would for any other service.

Preparing Youth for Permanency: The 3-5-7 Model

Presenter: Darla Henry, Ph.D., MSW., Co-Director, Family Design Resources, Harrisburg, PA

Date and Time: March 7, 2007, 9:00 a.m. - 4:00 p.m.

Location: 1337 Braden Court, Orange, CA

Darla Henry is the developer of the 3-5-7 model for guiding permanency work for those children who have histories of loss, grief, trauma, and out-of-home placement and need to make a transition to be able to form permanent relationships with their families, new families, and significant others. The 3-5-7 model involves completing three tasks: clarification of life events, integration of family memberships and actualization in belonging in a permanent relationship. It involves answering five questions: Who am I? What happened to me? Where am I going? How will I get there? And when will I know I belong? It also involves the practitioner's use of seven critical skills in his or her work with the child. Follow-up case consultation sessions will occur in the future.

At the conclusion of the training, participants will be able to:

- 1) Describe the 3-5-7 model
- 2) Describe the core issues of loss, identity, attachment and relationship building in preparing youth for permanency
- 3) Demonstrate use of the seven skills for preparing youth for permanency

Target Audience: Psychologists, Social Workers, MFTs

6 Continuing Education credits are available for psychologists, social workers and MFTs.

The Older Adult as a Client: Consideration for Effective Diagnosis and Treatment

Presenter: Judith A. Shultz, MA, MFT

Date and Time: March 22, 2007, 9:00 a.m. – 12:00 p.m.

Location: 744 N. Eckhoff, Orange, CA

This training will focus on how aging impacts and changes DSM diagnostic criteria in elders. The session will utilize didactic and experiential methods and offer practical suggestions on bio-psycho-social assessments, treatment, coping with resistance, working with family and community resources, and dealing with our own counter-transference issues. This course meets the BBS and BOP requirements for Aging and Long Term Care.

Judith A. Shultz, MA, MFT, has served as Chair of the Mental Health and Aging Network of the American Society on Aging. She provides consultation, training, and counseling services in aging and mental health.

Course Objectives:

This course will teach practical methods for:

- 1) Unraveling diagnostic difficulties compounded by physical and cognitive conditions, medications, economic, social, environmental and family issues.
- 2) Appropriate use of psychotherapy and case management
- 3) Coping with resistance.
- 4) Treating substance and prescription medication abuse and misuse.
- 5) Working with family supports and community resources.
- 6) Understanding counter-transference issues.
- 7) Practical techniques for treatment of older adults.

Target audience: Psychologists, social workers and MFTs

3 continuing education credits are available for psychologists, social workers and MFTs

Supervision Foundation and Clinical Practice

Presenter: Steven Sultanoff, Ph.D.

Date and Time: March 26, 2007 9:00 a.m. – 4:00 p.m.

Location: 744 N. Eckhoff, Orange, CA

This program will provide clinicians with a solid "how-to" foundation for supervising MFT interns and trainees, psychological assistants and interns, social work associates, and other mental health supervisees. This course is a complement to other supervision courses taught by Dr. Sultanoff to BHS and contract staff and, in conjunction with other courses, is part of the 15 total hours required by social work supervisors. This course satisfies the Board of Psychology and Board of Behavioral Sciences requirement for supervision training for all BOP and BBS-licensed supervisors of Psychology, MFT, and Social Work Supervisees.

Steven M. Sultanoff, Ph.D. is a licensed psychologist (#PSY 8687) and licensed MFT (#MFT 16081). He works as a therapist, supervisor, professor, consultant, and trainer. For 20 years he has served as a clinical supervisor in various agencies and universities, including 11 years as the clinical director in a psychology-training center. His passion for teaching and multi-media presentations earned him Psycho-Legal Associates' "Instructor of the Year" award in 1999.

Course objectives:

- 1) Distinguish between clinical supervision, clinical consultation, mentoring, and training for students and supervisees.
- 2) Understand the pros and cons of various models and forms of supervision.
- 3) Apply the supervision laws and regulations.

Target audience: Licensed psychologists, social workers and MFTs

6 Continuing Education credits are available for psychologists, social workers and MFTs.

The County of Orange Health Care Agency is an approved provider of continuing education credits for the California Board of Behavioral Sciences (provider no. PCE389), and is approved by the American Psychological Association to sponsor continuing education for psychologists. The Orange County Health Care Agency maintains responsibility for this program and its content

BHS/MHSA Training Team

Casey Dorman, Ph. D.
Zanetta Nowden-Moloi, S. A.
Anthony Perera, RAlI
Dung Le, MHWIII

For further information

E-mail:
cysqrtraining@ochca.com
or
mtrainingprogram@ochca.com

Or call:
Main Line 714 796-0179
FAX: 714 568-5781

Show me the Evidence!

Family Psychoeducation for persons with severe mental illness

A recent presentation by Dr. William McFarlane of Maine Medical Center and the University of Vermont Department of Psychiatry included several pieces of evidence regarding the effectiveness of family psychoeducation, a multi-family group approach for persons with schizophrenia, bipolar disorder, or severe depression. Among the findings presented were:

1. Relapse rates (usually defined as rehospitalization) are cut by about $\frac{3}{4}$ compared to patients who are on medication only or medication and individual therapy
2. Negative symptoms of schizophrenia are reduced as well as positive symptoms
3. Persons in multifamily psychoeducation groups are employed at twice the rate of those in single family psychoeducation
4. Adding family psychoeducation to Assertive Community Treatment (ACT) triples the number of persons who gain employment and reduces by half those who subsequently lose their employment
5. Adding family psychoeducation to Assertive Community Treatment results in more than three times as many persons employed at 9 months, 12 months, and 18 months, compared to those using vocational rehabilitation services.

These results suggest that family psychoeducation is a powerful psychosocial intervention for persons with severe mental illness.

Your Culture and Mine

Behavioral Health Services to launch Cultural Competence Survey!

In the next week or two you will be receiving, via email, a Zoomerang survey prepared by the Behavioral Health Services Training Department and the Cultural Competency Department to assess your attitudes, behaviors, and knowledge regarding cultural competence. The purpose of this survey, which will be re-administered periodically over the next couple of years, is to assess whether changes occur in these factors over time within the Agency. Cultural competence is a difficult concept to define and an even more difficult concept to measure and this is a first attempt to measure this concept within our agency and its staff. We hope all of you take the time to complete the survey when it arrives in your email.