

# Hope for Mental Health Community

## Crisis Resources

### Local Resources in Orange County

#### **2-1-1**

*211.org*

A free, 24/7 confidential service that helps people find local resources.

#### **Crisis Assessment and Psychiatric Emergency Teams (CAT/PERT Program)**

1-866-830-6011

*ochealthinfo.com/bhs/about/aoabh/catpert*

The Crisis Assessment Team (CAT) provides 24/7 mobile response services for clients of all ages who are experiencing a mental health crisis or suicide risk. Team clinicians are often the first point of contact between the client and the county mental health system. The teams assist law enforcement, paramedics, social service agencies, and families by providing mental health crisis assessment services.

#### **NAMI Warmline**

1-714-991-6412

*namioc.org/services/emotional-support/nami-orange-county-warmline*

The NAMI-OC WarmLine is a free and confidential telephone service providing emotional support and resources to Orange County residents. If you, a family member, or a loved one are experiencing mental health concerns, substance abuse, loneliness or are in need of community resources, the WarmLine is for you!

#### **OC Links**

1-855-OC-LINKS (1-855-625-4657)

*ocps.org/education-resources/resources-for-the-public/oc-links/*

OC Links Info and Referral Line provides telephone and online support for anyone seeking information or linkage to any of the Health Care Agency's Behavioral Health Services with a focus for people with public insurance i.e., MediCal.

### Nationwide Resources

#### **National Suicide Prevention Lifeline**

1-800-273-8255

*suicidepreventionlifeline.org*

The Lifeline provides free, 24/7 confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

#### **Lighthouse Network**

1-844-543-3242

*lighthousenetwork.org/home/*

Christian-based resource for individuals looking for residential treatment centers, Partial Hospital Programs (PHP), Intensive Outpatient Programs (IOP), and other care.

#### **SAMHSA (Substance Abuse and Mental Health Services Administration)**

##### **Treatment Locator**

1-800-662-HELP (4357)

*findtreatment.samhsa.gov/locator*

This is one of the foremost treatment facility locators in the US.

# Hope for Mental Health Community

## **Crisis Stabilization Unit**

### **Evaluation and Treatment Services (Adults)**

1030 West Warner Avenue  
Santa Ana, CA 92707  
Phone: (714) 834-6900

## **Orange County Hospitals with Psychiatric Units**

### **Anaheim Global Medical Center (Adults & Older Adults)**

*(Formerly Western Medical Center  
Anaheim)*

1025 South Anaheim Blvd.  
Anaheim, CA 92805  
Phone: (714) 533-6220 and  
(888) 428-7828

### **College Hospital Costa Mesa (Adults & Adolescents)**

301 Victoria Street  
Costa Mesa, CA 92627  
Phone: (949) 642-2734

### **Huntington Beach Hospital (Older Adults)**

17772 Beach Blvd.  
Huntington Beach, CA 92627  
Phone: (714) 843-5020

### **Los Alamitos Medical Center (Older Adults)**

3751 Katella Avenue  
Los Alamitos, CA 90720  
Phone: (562) 799-3234

### **Mission Pacific Coast Recovery (Adults)**

*(Located at Mission Hospital Laguna  
Beach)*

31872 Coast Highway  
South Laguna Beach, CA 92651  
Phone: (949) 499-7501

### **Newport Bay Hospital (Adults & Older Adults)**

1501 East 16th Street  
Newport Beach, CA 92663  
Phone: (949) 650-9750

### **Royale Therapeutic Residential Center**

1030 West Warner Avenue  
Santa Ana, CA 92707  
Phone: (714) 957-0611

### **South Coast Global Medical Center (Older Adults)**

*(Formerly Coastal Communities  
Hospital)*

2701 South Bristol Street  
Santa Ana, CA 92704  
Phone: (714) 754-5454

### **South Coast Post Acute (Older Adults)**

*(Formerly Royale SNF)*  
1030 West Warner Avenue  
Santa Ana, CA 92707  
Phone: (714) 957-0611

### **St. Joseph Hospital (Adults)**

1100 West Stewart Drive  
Orange, CA 92868  
Phone: (714) 771-8134

### **UCI Medical Center (Adults & Adolescents)**

101 The City Drive South  
Orange, CA 92868  
Phone: (714) 456-5801

### **West Anaheim Medical Center**

3033 West Orange Avenue  
Anaheim, CA 92804  
Phone: (714) 827-3000 and  
(877) 217-3639

### **CHOC Pediatric Psychiatric Unit (Children & Adolescents)**

1201 West La Veta Ave.  
Orange, CA 92868  
Phone: (714) 997-3000

# Hope for Mental Health Community

## Types of Mental Health Treatment & Levels of Care

Treatment and care for mental health-related issues is provided in a variety of settings. The level or type of care will depend on multiple factors, including the nature and severity of the person's mental condition, the type of treatment prescribed, and their ability to function in day-to-day life, and their support system. Below are settings from highest level of care down.

**Psychiatric hospitals/hospital inpatient settings** involve an overnight or longer stay in a psychiatric hospital or psychiatric unit of a general hospital (privately owned or public/government-operated). Inpatient hospitals provide treatment for more severe mental health conditions. A person admitted to an inpatient setting might be in the acute phase of a mental illness and need help around the clock. Most psychiatric hospitals require a voluntary or involuntary hold. A few psychiatric hospitals provide drug and alcohol detoxification as well as inpatient drug and alcohol rehabilitation services and provide longer stays. A psychiatric hospital might have specialty units for eating disorders, geriatric concerns, child and adolescent services, as well as substance abuse services.

**Goals:** This level of care is reserved for patients who are at very serious, imminent risk of bodily harm to themselves or others and is not recommended lightly. When a person needs inpatient hospitalization, it means that they stay in a hospital for a few days, or up to a few weeks in rare scenarios. The patient sleeps at the hospital, attends group therapy, has the opportunity to learn concrete coping skills, and takes time to recover from an acute crisis in their mental health. During this time, they are evaluated by a psychiatrist and assigned a case manager to advocate for them and help plan treatment for after they are discharged to a lower level of care.

**Residential mental health treatment environments** generally provide longer-term care for individuals. Most residential treatment settings provide medical care but are designed to be more comfortable and less like a hospital ward than inpatient hospitals. Residential treatment centers vary by model, but generally either provide psychiatric, substance use, or dual diagnosis treatment services. Patients typically reside in this type of facility for 30-90 days but stays may be individualized according to each facility's policy and extend past a year when clinically indicated.

**Goals:** In some scenarios, a clinician will recommend residential treatment, usually in the case of long-standing, severe functional impairment without imminent risk of suicide or harm. In these situations, symptoms have not improved with most or all other forms of treatment. Residential care resembles a blend between PHP and inpatient treatment, with patients living on the premises of a treatment center, attending various forms of group and individual therapy, and establishing new daily routines that will support them in achieving long-term recovery from their mental illness.

# Hope for Mental Health Community

**Partial hospitalization programs (PHPs), also called “day programs,”** refer to outpatient programs that patients attend for six or more hours a day, every day or most days of the week. PHPs vary by model, but generally either provide psychiatric, substance use, or dual diagnosis treatment services. These programs, which are less intensive than inpatient hospitalization, commonly offer group therapy, educational sessions and individual therapy as well as family sessions. A PHP may be part of a hospital's services or a freestanding facility.

**Goals:** Treatment might include group therapy, groups in which coping skills or other concepts are taught, individual therapy, art therapy, visits with a psychiatrist, or even meals. Someone would normally attend PHP for at least 1 week and possibly several weeks at a time before “stepping down” to less intensive care. Each patient would be assigned a case manager or individual therapist who, along with other members of the treatment team, would make recommendations based on the progress the patient is making.

**Intensive outpatient programs (IOPs)** are similar to PHPs, but are attended for lesser days/hours and may meet during evening hours to accommodate persons who are working. Most IOPs focus on either substance abuse or mental health issues. IOPs may be part of a hospital's services or freestanding.

**Goals:** At this level of care, treatment days are usually 3-4 hours long, and patients will attend anywhere from 3-6 days per week for a limited time usually in the morning, afternoon or evening.. Many people want to know right away how long the program is, but that is often not an easy answer. Patients are strongly recommended to work with their assigned case manager to identify goals for IOP and to have ongoing communication about their progress. It is important to note that every program is different and tailored to the needs of both the patient and type of issues being addressed.

**Outpatient treatment:** While there is wide variety in the types of outpatient settings, they all involve office visits with no overnight stay. Some are based in community mental health centers; others are located in general hospitals where individuals visit an outpatient clinic; and many are private practice offices with a mental health clinician (licensed psychologists, counselors, social workers, or therapists).

**Goals:** If the therapist thinks it necessary, they may refer patients to a psychiatrist for a medication assessment. They might also ask a patient for permission to collaborate with that person's primary care physician or other provider. Furthermore, treatment could involve couples or family therapy instead of or in addition to individual therapy. Outpatient psychotherapy can take many forms based on the approach used by the particular therapist. It should be noted that if the patient comes from an inpatient, PHP, or IOP, it is a common and best practice to a psychiatrist and therapist for ongoing care.

The Lifeline  
is **FREE**,  
confidential, and  
always available.

**HELP**  
a loved one,  
a friend,  
or yourself.

Community crisis centers  
answer Lifeline calls.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

Printed 2005 • Reprinted 2011  
CMHS-SVP-0126

**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE**<sup>TM</sup>  
**1-800-273-TALK (8255)**

[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

**Learn the  
Warning  
Signs.**

# Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- ❖ Talking about wanting to die or to kill oneself.
- ❖ Looking for a way to kill oneself, such as searching online or buying a gun.
- ❖ Talking about feeling hopeless or having no reason to live.
- ❖ Talking about feeling trapped or in unbearable pain.
- ❖ Talking about being a burden to others.
- ❖ Increasing the use of alcohol or drugs.
- ❖ Acting anxious or agitated; behaving recklessly.
- ❖ Sleeping too little or too much.
- ❖ Withdrawing or feeling isolated.
- ❖ Showing rage or talking about seeking revenge.
- ❖ Displaying extreme mood swings.

**Suicide Is Preventable.**

**Call the Lifeline at 1-800-273-TALK (8255).**

**With Help Comes Hope**

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Psychiatric Inpatient Hospitalization(s): (Select One) Yes No

1. Type of Inpatient Stay (Select One): Voluntary Involuntary  
Where \_\_\_\_\_ When \_\_\_\_\_ For How Long \_\_\_\_\_

2. Type of Inpatient Stay (Select One): Voluntary Involuntary  
Where \_\_\_\_\_ When \_\_\_\_\_ For How Long \_\_\_\_\_

3. Type of Inpatient Stay (Select One): Voluntary Involuntary  
Where \_\_\_\_\_ When \_\_\_\_\_ For How Long \_\_\_\_\_

4. Type of Inpatient Stay (Select One): Voluntary Involuntary  
Where \_\_\_\_\_ When \_\_\_\_\_ For How Long \_\_\_\_\_

Current Psychiatrist (or Provider): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Current Medications

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_

NOTES:

[Empty box for notes]

Detailed Treatment History

Name of Psychiatrist (or Provider): \_\_\_\_\_

Location: \_\_\_\_\_ Treatment Date Range: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Was the treatment helpful? Rate 0-10, 10 being most helpful. (Please Select)

0  1  2  3  4  5  6  7  8  9  10

Notes:

[Empty box for notes]

Therapist (&/or Other Providers):

1. (Select One): Therapist Other Provider

Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date Range of Care: \_\_\_\_\_ Diagnosis (if applicable): \_\_\_\_\_

Was the treatment helpful? Rate 0-10, 10 being most helpful. (Please Select)

0  1  2  3  4  5  6  7  8  9  10

Notes:

\_\_\_\_\_

2. (Select One): Therapist Other Provider

Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date Range of Care: \_\_\_\_\_ Diagnosis (if applicable): \_\_\_\_\_

Was the treatment helpful? Rate 0-10, 10 being most helpful. (Please Select)

0  1  2  3  4  5  6  7  8  9  10

Notes:

\_\_\_\_\_

3. (Select One): Therapist Other Provider

Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date Range of Care: \_\_\_\_\_ Diagnosis (if applicable): \_\_\_\_\_

Was the treatment helpful? Rate 0-10, 10 being most helpful. (Please Select)

0  1  2  3  4  5  6  7  8  9  10

Notes:

\_\_\_\_\_

Chemical/Drug Abuse (Select One): Yes No

Type of Drug: \_\_\_\_\_ Date First Used: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

Type of Drug: \_\_\_\_\_ Date First Used: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

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Type of Drug: \_\_\_\_\_ Date First Used: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

Alcohol Use? Yes No Date First Used: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

Chemical/Drug Abuse Treatment History

1. Name of Provider: \_\_\_\_\_ Location: \_\_\_\_\_ Treatment Date Range: \_\_\_\_\_

Notes: \_\_\_\_\_

2. Name of Provider: \_\_\_\_\_ Location: \_\_\_\_\_ Treatment Date Range: \_\_\_\_\_

Notes: \_\_\_\_\_

3. Name of Provider: \_\_\_\_\_ Location: \_\_\_\_\_ Treatment Date Range: \_\_\_\_\_

Notes: \_\_\_\_\_

Family History of Substance Use or Mental Illness (Select One): Yes No

1. Family Member Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Psychiatric Diagnosis: \_\_\_\_\_

Substance Use? Yes No Type of Drug: \_\_\_\_\_ Alcohol Use: Yes No

2. Family Member Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Psychiatric Diagnosis: \_\_\_\_\_

Substance Use? Yes No Type of Drug: \_\_\_\_\_ Alcohol Use: Yes No

Other Pertinent Information:

Current Living Situation: \_\_\_\_\_ Married Single Divorced Children: Yes No Please list any family who is

part of the patients support system: \_\_\_\_\_ Latest Education: \_\_\_\_\_

Working : Yes No Occupation: \_\_\_\_\_ Current Legal Issues: \_\_\_\_\_