SPEAKER NOTES

More on Mental Illness Resources

Summarized by Thomas T. Thomas

The world of mental illness involves many different areas of need for family members, such as financial/legal, housing, levels of care, and providers. At the July Speaker Meeting, our NAMI East Bay board member **Ryan Gardner, LCSW,** CEO/President of Peninsula Counseling and Consulting (https://www.peninsulacounselingandconsulting.com) took on the ambitious task of giving a practical overview and an understanding of options. That talk was posted on the NAMI East Bay website under "What's New?"

At the November meeting, Gardner continued the discussion with topics including communicating with providers, legal and financial considerations, benefits, and enhanced case management. He stressed that while he has been a social worker, therapist, case manager, and consultant, he is not a medical practitioner or an attorney, and that much of what he was sharing was specific to California.

Communicating with providers involves the patient or the patient's representative signing a **release of information (ROI)** form, which allows the agency or organization to release and share information with other persons and medical providers. Each group has its own form: UCSF, Alta Bates Sutter, Veterans Affairs (VA), and Kaiser (requires copies for both primary care and psychiatry). These forms are typically valid for up to one year, may only be valid for the current episode of care, such as a hospitalization, and may not include release to disclose other conditions like substance abuse or HIV status. Many agencies now require the signer to provide a valid photo ID with the request. And it's best to keep a copy of the completed ROI for your records.

"Whether or not your loved one has signed an ROI," Gardner said, "you can still share information with his or her provider." And there are ways to overcome the limitations of an ROI in emergency situations.

Another way of communicating with providers is an **advance directive (AD).** This allows you to make your preferences known if you become incapacitated or unable to articulate. It also allows you to nominate another person to speak with medical providers, review medical records, and make decisions, and it now includes mental health conditions. The AD works in conjunction with a healthcare power of attorney and a living will. It lets you decide in advance about life-sustaining measures such as medication, intubation, and resuscitation. The document doesn't expire, and it can be amended or rescinded. In California, you register for an AD through the state. The document is usually notarized and requires two witnesses, who cannot be medical providers because they might influence your decisions.

A legal consideration is to obtain a **durable power of attorney (DPOA),** which designates another person to make financial, legal, and healthcare decisions on your behalf. In California, it can be made to either take effect immediately or "spring" from a situation in which you become incapacitated. The individual making the

DPOA must have capacity, and the document is usually created by a lawyer. It doesn't expire, and it can be updated and rescinded.

Legal conservatorships are of four kinds: General Probate for medical conditions, Dementia, Limited for persons with intellectual or developmental disabilities, and the **Lanterman-Petris-Short (LPS) conservatorship** for mental health conditions. For the latter, the conservatee must meet the requirements of "grave disability," which means he or she is unable to provide for their own food, clothing, and shelter. An LPS conservatorship may be of **a person,** in which the conservator determines where the person can live, decides whether they need to be in a psychiatric facility, and consents to mental health treatment; or it may be of **an estate,** where the conservator oversees finances and makes financial decisions for the conservatee. The conservatorship may be one or the other, or both.

Establishing grave disability begins with an assessment by a qualified practitioner or a law enforcement officer, usually as part of the 5150 process, leading to involuntary psychiatric admission under a 72-hour (three-day) hold. At that point a judge reviews relevant documents and may order a 14-day hold under the 5250 process. At the end of 17 days, if the person is still not well enough, he or she may be referred to the Public Guardian's Office (PGO) for a 30-day temporary conservatorship. And after that, a judge may order a "permanent" conservatorship, which lasts for up to one year. The conservatorship may be renewed annually with two independent psychiatric evaluations and the decision of a judge or jury.

In an LPS conservatorship, the person still has rights: to wear his or her own clothes, to receive mail and conduct confidential correspondence, to receive visitors, and to make phone calls. But their driving privileges, ability to enter into contracts, and right to vote may be subject to the conservatorship.

The **Community Assistance, Recovery and Empowerment (CARE) Act** was established for people on the psychotic disorder spectrum, such as schizophrenia and bipolar disorder, and not able to care for their own needs. It creates an agreement for the individual to receive support to improve their symptoms and functioning, such as housing and treatment. It is a civil, not a criminal, process. Each county has its own process, but there is a statewide petition application.

For criminal cases involving misdemeanor or felony charges, the person with a serious mental health diagnosis may apply for a **mental health diversion.** The person agrees to a pretrial program of treatment. If completed successfully, misdemeanor charges may be dropped in one year and felony charges in two years.

If a family member or interested party wants to **provide historical information** while a loved one is being evaluated for a 5150 involuntary psychiatric treatment or a 5250 extended hold, they should fill out an AB 1424 form. It's a good idea to fill this form out in advance and have it ready for potential 5150 situations.

If a person is receiving Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), or other public benefits, the presumption is that he or she is able to make decisions and manage their funds. If not, then a **fiduciary** can be appointed by the individual, a court, or an agency. A **representative payee** can also be appointed to handle Social Security or Veterans Affairs benefits only. Social Security requires this even if a power of attorney is in effect. A beneficiary can self-select one,

or it can be appointed based upon concerns by a qualified professional, if the Social Security Administration agrees.

Alameda County has the Substitute Payee Program. There is also the Building Opportunities for Self-Sufficiency (BOSS) program, and professional fiduciaries may be contacted who are licensed, bonded, and insured.

Another public benefit is the **Supplemental Nutrition Assistance Program (SNAP),** known in California as "Cal Fresh." This provides monthly food benefits for persons deemed to be low income, typically living at 200% of or below the Federal Poverty Limit. In the Bay Area, this would be less than $2,610 gross income per month for a household of one, and the maximum benefit would be $298 per month. The money cannot be used for paper good, tobacco, or other non-food supplies. The benefit is also available to people receiving SSI, SSDI, or unemployment benefits. And it requires an annual review or certification. Apply at any Department of Social Services office or through https://benefitscal.com. Beginning in February 2026, people who are physically or mentally able will be required to work, perform community service, or attend school for at least 80 hours per month.

For MediCal (or Medicaid) beneficiaries, **In-Home Supportive Services (IHSS)** provides non-medical services like cleaning, meal preparation, transportation, bathing, laundry, and shopping for people living in their home. The number of hours paid are determined by an assessment, and you apply through the California Department of Social Services. The difficulty is finding people willing to work for the wages provided, typically $15.50 to $17 per hour. Workers must be approved within the county and pass a criminal background check.

A person who can't work because of their disability can also qualify as a **dependent adult child** and receive both SSDI benefits and, if applicable, receive SSI benefits simultaneously. To qualify, the person must have recorded symptoms between the ages of 18 and 22, be unmarried, and expect the disability to last at least 12 months. If the onset of symptoms occurred before 18, there must be a record of them within that four-year period. The parent must be receiving SSI or SSDI, or if deceased must have accrued enough work credits to qualify. The adult dependent child then gets SSDI plus 50% of the parent's Social Security, or up to 75% if the parent is deceased.

The status of **"Medi-Medi"** pertains to someone receiving both Medicare and MediCal (or Medicaid) benefits. Medicare typically covers hospital and skilled nursing facility stays (Part A); doctor visits, labs, and medical equipment (Part B); and prescription drugs (Part D). MediCal covers durable medical equipment, in-home services, and long-term institutional care. To be eligible for these programs, you need to be on both Medicare Parts A and B and MediCal and be 21-plus years of age.

Kaiser offers a Special Needs Program for Medi-Medi members including a personal care coordinator, fitness center membership, and $0 copy for most services.

California also offers MediCal recipients with severe and persistent mental illness a supplemental support program of **Enhanced Case Management**. A case manager helps the individual navigate systems and resources, including transitional housing, rent deposits, medical respite, and sobering centers.

For questions or further information on any of these programs and benefits, contact Ryan Gardner at info@peninsulacounselingandconsulting.com.