

Involuntary Mental Health Interventions: Removal and Retention

Tuesday, October 23, 2012

Handout Materials



**New York State
Office of
Children & Family
Services**

New York State
Office of Children and Family Services
and
PDP Distance Learning Project

INVOLUNTARY MENTAL HEALTH INTERVENTIONS: REMOVAL AND RETENTION

October 23, 2012

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Removal and Retention

Involuntary Interventions Pursuant to the
Mental Hygiene law

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The New York State Office of Mental Health

**New York State Office of
Mental Health**

Operates Inpatient Psychiatric Hospitals
Operates Outpatient Clinical Programs
Operates Outpatient Housing Programs
Operates Psychiatric Hospitals for Children
Licensing and Inspection

Local Government Unit

- County Government, usually acting through the Director of Community Services (DCS)
- In New York City, the Department of Health and Mental Hygiene (DOHMH) and the Health and Hospitals Corporation (HHC)
- Some less populated counties combine resources
- Article 41 of the Mental Hygiene Law (MHL)

Private Providers

- Private Hospitals
 - Psychiatric Inpatient Wards
 - Comprehensive Psychiatric Emergency Program
- Private Providers of Clinical Services and Housing

MENTAL HYGIENE LEGAL SERVICE (MHLS)

Represent patients or residents of a “facility” as defined by MHL §1.03

MHLS

MHL §47.03

- Provide legal assistance and representation with respect to admission, retention, care and treatment
- Access to records
- Initiate and take any legal action deemed necessary to protect patients from abuse and mistreatment

Who Gets to Decide?

Guardianship – Article 81 of the Mental Hygiene Law

Based upon incapacity

- functional limitation
- failure to appreciate consequences
- risk of harm

“Alleged Incapacitated Person”

- Incapacity must be enduring
- Guardianship orders are specific to each individual (no one size fits all)
- Policy – Person retains right to make decisions where appropriate
- Personal needs/property management

- Guardian can NOT:
 - Consent to psychiatric hospital admission
 - Consent to administration of psychiatric medication
 - Ignore health care proxy, power of attorney
 - Social Security Administration – Representative Payee

Surrogate Decision Making

- 1 - Surrogate's Court Procedure Act (SCPA)
 - 1750-Guardianship of Mentally Retarded Persons
 - 1750a-Guardianship of Developmentally Disabled Persons
 - 1750b-Health Care Decisions Act (HCDA)
- 2 - Surrogate Decision Making Committee (Article 80 of the Mental Hygiene Law)
- 3 - Family Health Care Decisions Act (FHCDA-Public Health Law §2994)

Health Care Decisions Act (HCDA-SCPA §1750b)

- 1 - Authorizes medical intervention subject to statutory guidelines for mentally retarded and developmentally disabled persons
- 2 - Interventions include major medical treatment, DNRs, DNIs, decisions to withhold or withdraw life support, decisions to withhold surgery, decisions to withhold nutrition and hydration and decisions to provide hospice care and/or comfort care

Health Care Decisions Act (HCDA-SCPA §1750b)

- 3 - Provides list of authorized decision-makers in order of priority
 - a - legal guardians (17a or 81)
 - b - actively involved spouse
 - c - actively involved parent
 - d - actively involved adult child
 - e - actively involved sibling
 - f - actively involved family member
 - g - Willowbrook Consumer Advisory Board (CAB)
 - h - Surrogate Decision Making Committee
 - l - court of competent jurisdiction

Health Care Decisions Act
(HCDA-SCPA §1750b)

- 4 - Authorizes access to confidential medical information to qualified decision-maker

- 5 - Statutory guidelines are complex and differ from standards in FHCDA

Surrogate Decision Making Committee
(Article 80 of the Mental Hygiene Law)

- 1 - Provides approval for major medical treatment, including end-of-life decisions for mentally disabled persons

- 2 - Decision is provided by volunteer panels

- 3 - A decision can be made on behalf of a resident of a Mental Hygiene facility
 - a - once a panel authorized a procedure on behalf of a person, that person qualifies for Surrogate Decision Making (SDM) review even if they are no longer a resident of a licensed Mental Hygiene facility

Surrogate Decision Making Committee
(Article 80 of the Mental Hygiene Law)

- 4 - Standard
 - a - patient must lack the capacity to make the medical decision
 - b - there is no legally authorized surrogate to make the decision
 - c - the requested medical treatment/procedure is in the best interest of the person

- 5 - Jurisdiction has expanded under the HCDA (SCPA §1750b) to include end-of-life decisions

Family Health Care Decisions Act
(FHCDCA-Public Health Law §2994)

1 - Applies to in-hospital health care decisions, and hospice decisions inpatient or outpatient

- a - does not apply if patient has a valid health care proxy or advanced directive
- b - does not apply to individuals who qualify under SCPA §1750b

2 - Interventions include major medical treatment, DNRs, DNIs, decisions to withhold or withdraw life support, decisions to withhold surgery, decisions to withhold nutrition and hydration and decisions to provide hospice care and/or comfort care

Family Health Care Decisions Act
(FHCDCA-Public Health Law §2994)

3 - End of life decisions must meet statutory requirements and are different than the requirements in SCPA §1750b

4 - Provides list of authorized decision makers in order of priority

- a - 81 guardian with authority to do medical decisions
- b - spouse (if not legally separated) or domestic partner
- c - child over 18
- d - parent
- e - sibling over 18
- f - close friend

Forcible Administration of Psychiatric Medication
Rivers v. Katz (67 NY2d 484)

1 - Provides court ordered administration of psychiatric medication and/or Electroconvulsive Therapy (ECT) to involuntarily committed patients over their objections or without their consent

2 - Petitioner must prove that :

- a - the patient lacks capacity to make an informed decision and
- b - the treatment is narrowly tailored to give substantive effect to the patient's liberty interest, taking into consideration all relevant circumstances, including (1) the patient's best interests, (2) the benefits to be gained from the treatment, (3) the adverse side effects associated with the treatment, and (4) any less intrusive alternative treatments

Justice Center for the Protection of
Persons With Special Needs
<http://www.governor.ny.gov/Justice4SpecialNeeds>

- **24/7 Hotline to Report Abuse**
- **Comprehensive Database**
- **Statewide Abuse Register**
- **Consolidation of Background Checks**
- **Code of Conduct**

Treatment of Minors

- Historically minors lack capacity to consent/object
- Parental Consent – either/or
- Special rules depending on age

Mental Hygiene Law §33.13 Clinical Records and Confidentiality

- (a) All Office of Mental Health (OMH) and Office for People with Developmental Disabilities (OPWDD) licensed facilities must keep records
- (b) Commissioners can get statistical information but statistical report cannot be required to include names
(c) Information is not public and cannot be released to any person or agency except:
- (1) by court order finding interests of justice outweigh need for confidentiality

- (2) to Mental Hygiene Legal Service
- (3) to attorneys representing patients or clients where hospitalization or assisted outpatient treatment (AOT) is at issue
- (4) to Commission on Quality of Care (CQC)
- (5) to medical review board of State Commission of Correction in connection with a death

- (6) to an endangered individual and law enforcement by psychiatrist or psychologist
- (7) with consent of patient/client to someone acting on their behalf if disclosure is not detrimental
- (8) to State Board for Professional Medical Conduct
- (9) with consent of commissioner to governmental agencies and insurance companies, those needing information to locate missing persons, qualified researchers, coroners and medical examiners, to prevent harm to patient and to district attorney re criminal investigation

- (10) to correctional facility when inmate is within 2 weeks of release
- (11) to qualified person in MHL §33.16
- (12) to director of community services or designee provided it is within scope of Article 9
- (13) to State Division of Criminal Justice Services to evaluate access of OMH to criminal history information

(d) facilities can share information pursuant to a unified plan

(e) clinical records at private facilities licensed by the state are covered by statute but director of facility rather than commissioner can approve release of records in MHL §33.13(c)(9)

(f) disclosure shall be limited to necessary information

Jonathan's Law

- Section 33.23 requires the director of a facility to:
 - provide telephone notification to a "qualified person" of an incident involving a patient within 24 hours
 - provide a copy of the written incident report
 - offer to hold a meeting with the qualified person and provide a written report on actions taken within 10 days
- Section 33.25 requires facilities to:
 - release records and documents pertaining to allegations and investigations into patient abuse or mistreatment within 21 days

CIVIL COMMITMENT STATUTES

- Statutes which permit removal from the community for observation/evaluation
- Statutes which permit retention in a hospital

§9.37 Involuntary admission on certificate of a DCS

- The director of a hospital, upon application by a director of community services or an examining physician duly designated by him, may receive as a patient any person who has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or others "likelihood of serious harm" shall mean:

1. substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or

2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear or serious physical harm

§9.37 Involuntary admission on certificate of a DCS

- The need for immediate hospitalization shall be confirmed by a staff physician of the hospital prior to admission. Within seventy-two hours, if such patient is to be retained for care and treatment beyond such time and he does not agree to remain in such hospital as a voluntary patient, the certificate of another examining physician that the patient is in need of involuntary care and treatment shall be filed with the hospital

- The application for admission of a patient pursuant to this section shall be based upon a personal examination by a director of community services or his designee

- The director of community services or the director's designee shall be authorized and empowered to take into custody, detain, transport, and provide temporary care for any such person

§9.39 Emergency admissions for immediate observation, care, and treatment

- The director of an appropriate hospital may receive and retain therein as a patient for a period of fifteen days any person alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or others
- The patient must be examined upon arrival, by a staff physician, and cannot be retained for more than 48 hours unless the need for care is confirmed by another staff physician
- Patient may make written request for a hearing, which should take place within 5 days
- §9.40 – Comprehensive Psychiatric Emergency Programs

§9.43 Emergency admissions for immediate observation, care, and treatment; powers of courts

- Whenever the court is informed by verified statement that a person is apparently mentally ill and is conducting himself or herself in a manner which in a person who is not mentally ill would be deemed disorderly conduct or which is likely to result in serious harm to himself or herself, such court shall issue a warrant directing that such person be brought before it

§9.43 Emergency admissions for immediate observation, care, and treatment; powers of courts

- If it appears to the court that such person has or may have a mental illness which is likely to result in serious harm to himself or herself or others, the court shall issue a civil order directing his or her removal to any hospital specified in subdivision (a) of section 9.39 or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40, for a determination by the director of the hospital or program whether the person should be retained pursuant to such section

§9.43 Emergency admissions for immediate observation, care, and treatment; powers of courts

- Whenever a person before a court in a criminal action appears to have a mental illness which is likely to result in serious harm to himself or herself or others and the court determines either that the crime has not been committed or that there is not sufficient cause to believe that such person is guilty thereof, the court may issue a civil order as above provided, and in such cases the criminal action shall terminate

§9.45 Emergency admissions for immediate observation, care, and treatment; powers of directors of community services

- The director of community services or the director's designee shall have the power to direct the removal of any person, within his or her jurisdiction, to a hospital, if he or she receives a report that such person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others
- The director may request removal by the sheriff, police or ambulance

§9.13 Voluntary admissions

- Patient may request release in writing
- Hospital director must obtain court order to retain the patient within 72 hours or patient must be released

§9.27 Involuntary admission on medical certification (Two PC)

- The director of a hospital may retain any person alleged to be mentally ill and in need of involuntary care and treatment upon the certificates of two examining physicians, accompanied by an application for the admission of such person which must have been executed within ten days prior to such admission. Application may be submitted by director of institution where patient resides (including superintendent of correctional facility, and hospital director), local director of community services, or treating psychiatrist, among others
- The statute authorizes removal to a hospital

§9.60 Assisted outpatient treatment (AOT)

- Known as “Kendra’s Law”, provides for court-ordered outpatient treatment
- Does not authorize medication over objection
- DCS must appoint examining physician, who develops treatment plan and testifies at hearing
- If patient refuses to be examined, he or she can be removed for up to 24 hours for examination

Kendra’s law - History

In January 1999, Kendra Webdale was pushed from a NYC subway platform to her death. Her attacker was a mentally ill man living in the community who was not being treated for his illness.

“Kendra’s Law” was signed into law by the Governor in August 1999. It went into effect on November 8th, 1999.

True or False?

Kendra’s Law (also known as Assisted Outpatient Treatment or AOT) is a criminal law.



True or False?



Kendra's Law is a civil law. It is part of Article 9 of the Mental Hygiene Law.

True or False?

Violence is the common denominator among individuals under AOT court orders.



True or False?



The common denominator among individuals under AOT court orders is a history of non-compliance with psychiatric treatment.

Purpose

- Kendra’s Law has a dual purpose:
 1. To assist mentally ill individuals to live safely in the community
 2. To maintain safety in the community

True or False?

The presence of psychiatric symptoms is one of the eligibility criteria for pursuit of an AOT order on an individual’s behalf.



True or False?



An individual’s appropriateness for AOT rests primarily on his or her history of non-compliance with psychiatric treatment and not on current mental status.

Eligibility Criteria

MHL 9.60(c)

• Eligibility criteria for AOT are based on the following factors and clinical determinations:

1. 18 years of age or older
2. Suffering from a mental illness
3. Unlikely to survive safely in the community without supervision

Eligibility Criteria

(continued)

4. History of lack of compliance with treatment
5. Unlikely to voluntarily participate in treatment
6. Court-ordered treatment is necessary to prevent relapse or deterioration
7. Likely to benefit

True or False?

An act or threat of violence may be used to meet AOT eligibility criteria if it occurs during the individual's hospitalization or incarceration.



True or False?



Violent behavior may be used to satisfy that prong of the non-compliance test regardless of where such violent behavior occurs, provided it is the result of non-compliance with psychiatric treatment.

Key Roles & Responsibilities

MHL §9.47(b)

- County Director of Community Services (DCS)
 - . Accepts referrals of at-risk mentally ill individuals
 - . Conducts timely investigations
 - . Files petitions for AOT when appropriate
 - . Coordinates timely delivery of services
 - . Designates physician to examine individual, develop treatment plan, and testify in court

Key Roles & Responsibilities

MHL §7.17(f)

- OMH AOT Program Coordinator
 - Oversees and monitors county AOT activities, including:
 - Timely completion of investigations
 - Timely provision of court-ordered services
 - Additionally
 - Provides technical assistance to all entities
 - Collects and shares data
 - Brokers cross county issues when necessary

Key Roles & Responsibilities

- Care Coordinator (Case Manager/Assertive Community Treatment [ACT] Team)
 - Weekly face-to-face contact
 - Assists in engagement with providers
 - Weekly contact with county AOT personnel
 - Monitors and reports non-compliance
 - Mandatory category of service

True or False?

A patient's treating physician is prohibited from testifying at an AOT hearing by the physician/patient privilege.



True or False?



A patient's treating physician may serve as the examining physician and testify at an AOT hearing.

Appointment of Physician

MHL §9.60(i)

- A physician must be appointed by the County DCS in order to:
 - Examine the individual
 - Develop a proposed treatment plan, and
 - Testify in court to the need for AOT
- This is most commonly achieved in the form of a written designation which is included with the legal papers

Authorized Petitioners

MHL 9.60(e)(1)

- Authorized petitioners under MHL 9.60(e)(1) include:
 - Roommate
 - Family
 - Hospital director
 - Director of an agency providing mental health services to the individual
 - Director of an agency in whose institution the individual resides

Authorized Petitioners

(continued)

- Treating or supervising psychiatrist
- Licensed psychologist or licensed social worker
- The County Director of Community Services (DCS)
- Parole or probation officer

The majority of petitions are brought by hospital directors or the County DCS

Service of Process

MHL §9.60(l)

- Service of process on the following:
 - The individual (by personal service or service by mail)
 - The persons listed in MHL §9.29
 - Mental Hygiene Legal Service (MHLS) or other legal counsel
 - A health care agent, if known to the petitioner
 - OMH AOT Program Coordinator
 - The appropriate County DCS

Right to Counsel

MHL §9.60(g)

- The subject of the petition has the right to be represented by the Mental Hygiene Legal Service (MHLS) or private counsel at all stages of the proceeding

- “Observation” only

True or False?

If the subject of an AOT petition is currently hospitalized, the court may grant or deny the petition, or order the continued retention of the patient.



True or False?



The court may grant or deny the AOT petition, however a patient's continued retention is not before the court in an AOT proceeding.

The Hearing

MHL 9.60(h)

- Must be calendared within 3 days of the filing of the petition
- Adjournments may be granted for good cause
- The actual physician's examination (*not the signing of it*) must be held within 10 days prior to the filing of the petition

The Hearing

(continued)

- Live testimony is required by statute. There may be no waiver.
- Examining physician's testimony must include:
 - The individual meets AOT criteria
 - Least restrictive alternative
 - Specific treatment recommended
 - Rationale for recommending AOT
- The individual may present evidence, call witnesses, and cross-examine adverse witnesses.

True or False?

AOT may be ordered for an individual who is currently compliant with treatment.



True or False?



It is the history of non-compliance with treatment, not the individual's current willingness to accept treatment, that must be considered in determining appropriateness for AOT.

Disposition

MHL §9.60(i)

- Evidentiary Standard: Clear and Convincing
- The proposed treatment must be the least restrictive alternative
- Initial orders may be granted for up to 6 months (renewals for up to 12 months)
- The court may not include a category of service which has not been recommended by the physician both in his or her testimony and in the treatment plan

True or False?

Individuals under AOT court orders receive priority access for certain services in the community.



True or False?



- By regulation, individuals under AOT court orders receive priority access to:
 - Intensive Case Management (ICM)
 - Outpatient Programs
 - Residential Programs for Adults

Time-Sensitive Order

- When granting an AOT order, it is important that the court sign and return the order to the petitioner immediately. This allows the County DCS to proceed accordingly in arranging for all court-ordered services for the individual and to be in compliance with reporting requirements under the law.

True or False?

Individuals under AOT court orders may not receive services that are not specified in the court order.



True or False?



Individuals under AOT orders may receive a variety of services, regardless of inclusion in the order.

Renewals

MHL §9.60(k)

- Petition for renewal of an existing order must be filed within 30 days prior to expiration of the current order
- Timely filing stays expiration of the current order
- The renewed order may not exceed 1 year from expiration of the current order

True or False?

An individual subject to an AOT order who refuses to comply with treatment may be forcibly medicated.



True or False?



Medication over objection is not authorized by Kendra's Law, and is prohibited absent a judicial finding of incapacity.

Application to Stay, Vacate or Modify Orders

MHL §9.60(l)

- The individual, MHLS or other counsel, and any other entity acting on the individual's behalf may move to stay, vacate, or modify the AOT order
- Service of all court papers is required upon the same parties served for the AOT petition that resulted in the order

Appeals

MHL §9.60(m)

- Rehearing and review of an assisted outpatient treatment order shall be had in like manner as specified in § 9.35

True or False?

Refusal of AOT court-ordered services is sufficient grounds to remove an individual from the community and admit him or her to a hospital for psychiatric care and treatment.



True or False?



Refusal alone is not sufficient grounds to remove an individual from the community and admit him or her to a hospital for psychiatric care and treatment.

Removals

MHL §9.60(n)

- When a physician determines that:
 - An individual failed to comply with court-ordered treatment, and
 - Efforts were made to secure compliance, and
 - The individual may need involuntary admission to a hospital
- Then:
 - The County DCS may order the removal and transport of the individual to a hospital for examination to determine the need for civil commitment
- The examination may not exceed 72 hours

Removals

(continued)

- If, during the 72 hour examination period:
 - The individual does not meet the legal standard for involuntary admission and retention, and
 - Is unwilling to remain voluntarily
- Then:
 - He or she must be released
- Failure to comply with an AOT order is not grounds for involuntary civil commitment or a finding of contempt of court

New York State Office of Children and Family Services, Bureau of Training

Learning Gain

Alternate Level II Evaluation

Please rate your ability to explain or describe the following items, AFTER attending this training.
 (On a scale of 1 to 5, with 1=not at all confident and 5=very confident)

AFTER you attended this training

How confident are you in your ability to:	Not at all confident	Not very confident	Somewhat confident	Confident	Very Confident
Summarize the rights and responsibilities involved in guardianship and surrogate decision making.	1	2	3	4	5
Describe the processes for sharing information while adhering to confidentiality laws.	1	2	3	4	5
Explain the procedures for civil commitment and Assisted Outpatient Treatment (AOT), including Kendra’s Law.	1	2	3	4	5

BROOKDALE CENTER

for Healthy Aging

Hunter College / The City University of New York

CLE REQUEST INSTRUCTIONS*

In order to avoid problems and ensure the attorneys receive credit for attending this teleconference, please adhere to the following procedures:

1. One attendance form should be issued for each site. These forms should include the site, the name of the room supervisor and spaces for the attorney to sign in and out each day. Attorneys must use the same name on the attendance form and on the evaluations filled out at the end of the course. Attorneys must sign in and out each day with their full name.
2. Attorneys are to sign and date the CLE request on the SAME day of the training. Attorneys MUST fill out the CLE request. Attendance sheets without a CLE request form will not be processed.
3. Room supervisors must ensure that attorneys are present for the entire course, including Q&A and should be advised that if they leave early they may jeopardize the right to receive credits. Attorneys arriving more than 10 minutes late will not be awarded credits.
4. At the end of the teleconference Brookdale should be sent the following documents: (a) attendance forms; (b) 1 completed evaluation with CLE request per person. Documents should be sent within 1 week of the conference. CLE forms will be processed 4-6 weeks after receipt.
5. Completed documents will come to Milagro Ruiz of Brookdale. Raquel Romanick of Brookdale will review, issue the Course Summary for the CLE board, send out the CLE certificates and keep the files. Internal training rosters do not need to be submitted.
6. Once attorneys sign in with their full name they can initial in and out.
7. Evaluations should be stapled, and coupled with the corresponding attendance forms. We cannot process missing or partial forms.
8. Attendance forms must state the correct date. If the attorney views the teleconference on tape delay at a later time they cannot sign in on the attendance form for the date of the teleconference.
9. Milagro Ruiz will keep all forms and copies of certificates for a minimum of 4 years.
10. BCHAL is not responsible for incomplete and missing paperwork. BCHAL is not responsible for CLE certificates if attendees do not include a full mailing address.

* Note: CLE credits for the October 23rd Involuntary Mental Health Interventions Teleconference are still pending approval by the NYS CLE Board.

REGISTRY FOR CONTINUING LEGAL EDUCATION CREDITS

FOR ATTORNEYS ONLY

Program Title: Involuntary Mental Health Interventions: Removal and Retention Teleconference

Date of Program: October 23, 2012

Start Time: 1:30 pm

End Time: 3:30 pm

Print Name	Sign In	Time In	Sign Out	Time Out

Note: A CLE request form will be distributed at the end of the session to all attorneys who successfully complete the entire session.

**TRAINING EVALUATION
&
CONTINUING LEGAL EDUCATION (CLE) REQUEST FORM**

Your response to the following questions will aid the Law Institute in its efforts to better serve you. Please take a few minutes to respond to the following questions. If you wish to receive Continuing Legal Education (CLE) credit for attending this training, completion of this form is required.

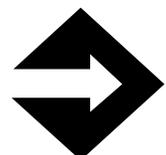
Thank you in advance for your assistance.

**“Involuntary Mental Health Interventions: Removal and Retention”
October 23, 2012 -- Albany, NY**

Today's Date: ___ / ___ / ___

[*Please circle the appropriate answers]

- 1) In general, the quality of the training was:
Excellent Good Fair Poor
- 2) The course training materials were:
Excellent Good Fair Poor
- 3) The Instructor's presentation of the subject was:
Excellent Good Fair Poor
- 4) The quality of the technology used was:
Excellent Good Fair Poor
- 5) How many Law Institute trainings/workshops have you attended?
First time 2-4 4-6 6-8 8+
- 5) How long have you been working in the field covered in this training?
Beginner 1-3 years 4-6 years 7 years or more
- 6) Would you take another training course given by the Law Institute?
Yes No (Why? _____)
- 7) How would you rate the training location and facilities?
Excellent Good Fair Poor
- 8) What is your background?
Law Social Work Other: _____
- 9) If your background is in law, what type:
Private (elder law) Law Firm (elder law) Private (Other _____.)
Paralegal (Other _____.)



Training Evaluation (continued)

10) What other benefit program training classes would be of interest to you?

11) How did you hear about this particular training?

mailing co-worker our website other _____

12) Additional Comments / Suggestions:

13) If you would like to be placed on our mailing list to receive training announcements, please complete the following:

Name (*PLEASE PRINT!*): _____

Title: _____

Organization: _____

Address: _____ Rm/Apt/Suite# _____

City: _____ State: _____ Zipcode: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Continuing Legal Education (CLE) Credit Request:

(Only attorneys may apply)

This will verify that I have attended the “**Involuntary Mental Health Interventions: Removal and Retention**” workshop sponsored by the Sadin Institute on Law & Public Policy and request CLE credit for attending this training on ____/____/____.

Name (*PLEASE PRINT!*) _____

Title _____

Organization/Firm: _____

Address: _____ Floor/Rm/Suite/Apt: _____

City: _____ State _____ Zipcode: _____

Tel # (_____) _____ Fax # (_____) _____

Signature: _____ Date: ____/____/____

Attendance records will be kept on file in our offices. A letter verifying your attendance will be issued upon written request to The Sadin Institute on Law & Public Policy, Brookdale Center for Healthy Aging, 2180 3rd Avenue, NY, NY 10035. For the workshop named above, you will receive the following transitional/non-transitional CLE credit(s): **pending approval**

