

FAMILY HANDBOOK

*A Guide for Families of
Individuals with Mental
Health Diagnoses*

Information adapted from Tulare County



DEPARTMENT of
BEHAVIORAL
HEALTH

Table of Contents

Introduction	3
Local Mental Health Service Numbers	4
Role Of the Family Advocate Navigator	5
Seeking Mental Health Services for a Loved One	6
Conservatorship	14
Additional Family Support	16
Guilt Free Bill of Rights for Families	18
Safety Plan	19
System of Care	20
Mental Health Related Websites/Resources	21
Glossary	22

INTRODUCTION



This Family Handbook is for informational purposes only. It includes relevant information related to Family Advocacy Services within the Fresno County Department of Behavioral Health, as well as mental health related services and programs available in the county. This handbook does not contain all services and resources available in Fresno county, however it highlights many important areas. The information contained within this handbook should not take the place of speaking with professionals.

LOCAL MENTAL HEALTH SERVICE NUMBERS

Emergency Numbers

Police and Crisis.....	911
Central California Suicide Prevention Line.....	1(888) 506-5991

Services

Adult Protective Services.....	
Behavioral Health Access Line.....	1(800) 654-3937
Blue Sky Wellness Center.....	(559) 230-2501
Central Star Psychiatric Healthy Facility.....	(559) 600-2382
Exceptional Parents Unlimited.....	(559) 229-2000
Exodus CSC – Adults.....	(559) 453-1008
Exodus CSC – Youth	(559) 512-8700
Family Advocacy Services.....	(559) 600-6734
Kings View (DUI).....	(559) 457-2302
Kings View (PATH).....	(559) 256-4474
Kings View Youth Empowerment Center.....	(559) 256-4472
NAMI Warm Line.....	(559) 224-2469
Patient’s Right Advocate.....	(559) 492-1652
Police Non-Emergency Line.....	(559) 621-7000
Public Guardian.....	(559) 600-1500
Turning Point Rural.....	(855) 343-1057
Uplift.....	(559) 248-8450
Urgent Care Wellness Center.....	(559) 600-9171
Youth Wellness Center.....	(559) 600-6892

ROLE OF THE FAMILY ADVOCATE NAVIGATOR

The role of the Family Advocate Navigator(FAN) is to be a link between families and the mental health system of care. Whether your loved one has carried a diagnosis for many years, or this is your first exposure to the world of mental health, Family Advocate Navigators can provide support. Our services are readily available in English, Spanish, and Hmong. Additional language translation services can also be accommodated.

Support: The Family Advocate Navigator will listen to the concerns or grievances of the family, provide empathy, understanding, active listening, and follow up as needed.

Advocacy: The Family Advocate Navigator will help family members communicate with service providers, assist families with concerns and complaints about mental health services, and assist families in finding services and resources for themselves as supporters.

Education: The Family Advocate Navigator can provide education and information on the rights of family members, what services exist within Fresno County, psychoeducation about mental health symptoms and diagnoses, treatment options, and much more.

The Family Advocate Navigator cannot make decisions on behalf of the family, provide therapeutic services, give medical or legal advice, or disclose protected health information without proper consents.



For more information about Fresno County Behavioral Health Family Advocacy Services, please call (559)600-6734 or email DBHFamilyadvocacy@fresnocountyca.gov.

SEEKING MENTAL HEALTH SERVICES FOR A LOVED ONE



As a family member, caregiver, or other supportive individual, you may want to assist with getting mental health services for your loved one.

Speaking with Your Loved One

Communication may be difficult at times, but it is very important to your loved one that you remain open-minded and respectful when you are talking with them about their mental health.

- **Be Respectful:** When someone feels respected and heard, he or she will be more likely to return respect and consider what you have to say. Let your family member share in the responsibility for making good decisions.
- **Be Honest:** Do not assume that an individual with mental illness will believe anything you say. Mental illness has nothing to do with the person's intelligence level. Most likely, the person will remember your conversations.
- **Be Aware:** If a person is experiencing hallucinations or delusions, be aware that this experience is his or her reality. Acknowledge it, and don't ignore or argue about it.
- **Be Patient:** You will have a better chance of communicating when your family member is open to talking. Sometimes just sitting quietly together can open the door to conversation. Try not to be forceful.
- **Be Concise and Clear:** Some mental illnesses make concentrating difficult, so it is important to use clear sentences (with respect) such as, "Please put your dishes in the sink when you have finished eating" instead of "Please clean up when you're done."
- **Be Present:** Try to understand what he or she is communicating. In most instances, if you listen carefully, you will be able to understand. If an individual is an adult, communicate with him or her like an adult.

Speaking with Clinicians

Clinicians and providers are legally bound to protect the rights and health information of their patients. This can at times feel frustrating for the family, as it can feel counter-productive to recovery.

Release of Information (ROI): An individual receiving mental health services can choose who to sign a Release of Information for. This release allows mental health providers and the treatment team to share information with the person the ROI was signed for.

Even if there is not a signed ROI for you, meaning that you cannot get information from doctors, case managers, etc., you still can communicate with the treatment team. If you have information about your loved one that you feel is beneficial for the treatment team to know, you are allowed to disclose that to them. They may tell you “I cannot confirm nor deny that the individual you are referring to is a patient here”. You can respond with, “I understand that, and I would like to provide you with information at this time, and I just ask that you make note of it.” The clinician or provider will gather information from you, all the while respecting your loved ones protected health information (PHI).

Families Rights

While your loved one has rights that should not be infringed on, there are certain rights that the family has, too.

AB1424: Assembly Bill 1424 states that historical information from family or other concerned parties must be taken into account when showing probable cause for an involuntary hold (5150). An easy way to provide this information, is by filling out and keeping an updated copy of the Mental Health History and Symptoms form. This can be presented to law enforcement or the CIT responder, or provided to the treatment team or assessing clinician.

Please note, for a 5150 hold to take place, “probable cause” must be found. Probable cause can be shown by behaviors or symptoms such as:

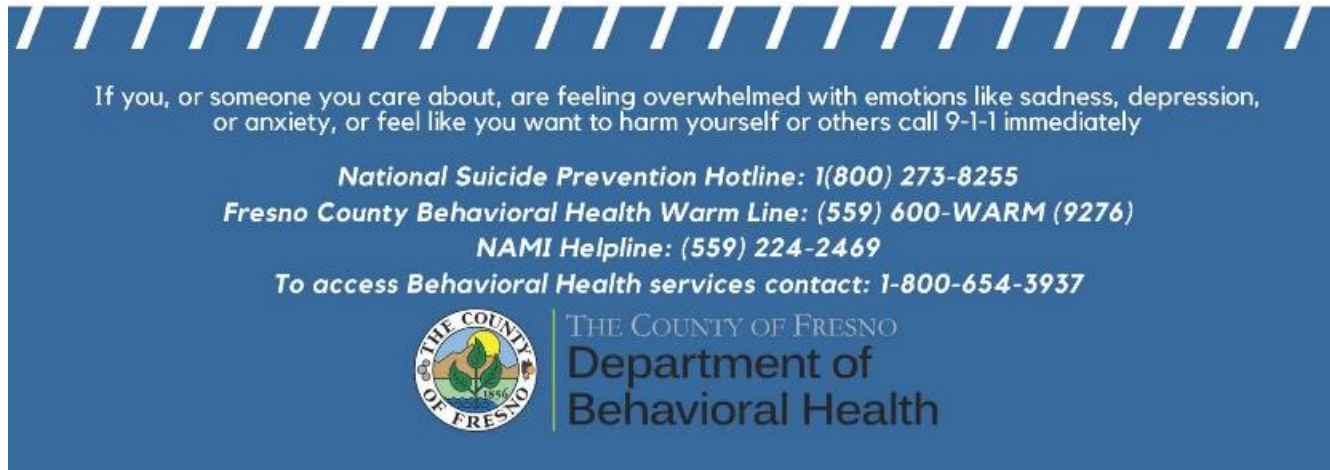
Danger to Self: A person has suicidal thoughts and is an immediate threat to his or her own safety as a result of mental illness (e.g., delusions, hallucinations, or depression). The means and ability to carry out these threats also have to be present to meet criteria for Danger to Self.

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

Grave Disability: An individual is unable to care for himself/herself by utilizing available food, clothing, or shelter, as a result of mental illness (e.g., delusions, hallucinations, or depression). A third-party support person is unable or unwilling to assist with the individual’s care and safety (food, clothing, shelter).


What to do when your family member resists help or treatment?

Even when your family member is refusing, you may continue to seek services to help your family member. Being aware of the warning signs, such as a suicidal threat or threat of harm to others, is important when you are seeking help. If safety is an immediate concern, please call 911.



If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others call 9-1-1 immediately

National Suicide Prevention Hotline: 1(800) 273-8255
Fresno County Behavioral Health Warm Line: (559) 600-WARM (9276)
NAMI Helpline: (559) 224-2469
To access Behavioral Health services contact: 1-800-654-3937

 THE COUNTY OF FRESNO
Department of Behavioral Health

Speaking with Law Enforcement

It is a difficult decision to make, but sometimes the need to call in law enforcement or professionals arises. When an emergency arises, please call 911 right away. When calling, it is important to say that it is a mental health emergency, and *request a trained Crisis Intervention Team (CIT) responder*. It is important to remember that law enforcement is trained to respond to each call as if it is dangerous, so as much information as you can provide, the safer your loved one and the responding law enforcement officers will be. Police officers are not trained social workers, but the CIT responders are trained and highly skilled at working with individuals experiencing mental health concerns.

When calling 911, it is important to speak with the dispatcher in a calm, clear, and deliberate manner, so that they can collect the proper information, and respond as quickly as possible. NAMI has created and supplied 5 different scripts that can be used when calling law enforcement for a mental health emergency. These scripts are for the following scenarios:

- No Weapon: Gravely Disabled
- No Weapon: Threat of Violence
- Weapon: Threat to Other
- Weapon: Threat to Self
- Suicide/Overdose Attempt.

To view these scripts, go to <https://namiglendale.org/dealing-with-911/911-emergency-scripts/> or contact Family Advocacy Services at (559)600-6734.

Mental Health History and Symptoms

Provided by Family Member or Other Concerned Party

This form was developed to help family members and friends provide information to treatment providers about their loved one's mental health history. Individuals making decisions about involuntary psychiatric treatment are required by law to consider historic information provided by family members and others. This requirement is pursuant to California Assembly Bill 1424, which was signed into law effective January 1, 2002. The role of historic information when making involuntary treatment decisions was further clarified and strengthened through additional changes to the law that went into effect January 1, 2016. For more information see "A Guide to California's AB 1424" prepared by the National Alliance on Mental Illness (NAMI) at http://www.namio.org/media/namio.org/guide_AB1424.pdf.

Present this form to emergency responders or others conducting psychiatric evaluation at the time of crisis and to care providers if your loved one is hospitalized. In order to be the most helpful, fill this form out in advance with current, updated information and have extra copies available.

Today's date _____ Name of person submitting form _____
Relationship to consumer/client _____

Consumer/Client Information

Name _____ Date of birth _____
Phone _____ Address _____
Primary language _____ Religion _____
Medi-Cal: Yes No Medicare: Yes No Other insurance: _____
Does client have a conservator? Yes No Don't know
If yes, name _____ Phone _____

Brief History of Mental Illness (detailed history found in addendum starting on page 5)

Age symptoms or illness began _____

Do you know the client's diagnosis? Yes No Don't know

Please explain _____

Prior 5150 holds? Yes No Don't know

Please explain briefly _____

Prior Hospitalizations? Yes No Don't know

Please explain briefly _____

Name of consumer/client: _____

What has been helpful for client in managing mental illness?

What has not been helpful for client?

Please describe any triggers (events or persons) that can precipitate a crisis.

Does client have a substance abuse problem? Yes No Don't know
Please explain _____

Are there any family traditions, spiritual beliefs, or cultural concerns that are important to know about?

Current Living Situation
 Family Independent Homeless Transitional Board & Care Other _____
Is this a stable situation? _____

Treating Psychiatrist and Case Manager/Therapist
Psychiatrist _____ Phone _____
Case manager/therapist _____ Phone _____

Current Medications (Psychiatric and Medical)
Name(s) _____
Medications that have helped _____
Medications that did not help or caused adverse reactions _____

Medical Information
Significant medical conditions _____
Allergies to medications, food, chemicals, other _____
Primary care physician _____ Phone _____

Information Submitted By
Name (print) _____ Phone _____
Address _____
Signature _____ Date _____

*PLEASE NOTE: A person "shall be liable in a civil action for intentionally giving any statement that he or she knows to be false."
Pursuant to Welfare & Institutions Code, Section 5150.05(c).*

Name of consumer/client: _____

Mental Health Symptoms

Please check the boxes indicating symptoms or behaviors your loved one has exhibited in the past and those you're observing now. If only some symptoms in a line apply, please circle them.

Past	Now	Symptom or Behavior
		Gravely disabled (unable to provide food, clothing, and shelter)
<input type="checkbox"/>	<input type="checkbox"/>	• Cannot live with family and has no other place to live
<input type="checkbox"/>	<input type="checkbox"/>	• Is not capable of safely living in a shelter or board and care (fights, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	• Has no income and cannot provide for self
<input type="checkbox"/>	<input type="checkbox"/>	• Has no insight into mental illness
<input type="checkbox"/>	<input type="checkbox"/>	• Takes clothes off in public places or when inappropriate
<input type="checkbox"/>	<input type="checkbox"/>	• Gives clothing away
<input type="checkbox"/>	<input type="checkbox"/>	• Dresses inappropriately for the weather
<input type="checkbox"/>	<input type="checkbox"/>	• Does not eat food due to irrational beliefs
<input type="checkbox"/>	<input type="checkbox"/>	• Eats food that is rotten or objects unfit for human consumption
		Inability to recognize illness and related difficulties
<input type="checkbox"/>	<input type="checkbox"/>	• Refuses medication or will not stay on medication
<input type="checkbox"/>	<input type="checkbox"/>	• Takes medication inconsistently (takes too many or too few pills)
<input type="checkbox"/>	<input type="checkbox"/>	• Does not recognize bizarre behaviors or believe the reports of others
<input type="checkbox"/>	<input type="checkbox"/>	• Fails to go to doctor appointments
		Hallucinations
<input type="checkbox"/>	<input type="checkbox"/>	• Hears voices or sounds no one else hears
<input type="checkbox"/>	<input type="checkbox"/>	• Hears television speaking to him/her (not the actual program)
<input type="checkbox"/>	<input type="checkbox"/>	• Laughs or smiles for no apparent reason (responding to internal stimuli)
<input type="checkbox"/>	<input type="checkbox"/>	• Sees people, deceased persons, ghosts, or unrecognizable human figures
<input type="checkbox"/>	<input type="checkbox"/>	• Sees objects, shadows, eyes, etc. moving around a room
<input type="checkbox"/>	<input type="checkbox"/>	• Feels bugs or other objects on skin when nothing is present
<input type="checkbox"/>	<input type="checkbox"/>	• Smells odors others don't
		Delusions and responses to delusions (includes grandiose delusions)
<input type="checkbox"/>	<input type="checkbox"/>	• Believes he/she is God, religious figure, fictional superhero, etc.
<input type="checkbox"/>	<input type="checkbox"/>	• Believes he/she is related to a famous person and tries to visit that person
<input type="checkbox"/>	<input type="checkbox"/>	• Falsely believes he/she is extremely wealthy and owns land and buildings
<input type="checkbox"/>	<input type="checkbox"/>	• Spends excessive amounts of money due to delusion of being wealthy
		Paranoia and related behavior
<input type="checkbox"/>	<input type="checkbox"/>	• Believes people are watching, looking at him/her
<input type="checkbox"/>	<input type="checkbox"/>	• Believes government is always watching, F.B.I. is following, etc.
<input type="checkbox"/>	<input type="checkbox"/>	• Falsely believes he/she was molested by relatives
<input type="checkbox"/>	<input type="checkbox"/>	• Keeps knives near bed due to fear
<input type="checkbox"/>	<input type="checkbox"/>	• Believes food is poisoned
<input type="checkbox"/>	<input type="checkbox"/>	• Destroys cell phone, TV, etc. because others are listening through them
<input type="checkbox"/>	<input type="checkbox"/>	• Afraid to leave home, always peering through window blinds, etc.
		Disorganized speech
<input type="checkbox"/>	<input type="checkbox"/>	• Rapid, mumbling speech
<input type="checkbox"/>	<input type="checkbox"/>	• Does not make sense in conversation, cannot follow conversation

Name of consumer/client: _____

Past	Now	Symptom or Behavior
		Disorganized behavior
<input type="checkbox"/>	<input type="checkbox"/>	• Leaves stove on, leaves cigarette burning on furniture, etc.
<input type="checkbox"/>	<input type="checkbox"/>	• Inability to correctly use normal life objects (such as eating utensils)
<input type="checkbox"/>	<input type="checkbox"/>	• Parks car in inappropriate places (such as middle of an intersection, parking lot)
<input type="checkbox"/>	<input type="checkbox"/>	• Inappropriate sexual behaviors/boundaries (such as naked or masturbating in public)
		Emotional instability
<input type="checkbox"/>	<input type="checkbox"/>	• Cycles between emotional highs and lows, manic and lethargic behavior
<input type="checkbox"/>	<input type="checkbox"/>	• Becomes extremely agitated without warning
<input type="checkbox"/>	<input type="checkbox"/>	• Threatens to harm others, verbally intimidates others
<input type="checkbox"/>	<input type="checkbox"/>	• Is often depressed and feels hopeless, expresses feelings of worthlessness
<input type="checkbox"/>	<input type="checkbox"/>	• Suicide attempts or suicidal statements
<input type="checkbox"/>	<input type="checkbox"/>	• Cutting or harming self
<input type="checkbox"/>	<input type="checkbox"/>	• Sleeps excessively or does not sleep
		Poor hygiene
<input type="checkbox"/>	<input type="checkbox"/>	• Goes for days without showering, strong body odor
<input type="checkbox"/>	<input type="checkbox"/>	• Very bad breath or decaying teeth
<input type="checkbox"/>	<input type="checkbox"/>	• Soils clothing and shows no awareness or concern
		Inability to understand the concepts of money, worth, or personal property
<input type="checkbox"/>	<input type="checkbox"/>	• Hoarding
<input type="checkbox"/>	<input type="checkbox"/>	• Gives away personal property or money, or family's belongings
<input type="checkbox"/>	<input type="checkbox"/>	• Does not pay for items in stores and just takes things
<input type="checkbox"/>	<input type="checkbox"/>	• Buys junk at yard sales (for high prices) instead of paying important bills
<input type="checkbox"/>	<input type="checkbox"/>	• Goes into other's homes uninvited (to get food, use bathroom, watch TV, etc.)
		Difficulty understanding and following directions
<input type="checkbox"/>	<input type="checkbox"/>	• Cannot process information correctly
<input type="checkbox"/>	<input type="checkbox"/>	• Cannot follow multiple directions
		Inability to maintain gainful employment
<input type="checkbox"/>	<input type="checkbox"/>	• Cannot keep a job
<input type="checkbox"/>	<input type="checkbox"/>	• Blames others for continual problems with tasks or coworkers
<input type="checkbox"/>	<input type="checkbox"/>	• Cannot develop or maintain relationships with coworkers
		Other symptoms
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____
<input type="checkbox"/>	<input type="checkbox"/>	• _____

Name of consumer/client: _____

Mental Health History

Recent History of Grave Disability:

The legal criteria to hold a person for involuntary treatment beyond 17 days or place him/her on an LPS conservatorship are referred to as "gravely disabled". Persons are gravely disabled if they are unable to provide for their own food, clothing, or shelter due to a mental disorder. It is very important to know if a person meets these criteria so please describe recent events and behaviors that indicate your loved one is unable to provide food, clothing, or shelter.

Complete Mental Health History:

The table on the next page is for recording the complete mental health history of your loved one so it can be easily reviewed by care providers. This is intended to be a summary of prior crises related to your loved one's mental illness, not a comprehensive and detailed biography. Symptoms are not included since they are listed on the prior two pages. Here are some directions to help as you complete this information:

1. List the history of all the hospitalizations, incarcerations, periods of homelessness, and any restraining orders which have taken place for your loved one. You are not expected to have access to all of your loved one's medical history so just list events of which you are aware.
2. List events in chronological order starting with the oldest event.
4. State the diagnosis if known.
5. If you are filling in this table on the computer, just hit the tab key when you are in the last cell at the bottom right and a new row will appear.
6. If you are filling in this table by hand, please print extra copies as needed.
7. The table below has several sample entries to help you get started.

Event Description	Dates (Admission – Discharge)	Hospital Name Contact Person(s)	Diagnosis (Dx) and Medications Prescribed (Rx)
<i>Hospitalization</i>	<i>June 2005 (3 days) (1st hosp., adolescent)</i>	<i>Heritage Oaks in Sacramento</i>	<i>Dx: PTSD, anxiety Rx: unknown</i>
<i>Homeless</i>	<i>9/2010 - 2/2011</i>		<i>not taking medications</i>
<i>Incarcerated</i>	<i>3/2/11 - 6/4/11</i>	<i>Fresno Co Jail</i>	<i>Dx: psychosis NOS</i>
<i>Hospitalization</i>	<i>8/6/13 - 8/15/13</i>	<i>Psychiatric Health Facility (PHF) Dr. Health</i>	<i>Dx: Schizophrenia, borderline personality Dis. Rx: Lithium, Prolixin</i>

CONSERVATORSHIP

LEGAL DISCLAIMER - The following is provided as a public service to convey general information only and not to provide legal advice or opinions. Although we try to make sure our information is correct and useful, the information presented on this website may not reflect the most current legal developments. This information should not be used as a substitute for obtaining legal advice from an attorney regarding any specific legal problem or matter. We recommend you consult a licensed attorney who has experience in your area of need.

Prior to a person being in crisis or becoming unable to care for themselves, it is important that they have a Psychiatric Advanced Directive (PAD) completed in order for you to best understand what their wishes are for their care. Contact the Family Advocate or go to this website for more information on PADs in California: <https://www.nrc-pad.org/states/california-faq/>

What is Conservatorship?

Conservatorship is the legal process for someone to make decisions for another person. Conservatorship is for adults, and for children it is called a guardianship. There are different types of conservatorship, and not all types are appropriate for individuals living with mental health concerns.

LPS Conservatorship

An LPS conservatorship gives legal authority to one adult (called a conservator) to make certain decisions for a seriously mentally ill person (called a conservatee) who is unable to take care of him/ herself.

Criteria:

- Gravely disabled as a result of a mental illness or chronic alcoholism
- Unable to provide for basic needs of food, clothing or shelter.
- Unwilling or incapable of accepting treatment voluntarily.

What is the process to place someone on LPS conservatorship?

It starts with being placed on a 5150 hold and taken to a psychiatric hospital. The hospital can then refer someone to the Public Guardian's Office to investigate the need for LPS conservatorship.

Although family members and friends cannot start the LPS conservatorship process, there are things they can do to encourage and facilitate it. Persons with a mentally ill loved one have something treatment providers don't have but desperately need; **information**. You have the insider information that is needed to make the best decisions regarding treatment; including

placement on an LPS conservatorship. It is very important that you share that information with the treatment providers and do so in a brief, summary format they can easily review. To help do that, the Public Guardian's Office created the "Mental Health History and Symptoms" form. To obtain this form, contact the Family Advocate, or download it online.

General Conservatorship

A General Probate Conservatorship is for adults who are unable to provide for their personal needs due to physical injury, advanced age, dementia, or other conditions rendering them incapable of caring for themselves or making them subject to undue influence.

Limited Conservatorship

A Limited Conservatorship is for a person who is developmentally disabled. In this type of conservatorship, the powers of the Conservator are limited so that the disabled person may live as independently as possible.



For more information regarding conservatorship and your loved one, please contact the Public Guardians office at (559) 600-1500 or the Family Advocacy Program at (559) 600-6734.

ADDITIONAL FAMILY SUPPORT



Loving and caring for someone who is living with a mental health diagnosis or substance use diagnosis can be stressful and isolating. Please know that you are not alone in this. There are groups and organizations that can provide additional support to you.

National Alliance on Mental Illness (NAMI)

NAMI is an excellent resource for individuals living with mental health concerns, as well as their family and support system. NAMI provides many similar support services that the Family Advocacy Program does, and also facilitates beneficial support groups.

- Family to Family Support Group -

PAIN

(559) 579-1551

- PAIN is a non-profit organization that specializes in rehabilitation services and support for substance users and their families. This unique program focuses on family support services, while effectively navigating an individual's road to sobriety with proper and personalized help. They provide family consulting, facilitate family support groups, provide education on substance use, and much more.
- PAIN Family Support Group – Wednesday evenings 6:30 p.m.- 8:30 p.m. These meetings are being held on Zoom until further notice.

Family Caregiver Support Program

(559) 214-0299

- The Agency on Aging co-administers the Family Caregiver Support Program with Valley Caregiver Resource Center. Together, they offer an array of services tailored to each caregiver's unique needs. These services include respite, support groups, classes, counseling, and much more.
- The requirements for this support program include being a caregiver for an individual who is age 60+, and/or is living with cognitive impairment, such as stroke, dementia, or Alzheimer's.

GUILT FREE BILL OF RIGHTS FOR FAMILIES

A right to survive

A right to privacy and to lead our own lives

A right to not go broke or alter our standard of living

A right to not be psychologically abused

A right to physical safety

A right to express our emotions

A right to respite and vacations

A right to receive help for ourselves

A right to set house rules and be treated with respect and consideration

SAFETY PLAN

This is an example of a Crisis Plan or Safety Plan. These are most beneficial when completed when the individual is calm and coherent. It can then be used to prevent that individual from going into crisis, or reducing the severity of a crisis by avoiding triggers when possible, identifying warning signs, using positive coping skills, and reaching out to helpful and supportive people and agencies.

Safety Plan

When someone is in crisis mode, it may be difficult to know what to do. Having a Safety Plan can help prepare you or your loved ones with some strategies to reduce severity of, or prevent crises altogether. Every person's safety plan may look different, so it is important to fill it out with what is specific to you or your loved one.

Step 1: Emotional Triggers (situations, dates, people, words, places, anything that can lead to uncomfortable emotional or psychiatric symptoms, such as anxiety, or panic)	Step 2: Warning Signs (thoughts, images, mood, behaviors) that a crisis may be developing
1.	1.
2.	2.
3.	3.
Step 3: My Coping Strategies – Things I can do to take my mind off things (physical activity, relaxation technique, etc.)	Step 4: People I can ask for help, or places I can go for support (Be specific, put phone numbers/addresses)
1.	1.
2.	2.
3.	3.

If safety is a concern, call 911. However, make sure to tell them this is a mental health concern.

SYSTEM OF CARE

The behavioral health system of care is large and can feel overwhelming, even to professionals. Below is an example of how to begin receiving services. Please note that the Fresno County Department of Behavioral Health emphasizes that “there is no wrong door” to accessing care, so this is just one of many ways to receive services. For additional questions about getting services, please call the Access Line at (800)654-3937 or Family Advocacy services at (559)600-6734.

Navigating the Behavioral Health System

If you feel that you or your loved one may need behavioral or mental health support or services, here are some steps to get you started:



1

Call

- **Department of Behavioral Health Access Line:** Call (800) 654-3937 for 24/7 information connecting to mental health services and next steps
- **In case of mental health emergency:** If you or your loved one are in danger, call 911 immediately, and inform the dispatcher that the situation is mental health emergency
- **Central Valley Suicide Prevention Hotline:** Call (888) 506-5991



2

Get Assessed

- **Urgent Care Wellness Center:** This center serves an initial point of access to mental health services in Fresno County. Services provided include mental health assessments, client centered treatment planning, group therapy, limited individual therapy, crisis evaluation and linkage and consultation with client support systems.
- (559) 600-9171
- 4441 E. Kings Canyon Rd, Fresno



3

Meet with a provider

- **Meet with a professional:** After your assessment, an appointment may have been scheduled for you to see a provider. It is very important to keep these scheduled appointments.
- **A case manager** may also be assigned to work alongside you if needed. A case manager can further orient you in the behavioral health system and assist with ensuring you are receiving the appropriate services.



4

Engage in services

- **Get involved!** Depending on your individual needs, there are many services to engage in. Recovery is a journey and being actively engaged in your wellness is important!
- Some Services include
 - **Groups/Peer Support**
 - **Individual/Family Therapy**
 - **MAT/SUD series**
 - **Psychiatric Services/Medications**
 - **Residential Treatment**
 - **Day Programs**
 - **Work programs**



MENTAL HEALTH RELATED WEBSITES/RESOURCES

Fresno County Department of Behavioral Health
<https://www.co.fresno.ca.us/departments/behavioral-health>

National Alliance on Mental Illness (NAMI)
<https://www.nami.org/Support-Education>

NAMI Fresno
<https://namifresno.org/>

SAMHSA
<https://www.samhsa.gov/>

NIMH
<https://www.nimh.nih.gov/index.shtml>

The Trevor Project
<https://www.thetrevorproject.org/>

National Suicide Prevention Lifeline
<https://suicidepreventionlifeline.org/>

Mental Health America
<https://www.mhanational.org/>

M.A.P Fresno
<https://www.fresnomap.org/>

GLOSSARY

5150: 5150 is a specific California Welfare and Institutions Code, which allows a professional person designated by Fresno County to take you to an approved psychiatric facility for involuntary 72-hour treatment and evaluation. This person could be a police officer or perhaps a crisis Mental Health worker.

DBH: Department of Behavioral Health

FAN: Family Advocate Navigator

FSP: Full Service Partnership

LPS Conservatorship: LPS conservatorship provides the legal authority to require mental health services and arrange placement for persons who need psychiatric treatment but are unwilling or unable to accept it voluntarily.

MHP: Mental Health Plan

PHF: Psychiatric Health Facility

