Additional Resources for Consumers & Families

Psychiatric Emergency Services	650.573.2662
Suicide Prevention	1.800.784.2433
Crisis—Youth & Family Enrichment Serv	ices
24-hour Crisis Line	650.579.0350
24-hour Alcohol & Drug Helpline	650.301.8720
24-hour Parent Support Line	650.579.0358
www.YFES.org or http://cr	isiscenter.cc
ACCESS/Dual Diagnosis Team offers information, referral and assessment for mental health services. 1.800.686.0101 (Calls forward to Psych Emergency after hours & on weekends)	

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California State Department of Mental Health www.dmh.ca.gov

Community Information Program through the Peninsula Library System lists local government and community based organizations. cip.plsinfo.org

Disability Benefits 101

www.disabilitybenefits101.org

National Alliance on Mental Illness (NAMI), San Mateo Countyoffers support, education and advocacy for consumers and familymembers.650.638.0800www.namismc.org

Network of Care contains an array of resources and information for the mentally ill and their families. www.sanmateo.networkofcare.org

Protection and Advocacy, Inc.

www.pai-ca.org

United Advocates for Children of California with mental health issues. www.UACC4families.org

San Mateo County Health Department Mental Health Services

San Mateo County Health Department Mental Health Services



Pathways

Pathways is a partnership of the San Mateo County Courts, Probation Dept., District Attorney, Private Defender Program, Sheriff's Office, Correctional Health, and Mental Health Services

> **1.800.388.5189** Multi-lingual

www.smhealth.org/mental.html

sanmateo.networkofcare.org

What is Pathways?

What are the components of Pathways?

What to do when a loved one with mental illness has been arrested...

Pathways is a partnership of the San Mateo County Courts, Probation Department, District Attorney, Private Defender Program, Sheriff's Office, Correctional Health, and Mental Health Services. Pathways is an alternate path through the criminal justice system for those with serious mental illness. Pathways participants may have a cooccurring substance abuse disorder, as long as a serious mental illness is also present.

The criterion for eligibility includes:

- Statutory eligibility for probation
- San Mateo County residency
- A diagnosis of a serious mental illness
- Voluntarily agree to participate
- Be age 18 or older



For those <u>Court ordered</u> into Pathways the components include:

- Peer support/mentoring
- Treatment & Recovery Plan Services
 - Treatment plan & medication services
 - Supportive housing services
 - Treatment & recovery support for co-occurring MH/substance use
 - Psycho-educational/recovery services
- Service coordination including assistance/linkage with health care services
- Family education and support
- Monitoring, supervision and support of treatment/recovery/behavior
- Intensive Probation supervision

How do I refer someone to Pathways?

 Complete an "Initial Referral for Screening for Pathways" form and return it to: Adult Probation, 400 County Center, 5th Floor, Redwood City, CA 94063, ATTN: Pathways

For more information and where to obtain a referral form call: 650.573.2159.

En Español 650.573.2189

Step 1: Support your loved one

- When you get a call from your loved one saying he/ she has been arrested, stay calm & offer your help & support
- If your loved one is being held in a jail, remind him/ her of the right to have an attorney present when being questioned by the police
- If he/she is at the Maguire Correctional Facility he/ she will be screened, evaluated, and treated by the Correctional Mental Health Services Staff

Step 2: Contact the County Jail

• After your loved one arrives at the Maguire Jail in San Mateo County, you may call: 650.363.4311 (men's facility and women's intake) or 650.363.4310 (women's facility) to get information about the facility and family visits.

Step 3: Send a fax (650.363.1904)

- Once your loved one has been booked into the facility, you may prepare a fax requesting that they be screened by mental health staff. Begin your fax with:
- 1. Your loved one's full legal name
- 2. Date of birth
- 3. Current location if known
- In the body of the fax, include:
- 1. His/her diagnosis
- 2. Psychiatrist's or treating physician's name, phone number and address
- 3. All current medication(s), dosage, time of day to be administered, name and number of the pharmacy
- 4. Information on medication that has proven to be ineffective or has undesirable side effects
- 5. Any history of suicide attempts or threats
- 6. Any other medical conditions that might require immediate attention and medication currently prescribed for those conditions

Do NOT address any impending charges in this fax. If your loved one has provided you with a written confidentiality waiver, please fax a copy of it.