

DIALOGUE AND DISCUSSION ON HEALTH AND BEHAVIORAL HEALTH HOMES

DATE & TIME: July 13, 2011
1:00 PM - 4:00 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE: The Wilshire Hotel Los Angeles
*******NEW LOCATION** formerly the Radisson Wilshire Plaza Hotel
3515 Wilshire Blvd.
Los Angeles, CA 90010
CROSS STREET: Normandie

PARKING: Parking will be validated.

The purpose of this training is to explore through dialogue and discussion the necessary elements of a health and/or behavioral health “home” from the perspectives of the three presenters. With the understanding that there are differing approaches to the integration of primary health care and behavioral health care, this discussion will clarify the respective roles of primary care providers and behavioral health providers, including peer providers, depending on the needs of the person being served. Presentations will be followed by questions and answers.

TARGET POPULATION: DMH Staff, Contractors, Clients, and Family Members

OBJECTIVES: As a result of attending this training, participants should be able to:

- 1) Explain the concept of the health and behavioral health “home” in the context of the Recovery Model
- 2) Express the key issues surrounding the integration of primary health care and behavioral health care
- 3) Compare the elements of a health and behavioral health “home” from a cultural perspective

CONDUCTED BY: Dr. Rod Shaner, Department of Mental Health
Dr. Stuart Levine, HealthCare Partners
Karol Attaway, HealthCare Partners
Keris Myrick, Project Return Peer Support Network

COORDINATED BY: Leticia Flores, Training Coordinator
(213) 251- 6531 Email: lflores@dmh.lacounty.gov
Luis Escalante, Training Coordinator
(213) 251- 6882 Email : lescalante@dmh.lacounty.gov

DEADLINE: When maximum capacity is reached

CONTINUING EDUCATION: None

COST: None

Inside the DMH firewall? Click here to register: <http://learningnet.lacounty.gov>

Outside the DMH firewall? Click here: <https://learningnet.lacounty.gov>

DMH Employee Username & Password Help: <http://dmhhqportal1/sites/TCCB/default.aspx>

Contract Employee: <http://dmh.lacounty.gov/training&workforce.html>



County of Los Angeles - Department of Mental Health

DIALOGUE AND DISCUSSION ON HEALTH AND BEHAVIORAL HEALTH HOMES

APPLICATION FORM FOR CONTRACT PROVIDERS

Please Print or Type

REGISTRATION DEADLINE: July 8, 2011 5:00 P.M

Instructions			
Each applicant must also provide the last four digits of their Social Security Number to be used as a secondary form of identification. If the correct information is not provided, the Training Division is not responsible for record keeping.			
Training Title: DIALOGUE AND DISCUSSION ON HEALTH AND BEHAVIORAL HEALTH HOMES			
Training Date: July 13, 2011			
Name		Last 4 digits of Soc. Sec. #	
Job Title			
Legal Entity Name LE Number			
Provider Name Provider Number			
Work Address			
City			Zip Code
Telephone		Fax	
License or Credential Number(s) (complete as many as applicable)			
CAADAC	LCSW	LPT	LVN
MD	MFT	Psychologist	RN
Print Supervisor Name		MAIL or FAX Application to: County of Los Angeles Dept. of Mental Health PROGRAM SUPPORT BUREAU ATTN: Leticia Flores 695 S. Vermont Avenue, 8th floor Los Angeles, CA 90005 Fax: (213) 252-4560 Phone: (213) 251- 6531	
Supervisor's Signature			
<i>Supervisor's Approval Required (Applications will not be processed if not signed by supervisor)</i>			

ONLY THOSE WHO HAVE REGISTERED CAN ATTEND

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – CLIENT PEER RELATIONS (CPR) UNIT



APPLICATION FORM FOR **CLIENTS AND FAMILY MEMBERS**

Instructions: All requested information must be filled out in order to be registered for this training offered by the Department of Mental Health (DMH).

Print Only

REGISTRATION DEADLINE: July 8, 2011 5:00 P.M

**DIALOGUE AND DISCUSSION ON HEALTH AND
BEHAVIORAL HEALTH HOMES**

**JULY 13, 2011
1:00 p.m. – 4:00 p.m.**

Training Title

Date/Time

First Name

M Initial

Last Name

Affiliation

Address

City

State

Zip

Telephone number (Required)

Email Address (If available, for registration confirmation)

If driving, please mark box.

Return Application By Mail or Fax To:
County of Los Angeles – Department of Mental Health
Program Support Bureau
ATTN: Leticia Flores
695 S. Vermont Ave., 8th Floor, Los Angeles, CA 90005
Fax: (213) 252-4560
Phone: (213) 251-6531

**ONLY THOSE WHO HAVE
REGISTERED CAN
ATTEND.**