



Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

December 2007

Upcoming Trainings

JANUARY 2008

January 7, 8, 9

Immersion Training
Location: Eckhoff

January 14

Understanding Client
Culture: An Experiential
Workshop (**Repeat**)
Location: TBA

January 16

Housing Assistance
Location: TBA

January 23

Message Board and
Adolescent's Trauma
Location: TBA

MHSA Training Website

BHS Training Website:

[http://www.ochealthinfo.com/
Behavioral/TrainingActivities](http://www.ochealthinfo.com/Behavioral/TrainingActivities)

Email:

mtrainingprogram@ochca.com



Happy Holidays from MHSA Training Program!

Inside This Issue

- 1 Updated Training Mailbox Information & Notice to Essential Learning Users
- 2 Gray & Gay
- 2 Placement and Housing Assistance Training
- 3 QRTIPS
- 4 CONSUMED!
- 5 Your Culture and Mine



Updated Training Mailbox Information

The 'cysqrtraining' mailbox no longer exists. Please forward all training registration, questions or concerns to the following mailbox: mtrainingprogram@ochca.com or call (714) 796-0179

Notice to Essential Learning Users

At this time, we have reached our capacity and are unable to add new staff into Essential Learning. In order to register staff that is not currently enrolled in Essential Learning, please email the following information.

- Name of Training
- Service Chief or Program Director Name
- Staff Name
- License Number
- License Type
- Program Name

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), the California Board of Registered Nursing (provider no. CEP5694), 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.

Essential Learning

Website:

<http://essentiallearning.net/student>

Login:

Name of Company: HCA
 Company Password: orange
 Enter your First & Last Name
 Your Password:
If you are a County Employee
 Enter your employee number. If you work for one of our contract programs enter the password assigned to you.

Accessing online courses:

From the main page (Learner Profile), click on [Other Courses Offered by HCA](#) and click on **GO** button to view all online trainings. You can narrow the selection by specifying the accreditation or subject categories.

Please e-mail or call with any questions or concerns: All registrations are done via essential learning or e-mail.
No phone registrations

mtrainingprogram@ochca.com
 or call (714) 796-0179

Gray & Gay

Presenter: Nikki Yocham, The Center Orange County

Date and Time: December 10 & 11, 2007 9:00 a.m. – 12:00 p.m.

Location: 1337 Braden Court, Orange, CA 92686

This 3 hour training will address the psychological issues that LGBT Older adults face, and how these issues may affect one's mental health and psychological well being. Older adult LGBT issues associated with the Coming Out process, relationship/family issues, legal issues/domestic partnerships and end of life issues, etc. will be addressed.

Please note, attendance at the Basic LGBT Training is required prior to attending this training.

Following the training, participants will be able to;

1. Discuss Orange County demographics of Older Adults who are LGBT
2. Discuss and understand age related issues pertinent to LGBT
3. Understand the historical background of events that preface the Senior Experience for LGBT persons
4. Understand Discriminating Partner Practices and their impact on the LGBT older adult community
5. Understand the four major areas of concern for LGBT seniors
6. Receive and discuss the OC county-wide LGBT Older Adult Needs Assessment

[3 Continuing Education Credits are available for Psychologists, LCSWs, MFTs. Credits for RNs have been applied for.](#)

Placement and Housing Assistance Training

Date and Time: December 11, 2007 1:00 p.m. – 4:00 p.m.

Location: 405 W. 5th Street Suite 433A, Santa Ana, CA 92701

This training is for Care Coordinators, Service Chiefs, or Program Directors in County or Contracted Clinics who want to learn or refresh everything they've ever wanted to know about Behavioral Health Services' Residential Care and Housing Programs.

This training session will be held from 1:00 to 4:00 PM. We are unable to validate parking.

Target Audience: Care coordinator & mental health professionals who have not previously attended this training

[3 Continuing Education Credits are available for LCSWs and MFTs.](#)

BHS Training Team

Casey Dorman, Ph. D.
Training Coordinator

Joshua Taylor, M.A.
Assistant Training
Coordinator

Zanetta Nowden-Moloi
Staff Specialist

Anthony Perera
Research Analyst III

Dung Le
Mental Health Worker III

Guadalupe Montoya
Office Assistant

Hiromi Williams
Information Processing
Specialist

Contact MHSAs Training Staff
Main Line: 714 796-0179
Fax: 714 568-8781
mtrainingprogram@ochca.com

QRTIPS

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

The Discharge/Transfer Summary form: It is County policy that the Discharge/Transfer Summary include a narrative clearly describing type of services received by the consumer, the consumer's course of treatment, the consumer's response to treatment, any gains made by the consumer and issues remaining that need to be addressed. In addition, it is County policy that Aftercare Recommendations be addressed. The following will describe the minimum required for each of these areas of the consumer's treatment:

- **Type of Services:** Describe what services were offered to the consumer and what services the consumer utilized.
- **Course of Treatment:** Provide an overview of the services the client received and their response to treatment. Describe the major steps/themes of treatment in each of the areas of the services provided to the consumer. For example, what were the consumer's initial attitudes about medication services and how did this change over time. Describe what the consumer was like in the beginning, middle and end phases of treatment (such as with engagement, working on goals, level of resistance, etc.). Describe the same for mental health services, case management, groups, etc. In addition, how did the clinician provide these services; was it necessary to provide home visits, reach out to the client on a regular basis or was the consumer consistent keeping appointments and participating in treatment, etc. If the consumer left treatment prior to a recommended change in provider, describe what the clinician did to address this behavior.
- **Client's Response to Treatment:** Address the client's response overall, with any significant changes to treatment interventions (for example, describe particular periods of resistance that were unusual for the consumer). Include here the consumer's response to discharge/transfer of treatment.
- **Gains made in Treatment:** Describe what gains the consumer made based on the goals the consumer had during treatment. If there were any other gains made, these gains are to be addressed.
- **Remaining Issues:** Address MTP goals that the consumer did meet and areas recommended for further focus (es) of treatment if the client returns for services.

Aftercare Recommendations Section

- **Suggested activities:** Describe what activities would help the client's continued progression with goals and/or recommendations. Examples would include clubhouse activities, vocational activities, etc. Specific programs, activities or routines should be recommended.
- **Programs:** If a client has been linked to a specific program, please identify and describe the program (i.e., Name of Contract Provider and what the program provides, address and phone number). Additional recommended programs and type of program may be added here.
- **Treatment:** Identify the type of treatment that would be helpful to this consumer, now, or possibly in the future and why.

“Whether we are discussing ethnicity, culture or disability, I choose to believe that far more unites than separates the members of our human family”



CONSUMED!

By Richard Krzyzanowski, Consumer Employee Advocate

Of bars and blues ...

I've never cared much for bars.

It's not that I'm "in recovery" -- at least not **that** kind -- as my personal recovery journey involves what I now accept as the lifelong management of a whopping case of major depression. And it's not that I don't enjoy a cold brew on a hot day, or with friends.

My dislike of bars has to do with the impression they invariably leave me with: That these are often sad places filled with sad people desperately trying to convince themselves and others that they are and can be happy. Enforced felicity for a brief moment in life, and at a reasonable cost. What a deal! I find bars depressing and, as I mentioned, I **know** depression!

Oddly enough, many of my friends have a similar reaction to the holiday season: In this case, a solid month or two of enforced felicity, during which they are expected to make merry and be of good cheer, whether this façade reflects their inner feelings or not. Even worse if their lives are touched by Seasonal Affective Disorder (SAD), or if this time of year recalls memories of loss or separation, or if one is painfully aware that the traditions celebrated are not one's own.

People's experiences with the "holiday blues" are often offered up as a response when I disclose my disability to "non-consumers." "Oh, I've been depressed," they might say, "during the holidays" or "after my divorce". There are a thousand variations to this theme, but I believe that the effort represents an honorable attempt to reach across the divide and establish some common ground. It is a good, healthy, decently **human** thing to do.

Sure, I have to explain that my depression sometimes stops me cold, tearing huge chunks out of my life for weeks, months, even years at a time. Yet, in the end, acknowledging their point is therapeutic for me, and I strive to manage my disability, not wallow in it.

Whether we are discussing ethnicity, culture or disability, I choose to believe that far more unites than separates the members of our human family. In this case, perhaps the difference between my clinical depression and your holiday blues is a matter of degree. The difficulties most of us face in life become "disabilities" when their magnitude creates major barriers to our life's goals and ability to function. Perhaps the essence of such experiences is, indeed, the same: part of the painful baggage we, as a species, share.

Perhaps our ability to share, then, is part of the solution or, at least, can be a mitigating factor. So, despite the fact that there is much about the holidays with which I cannot personally connect, I will seize the opportunity to celebrate through my ability to reach out, share and -- yes -- even **disclose**.

It beats the heck out of the alternative.

Richard Krzyzanowski is the Consumer Employee Advocate for HCA's Behavioral Health Services. He can be reached at (714) 796-0138, or at krzyzanowski@ochco.com. He welcomes your comments and suggestions, and is available to assist all consumer employees, their coworkers and supervisors.

Your Culture and Mine

Summarized by Minh-Ha Pham, Psy.D., Cultural Competency Department

December 2007 Article: Orange County: Growth and Cultural Diversity

According to year 2000 data from the U.S. Census Bureau and projective calculation based on Orange County's birth and death rates from the Center of Demographic Research (CDR) at California State University of Fullerton, our 2006 county population is estimated to be 3,002,048 with an anticipated growth to approximately 3.65 million by year 2035. CDR reported a projected annual average county population growth of 31,400 residents for the 2003-2020 period and only 8,000 per year for 2020-2035. With an anticipated 15.4% growth rate or 153,000 housing units and 410,000 jobs (a 26.3% growth rate) added by year 2035, for every dwelling unit built in the county, there is an approximate increase of 2.7 jobs and 4.3 persons. The top five cities with the largest numeric population growth in 2006 were Anaheim (105,168), Irvine (87,198), Santa Ana (36,488), Huntington Beach (29,187), and Orange (25,391); however, higher growth rate is projected for Anaheim (31.4%) and Tustin (24.1%) due to new development projects in these cities.

Projected Population, Housing, and Job Growth in Orange County, 2003-2035

Source: Center for Demographic Research, 2006

	July 2003	July 2005	July 2010	July 2015	July 2020	July 2025	July 2030	July 2035
Population	2,999,319	3,059,950	3,314,948	3,451,757	3,533,935	3,586,285	3,629,540	3,653,988
Housing	997,614	1,014,331	1,073,751	1,106,607	1,122,905	1,136,564	1,144,314	1,151,587
Employment	1,568,407	1,615,936	1,755,167	1,837,771	1,897,352	1,933,058	1,960,633	1,981,901

Population Diversity in Orange County, 2006

Source: U.S. Census Bureau, 2006 American Community Survey

Race	Estimate Population	Race	Estimate population
White alone	1,944,143	Hispanic or Latino:	987,428
Native Hawaiian or Other Pacific Islanders alone	9,843	Mexican	863,430
Asian alone, total	481,836	Puerto Rican	11,492
Asian Indian	44,869	Cuban	6,000
Bangladeshi	399	Dominican (Dominican Republic)	358
Cambodian	4,368	Central American:	45,916
Chinese, except Taiwanese	75,609	Costa Rican	865
Filipino	60,261	Guatemalan	14,997
Hong	438	Honduran	4,528
Indonesian	3,842	Nicaraguan	2,873
Japanese	33,302	Panamanian	679
Korean	79,657	Salvadoran	19,510
Laotian	2,543	Other Central American	2,464
Pakistani	3,048	South American:	25,729
Sri Lankan	408	Argentinean	4,088
Taiwanese	4,326	Bolivian	1,821
Thai	5,617	Chilean	1,895
Vietnamese	154,419	Columbian	5,755
Other Asian	8,730	Ecuadorian	3,069
Black or African American	51,630	Paraguayan	50
American Indian & Alaska Native alone	11,477	Peruvian	5,640
Other Hispanic, Latino	34,503	Uruguayan	137
Spaniard	3,377	Venezuelan	1,398
Spanish	9,440	Other South American	1,876
Spanish American	168	All Other Hispanic or Latino	21,518