

## Families Advocating for the Seriously Mentally Ill

*Summarized by Thomas T. Thomas*

FASMI (Families Advocating for the Seriously Mentally Ill) is a local group of well-informed advocates who are bird-dogging county efforts to deal with funding and legislative actions targeting those with serious mental illness. FASMI's efforts are impacting statewide actions, and there are now FASMI spinoffs in San Francisco and Sacramento. At the March 26 meeting, we heard three of the group's founding members—**Katy Polony**, **Alison Monroe**, and **Glenn Turner**—discuss advocacy efforts around legislative issues on a statewide level, the issue of 5150s at the county level, and services from Berkeley Mental Health.

FASMI is a grassroots, non-profit organization whose core goals are more hospital beds, more housing, and a continuum of care. “Our dream,” Alison Monroe said, “is a statewide right to treatment.” People with intellectual disabilities have this right, she said, and it should be provided for people with serious mental illness.

At the state level, the legislature writes laws that affect our family members. An early one was the Lanterman-Petris-Short Act of 1968 (LPS) that provided for involuntary holds for people who are a danger to self or others or gravely disabled, commonly known as 5150s, from the paragraph number in the [Welfare and Institutions Code](#).

More recent state laws include [Proposition One](#) on the March 2024 ballot, to provide bonds for mental health treatment facilities; [Senate Bill 43](#), which expands the definition of gravely disabled; and the creation of [CARE Court](#), which has the intention of getting people in crisis off the streets and into housing and treatment.

While the state establishes the rules, the counties control funding and activities for arrest, hospitalization, and housing of patients. In some cases, the application of the rules is inconsistent. For example, CARE Court is not easy to get into, and there is no clear path to conservatorship. Bills are coming in the legislature that would help correct this: one would let a judge start the conservatorship hearing, and another would add bipolar disorder, which was left out of the original CARE Court law.

Advocates like FASMI have several ways to influence legislation. One is to be present when the bills are being written, and another is to speak up at the end of the legislative session, when amendments are often made or bills postponed. Assembly members and senators and their staffs will meet with activists, and they are more interested in hearing from people with real stories and concerned citizens than with lobbyists and interest groups. Personal calls, emails, and letters with their loved one's story have impact, as well as activists meeting as a group with representative and demonstrating in Sacramento.

Monroe noted that some activist groups are not helpful. Disability Rights California often opposes FASMI's concerns because they block involuntary treatment

for people who do not know or admit they're sick. And the California Behavioral Health Directors Association will try to minimize involuntary treatment of the sickest patients because they require more time and resources. For example, only 300 patients are under LPS conservatorships in Alameda County. Another issue is that concerns about homelessness and substance abuse are lumped together with serious mental illness and dilute the legislative agenda.

If you want information about FASMI's current activities and legislative agenda, including a protest at the Alameda County Board of Supervisors scheduled for mid-May, send an email to [acfasmi@gmail.com](mailto:acfasmi@gmail.com).

Katy Polony described the situation at the county level. She is the family advocate serving on one of four [In-Home Outreach Teams](#) (IHOT) in Alameda County. She said that many families have trouble in getting a loved one in crisis 5150ed.

Since the George Floyd death in 2020, police—who are the main people authorized to enforce a 5150—have taken a hands-off approach. For example, they usually will not force a locked door to a room where the patient has barricaded him- or herself. Instead, the police advise the family to take out a restraining order or wait until the patient has hurt a family member, and then the situation becomes a criminal matter. The county's mobile crisis teams hesitate because they do not have police support. Clinicians can recommend a 5150, but the police still must serve it.

Once a person is taken into custody, family advocacy is important at every step, including staff shift changes at facilities, to avoid having your loved one fall into the cracks. "It's not easy to get someone into hospital care," Polony said.

Glenn Turner described mental health care at the city level with reference to Berkeley. That city will not send police to serve a 5150—although they sometimes arrive on a 911 call—but instead sends a Special Care Unit (SCU) that includes an emergency medical technician (EMT), who can execute a 5150, a social worker, and a peer. But then the question becomes where the patient will be taken—to John George Psychiatric Pavilion, to Amber House in Oakland, or to the Santa Rita Jail?

Glenn noted that the Berkeley Mental Health Department is 30% understaffed, lacks resources and access to contractors, and is barely functional.

Clearly, at all levels of government, we need a better model, with programs that offer safe support, help patients stay on their medications, prevent isolation, and give them a sense of belonging. What does each person need to ground themselves? And, referencing the goal of the [Napa State Hospital](#), how do we "restore them to sanity"?