

OCTOBER 2005

Involuntary Hospitalization Laws (5585)

Presenter: Manny Robles, LCSW, Diane McDowell, Ph. D.
Orange Co. Health Care Agency
Date/Time: **Oct. 5, 2005** 9:00 a.m. - 12:00 p.m.
Location: **CYS West** 14140 Beach Blvd. Ste. 155,
Westminster, CA

Limited Seating: 35 Attendees

This **Mandatory** workshop for all **County** staff who have recently become certified to hospitalize patients without their consent or who will become certified in the next 3 months. The workshop will cover the 5585 laws, the latest CYS policies, and the clinical procedures for determining that a client is dangerous to themselves or to others.

Course objectives:

1. To be able to describe the clinical situations in which a person should be hospitalized against his or her will
2. To be able to describe the laws relating to involuntary hospitalization
3. To be able to identify the forms and procedures for carrying out an involuntary hospitalization

3 CE credits have been applied for: LCSW, MFT, MD's, and Psychologists.

IF YOU WISH TO RECEIVE CE CREDIT YOU MUST ARRIVE WITHIN 15 MINUTES! THANK YOU

QRTips

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

Discharge Summary Form

The Discharge Summary form must be completed as soon as the case gets discharged.

An Encounter Document (ED) **MUST ALWAYS** be attached to the discharge summary form. The service selected for the completion of this form is case mgmt targeted.

In order to bill for this service (case mgmt targeted) and get DSH credit when completing the discharge summary form a progress note must indicate that

“a review of records was done to note the process of treatment”. Remember that the progress note must be a stand alone note.

Prenatal Substance Abuse and the Developing Child 2005

Presenter: Casey Dorman, PH. D.
Time: **Oct. 17, 2005**, 9:00 a.m. – 12:00 p.m.
Location: 744 N. Eckhoff, Orange, CA

This course will review the most recent scientific evidence on the effects of alcohol, nicotine, cocaine, methamphetamines and other nonprescription and prescription drugs, including psychiatric medications, on prenatal development and on postnatal physical, mental, and behavioral growth. Areas where more research is needed or the findings are inconclusive will be identified and programs for working with pregnant mothers who are at risk for abusing substances will be reviewed.

Objectives:

1. To be able to describe the most recent scientific findings with regard to the prenatal effects of different substances on the child's later development
2. To be able to describe the research on the success of programs for working with mothers who are at risk for abusing substances during pregnancy

3 CE credits are available for MD's, Psychologists, MFT's, LCSW's

Spousal and Partner Abuse

Presenter: Roseanne Kotzer, MSW, ACSW
Date/Time: **Oct. 21, 2005** 9:00 a.m. – 5:00 p.m.
Location: 744 N. Eckhoff, Orange, CA

Beginning January 1, 2004, state law mandated training in spousal and partner abuse in order for psychologists, MFTs and LCSWs to renew their licenses. This seven-hour course meets this requirement and will cover detection, assessment, and treatment as well as risk factors, cultural factors and causes of abuse. The presenter, Roseanne Kotzer, MSW, is an experienced clinician and teacher in this area.

Objectives:

1. To become aware of risk factors, cultural factors and signs in the detection of spousal and partner abuse
2. To be able to assess the likelihood of spousal or partner abuse
3. To learn about the treatment options for abusers and victims
4. To learn what to do when faced with an instance of partner or spousal abuse

Target audience: Mental health professionals
7 CE credits applied for Psychologists, LCSW's and MFT's

PLEASE REMEMBER CANCEL IF YOU HAVE SIGNED UP FOR A WORKSHOP AND YOU ARE UNABLE TO ATTEND. NO PHONE SIGNUP PLEASE!!

Marriage and Child Wellbeing Presentation and Panel Discussion

Presenter: Casey Dorman, PH. D., Panel of Educators and Professionals

Time: **Oct. 31, 2005**, 9:00 a.m. – 12:00 p.m.

Location: 744 N. Eckhoff, Orange, CA

There is increasing evidence that the wellbeing of children is affected by the marital status of their parents. The Bush Administration has proposed spending 1.5 billion dollars in an effort to promote "healthy marriages." Recently, the *Future of Children* devoted an issue to discussing research findings on marriage and its effect of children and the social and policy implications of this research. This workshop will present the findings from this recent review, along with other related research evidence regarding the effects of marriage, single parenting, and the quality of parental relationships on children's mental health. Following this presentation by Dr. Casey Dorman, a distinguished panel of local university professors and practitioners will discuss what these findings mean for the fields of child mental health, marriage and family therapy, child welfare and public policy.

Target audience: Mental health clinicians who work with children and families

Objectives:

1. To be able to describe the most recent findings with regards to the relationship between marriage and children's wellbeing
2. To be able to describe the recent legislative proposal regarding strengthening marriage
3. To be able to describe the clinical and policy implications of the research on marriage and child wellbeing

IF YOU WISH TO RECEIVE CE CREDIT YOU MUST ARRIVE WITHIN 15 MINUTES! THANK YOU

Your Culture and Mine

Children of Immigrants

1 of every 5 children in the United States is a child of immigrants—that is, either a child who is an immigrant or who has at least one immigrant parent. Immigrant families, on the whole, have many strengths. Compared with children of U.S.-born parents, children of immigrants are more likely to be born healthier and to live with both parents. The percentage of children of immigrant families living in a single-parent household is only about 16%, compared with 26% for children of U.S.-born families. Immigrant families from Mexico embody the description of strengths outlined above. Rates of infant mortality and low birth weight are lower, and they are more likely to be living in intact families with two parents and multiple siblings, than are immigrant families—or U.S.-born families—overall. In addition, the proportion of children in Southeast Asian (Laos, Cambodia, Thailand, Vietnam) families living in intact families with two parents and multiple siblings is high relative to other immigrant and U.S.-born groups. Youth from immigrant families appear to be doing just as well, or even better, than their peers from U.S.-born families in terms of their physical and mental health, and avoidance of high risk behaviors such as substance abuse, early sexual intercourse, and delinquent or violent activities. However, there is evidence that adolescent well-being declines the longer families have lived in the United States.

In terms of challenges, children from immigrant families are more likely to be living in poverty and to be without health insurance. Children in immigrant families are far more likely than children in U.S.-born families to have parents who have not graduated from high school. Among all children in this country, 18% speak a language other than English at home. Among children in immigrant families, 72% speak a language other than English at home. About 70% of Mexican immigrant parents, and about 38% of their children, have only limited English skills. In addition, the level of parent education among children in Southeast Asian families is low compared with immigrant groups overall, and the proportion living in a linguistically-isolated family is second only to children in families from Mexico. Some Southeast Asian groups (Laotian, Cambodian, and Thai, but less so, Vietnamese) share with Mexican-American teens, a lower high school graduation rate than the rest of the U.S. population.

Source: The David and Lucile Packard Foundation (2004).
The Future of Children, Vol. 14, No. 2.

Show me the Evidence

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a new Treatment Improvement Protocol issued this year for assessment and treatment of persons with co-occurring mental health and substance abuse disorders, which identifies several evidence-based practices. The citation is *Center for Substance Abuse Treatment*.

Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. It can be downloaded from

<http://media.shs.net/prevline/pdfs/bkd515.pdf>

❖ Introducing- The Quality Review and Training Team

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All staff may be reached via county email as well.

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 offer continuing education for psychologists. The Orange County Health Care Agency maintains responsibility for the programs.



Where indicated this is an activity offered by OC HCA, a CMA-accredited provider. Physicians attending this course may report up to 3 hour(s) of Category 1 credit(s) toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award.