

**Santa Clara County Mental Health
Information Provided by a Family Member or Other Support Person - Part A**

Developed jointly by Santa Clara County Mental Health, NAMI of Santa Clara County and mental health consumers, this form serves to provide a means for family members to communicate about their relative's mental health history pursuant to AB 1424, which requires that all individuals making decisions about involuntary treatment consider information supplied by family members. After having been completed, this form will be placed in the consumer's mental health chart.

Name of Consumer: _____ Date of Birth: _____ Phone No.: _____

Address: _____ Primary Language: _____ Religion (Optional): _____

Medi-Cal: Yes No Medicare: Yes No Name of Private Medical Insurer: _____

Yes No Please ask the consumer to sign an authorization permitting Santa Clara County Mental Health providers to communicate with me about his/her care (see page 2, paragraph II.a.)

Yes No Provided that the proper release has been signed, I wish to be contacted as soon as possible in case of emergency transfer and discharge,

Yes No My relative has a Wellness Recovery Plan or Advanced Directive. (If yes has been marked and a copy of either form is available, please attach a copy to this form.)

Brief History of Mental Illness (list the age of onset, previous capabilities and interests, whether dangerous to self or others, and grave disabilities; use additional pages if necessary):

Does this consumer have a conservator? Yes No If yes, name: _____

Consumer's diagnosis, if known: _____ Do you know of any substance abuse problem? Yes No

Individual's Strengths

Educational: _____ Employment/Volunteer Work: _____

Goals: _____ Other: _____

Current Medications (Psychiatric and Medical)

Name(s): _____

Medications consumer has responded well to: _____

Medications that did not work for the consumer: _____

Treating Psychiatrist & Case Manager

Agency/Program: _____ Psychiatrist: _____ Phone No.: _____

Case Manager: _____ Phone No.: _____

Medical

Significant Medical Conditions: _____

Allergies to Medications, Food, Chemicals, Other: _____

Primary Care Physician: _____ Phone No.: _____

Current Living Situation

Information Submitted By

Name (print): _____ Relationship to Consumer: _____

Address: _____ Phone No.: _____

Signature: _____ Date: _____

I. California AB 1424

On October 4, 2001 Assembly Bill 1424 (Thomson-Yolo D) was signed by the Governor and chaptered into law. The law became effective Jan. 1, 2002. AB 1424 modifies the LPS Act (Lanterman-Petris-Short Act), which governs involuntary treatment for people with mental illness in California. The legislative intent of the bill is quoted as follows:

- a. "The Legislature finds and declares all of the following: Many families of persons with serious mental illness find the Lanterman-Petris-Short Act system difficult to access and not supportive of family information regarding history and symptoms. Persons with mental illness are best served in a system of care that supports and acknowledges the role of the family, including parents, children, spouses, significant others, and consumer-identified natural resource systems. It is the intent of the Legislature that the Lanterman-Petris-Short Act system procedures be clarified to ensure that families are a part of the system response, subject to the rules of evidence and court procedures."

More specifically, AB 1424 requires:

- b. That the historical course of the person's mental illness be considered when it has a direct bearing on the determination of whether the person is a danger to self/others or gravely disabled;
- c. That relevant evidence in available medical records or presented by family members, treatment providers or anyone designated by the patient be considered by the court in determining the historical course;
- d. That facilities make every reasonable effort to make information provided by the family available to the court; and
- e. That the person (a law enforcement officer or designated mental health professional) authorized to place a person in emergency custody (a "5150") consider information provided by the family or a treating professional regarding historical course when deciding whether there is probable cause for hospitalization.

Upon the signing of AB 1424, several W&I Codes were amended to permit relevant information about the historical course of a person's mental disorder from any source to be considered at all stages of the involuntary hospitalization process. For example, W&I Code 5150.05 was added to 5150. It says:

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.

II. Communicating with Mental Health Providers about Adult Mental Health Consumers

Santa Clara County Mental Health recognizes the key role that families play in the recovery of consumers receiving our services. We encourage providers at every level of care to seek authorization from the consumer so that family members will be involved and informed in their care, and have a special authorization form expressly designed to facilitate communication between treatment teams and family members. It is hoped that the summary below clarifies how laws concerning confidentiality affect communications between families and mental health providers concerning mental health consumers aged 18 or older.

- a. Outpatient Services
California and Federal law require that mental health providers obtain authorization from the consumer before communicating any information to family members.
- b. Hospital Services
California law requires that hospitals inform families that a consumer has been admitted, transferred or discharged, **unless** the consumer requests that the family not be notified. Likewise, hospitals are required to notify consumers that they have the right to decide against having this information disclosed.

California and Federal law require that hospital staff obtain an authorization in order to disclose any other kind of information to family members.

- c. Family's Options
Although mental health providers are constrained in their ability to communicate with families, family members may communicate with treatment teams with or without an authorization from the consumer through the use of this form. Staff will then place this information in the consumer's mental health chart.

Note: Under California and Federal law, consumers have the right to view their chart.

**Santa Clara County Mental Health
 Information Provided by a Family Member or Other Support Person – Part B
 History of Consumer’s Crisis Episodes, Including Any Substance Abuse History or Treatment**

Developed jointly by Santa Clara County Mental Health, NAMI of Santa Clara County and mental health consumers, this form serves to provide a means for family members to communicate about their relative’s mental health history pursuant to AB 1424, which requires that all individuals making decisions about involuntary treatment consider information supplied by family members. Mental health staff will place this form in the consumer’s mental health chart. **Under California and Federal law, consumers have the right to view their chart.**

Name of Consumer: _____ **Date of Birth:** _____ **Phone No.:** _____

Address: _____ **Primary Language:** _____ **Religion (Optional):** _____

Date	Crisis Behavior/Event (Include a description of the crisis and any triggers or precipitants)	Action Taken	Results of the Action

Attach additional pages as necessary

What has helped consumer in the past to deal with these crises?

What has not been helpful?

Information Submitted By

Name (print): _____ **Relationship to Consumer:** _____

Address: _____ **Phone No.:** _____

Signature: _____ **Date:** _____