

Family Handbook

TULARE COUNTY
DEPARTMENT OF
MENTAL HEALTH

*A GUIDE FOR FAMILIES OF INDIVIDUALS WITH
MENTAL ILLNESS*



**Tulare County
Health & Human Services Agency**

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Local Numbers for Mental Health Services

Emergency Numbers

Crisis and Information Line 800-320-1616
Psychiatric Emergency Team (PET) (24 hours / 7 days) 1-800-320-1616 or 623-0990

Services

Alcohol and Other Drug Services (AOD) 559-733-6123
AT&T Language Line..... 1-800-874-9426
AT&T Language Line Emergency Number..... 1-800-523-1786
Child Welfare Services (CWS) 1-800-331-1585
Dinuba Children’s Services (DCS) 559-591-6680
Kaweah Delta Mental Health Hospital 559-624-3300
Kingsview Mobile Unit South (all ages) 559-687-0929
Kingsview One Stop South 559-784-0312
Porterville Adult Clinic (PAC) 559-788-1200
Porterville Youth Services (PYS)..... 559-788-1200
Sequoia Youth Services (SYS) 559-594-4969
Sierra View District Hospital 559-784-1110
TDD/California Relay Services for the Deaf/Hard of Hearing 1-800-735-2929 or 734-3163
Tulare District Hospital 559-688-0821
Tulare Youth Service Bureau (TYSB) 559-688-2043
Turning Point Mobile Unit North (all ages) 559-591-6680
Turning Point One-Stop Central 559-687-8713
Turning Point One-Stop North (Transitional Age Youth: ages 12-24)..... 559-627-2046
Visalia Adult Clinic (VAC) 559-623-0900
Visalia Youth Services (VYS) 559-627-1490

Tulare County Department of Mental Health

The Tulare County Department of Mental Health is pleased to provide this Family Handbook for your convenience. Although the handbook does not contain all of the information available in our county, it provides information about the most important areas of services for clients recovering from mental illness and for their family members.

This handbook provides information related to the Family Advocate of the Tulare County Department of Mental Health, as well as the different types of mental health-related services and programs available in our county.

Wellness and Recovery

The Wellness and Recovery approach has been adopted by the County mental health services to partner with family members in the recovery process. Family input and assistance with the plan for treatment is an important part of Wellness and Recovery.

Cultural Competency in Family Advocacy

Cultural Competence is the approach to services that inquires about who you are, what your background is, and how you are best served, considering your culture.

Cultural Competence is an important part of Family Advocacy, where human differences and similarities are taken into consideration to help families link to appropriate services. In helping your family, the Family Advocate will address cultural challenges and concerns, including the stigma attached to mental illness in society. Problems of misunderstanding, fear, and discrimination are concerns often related to mental illness in many cultures. The Family Advocate will try to help you address these and other cultural challenges through self-empowerment, with dignity and respect.

General Terms

ADA: Americans with Disabilities Act

AOD: Alcohol and Other Drug Programs—AOD services are focused on creating safe, healthy communities that discourage underage drinking and drug use and helps residents eliminate their substance abuse. Services are located throughout Tulare County, providing case management, training in life skills and parenting, counseling, alcohol and drug education, and outpatient treatment services.

Board and Care: Residential facilities providing medication supervision and monitored by a licensing agency.

CIT (Crisis Intervention Team): Law enforcement officers specially trained to assist individuals with mental illness.

Confidentiality: Ethical and legal restriction of disclosure of medical information. HIPPA policies direct this practice.

Conservator/Conservatorship: When a guardian is appointed to make decisions on behalf of a mental health client.

Co-occurring disorders: Person with at least one mental and one substance use disorder.

Cultural Competency: Effective work in cross-cultural situations among providers, family, peers, and community members engaged in an agency providing public service.

Evidence-Based Program: Program with practices with a record of success. Evidence is supported by valid research that demonstrates its effectiveness with a particular group (Children, Transitional Age Youth, Adults, and/or Older Adults). Premise is that it will advance the client/peer toward recovery.

FA: Family Advocate for Mental Health Services (See Role of the Family Advocate for more details.)

FBO (Faith-Based Organization): Charitable or social service organizations that are based in faith of a particular religion, denomination, or spiritual foundation. Some FBOs provide social services to the community.

F-2-F: Family-to-Family is a 12-week education and support program sponsored by the National Alliance on Mental Illness.

HHS: Health & Human Services Agency

IMD (Institution for Mental Disease): Locked psychiatric residential treatment facility.

KDMH (Kaweah Delta Mental Health Hospital): Public, not-for-profit acute psychiatric hospital in Visalia.

LCSW: Licensed Clinical Social Worker

LGBT: Lesbian, Gay, Bisexual, Transgender

LMFT: Licensed Marriage and Family Therapist

LPC: Licensed Professional Counselor

LP: Licensed Psychologist

NAMI: National Alliance on Mental Illness

PsyD: Psychologist with clinical rather than academic doctoral concentration.

P-2-P: Peer-to-Peer is a 10-week education program for persons diagnosed with mental illness. Peer Mentors facilitate this program sponsored by NAMI.

PET: Psychiatric Emergency Team, County mental health crisis services.

PFLAG: Parents, Friends, and Family of Lesbian, Gay, Bisexual, and Transgender persons.

PRA (Patients' Rights Advocate): Mental Health staff member dedicated to voicing client and peer complaints and requests regarding mental health services.

PRC (Problem Resolution Coordinator): Mental Health staff member dedicated to solving peer complaints, appeals, and grievances regarding mental health services.

Release of Information: Written permission given by the mental health services client for his or her medical record and/or other information to be released to a specific person(s).

Right to Privacy: Individual control by the person diagnosed with mental illness regarding who receives information from those providing his or her treatment services.

Room and Board: Residential facility providing housing and meals but not managing medications or operating under the authority of a licensing agency.

WIC: Used in this publication to refer to Welfare & Institutions Codes that govern mental health services.

The Role of the Family Advocate

If your family member or significant other is suffering from mental illness, you can contact the Family Advocate for help.



The Family Advocate for the Tulare County Mental Health Department is the family's link to assistance with Tulare County mental health services. A variety of services is available to help you navigate the mental health system. The Family Advocate is a trained professional who can help you to support and assist your family member.

Family Advocacy Services

The following are some of the services provided by the Family Advocate:

- Helps families search for appropriate services as supporters
- Advocates for families and helps families communicate with service providers
- Offers suggestions and shares ideas regarding approaches to problems that arise
- Assists the family with complaints and concerns regarding mental health services
- Provides education for family members about
 - Participation in treatment direction or discussion
 - The National Alliance on Mental Illness, (NAMI) Tulare County

The Family Advocate CANNOT:

- Provide therapy services needed by an individual or by family members
- Release confidential information to family members without the client's consent
- Make decisions for family members
- Force a family member receiving services to do anything against his or her will

For more information about Tulare County Mental Health Family Advocacy services,
Call (559) 624-7449 or Email lbaldwin@tularehhsa.org.

Communicating with a Family Member with Mental Illness

Communication with individuals suffering from mental illness requires competence and open-mindedness. Here are some suggestions on how to communicate with your family member with mental illness:

- **Be respectful:** When a person feels respected and heard, he or she will be more likely to return respect and consider what you have to say. Let your family member share in the responsibility for making good decisions.
- **Be aware of differences in reality:** If a person is experiencing hallucinations or delusions, be aware that this experience is his or her reality. Acknowledge it, and don't ignore or argue about it.
- **Be honest:** Do not assume that an individual with mental illness will believe anything you say. Mental illness has nothing to do with the person's intelligence level. Most likely, the person will remember your conversations.
- **Listen:** Try to understand what he or she is communicating. In most instances, if you listen carefully, you will be able to understand. If an individual is an adult, communicate with him or her like an adult.
- **If needed, set limits.** For example, "I only have five minutes to talk with you." Do not be critical; try to restrain any anger or frustration, and repeat yourself, if needed.
- **Use direct and clear sentences:** Some mental illnesses make concentrating difficult so it is important to speak clearly (with respect) and be specific, such as, "Please put your dishes in the sink when you have finished eating" instead of "Please clean up when you're done."
- **Be patient if your family member appears like he or she does not want to talk:** You will have a better chance of communicating when your family member is open to talking. Sometimes just sitting quietly with him or her can open the door to conversation. Try not to be forceful.



Sources:

1) Swink, D.F. (2010). *Community with people with mental illness: The Public's Guide*. *Psychology Today*. Retrieved from <http://www.psychologytoday.com/blog/threat-management/201010/communicating-people-mental-illness-the-publics-guide>

2) Capital District Health Authority. (2010). *Living With Mental Illness: A Guide for Family and Friends*. Retrieved from <http://ourhealthyminds.com/family-handbook/communication/index.html>

Seeking Mental Health Services

What can you do when your family member resists help?

Even when your family member is refusing, you may continue to seek services to help your family member. Being aware of the warning signs, such as a suicidal threat or harm to others, is important when you are seeking help.

How do I get help in crisis or emergency situations?

Mental Health Department

Psychiatric Emergency Team (PET) numbers:
(800) 320-1616 or (559) 730-9922

PET staff is trained to assess individuals with mental illness and provide rapid response to help stabilize psychiatric emergency or crisis situations. PET is available 24 hours a day, 7 days a week, 365 days of the year.

Kaweah Delta Health Care District (in Visalia)

Emergency Department: (559) 624-2218

Sierra View District Hospital (in Porterville)

Emergency Department: (559) 784-1110

Police Department

Emergency Number for all cities: 911

When calling the Visalia Police Department, it is important to ask for a Trained Crisis Intervention Team (CIT) Officer. The CIT, as First Responders (e.g., police officers), are specially trained to assist individuals with mental illness and partner with the Mental Health Psychiatric Emergency Team.

Tulare County Sheriff's Officer

Non-Emergency Number: (559) 733-6218

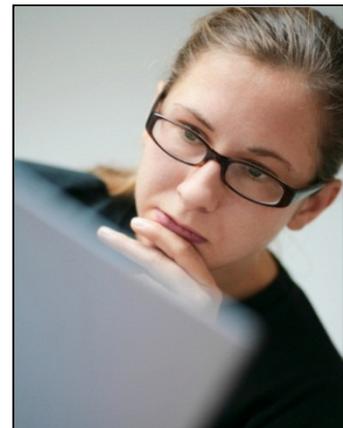
Tulare Regional Medical Center

Emergency Department: (559) 685-3450

What information should you provide?

Providing accurate information about the mental health history of your family member is vital to receiving appropriate treatment. Although confidentiality law prohibits professionals from releasing information to anyone unless the client agrees to this in writing, the family still has the right to offer information about the family member's history to the evaluator. The information should be factual and related to the family member's symptoms of mental illness. Your information may be used to decide whether or not to place your family member in the acute psychiatric hospital.

Forms have been developed by mental health staff and family advocates to assist you in reporting information about your family member's history of mental illness. The forms on pages 13–16 explain the type of information you should provide.



Family Member's Role in Seeking Involuntary Services

How do you request hospitalization using an Involuntary Hold (5150)?

When you call for help for your family member, a professional (e.g., CIT officer, police officer, or mental health staff member) will, in most cases, come to where you are located and conduct an assessment to determine whether your family member should be transported to a psychiatric facility for a 72-hour hold for treatment and evaluation. **The 72-hour hold is known as a 5150**.** For this hold to take place, there needs to be “probable cause,” which means your family member, as a result of the mental disorder, is a danger to himself or herself, or to others, or suffers from grave disability.

Symptoms That Indicate Probable Cause

Danger to Self: A person has suicidal thoughts and is an immediate threat to his or her own safety, as a result of mental illness (e.g., delusions, hallucinations, or depression). The means and ability to carry out these threats also have to be present to meet criteria for Danger to Self.

Danger to Others: A person threatens to harm others and has a plan, the means, and the imminent ability to carry out these threats, as a result of mental illness (e.g., delusions, hallucinations, or depression). The person must be an immediate threat to someone's safety.

Grave Disability: An individual is unable to care for himself or herself and/or is unwilling to accept a third party's assistance to obtain food, clothing, or shelter, as a result of mental illness (e.g., delusions, hallucinations, or depression).

Note: None of these symptoms alone mean that Probable Cause exists. However, information regarding these symptoms can be used in conjunction with other evidence to uphold the certification for probable cause.

As a family member, do you have a say in determining “probable cause” (5150.5)?

You may provide information related to your loved one and his or her mental health history to the 5150 evaluator. It is important to provide an accurate summary. A CIT or PET staff person will consider relevant information about the history of a person's mental disorder to determine probable cause for a 72-hour hold (5150). It is important to document information about your loved one and the history of his or her mental illness so you will have it readily available when you need it (See documentation information on pages 13-16).



***The process of the involuntary hold is described in a diagram on page 12.*

What happens to an individual once he or she is taken for a 5150?

At the psychiatric hospital, the individual is evaluated and treated for mental illness. During or at completion of this hold, an individual may be certified (determined by a judge to require hospitalization for mental illness) for up to 14 days of intensive treatment related to a mental health disorder or impairment. The certification will lead to a legal hearing, at which the hearing officer will decide whether to uphold the 14-day certification upon reviewing evidence of probable cause. During the hearing, which takes place at the hospital, you may provide information in writing to be considered for review, or you may testify as a witness if your family member has consented for you to be present.

The hospital representative may assist families in preparing for written and/or verbal testimony at this hearing. The following examples are the types of information useful in a Probable Cause hearing:

- My brother is going to hurt himself; he's planning to crash his car into a tree and says he will leave now and end it all.
- He just swung a stick violently at his mother and is screaming at her in an aggressive manner.
- She hasn't eaten anything I've given her in the past three weeks because she says I'm trying to poison her.

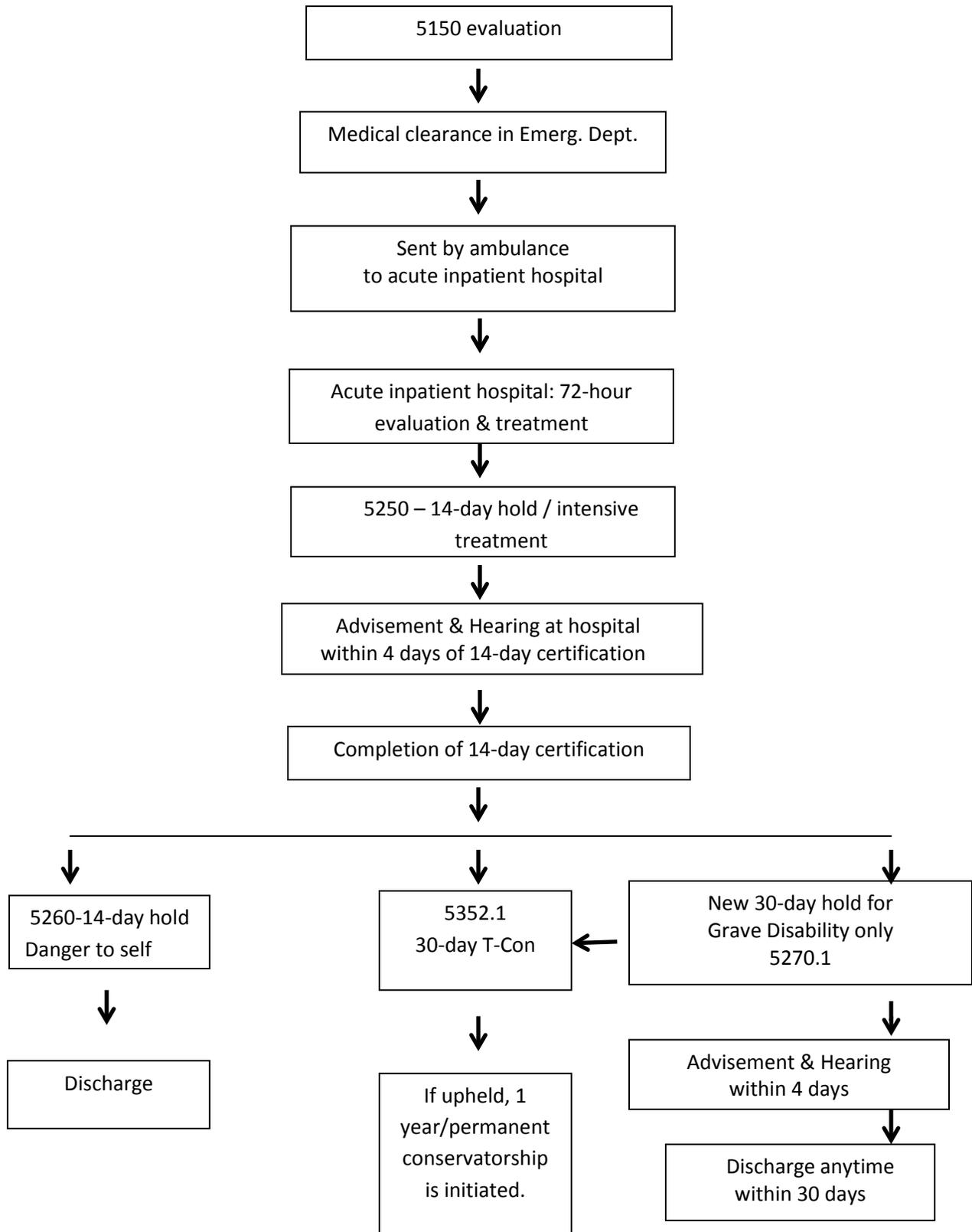


If the hearing officer determines that probable cause exists, your family member is placed on a 14-day certification (if determined that there is no probable cause, he or she can be released immediately following the hearing). During any time of the 14-day hold:

1. The hospital may place the person on a second 14-day recertification if the person has been determined to be a danger to him- or herself. This action requires no additional due process (no hearing) [WIC 5260].
2. If a person is deemed gravely disabled and unwilling or unable to accept treatment voluntarily, the person may be certified for an additional period of time of not more than 30 days of intensive treatment. This action requires a review hearing (WIC 5270.1).

After or during the 14-day hold or the 30-day hold, the treating psychiatrist can initiate a Temporary Conservatorship (T-Con) for 30 days if the psychiatrist believes the client may benefit from the services of a conservator (a guardian to make decisions for a client with mental illness). At the end of the 30-day T-Con period, a hearing will be held to determine whether the person remains gravely disabled and whether a permanent (1-year) conservatorship is necessary. The County conducts a full investigation to determine appropriateness of 1-year/permanent conservatorship. On page 12, the Lanterman Petris Short (LPS) conservatorship is diagrammed. For more information on the Probable Cause hearing, please contact Luann Baldwin at **(559) 624-7449** or **Lbaldwin@tularehhsa.org**.

Involuntary Hold Process



INFORMATION FORM FOR AN ADULT

Present this form to any Peace Officer, Psychiatric Emergency Team staff member, or an evaluator performing a 5150 assessment of your family member to determine if he or she meets criteria for a 72-hour evaluation in a psychiatric facility.

Name of adult:	Date of Birth: / /
Primary Language:	Phone Number:
Address (Street, City, State, Zip):	
Medi-Cal: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medi-Cal No.: Medicare: Yes <input type="checkbox"/> No <input type="checkbox"/>
Private Medical Insurer (If applicable):	
Please ask the person being assessed to sign an authorization permitting the hospital to communicate with me regarding his or her care. (I understand that if a Release of Information is not signed, the hospital is not allowed to share confidential information.)	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
My family member has a Wellness and Recovery Plan or Advanced Directive:	Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of the Advanced Directive is attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>
BRIEF HISTORY OF MENTAL ILLNESS	
At what age did the mental illness begin: () Diagnosis given:	
Does this individual use drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What substances have been taken recently?	
MEDICATIONS	
Medications individual has taken (please list):	
Medications individual has responded well to:	
Medications that have caused adverse reactions:	
Allergies (medications, foods, chemical, and other):	
SPECIAL CONSIDERATIONS	
Spiritual/cultural needs:	
Dietary needs:	
OTHER MEDICAL CONDITIONS	
Treating Physician:	Phone number:
Case Manager/Therapist:	Phone number(s):
Current living situation:	
Information submitted by (Print name):	
Relationship to individual served:	
Address (Street, City, State, Zip):	
Phone:	
Signature:	Date:

CURRENT REASONS FOR CONCERN (PLEASE CHECK ALL THAT APPLY)

	Date: (<u> </u> / <u> </u> / <u> </u>)	<input type="checkbox"/>
Individual excludes family when refusing treatment	/ /	<input type="checkbox"/>
Individual is not taking medications	/ /	<input type="checkbox"/>
Individual is danger to self/others	/ /	<input type="checkbox"/>
Individual is under the influence of alcohol	/ /	<input type="checkbox"/>
Individual is under the influence of drugs	/ /	<input type="checkbox"/>
Individual is not able to provide or utilize assistance for shelter	/ /	<input type="checkbox"/>
Individual is not able to provide or utilize assistance for food	/ /	<input type="checkbox"/>
Individual is not able to provide or utilize assistance for clothing	/ /	<input type="checkbox"/>
Individual has history of not continuing mental health treatment	/ /	<input type="checkbox"/>
Police called?	/ /	<input type="checkbox"/>
Sheriff called?	/ /	<input type="checkbox"/>
Crisis intervention team called (from law enforcement)?	/ /	<input type="checkbox"/>
Psychiatric emergency team called (from mental health crisis team)?	/ /	<input type="checkbox"/>

SUMMARY OF THE RISK

What is occurring now?
What has led to this over the past two or three weeks?
Historically, what happened in similar circumstances that causes concern now?
What specific treatment action does the family request?
What is your concern if treatment is not received now?

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Submitting this form does not guarantee that you will receive information in return unless consent is provided by your family member.

This document may become a legal record, which may be made available to the patient.

INFORMATION FORM FOR A CHILD

Present this form to any Peace Officer, Psychiatric Emergency Team staff, or an evaluator performing a 5150 assessment of your family member to determine if they meet criteria for a 72-hour evaluation in a psychiatric facility.

Name of child:	Date of Birth: / /
Primary Language:	Phone Number:
Address (Street, City, State, Zip):	
Medi-Cal: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medi-Cal No.: Medicare: Yes <input type="checkbox"/> No <input type="checkbox"/>
Private Medical Insurer (If applicable):	
Person(s) with legal custody of child:	Phone Number:
Person(s) with legal physical custody of child:	Phone Number:
Other important information about the child:	
BRIEF HISTORY OF MENTAL ILLNESS	
At what age did the mental illness begin: () Diagnosis given:	
Does this individual use drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What substances have been taken recently?	
MEDICATIONS	
Medications individual has taken (please list):	
Medications individual has responded well to:	
Medications that have caused adverse reactions:	
Allergies (medications, foods, chemical, and other):	
SPECIAL CONSIDERATIONS	
Spiritual/Cultural needs:	
Dietary needs:	
OTHER MEDICAL CONDITIONS	
Treating Physician:	Phone number:
Case Manager/Therapist:	Phone number(s):
Current living situation:	
CONTACT INFORMATION	
Information submitted by (Print):	Relationship to child:
Address (Street, City, State, Zip):	
Phone:	
Signature:	Date:

CURRENT REASONS FOR CONCERN (PLEASE CHECK ALL THAT APPLY)

	Date: (<u> </u> / <u> </u> / <u> </u>)	<input type="checkbox"/>
Child excludes family when refusing treatment	/ /	<input type="checkbox"/>
Child is not taking medications	/ /	<input type="checkbox"/>
Child is danger to self/others	/ /	<input type="checkbox"/>
Child is under the influence of alcohol	/ /	<input type="checkbox"/>
Child is under the influence of drugs	/ /	<input type="checkbox"/>
Child is not able to provide or utilize assistance for shelter	/ /	<input type="checkbox"/>
Child is not able to provide or utilize assistance for food	/ /	<input type="checkbox"/>
Child is not able to provide or utilize assistance for clothing	/ /	<input type="checkbox"/>
Child has history of not continuing mental health treatment	/ /	<input type="checkbox"/>
Police called?	/ /	<input type="checkbox"/>
Sheriff called?	/ /	<input type="checkbox"/>
IEP addressed higher level of care	/ /	<input type="checkbox"/>
504 plan addressed higher level of care	/ /	<input type="checkbox"/>

SUMMARY OF THE RISK

What is occurring now?
What has led to this over the past two or three weeks?
Historically, what happened in similar circumstances that causes concern now?
What specific treatment action does the family request?
What is your concern if treatment is not received now?

(Page 2 of 2)

This document may become a legal record, which may be made available to the patient.

Working with a Mental Health Provider

When working with your loved one's mental health provider, it is important to have past and current information on hand about his or her mental illness. When your family member is admitted to a hospital, you can offer the information below to provide an accurate picture of your family member's illness. If your family member is discharged, medical records can be requested by your family member or, with his or her consent, you can make the request.

1. Know your loved one's history

- Keep a journal of problematic symptoms and behaviors (e.g., sleep patterns, hallucinations, changes in speech patterns, energy level) and the date of occurrence.
- Treatment history: What medications he or she has taken in the past; side effects of medication; why the medication was stopped; were they helpful; and previous hospital stays (including when, where, and why).

2. Know as much as possible about the current treatment

- Keep a list of important contact numbers (e.g., psychiatrist, therapist, & case manager).
- Keep a 1-page summary of the current treatment plan, along with your contact information, to send to the hospital if your loved one is admitted. Information about the current treatment plan should include: medication names, their purposes, doses, and schedule.
- If your loved one has not authorized you to receive this information from the provider directly, encourage him or her to share as much as he or she is comfortable with.

3. Balance involvement with independence

- If your loved one allows, accompany him or her to appointments to keep an open dialogue with providers.
- Ask your loved one how comfortable he or she is to have you share with the doctor, but remember to let your loved one take charge of telling or expressing his or her story.

4. How to communicate so the provider will hear you

- Be concise and make a list of questions and concerns you want to address in advance.
- State your main concerns clearly: "She seems much more depressed and I am worried."
- If it is difficult to talk with the provider, try expressing your concerns via a letter.
- You are always allowed to share information with the providers, but privacy law often prohibits them from sharing details in return.



A Guilt-Free Bill of Rights for Families and Loved Ones

1. A right to survive.
2. A right to privacy and to lead our own lives.
3. A right not to go broke or alter our standard of living.
4. A right not to be psychologically abused.
5. A right to physical safety.
6. A right to express our emotions.
7. A right to respite and vacations.
8. A right to receive help for ourselves.
9. A right to set house rules and be treated with respect and consideration.



The above rights are developed by Parents of Thresholds, Chicago, Ill.

Your Rights When Your Family Member is Hospitalized

Families of clients in psychiatric hospitals are encouraged to participate in the assessment, treatment, and aftercare planning process for each client, consistent with the best interest and wishes of the client. **The family rights listed below require the client's written authorization.**

- The right (of a spouse, parent, child, or sibling) to be notified of the client's presence in a 24-hour facility, unless the client requests that this information not be provided. [WIC 5328.(1)]
- The right to be given information regarding the diagnosis, prognosis, prescribed medication and side effects, and progress of the client. If the client is initially unable to authorize the release of this information, daily efforts shall be made to secure the client's consent or refusal of authorization. [WIC 5328.1(a)]
- The right to have the facility make reasonable attempts to notify the immediate family of the client's admission, release, transfer, serious illness, injury, or death; the client must request that this information be provided. [WIC 5328.1(b)]
- The right to see and receive copies of information and records regarding the client, with the client's consent and the approval of the treating physician, psychologist, or master's degree social worker. [WIC 5328.(b)]
- The right to a copy of the written aftercare plan when the client is discharged from an inpatient psychiatric facility, with the consent of the client. [AB 482 amending WIC 5622, 5768.5]
- The right for the clinician not to reveal from the client's record any information provided in confidence by the family, prior to release of records of an authorized person or entity. [WIC 5328(b) (d) (j) (k), 5543]
- The right of the client to assign a relative or guardian to be given required information concerning the consent and explanation about administration of convulsive treatment or psychosurgery, if authorized by the client. [WIC 5326.6(b), 5323.7(c)]
- The right to receive copies of public information, including licensing and other reports. [WIC 6250 et seq.]
- The right to visit the client every day, with the consent of the client. [WIC 5325(c)]
- The right to have confidential telephone calls with the client and to mail and receive unopened correspondence. [WIC 5325(d), (e)]
- The right to provide clothing, personal possessions, and a reasonable sum of money for the client to use in the facility. [WIC 5325(a)]

- The right to participate in the treatment and rehabilitation planning of the client as a source of information and support. Included in the participation is assisting the client in returning to the most constructive and satisfying lifestyle of his or her own definition and choice in the least restrictive environment, preferably in the client's own community. [WIC 5600.2(a)(2), 5600.4(c)]
- The right for a person designated by the client to be advised of the time and place of certification hearings, judicial review, conservatorship proceedings, and other due process proceedings, unless the client requests that this information not be provided (under the advisement that the client has the right to request this information not be provided). [WIC 5256.4(c), 5276, 5350.2]
- The right to be appointed conservator or to nominate a conservator subject to the priorities and preferences in the Probate Code. [Cal. Probate Code §§ 1810-1813]
- The right to have as the first priority for conservatee placement a facility as close as possible to the conservatee's home or home of a relative. [WIC 5358(c)]
- The right to submit a complaint regarding abuse, unreasonable denial, or punitive withholding of right concerning a resident in a licensed health or community care facility to a Patients' Rights Advocate for investigation. [WIC 5520(a)]
- The right (unless found not to be acting in good faith) to be immune from civil or criminal liability, penalty, sanction, or restriction for participating in the filing of a complaint or providing information to the Patients' Rights Advocate. [WIC 5550(a)]
- The right to be informed by the facility of the telephone number of where to file complaints with the Department of Health Services, Licensing and Certification Program [Cal. Health & Safety Code § 1288.4]. Professional licensing boards and other regulatory and enforcement agencies may also be contacted to register complaints about the facility or personnel.
- The right to not have the client discriminated or retaliated against for the family member's participating in any advocacy activity. [WIC 5550(c)]



What to Do When Your Family Member is Arrested

Below are some strategies to help families request assistance from the criminal justice system in Tulare County when a family member with mental illness is arrested.

Support Your Relative

If your relative/friend has been arrested, help the person to stay calm and let him or her know you will help. Remind the person that he or she has a right to have an attorney present if being questioned by police officers or detectives. Tell the person to expect to be interviewed by jail medical and mental health staff. Let the person know it is OK to discuss his or her physical and mental condition, diagnosis, medications, and so forth. It is important that the person feel safe to speak openly on these topics.

Contact the Main Jail

Call: (559) 636-4655 and ask for the court arraignment date and hearing department location, booking number, location of your relative, and the dates and times when visits are permitted. **IMPORTANT:** If you know or suspect that your relative has had recent suicide attempts or thoughts, call the jail and ask to speak with the Watch Commander; give the Watch Commander all the information you have.

Contact the Jail Mental Health Team

Call: 559-735-1350 and ask to speak with a staff member. Staff are available Monday through Thursday from 8:00 a.m. to 5:00 p.m. After hours, contact the Psychiatric Emergency Team (PET) at 800-320-1616. **Due to patient confidentiality laws**, staff will not be able to give you information about your family member's medical or mental condition without the family member's signed consent, known as a Release of Information.

Send a Fax

Prepare a fax requesting that your relative be screened for placement in the mental health unit. Send the fax form to (559) 713-3296. On the cover page, indicate whether your relative has provided you with a written confidentiality waiver. If your relative has not done so, request that he or she be asked to sign a Release of Information while in jail. The fax you are sending should include the important information described on the next page.



Types of Information to Include in the Fax

Head Fax with:

- Your family member's or relative's full legal name
- Date of birth
- Booking number
- Location



In the body of the fax include (see form on next page):

- His or her diagnosis
- His or her psychiatrist's name, phone number, and address
- The medications prescribed for your family member (name, dosage, and time of day to be administered)
- Note if a particular medication has proven to be ineffective, dangerous, or has uncomfortable side effects.
- Note if a suicide attempt is a possibility or if there are any other serious concerns.
- Describe any other urgent medical conditions, apart from mental illness, that might require immediate attention, such as diabetes, high blood pressure, seizures, heart problems, etc., and the necessary medications to be given.
- Include the family member's medical doctor's name, address, and phone number.

**DO NOT mention any impending charges against your relative in this fax.
Keep a copy of this fax for future reference. If your relative is transferred to a different facility, you will need to fax this information again.**

Office of Patients' Rights

Call: (800) 905-5597

This office provides the following types of assistance:

- Educates family members on the requirements of detention facilities regarding mentally ill inmates.
- Ensures that county jails make mental health treatment services available to all inmates who need these services.

Inmate Medication Information Form

Date: _____

Booking Number: _____

Inmate Information

Full Legal Name: _____ Dob: _____

Street Address: _____ City: _____ State: _____ Zip _____

Family Contact Information

Family Contact Name: _____ Relationship: _____

Street Address: _____ City: _____ State: _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Psychiatrist/Treatment Facility Information

Psychiatrist (Current or Last Seen): _____ Date Last Treated: _____

Street Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Medical Information

Diagnosis: _____

Daytime Medications:

Nighttime Medications:

Past Problem Medication Effects (i.e. side effects, allergies, medication that did not work):

How long has it been since medications were last taken: _____

Is suicide a concern? No ___ Yes ___ If Yes, Why?

Other Medical Concerns: _____

Medical Doctor's Name: _____ Office Phone: _____

Street Address: _____ City: _____ State: _____ Zip _____

Jail Mental Health Service Fax Numbers

Send fax to: (559) 713-3296 and confirm receipt of fax by calling: (559) 735-1362 ext. 3.

Family members may complete this form and fax it to the Jail Mental Health Team.

Legal Representation

When your family member is arrested, he or she may either retain a private attorney or use the Public Defender's Office. A Public Defender will be assigned at arraignment if your family member does not have or cannot afford a private attorney. Do not be afraid to use the Public Defender. Public Defenders often have knowledge of the "system" as it pertains to those who need mental health services. The attorney who appeared at arraignment and accepted the case for the Public Defender's Office will usually not be the attorney who actually handles the case. You should call the Office of the Public Defender at (559) 636-4500 to learn the name of the Deputy Public Defender assigned to your relative's case.

It may take several days for an attorney to be assigned and police reports and other materials to be obtained. Phone calls should be made directly to the attorney assigned to your family member's case and faxed information should be directed to the assigned attorney by name. Remember, it is the inmate, not you, who is the client, so the attorney may not be able to share all information with you. Provide the attorney with an extensive history of your family member (medical, psychiatric, social, and educational). This written information will be very useful in pursuing the best outcome.

A private attorney will grant you more time, but remember, you are paying for that access. If your family member decides to retain a private attorney, be sure to find one who is well versed in helping people with mental illness and understands not only the law but also how to access the treatment facilities and mental health services that are available.

IMPORTANT: Think carefully about posting bail. No one wants a loved one to remain incarcerated for any length of time. It is an unpleasant experience for the individual as well as the family. However, you must ask yourself the following question: Will your family member be able to comply with the terms of the bail and appear in court when required? Also, as hard as it may seem, for a person with severe mental illness who is in crisis, jail may be a safer place than wandering the streets with no help at all. At least in jail he or she will be fed, sheltered, and be given access to medication treatments.

Supporting and coping with a loved one who suffers from a mental illness can be extremely challenging and stressful. Knowledge, as well as your love and fortitude, will help you to be an effective support system for your relative.

This information was written by NAMI volunteers based on their own personal experience, to help families navigate the system. We are not attorneys, and this is not intended as a substitute for professional legal advice. Please assist your family member in obtaining proper legal representation.

Problem Resolution Coordinator and Patients' Rights Advocate

There are times when you, as a family member, would require assistance from the Problem Resolution Coordinator and/or the Patients' Rights Advocate to help your family member with mental illness. Below is a description of the roles and responsibilities of these professionals.

Problem Resolution Coordinator

Tulare County's Problem Resolution Coordinator (PRC) is a licensed clinician who receives, logs, and investigates all grievances, appeals, and State Fair Hearings. The PRC works with the client, the client's family member or other representative, and the treatment providers (site managers) to resolve issues that can be addressed locally. The PRC generates and notifies beneficiaries of the disposition/resolution plan within mandated guidelines. The PRC prepares and presents the County's position statement at the State Fair hearings to an Administrative Law Judge. The PRC reports quarterly to the Quality Improvement Committee and annually to the State Department of Mental Health.

For more information on Problem Resolution for patients, please call (800) 500-4465.

Patients' Rights Advocate

The role of the Tulare County Patients' Rights Advocate (PRA) is to assist clients in expressing their wishes. There may be a difference between clinical best interest and the client's expressed wishes at times. The PRA does not form an opinion about a client's intentions or make a judgment call as to who is right; the PRA only helps to express the client's wishes.

At the same time, it is the Advocate's responsibility to give the client enough information so that he or she can make an informed decision. The PRA has the right to investigate complaints and issues at any level of the mental health treatment system, including at mental health hospitals and hospital emergency departments.

The PRA does not need a signed consent from the client to advocate for him or her, or to attend meetings with therapists, case managers, or doctors regarding the client's expressed interest. With the client's authorization, however, the advocate is allowed access to the client's files.

For more information about Patients' Rights Advocacy, please call (800) 905-5597.

Family Support Groups

Below are two organizations that provide family support groups within the community.

National Alliance on Mental Illness (NAMI)

NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. Many NAMI affiliates offer an array of support and education programs for mental health clients and their families.

- **NAMI- Tulare County, Visalia · (559) 732-6264**
General Membership Meeting
Place: St. Paul's Church, 120 N. Hall
Day: First Monday of each month at 5:45 p.m. Business meeting followed by Care and Share meeting at 7:00 p.m.
- **NAMI-Tulare County, Porterville · (559) 539-3056**
Monthly Support Meeting
Place: Kiwanis Youth Center, 450 North Newcomb, Porterville, CA
Day: Second Tuesday of each month at 7 p.m.
- **Family-to-Family Program · (559) 594-6967**
Provides free 12-week education course for family members.
- **Peer-to-Peer · (559) 627-1306**
Free 9-week education course for clients.



Tulare County Department of Mental Health

- **Transitional Living Center (TLC) Family Support Meeting**
Open to family members of current or past residents at TLC.
Contact: (559) 623-0490
Place: TLC, 546 E. Tulare Ave., Visalia, CA 93292
Day: Second Tuesday of each month at 6 p.m.
- **Senior Counseling · (559) 733-6880 or 1-800-321-2462**
Professional counseling for anyone 55 years and older living in Tulare County.

Mental Health-Related Resources/Websites

NAMI National

www.nami.org

NAMI California

www.namicalifornia.org

NAMI Tulare County

www.nami.org/sites/tularecounty

Medication Compliance System

www.epill.com

Children's Mental Health Website

www.kidsmentalhealth.org

National Institute of Mental Health

www.nimh.nih.gov

National Mental Health Association

www.nmha.org

National Depressive and Manic Depressive Association

www.ndmda.org

The OC Foundation (for Obsessive-Compulsive Disorders)

www.ocfoundation.org

Anxiety Disorders Association of America

www.adaa.org

The Trevor Hotline -- You are not alone! • 866-488-7386

www.thetrevorhelpline.org

A free and confidential crisis and suicide prevention helpline for lesbian, gay, bisexual, transgender, and questioning youth, offering hope and someone to talk to, 24/7.

If you don't have your own personal computer, the public libraries have computers available for use by the public for free, as well as support staff to help you.

For more information regarding mental health concerns, please contact:

Luann Baldwin, Family Advocate Manager, at (559) 624-7449 or Lbaldwin@tularehhsa.org.

FAQs by Family Members Regarding Hospitalization

The following frequently asked questions (FAQs) are intended to help inspire some thoughts about the role of family or caregiver support when your family member has been admitted to a psychiatric hospital. Many times, information will not be released to the family due to confidentiality laws. You may provide information to the hospital staff that assists in treatment decisions during the hospital admission. But, unless the patient signs a release form, the hospital staff cannot share information with you about your family member.

Frequently Asked Questions:

Are there items the hospital prohibits on the unit during hospitalization?

The Emergency Department of Kaweah Delta Hospital and the Kaweah Delta Mental Health Hospital distribute two informational handouts (called “Information for Patients and Families” and “Prohibited Items and Clothing”), listing prohibited items on the unit during hospitalization.

When I call, staff can neither confirm nor deny the admission of my family member to the mental health hospital. How do I find out if my family member is there? And how do I make contact with my family member?

If there is no signed release allowing staff to speak with family members, staff are prohibited from acknowledging your family member’s presence at the hospital. Federal law regarding confidentiality is intended to allow persons to receive mental health services while protecting their privacy. Often, your family member will be more willing to sign a release of information after he or she feels more stable. If not, you are still able to provide information to the hospital, even if you cannot receive information in return.

What are the mental health hospital’s visitation rules?

Visits are regulated by the hospital. The “Information for Patients and Families” handout, available at the Kaweah Delta Mental Health Hospital, includes the schedule of times when family and support persons are allowed to visit the patient.

What personal items and clothing are allowed on the hospital unit?

The “Information for Patients and Families” handout provides specific information about what you may and may not bring into the hospital. If you have further questions, you may call the main mental health hospital number to ask about specific items.

Who are the staff directly involved in the care of my family member at the mental health hospital?

Psychiatrist: Medical Doctor specializing in psychiatric hospital treatment.

Unit Nurse: Registered Nurse with focus on inpatient mental health treatment.

Mental Health Worker: Licensed Psychiatric Technician or Paraprofessional providing unit care and daily management.

Social Worker: Professional case management and discharge planning care.

How do I contact the mental health hospital staff?

Kaweah Delta Mental Health Hospital: (559) 624-3300 (main number) or

(559) 624-3350 (unit number)

How do I request a family meeting with the psychiatrist assigned to my family member?

Social workers are responsible for scheduling family meetings with the psychiatrist. Contact the assigned social worker to request the family meeting. If there is information you want to provide to the psychiatrist, the social worker will relay that to the doctor.

What options do family members have when they have a concern or complaint?

If you have a concern or complaint, ask for the Team Lead. If the Team Lead is not available to resolve the issue, ask to be transferred to the Nurse Manager. If your concern or complaint is still not resolved, then ask to be transferred to the Director.

TULARE COUNTY
DEPARTMENT OF
MENTAL HEALTH

FAMILY HANDBOOK

A GUIDE FOR FAMILIES OF INDIVIDUALS WITH MENTAL ILLNESS

TULARE COUNTY DEPARTMENT OF MENTAL HEALTH
5957 South Mooney Blvd.
Visalia, CA 93277
559-624-7445



Tulare County
Health & Human Services Agency