



Santa Clara
Family Health Plan
The Spirit of Care



YOUTH BEHAVIORAL HEALTH TRAINING FOR PRIMARY CARE PROVIDERS WORKING WITH ADOLESCENTS

You are cordially invited to a dinner and training sponsored by the Adolescent Health Collaborative, Adolescent Health Working Group, Anthem Blue Cross, Santa Clara Family Health Plan and the Perinatal Advocacy Council: Leadership, Advocacy and Consultation (PAC/LAC).

FEATURING: Erica Monestario, MN, FNP,
Clinical Professor, Division of
Adolescent Medicine and Family
Health Care Nursing, University
of California, San Francisco

WHEN: Wednesday, October 1, 2008
6:00 p.m. - 8:30 p.m.

WHERE: FIRST 5 Santa Clara County
2400 Moorpark
Community Room
San Jose, CA 95117

CME AND CEU UNITS WILL BE PROVIDED FREE OF CHARGE

All participants will receive a copy of the Behavioral Health Module of the AHWG Adolescent Provider Toolkit Series.

At the end of this training, participants will be able to:

- Assess their practice for readiness to engage in behavioral health assessment and primary care interventions with youth and their families
- Complete a screening behavioral assessment with adolescent clients, patients and their families
- Assess urgency of behavioral health issues in adolescents
- Make culturally sensitive community behavioral health referrals
- Assist youth and their families to follow through on behavioral health referrals



YOUTH BEHAVIORAL HEALTH TRAINING FOR PRIMARY CARE PROVIDERS WORKING WITH ADOLESCENTS

Registration Form

PLEASE TYPE OR PRINT CLEARLY

Last Name: _____ **First Name:** _____

Professional Title: _____

Agency: _____

Street Address: _____

City: _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Email Address: _____

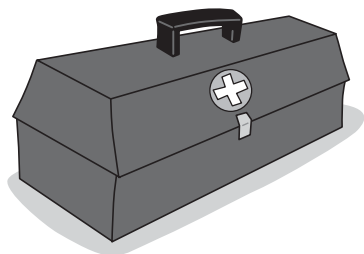
Requesting CEU/CME credit: Yes/No (circle one)

***If yes, please indicate your License #** _____

If no, would you like a certificate of participation? Yes/No (circle one)

**Registration is Limited.
Register by September 24th!**

*If you have any questions, please contact Elisa Hernandez
at (408) 938-6640*



**COMPLETE THE ABOVE INFORMATION AND
SUBMIT VIA:**

Email: elisa.hernandez@wellpoint.com

Fax: (408) 277-0346