

## NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with mental illness, along with their family and friends. NAMI's mission is to provide education, support, advocacy, and research.

Please contact the NAMI affiliate closest to you for further information or to attend any of these valuable groups and education courses.

**NAMI Riverside**  
951-369-2721

[NAMI@namiwesternriverside.org](mailto:NAMI@namiwesternriverside.org)

**NAMI Temecula Valley**  
951-672-2089  
[info@namitv.org](mailto:info@namitv.org)

**NAMI Mt. San Jacinto**  
951-765-1850  
[namihemet@gmail.com](mailto:namihemet@gmail.com)

**NAMI Coachella**  
888-881-6264  
[namicoachellavalley@gmail.com](mailto:namicoachellavalley@gmail.com)  
**www.NAMI.org**

### Family Advocate Help Line 800-330-4522 CONTACT US

Family members or significant others should feel free to contact the Family Advocate Program at the numbers listed on the back of this brochure should they have questions regarding information sharing or if they are in need of information, support, education, referrals or other services provided by the Family Advocate Program.

**HELPLINE** is a free, confidential crisis / suicide intervention. Service available 24 hours a day and 7 days a week

**Call: 951-686-HELP or 951-686-4357**

#### PATIENT'S RIGHTS

**(951) 358-4600 or (800) 350-0519**

**ALL SERVICES AND PRESENTATIONS  
ARE FREE OF CHARGE**

**SERVICIOS DISPONIBLES EN ESPAÑOL**

This information is available in alternative formats upon request.



2085 Rustin Ave., Riverside, CA 92507  
951-955-7164  
[rcdmh.org/FAP](http://rcdmh.org/FAP)

RUHS-BH BR/FAP-003 Rev 07/17



## FAMILY ADVOCATE PROGRAM

### AB-1424 and What You Should Know About Sharing Information About Your Mentally Ill Loved One

If you need assistance, please call  
**800-330-4522**

**"We've Been There,  
We Can Help"**

## What You Should Know

If you are a family member or significant other of an individual with a serious mental illness and provide care and/or support to him/her, it is important for you to know about laws which relate to the sharing of information about your loved one with a mental health challenge:

- Information you may wish to share with persons who are providing treatment or are involved professionally with him/her; and
- Information about your loved one you would like to have treatment providers share with you.

### **PROVIDING INFORMATION TO TREATMENT PROVIDERS AND OTHER DESIGNATED PERSONS**

RUHS—Behavioral Health recognizes and appreciates the support provided by family members and/or significant others to individuals with serious mental illness and welcomes information provided by them to staff members in an effort to promote and assist in their loved one's recovery.

In 2002, legislation (AB-1424) was passed which modified California statutes relating to family members and/or significant others in the course of the commitment/involuntary treatment process (Section 5150 of the California Welfare & Institutions Code).

Prior to the passage of AB-1424, information provided by family members in making a determination as to whether the ill family member met the criteria to be involuntarily (against his/her wishes) committed to a mental health facility was not considered.

An individual with serious mental illness may be committed involuntarily ONLY if he/she meets one or more of the following criteria:

- Danger to himself/herself;
- Danger to others;
- Gravely Disabled (unable to provide for his/her basic needs such as food, clothing, and shelter).

AB-1424 mandates that information provided by family members/significant others SHALL be considered when making a determination as to whether the ill family member meets the criteria to be involuntarily committed to a mental health facility. This includes information relating to past circumstances such as whether he/she has a history of violence (danger to himself/herself and/or others) and/or numerous prior hospitalization commitments.

The information provided by family members and/or significant others may be in verbal or written form. Family members who knowingly give false information may be liable to their loved one in a civil action. In addition, facilities must make every reasonable effort to make information provided by family members/significant others available to the court (written is recommended).

If you are unsure as to what type of information you should provide, RUHS—Behavioral Health has developed two forms for the use of family members/significant others.

They are:

- Information Provided by Family Member; and
- Information Provided by Family Member - History of Crisis Episodes.

To obtain copies of these forms, please contact the Family Advocate Program at (800) 330-4522. Please keep in mind that it is NOT REQUIRED that family members or significant others use these forms or any other specific format. Also, information provided by family members or significant others may be in verbal form.

## **RECEIVING INFORMATION FROM TREATMENT PROVIDERS**

In terms of family members or significant others receiving information FROM treatment providers, it is important to note that California confidentiality statutes prohibit treatment providers from sharing information about individuals with serious mental illnesses with family members or significant others without the written consent of the ill individual (Release of Information).

However, in an effort to comply with confidentiality statutes as well as facilitate the sharing of information between treatment providers and family members or significant others, RUHS—Behavioral Health revised its policies and procedures in 2001 (RUHS - Behavioral Health Brochure “Confidentiality Guidelines for Caregivers”). If you would like a copy of this brochure explaining these revisions, please contact the Family Advocate Program at (800) 330-4522.

### **WESTERN REGION CRISIS FACILITIES CSU (Crisis Stabilization Unit)**

Phone: (951) 509-2499

Fax: (951) 358-7166

### **ETS (Emergency Treatment Services)**

Phone: (951) 358-4881, 358-4882, 358-4883

Fax: (951) 358-4810

### **ITF (Inpatient Treatment Facility)**

Phone: (951) 358-4700

Fax: (951) 358-4793

### **DESERT REGION CRISIS FACILITIES**

#### **CSU (Crisis Stabilization Unit)**

Phone: (442) 268-7000

Fax: (760) 832-6844

#### **PHF (Psychiatric Health Facility)**

Phone: (760) 863-8632

Fax: (760) 863-8631