

California AB 1424 (2001)

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. Quoting the legislative intent of the bill,

"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:

- 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;
- 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;
- that facilities make every reasonable effort to make information provided by the family available to the court; and
- 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:

(a) 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.

Communicating with Mental Health Providers about Adult Mental Health Consumers

San Mateo County Mental Health recognizes the key role 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. In fact, we have a special authorization form expressly designed to facilitate communication between treatment teams and family members. We hope the summary below clarifies how laws concerning confidentiality affect communications between families and mental health providers concerning mental health consumers aged 18 or older.

Outpatient Services

- California and Federal law require that mental health providers obtain authorization from the consumer before they are able to communicate with family members, even to reveal that person is a client.

Hospital Services

- California law requires that hospitals inform families that a consumer has been admitted, transferred, or discharged unless the consumer requests that the information not be notified.
 - Hospitals are required to notify consumers they have the right not to provide this information.
- California and Federal law require that hospital staff obtain an authorization to disclose anything else to family members.

What the family can do

- 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.
 - You can use this form to provide information about the consumer to hospital or outpatient staff. Staff will place this information in the consumer's mental health chart. Under California and Federal law, consumers have the right to view their chart.
 - Although the treatment team may not be able to disclose information to you, they are free to consider any information you offer.

Information Provided By Family Member

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This form was developed jointly by San Mateo County Mental Health, NAMI San Mateo County and mental health consumers to provide a means for family members to communicate about their relative's mental health history pursuant to Welfare and Institutions Code (W & I) Section 5008.2, 5150.05, and 5328. Sec. 5150.05 states that "...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..." 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.

This form is completed by a family member of (name) _____

Name of Consumer _____ Date of Birth _____ Phone _____

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 San Mateo County mental health providers to communicate with me about his/her care.

Yes No 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, and a copy is available please attach a copy to this form.)

Brief history of mental illness (age of onset, previous capabilities and interests, dangerous to self or others, grave disabilities):
Use additional pages if necessary.

State what is wrong with ill relative now
Use additional pages if necessary.

Does family relative have a conservator Yes No If Yes, Name _____

Do you know consumers diagnosis _____ Do you know of any substance abuse problem Yes No

Client Strengths

Education

Employment/Volunteer

Goals

Other

Current Medications (psychiatric and medical)

Name _____

Medications consumer has responded well to _____

Medications that did not work for the consumer _____

Treating Psychiatrist & Case Manager

Psychiatrist _____ Phone _____

Case Manager _____ Phone _____

Medical

Significant Medical Conditions _____

Allergies to Medications, Food, Chemicals, Other _____

Primary Care Physician _____ Phone _____

Current living situation

Information submitted by

Name (print) _____ Relationship to consumer _____

Address _____ Phone _____
(City) (State) (Zip)

Signature _____ Date _____

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History of Consumers Crisis Episodes

This form was developed jointly by San Mateo County Mental Health, NAMI San Mateo County and mental health consumers to provide a means for family members to communicate about their relative's mental health history pursuant to Welfare and Institutions Code (W & I) Section 5008.2, 5150.05, and 5328. Sec. 5150.05 states that "...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..." 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.

This form is completed by a family member of (name) _____

Name of Consumer _____ Date of Birth _____ Phone _____

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 _____
(City) (State) (Zip)

Signature _____ Date _____