

Spring/Summer 2013

Note: Placer County Managed Care provides this newsletter as a service to our Network Providers. Articles presented here do not constitute an endorsement for any particular provider or mode of therapy.



Network Connection Newsletter

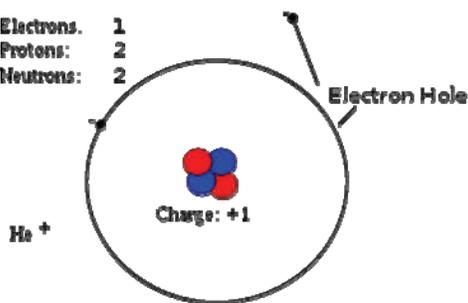
Credo Ergo is Officina: What We Can Do if We Believe

Ever study electronics? It is fascinating (some might say “shocking”). Ben Franklin invented it you know. Stuck a kite up in the air, touched his finger to a key and voilà, electricity. Smart or dumb I’ll let the reader decide (he was one of our country’s founding fathers). Just think of what the world would have been like without it. We couldn’t toast bread. Oh wait; we can do that with fire. We wouldn’t have light. Oh, fire. Trains, no, did that with fire too. Well, I’m sure that it is helpful for one or two (2) things. The trouble is when ole Ben invented it he didn’t know how it worked it just “did.”

Great scientists around the world were put on the case. We had to figure out how it worked. After endless hours, days, era’s, we have finally figured out why we can plug in that toaster and have it toast bread. Electricity works because the world is filled with holes! Lots and lots of holes. Big holes, little holes, in space we have black holes (I have holes in my front lawn). It turns out that we even have holes in atoms. OK, let me see if I can explain this.

Every atom has protons, neutrons and electrons. The protons are positively charged, the neutrons are neutral (those are the undecided) and the electrons are, you guessed it, negatively charged. If it is a well balanced atom, it has the same number of each. Like our

Electrons: 1
Protons: 2
Neutrons: 2



helium atom, the noble gas over there on our left, 2 protons, 2 neutrons and 2 electrons. The negative electrons have a crush on the protons because they are so positive and we all appreciate positive people. So, they fight to see if they can get close to the protons. Some manage to get in real close. Others are not quite as close and some end up way out there in the farthest orbit away from the protons. Apparently those electrons that end up way out aren’t happy (duh, they’re negative), so they go looking for other protons they can get close to. When it finds one and leaves,

the atom has a hole where the electron once was. Don’t worry, the atom won’t be lonely long because there are a lot of other unhappy electrons ready to jump in and fill the hole, and so on, and so on (flow of holes). There we have the “whole” theory in a nutshell.

Some question the validity of the theory. The White Rock Amateur Radio Club on the north shore of Semiahmoo Bay in Canada announced the “Electronic Hole Theory Exposed as Fraud” (28 December 2007). Mark Persons told Bill Orr who told Ross Wilmot that he had discovered that electricity worked on smoke. Every electrical piece of equipment has smoke in it and, when the smoke escapes, the gadget stops working (Hey, I’ve seen it!). Still, most scientists hold on to that hole flow theory.

Here’s the rip. To make the theory work, it takes an atom to pass the hole. So, a circuit must be at least one atom wide. But, we have built a circuit that is one electron wide and it still works. Where’s the “hole?” By all laws of electronics, this should NOT work. Why does it? Some have begun to believe, “Credo Ergo is Officina.” I believe it works, so it does. That little electron runs the world and it only works because we believe it will work. Think of how powerful that makes us. The world works because we believe it will. With all that power, just think of what you can make work if you just believe it. Just think of what you can be, of what you can accomplish. Credo Ergo is Officina!



A Note From Your Provider Liaison

Dear Network Provider,

As many of you know, the CPT codes have undergone extensive revisions by the AMA. U.S. health care organizations are working to transition from ICD-9 to ICD-10 code sets to accommodate codes for new diseases and procedures. The switch from ICD-9 to ICD-10 code sets means that health care providers and insurers will have to change out about 14,000 codes for about 69,000 codes, to increase specificity for coding purposes. Most often, however, Network Providers use DSM IV diagnostic codes rather than ICD-9 codes and Placer County uses a cross walk to claim in the Medi-Cal system. As you also may know, the APA has released a new version of the DSM which is DSM V. However, we have been informed that the state Department of Health Care Services does not have the ability at this time to process either DSM V codes or ICD-10 codes in the current version of the Medi-Cal claiming system.

What this means for providers:

You must continue to use the DSM IV for diagnosing and use a CMS-1500 form and current CPT codes found on the authorization you are provided for your respective clients. If you have any questions about this transition, please contact your Provider Liaison for resolution of your concerns. Thank you.

Michelle Johnson: Program Supervisor and Provider Liaison
530-886-5463 MMJohnso@placer.ca.gov

HEALTHY FAMILIES UPDATE

As you may already be aware Placer County Healthy Families (HF) clients will roll over to Medi-Cal in Phase 4 of the transition, on or about September 1, 2013. If a client is having ongoing trouble accessing services it is recommended they file a grievance with their respective HF HMO plan, and or file a complaint with the Department of Managed Care Helpline at 1-888-466-2219.

Starting Jan 1, 2013 all newly eligible applicants for the Healthy Families program have been rolled into Medi-Cal in a Program, "Targeted Low Income Children's program". Retroactive eligibility/billing is not available to these newly eligible clients.

MEDI-CAL APPLICATION GUIDELINES

The Medi-Cal Program provides health care coverage to low income individuals and families. Eligibility guidelines are now very broad for Medi-Cal applicants. To qualify for Medi-Cal benefits, a person must be a resident of the state of California. To receive full coverage, a person must be a U.S. Citizen or National, or have legal permanent residency status. Persons without satisfactory immigration status may only qualify for emergency and pregnancy-related services. Persons who qualify for Medi-Cal may have a monthly share-of-cost (deductible) if income exceeds the allowable limit for free coverage. There are many different Medi-Cal programs that apply to individuals and families.

Programs for Families with Children:

All children under 21 qualify for Medi-Cal if certain criteria are met. Parents may also qualify if children are deprived of parental support due to death, absence, unemployment or disability. Eligibility for free Medi-Cal is determined by the Federal Poverty Level (FPL) based on the age of the child and the family size. Children under age 19 who are ineligible for free Medi-Cal based on family income may qualify for the following programs which have higher income limits:

Healthy Families Insurance covers children under age 19 with family income at or below 250% of the Federal Poverty Level (FPL) and Healthy Kids Insurance covers children under age 19 (including undocumented children) with family income at or below 300% of the Federal Poverty Level (FPL).

Adult Medi-Cal Programs:

Single adults, and married couples who are over age 65, blind, permanently disabled, residing in a skilled nursing facility, or receiving In-Home Supportive Services qualify for Medi-Cal if certain criteria are met. There are additional Medi-Cal programs for persons with breast or cervical cancer, and for persons who are in need of kidney dialysis or tube feeding. Medicare Savings Programs assist low income seniors/disabled persons with paying their monthly Medicare Insurance Premiums are also available.



COMPLIANCE CORNER

Katie A. Case Overview and Update

The Katie A. class action lawsuit was filed in 2002 against the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS), and the County of Los Angeles (LA). Plaintiffs alleged that foster children do not receive adequate assessment and referral for mental health services and, as a result, suffer multiple unnecessarily restrictive foster care placements. LA settled its portion of the lawsuit in 2003, and CDSS and DHCS settled in 2011.

For the broad purposes of the implementation planning process, the Katie A. class includes children with an open case in child welfare services who have or may have mental health needs. The State settlement also identifies a subclass of children and youth who will receive more intensive services if they are Medi-Cal eligible, meet medical necessity criteria, have an open child welfare services case and, due to behavioral health needs are either: (1) currently in or being considered for certain intensive services, or (2) in or being considered for a specific placement type such as a group home (RCL 10 or above), a psychiatric hospital, or have experienced three or more placements within 24 months.

In September 2012, the State's proposed Implementation Plan was filed with the Federal Court. The primary objective in Phase I was the development and dissemination of a Medi-Cal documentation manual for two new services: Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS). Phase II was the development and dissemination of the Core Practice Model (CPM) Guide which recommends a family-centered approach that is intended to improve coordination and collaboration among mental health, child welfare, and children and families through shared principles and practices. This includes establishment of a joint Child and Family Team which is embedded in the community, and services that are Trauma Informed and focused on the strengths of the family. The Treatment Foster Care (TFC) documentation manual, data elements development, and requirements, and statewide implementation of these services are still continuing to date.

2012-13 DHCS Medi-Cal Oversight Audit Results

In November of 2012, the California Department of Health Care Services (DHCS) reviewed the Placer-Sierra Mental Health Plan for compliance with Medi-Cal regulations. This review, which is required for all counties every 3 years, is comprised of two parts: a system-wide review protocol consisting of more than 95 pages and over 400 items; and a chart audit including both adult and children's mental health charts. The system-wide review went very well with the 4 person DHCS review team finding only 2 items out of compliance. One of these items, which involved how we certify our sites for Medi-Cal billing, was only brought to our attention the first day of the review and we were the first county to be notified of the issue. The second item they found out of compliance was the test calls to our 24-hour mental health phone lines. To be found "in compliance", the county must successfully pass each of the four test calls. We passed three, including one call in which the person called in Farsi. Overall, the DHCS review team noted that Placer-Sierra is still maintaining and improving services in the face of budgetary challenges. They also noted that we have tremendous community support and collaboration, that our training is varied and extensive, and were impressed by our efforts to include culturally relevant services and supports whenever possible.

The chart review portion of the review, which included an additional 3 DHCS reviewers this year to focus solely on the charts, was met with some significant challenges. We are currently in the process of a formal appeal for some of the chart review disallowances, however, what we do know is that the expectations are even greater now: more precise documentation is being required, and we are being held to even higher standards. Treatment plans must list all modalities of services, including medication support if that is being used, and if a service is added at some point in treatment, it must also be added to the plan otherwise the intervention will be recouped. The focus is also now more on what is called up-coding, which we have described in the past as a process of billing for a mental health service when a case management service was delivered, or billing for crisis when it was a routine mental health service. These are also being disallowed. Final results from the audit and the appeal will be available at a future date.

In the meantime, we really appreciate all of your hard work and efforts that helped us to have very positive system review results, and also for the excellent level of care that you are providing to the children and families in Placer and Sierra Counties.

GROUP CORNER

A LOOK INSIDE OUR DINA DINOSAUR SMALL GROUP THERAPY!

As many of you may know, we are so excited to have recently begun our second round of Dina Dinosaur group therapy for children between the ages of 4-8. This venture has been incredibly exciting and satisfying for both clinicians and the families involved. The feedback and the growth witnessed in the children has been incredible, but even more humbling has been the commitment by our families. This children's group is an evidenced based program designed to address three core principles of emotional regulation, social skill development and effective problem solving skills. These core skills are addressed in a two- hour, weekly group that spans 18 sessions. Because of the young age of participants, this group is highly interactive and developmentally tailored to the young child. In each session we use puppets, Molly/Wally, Dina Dinosaur and Tiny Turtle that introduce new skills and facilitate role plays. The puppets become members of the group to whom the children relate, laugh and interact with, and of course model the very skills for the kids to observe. An example of some skills introduced include; waiting patiently, taking turns, ignoring, deep breathing and relaxation, and self talk. The use of video media helps the children become "detectives" to search for clues, again building on the specific skill set introduced, or to promote identification of feelings through verbal and nonverbal "clues". Games, songs, and various media are implemented along with an inordinate amount of praise, rewards, both immediate and delayed... all designed to shape the desirable behaviors introduced.

Part of what has been so incredible is the commitment demonstrated by our families, who thus far have shown great attendance and participation! To give an example of the level of participation, each week parents are given a sticker chart to select target behaviors to work on each week through a program of positive reinforcement. In addition, the kids are given homework exercises that build upon the skills learned each session. We are continually amazed with the level of follow through week after week! The children are eager and proud to share their accomplishments and stickers earned and **ARE COMPLETING THEIR HOMEWORK!** In addition to this we have added a parent education component in which the parents meet separate from the children, with a clinician to enhance their parenting skills consistent with the programs positive and reward based approach.

This additional parent-support component has thus far appeared to have further promoted engagement with the program, and is building both confidence and competence in our parent partners. This truly is a collaborative effort with the parents and children.

As clinicians we are so excited to have been able to implement this evidenced based curriculum. We are anticipating our next Dina Dinosaur school to begin in the Fall of 2013, and are accepting clients for our ever expanding wait list. If you have a Medi-Cal client between the ages of 4-8 you feel may benefit from participation in the program you may refer them by contacting one of the clinicians below to add them to our wait list.

Diane Kato MFT 530-886-5474
Krisitn Kolster MFT 530-886-5403





COMMUNITY CORNER

CalMHSA Projects

In 2004, voters passed the Mental Health Services Act to build an effective community based mental health system. In addition to the programs that Placer County is supporting locally, we have partnered with the California Mental Health Services Authority (CalMHSA) to implement Prevention and Early Intervention services statewide and locally. Following the same model of community engagement and use of innovative and proven strategies that we have done at the local level, our partnership with CalMHSA allows us to achieve a stronger value for each dollar by realizing efficiencies in program delivery and leveraging dollars to reduce the impact untreated mental illness has on our communities.

The facts are clear: Prevention and Early Intervention programs make a life-saving difference giving teens and families the tools to reduce suicide, breaking down social and cultural barriers that deter people from getting help, and connecting students with resources to help with the most challenging time in their lives. These innovative strategies also mark a turning point in California. We won't sit back while untreated mental illness takes an unnecessary toll on our families and communities.

California is taking action to improve lives and reduce costs by delivering prevention and early treatment when it's most effective and costs less. Our department is proud of the accomplishments we've made and we invite you to explore how we are working together through CalMHSA, in partnership with the state, to make California a leader in improved mental health care.

Preventing Suicide

The statistics about suicide are alarming. Nearly 3,800 Californians died by suicide in 2009. CalMHSA's Suicide Prevention Program is empowering Californians with the knowledge to prevent suicide, including warning signs, available resources, and strategies to link people to help. The program is also reducing the stigma that keeps people from accessing services by ensuring Californians know that suicide is preventable. Please visit www.suicideispreventable.org for more information.

Improving Student Mental Health

The Student Mental Health Initiative empowers young people with tools to confront life-threatening bullying and stigmatizing behaviors and connects young people with mental health resources in the ways they feel most comfortable - including social media and text messaging. The program also engages students across the lifespan in changing negative perceptions about mental illness so that more young people will have confidence in accessing the help they need. Placer County Office of Education provides Train-the-Trainer sessions on Training Educators Through Recognition and Identification Strategies (TETRIS) throughout the county and the State to increase awareness and the ability for school personnel to recognize and address the needs of students who are impacted by mental health issues. Sierra College has implemented a mental health intervention program that focuses on increasing awareness and student support for veterans and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals, as well as evidence-based suicide prevention training. The program also includes developing peer-to-peer resources and supports.

Reducing Stigma and Discrimination

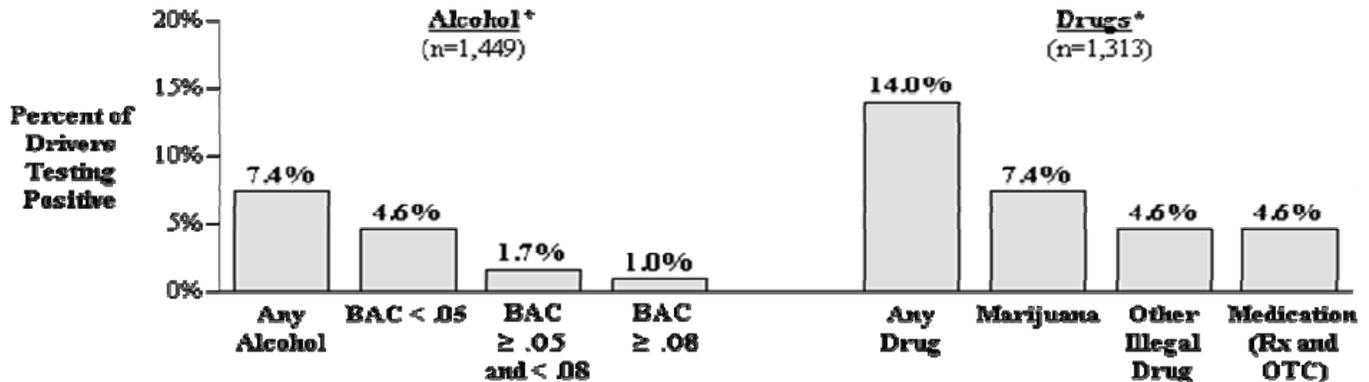
Up to two-thirds of people with mental illness do not seek help, costing lives and resulting in individual and family suffering. Stigma and Discrimination Reduction programs are making an unprecedented effort to change the misconceptions about mental illness that prevent individuals from accessing help, with the goal of dramatically increasing the number of people who get help early, when treatment is less costly and positive outcomes most favorable. As part of this effort, organizations representing California's diverse population are being extensively engaged, with the goal of ensuring that everyone in our state has the tools they need to stay healthy. Communication through properly informed media can facilitate this process. In May 2013, California will launch its Mental Health Movement Tagline "EACH MIND MATTERS." In addition, it will be incorporating the emerging grassroots movement to link the color lime green with mental health awareness activities into our statewide projects. Please visit www.eachmindmatters.org for more information.

COMMUNITY CORNER

California Roadside Survey Finds Twice as Many Weekend Nighttime Drivers Test Positive for Other Drugs as for Alcohol; Marijuana as Likely as Alcohol

Drugs that may affect driving were detected in one of every seven weekend nighttime drivers in California, according to data from the first statewide roadside survey of alcohol and drug use by drivers. Anonymous breath tests, oral fluid samples, and responses to questionnaires were collected from a random sample of weekend nighttime drivers in nine California jurisdictions. Twice as many drivers tested positive for other drugs (14.0%) as for alcohol (7.4%), and just as many drivers tested positive for marijuana as for alcohol (see figure below). Marijuana (either alone or in combination with other drugs) was the drug most likely to be detected, comprising 53% of all drug positives. The study also found that 23% of those testing positive for alcohol tested positive for at least one other drug, usually marijuana (data not shown). The authors caution that “these figures describe the prevalence rates for the presence of these drugs in drivers and do not address whether those drivers were impaired by these substances”.

Percentage of California Nighttime Weekend Drivers Testing Positive for Alcohol or Drugs, 2012



NOTES: Data are from a random sample of nighttime drivers interviewed on Friday and Saturday nights from 10 p.m. to midnight and 1:00 a.m. to 3:00 a.m. Data were collected on one weekend in eight communities and on two weekends in one community during the summer of 2012. Among eligible drivers approached to participate in the survey, 81% (1,375 drivers) agreed to answer questions, 85.3% (1,449 drivers) provided a breath sample, and 77.3% (1,313 drivers) provided an oral fluid sample. The breath alcohol samples were analyzed for alcohol and the oral fluid samples were analyzed for nearly 50 drugs, including prescription, illegal, and over-the-counter drugs. The methodology was modeled after NHTSA’s “2007 National Roadside Survey of Alcohol and Drug Use by Drivers” (<http://www.nhtsa.gov/Driving+Safety/Research+&+Evaluation/2007+National+Roadside+Survey+of+Alcohol+and+Drug+Use+by+Drivers>).

*The percentages for the BAC do not add to the total for “Any Alcohol” due to rounding. The percentages for “Marijuana,” “Other Illegal Drug,” and “Medication” do not add to the total for “Any Drug” because individuals may have tested positive for more than one drug.

SOURCE: Adapted by CESAR from Pacific Institute for Research and Evaluation (PIRE), *Results of the 2012 California Roadside Survey of Nighttime Weekend Drivers’ Alcohol and Drug Use, 2012*. Available online at http://www.ots.ca.gov/Media_and_Research/Press_Room/2012/doc/2012_Drug_And_Alcohol_Roadside_Survey.pdf.

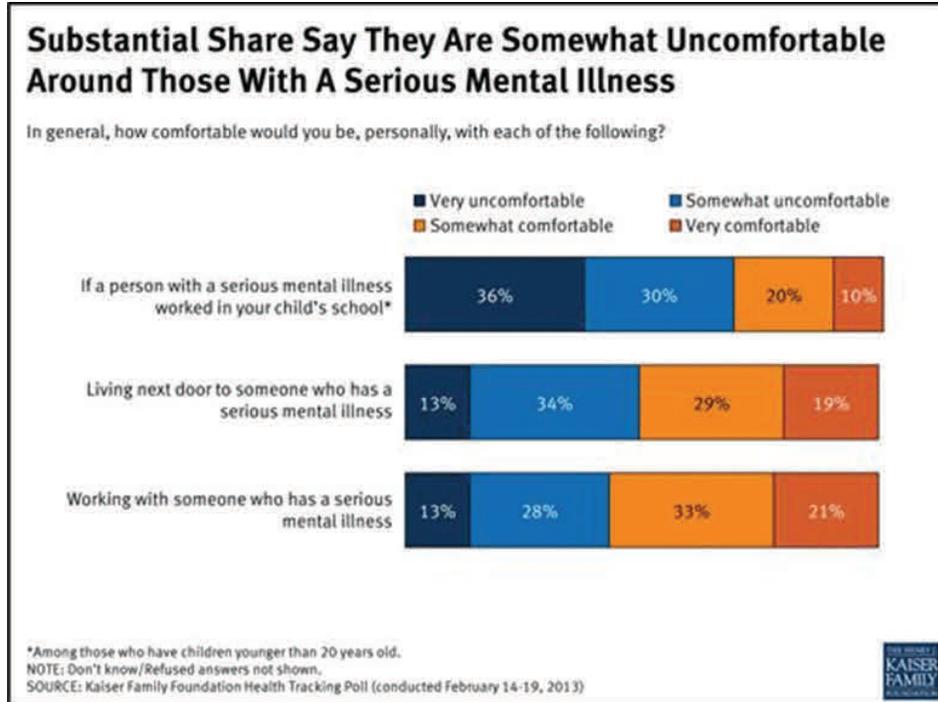
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COMMUNITY CORNER

Americans Uncomfortable Around Mentally Ill Despite Acknowledging Discrimination

By Jordan Rau

February 27th, 2013, 6:00 AM



The public has a contradictory view of mental illness, according to a new poll. While most Americans believe people with such ailments are the victims of prejudice and discrimination, a substantial portion of the public say they have qualms about working in the same place or having their children attend a school where someone with a “serious” mental illness is employed.

Seventy-six percent of Americans believe the mentally ill experience discrimination, according to the [poll from the Kaiser Family Foundation](#). (KHN is an editorially independent program of the foundation.) That was a greater portion of Americans than those who said they thought discrimination burdens people with HIV or AIDS; Hispanics; blacks; people with physical disabilities, or women. Immigrants were the only group to rank higher than those with mental illness.

But the pollsters noted that the survey “suggests that many Americans are themselves uncomfortable with the idea of interacting with people who have a serious mental illness.” Sixty-six percent of parents said they would be “very” or “somewhat” uncomfortable if a person with a serious mental illness worked in their child’s school. Forty-seven percent said they would be uncomfortable living next door to someone with a serious mental illness, and 41 percent said they were uncomfortable working with someone who has a serious mental illness. These concerns were less severe among people under 30, and people with their own mental health issues or experiences with family members.

The poll questions were prompted by the Newtown, Conn., elementary school shooting on Dec. 14 and the subsequent debate about whether stronger gun control laws and better mental health services might prevent similar attacks.

The poll also found a post-election drop in popularity for the 2010 health care law, which had been narrowly more popular than not in November. This month, 42 percent of Americans expressed an unfavorable opinion of the law and 36 percent had a favorable opinion. Another 23 percent either said they didn’t know or refused to answer the question—the most that dodged the issue in the nearly three years that Kaiser has been testing public perceptions about the law. The pollsters attributed the change to a drop in support among Democrats.

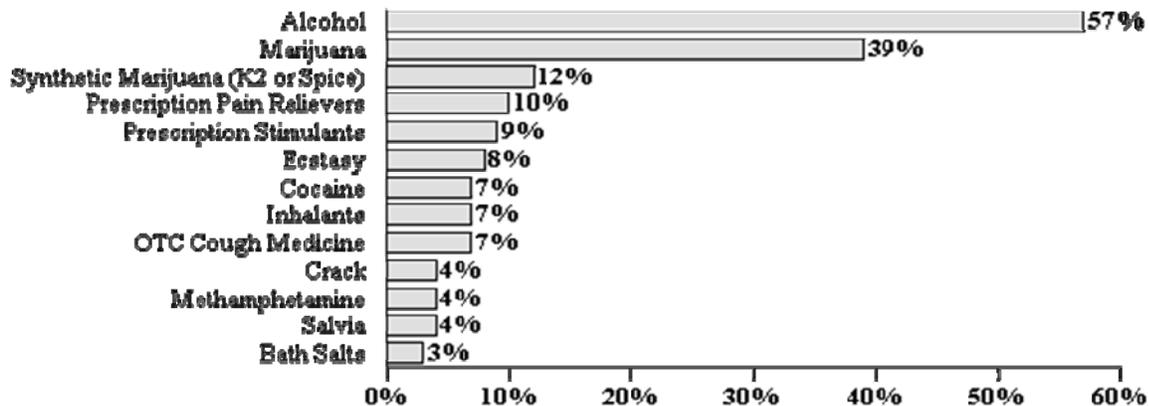
The poll was conducted Feb. 14 through Feb 19 among 1,209 adults. The margin of error was +/- 3 percentage points.

COMMUNITY CORNER

Synthetic Marijuana Third Most Reported Substance Used by U.S. High School Students

More high school students report using synthetic marijuana than any other substance besides alcohol and marijuana, according to data from a recently released survey of 9th to 12th graders. Alcohol and marijuana were the most prevalent drug used, with 57% reporting alcohol use and 39% reporting marijuana use in the past year in 2012. The third most prevalent substance used was synthetic marijuana (12%), often referred to as K2 or Spice. Use of all other substances was reported by 10% or less of high school students. Similar results have been found by other surveys of high school students (see *CESAR FAX*, Volume 21, Issue 5).

Editor's Note: Synthetic marijuana products typically consist of plant material treated with synthetic cannabinoids, psychoactive substances designed to bind to and stimulate the same receptors in the brain as THC. Synthetic marijuana use in general has been linked with adverse effects such as increased heart rate and blood pressure, anxiety, agitation, and acute kidney injury (see CESAR FAX, Volume 20, Issue 17 and Volume 22, Issue 7). However, there are more than 140 different types¹ of synthetic cannabinoids, each with potentially different potency as well as adverse effects². The exact synthetic cannabinoids contained in synthetic marijuana products is impossible to determine without specific testing—studies have shown that the types and amounts of synthetic cannabinoids can vary greatly between products, lots, and even within the same package³. In reality, youth who report using synthetic marijuana likely have no idea what specific synthetic cannabinoid they are using or what the effects will be.



¹Hudson S, Ramsey J, "The Emergency and Analysis of Synthetic Cannabinoids," *Drug Testing and Analysis* 3(7-8):466-478, 2011.

²United Nations Office on Drugs and Crime, *Synthetic Cannabinoids in Herbal Products*, 2011. ³Hillebrand, J, et al., "Legal Highs on the Internet," *Substance Use and Misuse*, 45(3): 330-340, 2010.

NOTES: Abuse of inhalants and OTC cough medicine is defined as use to get high. Abuse of prescription drugs is defined as use without a doctor's prescription. Surveys were conducted in schools by GfK Roper Public Affairs & Corporate Communications with 3,884 9th to 12th grade students from February to June 2012.. The margin of error is +/- 2.1 percentage points.

SOURCE: Adapted by CESAR from The Partnership for a Drug-Free America and the MetLife Foundation, *The Partnership Attitude Tracking Study (PATS): Teens and Parents*, 2013. Available online at <http://www.drugfree.org/newsroom/research-publication/full-report-and-key-findings-the-2012-partnership-attitude-tracking-study-sponsored-by-metlife-foundation> .

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Next Provider Relations Meeting

We invite you to attend the Network Provider Relations Committee meeting held the second Wednesday of every third month. The next meeting will be **June 12, 2013** from 10:30 a.m. to 12:00 p.m. We meet at the CSOC Offices which house the Managed Care Unit at 11716 Enterprise Dr., Auburn.

These meetings provide a great opportunity to stay updated on changes within the Managed Care Unit and Placer County Health and Human Services. They also provide a forum to ask questions, discuss concerns, and network with other Behavioral Health professionals and Placer County staff.

Also, we welcome Newsletter submissions from our Network Providers. Please limit your articles to approximately 500+/- words. You may e-mail your submissions to Provider Liaison, Michelle Johnson, at mmjohnso@placer.ca.gov, or fax it to (530) 886-5499.

Managed Care Contacts:

Twylla Abrahamson: CSOC Asst. Director/ Program Manager (530) 886-5440

Michelle Johnson: MCU Supervisor and Provider Liaison (530) 886-5463

Patients' Rights Advocate: (530) 886-5419

Derek Holley: QI/QA Supervisor (530) 886-5407

Wally Keller: (530) 886-5410

Kristin Kolster: (530) 886-5403

Diane Kato: (530) 886-5474

Jeff Steer: (530) 889-6716

Janet Muehe-Hayward: (530) 886-5435

Cami Burke: (530) 886-5455

Kathy Campbell: (530) 886-5421

MCU FAX Number: (530) 886-5499

HHS Fiscal Services, Provider Liaison: (530) 745-2369



ANNOUNCEMENTS



Where in the World is Play Culture & Play Therapy

Presented by: Beth Limberg, PhD, RPT-S
Friday August 16, 2013 9:00am -1:00pm.(4 hours of BBS & Play Therapy Training Contact Hours)

Centrally located with easy access to I-80 & I-5

Alliant International University
2030 W. El Camino Ave, Ste 200

Sacramento, CA 95833 (in the KVIE building)

Cost: \$100 (\$75 for Students) **APT & BBS CE certificate is included in price**

Cancellation policy: Although not anticipated, if training is cancelled by the trainer, registrants will receive a full refund.

For more information, please contact

Beth Limberg, PhD at DrBethLimberg@att.net or call 916-215-1893

Course meets the qualifications for (4) hours of Play Therapy training contact hours. APT Provider Number #08-220 *Course meets the qualifications for 4 hours of continuing education credit for MFCCs and/or LCSWs as required by the California Board of Behavioral Sciences PCE #4656

LGBTQ Awareness Training (Flyer)

Presented by: Poshi Mikalson, MSW

Wednesday June 5, 2013 10:00am - 3:00pm.

Maidu Community Center Meeting Room B
1550 Maidu Dr., Roseville, CA 95661

Please register at: <http://placersoc.networkofcare4elearning.org/> or contact MaryAnn Medeiros at (530) 886-2865

(Course meets the qualifications for (4) hours of continuing education credit for MFTs, LPCCs, LEPs and/or LCSWs as required by the California Board of Behavioral Sciences. Provider #PCE3816.

Poverty 101 Workshop (Flyer)

Presented by: Donna M. Beegle, Ed.D

Monday June 24, 2013 9:00am – 4:00pm

Holiday Inn, 120 Grass Valley Hwy, Auburn, CA 95603

Please register at: <http://placersoc.networkofcare4elearning.org/> or contact MaryAnn Medeiros at (530) 886-2865

(Course meets the qualifications for (6) hours of continuing education credit for MFTs, and/or LCSWs as required by the California Board of Behavioral Sciences. Provider #PCE 577.

Please welcome our newest providers...

Parivash Mottaghian, MFT, Orangevale, CA
Bilingual in Farsi

Lindsey Plumer, MFT, Roseville, CA

Maria Luisa Johnston, MFT, Rocklin, CA
Bilingual in Ilocano and Tagalog

Placer County Food Resource Locations

The updated Placer County Food Resource matrixes are now available in both [English\(Flyer\)](#) and [Spanish\(Flyer\)](#).

May

May 27 — Memorial Day, County offices closed.

JUNE

June 5 — LGBTQ Awareness Training

See Announcements column for more information.

June 12 — Network Provider Relations Committee,

Held at 11716 Enterprise Dr. Auburn from 10:30am to Noon.

June 24 — Poverty 101 Workshop

See Announcements column for more information.

JULY

July 4 — Independence Day, County offices closed.

AUGUST

August 16 — Where in the World is Play?

See Announcements column for more information.

SEPTEMBER

September 2 — Labor Day, County offices closed.

September 11 — Network Provider Relations Committee,

Held at 11716 Enterprise Dr. Auburn from 10:30am to Noon.

OCTOBER

October 14 — Columbus Day, County offices closed.