

5150 - Family Member Information

For family members of a loved one being considered for an involuntary psychiatric hospital hold.

*Read thoroughly and carefully, **highlight** what's important. Information is comprehensive and relates to all stages.*

	Good to Know	What to Do	Resources
Before a Crisis	<ul style="list-style-type: none"> • If possible, avoid calling 911. Instead, first seek help from mental health professionals or PES when early warning signs appear. When safety is an issue, call 911 and request CIT trained officers. • A mentally ill person's thinking/reasoning may be so disturbed that they may be unaware that they are ill. This is common and addressed in Xavier Amador's book, <i>I Am Not Sick, I Don't Need Help</i>. • Support groups, hot/warmlines, and education offers information and empathy. • Local hot/warmlines may route outside of the county if all lines are busy. Still talk to them. • Know phone numbers of local resources: non-emergency police or sheriff, your medical insurance plan info, FAST, BHRS, hospitals and psych emergency location, NAMI, suicide hot/warmlines, etc. • Incorporated cities are served by police. Unincorporated areas are served by sheriffs. • Police and sheriffs appreciate knowing about a possible crisis situation, make friends with them. The more they know the better prepared they'll be to help. • Assembly Bill 1424 gives the right to provide information that must be considered in a 5150 process. • HIPAA laws prohibit providers from disclosing information unless your loved one has signed a ROI form. • 5150s may hold better if processed by a behavioral health specialist (instead of just LE). • What Happens after a 5150? gives background information and details. 	<ul style="list-style-type: none"> • Watch for early warning signs, such as withdrawal, agitation, lack of personal hygiene, talking to self, paranoia, change in med routine and/or sleeping patterns. Ask loved one if they are feeling different. Express that you are concerned and it's time to get help. • Make a plan. Work with the ill loved one (when stable) about actions and expectations if warning signs develop. Follow a WRAP program, or search online for mental crisis plans, and pick one. Complete AB1424 Form or a PAD. • Encourage your loved one to sign a ROI wherever they get services so you can be involved with care. • Forewarn loved one's health care professionals, behavioral health programs, and local police/sheriff if a crisis is developing. • Call hot/warmlines to get familiar with conditions and resources. Many options available online. • Review Guidelines for Calling 911 pamphlet. • Read Emergency Response article in NAMI SMC newsletter • Hide or remove any weapons or items that can be used as weapons. • Keep records of abnormal behaviors, meds, treatments, agencies, names and info of contacts. • For a "welfare check," call local LE office (not 911) if worried about loved one. Ask for CIT officer. Address the situation as a mental health concern. State if there are weapons. Express what you want to have happen. <p>Self-care: Take care of yourself above all. Practice basic good care – rest well, eat right, get exercise. Seek support, education, and local information. Learn more here</p>	<ul style="list-style-type: none"> • StarVista: (650) 579-0350 • PES: (650) 573-2662 San Mateo Medical Center 222 39th Ave, San Mateo (first floor, next to ER) • Mills Peninsula: (650) 696-5170. 1501 Trousdale Dr., Burlingame • ACCESS (BHRS): (800) 686-0101 • FAST: (650) 363-8125 • NAMI SMC: (650) 638-0800 www.namisanmateo.org NAMI SMC's Resource Guide • General resources via phone or internet • My non-emergency police or sheriff #: _____ <p style="text-align: center;">Definitions on page 3 Resources on page 4</p> <p>Family Support Group: Find other local support and resources online.</p> <p>NAMI Family to Family education program.</p> <p>Read <i>I Am Not Sick, I Don't Need Help</i> by Xavier Amador</p>

	Good to Know	What to Do
During a Crisis	<ul style="list-style-type: none"> • Being calm and focused helps those around you be the same. • Make yourself safe. You may need to leave your home. • Better your loved one get medical help than be taken to jail. If receiving medical treatment, you may not know your loved one's location if no signed ROI. You can check jail websites for location but medical treatment may be delayed a long time. • Loved one may be taken to a hospital that is in another county. • Your loved one may not be put on a 5150 even though they may be very ill. Work with all services to get the best care possible. • ROIs can change or be dropped while person is receiving care. • The county system (ACCESS at BHRS) becomes accessible once the ill person has been admitted at PES, Mills or jail. <p>If 911 is called, LE's goal is to de-escalate and communicate. They may leave the scene if unable to connect with the ill person and leave you without resolution. LE may suggest you call behavioral health services (Star Vista, etc, see Resource pg). Keep calling 911 if danger is imminent, a new LE team may connect better and/or your loved one may be more responsive.</p> <ul style="list-style-type: none"> • Cops create a plan on their way to the scene. They will likely talk to the reporting person outside the home and may never enter the home. They may wait for a supervisor before approaching the home. • Cops may shoot if their safety is threatened. 	<ul style="list-style-type: none"> • Call StarVista (650) 579-0350 • Call NAMI SMC (650) 638-0800 Family support • Put your WRAP or crisis plan into action. • Provide completed AB1424 Form copies to all services involved. • Try to get your loved one to go voluntarily for medical treatment. • Get <i>Guidelines for Calling 911 pamphlet</i> and follow steps. Remember: ask for CIT officer; address the situation as a mental health concern; state if there are weapons; indicate what you want to have happen. • Notify loved one's existing medical professionals and behavioral health programs. • Contact family and friends for your own in-person support. • Advise someone your loved one respects, ask for support for loved one. • Encourage your loved one to sign a ROI wherever they get services. • If loved one is admitted, inquire about release criteria and process. Investigate where loved one will go once stabilized. Plan for who will take in loved one once released. • Prepare a labeled bag for hospital or ambulance driver (strings not allowed). Include slippers, vanities, sweats, change of clothes. • If arrested, read What happens when a Loved One is Arrested. <p>Self-care: If your loved one is in custody, relax. Support your loved one as much as you can. Get support yourself, learn more here. Prepare for release.</p>
After a Crisis	<ul style="list-style-type: none"> • Family members may not be informed about the loved one's release from hospital or jail. • The loved one may not be very stable upon release. <p>PES or BHRS may give the patient a written referral for follow-up services. The agency will not call the patient to follow-up on the referral. Referral should include the name of the referral agency and date of the follow-up appointment.</p> <ul style="list-style-type: none"> • An in-person appointment is required with the outpatient service provider to start the process. Once a case is open, a case manager will be assigned. Sometimes another appointment is necessary with the case manager. • The case manager will coordinate appointment with psychologists, psychiatrists, housing assistance, SSI/SSDI assistance, medication, rehabilitation services and many other services. • County outpatient and residential options before and/or after a crisis requires that an ill person is stable, has a BHRS evaluation and has been referred by a social worker or case manager. • Case workers are in demand and change often. Housing options are extremely limited. Keep pushing programs and agencies. Persevere. 	<ul style="list-style-type: none"> • Record names and contact information of anyone you work with for your loved one. • Help your loved one with the referral follow-up. Find out the referral agency and date of the appointment. • Help your loved one with the case meeting at the treatment provider agency. • Encourage loved one to adhere to treatment plan, med compliance, therapy, keep appointments. • Help loved one seek peer programs for support and education. • Check out California Clubhouse, a local day program. • Complete a PAD. • Long term, track loved one's whereabouts by checking withdrawals on bank accounts you both have access to. <p>Self-care: Study this document and highlight what's important. Educate yourself and find support. Prepare for relapse. Learn to set limits. Ask lots of who, what, when, where, how questions.</p>

Definitions for this Document – also see Resources on next page and NAMI SMC’s [Resource Guide](#)

5150 – Allows an adult in a mental crisis (showing signs of psychosis, or threatening to harm self or others, or gravely disabled) to be involuntarily detained for a 72-hour psychiatric hospitalization. The ill person may consider this hold a violation of personal rights. Hence, 5150s are very serious actions and take a collaborative, concerted effort to be put into effect. A 5250 can be up to a 14-day extension of 72-hour hold.

AB1424 Form – A county approved form the family completes to share with mental health services. Keep information short and precise, use fact-based details or specific behaviors or incidents. Keep it current. Make copies and give to each professional/service/agency as they do not share the form.

AOT – Assisted Outpatient Treatment is a program for people with severe mental illness who are not connected to services and are challenged to live safely and stably in our community.

ACCESS Call Center – The BHRS gateway to the different and appropriate services offered by San Mateo County. Initial appointments are evaluations from which treatment plans and next steps are determined. A patient must be in the system to receive ACCESS services, usually gained through a county hospital or jail visit.

BHRS – Behavioral Health and Recovery Services: San Mateo County’s mental health and substance abuse service provider.

CIT Officer – Crisis Intervention Team officers have been extensively trained to respond to 911 mental health calls. They focus on safe and respectful interaction promoting crisis de-escalation and communication.

Family member – A caring person concerned about someone in a psychotic state or with a serious mental illness (a loved one). A family member may be a relation (spouse, parent, adult child, sibling, aunt, etc.) or could be a neighbor, friend, housemate, etc., someone willing to support and share responsibilities of health and wellbeing.

FAST – Family Assertive Support Team. By appointment, a team that helps families with mentally ill adults living at home over a 2-3 month period.

HIPAA – Health Insurance Portability and Accountability Act, a 1996 Federal law that restricts access to individuals' private medical information. A person getting medical care signs a ROI to release information to family members.

LE – law enforcement

Loved one – a person experiencing a mental health crisis with whom you (family member) have a caring and concerned relationship.

MH – mental health

NAMI SMC – National Alliance on Mental Illness of San Mateo County.

PAD – A Psychiatric Advance Directive prepared ahead of time acts similarly as the AB1424 form. The directives are sometimes called Health Directive for Psychiatric Issue.

PES – Psychiatric Emergency Services at San Mateo Medical Center. The county’s mental health urgent care emergency services for adults and minors. Those with private insurance will be placed with other psych wards. If no private insurance, they will provide very limited services.

ROI – Release of Information form allowing a family member to be informed of care. Each agency or service has their own form. The ROI is not shared or transferred with the patient. A new one needs to be signed with every agency or service. The patient could decide to negate an ROI after having signed one earlier. Providers often encourage the patient to sign an ROI.

SMC – San Mateo County

WRAP – Wellness Recovery Action Plan [WRAP](#) is a self-help process that identifies tools and creates an action plan for everyday well-being. There are other mental health plan processes and forms, search online for: mental health plan forms.

RESOURCES – Also see [Resource Guide](#) from NAMI SMC for a more extensive list.

5150 See also [What Happens after a 5150?](#)

AB1424 Form

ACCESS Call Center: (800) 686-0101 The BHRS gateway to the different and appropriate services offered by San Mateo County. Initial appointments are evaluations from which treatment plans and next steps are determined. A patient must be in the system to receive ACCESS services.

APS: Adult Protective Services - [San Mateo County Aging & Adult](#) (650) 573-3900. Staff investigates and develops care plans for older adults (age 65 or over) and dependent adults (between 18 and 64 years of age) who are at-risk of neglect, abandonment, isolation, abduction, or physical, mental and / or financial abuse.

AOT: (650) 372-6125 Developed from the county’s adoption of Laura’s Law (Assembly Bill 1421) in the summer of 2015, Assisted Outpatient Treatment is a program that reaches out to people with a severe mental illness who are not connected to services and are challenged to live safely and stably in our community. AOT works collaboratively with individuals, family members and partners to provide the right care, at the right place and right time, to help decrease mental health crises, hospitalizations, incarcerations and homelessness while helping people achieve and maintain their physical and mental health.

BHRS: San Mateo County’s [Mental Health and Recovery Services](#) for those who qualify. (800) 686-0101

California Clubhouse: (650) 539-3345 210 Industrial Road, Suite 102, San Carlos. Clubhouse is a membership-based social/vocational community where stable people living with persistent mental illness come to rebuild their lives. Participation is free.

FAST: Family Assertive Support Team. (650) 363-8125. Hours: 9am - 9pm. Helps families with mentally ill members who are residing at home. The team provides early intervention, assessment, counseling and works with the family over a 2-3 month period. They provide help by accessing all available SMC mental health resources and services. A team does not come to a 911 response call, but will return a family member’s phone call and schedule a visit (usually within 7 days after a 911 incident). This is done by appointment. They are not a crisis mobile support team.

Mills-Peninsula Medical Center: (650) 696-5915. 1501 Trousdale Dr., Burlingame.

NAMI SMC: (650) 638-0800 Warmline hours M-F, 9-5. [Resources](#) from internet. [Navigating a Mental Health Crisis:](#) A thorough 33-page document published by NAMI

National Crisis Text Line: Usually takes less than 5 minutes to reach a Crisis Counselor. Text: “BAY” to 741741

National Suicide Hotline: (800) 273-8255

Office of Consumer and Family Affairs (agency of BHRS): (800)-388-5189. Habla espanol.

Outpatient and residential options before and/or after a crisis. Know what your medical insurance plan will offer. Each options below requires that a loved one is stabilized, referred by a social worker or case manager and have BHRS evaluation. Then their treatment team reviews for approval and possible admission to:

- **Caminar:** outpatient services as a resource once loved one is stabilized
- **Redwood House:** short-term residential (30 days, max of 89 days) recovery oriented facility
- **Hawthorn House** or **Eucalyptus House:** inpatient long-term (6 to 18 months) residential transitional care programs residential. Independent living skills are practiced.
- **Serenity House:** Pre-crisis residential, voluntary, can stay for 10 days and not 5150. CIT’s favorite recommendation.

PAD: Psychiatric Advance Directive

PES: Psych Emergency Services (650) 573-2662. San Mateo Medical Center, 222 39th Ave, San Mateo (first floor, next to ER)

StarVista: 24/7 Crisis hotline (650) 579-0350. A BHRS agency with an array of services. Appointments can be made for local services navigating the challenges of mental illness rescue and treatment, including insurance eligibility and counseling. Occasionally all lines may be busy and another agency in California will answer, keep talking to them. **Teen Crisis Services for ages 13+:** www.sanmateocrisis.org Mon-Thurs 4:30–9:30pm, peer support under staff supervision, text only line: (650) 747-6463.