

A Guide To
Children's
Mental Health
Services
Under Medi-Cal

Protection & Advocacy, Inc.

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**A GUIDE TO
CHILDREN’S MENTAL HEALTH SERVICES
UNDER MEDI-CAL**

June 4, 2001, revised October 9, 2002

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INTRODUCTION

Studies and research indicate that ___ to ___% of all children need mental health services. For children in the foster care or delinquency systems, the percentage of children estimated to need these services is ___ to ___%. Several different programs pay for mental health services for children. These programs include:

- (a) the Medi-Cal program,
- (b) the Healthy Families program,
- (c) the special education system, or
- (d) a parent's private insurance.

This guide covers the mental health services available through Medi-Cal. It also briefly covers the Healthy Families program (question 26) and special education (questions 27 to 31).

Many children are eligible for Medi-Cal but do not know it because their parents do not know that they qualify. Some children who do not currently get Medi-Cal may be eligible with a monthly share of cost, or by qualifying under one of many new Medi-Cal expansion programs. You can learn more about how to get Medi-Cal from chapters 2 and 3 of a manual called "Overview of the Medi-Cal System," written by PAI and the Health Consumer Alliance. You can get a copy of the manual from this website: <http://www.healthconsumer.org/Medi-CalOverview.pdf>. You can also get more information about how to get Medi-Cal from the following websites: www.medicalhomela.org; www.wclp.org; www.bettzedek.org; www.medi-cal.org or by calling PAI at 1-800-776-5746.

For more information about how to get mental health services from Special Education, look at the PAI manual *Special Education Rights and Responsibilities*, PAI publication number 5040.01. Chapters 6 and 9 cover mental health and behavioral problems. The manual is available by calling the PAI 1-800-776-5746, or from our web-site, www.pai-ca.org/Pubs/.

A GUIDE TO CHILDREN’S MENTAL HEALTH SERVICES UNDER MEDI-CAL

Protection & Advocacy, Inc.

June 4, 2001, rev. October 30, 2001

1. What Are Medi-Cal EPSDT Services?

All children and youth on Medi-Cal up to age 21 are automatically covered by a special program known as EPSDT. EPSDT stands for “Early and Periodic Screening, Diagnosis, and Treatment.”¹ Under EPSDT, children have a right to all medically necessary services, even if Medi-Cal would not normally cover them for adults. EPSDT services correct or improve medical problems that your doctor or other health care provider finds. EPSDT services may also make a medical problem more tolerable, even if the health problem will not go away entirely. You must be under age 21 and have full scope Medi-Cal to get these services.²

For physical health care needs, EPSDT covers home nursing and attendant care for up to 24 hours per day for children who would otherwise be in hospitals or nursing homes, special augmentative communication devices, physical and occupational therapy, extra dental services, special durable medical equipment and any other service which is medically necessary and which could be covered by the federal Medicaid program.

2. What Mental Health Services are Covered By EPSDT?

EPSDT mental health services are Medi-Cal services that correct or improve mental health problems. These problems may be sadness, depression, nervousness, behavior problems or anger that make life difficult.

¹ 42 U.S.C. § 1396a(a)(10)(A); 42 U.S.C. § 1396d(a)(4)(B).

² Young people who get only “restricted” Medi-Cal or “minor consent” Medi-Cal cannot get EPSDT. (Often, children get restricted Medi-Cal for emergency services because of their immigration status.) The Healthy Families program does not include EPSDT, although it does cover many of the same mental health services. Look at Question 26 later in this guide.

Some of the EPSDT services you can get from your county mental health department are:

- Individual therapy
- Group therapy
- Family therapy
- Crisis counseling
- Case management
- Special day programs
- Medication for your mental health
- EPSDT mental health services to treat alcohol and drug problems you may have that affect your mental health.
- Therapeutic Behavioral Services (TBS)

EPSDT will cover counseling and therapy as often as once or twice per week or more if you and your provider think you need it. You may be able to get these services in your home or in the community. Members of your family can also get counseling and therapy if these services are needed to help you.

3. Who Provides EPSDT Mental Health Services?

In California, most Medi-Cal mental health services are provided through a managed care system run by the county mental health department (known as a mental health plan or MHP). Children will qualify for services from the MHP if they have a mental health diagnosis and a significant impairment in functioning.³ Each county MHP has a toll-free access line that you can call to find out if you are eligible.⁴ The Access line will also give you a referral to a mental health provider who is a member of the MHP network for services. You and your doctor or mental health provider will work together to develop a “treatment plan” which will

³ There are four basic requirements to get services from the county MHP: (1) the person must have an *included diagnosis*, (2) the service must address a *significant impairment* in an important area of the person’s life, (3) the service is expected to *significantly reduce* the impairment or *prevent significant deterioration* in an important area of the person’s life, and (4) a physical health provider cannot appropriately meet the person’s needs. Cal. Code Regs., tit. 9, §§ 1830.205 (individuals over age 21), 1830.210 (individuals under age 21).

⁴ At the end of this Guide is a list of all the county MHP access lines. Children and youth with both mental health and developmental disabilities and who are consumers of a regional center are still eligible for services from the county mental health plan to treat their mental health condition. For more information about eligibility, look at PAI’s *Medi-Cal Mental Health Q&A*, Pub. No. 5307.01.

include the services you and your provider agree are medically necessary. These services must then be approved by the MHP.

4. What Is Medical Necessity?

Medical necessity is the standard used to determine whether any mental health service (whether voluntary or involuntary) is reimbursed under the Medi-Cal program. The standard under EPSDT is whether the services are needed "to correct or ameliorate . . . physical and mental illnesses and conditions . . . , whether or not such services are covered under the State [Medicaid] plan." 42 U.S.C. §1396d(r)(5).

Another standard for deciding whether a particular service is medically necessary for you, is whether the service will help with the "maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level."⁵ Medically necessary rehabilitation services should also provide "assistance in improving, maintaining or restoring . . . functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources and/or medication education."⁶

5. Can I Choose My Own Mental Health Provider?

Yes. The County Mental Health Plan must allow you to choose between at least two providers in their network.⁷ You can also contact mental health providers directly by asking for a copy of the county's list of the mental health providers in their network, including the providers for children and youth. The MHP is required to give you a copy of this list whenever you request it. You can call the Access line to request the list. If the MHP refuses to give you the list, you should complain to the state Mental Health Ombudsman at 1-800-896-4042, or PAI at 1-800-776-5746. If you want to see a particular provider who does not have a contract with the county MHP, you will have to work with the county MHP to ask the provider to join the MHP's network.⁸

⁵ Welf. and Inst. Code § 14201(e)(1) (goal of Mental Health Rehabilitation Services); 42 U.S.C. § 1396d(a).

⁶ Cal. Code Regs. tit. 9, §§ 1810.227, 1810.243

⁷ Cal. Code Regs. tit. 9, § 1830.225

⁸ The direct provider of EPSDT mental health services does not have to be a licensed professional. Cal. Code Regs, tit. 9, § 1840.344. But the direct provider will need to work under the supervision of a licensed health care provider who is part of the MHP's managed care

6. What is EPSDT Case Management?

Case management can be a helpful EPSDT service.⁹ For children and their families, the MHP can provide a case manager to help in (a) identifying providers and scheduling appointments, (b) applying for social security or other benefits, (c) getting assessments, completing paperwork and other documentation, (d) finding appropriate school programs and getting services from the school, and (e) generally “advocating for the minor.”¹⁰ For transition age youth who are age 18 and older, mental health case management can also help (a) finding housing and a job, (b) locating vocational programs, (c) developing social support systems, and (d) identifying self-help groups and crisis support.

In providing mental health case management, the MHP must identify and focus on children under age 18 who are labeled as “seriously emotionally disturbed” (SED) and who meet any one of these factors: they are Juvenile Court wards or dependents, in a residential placement through special education, an inpatient in a psychiatric hospital or other treatment facility, or who are receiving intensive outpatient services and are at risk of psychiatric hospitalization or out-of-home placement.¹¹ Young people over age 18 have a similar set of “target criteria: including being an inpatient or at risk of being hospitalized.”¹²

network. A provider can be a psychiatrist, psychologist, Licensed Clinical Social Worker or a Marriage and Family Therapist.

⁹ A young person under age 21 should be considered for EPSDT case management if he “has a history of multiple or complex medical or mental health diagnoses, frequent recent hospitalization, use of emergency rooms, or other indicators of medical or mental health conditions resulting in significant impairment” or if there are risk factors such as homelessness or drug or alcohol dependence which make it hard of his parent or caretaker to get services for him. Cal. Code of Regs., tit. 22, § 51340(f)(2)(a).

¹⁰ Welf. And Inst. Code § 5699.4(b)(5). Case management through the County MHP is a mix of targeted case management and rehabilitation services. “Targeted case management” services “assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.” Cal. Code of Regs., tit., 9, § 1810.249. Look at also 42 U.S.C. § 1396n(g)(2). The Rehabilitation portion of case management includes assistance with daily living, crisis intervention, evaluation and re-evaluation.

¹¹ Welf. And Inst. Code § 5699.2

¹² Welf. And Inst. Code §§ 5600.3, 5600.6.

7. What Are The Language And Cultural Competence Requirements For EPSDT Providers?

Like all Medi-Cal services, mental health services must be provided in a culturally competent manner in your primary language, including sign language.¹³

8. How Much Can An EPSDT Provider Be Paid?

An individual provider can expect to be paid market rates as determined by the county. Rates cannot exceed the maximum rate. The current maximum rate for Medi-Cal Mental Health Services, including Rehabilitation Services, is about \$120.00 an hour.¹⁴

9. If There Are No Available EPSDT Providers, How Long Do I Have To Wait For Services?

You can be made to wait only for a “reasonable” time, consistent with medical necessity. Federal law requires that all Medi-Cal services be provided with “reasonable promptness.”¹⁵ An MHP may have a waiting list, but it cannot result in an unreasonable delay in providing you with medically necessary services. The federal law regarding EPSDT is even stronger. It is no excuse that existing services are not appropriate or the programs will not agree to serve the child; the state or the MHP must provide needed services, even if these must be individually developed for the particular child.

10. How Do I Qualify For Mental Health Services From the MHP?

Contact your county MHP’s toll-free access line, your service provider or your county Patients’ Rights Advocate. (Appendix 1 is a list of the toll-free MHP access lines.) You should request an *assessment* to obtain EPSDT mental health services. The assessment should be in person rather than over the telephone. It would be helpful also to get the name and title of the person on the 1-800 access

¹³ Cal. Code Regs. tit. 9, §§ 1810.410, 1810.211; Welf. and Inst. Code § 14684(h).

¹⁴ Look at DMH Information Notice Number 98-21.

¹⁵ 42 U.S.C. § 1396a(a)(8). The county MHP must “ensure that the specialty mental health services are adequate to meet the needs of the beneficiary.” Cal. Code of Regs., tit. 9, § 1810.345(a).

line. It is very important that you write down the date you called and what you were told. And save this information for your records.¹⁶

THERAPEUTIC BEHAVIOR SERVICES (TBS)

11. What are EPSDT Therapeutic Behavioral Services (TBS)?

Therapeutic Behavioral Services (TBS) are a new EPSDT mental health service. TBS involves having a trained, experienced staff person available on a one-on-one basis to work with a child with severe emotional or mental disabilities in his or her home and community. TBS is a short-term service intended to prevent a young person from having to go into a more restrictive placement, or to support the transition of a young person from an institutional placement back to the child's home or community. TBS helps children and young people who:

- Have severe emotional problems or difficult behaviors
- Live in a mental health placement or are at risk of placement, or
- Have been hospitalized recently for mental health problems.

TBS is provided based on a written treatment plan which lists:

- “target behaviors or symptoms” that put the young person at risk (such as tantrums, property destruction, assaultive behavior at school),
- specific interventions to resolve those behaviors,
- outcome measures to show that the target behaviors have been reduced.

The TBS treatment plan will be reviewed monthly and adjusted to identify new target behaviors, interventions or outcome measures. The plan will also include a transition plan to decrease or stop TBS over time, since it is a short-term service.

Each county MHP has its own plan for providing TBS and its own TBS providers. Call the toll-free county MHP access line for more information.

12. What is the *Emily Q.* lawsuit?

California started providing TBS in June 1999 as a result of a class action lawsuit in federal court in Los Angeles, *Emily Q. v. Bontá*. In the two years since then,

¹⁶ In some cases, children and young people who do not qualify for services from the MHP can still get mental health services under the old “fee-for-service” system or from their physical health care provider. For more information, look at *Medi-Cal Mental Health Q&A*, PAI Pub. No. 5307.01, www.pai-ca.org.

more than 1000 children and young people have been able to receive this important new service. On May 11, 2001, the federal judge in the Emily Q. case issued a permanent injunction and final judgment. (The District Court order is available on the PAI website, www.pai-ca.org.)

Young people are members of the Emily Q. class action if they are under 21, receive full-scope (not restricted) Medi-Cal and:

(a) are placed in a Rate Classification Level ("RCL") facility level 12 or above and/or a locked treatment facility for the treatment of mental health needs; (b) are being considered for placement in these facilities; or (c) have undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months.

Not all class members will qualify to actually receive TBS. The most important additional requirement is that the young person must be at risk of being placed in a higher level of residential care if he does not receive TBS or that he must need TBS to transition to a less restrictive setting. The young person must be receiving at least one other type of specialty mental health service, such as therapy or medication management.¹⁷

13. How Can TBS Help Children Who Would Otherwise Need Out-Of-Home Placement?

TBS can help prevent the need for out-of-home placement when a child's behaviors are too difficult for her parents or caregivers to deal with alone. A TBS aide or "coach" can help by supporting the child in her family home, group home, foster home or in some other types of residential facility. The Federal Court ordered that the county MHPs complete a new certification form to ensure that TBS is considered as an alternative for class members before they are placed in Metropolitan State Hospital, Napa State Hospital, Institutions for Mental Disease, RCL group home facilities of 13 and 14, and some RCL 12 facilities. (However, the failure to complete this certification form will not prevent an otherwise appropriate placement.)

¹⁷ Other requirements are described in detailed instructions about TBS which were issued by the state Department of Mental Health (DMH) on July 23, 1999 to all county MHPs. This DMH letter is available by calling the county MHP, PAI or from the DMH website: http://www.dmh.cahwnet.gov/Dmh_Docs/DMHLetters/99-03.pdf

TBS can also help a young person who is in out-of-home placement come home, or move to a lower level of placement than would have been possible otherwise. For example, a young person may start with a TBS aide as support during home visits for evenings or weekends, and then continue with a TBS aide for more hours every day when he is ready to come home full-time.

14. How Many Hours a Day Can A Young Person Get TBS?

A young person can get TBS for as many hours per day as she, her mental health provider and MHP decide she needs this support. There are no arbitrary limits. Some young people get TBS for 16 hours per day, others for 6 hours per day, others for only a few hours in the morning or after school.¹⁸ Young people can also get TBS seven days per week, only on weekends, or in other combinations based on their treatment plans.

15. What Are Examples of TBS Interventions?

The TBS staff person “provides behavior modeling, structure and support, and immediate, frequent, one-to-one behavior interventions which assist the child/youth in engaging in appropriate activities, minimizing impulsivity, and increase social and community competencies by building or reinstating those daily living skills that will assist the child to live successfully in the community. The TBS provider also serves as a positive role model ...”¹⁹ The following are examples of what a TBS coach might do:

Behavior/Impulse Control Interventions:

- Reminding child to take a time out when he become distressed
- Helping child develop self-calming skills
- Offering praise and supporting self-recognition when child controls himself

Communication Skills Interventions:

- Helping child identify feelings she wants to communicate with parent
- Role-play communication skills for child and for child and parent

Enhanced Community Functioning:

- Take child on trip to shopping mall, model social interactions with others
- Take child on youth group trip, discuss conflict resolution issues afterwards

¹⁸ DMH Letter 99-03, page 3 – “up to 24 hours per day.”

¹⁹ DMH Letter 99-03, page 8.

- Increase child’s motivation to use good personal hygiene through praise and recognition, discussion of aspects of dress, hygiene

16. Does TBS have to Be “Short-Term”?

TBS is defined as a “short-term intervention” which means that it cannot continue forever. However, the state has never defined “short-term.” Generally TBS services are approved for periods of 3 to 6 months, with a plan to eventually terminate the service entirely. If a young person is making some progress in meeting his or her goals over each evaluation period, we believe that TBS could continue for a year or more and still meet the requirement of being “short-term.” If the MHP decides to terminate TBS because the young person is not making enough progress, be sure to request a state fair hearing immediately. In some cases, TBS can then continue during the appeal.²⁰

17. Can I Receive TBS In Addition To Other Services?

Yes. First, TBS can only be provided if the young person is getting at least one other service from the MHP, such as therapy or case management. TBS can also be provided in combination with other services as long as there is no duplication. For example, a young person both participate in a day treatment program and get TBS at the same time, depending on individual need. A young person who has a dual diagnosis of mental health and developmental disability can receive services from both the Regional Center and County Mental Health services systems.²¹ Look at *Medi-Cal Mental Health Q&A*, PAI Pub. No. 5307.01.

18. Is TBS Different From Respite or Personal Care/In-Home Support Services?

Yes. TBS and other mental health Rehabilitation services *assist* a beneficiary in *improving, maintaining* or *restoring* skills, and are offered through a mental health treatment plan that with specific treatment goals. Respite care or attendant care services such as Personal Care Services Program/In-Home Supportive Services (PCSP/IHSS) provide assistance to the Medi-Cal beneficiary or to her family but are not necessarily designed to improve, maintain or restore skills.

²⁰ Look at question 24 later in this memo.

²¹ A list of the Medi-Cal services that each county MHP is required to provide can be found at Cal. Code Regs. tit. 9, § 1810.247 and in *Medi-Cal Mental Health Q&A*, PAI Pub. No. 5307.01.

19. Can A Young Person Get TBS When He Is In School?

TBS can be provided in a school setting if all the criteria for TBS are met. One-on-one behavior services can also be provided through special education, but these have different goals. TBS services are short-term interventions aimed at changing behaviors which put the child at risk of out-of-home placement or prevent transition to a lower level of placement; they are provided based on a mental health assessment. Educational aide services may be long-term, are intended to help a child achieve his education goals or to maintain the child in an educational placement and are provided based on the child's IEP.²²

20. When is TBS Not Available?

TBS is not available when it is needed:

Solely for the convenience of the caregiver (but the TBS aide can work on assisting the caregiver with skills and strategies)

Solely to provide supervision or assure compliance with probation

Solely to ensure the child/youth's physical safety or the safety of others (i.e., suicide watch)

- Solely to address conditions which are not part of the child's mental health condition
- When the child can sustain non-impulsive self-directed behavior, handle himself appropriately in social situations with peers and are able to appropriately handle transitions through the day.
- When the child will never be able to sustain non-impulsive behavior and engage in appropriate community activities without full-time supervision
- When the young person is an inpatient resident of a hospital, IMD (institution for Mental Disease), psychiatric health facility or crisis residential facility.

21. What is the Difference Between TBS and "Wraparound"?

Wraparound programs are available on a pilot basis in some counties and some geographic areas of some counties. Wraparound is provided to children who are involved with child welfare service or probation and at risk of out-of-home placement; it is not limited to children on Medi-Cal. TBS is a Medi-Cal

²² The Cathie Wright Technical Assistance Center has charts and additional information about the difference between these two kinds of behavior services. Contact: (916) 556-3480.

entitlement available throughout the state, not a pilot. TBS may be effectively provided through a wraparound program, but is not limited to wraparound.²³

22. Can Young People Over Age 21 Qualify for TBS?

Normally, EPSDT services such as TBS are only available to young people who are under age 21. However, the Federal Court in the Emily Q. case ordered that young people could get TBS even if they are over 21 if they can show that they would have qualified at some time from May 1997 to the May, 2001, but the MHP did not offer them TBS. This is called “compensatory TBS.” The young person’s TBS provider needs to submit a request to the MHP with an explanation of why TBS would have helped the young person in the past and why the MHP did not provide it.

In addition, adults over 21 can get similar services, called One-to-One Mental Health Rehabilitation services, which can be also provided at home, in a residential facility or in the community.²⁴ These can be long-term and are not limited to the short-term as TBS is. For more about One-to-One Mental Health Rehabilitation Services, look at PAI Publication No. 5182.01.

APPEALS, GRIEVANCES AND COMPLAINTS

23. Can I Do Anything If the MHP Does Not Approve My Request (or My Child’s Request) for EPSDT Services?

Yes. There are several things you can do if (a) the county MHP denies the EPSDT services requested by your doctor or provider, (b) you think you need mental health services and your provider, or the county MHP does not agree, or (c) you have waited an unreasonable amount of time for a response from the MHP to your request for EPSDT services.

If you were denied, you can ask for a second opinion.²⁵ You can also appeal if your request for services was denied or not approved in a reasonable time. There are three ways to do this:

- Complaint process (by speaking to the MHP grievance coordinator).

²³ Look at DMH Letter 99-03, page 9, and Question 32 later in this memo for more information about wraparound.

²⁴ Look at DMH Letter No. 01-01, May 4, 2001, available from the DMH website, www.dmh.cawnet.gov/DMH_DOCS/DMHLetters.

²⁵ Cal. Code Regs. tit. 9, § 1810.405(e)

- Grievance process (by filling out a written grievance form)
- State fair hearing (by writing, calling or faxing the state hearing office)

You can pursue all three procedures one at a time or at the same time.²⁶ No matter which route you choose, if you want a state fair hearing, you must ask for the hearing 90 days after the date you receive written notice that the service has been denied.²⁷ If you did not get a written denial, you can still appeal; there is no 90-day time limit but you still should not wait too long.

To file a grievance or complaint, call the county mental health department's toll free number to talk to a grievance coordinator for information and help. You may also call the county patient's rights advocate, or the State Mental Health Ombudsman Office.

You can ask for a State hearing at the same time. Call 1-800-952-5253, send a fax to 916-229-4110, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento CA 94244-2430. You may also be able to get help with a hearing from the county Patient Rights Advocate or from PAI.

24. Can I Get “Aid Paid Pending” A Request For A Hearing If I Started Getting EPSDT Services And These Were Terminated, Reduced Or Suspended By The MHP?

Yes. Once you are receiving a Medi-Cal mental health service, you have a right to written notice at least *10 days* prior to the termination, reduction or suspension of that service. The notice must explain what the county is doing and why, and how you can appeal the decision.

You have a right to continue to receive the service at least until the state fair hearing, if you request the state fair hearing before the date of the intended action. This is called “aid paid pending” the hearing.²⁸

²⁶ Cal. Code Regs. tit. 9, § 1850.205(d)(3)

²⁷ 42 C.F.R. § 431.221(d). For more information, look at *Medi-Cal Mental Health Q&A*, PAI Pub. No. 5307.01.

²⁸ Cal. Code Regs. tit. 22, § 51014.2. This time limit applies even if you also go through the complaint or grievance process. Cal. Code Regs. tit. 9, § 1850.215. Look at PAI's Publication, *Medi-Cal Mental Health Managed Care (PAI 1999)*. You can only get aid paid pending if you request a state fair hearing; you do not get continuing aid pending a complaint or grievance.

Often the MHP will approve EPSDT services for a limited period, such as 3 or 6 months. (This will almost always be true for TBS benefits.) There are special rules about getting continued benefits pending a hearing in this situation. If your EPSDT provider requests re-authorization and the MHP denies this request, you must appeal within 10 days of getting the denial notice or before the end of the old authorization period.²⁹ Your benefits will continue until the end of the new authorization period requested by your mental health provider, or your hearing date, whichever is earlier.

If the county fails to provide proper notice, you should request a Medi-Cal fair hearing when you learn of the termination, reduction or suspension. You can also request that the service continue through the fair hearing on the grounds that timely or adequate notice was not provided. Contact PAI for more information.

25. If I Appeal, Can I Have Someone Represent Me?

Yes. You can be represented by an attorney, a non-attorney advocate, a family member or a friend.³⁰ You can also have anyone you choose go with you to the meeting or hearing. This can be very helpful. Contact your county Patients' Rights Advocate or PAI for more information.

OTHER WAYS TO GET MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

26. Do Children Covered by Healthy Families Qualify for EPSDT Mental Health Services?

Only children and young people who actually receive Medi-Cal qualify for EPSDT mental health services. However, the Healthy Families program also includes eligibility for county mental health services for children who qualify as "seriously emotional disturbed" (SED).³¹ The county MHPs report that this benefit is seldom utilized. A child with SED covered by Healthy Families would qualify for all county mental health services except TBS services.

²⁹ Cal. Code Regs. tit. 22, § 51014.2 (a), (d). It may be impossible to get continued benefits pending an appeal when your mental health provider is a county employee of the MHP, since there may not be a separate request for re-authorization. PAI believes that this violates federal law.

³⁰ Cal. Code Regs. tit. 9, §§ 1850.205(c)(2) and (3), 1850.210(d)(4)(B)

³¹ Look at information on the Healthy Families SED benefits by the California Institute for Mental Health at: www.cimh.org/healthyfamilies.html.

27. Can Children Who Are Not Medi-Cal Eligible Get Mental Health Services through Special Education?

Children can obtain mental health and behavioral intervention services through the special education system as well as through Medi-Cal. A child who is eligible for special education based on emotional disturbance (SED) can get psychological services, including counseling and psychotherapy as a related service through the IEP. Counseling generally focuses on school and school-related issues such as behavior in school, grades, curriculum, etc. Psychotherapy generally focuses on a student's emotional status, and feelings towards self, peers and family. Psychological counseling and other MH services, including psychotherapy, are available when your child's emotional status has a negative effect on his educational performance, and are required for the child to benefit from special education.³²

28. When Can Children Get Mental Health Services from the County Through AB 3632?

Related mental health services which are needed for the child to benefit from his or her education may be provided directly by the school. The school district can also make a referral to the county mental health program, if the IEP team decides that the student needs more mental health services than are available from the school district. This is known as an “AB 3632” referral, after the law that first created this procedure. Under AB 3632, a student can receive individual or group psychotherapy, collateral services, medication monitoring, intensive day treatment, day rehabilitation and case management. AB 3632 services, like other related services, should be written into the IEP.

The school district must make an AB 3632 referral if the student’s parent requests it. After county mental health receives an AB 3632 referral, it has 5 days to decide whether an assessment is necessary. If county mental health agrees to assess a child, it must complete the assessment within 50 days after receiving written parental consent. This process can be slow, especially for a child in crisis. The school district is still responsible for ensuring that mental health services are provided during this referral time and even after county mental health approves the AB 3632 request. In some cases, school districts may have to pay directly for related mental health services if county mental health fails to do so.

³²Cal. Ed. Code § 56363 and Tit. 5, Cal. Code Regs. §§ 3051.9, 3051.10. For more information, please look at PAI’s manual, “Special Education Rights and Responsibilities,” Chapter 5.

29. Can Children And Youth Get a One-To-One Aide and Other Behavior Intervention Services Through Special Education?

Yes. Special education requirements under the “Hughes Bill” include behavior intervention approaches which are very similar to Therapeutic Behavior Services (TBS) under Medi-Cal. These services are provided and funded by the school district, not county mental health. Behavior intervention approaches must be used when the IEP team decides that the student’s behaviors interfere with his or her ability to meet the goals and objectives in the IEP.

The first step is to request a functional analysis assessment (FAA), which is different than a psychological assessment. The FAA report should include and explain objective observations of target behaviors, antecedents, consequences following the display of behavior, ecological or environmental factors, health or medical factors and the history of the behavior. A FAA report must also include analysis of the targeted behaviors and recommendations for consideration by the IEP team, which may include a proposed positive behavior intervention plan.³³

A behavior intervention plan (BIP) is developed based on the FAA. The BIP becomes part of a student’s IEP and has its own set of goals and objectives related to reducing maladaptive behaviors and substituting appropriate behaviors. A BIP should teach a student alternative positive behaviors and cannot involve techniques which cause pain or trauma.³⁴ The purpose of a BIP is to provide the student with greater access to a variety of community settings, social contacts and public events, and to ensure that her behavior does not hinder her placement in the least restrictive educational setting.

Families seeking TBS from Medi-Cal should also consider a request that the school conduct a functional analysis assessment and develop a behavior intervention plan to coordinate services across different parts of the child’s life.

³³ Cal. Code of Regs., tit. 5, § 3052.

³⁴ Ed. Code §56521; Cal. Code of Regs., tit. 5, § 3001(f), 3052. A good resource is *Positive Intervention for Serious Behavior Problems*, California Department of Education, 1998 (available for \$14 by faxing 916-323-0823).

30. Instead of referring a student to a residential program, should the IEP team consider behavior intervention approaches and a one-to-one aide?

Many children who have difficult and challenging behaviors are placed in costly residential programs instead of being offered behavior intervention services. This violates Cal. Code of Regs., Tit. 2, Section 60100(c), which provides:

Prior to the determination that a residential placement is necessary for the pupil to receive special education and mental health services, the expanded IEP team shall consider less restrictive alternatives, **such as providing a behavioral specialist and full-time behavioral aide in the classroom, home and other community environments**, and/or parent training in the home and community environments. The IEP team **shall document the alternatives to residential placement** that were considered and the reasons why they were rejected. Such alternatives may include any combination of cooperatively developed educational and mental health services.

(Emphasis added.) This section indicates that a school may have to provide a one-to-one behavior aide outside of school hours. For example, a one-to-one educational aide in the early morning (to help get the child to school), and afternoons (to help the child transition to home) may enable a child to succeed in his or her current situation.³⁵

31. What About Children Who are Eligible for Both Medi-Cal and Special Education?

Families with children who are eligible for both Medi-Cal and special education services should carefully consider the differences between the two systems, as well as the option of pursuing both at once. Seeking services directly through Medi-Cal may avoid lengthy delays and offer the possibility for more services outside the school setting. On the other hand, some residential and day treatment programs are linked to school settings which may require AB 3632 eligibility. Look at the answer to Question No. 19 earlier in this memo.

³⁵ For more information, look at PAI's Special Education Manual, Chapter 6.

32. How Can Children in Foster Care Get EPSDT Services?

Children in out-of-home foster care are eligible for Medi-Cal and thus for EPSDT services if these are medically necessary. There are often problems getting mental health services if a child is in a foster home or other placement located in county different from the county which placed her. The child should get mental health services from the local providers with the MHP for the county where she is placed, but there will need to be at least initial authorizations from the MHP in the sending county to get this started.³⁶ The child's mental health case manager or foster care worker should make these arrangements.

If the MHP has failed to provide the mental health services a child needs regardless of where she is placed, the child's dependency attorney may request that the juvenile court order that the agency be "joined" in the court proceedings, so that the agency is directly subject to the court's authority. Welf. and Inst. Code § 626(a) authorizes a court to "join in the juvenile court proceedings any agency that the court determines has failed to meet a legal obligation to provide services to the minor." A joinder motion may be used when it is clear that the agency has a duty to serve the child, that the agency was asked to provide services or is otherwise aware of this duty and still fails to act, despite a chance to do so.³⁷ Agencies which may owe a duty to a child and can be joined include the California Department of Health Services (the state Medi-Cal agency), the California Department of Mental Health (for children placed at the state hospital), CCS, the regional center, county mental health or a school district.

33. Can Young People in the Delinquency and Juvenile Justice System Get Mental Health Services?

Studies estimate that as many as 60% of the children in the juvenile justice system have mental disabilities. While most children and young people are not eligible for Medi-Cal when they are in juvenile detention facilities, they still have rights to mental health and special education services. There is also a joinder procedure in delinquency, as discussed in the previous section. Welf. and Inst. Code § 727(a). Advocating for appropriate mental health and special education services in the

³⁶ Welf. And Inst. Code § 5777.6.

³⁷ *Southard v. Superior Court of Los Angeles County*, 82 Cal.App.4th 729 (Cal. Ct. App. 2000) (joinder motion improperly granted where petitioner failed to allege that agency was aware of child's need for services). If the agency is providing some services but there is a disagreement about whether these are appropriate, an administrative appeal or grievance may be preferable.

community may improve the young person's chance for release and for avoiding violation of probation and re-incarceration.³⁸

34. Should Families Be Forced to Give Up Custody to Get Mental Health Services for their Child?

No. In some cases, when a child's needs for mental health services or a residential placement through special education have been ignored or denied, the family has been forced to relinquish custody or the child became delinquent and was made a ward.³⁹ The courts have held school districts and county mental health responsible in these cases.⁴⁰ Holding the school district or county mental health responsible can make a difference in (a) the possibility of reunification if the court sees that services will continue after dependency, and (b) parental liability for placement costs since under IDEA, a family can not be billed for school related services. Regardless of the issue of payment and placement, a child still has a right to all appropriate services to be included in his or her IEP or in a mental health treatment plan if the child is eligible for Medi-Cal.⁴¹

35. What is Children's System of Care and Wraparound?

By the end of 2001, all California counties will have fully funded programs for "Children's System of Care" which are intended to provide coordination for children with mental health needs among all child-serving agencies.⁴²

³⁸ Look at the PAI Special Ed manual, Ch. 9, ques. 37-42. For more information, contact the National Center on Education, Disability and Juvenile Justice - <http://www.edjj.org>.

³⁹ A national advocacy group, the Judge David Bazelon Center for Mental Health Law, has documented that some families are forced to place their children in foster care in order to access mental health care. Contact www.bazelon.org for copies, or call 1-202-467-5730.

⁴⁰ Look at the PAI Special Ed. Manual, Ch. 9, ques. 18, 33, 34. *Christopher T. v. San Francisco Unified School District*, 553 F.Supp. 1107 (U.S.D.C., N.D.Cal. 1982) (school and county mental health must pay for placements for dependents whose families were told that there was no other way to obtain residential treatment); *County of Los Angeles v. Smith*, 88 Cal.Rptr.2d 159 (Cal. Ct. App. 1999) (county cannot collect for cost of probation placement after school district failed to provide needed mental health services); *In Re John K. v. La Pointe*, 170 Cal.App.3d 783, 791, 216 Cal. Rptr. 557, 562 (1985) (where child denied services became a delinquent, school district must pay for placement).

⁴¹ A national advocacy group, the Judge David Bazelon Center for Mental Health Law, has several publications documenting the problem of "custody relinquishment." Contact www.bazelon.org for copies, or call 1-202-467-5730.

⁴² The California Mental Health Planning Council, www.dmh.ca.gov/mhpc, and the California Institute for Mental Health, www.cimh.org, have materials on Children's System of Care.

In addition, many county social services and mental health programs have wraparound programs which offer comprehensive services to child and family.⁴³ Wraparound is a family-centered strength-based, needs-driven planning process for creating individualized services and supports for children and their families.⁴⁴

The SB 163 Wraparound Services Pilot might be an option for children who do not qualify for Medi-Cal. The pilot allows counties the flexible use of State foster care funds to provide eligible children with family-based service alternatives to group home care using Wraparound. To find out if there is a wraparound pilot in your county and for contact information, call (916) 445-2890.

⁴³ Wraparound is a planning process and is not the same as Therapeutic Behavioral Services (TBS). TBS is a Medi-Cal service which is best provided as part of the wraparound planning process, but can be provided in any context if no wraparound program is available.

⁴⁴ “SB 163 Wraparound Services Pilot Questions and Answers,”

www.childsworld.org/services/famcenwrap.htm

Also look at, www.childsworld.org/services/163qa.htm

APPENDIX 1

MEDI-CAL MENTAL HEALTH PLANS (MHPs) BY COUNTY—Toll-Free Numbers

Note: For Yuba County: See Sutter -Yuba Bi-County . For Sierra County: See Placer County

Alameda County 1-800-491-9099	Kern County 1-800-991-5272	Nevada County 1-888-801-1437	Santa Clara County 1-800-704-0900
Alpine County 1-800-486-2163	Kings County 1-800-655-2553	Orange County 1-800-723-8641	Santa Cruz County 1-800-952-2335
Amador County 1-888-310-6555	Lake County 1-800-900-2075	Placer County Also serves Sierra County 1-888-886-5401	Shasta County 1-888-385-5201
Butte County 1-800-334-6622	Lassen County 1-888-289-5004	Plumas County 1-800-757-7898	Siskiyou County 1-800-842-8979
Calaveras County 1-800-499-3030	Los Angeles County 1-800-854-7771	Riverside County 1-800-706-7500	Solano County 1-800-547-0495
Colusa County Business hrs 1-888-793-6580 After hours 1-800-700-3577	Madera County 1-888-275-9779	Sacramento County 1-888-881-4881	Sonoma County 1-800-870-8786
Contra Costa County 1-888-678-7277	Marin County 1-888-818-1115	San Benito County 1-888-636-4020	Stanislaus County 1-888-376-6246
Del Norte County 1-888-446-4408	Mariposa County. 1-800-549-6741	San Bernardino County 1-888-743-1478	Sutter-Yuba Bi-County 1-888-923-3800
El Dorado County 1-800-929-1955	Mendocino County 1-800-575-4357	San Diego County 1-800-479-3339	Tehama County 1-800-240-3208
Fresno County 1-800-654-3937	Merced County 1-888-334-0163	San Francisco County 1-888-246-3333	Trinity County 1-888-624-5820
Glenn County Business hrs 1-800-500-6582 After hours 1-888-624-5820	Modoc County 1-800-700-3577	San Joaquin County 1-888-468-9370	Tulare County 1-800-320-1616
Humboldt County 1-888-849-5728	Mono County Business hrs 1-800-687-1101 After hours 1-800-700-3577	San Luis Obispo County 1-800-838-1381	Tuolumne County 1-800-630-1130
Imperial County 1-800-817-5292	Monterey County 1-888-258-6029	San Mateo County 1-800- 686-0101	Ventura County 1-800-671-0887
Inyo County 1-800-841-5011	Napa County 1-800-648-8650	Santa Barbara County 1-888-868-1649	Yolo County 1-888-965-6647

Department of Mental Health Ombudsman:

Tel: (800) 896-4042 / TTY: (800) 896-2512

Department of Mental Health Website:

<http://www.dmh.cahwnet.gov>

APPENDIX 2

State Department of Mental Health Specialty Mental Health Consolidation Part II

<p>COVERED DIAGNOSES (“INCLUDED DIAGNOSES”):</p> <ul style="list-style-type: none"> Pervasive Developmental Disorders, except Autistic Disorders Disruptive Behavior and Attention Deficit Disorders Feeding and Eating Disorders of Infancy and Early Childhood Elimination Disorders Other Disorders of Infancy, Childhood or Adolescence Schizophrenia and other Psychotic Disorders Mood Disorders Anxiety Disorders Somatiform Disorders Factitious Disorders Dissociative Disorders Paraphilias Gender Identity Disorder Eating Disorders Impulse Control Disorders Not Elsewhere Classified Adjustment Disorders Personality Disorders, excluding Antisocial Personality Disorder Medication-Induced Movement Disorders related to other included diagnoses. 	<p>EXCLUDED DIAGNOSES:</p> <ul style="list-style-type: none"> Mental Retardation Learning Disorders Motor Skills Disorder Communication Disorders Autistic Disorders (Other Pervasive Developmental Disorders are included.) Tic Disorders Delirium, Dementia, and Amnestic and Other Cognitive Disorders. Mental Disorders Due to a General Medical Condition Substance-Related Disorders* Sexual Dysfunctions Sleep Disorders Antisocial Personality Disorder <p>Other conditions that may be a focus of clinical attention, except medication induced movement disorders which are included.</p> <p><i>*A beneficiary may receive services for an included diagnosis when an excluded diagnoses is also present.</i></p>
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APPENDIX 3

COUNTY TBS CONTACT NAMES AND PROVIDERS – 9/30/01

County	TBS Contact Person w/ Co. Mental Health	TBS Organizational Providers, City
Alameda	Michelle Burns, (510) 567-8108 Maureen Costello, (510) 268-7979	Fred Finch Youth Center, Oakland Seneca Center, San Leandro STARS Adolescent Center, San Leandro Lincoln Child Center, Oakland
Amador	Pat Houghton, (209) 223-6412	Big Valley Helping Hands, Stockton
Butte	Charlie Dunn, MFT, (530) 891-2914	Sacramento Valley Family Services, Chico Youth for Change, Paradise North Valley Schools, Inc., Redding
Calaveras	Rita Austin, LCSW, (209) 754-6525	Big Valley Helping Hands, Stockton MHP provides own assessments
Colusa	Joyce Williams, (530) 458-0520	North Valley Services, Chico Colusa County Behavioral Health, Colusa
Contra Costa	Nancy Steber, (925) 313-6419	Edgewood Center for Children & Families, San Francisco Barbara Milliff Center, Concord Family Stress Center, Concord La Cheim School, Berkeley Lincoln Child Center, Oakland Seneca Center, San Leandro
Del Norte	Michelle Cleemann, (707) 464-7224	Del Norte Co. Mental Health, Crescent City Central Valley Specialty Mental Health Services, Fresno Remi Vista, Inc., Eureka Sacramento Valley Family Services, Chico Humboldt Child Care Council, Eureka
El Dorado	Kathleen Burne, (530) 621-6200	El Dorado County Mental Health, Placerville Sierra Family Services, Diamond Springs
Fresno	Grau Jugao, (559) 488-2837	Families First, Fresno Central Valley Specialty Mental Health Services, Fresno New Hope for Children & Families, Oakhurst Denise Novell & Assoc., Fresno Community Support Services, Fresno

		California Diversity Operations, Fresno Plus too many individual providers to list – please contact the county for the list
Glenn	Kathy Montero, (530) 934-6582 x134	Glenn County MHP, Willows Sacramento Valley Family Services, Chico
Humboldt	Jojo Gilbaugh, (707) 268-2934)	Big Valley Helping Hands, El Dorado Humboldt Child Care Council, Eureka Humboldt County Mental Health, Eureka Humboldt Family Service Center, Eureka Remi Vista, Eureka Remi Vista, Redding
Imperial	Paula Huntington, (760) 482-4069	Imperial County Behavior Services
Inyo	Gail Zwier, Ph.D., (760) 873-6533	Inyo Behavioral Health, Bishop
Kern	Deanna Cloud, (661) 868-6706	Bakersfield Memorial Hospital, Bakersfield Clinica Sierra Vista, Lamont College Community Services (formerly College Health IPA), Cerritos Desert Counseling Clinic, Bakersfield Henrietta Weill Memorial Child Guidance Clinic, Bakersfield Kern County Mental Health System of Care, Bakersfield
Kings	Chuck Garon, (559) 582-4481	Kings View Counseling Services, Hanford Ennio Cipani, Ph.D., Visalia
Lake County	Terry Rooney, Sharon MacBaliphon, SLCS: (707) 262-1611, LCMH: (707) 263-1170	Sutter Lakeside Community Services, Lakeport Lake County Mental Health Plan, Lakeport
Lassen	Jim Jackson, LCSW, (530) 251-8108	L.C.M.H.P., Susanville
Los Angeles	Terri Boykins, (213) 738-2408	23 providers – please contact county for the list
Madera	Barbara Herion, (559) 675-7850	Madera County Mental Health, Madera Families First, Fresno Turning Point, Visalia
Marin	Kathy Kipp, (415) 499-737(?)	Sunny Hills/Children’s Garden, San Anselmo Marin County Community Mental Health, San Rafael
Mariposa	Jan Soshi (?), (209) 966-2000	Families First, Fresno Aspira, Turlock
Mendocino (Ukiah county?)	Noel J. O’Neill, (707) 463-4346	Ukiah County Mental Health Clinic Ft. Brass Mental Health Clinic

Merced	Janet Spangler, (209) 381-6800	Moss Beach Homes, Turlock Unity Care Group, Salinas Turning Point, Visalia North Valley Treatment, Chico Merced County Mental Health, Merced
Mono	Don Wallace, (760) 934-8648	Mono County Mental Health, Mammoth Lakes Eastern Sierra Family Resource Center, Mammoth Lakes Sacramento Valley Family Services, Chico
Monterey	Maureen Lavengood, (831) 772-8150	Molo Behavioral Health, Salinas Unity Care Group, Salinas Rebekah Children's Services, Gilroy
Modoc	Phillip Smith, (530) 233-6312	Modoc County Mental Health
Napa	Mary Butler, (707) 253-4137	Bayberry, Inc., Napa Aldea, Inc., Napa
Nevada	Maren Petre, (530) 265-1230 x1851	Curtis McMillan, Penn Valley Barbara Dean, Grass Valley Mary Braatz, Nevada City Keith Malley, Nevada Co. Behavioral Health, Nevada City
Orange County	Their Todd, (714) 834-4730	Aspen Community Service, Inc. Canyon Acres Children's Services, Anaheim Hills Child Guidance Center, Fullerton Community Service Programs, Fountain Valley, Florence Crittenton Services, Fullerton Kinship Center, Santa Ana Latino Psychological & Social Services, Anaheim New Alternatives, Santa Ana Olive Crest Treatment Centers, Santa Ana Pacific Clinics, Santa Ana South Coast Children Society, Costa Mesa Western Youth Services, Fullerton Health Care Agency/BHS/CYS, Santa Ana Social Services Agency/DCFS/OCH, Orange
Placer	Connie Arney, (530) 889-6728	Eastfield Ming Quong, Sacramento Placer County Systems of Care, Auburn Sierra Family Services, Auburn

Plumas	John Sebold, Pat Lesily, (530) 283-6307, (800) 757-7898	Plumas County Mental Health, Quincy
Riverside	Patty Myers, (909) 358-6858	Casa Pacifica, Camarillo Ettie Lee Youth & Family, Riverside North Valley, Colton New Haven Youth & Family, Vista Pacific Clinics
Sacramento	Ann Edwards-Buckley, (916) 875-9980	Eastfield Ming Quong, Sacramento Milhous Children's Services, Sacramento River Oak Center for Children, Sacramento Families First, Sacramento Families First, Davis Stanford Home for Children, North Highlands
San Benito	Gary Ernst, Alan Yamamoto, (831) 63604020	San Benito County Mental Health, Hollister
San Bernardino	Andrew Gruchy, Rita Downs, (909) 421-9382	Dept. of Behavioral Health, Rialto
San Diego	Katie Astor, (619) 641-5000	HHSA-CMHS-TBS, San Diego New Alternatives, Inc., San Diego BEST, San Diego
San Francisco	Sai-Ling Chen-Sew, (415) 255-3439	Edgewood Children's Center, San Francisco Seneca Center San Francisco Alternative Program
San Joaquin	Michele Rowland-Bird, (209) 468-2390	Children & Youth System of Care, County Mental Health, Stockton Big Valley Helping Hands, Stockton
San Luis Obispo	Brad Sunseri, (805) 781-4179	County Mental Health Arroyo Grande Clinic, Arroyo Grande County Mental Health San Vicente Clinic, San Luis Obispo County Mental Health Atascadero Clinic, Atascadero County Mental Health Paso Robles Clinic, Paso Robles Family Care Network, San Luis Obispo San Luis Obispo County Mental Health Youth Services, SLO
San Mateo	Nina S. Kulgein, (650) 573-232 (ph cut off)	San Mateo County Mental Health, San Mateo Bridges of San Mateo (Fred Finch), San Mateo Edgewood Center for Children and Families, San Francisco
Santa Barbara	Merna McMillan, (805) 681-5220	Community Action Commission, Goleta
Santa Clara		ARC/Alliance, San Jose Community Solutions, Morgan Hill Eastfield Ming Quong, Campbell

		Gardner Health Center, San Jose Hope Rehab Services, San Jose Rebekah Children's Services, Gilroy Starlight CTF, San Jose
Santa Cruz	Paul Vitali, (831) 459-4936	Unity Care Group, Watsonville Santa Cruz County Mental Health, Santa Cruz
Shasta	Toni Perkins, (530) 229-8059	Victor Youth Services, Redding
Siskiyou	Sharon Shepard, 841-4700	Big Valley Helping Hands Corp., Modesto Siskiyou County BHS, Yreka Remi Vista, Redding
Solano	Debbi Terry-Butler, (707) 435-2228	Aldea, Inc., Fairfield Solano County, Fairfield
Sonoma	Mary Jo Barnett, (707) 565-5748	Social Advocate for Youth, Santa Rosa Fred Finch Youth Services, Oakland
Stanislaus	Madelyn Schlaepfer, (209) 558-4639	Stanislaus County Behavior Health & Recovery Services, Modesto Helping Hands, Modesto Aspira Counseling Center, Turlock
Sutter Yuba	Paula Ragland, (530) 822-7200	Family Intervention Community Support, Yuba City Sutter Yuba MHP, Yuba City
Tehama	Richard Harig, (530) 527-5631	Edgewood, San Francisco Ann Houghtby, Red Bluff Sacramento Valley Family Services, Chico North Valley Schools – Victor Tx Center, Redding
Trinity	Sharon Saul, (530) 623-1362	Victor Youth Services, Redding
Tulare	Elaine Sherwood, (559) 733-6969 x306	Turning Point, Visalia Big Valley Helping Hands, Stockton D.N. Associates, Fresno Starnew Adolescent Center, Torrance
Tuolumne	Bill Sullivan, (209) 532-1999	Tuolumne County Behavioral Health, Kings View, Sonora
Ventura	Ellie Fritz,	Shelley Brown Diana Detlof Pam Fisher Tristen Smith Tom Sodergren (coordinator)
Yolo	Irma Rodriguez, Theresa Smith (530) 666-8632	Families First, Davis

