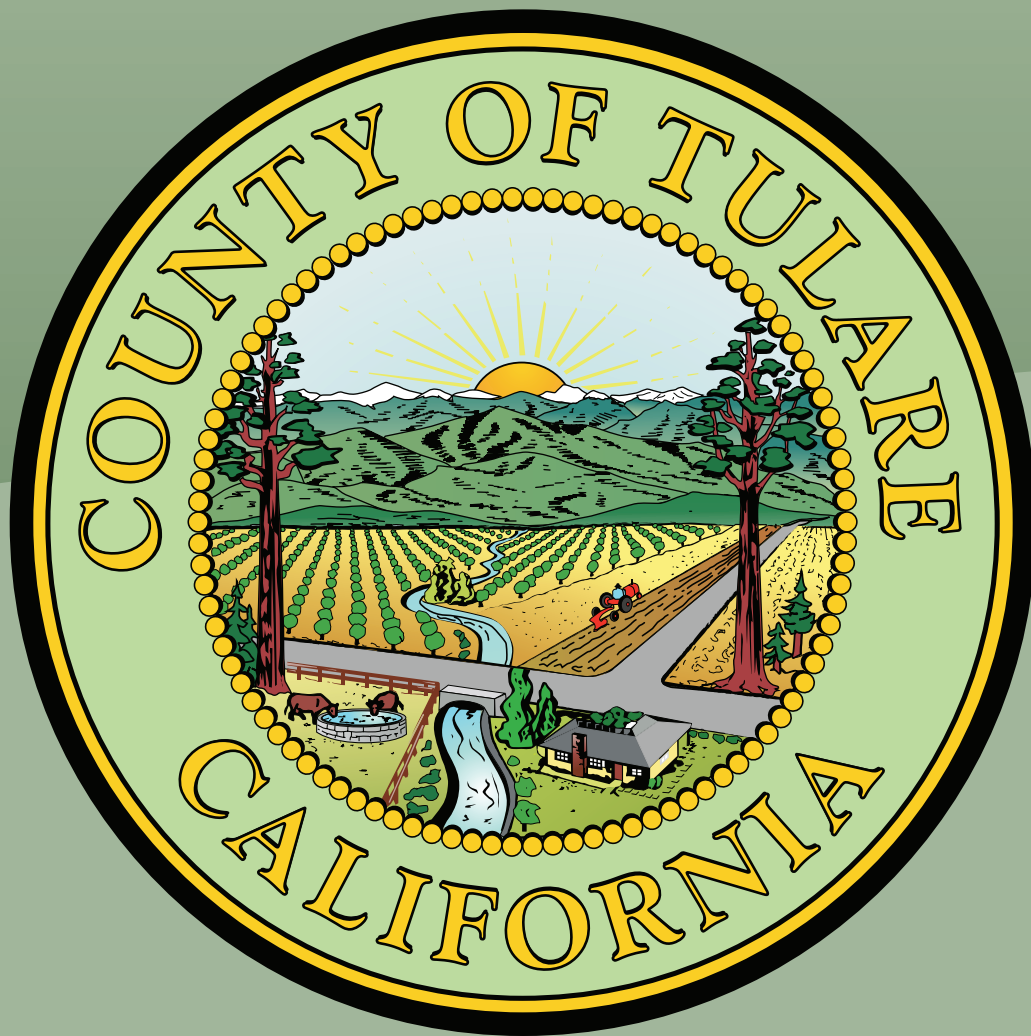


Family Handbook

*for families and significant others about
specialty mental health services*



For Access to Mental Health Services Call:

(559) 320-1616

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Helpful Numbers

Crisis and Information Line	(559) 320-1616
Kaweah Delta Mental Health Hospital..... 1100 S. Akers Road, Visalia, CA 93277	(559) 624-3300
Tulare Distric Hospital 869 N. Cherry Ave., Tulare, CA 93274	(559) 688-0821
Sierra View District Hospital..... 465 W. Putman Ave., Porterville, CA 93257	(559) 784-1110

Family Advocate

The Family Advocate for Tulare County Mental Health Department is the family's link to assistance with county Mental Health Services. If your relative suffers from major mental illness and you are struggling to navigate the complex road of psychiatric services provided by Tulare County Department of Mental Health, there is help within reach. The Family Advocate for mental health services cannot offer psychotherapy nor take the place of you, as family member. Family involvement is important to the recovery outcomes expected of persons with major mental illness. No professional can replace the role that family contributes to support of the ill individual. But, the tasks of clarifying eligibility for county mental health services, asking for resolution of a complaint, and referral to crisis assistance are among the services available from the Mental Health Family Advocate. Familiarizing family members with National Alliance on Mental Illness in Tulare County helps combat the isolation and lack of knowledge experienced by the family, initially. Finding and utilizing the resources geared toward the family member is the Family Advocate's specialty.



This Family Handbook has been developed for your convenience to help inform you, as a family member, about the Tulare County Mental Health services. The format provides both English and Spanish language.

For further information about
Tulare County Mental Health Family Advocacy Services call
Luann Baldwin @ 559 737-4660 x2346

Services

The following are some of the services that can be expected from the Family Advocate:

- Encourage family participation in treatment direction or discussion
- Clarify the service roadmap and the staff involved in mental health services
- Inform families about the legal limits of family involvement in mental health services
- Identify safety concerns posed by belonging to a family affected by mental illness
- Receive and resolve family complaints and concerns regarding mental health services in Tulare County
- Encourage families to join the National Alliance of Mentally Ill in Tulare County
- Assist families in searching for appropriate services for themselves as supporters
- Advocate for families as a group and facilitate improved communication with service providers
- Supply written resources and referrals to community resources available to help family members cope and gain helpful information

Your Family Advocate Can Not:

- Provide therapy services needed by the individual or family members
- Divulge confidential information to family members without the individual served granting written consent for release of such information
- Force an ill family member to do anything against his or her will
- Take the place of a family member
- Make decisions for the family

For further information about
Tulare County Mental Health Family Advocacy Services call
Luann Baldwin @ 559 737-4660 x2346

Seeking Mental Health Services

Seeking mental health services for a family member in Tulare County, California.

When your family member suffers from mental illness- you may have to help connect him/her to involuntary mental health services. In order to interrupt the affects of the illness the family may seek crisis or emergency services for their family member. Although confidentiality law prohibits the release of information unless the consumer agrees to this in writing, the family has the right to provide information to the evaluator regarding mental health history. The information must be recent, relevant and factual. This information can be shared with the consumer by the evaluator.

Tools have been developed by mental health staff and family advocates to assist family members in reporting the history of their family member's mental illness. Some of the forms included in this packet are:

“5150.05 Information Provided by Family Member”

“Inmate Medication Information Form”

“Probable Cause “

“My Family Member Has Been Arrested- What Do I Do?”

The first two forms can be completed and given to the evaluator or the jail mental health staff by the family member. The last two brochures are explanations of the things family members need to know to better navigate the mental health and correctional mental health services their family member may need.

If you have any questions or need assistance completing or submitting these forms, please contact the Tulare County Mental Health Family Advocate, Luann Baldwin. She can be reached at (559)737-4660 X2346.

Probable Cause

Probable Cause Tulare County Mental Health System of Care

The staff of Tulare County Mental Health wants to help you support and aid your family member. Knowledgeable involvement will assist with your loved one's treatment, both in the hospital and later in the community. The purpose of this brochure is to let you know what kind of information you have that is used in a Probable Cause hearing and how you can participate in that hearing to help your loved one.

5150

All Americans have the liberty to go about their lives as they choose except under certain rare circumstances. The law allows some liberty to be taken away from mentally ill individuals when designated individuals deem them to be a danger to themselves or others or to be gravely disabled. They can then be held against their will for up to 72 hours (Welfare and Institutions 5150) for treatment and evaluation in a designated psychiatric facility.

What Determines “Probable Cause”?

Probable Cause exists when the Administrative Hearing Officer deems that sufficient evidence exists to uphold the 14-day certification to keep a person in the hospital against his or her will for up to an additional 14 days, based upon the criteria that originally led to the person's admission to the hospital.

Symptoms That Indicate Probable Cause

- Danger to Self:** A person has suicidal thoughts or threatens to harm him or herself and has the means and ability to carry out these threats combined with delusions, hallucinations, and/or depression.
- Danger to Others:** A person threatens to harm others and has a plan, the means and the imminent ability to carry out these threats combined with delusions, hallucinations and/or depression.
- Grave Disability:** A person fails to obtain or accept assistance in obtaining food, clothing or shelter combined with delusions, hallucinations, and or depression.

*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.*

Probable Cause Hearing Myths:

1. Refusing to take medication is a form of grave disability.
2. Refusing to work with a caseworker is the same as refusing third party assistance.
3. Eating food from trash bins demonstrates grave disability*
4. A Probable Cause hearing is a therapeutic intervention or process.
5. Refusing mental health services demonstrates grave disability.
6. Hospitals can hold someone against his or her will without LPS procedures being followed.
7. If a person has an organic condition, he or she is gravely disabled.
8. Prostitution, panhandling and stealing food show grave disability.
9. Dangerous behaviors or psychotic symptoms make a person gravely disabled.

** Can be signs of grave disability under certain circumstances.*

How Does a Probable Cause Hearing Differ from a Treatment Plan Meeting?

It is important to distinguish between a person's legal rights and what is clinically best for him or her. A Treatment Plan meeting is designed to determine and discuss the clinical aspects of the person's treatment and to develop a plan of care to help the person reach his or her goals. The Administrative Hearing Officer convenes a Probable Cause hearing to determine whether enough evidence exists to uphold the certification for a person's involuntary admission for up to fourteen additional days in a facility.

How Can I Prepare to Testify as a Witness in a Probable Cause Hearing?

Probable Cause hearings are legal proceedings. Family members can provide important, first-hand information at these hearings. 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." Or, "She hasn't eaten anything I've given her in the past three weeks because she says I'm trying to poison her."

Alter the Administrative Hearing Officer has determined Probable Cause exists to uphold the 14-day certification, one of three possible scenarios for continued involuntary treatment exists.

1. If a person has been determined to be a danger to self, the hospital may place the person on a second 14-day hold and this action requires no additional due process, but once the second 14-day hold is over, the person may not remain in the treatment facility involuntarily, even if he or she continues to verbalize suicidal intent.
2. If a person has been determined to be a danger to others and he or she has made a threat or attempted to harm someone immediately before or while hospitalized, the hospital may place him or her on a 180-day post-certification hold for dangerousness. This hold requires court review. The court or jury must then make a finding beyond a reasonable doubt that the individual represents a demonstrated danger of inflicting substantial physical harm. Someone of this type of hold is transferred to a locked facility for this person's safety and the safety of others.
3. If a person has been determined to be gravely disabled, the hospital may then make a referral to the Public Conservator who will conduct an investigation into the appropriateness of an LPS Conservatorship for the individual. If a petition is filed the judge or jury must find grave disability beyond a reasonable doubt.

For more information regarding Probable Cause and other Mental Health concerns, please contact

Luann Baldwin, Family Advocate

737-4660 extension 2346

e-mail: Lbaldwin@tularehhsa.org

or write her at

5957 S. Money Blvd., Visalia, CA 93277



INFORMATION PROVIDED BY FAMILY MEMBER

This form is completed by a family member of the individual served (name)_____. The form was developed to provide a mechanism to communicate their family member's mental health history pursuant to the provisions of Welfare and Institutions Code 5150.05, which requires mental health staff making decisions about involuntary treatment to consider information supplied by family members.

Name of Individual Served:		
Date of Birth:	Social Security Number:	
Religion (Optional):	Language:	
Address:		
(Street)	(City)	(State and Zip)
Phone Number:		
Medi-Cal: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Medi-Cal No:	Medicare: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Private Medical Insurer (If applicable)		
Please ask my relative to sign an authorization permitting you to communicate with me regarding his/her care: (If a Release of Information is not signed we are not allowed to share confidential information.)		
<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
I wish to be contacted as soon as possible in case of emergency:		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
My relative has a Wellness Recovery Plan or Advanced Directive:		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
A copy of the Advanced Directive is attached.		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
BRIEF HISTORY OF MENTAL ILLNESS		
At what age did mental illness begin? -		
What diagnosis was given to this individual?		
Does this individual use drugs?		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
What substances have been taken recently		
Medications: (Use additional pages if necessary)		
Medications individual has taken:		
Medications individual has responded well to:		
Medications which have caused adverse reactions:		
Allergies: (medications, foods, chemical, other)		
Other medical conditions impacting quality of life (e.g. diabetes)		
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 and Zip)
Phone:		
Signature:	Date:	



Adult

CURRENT REASONS FOR CONCERN
(PLEASE CHECK ALL THE BOXES THAT APPLY)

	DATE	
INDIVIDUAL EXCLUDES FAMILY WHEN DECOMPENSATING	/ /	<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 TEAM CALLED?	/ /	<input type="checkbox"/>
	/ /	<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 FAMILY REQUEST?
WHAT IS YOUR CONCERN IF TREATMENT IS NOT RECEIVED NOW?



INFORMATION PROVIDED BY FAMILY MEMBER

This form is completed by a family member of the child (name)_____. The form was developed to provide a mechanism to communicate their child's mental health history pursuant to the provisions of Welfare and Institutions Code 5150.05, which requires mental health staff making decisions about involuntary treatment to consider information supplied by family members.

Name of Child:	
Date of Birth:	Social Security Number:
Address:	
(Street)	(City)
(State and Zip)	
Phone Number:	
Medi-Cal: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Medi-Cal No.: _____ Medicare: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Preferred Language:	Religion: (Optional)
Private Medical Insurer (If applicable)	Medical No.:
Person(s) with legal custody of child:	
Person(s) with physical custody of child:	
Is the child a ward of the court per Welfare & Institutions Code § 602 (on probation)? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
If "Yes," name of Probation Officer (name): _____	Phone: () _____
May Probation Officer be contacted? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Is Release of Information signed? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Is the child a ward of the court per Welfare & Institutions Code § 300 <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
If "Yes," who is child's Social Worker (name): _____	Phone: () _____
May Social Worker be contacted? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Is Release of Information signed? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
If "Yes," who is child's Attorney? (name) _____	Phone: () _____
May Attorney be contacted? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Is Release of Information signed? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
I wish to be contacted as soon as possible in case of emergency: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
I am the child's legal guardian <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Emergency Contact Information (Name): _____	
Phone Number: _____	
Relationship to Child: _____	

TULARE COUNTY MENTAL HEALTH SERVICES

BRIEF HISTORY OF MENTAL ILLNESS

Child

AT WHAT AGE DID MENTAL ILLNESS BEGIN?		
WHAT DIAGNOSIS WAS GIVEN TO THE CHILD?		
DOES THIS CHILD USE DRUGS OR ALCOHOL?		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
WHICH SUBSTANCES HAS THE CHILD TAKEN RECENTLY?		
NAMES OF MEDICATIONS CHILD HAS TAKEN:		
MEDICATIONS CHILD HAS RESPONDED WELL TO:		
MEDICATIONS WHICH HAVE CAUSED ADVERSE REACTIONS:		
ALLERGIES (MEDICATIONS, FOODS, CHEMICALS, OTHER)		
OTHER MEDICAL CONDITIONS IMPAIRING QUALITY OF LIFE (E.G. DIABETES):		
TREATING PHYSICIAN:	PHONE NUMBER:	
CASE MANAGER/THERAPIST	PHONE NUMBER (S)	
INFORMATION SUBMITTED BY: (IF DIFFERENT FROM EMERGENCY CONTACT):		
RELATIONSHIP TO CHILD:		
ADDRESS:		
	(STREET)	(CITY) (STATE & ZIP)
PHONE NUMBER(S):		
SIGNATURE:		DATE:

My Family Member Has Been Arrested What Do I Do?

nami

Tulare County, California

This information is designed to help families cope with the criminal justice system in Tulare County when a family member who suffers from mental illness is arrested.

Support Your Relative

If your relative/friend has been arrested, help them stay calm and let them know you'll help. Remind them that they have a right to have an attorney present if being questioned by police officers or detectives. Tell them they can expect to be interviewed by Jail medical and mental health staff. Let them know it's OK for them to discuss their physical and mental condition, diagnosis, medications, etc. It is important that they feel safe to speak openly on these topics.

Contact The Main Jail

Call: (559) 733-6823 and ask for the court arraignment date and address, 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 him/her all the information you have.

Contact The Jail Medical Department

Call: 559-731-3285 x159 and ask to speak with the Mental Health Manager. After business hours, ask to speak with the booking or Special Housing Nurse. **Due to patient confidentiality laws**, the staff will not be able to give you information about your family member's medical or mental condition without a signed consent, but they are able to obtain information from you.

Send A Fax

Prepare a fax requesting that your relative be screened for placement in the mental health unit. Call (559)-713-3285 and ask for the corresponding fax numbers. On the cover page, indicate whether your relative has provided you with a written confidentiality waiver. If your relative has not done so, ask that he/she be asked to sign one while in jail.

Head this fax with:

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

In the body of the fax include:

- His/her diagnosis
- Their 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 and/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 their medical doctor's name, address, and phone number

**DO NOT address 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 assistance for the following reasons:

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

Legal Representation

Your relative may want to retain a private attorney or use the Public Defender's Office. A Public Defender will be assigned at arraignment if your relative 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 not usually be the attorney handling the case. You should call the Office of the Public **Defender at: 559-733-6693** 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, etc. obtained. Phone calls should be made directly to the attorney assigned to your relative'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 an extensive history on your family member (medical / psychiatric / social / 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 that 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 them 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, jail may be a safer place for a person with severe mental illness who is in crisis than wandering the streets with no help at all. At least in jail they will be fed, have shelter, and be given access to medication treatments.

Supporting and coping with a loved one who suffers from a brain disorder 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.

**For information about support groups and educational program provided
free of charge in your area contact NAMI-Tulare at:
namirn@sbcglobal.net
(559) 539-3056 · (559) 627-1306 · 800-950-6264**

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.

INMATE MEDICATION INFORMATION FORM

Date: _____

Booking Number: _____

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____ DOB: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____

FAMILY CONTACT INFORMATION

FAMILY CONTACT NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____

DAYTIME PHONE: _____ EVENING PHONE: _____

PSYCHIATRIST/TREATMENT FACILITY INFORMATION

PSYCHIATRIST (Current or Last Seen): _____ DATE LAST TREATED: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____

PHONE: _____ FAX: _____

MEDICAL INFORMATION

DIAGNOSIS: _____

DAYTIME MEDICATIONS: _____

NIGHT TIME MEDICATIONS: _____

PAT PROBLEM MEDICATION EFFECTS (i.e. side effects, allergies, medication that did not work): _____

HOW LONG HAS IT BEEN SINCE MEDICATION WERE TAKEN _____

IS SUICIDE A CONCERN? NO _____ YES _____ IF YES, WHY? _____

OTHER MEDICAL CONCERNS: _____

MEDICAL DOCTOR'S NAME: _____ OFFICE PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____

JAIL MENTAL HEALTH SERVICE FAX NUMBERS

Send Fax to: (559) 713-3296 Confirm receipt of fax at: (559) 713-3285 x159
Family members can complete this information sheet and fax to the Jail Mental Health Team

Your Rights When Your Family Member Is Hospitalized

STATEMENT OF POLICY

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. All rights listed below need to be given with written consent by the consumer.

RIGHTS OF FAMILY MEMBERS

- The right (of a spouse, parent, child or sibling) to be given notification of the consumer's presence in a 24-hour facility, unless the client requests that this information not be provided. [Cal. Welf. & Inst., Code § 5328.(1)]
- The right to be given information regarding the diagnosis, prognosis, prescribed medication and side effects, and progress of the consumer. If the consumer is initially unable to authorize the release of this information, daily efforts shall be made to secure the consumer's consent or refusal of authorization. [Cal. Welf. & Inst. Code § 5328.1(a)]
- The right to have the facility make reasonable attempts to notify the immediate family of the consumer's admission, release, transfer, serious illness, injury or death; the consumer must request that this information be provided. [Cal. Welf. & Inst. Code §§ 5328.1(b)]
- The right to see and receive copies of information and records regarding the consumer, with the consumer's consent and the approval of the treating physician, psychologist or Master's degree social worker. [Cal. Welf. & Inst. Code § 5328.(b)]
- The right to a copy of the written aftercare plan when the consumer is discharged from an inpatient psychiatric facility, with the consent of the consumer. [AB 482 amending Cal. Welf. & Inst. Code §§ 5622, 5768.5]
- The right for the clinician not to reveal from the consumer's record any information provided in confidence by the family, prior to release of records of an authorized person or entity. [Cal. Welf. & Inst. Code §§ 5328(b) (d) (j) (k), 5543]
- The right of the consumer 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. [Cal. Welf. & Inst. Code §§ 5326.6(b), 5323.7(c)]
- The right to receive copies of public information, including licensing and other reports. [Cal. Gov't. Code §§ 6250 et seq.]
- The right to visit consumer every day, with the consent of the consumer. [Cal. Welf. & Inst. Code § 5325(c)]

- The right to have confidential telephone calls with the consumer and to mail and receive unopened correspondence. [Cal. Welf. & Inst. Code § 5325(d), (e)]
- The right to provide clothing, personal possessions, and a reasonable sum of money for the consumer to use in the facility. [Cal. Welf. & Inst. Code § 5325(a)]
- The right to participate in the treatment and rehabilitation planning of the consumer as a source of information and support. Included in the participation is assisting the consumer in returning to the most constructive and satisfying lifestyles of their own definition and choice in the least restrictive environment, preferably in their own community. [Cal. Welf. & Inst. Code § 5600.2(a) (2), 5600.4(c)]
- The right for a person designated by the consumer to be advised of the time and place of certification hearings, judicial review, conservatorship proceedings and other due process proceedings, unless the consumer requests that this information not be provided (under the advisement that the consumer has the right to request this information not be provided). [Cal. Welf. & Inst. Code §§ 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. [Cal. Welf. & Inst. Code §§ 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 Patient Rights Advocate for investigation. [Cal. Welf. & Inst. Code § 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 Patient Rights Advocate. [Cal. Welf. & Inst. Code § 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 consumer discriminated or retaliated against for the family member's participating in any advocacy activity. [Cal. Welf. & Inst. Code § 5550(c)]

Family Support Groups:

National Alliance on Mental Illness

NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives individuals and families affected by mental illness. NAMI has over 1,100 affiliates in communities across the country who engage in advocacy, research, support, and education. Members of NAMI are families, friends and people living with mental illnesses such as major depression, schizophrenia, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.

Many NAMI affiliates offer an array of support and education programs for families and consumers. Some even offer a program to help professionals work more effectively with the mentally ill and their families. There are called "NAMI Signature Programs".

NAMI- Tulare County

(559) 627-1306 Visalia

General Membership Meeting

Place: St. Paul's Church, 120 N. Hall

Day: 1st Monday of each month (if holiday, meeting moved to 2nd Monday)

Time: 5:45 p.m. Business meeting

7:00 p.m. Care and Share Discussion

NAMI-Tulare County

(559) 539-3056 Porterville

General Membership Meeting

Place: Family Health Care Network, 1107 Poplar Street

Day: 2nd Tuesday of each month

Time: 7:00 p.m.

Family-to-Family Program (559) 594-6967

Free 12-week education course for family members.

Peer-to-Peer (559) 747-1185

Free 9-week education course for consumers.

First Step Recovery

(12-step approach) For friends and families of the mentally ill.

Tuesdays @ 7:00 p.m.

3737 Walnut Street, Visalia

Visalia First Assembly Office (559) 733-9070

www.firststeprecovery.com

Help for family of the mentally ill using the 12-steps of recovery. Mutual support group in an effort to assist family members working to cope and support one another in return.

Mental Health Related Web Sites

NAMI National
nami.org

NAMI California
namicalifornia.org

Medication Compliance System
www.epill.com

Children's Mental Health Web Site
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

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

For more information regarding
Mental Health concerns, please contact:
Luann Baldwin, Family Advocate 737-4660 extension 2346
e-mail: Lbaldwin@tularehhsa.org

or write her at
Luann Baldwin
Tulare County Mental Health Family Advocate
5957 S. Money Blvd., Visalia, CA 93277

