KERN COUNTY

BEHAVIORAL HEALTH & RECOVERY SERVICES

Family Handbook

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Directory of Behavioral Health Resources in Kern County

Emergency Numbers

24-Hour Crisis Hotline ..... (800) 991-5272
Bakersfield Police Department ..... (661) 327-7111
Kern County Sheriff's Office ..... (661) 861-3110
Kern County Fire Department ..... (661) 324-4552
Poison Control ..... (800) 222-1222

Services

Adult Behavioral Health Services/Access to Care ..... (661) 868-8080
Adult Protective Services ..... (661) 868-1006
Aging and Adult Services ..... (661) 868-1000
Al-Anon ..... (661) 322-1102
Alliance Against Family Violence 24- Hour Hotline ..... (661) 327-1091
Brand New Day ..... (661) 371-2525
Child Guidance Clinic ..... (661) 322-1021
Children's Behavioral Health Services ..... (661) 868-6750
Child Protective Services ..... (661) 631-6011
Conservator's Office ..... (661) 868-1010
Crestwood Behavioral Health ..... (661) 363-8127
Family Advocate ..... (844) 360-8250
Bakersfield Behavioral Healthcare Hospital ..... (661) -398-1800
Kern Medical ..... (661) 326-2000
National Alliance on Mental Illness (NAMI) ..... (661) 858-3255
Omni Family Health ..... (661) 392-7850
Patients' Rights ..... (844) 360-8250
Social Security Administration ..... (866) 366-9558
Truxtun Psychiatric Medical Group ..... (661) 323-6140
Veterans Administration ..... (661) 632-1800

Kern Behavioral Health and Recovery Services

Kern Behavioral Health and Recovery Services is pleased to provide this family handbook for your Convenience. Although this handbook does not contain all the information available in our county, it Provides information about the most important areas of services for individuals recovering from behavioral Health concerns and for their family members.

This handbook provides information related to the Family Advocate of Kern Behavioral Health and Recovery Services, as well as the different types of behavioral health-related services and programs Available inour county.

Wellness and Recovery

The Wellness and Recovery Approach has been adopted by the county's behavioral 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 Competence in Family Advocacy

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 behavioral health conditions in society. Problems of misunderstanding, fear, and discrimination are concerns often related to behavioral health in many cultures. The Family Advocate will try to help you address these and other cultural related challenges through self-empowerment with dignity and respect.

General Terms

5150: A transportation document that requires a designated facility to hold and evaluate an individual for treatment of behavioral health symptoms that cause them to be a danger to others, themselves, or to be gravely disabled for up to 72 hours.

5250: Certification of not more than 14 days after the 5150 or 72 hours because the psychiatrist believes the individual continues to remain a danger to self, to others, or gravely disabled.

5260: Re-certification for an additional 14 days.

5300: Post-certification for an individual that continues to remain dangerous to others and the psychiatrist has petitioned the courts for an additional 180 days of treatment.

5350: Temporary Conservatorship (T-Con) - when an individual that has had an investigation done by the Kern County Conservators office and they make a request to the court for a 30-day time period to assist an individual with grave disability (food, clothing, shelter, third-party assistance).

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 use disorder. Services are located throughout Kern County, providing individual and group counseling, drug and alcohol education, and relapse prevention services in residential, sober living, and outpatient treatment settings.

Adult Residential Facility (ARF): Licensed residential behavioral health care facilities providing supervision and medication monitoring by professional staff.

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

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

Co-occurring disorders: Person with at least one behavioral health and one substance use disorder.
CSU: Crisis Stabilization Unit

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

Evidence-Based Program: Program with practices that have 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.

Family-to-Family (F-2-F): A 12-week education program sponsored by the National Alliance on Mental Illness (NAMI).

General Terms cont...

Family Advocate: Represents the family/support person's perspective within the system of care (see 'Role of Family Advocate; on page 8 for more details).

Grave Disability: The inability to provide food, shelter, and clothing due to a behavioral health condition.

- Food: either unable to provide food for themselves or they are refusing to eat
- Shelter: either unwilling or unable to obtain housing or loses housing repeatedly
- Clothing: unable to dress appropriately either for the weather, or in keeping with public guidelines.

Psychosis is sometimes responsible for public nudity, causing contact with law enforcement and making them vulnerable in other ways.

Interdisciplinary Treatment Team (IDT): Required that patients' care be overseen and managed by an interdisciplinary group consisting at least of a physician, nurse, social worker and counselor. A holistic approach for IDTs allows experts in different disciplines to evaluate and provide feedback to the care plan and ensures comprehensive care.

LGBT: Lesbian, Gay, Bisexual, Transgender

LCSW: Licensed Clinical Social Worker

Legal Hold: When someone is placed in an acute psychiatric unit involuntarily.

LPS Conservatorship: A permanent conservatorship. If your family member was already on a T-Con, they may be upheld to remain on permanent conservatorship. These run for one year and are renewed on annual psychological evaluations.

Mobile Evaluation Team (MET): Dispatched by law enforcement when a behavioral health crisis is identified in the community.

NAMI: National Alliance on Mental Illness

Psychiatric Evaluation Center (PEC): The 24-hour crisis stabilization unit in Kern County.

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

Peer-to-Peer (P-2-P): A 12-week education program for persons diagnosed with behavioral health conditions.

Patients' Rights Advocate: Responsible for investigating and trying to resolve complaints, appeals, and grievances regarding behavioral health services.

Probable Cause Hearing (PC Hearing): Made available to individuals who have been put on a 14-day hold (5250). These hearings are held withing the first four days of that hold to fulfill the patient's right to due process.

General Terms cont...

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

Reise Hearing: Also known as a capacity hearing, determines an individual's ability to understand multiple factors regarding medications that are being prescribed by a psychiatrist while an individual is receiving treatment on a psychiatric unit.

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

WIC: Welfare & Institutions Codes that govern behavioral health services

Writ of Habeus Corpus: A request for release by an individual while receiving treatment in a designated facility for judicial review in Superior Court.

The Role of the Family Advocate

If a member of your family, significant other, or close friend is struggling with a behavioral health concern and have been unable to engage them through the normal routes, you can contact the family advocate for help in navigating the system of care. The Family Advocate can be the family's link to KernBHRS. A variety of services is available to help you navigate the behavioral health system. The Family Advocate is a trained professional who can help you to support and assist your loved one.

Family Advocacy Services

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

- Advocates for families and helps them communicate with service providers
- Links families with appropriate services as supporters and caregivers
- Assists the family with complaints and concerns regarding behavioral health services
- Educates treatment teams on strategies to encourage family or support-person engagement and integration
- Provides consultation to treatment teams on challenging issues
- Provides education for about families about the structure of the system of care, engagement and integration of in their loved one's treatment, participation in treatment direction or discussion, and NAMI of Kern 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
- Made decision for family members
- Force a family member receiving services to do anything against their will

For more information about KernBHRS Family Advocacy,
call (844) 360-8250 or email familyadvocate@kernbhrs.org.

Communicating with a Family Member with Behavioral Health Conditions

Communication with individuals struggling with a behavioral health condition requires open-mindedness and a level of understanding and competence. Here are some suggestions on how to communication with your family member with a behavioral health condition(s):

•***Be respectful*** – when a person feels respected and heard, they will be more likely to return respect and consider what you have to say. Let your family member share in the responsibility of making good decisions.

•***Be aware of differences in reality*** – if a person is experiencing hallucinations or delusions, be aware that this experience is their reality. Acknowledge it and don't ignore or argue about it.

•***Be honest*** – do not assume that an individual with behavioral health conditions will believe anything you say. Behavioral health conditions have nothing to do with the person's intelligence level. Most likely the person will remember your conversations.

•***Listen*** – Try to understand what they are communicating. In most instances, if you listen carefully, you will be able to understand. If an individual is an adult, communicate with them 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 behavioral health conditions 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 they do 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 them can open the door to conversation. Try not to be forceful.

Source:

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

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 Behavioral Health Services for a Family Member

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 sign, such as a suicidal threat or harm to others, is important when you are seeking help. Here are a few resources that may assist family members in getting your loved one support and treatment.

How do I get help in crisis or emergency situations?

Kern County Crisis Hotline
988 or (800) 991-5272
TTY: (661) 868-8142

The Hotline provided crisis and suicide prevention for individuals of all ages. In addition, the team offers telephone counseling and assistance with coping skills for a variety of mental health concerns. Hotline staff members provide immediate assistance and connect callers to follow-up services both within the system of care and the community.

If your family member is an immediate risk of harm to themselves or others call 911.

Access and Assessment Center
Mary K. Shell Behavioral Health Center
2151 College Ave. (Front Entrance Only)

The Access and Assessment Center is a central point of access into the system of care, and provides initial screenings for adults only. It also provides assistance with community services and referrals to determine proper service placement.

The Access and Assessment Center is designed to evaluate the needs of the individual served through the completion of a psychosocial assessment. The assessment results produced individualized recommendations, specific to the individual's needs, to the most appropriate treatment resources and referrals either within, and/or outside the system of care. Assessments are conducted by Licensed Practitioners of the Healing Arts (LPHA), which include Master's and PhD level licensed or licensed-eligible clinicians.

Psychiatric Evaluation Center/Crisis Stabilization Unit (PEC/CSU)
Mary K. Shell Behavioral Health Center
2151 College Ave. (Rear Entrance Only)

The PEC/CSU is 24-hour, seven-day a week urgent care psychiatric unit with the goal of providing psychiatric care in the least restrictive environment possible. The PEC/CSU is unique in the San Joaquin Valley and is the designated facility for non-Emergency Medical Services (EMS) involuntary psychiatric evaluation in Kern County for adults and minors. It provides services to individuals on a voluntary basis, is designed to provide brief, culturally sensitive, and individual and family crisis intervention services.

Using Law Enforcement

If you family member's behavior is violent or has a history of violence, keep yourself and your family safe using the tips and communication skills in this book and call law enforcement. If weapons are present, never put yourself at risk. Kern County law enforcement officers are trained in mental health Crisis Intervention Techniques and are best equipped to deal with the weapon.

Emergency Number: 911
Kern County Sheriff's Department: (661) 861-3110
Bakersfield Police Department: (661) 327-7111

Mobile Evaluation Team (MET)
MET is dispatched by law enforcement when a behavioral health crisis is identified in the community, and provides crisis intervention, voluntary and involuntary assessment for psychiatric hospitalization, and follow-up in the community. MET strives to provide services that are culturally appropriate by incorporating/understanding the family and significant other's needs and information.

They can provide linkage to behavioral health services and community resources for minors, adults, senior adults, and veterans. MET also provides briefings and crisis intervention training for law enforcement and assists the Patients' Rights Advocate to provide regular county trainings for 5150 certification (involuntary hospitalization).

Outreach Services
KernBHRS provides outreach services to individuals who are either unable or unwilling to ask for help themselves. They are designed to engage the individual and begin assisting them in their home when the person will not voluntarily come into the office, and do not meet criteria to be placed on a legal hold. This may include being referred for the Reach or Assisted Outpatient Treatment (AOT) Program.

Laura's Law Assisted Outpatient Treatment (AOT)
AOT, as permitted by Laura's Law, is designed to prevent persons at known risk who are not receiving behavioral health treatment and deteriorating into states where they are gravely disabled and dangerous to themselves or others. It does so by directing such persons into compulsory treatment in the hopes that the person's conditions will improve, and they will seek subsequent treatment voluntarily.

The effectiveness of the program will be evaluated by its ability to successfully graduate persons from AOT into voluntary treatment while preventing episodes of grave disability and danger to self or others.

AOT includes a variety of behavioral health treatments such as psychiatric medication, individual and group therapies, psychosocial skills training, substance use disorder, case management, and crisis intervention.

AOT clients usually receive these services in the community several times each week by a team of highly-trained and caring professionals that include licensed behavioral health professionals (psychiatrist,

psychologist, therapist, nurse) as well as recovery specialists, substance use disorder specialists and peer support specialists.

If the person doesn't immediately agree, AOT will continue their attempts for no less than 30 days. If their attempts fail during this time, KernBHRS may file an AOT petition with Kern County Superior Court if several conditions are present:

- The person has a history of lack of compliance with treatment for their behavioral health condition
- The individual has been offered the opportunity to participate in a treatment plan by the KernBHRS Director, or their designee, and the individual continues to fail to engage in treatment.
- The individual's condition is substantially deteriorating
- It is likely that the person will benefit from AOT.

If the court finds that the conditions for AOT have been met, the adult with the behavioral health condition will be ordered to receive AOT for 180 days. AOT can be repeated if the necessary conditions remain present at the end of each term. Most People receiving AOT are prescribed and accept psychiatric medications even though involuntary medication is not allowed by Laura's Law.

Who is AOT for?

Adults with behavioral concerns presently residing in Kern County who:

- Have been offered the opportunity to participate in treatment by KernBHRS but have failed to engage
- Their condition is presently substantially deteriorating

AOT is not for persons who:

- Are under the age of 18
- Are not presently residing in Kern County
- Are ill, but not recently deteriorating
- Are currently participating in behavioral health treatment
- Do not have a history of non-compliance with behavioral health treatment
- Have never been hospitalized or arrested

Who can request AOT?

- Immediate adult family members
- Persons 18 years of age or older residing with the individual
- Director of treating agency, charitable organization, licensed residential care facility or hospital
- Peace, parole, or probation officer supervising the individual

What to expect if you make a referral?

KernBHRS will contact you to learn more about your concerns. We will attempt to meet with the adult to encourage them to receive our services voluntarily and to allow us to share information about our attempts with the referring part. KernBHRS cannot share this information without the consent of the individual.

Family Member's Role in Seeking Involuntary Behavioral Health Services

How do you request hospitalization using an involuntary hold (5150)?

When you call for help for your member, a professional (law enforcement or designated behavioral health staff person) 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 (see diagram on the next page). For this hold to take place, there needs to be "probable cause", which means your family member, as a result of the behavioral health condition, is a danger to themselves, others, or is gravely disabled.

Symptoms That Indicate Probably Cause

Danger to Self: A person who has suicidal thoughts and is an immediate threat to their own safety, as a result of behavioral health condition (delusions, hallucinations, or depression). The means and ability to carry out these threats have to be present to meet criteria for danger to self.

Dangers 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 behavioral health condition(s). The person must be an immediate threat to someone's safety.

Grave Disability: An individual is unable to care for themselves and/or is unwilling to accept third party's assistance to obtain food, clothing, or shelter, as a result of a behavioral health condition(s).

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 their behavioral health history to the 5150 evaluator. It is important to provide an accurate summary. Law enforcement or the behavioral health professional will consider relevant information about the history of a person's behavioral health condition to determine probable cause for a 72-hour hold (5150). It is important to document information about your loved one and the history of their behavioral health so you will have it readily available when you need it (Pages 15-21).

What happens to an indvudal once they are taken for a 5150?

Kern County's designated 5150 receiving facility is the PEC/CSU at the Mary K. Shell Behavioral Health Center located at 2151 College Ave., Bakersfield CA, 93305.

At the PEC/CSU, the individual is evaluated and treated for behavioral health conditions. During or at the completion of this hold, an individual may be certified (determined by a judge to require hospitalization) for up to 14 days of intensive treatment related to their behavioral health condition. The certification will lead to a legal hearing, at which the hearing officer will decide whether to uphold the 14-day certification up hearing the 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 representatives may assist families in preparing for written

If the hearing officer determines that probable cause exists, your family member is placed on a 14-day certification or 5250. If no probable cause is determined, they can be released immediately following the hearing. During any time of the 14-day hold:

- The hospital may place the person a second 14-day certification if the person has been determined to be a danger to themselves. This action requires no additional due process (Welfare and Institutions Code 5260).

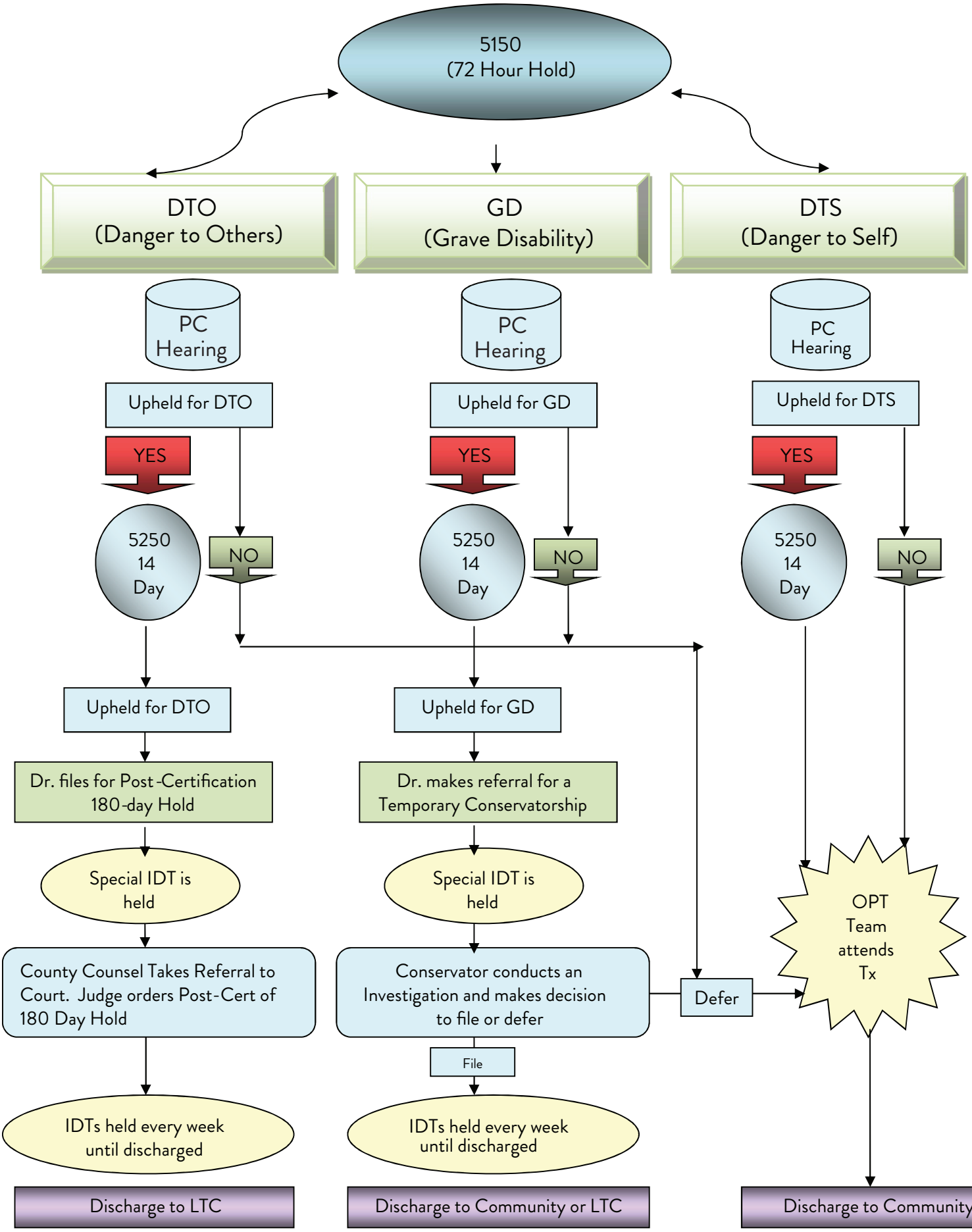
- In some counties, after your family member ahs completed a 14-day period of treatment, they may be held for an additional 30 days of the doctor determines that they remain gravely disabled and unwilling to accept voluntary treatment (Welfare and Institutions Code 5270.15).

- If sufficient reason exists at the end of the 14-day certification to believe that your family member remains a danger to others because of a behavioral health condition, the person who is in charge of the facility may petition the court for them to remain in the facility for further treatment. This treatment is not to exceed 180 days, however if the individual remains a danger to others, the individual can be referred for a second 180-day hold (Welfare and Institutions Code 5300 et. al.).

- If the person in charge of the facility where your family member is being treated believes that they may benefit from the services of a conservator (a guardian to make decisions for a client with a behavioral health condition) due to being gravely disabled, they may file for a temporary conservatorship (t-con) for up to 30 days. At the end of 30 days, a hearing will be held to determine whether the person remains gravely disabled and whether a one-year (Permanent Conservatorship) is necessary. The County Deputy Conservators' Office conducts a full investigation to determine appropriateness of a one-year/permanent conservatorship. It is important to note that only the Public Conservator can initiate a petition for LPS Conservatorship and serve as a Temporary Conservator. In Kern County, only designated 5150 facilities or the Superior Court may initiate a referral for LPS Conservatorship (See diagram on following page).

You are not alone.

Involuntary Inpatient Admission



ADULT INFORMATION FORM

Present this form to any Peace Officer, Psychiatric Emergency Team staff member, First Responder or an evaluator performing a 5150 assessment of your family member to help determine if they meet the 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 ☐ No ☐ Medi-Cal #:	Medicare: Yes ☐ No ☐
Private Medical Insurer (If Applicable):	
Please ask the person being assessed to sign an authorization permitting the hospital to communicate with me regarding their care. (I understand that if a Release of Information is not signed, the hospital is not allowed to share confidential information.) Yes ☐ No ☐	
My family member has a wellness and recovery plan or Advanced Directive	Yes ☐ No ☐
A copy of the Advanced Directive is attached.	Yes ☐ No ☐
BRIEF HISTORY OF MENTAL ILLNESS	
At what age did the mental illness begin: ( ) Diagnosis Given:	
Does this individual use drugs? Yes ☐ No ☐	
What substances, if any, have been recently taken?	
MEDICATIONS	
Medications individual has taken:	
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:
Current living situation:	
CONTACT INFORMATION	
Information submitted by (print name):	Relationship to Individual:
Address:	
Phone:	
Signature:	Date:

CURRENT REASONS FOR CONCERN (PLEASE CHECK ALL THAT APPLY)

	Date:	Yes	No
Individual excludes family when refusing treatment			
Individual is not taking medications:			
Individual is danger to self/others			
Individual is under the influence of alcohol			
Individual is under the influence of drugs			
Individual is not able to provide or utilize assistance for shelter			
Individual is not able to provide or utilize assistance for food			
Individual is not able to provide or utilize assistance for clothing			
Individual has a history of not continuing mental health treatment			
Law Enforcement was called			
Crisis intervention team was called (from law enforcement)			
Psychiatric emergency team called (from mental health crisis team)			

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?

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.

CHILD INFORMATION FORM

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 Child:		Date of Birth:
Primary Language:		Phone Number:
Address (Street, City, State, Zip):		
Medi-Cal: Yes No	Medi-Cal #:	Medicare: Yes No
Private Medical Insurer (If Applicable):		
Person(s) with legal custody of child:		Phone Number:
Person(s) with legal physical custody of the 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 No		
What substances, if any, have been recently taken?		
MEDICATIONS		
Medications individual has taken:		
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:
Current living situation:	
CONTACT INFORMATION	
Information submitted by (print name):	Relationship to Child:
Address:	
Phone:	
Signature:	Date:

CURRENT REASONS FOR CONCERN (PLEASE CHECK ALL THAT APPLY)

	Date:	Yes	No
Child excludes family when refusing treatment			
Child is not taking medications:			
Child is danger to self/others			
Child is under the influence of alcohol			
Child is under the influence of drugs			
Child is not able to provide or utilize assistance for shelter			
Child is not able to provide or utilize assistance for food			
Child is not able to provide or utilize assistance for clothing			
Child has a history of not continuing mental health treatment			
Law Enforcement called			
IEP addressed higher level of care			
504 plan addressed higher level of care			

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?

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

Application for 72-Hour Detention for Evaluation and Treatment

(Supplement - Relevant Information about the Historical Course of the Person's Mental Illness)

5150.05. (a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

(b) For purposes of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.

Application is hereby made for the admission of:

_____ / _____

Name of Client Date

The following recent and relevant behaviors shall be considered in determining probable cause for involuntary evaluation and treatment:

_____

_____

_____

_____

_____

_____

_____

_____

Approximate Date of Reported Behavior: _____

Information Source: _____

(Law-Enforcement, Mental Health Professional, Family Member, Significant Other(s) etc.)

Reporting Person's Signature: _____ _____

Working With a Behavioral Health Provider

When working with your loved one's behavioral health provider, it is important to have past and current information on hand about their behavioral health condition. 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 condition. If your family member is discharged, medical records can be requested by your family member, or with written consent, you can make the request.

Know your loved one's history

- Keep a journal of problematic symptoms and behaviors (sleep patterns, hallucinations, changes in speech patterns, energy level) and the date of occurrence.
- What medications they have taken in the past, side effects of medications, why the medication was stopped, were they helpful, and previous hospital stays (including when, where, why, and how long)

Know as much as possible about the current treatment

- Keep a list of important contact numbers (psychiatrist, therapist, and case manager)
- Keep a one-page summary of the current treatment plan, along with your contact information, to send the hospital if your loved one is admitted. Information about the current treatment should include medication names, their purposes, dosages, and schedules

Balance involvement with independence

- If your loved one allows, accompany them to appointments to keep an open dialogue with providers.
- Ask your loved one how comfortable they are having you share information with their doctor but remember to let your loved one take charge of telling or expressing their story.

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 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.)

Self-Care for the Caregiver

Dedicated to those family members and friends who are primary caregivers of a loved one or friend with behavioral health conditions…

1. Be gentle with yourself.
2. Remind yourself that you are a loving helper, not a magician. None of us can change anyone else – we can only change the way that we relate to others.
3. Find a place where you can be a hermit – use it every day – or when you need to.
4. Learn to give support, praise and encouragement to those around you – and learn to accept it in return.
5. Remember that in the light of all the pain we see around us, we are bound to feel helpless at times. We need to be able to admit this without shame. Just in caring and in being there, we are doing something important.
6. Learn to vary your routine often and to change your tasks whenever possible.
7. Learn to know the difference between complaining that relives tension and the complaining that reinforces it.
8. On your way home from work, focus on one good thing that happened during the day.
9. Because a resource to yourself! Be creative and open to new approaches to old things.
10. Use the support you give to others or a "buddy" system regularly. Use these as a support for reassurance and to redirect yourself.
11. Avoid "shop talk" during your breaks or when you are socializing with colleagues.
12. Learn to use the expression "I choose to…" rather than the expressions like "I have to…" "I ought to…" or "I should…"
13. Learn to say, "I won't…" rather than "I can't…"
14. Learn to say "no" and mean it. If you can't say "no" – what is your "yes" worth?
15. Aloofness and indifference are far more harmful than admitting to an inability to do more.
16. Above all else – learn to laugh and play.

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 this information not be provided. [WIC 5328.1(a)]

•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 for the information provided in confidence by the family to the treatment provider not to be revealed to the patient. [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. [WIC 5618.]

•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), 5326.7(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 the 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 against for the family member's participating in any advocacy. [WIC 5550(c)]

What to do When Your Family Member Has Been Arrested

A step-by-step guide to help families cope with the criminal justice system in Kern County when a family member who suffers from behavioral health conditions has been arrested.

Step 1: Support Your Relative

- If your relative/friend has been arrested, help the person to stay calm and them know you will help.
- Remind the person that they have the right to have an attorney present if being questioned by police officers or detectives.
- If they are already at the Central Receiving Facility (CRF), the downtown Sherriff's jail in Kern County, they will be screened for behavioral health conditions, as well as other health concerns, upon arrival. It is very important that they be direct and honest to benefit as much as possible from this screening process. Tell the person to expect to be interviewed by jail medical and mental health staff. Let the person know it is OK to discuss their physical and behavioral health condition, diagnosis, medications, and so forth. It is important that the person feel safe to speak openly on these topics.

Step 2: Contact the Downtown Jail Central Receiving Facility (CRF) / Correctional Mental Health (CMH) (661)868-6895 or call (661)868-6850

- If they have been transferred to the Lerdo Facility call CMH (661)391-7948 / Admin. Main number (661)391-7900
- Call (661)868-6850 Kern County Sheriff Clerical Admin
- Inform jail staff that your family member struggles with a behavioral health condition and describe the diagnosis and any other concerns. IMPORTANT: If you know or suspect your relative has had recent thoughts of suicide, or suicide attempts, be sure to inform the jail and Correctional Mental Health staff.
- Ask for your family members' booking number, the court location and date of arraignment, and the visiting hours and location for your family member.
- Inquire as to your relative's status and estimated length of stay at this facility. Ask if they are expected to be released directly from CRF (this sometimes happens for minor offenses) and ask for the time and place so you can be there to pick them up. If your relative is severely ill, ask if the behavioral health worker could make application for them to go to the PEC/CSU for crisis intervention or evaluation of the need for a "5150". (i.e., evaluate the need for involuntary treatment)

Step 3: Contact the Correctional Mental Health Jail Team

- From 8:00 a.m. - 5:00 p.m. call Correctional Mental Health (661)868-6895
  - Staff are available 7 Days a week 8:00 a.m. to 5:00 p.m. Inform the behavioral health staff your family member has a behavioral health condition and has been arrested. (Use the form on following page to provide information to behavioral health staff)

- Leave a voicemail message if you are calling after 5:00 p.m. or if no one answers. Provide your contact information and your call will be returned as soon as possible. You may also fax the information to (CRF) (661)868-5312 or (Lerdo) (661)391-7978
- NOTE: Please be aware that if you have an active restraining order in place, Correctional Mental Health staff is limited in their conversation with you; however, any relevant mental health information about your family can be received and is very important and appreciated.

Inmate Medication 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: _____

_____

Night Time Medications: _____

_____

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

_____

_____

When were medications last taken? _____

Is suicide a concern? No___Yes___ If Yes, Why? _____

History of Suicide Attempts: _____

_____

History of Violence: _____

_____

Other Medical Concerns: _____

Medical Doctor's Names: _____Office Phone: _____

Street Address: _____City:_____State: ____Zip_____

Pharmacy: _____Office Phone:_____

Street Address_____City:_____State: ____Zip_____

Correctional Mental Health Service

Fax Numbers

CRF (661)868-5312 Lerdo Jail (661) 391-7978

Legal Representation

When your family member is arrested, they 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 behavioral 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 Law Office of the Public Defender at (661) 868-4799 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, no 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 behavioral health conditions and understands not only the law, but also how to access the treatment facilities and behavioral 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 behavioral health conditions who is in crisis, jail may be a safer place than wandering the streets with no help at all. At least in jail, they will be fed, sheltered, and be given access to medication treatments.

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

*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 and Patients' Rights Advocate

There are times when you, as a family member, would require assistance from the Kern County Patients' Rights Advocate (PRA) to help your family member with a behavioral health condition. The Patients' Rights Office (PRO) oversees the KernBHRS Problem Resolution process. The PRA works with the client, the client's family member or other representative, and the treatment providers to resolve issues that can be addressed locally. The PRO generates and notifies beneficiaries of the disposition/resolution plan within mandated guidelines.

The role of the PRA is to assist clients in expressing their wishes, if so requested by the client. 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 intention or make a judgement call as to who is right. The PRA only helps to express the client's wishes and protect their legal and human rights. At the same time, it is the PRA's responsibility to give the client enough information so that they can make an informed decision. The PRA has the right to investigate complaints and issues at any level of the behavioral health treatment system, including at the behavioral health hospitals and hospital emergency departments, as statute and law requires.

The PRA does not need a signed consent from the client to advocate for them, or to attend meetings with the therapists, case managers, or doctors regarding the client's expressed interest. The PRA is also allowed access to the client's treatment record. These responsibilities are given to the PRA through the WIC (Welfare and Institutions Code) and the CCR (California Code of Regulations).

For more information about Patients' Rights and Family Advocacy, please call the Patients' Rights Office at (844) 360-8250

FAMILY SUPPORT GROUPS

National Alliance on Mental Illness (NAMI)
NAMI is the nation's largest mental health organization dedicated to improving the lives of individuals and families affected by behavioral health conditions. Many NAMI affiliates offer an array of support and education programs for mental health clients and their families.
NAMI Kern County Information Line: (661) 858-3255

NAMI Kern County - Bakersfield
Peer Support Meeting
Contact Amy (661) 247-5426

Friday
3:00 – 4:30 p.m.
Beale Library Lake Room
701 Truxtun Ave.
Bakersfield, CA 93301

Family Support Meetings
Contact: Cindy (661) 805-6604
Friday
3:00 – 4:30 p.m.
Beale Library Lake Room
701 Truxtun Ave.
Bakersfield, CA 93301

Second and Fourth Tuesday of Each Month
6:00 – 7:30 p.m.
Consumer Family Learning Center
5121 Stockdale Highway Suite 150 A
Bakersfield, CA 93309

Suicide Survivor Meeting
Contact: Ellen (661) 868-1552
Second and Fourth Tuesday of Each Month
6:00 – 7:30 p.m.
Consumer Family Learning Center
5121 Stockdale Highway Suite 150 A
Bakersfield, CA 93309

Family – To – Family Program
A free 12-week education course for family members offered twice a year (Spring and Fall). Please contact NAMI at (661) 805-6604 for information and starting dates.

Peer-to-Peer Program
A free nine-week education course for clients offered twice a year (Spring and Fall.) Please contact Amy at (661) 247-5426 for information and starting dates.

FAMILY SUPPORT GROUPS cont...

NAMI Kern County- Ridgecrest

Peer Support Meeting
Contact: Janet (760) 384-8672
Tuesdays
4:30 – 6:00 p.m.
Hope Center
1400 N. Norma St. Suite 137
Ridgecrest, CA 93555

Family Support Meeting
Contact: Janet (760) 384-8672
Tuesdays
6:00 – 7:30 p.m.
Hope Center
1400 N. Norma St. Suite 137
Ridgecrest, CA 93555

Suicide Hotlines and Helplines

KernBHRS Crisis Hotline
24/7 telephone support
Text/call 988 or call (800) 991-5272

National Suicide Prevention Lifeline
24/7 telephone support
(800) 273-8255 or (800) 273-TALK
www.suicidepreventionlifeline.org

Kristin Brooks Hope Center
24/7 national hopeline
(800) 784-2433 or (800) SUICIDE

Veterans Support Line – (877) 838-2838 or (877) Vet2Vet

Spanish Speaking Suicide Hotline – (800) 784-2432 or (800) SUICIDA

Teen to Teen Peer Counseling Hotline – (877) 968-8491

Grad Student Hotline – (800) 472-3457 or (800) GRADHLP

Post-Partum Depression Hotline – (800) 773-6667 or (800) PPD-MOMS

For a list of hotlines outside the United States, visit www.befrienders.org

Behavioral Health Related Resources/Websites

NAMI National

NAMI National – www.nami.org

NAMI Kern County – www.namikerncounty.org

National Institute of Mental Health – www.nimh.nih.gov

Depression and Bipolar Support Alliance - www.dbsalliance.org

Anxiety and Depression Association of America – www.adaa.org

NAMI California – www.namicalifornia.org

Children's Mental Health Website – www.kidsmentalhealth.org

National Mental Health Association – www.nmha.org

International Obsessive Compulsive Disorder Foundation– www.iocdf.org

The Trevor Hotline – 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.
Call (866) 488-7386 or www.thetrevorhelpline.org