

► GUIDE TO

MENTAL HEALTH SERVICES

FOR CHILDREN AND YOUTH IN SAN FRANCISCO

A Joint Project Between



Community Behavioral
Health Services Child, Youth,
and Family System of Care

and



Support For Families

www.supportforfamilies.org

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►INTRODUCTION

The National Institute of Mental Health estimates that one in ten children and adolescents in the US suffers from mental illness severe enough to require treatment¹. Children and young people may be affected by any number of mental health problems: depression, anxiety, challenging and disruptive behaviors, eating disorders, or self-harming behaviors.

Parents and family members are often the first to notice changes in a child. Sometimes parents find it hard to talk about their concerns, perhaps because of the stigma that often accompanies mental disorders or because they simply do not know what services are available or where to find them. Recognizing your child's problems and seeking treatment early can help your child and family cope with the challenges facing you.

You do not have to struggle with these challenges alone. Services available through the San Francisco Department of Public Health's Community Behavioral Health Services (CBHS), schools, and parent support groups can help your child and your family get the support and assistance you need.

This book is written to guide you and your family through the mental health system in San Francisco. This guide will help you to:

- Learn more about emotional, behavioral, and mental health conditions
- Identify those of your child's behaviors that are of particular concern to you
- Become knowledgeable about the types of mental health services available to you and your family
- Understand how community mental health, the schools, and other agencies can work together to support your child and your family
- Learn how to work in partnership with your providers
- Understand your rights and responsibilities
- Learn where to go for advocacy and support

This guide has 7 chapters. Each chapter begins with a summary of the chapter contents and highlights the important points.

Please Note: Many people have reviewed this guide for accuracy. Remember, though, information can change at any time. It is always a good idea to request copies of current policies and rules from the agencies with whom you are working.

¹ *Treatment of Children with Mental Disorders* National Institute of Mental Health, <http://www.surgeongeneral.gov/topics/cmh/childreport.html>

We would like to thank the following individuals for their assistance in creating this Guide:

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|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|
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| <input type="checkbox"/> Sai-Ling Chan-Sew | <input type="checkbox"/> Deirdre Hayden |
| <input type="checkbox"/> Helaine Weinstein | <input type="checkbox"/> Juno Duenas |
| <input type="checkbox"/> Marcia Spector | <input type="checkbox"/> Judy Janec |
| <input type="checkbox"/> Dr. Albert deRanieri | <input type="checkbox"/> Linda Kern |
| <input type="checkbox"/> Nathaniel Jenkins | <input type="checkbox"/> Elaine Butler |

We would like to acknowledge the following sources used in creating this Guide:

American Academy of Child and Adolescent Psychiatry: *Facts for Families*
www.aacap.org/page/ww?section=Facts+for+Families&name=Search

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<http://store.mentalhealth.org/>

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What this chapter is about: This chapter describes the major agencies and programs that provide services to children with mental or behavioral disorders and their families and the overall process of connecting to services.

►The Agencies That Provide Services to Children and Youth with Mental Health or Behavioral Disorders

DEPARTMENT OF PUBLIC HEALTH COMMUNITY BEHAVIORAL HEALTH SERVICES

The San Francisco Department of Public Health through its division of Community Behavioral Health Services, offers a number of programs and services for children and youth with emotional and behavioral difficulties.

Community Behavioral Health Services – Child, Youth & Family System of Care provides culturally competent, family-centered, outcomes-based mental health services to San Francisco children, youth and their families. Services are delivered through a network of community mental health programs, clinics, agencies, private psychiatrists, psychologists, and therapists. *Appendix A lists the programs/services and tells you how to contact them.*

For children who are involved with more than one agency, CBHS offers intensive care management through the Child, Youth and Family System of Care, which is described in more detail in Chapter 3. The Department of Public Health, The Department of Juvenile Probation, the Human Services Agency and the San Francisco Unified School District all participate in the Children's System of Care.

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

The school district provides educational programs and services for infants, toddlers, and youth with disabilities, including those with emotional or behavioral disorders, and according to the rules and regulations of The Individuals with Disabilities Education Act (IDEA).

If you are not sure, if you want to know more, or if you want to understand whether or not your child should receive the special education and related services he or she needs, it is important to understand IDEA and the special education process. *See Appendix H for IDEA Basics.*

HUMAN SERVICES AGENCY, CHILDRENS' SERVICES DIVISION

Child Welfare Workers of the HSA Family and Children's Services Division (FCS) protect children from abuse or neglect. They bring services to families who need support to raise their children safely and stay together, offering counseling, education and other resources to both parents and children. Sometimes, child welfare workers must remove a child from home because he or she is in danger. FCS then

works with the parents and the court system to make the home safe and to reunify the family, meanwhile assuring that the child's needs are met through foster care or with relatives who agree to be caregivers. Strengthening and supporting families who are working to create safe and nurturing homes for their growing children, FCS contracts with many community agencies and Family Resource Centers who offer such services as peer support groups, crisis intervention, counseling, nutrition and parent education classes.

SAN FRANCISCO JUVENILE PROBATION DEPARTMENT

If your child comes to the attention of law enforcement agencies, he may be referred to the Juvenile Probation Department. The department operates many programs, including probation services, Juvenile Hall, community programs and Log Cabin Ranch School for Boys.

See Chapter 6 for more information about Juvenile Probation.

►Core Goals for Community-based Systems of Care

- All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.
- All children will be screened early and continuously for special health care needs.
- Families of children with special health care needs will partner in decision making at all levels and will be satisfied with the services they receive.
- Community-based service systems will be organized so families can use them easily.
- All youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

OVERALL PROCESS

Whether you go directly to a mental health program or seek services through the school system, the overall process for finding mental health services for your child looks like this:

1. Referral

When you or others decide that your child's problems need extra help, your child is referred for an assessment. Parents and family members may make a referral by requesting an assessment.

Other people, such as teachers, doctors, social workers, or other professionals who work with your child and family, may also refer him or her for a mental health assessment with your consent.

2. Assessment

a. Testing and diagnosis

The assessment provides explanations (diagnosis) of your child's problems as well as recommendations for strategies to treat them. Chapter 2 of this guide gives you more information about the assessment. You can get an assessment for purposes of mental health treatment through mental health clinics. Or you can go to your child's school and request a special education assessment to determine eligibility for special education services. It is always a good idea to write a letter so you have a record of your request.

b. Discuss and analyze results

Once the assessment is completed, request a meeting with the professional(s) who conducted the tests. During this meeting, ask for a full explanation of the test results so you thoroughly understand the findings and suggestions for treatment. This is a time to consider if you believe the assessment was complete and accurate. *In Chapter 2, you will find guidelines for reviewing the assessment. Remember, you can always ask for a second*

opinion if you disagree with the findings and recommendations of the assessment.

3. Decide upon treatment options and providers

The assessment will most likely identify your child's specific diagnosis. In addition, the assessment will contain recommendations for helping your child. The recommendations should be incorporated into your child's mental health treatment plan. Because you are a parent, you should be included in discussions with providers about mental health treatment plans.

If your child is qualified for special education services, these recommendations should be included in your child's Individualized Education Program (IEP). Make sure your child's behavior is addressed in the IEP. Parents are part of the IEP team so you can expect to take part in the IEP meeting.

4. Monitor progress

Regular communication among you, your child and the professionals working with your child is critical for success.

Communication can take many forms: phone calls, regular meetings with the professionals, or a notebook that goes back and forth with your child. The treatment plan or the IEP should include clear goals that your child should be reaching as he works through his program. If you don't think your child is progressing as expected, talk about your concerns with those providing services. Explore other options if you think the provider or the setting isn't working out.

Throughout the process you can connect to peer support and resources

Many other families have been through the process. They have learned the ropes, know their way around the systems, and can provide you with invaluable guidance. Parent to parent – or peer parent support – is one of the most effective ways for families to cope with the challenges of having a child with mental health or behavioral health disorders. *Chapter 7 describes the parent support opportunities in San Francisco.*

Collaborative Calendar

Getting to Know my Child / Youth's Strengths and Needs (Assessment):

Day, Date and Time: M T W Th F S ____ / ____ / ____ ____:____ AM / PM

Day, Date and Time: M T W Th F S ____ / ____ / ____ ____:____ AM / PM

Review of the Assessment to make sure it reflects my child/youth's Strengths, Needs and Goals:

Day, Date and Time: M T W Th F S ____ / ____ / ____ ____:____ AM / PM

Review of Goals for the Treatment Plan:

Day, Date and Time: M T W Th F S ____ / ____ / ____ ____:____ AM / PM

Supports I **have** to make these appointments:

____ Child Care
____ Transportation
____ Reminder call: (____) ____ - ____
____ Reminder call to a supportive friend
____ (____) ____ - ____
____ Other: _____

Supports I **need** to make these appointments:

____ Child Care
____ Transportation
____ Reminder call: (____) ____ - ____
____ Reminder call to a supportive friend
____ (____) ____ - ____
____ Other: _____

Tips I need *immediately* to help manage my child/ youth's Emotions and Behaviors:

____ Helping a child or youth who feels Sad, Irritable and / or Depressed

____ Helping a child or youth who feels Angry, Mad, and / or Defiant

____ Helping a child or youth who's Inattentive and / or Impulsive

____ Other: _____

E-mail a copy of these tips to me at: _____ @ _____

Mail a copy of these tips to me at: _____

What this chapter is about: This chapter describes identifying mental or behavioral disorders and the assessment process. You will also learn about parent's rights to their children's records and your family's rights to confidentiality.

► Signs of Behavioral, Emotional or Mental Health Issues

BEFORE HAVING YOUR CHILD ASSESSED

Before you seek a complete assessment, you may want to try:

- ✓ Talking with your child to discover how she sees things
- ✓ Taking your child to the doctor to identify any physical causes that may be affecting your child's behavior, such as allergies, hearing problems, or change in medication
- ✓ Determining if new changes in the family – moving to a new home, divorce, death, or new baby – could be a cause of the behaviors
- ✓ Modifying your child's routine to see if that helps
- ✓ Talking with friends, relatives, or school personnel to find out if they see the same problems or have suggestions for helping your child and family
- ✓ Learning new ways to support your child through behavior management or conflict resolution classes

If you have ruled out obvious causes of your child's behavior, but still aren't sure if your child needs more help, consider the following guidelines¹:

The Duration of a Troublesome Behavior - Does it just go on and on with no sign that the child is going to outgrow it and progress to a new stage?

The Intensity of a Behavior - For instance, while temper tantrums are normal in almost all children, some tantrums could be so extreme that they are frightening to parents and indicate that some specific intervention might be necessary. As parents, you should pay particular attention to behaviors such as feelings of despair or hopelessness; lack of interest in family, friends, school, or other activities once considered enjoyable; or behaviors which are dangerous to the child or to others.

The Age of the Child - While some behavior might be quite normal for a child of two, observation of other children of the youngster's age may lead to the conclusion that the behavior in question is not quite right for a five year old. Not all children reach the same emotional milestones at the same age, but extreme deviations from age-appropriate behaviors may well be cause for concern.

¹ Adapted from *A Guidebook for Parents of Children with Emotional or Behavioral Disorders*, Pacer Center, Third Edition, 2001 Minneapolis, MN and AACAP, Facts for Families

VERY YOUNG CHILDREN (UP TO FIVE YEARS OLD)

Sometimes very young children show early signs of developing significant behavior or emotional disorders. Early identification and early intervention can help.

Infants (up to a year old) may need an assessment when they:

- Don't react in a developmentally appropriate way (not responding to parents' smiles; not following objects with eyes)
- Overreact to stimuli – cry constantly, startle very easily
- Lose weight or don't gain weight

Young children (ages 1-5) may need a closer look by professionals if they show a six-month or more delay in developing:

- Language
- Motor skills
- Thinking skills

A child development checklist is included among the resources in this guide. See Appendix J.

Other signs of possible problems include biting, head banging, hitting and difficulty in developing affectionate relationships with relatives and caregivers.

If you are concerned about your infant's or young child's development, talk with your pediatrician. Ask for a checklist that can help you identify the stages of infant development. If needed, your child's pediatrician can refer you to programs that specialize in assessing very young children.

CHILDREN, YOUTH AND TEENS (5 TO 18)

As children progress through elementary school, middle school, and high school they go through many stages. Parents are sometimes unsure which behaviors are normal for their child's stage of development and which behaviors are signs of deeper problems that need treatment. The following questions may help you identify your areas of concern:

Does my child...

- ☒ Often seem sad, tired, and restless or out of sorts?
- ☒ Spend a lot of time alone?
- ☒ Have low self-esteem?
- ☒ Have trouble getting along with family, friends and peers?
- ☒ Have frequent outbursts of shouting, complaining, or crying?
- ☒ Have trouble performing or behaving in school?
- ☒ Show sudden changes in eating patterns?
- ☒ Sleep too much or not enough?
- ☒ Have trouble paying attention or concentrating on tasks like homework?

- ☒ Seem to have lost interest in hobbies like music or sports?
- ☒ Show signs of using drugs and/or alcohol?
- ☒ Talk about death or suicide?

The Center for Mental Health Services² suggests that if you answered yes to 4 or more of these questions, and these behaviors last longer than 2 weeks, you should consult with your pediatrician or contact a mental health professional.

► Assessments

Once you have decided to have your child assessed, you will want to consider the types of assessments to be done, who will assess your child, and how it will be paid for.

WHAT IS AN ASSESSMENT?

During an assessment, or evaluation, the mental health professional gathers information from a variety of sources: the child, parents, teachers, pediatricians, and/or hospital records. The professional assessing your child will observe your child's behavior and patterns of speech and may request additional testing to assess your child's intelligence and learning abilities.

A full assessment may take several hours. By that time, the person conducting the assessment should have a good understanding of how your child is getting along at home, at school, and in the community. He/she should also have some understanding of your family's dynamics and culture. With this information, the professional can suggest further assessments and develop a treatment plan. The treatment plan should be based upon your child's mental and physical conditions, and be designed to meet your child's needs and family and child preferences. *Chapter 3 gives you more information about the different types of treatment that may be a part of your child's plan.*

Cultural Competence

Assessments or evaluations must take into consideration the language and culture of your child and family. This will help assure that the assessment results are a measure of your child's abilities and difficulties - not a measure of differences in culture or language. If your child speaks a language other than English, the professional doing the assessment should speak the language fluently or use an interpreter.

² Center for Mental Health Services, National Institute of Mental Health. <http://store.mentalhealth.org/>

WHAT IS CANS?

The CANS is simply a way to organize information and help decide what are your child's most important needs and best developed strengths. The CANS is a series of items, which are rated on a scale of 0 to 3. A '0' is something which doesn't require any help or development; a 3 is an area in which your child needs immediate or intensive assistance. For instance, 'Depression' is an item on the CANS. A '0' on the Depression item means that a child shows no signs of depression. A '3' on this item would mean that a child is so depressed that she or he cannot participate in basic activities like going to school or having fun with friends.

A CLINICIAN SAID THAT THEY HAVE TO 'DO A CANS' WITH ME. WHAT DOES THAT MEAN

The CANS has been integrated into the standard Assessment done at intake, during treatment, and at discharge. Sometimes clinicians use terms like 'doing the CANS' as a shorthand for completing an assessment.

CAN I SEE THE CANS?

Absolutely. You're entitled to see it, and to receive a copy of it. Just ask. Clinicians are being trained to collaboratively complete the assessment with you and your child. Clinicians working this way often will ask you how important or pressing a concern is. They will also share how they've rated that CANS item about that concern. Many will even ask you directly how you would rate the item. You may rate it as not a concern (a "0"), a mild concern (a "1"), a concern which requires action (a "2"), or a concern which requires immediate or intensive action (a "3"). Items rated a 2 or a 3 tell us we need to take some action. They are the priorities for treatment.

HOW DOES THE CANS HELP ME AND MY CHILD?

When used to work with you and your child, the CANS is a tool to help people work together. This means that when you look at the assessment and see which items are rated as 2s or 3s, you will have a clear idea of your child's needs and strengths. You will also have a clear idea of your priorities for your child's treatment. The items which are the highest priority become the Treatment Plan goals. These Treatment Plan goals should be written in your own words.

WHAT IF THINGS AREN'T WORKING? HOW CAN THE CANS HELP THEM?

You can always ask to review your progress. If your circumstances and goals have changed, you can always ask that your assessment / CANS is updated to reflect your child's current needs and strengths. When the assessment is updated the Treatment Plan will also be updated, to reflect your child's new goals or new supports to help reach your child's goals.

9 KEY QUESTIONS

A CANS / Assessment 'Cheat Sheet' for Caregivers

This sheet lists the key areas of a child / youth's life that we will be talking about. If a child or youth has needs or strengths in any of the areas listed, we will ask for more detailed information to better understand that need or strength.

- 1. What does your child do well?**
- 2. How is your child doing at home, at school, and with friends?**
- 3. Is your child having a hard time fitting in?**
- 4. Is your child having trouble with their feelings or actions?**
- 5. Is your child doing things which could hurt themselves or others?**
- 6. Has your child / youth experienced trauma?**
- 7. Did your child / youth have any problems at birth or in their first few years?**
- 8. Does your youth need for services to prepare her/him to live on their own?**
- 9. What would help you and your family best support this child?**

TYPES OF ASSESSMENTS AND PROFESSIONALS

The following chart shows the main types of assessments and those professionals who are qualified to give them.³

TYPE OF ASSESSMENT	WHO DOES IT?	PURPOSE
Psychological	Clinical Psychologist	Provides information about cognitive, emotional and interpersonal functioning. Uses a variety of data, including psychological tests, teacher reports, behavioral observations, social and family history, and medical findings.
Neuro-psychological Assessment	Clinical Psychologist (Ph.D. or Psy.D) with specialty in Neuropsychology	Examines relationships between brain functioning and behavior. Clarifies the impact of known or suspected neurological injury or disease (i.e. head trauma, seizure disorder, fetal alcohol syndrome) on an individual's behavior. Often conducted in conjunction with a neurological exam (see below).
Psycho-educational Evaluation	School/educational psychologist (Ph.D., M.S., M.A., or Ed.D)	Focuses on cognitive and academic/achievement testing or emotional disturbance that interferes with academic progress. Is used to assist in developing an Individualized Education Program (IEP).
Neurological evaluation	Medical Doctor (M.D.)	A physical examination to assess the degree of physical injury or the presence of disease involving the central or peripheral nervous system.
Psychiatric Evaluation	Medical Doctor (M.D.)	Addresses specific diagnosis, mental status, and level of functioning, appropriateness of medication and recommended course of treatment.
Mental Health Assessment	Mental Health professional	A psycho-social evaluation which can determine need for mental health treatment and provide direction for the treatment plan. It can also indicate need for additional specific assessments or testing.

³ Department of Public Health, Community Behavioral health Services, San Francisco, adapted from Court Training Document

GETTING AN ASSESSMENT

Refer to the **San Francisco Mental Health Services Chart in Appendix A** for specific information about places that provide assessments and other mental health services.

In general:

► **If you have private health insurance, contact your insurance company for referrals.**

► **Call Central ACCESS (415-255-3737)**

The access team will talk with you to get an idea of your needs and situation. They will refer you to a clinic or private doctor, depending on your situation. They can authorize services for those qualifying for Medi-Cal, Healthy Families and Healthy Kids or other low-income health insurance programs.

► **Direct contact with a Community Behavioral Health Services (CBHS) clinic (see Appendix A for listing)**

The Department of Health's Community Behavioral Health Services (CBHS) operates mental health clinics that serve children and families who receive Medi-Cal, Healthy Families, Healthy Kids or are uninsured. Any child/youth in San Francisco who is eligible to receive services from CBHS may be seen at any of the outpatient clinics in the city. They can determine if your child needs mental health services, according to medical necessity guidelines. In other words, if you think your child needs help, call or go to the clinic directly. The clinic staff will help you with the eligibility forms. They will also help you make decisions about assessments and treatment.

► **The Infant Parent Program at San Francisco General Hospital** at 415-206-5270 has special tests and professionals trained to assess infant mental health. It is funded by state and federal funds, so it can provide an assessment at no or low-cost.

► **The Prop 10 - funded Multidisciplinary Assessment Center (MDAC)** at San Francisco

General Hospital's Child and Adolescent Services provides comprehensive assessments for children birth to 5 years, not currently Golden Gate Regional Center (GGRC), San Francisco Unified School District (SFUSD), or California Children Services (CCS) clients, who are having developmental and/or related behavioral problems. As determined by the child's needs, the assessment may include evaluation by a developmental-behavioral pediatrician, clinical psychologist, speech therapist, occupational therapist, and physical therapist, with consultation to them from a child psychiatrist. A social worker will accept intakes, provide continuity for families, and assist with follow-up referrals. Referrals to the MDAC can come from pediatricians, childcare providers, and other involved professionals, as well as from the child's family, by telephoning 415-206-4444.

► **If you believe your very young child (zero through 5 years old) is showing very troublesome behavior, and/or you have tried to access services and were not able to get them, the Round Table program can help you to identify agencies that might best meet your child's and family's needs.** This referral process can assist your family to obtain help and any resources that your family may be eligible to receive, as quickly as possible. You can reach the Round Table Coordinators at 415-206-7743 x133 (mainline); x126 (Spanish); and x127 (Cantonese).

► **San Francisco Unified School District – Special Education**

1. For children not enrolled in special education. The San Francisco Unified School District operates special education services that provide assistance to students who may have disabilities. There is no

cost for this assessment or for special education services.

If you believe your child may need special education, write a letter of “referral” to the school district. Include the reasons you believe special education is needed, and include a request for mental health services as a part of the referral. *The information in Appendix H tells you more about the special education process.*

2. For children already enrolled in special education: Gov. Code 26.5 (AB 3632) process.

If your child is receiving special education services, that is, already has an Individualized Education Program (IEP), mental health services including assessments can be provided. Request

an IEP meeting to discuss your child’s needs for mental health services and behavior plans and request that your child be referred for an AB 3632 assessment. AB 3632 refers to the state law that requires schools to refer to county Mental Health those special education children who are believed to need mental health services and supports. *Appendix H explains the AB 3632 process.*

Note: Changes in the law as of Fall 2005 dictate that the IEP must provide or consider pre-referral counseling services to provide for the child’s needs prior to referral to county Mental Health.

The Family Involvement Team (FIT),
Support for Families of Children with Disabilities (SFCD), and
Community Alliance for Special Education (CASE)
can help families as they address assessment issues.
See Appendix A for contact information.

WHAT IS NEXT?

Once your child has been assessed by the appropriate professional(s), you will want to talk with each person who assessed your child and review the written report(s). This will help you understand the professional’s viewpoints as well as the recommendations for services. While reading the reports, you might ask yourself the following questions:

- ☒ Does the report show an accurate picture of your child? Does it correspond with your own feelings, perceptions, observations and assessments of your child?
- ☒ Is the report bias-free? Does it take into account your child’s culture and/or disability?
- ☒ Does the report use objective language that reflects a respect for your child and family?
- ☒ Is the report understandable? Technical terms should be explained so those using the report have a common understanding of the evaluator’s findings.
- ☒ Are the findings consistent with the recommendations?
- ☒ Are strategies recommended to help your child and your child’s caregivers deal with the mental and behavioral problems?

If you have any concerns about the report, write them down, and talk with the person(s) who did the assessment. Issues dealing with the emotional and behavioral health of your child can be extremely sensitive and difficult to handle. Feel free to ask questions (over and over) until you feel you understand what the professional is saying. After your discussion, if you feel that the report is not an accurate reflection of your child, you can write a statement to that effect and have it included in his file. You may wish to get a second opinion, which is an entirely new assessment by a different professional.

At the end of the assessment, the professional will recommend strategies and service(s) or program(s) for your child and family. The professional is then usually required to obtain approval from the insurance company or organization managing mental health benefits (e.g. managed care organization). In the case of programs operated by Community Behavioral Health Services, the agency must authorize the recommended program(s) or service(s).

► Assessment Records

CONFIDENTIALITY

Throughout the entire process of referral, evaluation and the provision of mental health services, your child and your family have a right to confidentiality.

Confidentiality means that personal information about your child and family cannot be shared without your written permission. You will be asked to sign permission for information to be shared before your child receives treatment. You will want to make sure the permission form lists the names of people requesting confidential information and what the information will be used for.

The **Health Information Portability and Accountability Act (HIPAA)** is the federal law requiring health care providers to protect your rights to privacy and confidentiality.

Under HIPAA, parents are considered “personal representatives” for their children and therefore have the right to access to health care information and to amend and correct health care records. HIPAA requires that health plans and health care providers:

- Inform patients about their privacy rights
- Adopt clear privacy procedures for its practice, hospital or plan
- Train employees so they understand privacy procedures
- Designate a representative within the health plan or practice to be responsible for ensuring that privacy procedures are adopted and followed
- Keep records that have individually identifiable health information secure

There are some exceptions that limit parents’ rights to access to their children’s health care information:

- If your child has reached the age of majority and has not given you rights to access the records
- When a court determines or other law authorizes someone other than the parent to make treatment decisions for the child
- Your child is a minor and is authorized by law to consent to medical treatment

- If you agree to a confidential relationship between your child and a physician, then you would not have access to information discussed
- If the physician believes that access to records would have a detrimental effect on the provider's relationship with your child, or upon the child's physical safety or psychological well-being

In general, HIPAA provides the following:

- It enables parents to find out how information may be used and what disclosures of their information have been made
- It limits release of information to the minimum reasonably needed for the purpose of disclosure
- It gives parents the right to examine and obtain copies of their children's health records and make corrections

When you go to a health care provider, you should receive a notice that tells you about your rights under HIPAA. Be sure to ask for the notice and ask any questions you may have about their policies for keeping information correct, secure and confidential.

In addition to HIPAA, other state and federal laws govern how school and mental health records are kept.

PRIVILEGED INFORMATION.

Another category of information is called privileged information. Generally, privileged information can only be shared between two people. Examples are information that is exchanged between a lawyer and the client; or between a therapist and the client. As a parent, there may be information exchanged between your child and others that is considered privileged; you therefore will not be able to have access to that information.

MANDATED REPORTING REQUIREMENTS

As parents, you should be aware that most professionals working with families and children are "mandated reporters." If they suspect that a child is being abused, they are required by law to report their suspicions to Child Protective Services. Professionals take this responsibility seriously; they also understand that families seeking help need help, not punishment. As you establish a relationship with your providers, talk with them about this responsibility and how it impacts your discussions with them.

RIGHTS TO RECORDS

The chart below outlines your basic rights regarding health, mental health and school records. There are some instances when either the school or medical team is not required to provide you with copies of records. As you will want to make sure you have copies of your child's records, it is always a good idea to ask the professionals working with you and your child for written policies about the records they keep.

	MENTAL HEALTH RECORDS⁴	PUBLIC SCHOOL⁵
Can parents see their child's records?	Yes	Yes – Schools must show parents all records that are kept by the school and contain personally identifiable information.
Are there exceptions to the records parents can see?	You may NOT see records if: 1. Your child has reached the age of majority, age 18, and has not given you rights to access the records. 2. Your child is a minor and is authorized by law to consent to medical treatment. 3. If the provider determines that access to records would have a detrimental effect on the provider's professional relationship with your child, or upon your child's physical safety or psychological well-being.	You may NOT see records if: 1. Your child has reached the age of majority, age 18 and has not given you rights to access the records. 2. The records are considered notes of teachers and other school personnel that are made for their use only and not shown to anyone else. 3. The records are personnel records of school employees.
How do I get copies?	Write a letter to the medical provider, requesting to review the records or to get copies of records. <i>(Sample letters are in Appendix I)</i>	Ask the school principal for a copy of your child's records. Request both the cumulative and the confidential file. The confidential file may be kept at the school district office.
Can parents be charged for copies of records?	Yes. Copying costs of not more than .25 per page or .50 for those from microfilm, plus reasonable clerical costs. Providers may also charge a reasonable fee for any time incurred for preparing a summary of person's records.	Yes. Usually parents are provided the first copy of their child's record at no cost. Parents may be charged a nominal fee for the actual cost of copying and not for personnel time for additional copies.
What are the timelines for obtaining access to records?	For reviewing the records in person, 0-5 days. For copies of all or part of a file, 15 days after receiving the written request.	Parents can read, make copies of or receive copies of records within 5 days of a written request.
What can I do if I am refused access to records?	Contact the ombudsperson within Community Behavioral Health to help you resolve your disagreement at 415-255-3694. The Family Involvement Team or your provider can tell you how to contact the ombudsperson.	Request a records hearing within the school. File a complaint with the California Department of Education. <i>(See Appendix H)</i> File a complaint with FERPA Office, (Family Education Rights and Privacy Act) in Washington, DC. 202-260-3887.

⁴ Access to mental health records is governed by California Health and Safety Code and HIPAA, the Health Insurance Portability and Accountability Act

⁵ Access to school records is governed by Family Education Rights and Privacy Act and the California Education Code

KEEPING TRACK OF INFORMATION

Managing the unique, complex and multiple needs of your child is sometimes a daunting task. Even though you may have case managers or others who coordinate specific aspects of your child's care, you are the primary coordinator of all your child's services. Methodically keeping careful records will help you as well as all of your child's providers.

If you have information readily available, it will quickly give a complete and accurate picture of your child that you can provide to teachers, physicians, and others. It is well worth the effort. Here are some tips for getting organized:

- Keep all originals in a safe place in your home file and place only copies in your notebook.
- Fasten all records securely in a three-ring notebook. This will keep the pages from getting separated and out of order should the notebook fall.
- If the notebook becomes too big, transfer items not needed into your home files. Clean out the home files as needed.
- Keep a log or summary of the records contained in the notebook.
- If you have many records, separate them in a way that makes sense to you. Consider filing them in sections based on type of records or filing them in chronological order. You might have separate files for school reports, medical assessments, and treatment plans. For example, you might want to organize your folders this way:
 - ☒ Birth certificate
 - ☒ Doctors' reports
 - ☒ Report cards
 - ☒ Sample of child's work
 - ☒ Immunization records
 - ☒ Specialists' reports
 - ☒ School tests and assessments
- Put tabs, with the doctor's name on them, on reports you know you'll refer to again (such as the most recent assessment or discharge plan from the hospital). It makes finding them easier the next time around.
- Write any personal notes on a copy of the record or a blank sheet of paper. For example, if your child vomits when you give her a certain medication, note this so that your doctor can prescribe an alternative next time.
- Keep a phone log with the name of the person you spoke with, date of the call and summary of conversation. This will help you keep track of important events, conversations and future appointments. *A sample phone log can be found in Appendix I.*
- If your child is on various medications, keep a list of medications including dosage changes, start date, and discontinue date. Be sure to note any adverse reactions. Do not rely on memory.



What this chapter is about: This chapter describes the many types of therapy approaches, where services are available, what to look for when viewing treatment options, the different kinds of mental health providers and how to choose one, as well as information about medication and consumer rights.

While this section follows the format of what, where, and who, decisions are not always made in that order. In fact you may find that you are making all the decisions at once – talking with providers, looking at therapy approaches, and thinking about where your child may go for services.

►Your Child's Treatment

There are many types of therapy approaches used to treat children's behavioral and emotional or mental health disorders. In this section, you will learn about the most common ones.

PSYCHOTHERAPY

Psychotherapy is a broad category of treatment in which the goal is to help the individual and/or family function better in life and to be as happy and "well adjusted" as possible. There are many kinds of psychotherapeutic interventions. Usually psychotherapy involves talk or play or a combination of both. Among those commonly used within the Community Behavioral Health Services (CBHS) systems are:

Cognitive Therapy or Cognitive Behavior Therapy: The aim of this method is to help the individual recognize distorted thinking and learn to replace those thoughts with more realistic ideas. There may be an emphasis on problem solving and figuring out more functional ways of behaving.

Psychodynamic Therapy: Involves helping individuals understand the underlying reasons for their thoughts and behavior.

Play Therapy: Young children often haven't developed the language abilities to work on their problems solely by talking. Therefore, a therapist may engage the child in play to help them express feelings, develop effective social skills and bonds, solve problems, or think about themselves differently.

Group Therapy: Your child may be invited to join a group therapy. This method is especially helpful for children who have difficulties with social interaction.

Family Therapy: The family is an extremely important part of a child's life in terms of mental health. Your provider may invite you to participate in family therapy or collateral therapy sessions. Family

therapy may focus on the psychological and social process in the family as “system”. Collateral sessions are essential to give you information about your child’s progress and for the therapist to gain information about what is going on in the family or school that may impact your child’s functioning.

MEDICAL TREATMENT

This approach is used for children who are diagnosed with a specific illness or symptom pattern that may best be treated medically. The focus for the treatment is helping a child recover from a specific illness.

►Where Will My Child Receive Services?

Children receive services in different types of settings, depending upon the severity of their condition and the type of place that the providers and family believe will provide the appropriate level of support.

The programs within Community Behavioral Health Services (CBHS) provide a range of services for children – from 24-hour care to weekly one-hour counseling sessions and/or consultation to individuals who work with your child (e.g., teachers). *Appendix A lists the specific programs, types of services provided by each program and contact information.* These services are available to children and youth with Medi-Cal or Healthy Kids or Healthy Families insurance, or those who have limited or no resources for their mental health needs.

CBHS HAS THE FOLLOWING TYPES OF PROGRAMS AND SERVICES:

Outpatient Mental Health Services are the backbone of San Francisco's mental health service delivery system. Outpatient services include mental health assessments, medication monitoring, and individual, couple and family therapy. These services may be provided in-home, at school sites, at health centers, and at child care facilities and family child care homes, as well as at the outpatient clinics.

Day Treatment Programs offer therapy and group activities to children and youth with significant emotional problems. Comprehensive day treatment provides both education and mental health services to special education students in a single setting

Crisis Services: Mental health crisis services are available 24 hours/day, seven days a week to children and adolescents experiencing a mental health crisis or to those who have been victims of sexual abuse. They can assess the need for in-patient hospitalization, and refer to hospitals when necessary.

The following programs and services are arranged in alphabetical order:

The **SFCBHS-AB 3632 Unit** provides services to San Francisco special education students who are referred by their IEP team, or are referred concurrently with an assessment for special education eligibility. The AB 3632 Unit processes and tracks all assessment referrals, completes mental health assessments, and makes mental health eligibility determinations. Staff attend Individualized Education Program (IEP) meetings and case conferences and provide referrals to authorized community mental health services treatment programs. Case management services are provided to clients placed in residential treatment through the IEP.

The **Foster Care Mental Health Program** coordinates mental health services for children in San Francisco's child welfare system. Services include mental health screening; mental health treatment; referrals for mental health treatment; urgent care; and consultation.

The High Quality Child Care Mental Health Consultation Initiative provides mental health services at child care sites throughout San Francisco, including case consultation, direct intervention with children and families, therapeutic play groups, early referrals, parent education and support groups, and training for child care providers.

The **Homeless Mental Health Initiative's** goal is to improve the emotional well being of the homeless young children and their families by making services accessible through their place of residence. A continuum of mental health services is provided to young children, ages 0-5 years, and their families residing in emergency, family, domestic and transitional shelters or programs.

Intensive Care Management supports families with emotionally disturbed children who may be at risk for placement outside of the home and/or are involved with more than one public agency. Intensive care managers help families identify and obtain needed services including, but not limited to, mental health treatment. The Family Involvement Team and the Youth Task Force are associated programs.

The **Primary Care Mental Health Consultation Liaison Service** provides on-site psychiatric and psychosocial consultation to primary care pediatric health providers at community-based health centers throughout San Francisco. Onsite primary care clinic consultation helps to provide early detection, intervention, and prevention of mental health problems in patients.

The **SafeStart Initiative** is a broad coalition among city departments and community-based organization working in the areas of child welfare, domestic violence, and violence prevention. The goal of the Initiative is to create a single system out of multiple systems and fragmented service delivery networks that currently serve children ages 0-6 years who are witnesses to or victims of family violence or community violence. CBHS-CYFSOC provides mental health services through SafeStart. The **School Mental Health Partnership** provides school-based mental health services to special education students diagnosed with severe emotional disturbance at many public school sites. Services may include individual and group psychotherapy, consultation with classroom teachers, AB 3632 assessments, and participation in Individualized Education Program (IEP) meetings.

Transitional and Vocational Services for Adolescents and Youth provides transitional case management and bridge services to young adults, 17-24 years old. Services include referrals to adult mental health services, housing, support groups, and referral to employment services.

The **Wellness Program** is a partnership between CBHS-CYFSOC, the Department of Children, Youth and Their Families, and the San Francisco Unified School District to provide mental health, substance abuse, reproductive health services, health assessments and education, and crisis intervention to high school students at the school site.

► Visiting Placement Options⁶

If your child is to attend a specific program, perhaps a school class or a day treatment program, it will be important for you to visit. A personal visit will allow you to see the classroom and school, as well as talk with the teachers, therapists, and administrators involved with the program. You will be able to see if the

⁶ Adapted from *Finding Help- Finding Hope, A Guidebook to School Services*, Winifred Anderson, Federation of Families for Children's Mental Health, 1994

program is one that is a good match for your child's needs. You can use the following guidelines to assess the program. You may want to add your own questions to fit your situation.

Physical Environment:

- ☐ Are the buildings and grounds well-kept?
- ☐ Does it seem free of hazards?
- ☐ If a residential program, does it provide enough security for my child?
- ☐ Is it accessible to community resources such as post office, grocery store, bank, etc?

Daily Activities:

- ☐ What is the daily schedule?
- ☐ How will my child be included in activities with children who do not have emotional or behavioral difficulties?
- ☐ If a school, do the other children seem to be learning and engaged in activities?
- ☐ Is the group of children with whom my child will learn and/or live compatible?
- ☐ Is there an adequate staff-to-child ratio to meet my child's educational and physical needs?
- ☐ What are the written policies and procedures for children in crisis?

Residential Treatment Program:

This option is available only through private insurance or through an expanded IEP (Individualized Education Program) for students with ED (emotionally disturbed) whose educational needs cannot be met in any less restrictive setting.

- ☐ What types of therapy are provided for my child? For my family?
- ☐ What are the written policies regarding behavior? Are positive behavior interventions used?
- ☐ What are the written policies on handling medication?
- ☐ How often can we visit? What are the policies on visiting?
- ☐ What are the qualifications of the staff and therapists?

► Mental Health Providers

There are many types of professionals who provide mental health services to children and youth.⁷ As you are making decisions about who works with your child, you will want to make sure they have the experience and credentials that are required and relevant to the type of treatment your child is to receive. It is also very important to find someone with whom your child and your family are comfortable.

PSYCHIATRIST: A medical doctor who is a licensed doctor, specializing in mental and behavior disorders. Psychiatrists must complete medical school, plus an additional four years of specialty study and training in psychiatry. Child and adolescent psychiatrists have additional years of advanced study focusing on children, adolescents, and families. Psychiatrists, including child and adolescent psychiatrists, as licensed doctors, can prescribe and monitor medications. They can provide

⁷ Adapted from *A Guidebook for Parents of Children with Emotional or Behavioral Disorders*, Pacer Center, Third Edition, 2001
Minneapolis, MN and AACAP, Facts for Families

medical/psychiatric evaluation and treatment interventions for emotional and behavioral problems and psychiatric disorders.

PSYCHOLOGISTS: Individuals who usually have doctoral degrees in clinical, educational, counseling or research psychology. They may provide psychological evaluation, testing, assessments and treatment. They are usually licensed by the State of California.

CLINICAL OR PSYCHIATRIC SOCIAL WORKERS: Individuals who have a Master's degree in social work and are often licensed by the State of California (LCSWs). They provide psychosocial assessments, treatment and may do case management as well. They can help you work with other agencies and provide information and referral to other sources of support and help.

SOCIAL WORKERS: Individuals who work in the schools and other agencies to help connect services for children among home, family, other agencies and school. They may provide group or individual counseling.

PSYCHIATRIC NURSES: Registered Nurses (R.N.) who have additional training in psychiatry. They often work closely with psychiatrists or other physicians, much as nurse practitioners work with medical doctors. These professionals may also hold a Master's degree in counseling or a related field.

MARRIAGE AND FAMILY THERAPISTS: Individuals who hold a Masters degree, usually in counseling or psychology, and are often licensed by the State of California (MFTs). They may do psychosocial assessments and treatment.

PASTORAL COUNSELORS: Individuals associated with religious or spiritually-based organizations such as churches, synagogues, mosques, etc. They may provide counseling to children and adults. Training will vary.

SPECIAL EDUCATION TEACHERS: Teachers for students with behavioral and mental health problems. Some will have specialty degrees or years of study and experience with children with mental or behavioral health issues.

BEHAVIOR ANALYSTS: Individuals, often with a background in psychology or child development, who specialize in observing students and recording their behavior. Behavior Analysts figure out why a child behaves in a certain way and then prescribe interventions.

OTHER PROVIDERS: There may be other professionals or even paraprofessionals treating your child. Interns – individuals who are working under the supervision of a licensed professional - sometimes provide counseling and other mental health services. Recreation mentors and behavioral coaches work with children and youth as role models and provide appropriate behavioral support assistance.

►How to Choose a Provider

A good match between the therapist and your child and family is one key factor in successful therapy. You may have to talk to several different people to find someone with whom your child and family can feel comfortable.

FINDING THE RIGHT PERSON
<ul style="list-style-type: none">* Remember that you have options in choosing your mental health professional. You may have preferences about age, gender, race, religious background, or other characteristics. As you ask for recommendations, let people know the characteristics that are most important to you.* Ask friends and relatives who have used a counselor for their recommendations.* Check with professionals you know and trust, such as your child's doctor, a pastor from church or rabbi from your synagogue, mental health workers, teachers or school counselors.* You may want to talk with several providers to see if their approach is one that will work for your family. <i>Appendix I includes a worksheet with some questions that you may want to use to guide your conversation with potential providers.</i>* In public systems, like San Francisco's Community Behavioral Health Services system, a counselor or other professional will be assigned to you. You may still ask questions to learn about the approach used, as well as the experience and training of the provider. If you don't believe the assigned provider is suited for your family, you may request a change.

Cultural competence is another important factor to look for when choosing a mental health provider. This is what you can expect from a culturally competent professional:

- ☐ Respects the values, beliefs, traditions, customs, and parenting styles of the families they serve
- ☐ Understands the impact of socio-economic factors upon the family
- ☐ Considers the needs of the entire family such as child care for brothers and sisters and transportation issues
- ☐ Understands the impact of their own culture on the therapeutic relationship
- ☐ Communicates in the language the family speaks
- ☐ Understands how the family views the child's problems
- ☐ Encourages the family to help plan treatment and evaluate child's progress
- ☐ Is comfortable when the family discusses alternative treatments families might prefer (i.e. herbal medicine, religious healing)

USING MENTAL HEALTH SERVICES

When using mental health services, whether publicly funded or through a private health insurance plan, you will want to have full information about the options available to you and your family.

Specific questions you may want to ask include:

- ☒ Which providers can my child use?
- ☒ How often can my child receive services?
- ☒ Can my child get direct access to specialists for some services?
- ☒ Where are the hospitals and clinics located?
- ☒ Are funds available for transportation or other family support services?
- ☒ What is the procedure for authorizing urgent or emergency care when our family is away from home or traveling out of state?
- ☒ Are translation services available at the clinics and by phone?
- ☒ How are prescription drugs covered and where can they be obtained? Are there any restrictions on the drugs that can be prescribed and paid for (formulary)?
- ☒ Are there specialists in my child's diagnosis? Are there classes or informational materials that address parenting and other issues for my child's diagnosis?
- ☒ If I have a complaint or disagreement, what process or alternatives are available?
- ☒ If I am dissatisfied, how easy is it to change therapists?
- ☒ Can I be disenrolled from mental health services? On what basis? Is there an appeal process?
- ☒ Can other members of my family receive mental health services through this agency or company?

► Medication

You may wonder if medication will help. Your child's doctor may suggest medication as a part of your child's treatment. It is important to remember that only providers with a medical degree - M.D.s and psychiatrists for example - can prescribe medication. The American Psychiatric Association states that "medication should not automatically be considered to be the first choice in treatment, and should be used as part of a comprehensive treatment plan only when their benefits outweigh their risks."⁸

Other health professionals are concerned that there is not enough research on children and medication for physicians to safely prescribe medicine for some children's mental health problems. According to the Annual Report on Children's Mental Health⁹ for most prescribed medications, "there are no studies of safety and effectiveness for children and adolescents. Depending on the specific medication, evidence may be lacking for short-term, or most commonly, for long-term safety and efficacy. Many of the newer medications have only been tested for safety with adults."

⁸ *Fact Sheet, Children, Mental Illness and Medicines*, American Psychiatric Association, 1400 K Street N.W. Washington, DC 20005

⁹ *Treatment of Children with Mental Disorders*, National Institute of Mental Health, www.nimh.nih.gov/publicat/childqa.cfm

Clinical studies have recently shown that anti-depressant drugs increase the risk of suicidal thoughts and behavior among children and adolescents. On October 15, 2004, the Food and Drug Administration (FDA) ordered that all antidepressant drugs carry a “black box” warning. The warning says, in part, “Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [drug name] or any other antidepressant in a child or adolescent must balance this risk with the clinical need...” Speak to your doctor about whether or not antidepressant drugs could pose such a risk to your child.

Some children’s mental health problems are so severe, however, that other treatments are ineffective and medication is necessary to protect them from serious harm. If your child’s doctor recommends medication, you will want to find out everything you can about the risks of starting and continuing your child on the medication. Here are some questions you can ask your child’s doctor:¹⁰

- ☒ Does my child really need medication, or are there alternatives?
- ☒ How will this medication help us reach our treatment goals?
- ☒ What are the side effects of the medication?
- ☒ Which side effects can we deal with? Which side effects are threatening?
- ☒ Does the risk of side effects outweigh the benefits of the medicine?
- ☒ Are there certain foods that should be avoided while my child takes this medication?
- ☒ How will we know if the dosage is correct?
- ☒ Do I or does my child need to keep records to know if the medication is working?
- ☒ How long will it take to know if the medication is working?
- ☒ Are there alternatives to the prescribed medication if it does not work out?
- ☒ What happens if my child forgets to take the medication?
- ☒ Who will monitor the effects of the medication – my doctor? My family? My child’s teacher?
How will we communicate about what we see happening?
- ☒ If my child has problems with taking pills or other forms of medicine, are there alternative ways to give the medicine?

The American Academy of Child Psychiatrists (AACP) offers the following advice about medication:

- The physician who recommends medication should be experienced in treating psychiatric illnesses in children and adolescents. He or she should fully explain the reasons for medication use, what benefits the medication should provide, as well as unwanted side-effects or dangers and other treatment alternatives.

¹⁰ Adapted from *A Guidebook for Parents of Children with Emotional or Behavioral Disorders*, Pacer Center, Third Edition, 2001 Minneapolis, MN and AACAP, Facts for Families

- Psychiatric medication should not be used alone – it should be part of a comprehensive treatment plan, including psychotherapy, parent guidance sessions and ongoing medical assessment.
- A thorough diagnostic evaluation should be conducted before a physician or treatment team recommends medication. In some cases, the evaluation may include a physical exam, psychological testing, laboratory tests, other medical tests such as an electrocardiogram (EKG) or electroencephalogram (EEG), and consultation with other medical specialists.
- Families should maintain close contact with their child's doctor to monitor the effectiveness of the medication, as well as any side effects. Any changes or discontinuation of medication should only be done with the doctor's knowledge and permission.

Appendix D tells you about the medications which are used for childhood mental health disorders.

MONITORING

One of the most important things you can do if you and your doctor believe your child would benefit from medication is to monitor, or watch carefully, for the effects of the medicine on your child. Monitoring can include your child's own observations about himself as well as observations by those who are in close contact with him, such as family members or teachers. You might want to keep a journal of the things you and others notice so you can track trends or inconsistencies in your child's behavior and overall well-being.

Older students might use a daily checklist or diary to pinpoint the effects of their medication. If your child is young, you can ask simple questions to learn if he has noticed any differences in his

behavior or class work. (For example, "Did you have any arguments today? Did you remember to write down the page numbers for your homework? Did you feel energetic or tired today?")

After careful monitoring, if you feel that the medicine is having harmful effects on your child, talk with his physician immediately to decide what steps to take. Your child's doctor may recommend a different dosage or even a different medicine. It can take quite a bit of trial and error to get the right amount of the right medicine for your child. Change dosage or stop giving the medicine only with the doctor's knowledge and permission.

► Consumer Rights

The consumer rights listed below are from the San Francisco Mental Health Plan's *Online Consumer Services Guide*. <http://www.sfdph.org/dph/>

You have various legal rights as a consumer of mental health services. These include rights:

- to privacy and confidentiality
- to participation in your mental health care plan
- to refuse any medical procedure
- to be spoken to in words you understand
- to read your medical record
- to know the benefits, risks and costs of treatment before you consent to proceed
- to be informed of your right to file a grievance or complaint

CONSUMER AND FAMILY INVOLVEMENT

You are encouraged to help improve the San Francisco MHP by participating in a variety of activities such as Consumer Dialogues, workshops, and the Mental Health Board's Consumer Advisory Team and Consumer/Family Member Task Force.

COMPLAINTS

If you have a problem or concern about the services provided you, your child, or other family member, you are encouraged to raise these concerns at the program, with your service provider or program director.

You may also call Consumer Relations Office at 415-255-3694 and/or Patients' Rights Advocacy for assistance in resolving the complaint. Staff will work with you to find the necessary solutions for getting the help you need. Every effort will be made to resolve problems at an informal level as quickly and simply as possible. You or your advocate may also call Patients' Rights Advocacy Services (PRAS) at 415-552-8100 for assistance and advocacy on your behalf.

GRIEVANCES

You may file a grievance at any time you have a problem or concern about services provided or offered. You may file a formal grievance by submitting your grievance orally or in writing to the Compliance Manager at 1380 Howard Street, 2nd Floor. Grievance forms are available at all program sites. If you are a Medi-Cal beneficiary and are denied treatment or access to mental health services, you must receive a Notice of Action from the Mental Health Plan. You may appeal the action. If you are dissatisfied with the response to your appeal, you are entitled to request a State Fair Hearing. *See Chapter 5 for more details on filing grievances.*

PLAN POLICY

You have the right to ask questions, ask for a new therapist or care manager, make requests, complain, or file a grievance about the services you receive without reprisal.

PLAN RESPONSIBILITIES

- To provide quality treatment.
- To facilitate timely access.
- To provide information and referral.
- To offer consultation and a second opinion if requested.
- To provide choice of provider if more than one exists.

CONSUMER RESPONSIBILITIES

Treatment works best when you can:

- Keep appointments or let us know in advance of your need to postpone.
- Follow your treatment plan or ask for a revision.
- Meet your financial responsibilities to the plan, if any.
- Seek help in times of crisis.
- Advise your counselor or therapist of any changes in your condition including effects and side effects of medications.
- Keep violence, drugs, alcohol, and rude, racist or damaging behavior out of the treatment setting in respect for others.
- Be aware of and abide by program rules.



What this chapter is about: This chapter discusses how to obtain mental health services through private insurance or by using public health resources.

► Who Pays for Mental Health Services?

There are a number of programs that pay for mental health services. For those children and families who qualify as low-income, government sponsored health care plans cover some mental health services.

There is also a Sliding Fee Scale for Public Mental Health Programs which the State of California has established. The fee charged to your family for treatment in a county program is based upon the Uniform Method for Determining Ability to Pay. (UMDAP). When you first visit a county-operated clinic, you will be asked to fill out a

“Payor Financial Information Form.” The information you provide will be used to determine your monthly payment for all mental health services. The fee charged to your family will be re-calculated every year.

Families who have private insurance should seek services from their insurance provider. If the insurance company cannot provide the services and a county provider can, the insurance company must provide a letter stating that they cannot provide the services.

ELIGIBLE CONDITIONS UNDER MEDI-CAL

Many children eligible for services from Community Behavioral Health Services (CBHS) are those who are also eligible for Medi-Cal. In order to receive Medi-Cal-funded mental health services, certain criteria must be met. The criteria that establish medical necessity for specialty mental health services are listed below.

► Included DSM (Diagnostic and Statistical Manual of the American Psychiatric Association) diagnoses (one or more must be present)

- Pervasive Developmental Disorders (except Autistic Disorder)
- Attention Deficit Disorder and Other Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Others Disorders of Infancy, Childhood or Adolescence
- Schizophrenia & Other Psychotic Disorders
- Mood Disorders and Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Disorders

► **Excluded DSM Diagnoses (A beneficiary – Medi-Cal recipient – may receive services for an included diagnosis when an excluded diagnosis is also present. An included diagnosis must be the principal diagnosis.)**

- | | | |
|-------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| • Mental Retardation | • Delirium, Dementia, Amnesic and Other Cognitive Disorders | • Other Conditions That May Be a Focus of Clinical Attention, except Medication-Induced Movement Disorders which are included |
| • Learning Disorders | • Tic Disorders | |
| • Motor Skills Disorder | • Substance-Related Disorders | |
| • Communication Disorders | • Sexual Dysfunctions | |
| • Autistic Disorder | • Sleep Disorders | |
| • Mental Disorders Due to a General Medical Condition | • Antisocial Personality Disorder | |

IMPAIRMENT CRITERIA

Must have one of the following as a result of the mental disorder(s) identified in the diagnostic criteria:

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning, or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHS EPSDT regulations also apply).

INTERVENTION RELATED CRITERIA

All the three following must apply:

4. The focus of the proposed intervention is to address the condition identified in the impairment criteria above.
5. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated).
6. The condition would not be responsive to physical healthcare based treatment.

► Private Insurance

For those not qualifying for public programs, private health insurance plans and Health Maintenance Organizations (HMOs) are the most common ways of obtaining mental health services.

If you belong to an HMO such as Kaiser, be sure to read the part of your contract that discusses psychiatric care to see what services are covered. Except under very special circumstances, HMOs provide their own services and will not pay for

“outside” services. If you need a service that is NOT provided by the HMO, you must have an authorization before you can expect the HMO to pay. These authorizations are required BEFORE the treatment is given.

If you don’t belong to an HMO you still should read the information from your private health insurance plan carefully so you understand fully the coverage they provide. As with HMO’s, insurance companies have differing policies on

mental health services. They may cover only a limited amount, or have a small lifetime cap, or limit, on the benefits they will pay. If you are

unsure of what is covered, call the insurance company and ask them to explain their policies to you.

Questions to Ask

Here are some useful questions to ask when evaluating the mental health benefits of an insurance plan or Health Maintenance Organization (HMO):

- ☒ Do I have to get a referral from my child's primary care physician or employee assistance program to receive mental health services?
- ☒ Is there a "preferred list of providers" or "network" that you must see? Are child psychiatrists included? What happens if I want my child to see someone outside the network?
- ☒ Is there an annual deductible that I pay before the plan pays? What will I actually pay for services? What services are paid for by the plan: office visits, medication, respite care, day hospital, inpatient?
- ☒ Are there limits on the number of visits? Will my provider have to send reports to the managed care company?
- ☒ What can I do if I am unhappy with either the provider of the care or the recommendations of the "utilization review" process?
- ☒ What hospitals can be used under the plan?
- ☒ Does the plan exclude certain diagnoses or pre-existing conditions?
- ☒ Is there a "lifetime dollar limit" or an "annual limit" for mental health coverage, and what is it?
- ☒ Does the plan have a track record in your area?

The glossary in the back of this guide defines the terms you will most likely come across in reading your health care plan explanation.

In the past, only inpatient care and outpatient care was covered by insurance. Now, depending upon your particular plan, other services such as day hospital stay, home-based care, and respite care may also be covered.

A limiting feature of some mental health care plans is a low lifetime maximum or a low annual dollar amount that can be used for mental health care. Once this amount is used, plan coverage ends. You, as parent or guardian, are responsible for paying the non-covered bill. If your child/adolescent needs continued care, you may need to seek help from your state public mental health system. This may mean changing doctors, which may disrupt your child's care.

►Public Health Care Comparison Chart

The chart on the following pages compares various public health and social programs that provide mental health services. The chart answers questions relating to:

- Eligibility criteria
- Income and resource limits
- Cost
- Residency requirements
- Necessary paperwork to apply
- Application process
- Benefits available
- Where services can be obtained
- What to do if you have health insurance

PUBLIC HEALTH CARE COMPARISON CHART

CHILDREN’S HEALTH ACCESS AND MEDI-CAL PROGRAM (CHAMP)

QUESTIONS	COMMUNITY BEHAVIORAL HEALTH SERVICES (CBHS)	CBHS AB 3632 PROGRAM	EARLY START UNDER I.D.E.A.
Who is eligible?	<ul style="list-style-type: none"> • Children and adolescents with full scope Medi-Cal • Children and adolescents with Healthy Families/Healthy Kids • Children and adolescents with no insurance • Special education referrals from schools (AB 3632) 	<ul style="list-style-type: none"> • Student is either eligible for special education or suspected of needing special education. The student has emotional or behavioral characteristics that are observable by school staff, impede the student from benefiting from his or her educational services, are significant as indicated by their rate of occurrence & intensity, and cannot be described solely as a social maladjustment or a temporary adjustment problem. • The student’s level of functioning (including cognitive) is at a level sufficient to enable them to benefit from mental health services. • The student has received counseling or guidance services provided by the school to help the student benefit from his/her current instructional program, or such services would be inadequate(e.g., a youth recently hospitalized for mental health reasons would need the services of a mental health professional). • The student needs AB 3632 mental health services in order to benefit from his or her special education. 	<p>Children birth through 2 years 9 months of age who:</p> <ul style="list-style-type: none"> • Experience developmental delays • Have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or • Are at high risk for developmental disabilities
What are the income limits?	<ul style="list-style-type: none"> • There are income limits for Medi-Cal, Healthy Families, Healthy Kids 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None
What does it cost?	<ul style="list-style-type: none"> • Depends on type of plan and/or family income 	<ul style="list-style-type: none"> • No fees 	<ul style="list-style-type: none"> • Nothing
What are the resource limits? (Are other assets like a car or a house included?)	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None
Do I have to be a legal resident?	<ul style="list-style-type: none"> • Yes, of San Francisco 	<ul style="list-style-type: none"> • AB 3632 is a state-wide program 	<ul style="list-style-type: none"> • No
What papers do I need?	<ul style="list-style-type: none"> • None, once you have qualified for Medi-Cal, Healthy Families, Healthy Kids 	<p>AB 3632 Referral Packet, which includes:</p> <ul style="list-style-type: none"> • The current version of AB 3632 Referral Form • Student’s most recent IEP • Psych-Educational Report • Other relevant information (if available) 	<ul style="list-style-type: none"> • Medical records • Results of specific diagnostic tests indicating disability

QUESTIONS	COMMUNITY BEHAVIORAL HEALTH SERVICES (CBHS)	CBHS AB 3632 PROGRAM	EARLY START UNDER I.D.E.A.
Where can I/we apply?	<ul style="list-style-type: none"> • Call San Francisco Community Mental Health Access Line 415-255-3737 or directly to a clinic 	<ul style="list-style-type: none"> • Request AB 3632 services from your IEP team 	<ul style="list-style-type: none"> • At the Regional Center or at SFUSD (if your child has a sole low incidence disability)
How long does it take to receive services?	<ul style="list-style-type: none"> • Appointment offered within 2 days at a clinic 	<ul style="list-style-type: none"> • AB 3632 referral requires assessment and IEP. It follows IDEA timelines. It may take several months. 	<p>Within 45 days of the child's referral to the agency:</p> <ul style="list-style-type: none"> • An assessment must be completed • An Individual Family Service Plan must be developed to decide upon the services for the family and child.
What benefits can I/my child get?	<ul style="list-style-type: none"> • Medically-necessary mental health treatment services • Psychiatric crisis emergency service 	<p>Planned mental health services which can include:</p> <ul style="list-style-type: none"> • Consultation to the teacher, outpatient psychotherapy, individual, family or group • Day treatment • Psychiatric medication monitoring (but not the medication itself) • It can also provide for residential placement, and case management related to it, when an expanded IEP team determines that out-of-home placement is the least restrictive setting to meet an ED (emotionally disturbed) student's needs. 	<ul style="list-style-type: none"> • Assistive technology devices/services • Audiology services • Family training, counseling, and home visits • Some health services • Medical services for diagnostic or evaluation purposes only • Nursing • Nutrition counseling • Occupational therapy • Physical therapy • Psychological services • Respite • Service coordination (case management) • Social work services • Special instruction • Speech and language services • Transportation services • Vision services
How and where do I/my child get services?	<ul style="list-style-type: none"> • Through MHA Access, after screening has been done, referrals will be given to community practitioners or CBHS clinics. 	<ul style="list-style-type: none"> • CBHS clinics and programs 	<ul style="list-style-type: none"> • Children with low-incidence disabilities may receive services from SFUSD. Children with other disabilities receive services from programs funded by the Regional Center.
What if I/we have health insurance?	<ul style="list-style-type: none"> • Cannot be seen by CBHS if health insurance covers the mental health service needed. If not, must provide a letter from the health insurer. 	<ul style="list-style-type: none"> • For AB 3632 (IEP) services, does not affect services but will bill Medi-Cal and will bill private insurance with permission. 	<ul style="list-style-type: none"> • Other insurance does not affect the services you are eligible for. You may use your own insurance but you are not required to do so by law if there is any cost to you or if it affects your lifetime cap for benefits under your insurance policy.

PUBLIC HEALTH CARE COMPARISON CHART

CHILDREN'S HEALTH ACCESS AND MEDI-CAL PROGRAM (CHAMP)

QUESTIONS	MEDI-CAL	REGIONAL CENTER	HEALTHY FAMILIES
Who is eligible?	<ul style="list-style-type: none"> • Children birth up to age 21 • Blind or disabled people • Some parents/adults • People 65 and over • Pregnant women • People in nursing homes • People who get CalWORKS (AFDC) or Supplemental Security Income (SSI) get Medi-Cal automatically • Minors under 21 may apply for some confidential services on their own, called "Minor Consent" or "Sensitive Services" 	<ul style="list-style-type: none"> • Individuals for whom the disability occurred prior to the age of 18 including mental retardation, cerebral palsy, epilepsy, autism and conditions that require treatment similar to that of a person with mental retardation. 	<ul style="list-style-type: none"> • Uninsured children within certain income limits birth through 18 • 18 year olds can apply on their own • Emancipated minors can apply on their own
What are the income limits?	For no-cost (free) Medi-Cal: <ul style="list-style-type: none"> • Children birth up to 1: up to 200% FPL • Children 1 up to 6: up to 133% FPL • Children 6 up to 19: up to 100 % FPL • Children 19 up to 21: varies around 100% FPL 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Children birth to 1: 200%-250% of FIG • Children 1 through 5: 133% to 250% FIG • Children 6 through 18: 100% to 250% FIG
What does it cost?	<ul style="list-style-type: none"> • There may be a small fee for prescription medicines and emergency room if not an emergency. • Share-of-Cost Medi-Cal costs may change every month depending on monthly income. 	<ul style="list-style-type: none"> • Nothing. However, parents of minors are legally responsible for day care costs, unless they can prove financial hardship, and the child would otherwise not be able to remain in the family home. 	<ul style="list-style-type: none"> • There are two costs with Healthy Families: Premiums paid every month are \$4-\$9 per child. Co-payments of \$5 are paid for some services. • There is an annual cap of \$250 health co-payments
What are the resource limits? (What if I have a car/house?)	<ul style="list-style-type: none"> • Resources (the things you own) do not count for pregnancy-related services and for children who are eligible for free Medi-Cal. • Adults must have under \$2,000 for one person, or \$3,000 for two people, \$3,150 for three people, and \$3,300 for four people. • One car and one house is OK; if you have more, they count toward the resource limit you are allowed. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Resources (the things you own) do not count in this program
Do I have to be a legal resident?	<ul style="list-style-type: none"> • Citizens, Legal Permanent Residents and certain other immigrants may receive full-scope Medi-Cal. • Undocumented and certain other immigrants at this point can still get "restricted" Medi-Cal for emergency conditions and pregnancy-related services. • California residency is required. 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • US citizens and certain immigrants may qualify • The immigrant status of the parent or applicant is not requested • The application must state that your child is a California resident

QUESTIONS	MEDI-CAL	REGIONAL CENTER	HEALTHY FAMILIES
What papers do I need?	<ul style="list-style-type: none"> • Proof of income, identification, and California residency • Immigration status and Social Security number (SSI) or proof of application if applying for full-scope Medi-Cal • No SSN proof needed if applying for restricted Medi-Cal or if filing an application for someone else (i.e., child) • Checking and savings account statements • Car registration or other document showing state residency • Proof of pregnancy if pregnant • Other resources information: for adults only, not required for children or for pregnant women who are eligible for free Medi-Cal 	<ul style="list-style-type: none"> • Medical records and school records that establish that one of the disabilities above occurred prior to the applicant's 18th birthday 	<ul style="list-style-type: none"> • Proof of income • Proof of immigration status or citizenship for child • Proof of deductions
Where can I/we apply?	<ul style="list-style-type: none"> • Applications for children and pregnant women who qualify for free Medi-Cal may be mailed in when complete: call 888-747-1222 (free) • At Medi-Cal offices and other community sites such as clinics, hospitals and schools (see list) • Medi-Cal Office: 1440 Harrison Street, San Francisco. Phone: 415-863-9892 	<ul style="list-style-type: none"> • Call the Regional Center at 415-546-9222 	<ul style="list-style-type: none"> • Call 800-880-5305 (free) to have an application & handbook mailed to you • You can also get applications and assistance at community centers and places such as clinics, hospitals and schools • Call 888-747-1222 to have a Certified Application Assistor (CAA) help you
How long does it take to get?	<ul style="list-style-type: none"> • Up to 45 days-usually it takes much less time • Another program, Presumptive Eligibility, helps women get prenatal care while their Medi-Cal application is being processed 	<ul style="list-style-type: none"> • 120 days for an assessment 	<ul style="list-style-type: none"> • Your child's application must be processed within 10 days of when it is received • You should get an answer back in the mail within 20 days
What benefits can I/my child get?	<ul style="list-style-type: none"> • Medi-Cal covers: medical office visits, hospitalizations, dental and vision care, prescription medicines, mental health, substance abuse services and needed medical tests • Restricted Medi-Cal covers: pregnancy-related and emergency services • Minor Consent, or "Sensitive Services" provides treatment for sexually transmitted diseases, drug and alcohol abuse, family planning, sexual assault, pregnancy and pregnancy-related services, mental health treatment under certain circumstances 	<ul style="list-style-type: none"> • All services are determined on a case by case basis through the Individual Program Planning Process, and may include: assessment and diagnosis, case management, habilitation and training, treatment, therapy, prevention, special living arrangements, community integration, family support, crisis intervention, special equipment, transportation, interpreter/translator, and advocacy. 	<ul style="list-style-type: none"> • Medical office visits, dental and vision care, hospitalizations, needed medical tests, prescription medicines, and mental health services

QUESTIONS	MEDI-CAL	REGIONAL CENTER	HEALTHY FAMILIES
How and where do I/my child get services?	<ul style="list-style-type: none"> • One of two ways: Managed Care (health plans) or Regular Medi-Cal • Most children will be in a health plan except children in foster care, adoption assistance, those with Share-of-Cost Medi-Cal, and those with restricted Medi-Cal • Disabled people who do not have to join health plans • There are exceptions to health plans if you have certain medical conditions • People not in health plans may use “fee-for-service” (regular) Medi-Cal any place that takes Medi-Cal • If in a health plan, you can only go to your primary care doctor unless you get a referral • Dental, mental health, and substance abuse services are separate from health plans • Health plans must provide the same benefits as “regular” Medi-Cal • Health plan information comes in the mail after you sign up for Medi-Cal or when you sign up at the welfare office 	<ul style="list-style-type: none"> • The Regional Center will refer you 	<ul style="list-style-type: none"> • Services will be provided through health plans • You choose a health plan when you apply. • Dental and vision services are separate • The health plan sends you information about their doctors, clinics and hospitals • You must then choose a doctor for each of your children in Healthy Families • Mental Health benefits include: 20 outpatient visits per year, 30 days of inpatient services per year • If assessed to be SED, unlimited services for children and youth under 19 years of age <p><i>above came from Healthy Families literature and confirming phone calls</i></p>
What if I/we have health insurance?	<ul style="list-style-type: none"> • Ask an Eligibility Worker or call the Health Insurance Premium Payment Program (HIPP), 866-298-8443 (free) • Medi-Cal might pay what the health insurance does not 	<ul style="list-style-type: none"> • Clients over the age of 3 must access all generic resources including insurance prior to funding by the Regional Center 	<ul style="list-style-type: none"> • Children who have not been insured for at least 90 days under employer-sponsored insurance are eligible for this program. Parents may have other insurance

PUBLIC HEALTH CARE COMPARISON CHART

CHILDREN'S HEALTH ACCESS AND MEDI-CAL PROGRAM (CHAMP)

QUESTIONS	HEALTHY KIDS	KAISER PERMANENTE CARES FOR KIDS CHILD HEALTH PLAN 1
Who is eligible?	<ul style="list-style-type: none"> Uninsured children birth to 19 , who are San Francisco residents, who are not eligible for other state-funded programs Call 415-777-9992 for more information 	<ul style="list-style-type: none"> Uninsured children birth up to 19 who are not eligible for other public/private programs, such as Medi-Cal or Health Families
What are the income limits?	<ul style="list-style-type: none"> Income must be below 300% of the Federal Poverty Level (FPL) 	<ul style="list-style-type: none"> Children under 19 between 250% FPL and 300% FPL
What does it cost?	<ul style="list-style-type: none"> Family's share of cost (premium) is \$4 per child per month, paid quarterly. Families who pay for 9 months at one time will receive the remaining 3 months free 	<ul style="list-style-type: none"> Monthly premium of \$15 per child to a maximum of 3 children per family. There is no additional premium amount for families with more than 3 children. Medical visits cost \$5 Prescriptions cost \$5 Hospital care, childhood vaccinations, and one pair of eyeglasses every two years are free from a selected eyewear package
What are the resource limits?	<ul style="list-style-type: none"> Resources (the things you own) do not count in this program 	<ul style="list-style-type: none"> Resources (the things you own) do not count in this program
Do I have to be a legal resident?	<ul style="list-style-type: none"> No. Families who are undocumented may apply without worrying about the INS. 	<ul style="list-style-type: none"> No. Undocumented children within the income limits for this program are eligible to receive Kaiser services.
What papers do I need?	<ul style="list-style-type: none"> Proof of income (paycheck stubs, copy of 1040 Federal tax form) 	<ul style="list-style-type: none"> Proof of income (last filed income tax return. W-2 forms or pay stubs, disability check stubs for the last complete calendar month)
Where can I/we apply?	<ul style="list-style-type: none"> Call 415-777-9992 to have an application mailed to you Applications must be mailed in when complete You may also apply at places around your community such as child care centers, clinics, schools, boys/girls clubs, group homes, and other organizations that see children in your area 	<ul style="list-style-type: none"> Call 800-255-5053 (free) to have an application mailed to you Applications must be mailed in when complete Applications will be available in some participating schools
How long does it take to get?		<ul style="list-style-type: none"> Expect about 45 days for processing Coverage begins on the 1st day of the month following approval
What benefits can I/my child get?	<ul style="list-style-type: none"> Comprehensive preventive and primary care coverage: medical office visits, dental and vision care, prescription drugs, mental health services, substance abuse services, exams for school and sports, and hospitalization. 	<ul style="list-style-type: none"> Comprehensive preventive, primary, and specialty health care coverage: medical office visits, vision care, prescription drugs, mental health services, substance abuse services, health education, hospital services, and needed lab tests.
How and where do I/my child get services?	<ul style="list-style-type: none"> Through the San Francisco Health Plan 	<ul style="list-style-type: none"> Through Kaiser Permanente medical offices and hospitals
What if I/we have health insurance?	<ul style="list-style-type: none"> Your child cannot have other health insurance, such as employer coverage or health coverage through Medi-Cal or Healthy Families. 	<ul style="list-style-type: none"> Your child cannot have other health insurance, such as employer coverage or health coverage through Medi-Cal or Healthy Families, with this program.



What this chapter is about: This chapter discusses working with mental health providers to monitor and support your child's treatment and what to do when things are not going well.

►What Can Parents and Families Do? ¹¹

YOU MAY NOT REALIZE IT, BUT YOU ARE ALREADY PROTECTING YOUR CHILDREN'S MENTAL HEALTH AND WELL BEING JUST BY:

- * Showing your affection, interest and care for your children's well being.
- * Being aware of your children's needs and differences at different stages of development.
- * Listening to their concerns.
- * Providing consistent care and avoiding erratic or harsh discipline.
- * Encouraging your children to talk about their feelings and to work out problems even when it is difficult.
- * Praising them and noticing their achievements.
- * Comforting your children when they are distressed or anxious.
- * Spending time individually with each of your children.
- * Spending time with your children, working on projects and taking part in activities together.
- * Trying not to involve your children in your arguments
- * Seeking help early if you are worried about your child's behavior or well-being.

¹¹ From www.health.gov.au/internet/wcms/publishing.nsf/Content/Mental%20Health%20and%20Wellbeing-1

WORKING IN PARTNERSHIP WITH YOUR PROVIDER

Sometimes getting the best care for your child depends on your ability to work in partnership with professionals who are diagnosing or treating her. Here is a checklist of characteristics of successful partnerships:

Be clear. Tell providers how important their support or cooperation is to your child's care. Let people know what you need or want—and specifically how they can help. Ask them about their policies and expectations about communicating with you. If you have personal, cultural or religious beliefs that will affect how you carry out the provider's suggestions for your child's treatment, let the provider know.

Seek out professionals who are willing to work with you. If you don't think you are working well with a professional, let her know. If things do not work out, find another provider. With Medi-Cal, some health care plans, medical groups, or hospitals, there may be a medical service coordinator who can help you get answers to your questions.

Share the whole picture. If your child has complex medical issues, it may be useful to call a meeting of all the professionals involved in her care so that you can discuss your child's complete medical picture.

Be honest about your strengths and limitations. Exchange complete information and admit it if you do not have the answers. Trust and respect each other's judgment.

Commit to team efforts and goals. Find creative solutions to problems. Support each other in getting things done. Recognize the positive. Let providers know what you like or appreciate about their attention to you and your child's care. Celebrate successes.

Problems can arise. If so, remember that solutions may not come easily. Often these are not under the control of you or your therapist.

PREPARING FOR MEETINGS

Parents have suggested a variety of strategies that have helped them communicate more effectively with their doctors (or nurses, therapists, or other medical providers). By using some of the ideas below, you may be able to help your care provider understand any concerns that you have about your child.

- Let the provider know in advance how long you will need for your meeting. Forty-five minutes to an hour is usually sufficient.
- If you need an interpreter, tell the provider in advance so one will be there to translate for you.
- Bring reinforcements. If possible, bring your spouse or a friend to the meeting. If necessary, the friend can take your child out of the room so that you can talk to the doctor privately and without distractions. Another adult can help you remember what the doctor said.
- Prepare questions or concerns before the meeting. Do this preferably in the form of a written list. Go over the list with the provider, or ask the most important questions first and ask the doctor to respond to the others later.
- Take notes. Review them with the provider to make sure that you both understand.

Adapted from *Taking Charge: A Parent's Guide to Health Care for Children with Special Needs*, The Parent Educational Advocacy Training Center and The ARC of Northern Virginia

►Monitoring

How do you know if your child is making progress? This is one of the most crucial and sometimes hardest questions to answer.

One of the first steps in monitoring your child's progress is to make sure you are knowledgeable about and understand the treatment plan, including the Individualized Education Program (IEP) if your child has one through the school district. Questions you might ask include:

- What are the goals?
- What is the plan of action to achieve the goals?
- Is the plan being carried out?
- Is my child making progress/achieving goals? Depending on your child's situation, signs of progress/goals may include:
 - ☒ Positive changes in his behavior.
 - ☒ Ability to manage his anger in different ways.
 - ☒ Improvement in his relationships with her friends and brothers and sisters.
 - ☒ Improvement in grades and school performance.

HOW WILL YOU FIND ANSWERS TO YOUR QUESTIONS?

Communicate with your child.

Some of the answers will come from your communication with your child. Talk with him about how things are going; how he views his progress; how he feels about himself; what he thinks would be helpful.

Communicate with professionals helping your child and family.

Communication with the therapists, doctors, and others who are working with your child and family will also help you find answers to your questions. Ask them about what they view as signs of progress – and an idea of when you might expect such progress. As questions arise, you will want to write them down and be sure you ask the appropriate person.

Review the IEP and treatment plans frequently.

If your child is receiving special education services through the school system, the Individualized Education Program (IEP) can serve as a document to monitor progress. Goals, objectives and benchmarks are written in the IEP specifically for your child; they should include behavioral goals and objectives for children who have emotional problems. Regular report cards and conversations with your child's teachers should give you an idea how he is progressing. IEP meetings can be useful opportunities to review goals and objectives and talk specifically about whether your child is improving.

►What to Do When Things Are Not Going Well

1. Always talk directly with those working directly with your family and child first

Tell the teachers, counselors or therapists specifically about your concerns. Identify the behaviors that are troubling and discuss with them possible changes:

- a. In approach
- b. In medication
- c. In the child's environment (at home, school, community)
- d. In provider (teacher, therapist, doctor, etc.)

2. Work your way up the "administrative ladder"

If your discussions with the professionals most immediately involved in your child's treatment are unsatisfactory, work your way up the "administrative ladder." Talk to the program administrators and their supervisors. Often you can resolve issues informally by talking with people and being clear about your concerns and offering potential solutions such as a change in providers(s) or treatment plan.

For private insurance, look in the handbook they provide you to see who to call. Many HMOs have ombudsman offices - staff who help people solve problems involving treatment and provider issues.

3. Formal Procedures

If your issue is with a public agency, administrative processes are in place for you to use. Again, it is always important to first direct your complaints to the people who are working with you and your family. The more formal, or official, steps are there for you to use if you can't resolve your problems directly with providers.

The following pages outline the formal procedures for SF Community Behavioral Health Services and for the San Francisco Unified School District. Hints for composing letters to health care professionals and a sample letter are also included.

If you have problems within the Mental Health system:¹² If you wish help with these procedures, contact the Consumer Relations Office Ombudsman at 415-255-3694. The San Francisco Mental Health Clients' Rights Advocates at 415-552-8100 can also assist you.

¹² San Francisco Mental Health Plan, "Consumer Service Guide"

SAN FRANCISCO MENTAL HEALTH PLAN GRIEVANCE PROCESS

For All Clients in Mental Health and Substance Abuse Programs within Community Behavioral Health Services

You are encouraged to informally resolve your concerns by speaking with the program directly. The **grievance process** is a formal way for you to express any dissatisfaction about your services that is not one of the problems covered by the Appeal and State Fair Hearing processes. You have the option at anytime and without reprisal to use the formal grievance process provided by the San Francisco Mental Health Plan (SFMHP).

Here are the steps to the SFMPH grievance process:

- You or a representative acting on your behalf may file a grievance, preferably by using the Grievance Form (CBHS 316). Representatives may include, but are not limited to: staff, family members, friends, other clients, trained advocates or legal representatives.
- If your representative is not employed through the SFMHP, confidentiality will be protected by your authorized disclosure and your representative's signed confidentiality agreement.
- You may also seek assistance from Behavioral Health Access Center (415-503-4730) or from the Office of Cultural Competence & Client Relations (415-255-3422).
- You may file a grievance in person, by phone or via US Mail:

In person or by phone:

Officer of the Day
Behavioral Health Access Center (BHAC)
1380 Howard Street, 1st floor
San Francisco, CA 94103
415-503-4730 or 1-800-750-2727
TDD: 1-888-484-7200

Via US Mail:

Grievance Officer
Office of Quality Management
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

-OR-

postage-paid envelope

- You will receive a written acknowledgement of receipt of your grievance. The Grievance Investigator will make every attempt to contact you. The investigator will not have any prior involvement regarding your issue and will have appropriate clinical expertise if your grievance concerns clinical issues.
- A written decision will be sent to you or your representative within 60 calendar days from the date of receipt. The time frame may be extended up to 14 days if requested by you or if the SFMHP determines an extension to be in your best interest.
- The Grievance Officer (415-255-3632) will provide information on the status of your grievance upon request by you or your representative.

SAN FRANCISCO MENTAL HEALTH PLAN APPEAL PROCESS

For Only Mental Health MediCal Clients within Community Behavioral Health Services

Standard Appeal Process

Appeals can only be made to review an Action.

Action as defined: If your services have been reduced, denied, or not provided in a timely manner, you can file an appeal.

- If an oral appeal is submitted, you *must follow up by submitting the appeal in writing within 45 days*.
- You will receive a written acknowledgement of receipt.
- You may examine your file for the appeal before and during the process. You will be provided a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- A written decision will be sent to you within **45 calendar days** of receipt of the appeal. The time frame may be extended up to 14 days in certain circumstances.
- The appeal ***is resolved and*** -
- SFMHP will promptly provide or arrange and pay for the disputed services, if the decision of the appeal process reverses a decision to deny, limit or delay services.

To file an appeal or expedited appeal:

In person or by phone:

Officer of the Day
Behavioral Health Access Center (BHAC)
1380 Howard Street, 1st floor
San Francisco, CA 94103
415-503-4730 or 1-800-750-2727
TDD: 1-888-484-7200

Expedited Appeal Process

Expedited Appeals can only be made to review an Action.

Expedited Appeal as defined: A review of an **Action** when using the standard appeal process could seriously jeopardize you or your ability to function.

- You will receive a written acknowledgement of receipt.
- If the appeal does not meet the criteria for an expedited appeal, the appeal will revert to the standard appeal process. The Grievance Officer will attempt to notify you orally and will provide written notice within 2 calendar days of the date of the denial.
- A written decision will be sent to you within **3 working days** of receipt of the appeal. Reasonable efforts will be made to provide you oral notice. The time frame may be extended up to 14 days in certain circumstances.
- The expedited appeal ***is resolved and*** -
- SFMHP will promptly provide or arrange and pay for the disputed services, if the decision of the appeal process reverses a decision to deny, limit or delay services.

Via US Mail:

Grievance Officer
Office of Quality Management
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

-OR-

postage-paid envelope

***If your Appeal or Expedited Appeal is not resolved to your satisfaction,
you have a right to a State Fair Hearing -***

call toll free: 1-800-952-5253 TDD: 1-800-952-8349

Problem Resolution Request Form

-complete this form and mail in the postage-paid envelope to file a grievance, appeal, or expedited appeal-

Client Information:

Name _____ Date of Birth _____

Address _____

Phone/E-mail _____ Best way to reach me _____

My problem or concern is about the following program or provider: _____

Description of problem or concern: _____

What I would like to have happen: _____

I authorize the following person to act on my behalf *(optional)* _____

I understand that I will not be subject to discrimination as a result of filing a grievance or appeal, or requesting a State Fair Hearing.

Signature of client or legal guardian _____ Date _____

Signature, if not signed by the client or legal guardian _____ Date _____

FOR OFFICE USE ONLY

Date received _____ O Grievance O Appeal O Expedited Appeal Oral report received by _____ File Number _____

Acknowledgement letter mailed on _____ Assigned to _____ or Referred to _____

San Francisco Mental Health Plan, Community Behavioral Health Services
Office of Quality Management, 1380 Howard Street, 2nd Floor, San Francisco CA 94103

If you are having problems with your child's Special Education program, the SFUSD suggests the following steps in their Parent Handbook: ¹³

While state and federal law establishes formal methods for dispute resolution (see Item 7, below), SFUSD has established a system of internal, less formal resolution, which you are encouraged to use whenever you believe a problem is developing.

1. Discuss the problem with your child's classroom teacher and/or other school staff member who knows your child's needs. This can include your child's resource teacher, counselor, hearing or language specialist, or other specialist helping your child. You may also speak with the special education program content specialist assigned to your school.
2. Review your child's IEP and determine if the plan is being implemented. Does it need to change to meet any changing needs of your child? You may request a review of the IEP at any time. A meeting must be held within 30 days of your request.
3. If there is no resolution, discuss the problem with the school principal. Your principal may ask the assistant principal with responsibility for special education to help.
4. If there is no resolution, call Special Education at 415-379-7656. You may also call the appropriate Assistant Superintendent listed below.

<u>Associate Superintendents</u>	<u>Phone</u>
Child Development	415-750-8599
Elementary School	415-241-6310
Middle School	415-241-6607
High School	415-241-6478
County Community Schools	415-241-6234

5. Federal and state law provide two formal systems for resolving issues with the local school district.

Any parent, citizen or organization may use the complaint process when there is a belief that the district is not following the special education laws or regulations.

The due process hearing system may be used only by parents (and the School District) when the parent and District disagree over the assessment and identification of the child, the contents of the IEP, the educational placement for the child, or any other matter regarding the components necessary to provide a free appropriate public education to the child.

Although you don't have to do it this way, satisfactory resolution can often be attained following steps 1 through 6.

The complaint and hearing procedures were designed to address different issues. For example, if the district is refusing to implement your child's IEP as written (i.e., not following the law), you could file a complaint.

If you disagree with the district over what should be in the IEP, you could file for a hearing. These procedures are available to you at any time.

¹³San Francisco Mental Health Plan, "Consumer Service Guide"

You may obtain an additional notice of your procedural safeguards by calling 415-241-6216 and ask for the special education legal office. You may also download this notice from the Information for Parents page under the heading "Parents Rights" at

http://portal.sfusd.edu/template/default.cfm?page=chief_academic.special_ed.parent_info

To obtain more information about parental rights or dispute resolution, including how to file a complaint or mail complaints alleging violations of law (CDE will investigate all such complaints within 60 days), contact:

California Department of Education

Special Education Division, Procedural
Safeguards Referral Service, Attention:
PSRS Intake 1430 N Street, Suite 2401
Sacramento, CA 95814

Phone: 800-926-0648

FAX: 916-327-3704

To obtain more information or to file for mediation or a due process hearing contact:

Office of Administrative Hearings

Special Education Unit
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4213

Phone: 916-323-6876

FAX: 916-322-8014

The Family Involvement Team (FIT),
Support for Families of Children with Disabilities (SFCD),
Community Alliance for Special Education (CASE)
and Disability Rights California (DRC) can help, too.

See Appendix A for contact information.

► Helpful Hints for Writing Letters Relating to Mental Health Care Services and Your Private Health Insurance Plan

What to include when writing to your private health insurance plan:

1. It is best to address your letter to a specific person instead of a general department or to the managed care plan itself, for example:

Dr. John Smith
Medical Director
ABC Health Plan
2. Be sure to show your child's name and chart or account number within the plan, your address and phone number.
3. Begin your letter with a brief statement of who you are and why you are writing.
4. If you are requesting a written explanation of the reasons for denial of mental health service, state that you have reviewed your private health insurance and can't find a valid reason for the denial in your policy. Ask for specifics, not just a response that states "not a covered benefit" or "not medically necessary."
5. If you are appealing a denial, state your understanding of the denial and explain why you feel the services are necessary and/or should not be denied. Use any articles, research and other supporting professional opinions.
6. Include dates and names of those with whom you have already spoken.
7. Ask for a response (a letter, meeting or phone call) within a reasonable deadline. Your coverage may have specific time frames that apply to appeals; be aware of appropriate processes.
8. Have someone proofread your letters.
9. Keep a copy for your personal records.
10. Send copies to as many persons as you can, for example:
 - Your child's Primary Care Provider or case manager
 - Your employer's human resources department (if your coverage is provided through your employer)
 - Membership services representative of your health plan
 - Any advocacy groups that have supported you
 - Your state or local politicians, if the first responses are not satisfactory

Sample Letter

Your Name
Your Address
City, State, Zip
Telephone Number

Date

Full Name of Person to whom you're writing
Title
Name of Hospital/Medical Group/Agency
Street Address
City, State, Zip Code

Dear (name of person, use title and last name),

Opening paragraph. In this paragraph explain who you are, give the full name of your child, and date of birth, then very briefly, explain the reason you are writing.

Paragraph Two. In this paragraph explain what you would like to have happen or what you would like to see changed. You may briefly say what you would not like, but spend most of this paragraph saying what you want.

Paragraph Three. Say what type of response you want. For instance, do you need to meet with anyone, do you want a return letter, or a phone call?

Closing Paragraph. Finally, give your daytime telephone number and let the person you are writing know that you expect to hear from him/her soon (or give a date, i.e., "by the 15th").

Sincerely yours,

(Sign your full name)

What this chapter is about: This chapter provides information about handling emergencies – hospitalization, difficulties with expulsion/suspensions at school and the juvenile justice system.

WHAT IS AN EMERGENCY?

According to the NAMI-San Francisco website, a situation is an emergency when your family member or loved one is:

- * Inflicting or attempting to inflict serious bodily harm on another.
- * Gravely disabled: unable to provide for his/her own food, clothing, shelter to the extent that death, bodily injury, or physical debilitation might result without treatment.
- * Attempting suicide or behaving as though he or she intends to follow through with verbal threats.
- * Mutilating or attempting to mutilate himself/herself.
- * Acutely distressed by hearing or seeing things which do not exist.
- * Expressing serious thoughts about hurting themselves or someone else.
- * Experiencing uncontrollable anxiety or anger.
- * Having a severe reaction to psychiatric medication.

For more information, check the NAMI-SF website at www.namisanf.org or call NAMI-SF at 415-905-6264.

RESPONDING TO A CRISIS SITUATION

- Crisis is when a child or youth presents a danger to himself or others due to his mental state. One example is if a child or youth threatens suicide; another is if your child threatens to hurt himself or others.

- If you believe your child is in crisis, call the 24-hour hotline: Comprehensive Child Crisis Services (CCCS) at **415-970-3800**. They will help any child in San Francisco who is in psychiatric crisis. They should NOT be called as a source of referral or for outpatient services but only in case of immediate emergencies.

- If your child is actively suicidal, homicidal, exhibiting severe psychotic behaviors or withdraws so much that he/she cannot carry on his/her normal routines, call CCCS. They will evaluate the situation to see if the child needs to be referred to a psychiatric hospital. They can authorize what is called a "**5150**" which is a 72- hour involuntary hospitalization for severe situations.

- **Please Note:** CCCS does not restrain children, so if your child is out of control, threatening himself or others and needs restraint, call the police at **911**.

- **Please Note:** If you are enrolled in an HMO, the Kaiser plan, or have other private health insurance, CCCS will need authorization from your health plan to serve your child.

- If you're not sure whether or not your child is in crisis, but think he or she might be, you can call your doctor or Child Crisis at **415-970-3800**. Examples of emergency situations are described on the previous page.

CRISIS SERVICES

FOR ALL AGES:	ADDITIONAL RESOURCES FOR YOUTH OVER 18:
<p>POLICE 911</p> <p>COMPREHENSIVE CHILD CRISIS SERVICES 415-970-3800</p> <p>CHILD AND ADOLESCENT SEXUAL ABUSE RESOURCE CENTER (CASARC) 415-206-8386</p> <p>Provides 24 hour/day assistance to victims of sexual abuse and their families.</p> <p>SAN FRANCISCO SUICIDE PREVENTION/CRISIS PHONE LINE 415-781-0500</p> <p>Provides telephone counseling and referral for people who are depressed and suicidal. Information and referral is available 24 hours a day.</p>	<p>MOBILE CRISIS TREATMENT TEAM 415-355-8300</p> <p>Mobil Crisis provides intervention services conducted in the field before the situation reaches a crisis point. Available to all adult residents (18-59 years of age), regardless of insurance.</p> <p>SAN FRANCISCO GENERAL HOSPITAL PSYCHIATRIC EMERGENCY SERVICES 415-206-3794</p> <p>A 24-hour facility with capacity to evaluate and treat psychiatric emergencies for both voluntary and involuntary clients.</p> <p>WESTSIDE COMMUNITY CRISIS SERVICES 415-355-0311</p> <p>Provides immediate treatment or triage for voluntary individuals suffering from emotional crisis or symptoms of acute psychiatric illness.</p>
IF YOU BELIEVE A CHILD IS IN DANGER FROM THEIR PARENTS OR CARE TAKERS:	PERSONAL CRISIS NUMBERS:
<p>CHILD ABUSE HOTLINE 415-558-2650 or 800-856-5553</p> <p>TALK LINE 415-441-KIDS (5437)</p> <p>Helps parents who are having trouble coping with the challenges of family life and feel at risk of abusing their children, or children who are fearful of being abused by their caretakers.</p>	<p>Program: _____</p> <p>Contact: _____ Phone: _____</p> <p>Program: _____</p> <p>Contact: _____ Phone: _____</p> <p>Program: _____</p> <p>Contact: _____ Phone: _____</p> <p>Program: _____</p> <p>Contact: _____ Phone: _____</p>

► Hospitalization

Sometimes serious psychiatric episodes require the hospitalization of a child or young adult. If you find yourself in that situation, consider asking your child's providers the following questions to help you better understand the implications of hospitalization:¹⁴

- ☐ Why is psychiatric inpatient treatment being recommended for our child, and how will it help?
- ☐ What are the other treatment alternatives to hospital treatment, and how do they compare?
- ☐ Is a child and adolescent psychiatrist admitting our child to the hospital?
- ☐ What does the inpatient treatment include, and how will our child be able to keep up with schoolwork?
- ☐ What are the responsibilities of the child and adolescent psychiatrist and other people on the treatment team?
- ☐ How long will our child be in the hospital, how much will it cost, and how do we pay for these services?
- ☐ What will happen if we can no longer afford to keep our child in this hospital or if the insurance company denies coverage and inpatient treatment is still necessary?
- ☐ Will our child be on a unit specifically designed for the treatment of children and adolescents and is this hospital accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) as a treatment facility for youngsters of our child's age?
- ☐ How will we as parents be involved in our child's hospital treatment, including the decision for discharge and after-care treatment?
- ☐ How will the decision be made to discharge our child from the hospital?
- ☐ Once our child is discharged, what are the plans for continuing or follow-up treatment?

Hospital treatment is a serious matter for you, your child, and your entire family. You should ask these questions before your child or adolescent is admitted to the hospital. If after asking the above questions, you still have serious questions or doubts, you should feel free to ask for a second opinion.

If your child is admitted to the hospital, you should begin to talk with the staff about the discharge plan and the follow-up services that your child and family will need. You will also want to discuss with your child how much information he wants disclosed to friends and family about his absence. You and your family members should agree on how you will describe the situation to school personnel, neighbors, and others who will be concerned or curious.

¹⁴ American Academy of Child Psychiatrists, Facts for Families

► School Issues – Suspension, Expulsion

There are laws that give students rights to school services provided by state and local governments. The three most important for you to know about are:

- The Individuals with Disabilities Education Act (IDEA)
- Section 504 of the Rehabilitation Act (504) and
- The Americans with Disabilities Act (ADA)

Taken together, these laws protect your child against discrimination based upon disability and require that public programs – such as schools – provide modifications and accommodations for those with disabilities. IDEA not only protects your child against discrimination, but it requires that the schools evaluate children and provide eligible children with special education and related services, or FAPE, a free, appropriate, public education, even if your child is suspended or expelled from school. *Appendix G contains summary information about IDEA, Section 504 and ADA.*

There are specific steps the school administrators have to take before they can suspend or expel a student with a current IEP. San Francisco Unified School District maintains policies for suspending and expelling students that are written out in the SFUSD Student Handbook for District Suspension and Expulsion Procedures. If your child is suspended or expelled from school, request a copy of the policies so you can understand the procedures they must follow and be an advocate for your child.

The following questions and answers regarding suspension and expulsion were adapted from the Judicial Council of California's brochure Special Education Rights for Children and Families.

(You can view the entire brochure online at www.courts.ca.gov/special.pdf)

What if my child's behavior interferes with his/her education?

Because such behavior may interfere with your child's IEP goals, the LEA (SF Unified School District) is required to develop behavior intervention plans for serious behavior problems that are self-injurious, assaultive, destructive, or maladaptive. A behavior plan is intended to bring about positive behavioral changes. It should be incorporated into the child's IEP. If a detailed behavior intervention plan is in place, any misconduct the student engages in will probably be viewed as a manifestation of his or her disability, and the school's disciplinary procedures will be applied in a modified fashion.

What if my child is in special education and is suspended from school?

A student may be suspended from school if the principal determines that the student has committed any of the acts described in section 48900 of the California Education Code. Suspension should only be imposed when other means of correction fail to bring about proper conduct. Suspension rules apply to special education students just as they apply to nondisabled students. However, even if a special education student poses a physical threat, he or she may not be suspended for more than 10 consecutive school days.

What if my child is in special education and is expelled from school?

Section 48915 of the California Education Code provides the grounds for expulsion. There is some overlap between the offense listed in the suspension and expulsion provisions. A student in special education may not be expelled until a pre-expulsion assessment has been conducted.

Who participates in the pre-expulsion assessment?

The matter is referred to the IEP team, and an IEP meeting is held. The team, and not the school, determines whether the student should be expelled. The child's parent has the right to participate in the pre-expulsion assessment meeting.

What does the IEP team assess at the pre-expulsion meeting?

At the pre-expulsion assessment the IEP team reviews the appropriateness of the student's placement* at the time of the misconduct and the relationship, if any, between the student's behavior and his or her disability. The team must determine if the misconduct was caused by or was a direct manifestation of the student's identified disability. This is called a **manifestation determination**.

What if I disagree with the conclusions of the team?

If you disagree with the team's conclusions – either about the appropriateness of your child's placement or the manifestation determination – or with its decision to rely on certain information, you have the right to request an administrative due process hearing.

What if the team determines that the misconduct was not a manifestation of my child's disability?

If the team determines that the conduct was not a manifestation of your child's disability and that the placement was appropriate, then your child will be subject to regular discipline procedures, including expulsion, if afforded due process.

What if the team determines that the misconduct was caused by my child's disability?

If your child's conduct was a manifestation of his or her disability, or the placement was not appropriate at the time of the misconduct, your child cannot be expelled.

What if my child has not yet been found eligible for special education?

If your child has not been found eligible for special education and has engaged in misconduct, the child may still assert protections if the LEA (local education agency) had knowledge that the child had a disability prior to the disciplinary action. The LEA is deemed to have had knowledge of the disability if (1) the parent had expressed concern in writing or submitted a request for an assessment; (2) the misconduct demonstrates the need for services; or (3) the child's teacher or other LEA employee had expressed concern about the child's behavior to the director of special education or other personnel.

The rules about how children with disabilities are disciplined are complicated and often changing. If your child is facing suspension or expulsion, your best strategy is to request the policy and procedures from the school and get a support person or advocate to help you.

Support for Families, CASE, and Protection and Advocacy, Inc. can help you. (See Appendix A for contact information.)

*Placement is defined in the law not just as a particular school site, but as a "combination of facilities, personnel, location or equipment necessary to provide instructional services to an individual with exceptional needs, as specified in the IEP, in any one or a combination of public, private, home and hospital, or residential settings."

►The Juvenile Probation Department

The following information is from the Juvenile Probation Department's website.
www.sfgov3.org/index.aspx?page=541

If your child (under the age of 18) violates the law, runs away or is truant, she will be referred to the Juvenile Probation Department. She will be assigned a probation officer who will talk with everyone involved in the incident. After all the information is collected, the probation officer will determine whether a referral to the district attorney is in order. If the District Attorney's Office files a petition, your child will go to court and attend various hearings. A public defender will be assigned to your child's case, or you may choose to hire a private attorney.

Important Definitions:

Citation: A referral from a law enforcement officer to the Probation Department regarding a law violation by a minor in the community.

Booking: A referral from a law enforcement officer regarding a law violation where the youth is placed into secure custody (Juvenile Hall).

Probation Officer (P.O.): The person assigned to investigate the law violation and develop a plan to assist you and your child and serve the community.

District Attorney (D.A.): The lawyer who files the charges and prosecutes those charges in court representing the people of the community.

Public Defender: The lawyer appointed to represent your child throughout the court process.

Petition: The legal document describing the law violations your child is alleged to have committed.

Detention: The housing of your child in secure custody at Youth Guidance Center/Juvenile Hall.

Home Supervision: The supervision of your child in your home under strict guidelines provided by the judge, i.e., house arrest.

Detention Hearing: Determines whether or not your child is released, placed on Home Supervision in your home, or remains at Youth Guidance Center/Juvenile Hall.

J-1 Hearing: (Usually one week after the detention hearing). Where your child will plead guilty or not guilty to the petition.

J-2 Hearing: (Usually ten working days after the detention hearing). This is the trial phase, where victims and witnesses may give sworn testimony regarding the charges on the petition.

Pre-Trial: Can be ordered by the judge to review the petition and negotiate the charges based on the evidence.

Disposition Hearing: (Usually 4-5 weeks after the detention hearing). The conclusion of the court hearings, in which a social report is submitted by the probation officer detailing a specific plan for the youth.

Custody: The youth is detained at Youth Guidance Center/Juvenile Hall during the court proceedings.

Social Report: Presented at dispositional hearing summarizing the incident, law violation, court proceedings, family history, and probation officer's recommendations regarding future plan for the youth.

The following information is from the Juvenile Probation website and explains what happens should your son or daughter get arrested.

Q. What should my child do if she/he is cited by the police?

A. If your child is cited by the San Francisco Police Department, she will be required to appear at the San Francisco Juvenile Probation Department, which is located at 375 Woodside Avenue.

She must be accompanied by a parent or responsible adult. It is not necessary to have an attorney present. Before an interview is conducted by a deputy probation officer, your child's rights will be read to her.

Q. What options does a deputy probation officer have after the interview?

A. Depending on the nature of the offense, the deputy may refer your child to attend the THEFT AWARENESS PROGRAM, which is held on the University of San Francisco campus on a Saturday. This is a one day class which requires a \$30.00 fee. After you complete the class, your child will receive a certificate. The deputy assigned to your child's case will "close" your case and no further action will be taken.

Another option that a deputy has is to refer your child to attend STREET LAW, which is an 8 weeks class held on the University of San Francisco campus. It is a free class. Your child will receive a certificate after she completes the class.

Another option a deputy has especially if your child was cited for battery is to attend a one day class, COPS, held at the YGC cafeteria on a Saturday. It requires a \$30.00 fee.

If your child was cited for graffiti, possession of marijuana, or being in possession of alcohol, your child will be referred to Traffic Court. Your child may be fined, have her driving privilege suspended, or required to do community service.

A deputy may require your child to do community service at YGC on Saturdays.

If your child is not doing well in school and you want the assistance of the Probation Department, your child may be placed on voluntary probation not to exceed six months. Counseling will be mandated.

A deputy may require your child to pay restitution to the victim.

A deputy may refer your child to a community based agency for counseling.

Or, a formal petition may be filed after it is reviewed by a deputy district attorney. If this happens and the petition is sustained, your child may be court-ordered to be placed on 6 months probation or placed on formal probation in your or a relative's home, along with special conditions of probation. It may include community service, a restitution fine, counseling, and out of pocket expenses to the victim(s). Attending school is mandatory. Curfew may be imposed.

These are some of the options that a deputy probation officer will consider when your child meets him or her after receiving a citation.

Q. When can I see my son/daughter?

A. You can see your son/daughter anytime within the first twenty-four hours. Thereafter, you will have to visit during visiting hours which are 4:30PM – 5:15PM, Sunday – Friday, and 1:00PM – 3:00PM, Saturdays.

Q. What if I can't understand English?

A. We have court appointed translators and bilingual Deputy Probation Officers and an AT&T conference call line for all languages and dialect.

Q. Does My Child Get a Lawyer?

A. If a petition is filed and your child goes to court, he/she will need a lawyer and if you cannot afford one, a public defender will represent your child.

Q. Does my child have to go to court?

A. First the Deputy Probation Officers investigate and then refers the matter to the District Attorney if applicable. The District Attorney makes the decision to press charges. If the minor is being charged with law violations, yes, your child does have to go to the court.

Q. How does an investigation process go?

A. The Deputy Probation Officer assigned to the case investigates by utilizing some of the following methods: contacting the victim (if applicable), reads Police Reports, interviews the minor, school officials, parents, etc.

Q. When is my child getting out?

A. For misdemeanor charges, within 24 hours, the Deputy Probation Officer will investigate, interview and determine whether your child will be released or detained throughout the court process. For felony charges, within 48 hours, the above applies.

Q. Is there a school on site?

A. Yes. While detained your son/daughter will receive educational services from the San Francisco Unified School District.

Please note: If your child is involved in the criminal justice system, he or she has a right to representation.

What this chapter is about: This chapter describes available parent support resources and discusses getting involved in advocacy.

► Finding Support

Raising a child with behavioral or mental health conditions can be especially isolating and hard on parents and other family members. You are not alone! There are others out there who are experiencing similar situations as you are. They may share the same frustrations; they may have ideas about how to get connected to necessary services; they may know of resources you need but haven't discovered yet. The power of parent-to-parent support is awesome.

FAMILY INVOLVEMENT TEAM

If you are connected with the CSOC Intensive Care Management Program of SFCBHS, you have probably been in contact with a member of the Family Involvement Team (FIT). The FIT is a team of parents hired by San Francisco Community Behavioral Health Services to act as a bridge between families, agencies, and services such as Mental Health, Juvenile Probation, S. F. Unified School District, and the Department of Human Services. They recognize family caregivers as equal partners in the planning and delivery of care for their children's well being. In some instances, FIT staff can serve other families receiving services from SF Community Behavioral Health Services. You can contact FIT at 415-920-7700.

The Family Involvement Team:

- ☐ Helps families recognize their strengths
- ☐ Offers one to one family support
- ☐ Facilitates communication between families and services
- ☐ Assists with problem-solving
- ☐ Provides information and resources
- ☐ Connects families with representatives who will help with IEP meetings, court hearings, parent teacher conferences, etc
- ☐ Assists with follow-up to reach family goals
- ☐ Provides support groups, training, and educational workshops
- ☐ Creates linkages between teachers, juvenile probation officers, mental health workers, and social workers

SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES

Support for Families provides information, education, and peer-to-peer support to families and the professionals who work with them.

Phone Line/Drop-In Center/Resource Libraries:

Support for Families staff (parents themselves) can provide individualized information, referrals, and help. Phone Line Staff speak Chinese, English, and Spanish. More than 3,000 books, videotapes, DVD's and toys are available to families and professionals.

You can connect with Support for Families by dropping in at, 1663 Mission Street, 7th Floor on Monday, Wednesday, Friday: 9:30 a.m.- 4:30 p.m. Tuesday, Thursday: 12:30 p.m. - 8:30 p.m., by calling the warmline at 415-920-5040 or by visiting their website www.supportforfamilies.org.

Support Groups: Support groups assist families to share solutions to challenges, learn advocacy skills, explore resources, and gain strength by sharing experiences with peers.

Volunteer Parent Mentors: Trained volunteer Parent Mentors can be matched with a family based on a shared culture, language, or special need issue.

Educational Workshops and Clinics: Based on needs expressed by families, monthly parent/professional workshops and weekly small-group clinics help parents and professionals learn about resources, rights and responsibilities.

Family Links to Mental Health: Peer parents and mental health clinicians provide peer support, professional consultation, and help for families and professionals in accessing mental health and other services for children.

Family Gatherings: Quarterly events, such as an annual ice-skating party and Halloween party, give families a chance to socialize and network in a fun, relaxed atmosphere.

Community Outreach: Staff and volunteers make presentations and conduct training on disability issues and parent perspectives to university classes, community agencies, and professional groups.

Newsletter: A quarterly Newsletter in English, Spanish, and Chinese offers articles of interest to families, professionals, and the community.

There are other organizations, including advocacy groups that provide support and services to families. *Check Appendix A for more information.*

► Getting Involved

Some parents have the time, energy, and desire to join in school and community efforts to advocate for children with emotional conditions. For those who do, working to improve services for children with emotional and behavioral health issues can be rewarding.

LEGISLATIVE AND PUBLIC POLICY: LETTING YOUR VOICE BE HEARD

There are many laws that affect children with special health care needs/disabilities and their families. It can be difficult to find out what those laws are, what kinds of rights they ensure, who is eligible for protection under them, and which agencies are responsible for enforcing which laws.

Laws change. They are updated, re-authorized, rescinded. The services that these laws are meant to deliver are sometimes affected by federal, state,

and local budgets. Trying to keep up with these changes can be overwhelming.

Despite the demands of daily life, many families welcome the opportunity to speak out on issues that concern themselves and their children. What are some of the actions that families, professionals, and the community can take to let their voices be heard?

- ☐ Keep informed, Join a listserv, sign up to receive email or fax alerts, visit websites that provide information on upcoming legislation and action.
- ☐ Write letters to your federal and state legislators, to the governor, to the president.
- ☐ Make telephone calls expressing your opinions - call your elected representatives and let them know how you feel.
- ☐ Visit your legislators in their home offices. This is best done during congressional recess periods.
- ☐ Adopt a legislator. Pick a state or federal legislator, visit him/her, send letters and photos, and keep in touch on a regular basis.
- ☐ Register to vote and VOTE!
- ☐ Join an advocacy group.
- ☐ Participate in a rally.
- ☐ Join a Board; get involved in the day-to-day workings of a disability advocacy group.
- ☐ Respond to editorials in the newspaper.

For more information on getting involved in legal and public policy issues, visit Support for Families' *Guide to Legislative and Public Policy Websites at:* www.supportforfamilies.org/legislative/index.html

SERVING ON BOARD AND COMMITTEES

You may have all you can handle getting your child and family through each day; or you may be interested in joining a group of people working on policy and program issues. The following excerpt from The Family Voices Leadership Handbook may help you think about getting involved in arenas beyond your own child and family.

There are a variety of ways for families to make known their interest and ability to serve on a board, committee, council, or commission. You may even be recruited without doing anything special to make it happen.

Chances are, if you're a good advocate for your child and you work well with professionals involved with your child or family, you will be asked to serve on a committee or join a group. You don't need to wait for this to happen. Ask other families, as well as providers and administrators for suggestions. Tell them of your interest and don't be shy about mentioning special abilities you may have. They may be your best allies in getting you appointed or elected to a group.

If there's a particular committee or board on which you would like to serve, it is helpful to find out as much as you can about its purposes, history, members, accomplishments, and so forth. Talk to a current or former member who can give you an insider's perspective and who might be willing to help you get involved. Many agencies and organizations welcome parents and family members willing to share their experiences, time, and talents with an advisory or policy group.

It is also important to encourage other families to join boards and committees. You may be in a position to mentor a parent or someone in your own family to serve with a group. Let agencies and organizations know that there are many expert family representatives from all walks of life and diverse communities capable of lending their perspective to organizations. Look to your teen-aged son or daughter or a young friend to represent the viewpoint of youth on a board or committee.

Activist families are often so highly valued they can become overwhelmed by invitations to serve on boards or committees. Know your limitations and resist the urge to over-commit yourself. Being a good advocate also means learning when to say, "No, thank you" to volunteer offers. Before you accept an invitation to serve on a board, a committee, or other advisory or policy group, you should ask yourself if you are up to the task. Remember: On your shoulders rests a large responsibility that can color how agencies and professionals view all families.

One other consideration that merits mention here. Before accepting a position on a board of directors or other governing body, you may want to ask about your legal responsibilities and liability, should the organization be sued. Does the organization have insurance to indemnify (protect) board members in those situations?

►ARE YOU READY TO SERVE?

If you can answer "Yes" to each of these questions about committing yourself to a board or committee, then you probably have the right stuff!

- ☒ Can you attend most, if not all, meetings requested and give notice when you cannot attend?
- ☒ Are you willing to give as much time and energy to the group as the other members do?
- ☒ Can you get along with others, respecting their opinions and preferences the way you want your opinions and preferences respected?
- ☒ Can you think and act as an advocate for other children and families, and not just your own child or family? (This means moving beyond your own story and situation and representing other families with other experiences.)
- ☒ Are you able to resist "bashing" professionals and spreading gossip?
- ☒ Do you understand the art of compromise and negotiation?
- ☒ Are you willing to negotiate workable solutions, if it means not sacrificing your basic principles?
- ☒ Are your principles and values family-centered?
- ☒ Can you apply the concepts of family / professional collaboration?
- ☒ Is your family willing and able to support your volunteer commitments? (It is best to settle family issues about child care, meals, and homework assistance, etc., before you commit to a board or committee.)

The Mental Health resources in this section are divided into three separate sections:

CBHS Children's System of Care:

This section describes the services and programs offered by San Francisco Community Behavioral Health Services (CBHS).

Assessment Resources:

This section lists locations where families can obtain mental health assessments for their children.

Other Mental and Behavioral Health Resources:

This section contains mental health and related services offered through other agencies and programs throughout San Francisco.

► **CBHS Children's System of Care**

PROGRAMS

Descriptions of SFCBHS Programs can be found in Chapter 3. Below is a listing of some of the programs and contact information.

PROGRAM NAME	CONTACT PERSON	TELEPHONE
AB 3632 UNIT	Alison Lustbader	415-642-4525
COMPREHENSIVE CHILD CRISIS SERVICES (CCCS)	Fawn Downs, Director	415-970-3800
DAY TREATMENT PROGRAMS	Miram Damon	415-255-3761
FOSTER CARE MENTAL HEALTH PROGRAM	Denise Jones, LCSW	415-970-3875
EARLY CHILDHOOD MENTAL HEALTH INITIATIVE	Rhea Durr, Director	415-255-3639
INTERGRATED SATELLITE HEALTH CLINICS	Albert Eng, PhD, Asst. Director	415-255-3506
INTENSIVE CARE MANAGEMENT	Lisa Winch	415-206-7600
JUVINILE PROBATION MH PROGRAM AIIM HIGHER	Emily Gerber	415-255-3448
FAMILY MOSAIC PROJECT	Jana Rickerson	415-206-7630
OUTPATIENT MENTAL HEALTH SERVICES	Albert Eng, PhD, Asst. Director	415-255-3506
PRIMARY CARE MENTAL HEALTH PROJECT	Janice Wong, LCSW	415-255-3625
RESIDENTIAL TREATMENT	Helaine Weinstein, LCSW, Coordinator	415-255-3415
SAFESTART INITIATIVE	Marcia Spector, PhD, LCSW, Coordinator	415-642-4510
SAN FRANCISCO CHILDREN'S SYSTEM OF CARE	Albert Eng, PhD, Asst. Director	415-255-3506
SCHOOL MENTAL HEALTH PARTNERSHIP	Albert Eng, PhD, Asst. Director	415-255-3506
TRANSITIONAL AND VOCATIONAL SERVICES FOR ADOLESCENTS	Jack Rabin, LCSW, Asst. Director	415-642-4825
WELLNESS PROGRAM	Albert Eng, PhD, Asst. Director	415-255-3506

24-hour services: The Comprehensive Child Crisis Service (CCCS) provides 24-hour response to any child in San Francisco that is undergoing a mental health crisis. Children are evaluated during the crisis for assaultiveness, suicidality, agitation and absence of behavior control, psychosis, or severe depression. The Teams evaluate the need for hospitalization, and can arrange hospitalization when needed. They also closely coordinate the placement of youth in shelters and other alternatives, and can sometimes work with children, youth, and families to avoid hospitalization.

COMPREHENSIVE CHILD CRISIS SERVICES

3801 Third Street
Building B, Suite 400
San Francisco, CA 94124
Phone: 415-970-3800
Fax: 415-970-3855

Residential Services: Residential treatment programs are privately run facilities that combine residential, educational, and mental health clinical services in one setting. Residential treatment programs are licensed through the California Department of Social Services—Community Care License Division. The programs listed below are among the residential treatment programs that serve San Francisco children and youth.

EDGEWOOD CHILDREN'S CENTER

1801 Vicente Street
San Francisco, CA 94116
Phone: 415-681-3211
Fax: 415-681-1065

**LARKIN STREET YOUTH SERVICES
MENTAL HEALTH AND SUBSTANCE
ABUSE SERVICES**

1138 Sutter Street
San Francisco, CA 94109
Phone: 415-673-0911
Fax: 415-923-1378

LINCOLN CHILD CENTER

4638 Lincoln Avenue
Oakland, CA 94602
Phone: 510-531-3111
Fax: 510-531-8968

ST. VINCENT'S SCHOOL FOR BOYS

One St. Vincent Drive
San Rafael, CA 94903
Phone: 415-507-2000
Fax: 415-491-0842

**SENECA CENTER-COMMUNITY
TREATMENT FACILITY (CTF)**

SFGH, 887 Potrero Street
San Francisco, CA 94110
Phone: 415-206-6346
Fax: 415-206-6469

SUNNY HILLS-CHILDREN'S GARDEN

300 Sunny Hills Drive
San Anselmo, CA 94960
Phone: 415-457-3200

THUNDER ROAD

390 40th Street
Oakland, CA 94124
Phone: 510-653-5040

VICTOR HOMES

251 California Park Drive
Chico, CA 95928
(Programs in Santa Rosa, Redding
and Stockton)
Phone: 530-893-0758

**WALDEN HOUSE ADOLESCENT
SERVICES**

214 Haight Street
San Francisco, CA 94102
Phone: 415-554-1480
Fax: 415-241-5599

WILLOW CREEK TREATMENT CENTER

341 Irwin Lane
Santa Rosa, CA 95401
Phone: 707-576-7218
Fax: 707-576-7243

Intensive Care Management Services are designed to support a child and family through comprehensive planning, delivery, and monitoring of services to meet the identified special needs of the child and family.

FAMILY INVOLVEMENT TEAM

1305 Evans Avenue
San Francisco, CA 94124
415-920-7700

FAMILY MOSAIC PROJECT

1309 Evans Avenue
San Francisco, CA 94124
Phone: 415-206-7600
Fax: 415-206-7630

**► INPATIENT & RESIDENTIAL CASE
MANAGEMENT UNIT:**

Residential/Sub-Acute/Metro
1309 Evans Avenue
San Francisco, CA 94124
Phone: 415-206-7612
Fax: 415-206-7630

► **CHILDREN SYSTEM OF CARE**

1305 Evans Avenue
San Francisco, CA 94124
Phone: 415-920-7700
Fax: 415-920-7729
3801 Third Street,
Bldg. B., Suite 400
San Francisco, CA 94124
Phone: 415-970-3900
Fax: 415-970-3885

YOUTH TASK FORCE

1305 Evans Avenue
San Francisco, CA 94124
Phone: 415-920-7700

Day Treatment Services: Day treatment programs are for children and youth who need structured services or who are moving back into the community from the hospital or residential treatment centers. The programs are usually integrated with a non-public school placement for children or youth who are living at home, with foster parents, or who are in group care.

EDGEWOOD DAY TREATMENT CENTER

1733 Vicente Street
San Francisco, CA 94116
Phone: 415-681-3211
Fax: 415-681-1065

MCAULEY ADOLESCENT DAY TREATMENT CENTER

450 Stanyan Street
San Francisco, CA 94117
Phone: 415-750-5580
Fax: 415-750-4912

MORRISANIA WEST

205 1313TH Street, Suite 3300
San Francisco, CA 94122
Phone: 415-552-4660

OAKES CHILDREN'S CENTER

1348 Tenth Avenue
San Francisco, CA 94122
Phone: 415-564-2310
Fax: 415-564-2313

Outpatient Services: Outpatient clinics provide the majority of mental health services. Outpatient clinics provide psychological testing, medication, monitoring, parent support groups, parenting classes, and individual, couple, and child and family therapy. Clinic staff may also provide services at the client's home, at school sites, health centers and child care facilities.

AB 3632 UNIT

755 South Van Ness Avenue
San Francisco, CA 94110
Phone: 415-642-4525

BVHP FOUNDATION BEHAVIORAL HEALTH PROGRAM

5815 Third Street
San Francisco, CA 94124
Phone: 415-822-7500

BOYS & GIRLS CLUB

450 Guerrero Street
San Francisco, CA 94110
Phone: 415-445-5640
Fax: 415-864-1490

CHINATOWN CHILD DEVELOPMENT CENTER (CCDC)

720 Sacramento Street
San Francisco, CA 94108
Phone: 415-392-4453
Fax: 415-433-0953

CHINATOWN/NORTH BEACH CLINICAL SERVICES

729 Filbert Street
San Francisco, CA 94133
Phone: 415-352-2000
Fax: 415-352-2050

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES-FAMILY CENTER

101 15TH Street
San Francisco, CA 94103
Phone: 415-681-3211
Fax: 415-664-7094

FAMILY SERVICE AGENCY/TENDERLION PROGRAM

1010 Gough Street
San Francisco, CA 94109
Phone: 415-474-7310
Fax: 415-931-3773

FOSTER CARE MENTAL HEALTH PROGRAM

3801 Third Street
Building B., Suite 400
San Francisco, CA 94124
Phone: 415-970-3875
Fax: 415-970-3813

HOMELESS CHILDREN'S NETWORK

3265 – 17th Street, Suite 404
San Francisco, CA 94110
Phone: 415-437-3990
Fax: 415-437-3994

HORIZONS UNLIMITED

440 Portero Avenue
San Francisco, CA 94110
Phone: 415-487-6700
Fax: 415-487-6724

INSTITUTO FAMILIAR DE LA RAZA, INC.

2919 Mission Street
San Francisco, CA 94110
Phone: 415-229-0500
Fax: 415-647-3662

INTEGRATED CHILD, YOUTH & FAMILY SERVICES

1140 Oak Street
San Francisco, CA 94117
Phone: 415-431-8252
Fax: 415-431-1813

JEWISH FAMILY & CHILDREN'S SERVICES

2150 Post Street
San Francisco, CA 94115
Phone: 415-567-8860
Fax: 415-922-5938
2534 Judah Street
San Francisco, CA 94122
Phone: 415-449-2943
Fax: 415-449-2901
1710 Scott Street
San Francisco, CA 94115
Phone: 415-359-2454
Fax: 415-359-2464

MISSION FAMILY CENTER

759 South Van Ness Avenue
San Francisco, CA 94110
Phone: 415-642-4550
Fax: 415-695-6963

OAKES

1348 Tenth Avenue
San Francisco, CA 94112
Phone: 415-564-2310

OMI FAMILY CENTER

1760 Ocean Avenue
San Francisco, CA 94112
Phone: 415-452-2200
Fax: 415-334-5712

RAMS

3626 Balboa Street
San Francisco, CA 94121
Phone: 415-668-5955
Fax: 415-668-0246

**SAN FRANCISCO GENERAL HOSPITAL
INFANT/PARENT PROGRAM**

2550 – 23rd Street, Room 130
San Francisco, CA 94110
Phone: 415-206-5270
Fax: 415-206-4722

**SFGH/UCSF DEPARTMENT OF
PSYCHIATRY CHILD AND
ADOLESCENT SERVICES**

1001 Potrero Avenue, Box 0852
San Francisco, CA 94110
Phone: 415-206-8426
Fax: 415-206-8942

**SOUTH OF MARKET MENTAL
HEALTH OUTPATIENT CLINIC**

760 Harrison Street
San Francisco, CA 94107
Phone: 415-836-1700
Fax: 415-836-1737

**SOUTHEAST CHILD/FAMILY THERAPY
CENTER [SECFTC]**

100 Blanken Avenue
San Francisco, CA 94134
Phone: 415-330-5740
Fax: 415-330-9120

4527 Mission Street
San Francisco, CA 94112
Phone: 415-337-4800
Fax: 415-333-2058

SUNSET MENTAL HEALTH

1351 24th Avenue
San Francisco, CA 94122
Phone: 415-753-7400
Fax: 415-753-8144

1990 41st Avenue
San Francisco, CA 94116
Phone: 415-753-7400
Fax: 415-753-0164

UCSF CENTER ON DEAFNESS

3333 California St., Suite 10
San Francisco, CA 94118
TTY: 415-476-7600
Voice: 415-476-4980
FAX: 415-476-7113
VP: 415-255-5854

Special Services: Programs that do not fit into specific categories.

BALBOA TEEN HEALTH CENTER

1000 Cayuga Avenue
San Francisco, CA 94112
Phone: 415-469-4512
Fax: 415-469-4096

BOYS & GIRLS CLUB

450 Guerrero Street
San Francisco, CA 94110
Phone: 415-445-5640
Fax: 415-864-1490

CHILDREN SYSTEM OF CARE YOUTH TASKS FORCE –

LEGAL SERVICES FOR CHILDREN

1254 Market Street, 3rd Floor
San Francisco, CA 94102
Phone: 415-863-3762, ext.316
Fax: 415-863-7708

COMMUNITY VOCATIONAL ENTERPRISES

1425 Folsom Street
San Francisco, CA 94103
Phone: 415-544-0424

CYF/TRANSITIONAL SERVICES (16-22 YEAR OLDS)

Bethany Brown, Coordinator

755 South Van Ness
San Francisco, CA 94110
Phone: 415-642-4500
Fax: 415-693-6961

EARLY MENTAL HEALTH INTERVENTION

1380 Howard Street, 5th Floor
San Francisco, CA 94103
Phone: 415-255-3506
Fax: 415-255-3567

FAMILY INVOLVEMENT TEAM

1305 Evans Avenue
San Francisco, CA 94124
Phone: 415-920-7712
Fax: 415-920-7729

HEALTHY FAMILIES & HEALTHY KIDS

1380 Howard Street, 5th Floor
San Francisco, CA 94103
Phone: 415-255-3761
Fax: 415-255-3567

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION INITIATIVE

1380 Howard Street, 5th Floor
San Francisco, CA 94103
Phone: 415-255-3639
Fax: 415-255-3567

HUCKLEBERRY YOUTH PROGRAMS

3310 Geary Blvd.
San Francisco, CA 94118
Phone: 415-668-2622
ext. 230

www.huckleberryyouth.org

MEDICATION EDUCATION AND COUNSELING

1380 Howard Street
2nd Floor, Room 218
San Francisco, CA 94103
Phone: 415-255-3705
Fax: 415-255-3036

PRIMARY CARE MENTAL HEALTH PROJECT

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
Phone: 415-255-3625
Fax: 415-255-3567

PRIMARY INTERVENTION PROGRAM (PIP) EDGEWOOD FAMILY CENTER

101 15th Street
San Francisco, CA 94103
Phone: 415-865-3000
Fax: 415-865-3099

SAFE START DEMONSTRATION PROJECT

1380 Howard Street, 5th Floor
San Francisco, CA 94103
Phone: 415-642-4510
Fax: 415-695-6961

SCHOOL/MENTAL HEALTH PARTNERSHIP PROGRAM

1380 Howard Street, 5th Floor
San Francisco, CA 94103
Phone: 415-255-3506
Fax: 415-255-3567

SCHOOL WELLNESS PROGRAMS – MENTAL HEALTH (RAMS)

3626 Balboa Street
San Francisco, CA 94121
Phone: 415-668-5955
Fax: 415-668-0246

THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Contact coordinator at
415-648-4559

► **Edgewood Center for Children and Families**

101 15th Street
San Francisco, CA 94103
Phone: 415-865-3000
Fax: 415-865-3099

► **Fred Finch Youth Center TBS Program**

3800 Coolidge
Oakland, CA 94610
Phone: 510-482-2244
Fax: 510-251-9845

► **Seneca Center TBS Program**

2275 Arlington Drive.
San Leandro, CA 94578
Phone: 510-481-1222
Fax: 510-481-1605

YOUTH DEVELOPMENT CRIME PREVENTION PROJECT

2712 Mission Street
San Francisco, CA 94110
Phone: 415-401-2706
Fax: 415-401-2741

YMCA – URBAN SERVICES

1530 Buchanan Street
San Francisco, CA 94115
Phone: 415-674-0888
Fax: 415-674-0884

WEST COAST CHILDREN'S CENTER

545 Ashbury Avenue
El Cerrito, CA 94530
Phone: 510-527-7249
Fax: 510-527-2013

► Assessment Resources

San Francisco Community Behavioral Health Services:

To receive mental health services (including assessments), you need to obtain approval by calling the San Francisco Mental Health Plan Access Helpline at: 415-255-3737. *A listing of locations of outpatient clinics in San Francisco is included in this Appendix. See Outpatient Services on page A-3.*

San Francisco Unified School District:

SAN FRANCISCO UNIFIED SCHOOL DISTRICT SPECIAL EDUCATION DEPARTMENT, SCREENING & ASSESSMENT CENTER	SFCBHS-AB 3632 UNIT
750 25 th Avenue	755 South Van Ness
San Francisco, CA 94121	San Francisco, CA 94110
Phone: 415-379-7612	Phone: 415-642-4525

California Pacific Medical Center:

CPMC CHILD DEVELOPMENT CENTER
1625 Van Ness Ave., 3rd Fl.
San Francisco, California 94109
Phone: 415-600-6200
Fax: 415-752-9068

Kaiser:

**KAISER PERMANENTE MEDICAL
CENTER, DEPARTMENT OF PSYCHIATRY**
(must be a Kaiser Permanente member)
4141 Geary Blvd. 3rd Floor
San Francisco, CA 94118
Phone: 415-833-2292
Fax: 415-833-3123

University of California-San Francisco Medical Center:

**UCSF DEPARTMENT OF BEHAVIORAL-
DEVELOPMENTAL PEDIATRICS**
505 Parnassus Avenue
San Francisco, CA 94122
Phone: 415-476-5001

UCSF CENTER ON DEAFNESS
3333 California St., Suite 10
San Francisco, CA 94118
TTY: 415-476-7600
Voice: 415-476-4980
FAX: 415-476-7113
VP: 415-255-5854

**UCSF LANGLEY PORTER
PSYCHIATRIC INSTITUTE (LPPI),
PSYCHOLOGICAL
ASSESSMENT CLINIC**
401 Parnassus Ave.
San Francisco, CA 94143
Phone: 415-476-7346
Fax: 415-476-7163

**UCSF LANGLEY PORTER
PSYCHIATRIC INSTITUTE (LPPI),
HALP CLINIC (HYPERACTIVITY,
ATTENTION AND LEARNING
PROBLEMS)**
401 Parnassus Ave.
San Francisco, CA 94143
Phone: 415-476-7156

Private:

**BAY AREA PSYCHOLOGICAL
TESTING ASSOCIATES (BAPTA)**
870 Market Street, Suite 1181
San Francisco, CA 94102
Phone: 415-296-8081
Fax: 415-296-8471

**B*E*T*A*: BEHAVIOR EDUCATION
TRAINING ASSOCIATES**
P.O. Box 225129
San Francisco, CA 94122
Phone: 415-564-7830
Fax: 415-242-1302

PARENTS PLACE
1710 Scott Street
San Francisco, CA 94115
Phone: 415-359-2454
Fax: 415-359-2464

►Other Mental and Behavioral Health Resources

APA FAMILY SUPPORT SERVICES
Family Support Center
730 Commercial Street
San Francisco, CA 94108
Phone: 415-617-9797
Fax: 415-617-9796
Email: apa@apasfgh.org
Website: www.apasfgh.org/

Counseling and Network Center
657 Jackson Street
San Francisco, CA 94133
Phone: 415-617-0061
Fax: 415-617-0067

B*E*T*A*: BEHAVIOR EDUCATION TRAINING ASSOCIATES
P.O. Box 225129
San Francisco, CA 94122-5129
Phone: 415-564-7830
Fax: 415-242-1302
Email: info@aintmisbehavin.com
Website: www.aintmisbehavin.com

Primary emphasis is provision of highest quality best practice one-to-one support for behavior improvement and skill development. Also provides consultation to parents, professionals, and workshops.

APA's mission is to promote healthy Asian/Pacific Islander children and families by providing family support services to prevent child abuse and domestic violence. APA also advocates for culturally competent services for Asians and Pacific Islanders through education, community building and leadership development. APA is the only hospital-based agency offering in-home family support services specifically for Asian Pacific Islander families and children.

CALIFORNIA PACIFIC MEDICAL CENTER: PSYCHIATRIC SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS

2323 Sacramento Street, 2nd Floor

San Francisco, CA 94115

Phone: 415-600-3247

Fax: 415-346-8713

Website: www.cpmc.org/advanced/pediatrics/services/psychiatry.html

California Pacific Medical Center offers inpatient and outpatient evaluation and treatment for mental illnesses provided by board-certified psychiatrists. Services are available for pediatric, adolescent, and adult needs. Physicians offer evaluation and treatment for many diagnoses including, but not limited to, chemical dependency, depression, anxiety disorders, and developmental disorders. They also offer individual and group therapy, personality assessment, attention-deficit hyperactivity disorder assessment, and psychopharmacologic management.

COMMUNITY ALLIANCE FOR SPECIAL EDUCATION (CASE)

1500 Howard Street

San Francisco, CA 94103

Phone: 415-431-2285

Fax: 415-431-2289

Email: info@caseadvocacy.org

Website: www.caseadvocacy.org

CASE provides legal support, representation, free technical assistance, consultations and training to parents whose children need appropriate special education services throughout the San Francisco Bay area.

THE CORNERSTONE PRESCHOOL TREATMENT SERVICE

2024 Divisadero Street

San Francisco, CA 94115

Phone: 415-474-1854

Fax: 415-474-7514

Email: gilkliman@childpsychtrauma.org

Website: www.childpsychtrauma.org

Provides treatment, research, and professional education to help catastrophically stressed children. Provides clinical services for children who have been witness to domestic violence, who have had the wrongful death of a parent, or whose parents have been murdered. Provides psychiatric forensic services for children who have been traumatized through wrongful death of a parent, institutional child abuse, extremely high conflict, divorce, or personal injury.

KAISER PERMANENTE MEDICAL CENTER

2425 Geary Blvd.

San Francisco, CA 94115

Phone: 415-833-2000

Fax: 415-202-3123

Website: www.kaiserpermanente.org/

Prepaid group practice plan which provides comprehensive, medical, and hospital services to its members.

MENTAL HEALTH ASSOCIATION

870 Market Street, Suite 928

San Francisco, CA 94102

Phone: 415-421-2926

Fax: 415-421-2928

Email: info@mha-sf.org

Website: www.mha-sf.org

Provides advocacy services for the mentally ill.

NAMI-SAN FRANCISCO (NATIONAL ALLIANCE FOR THE MENTALLY ILL)

77 Geary Street, 5th Floor
San Francisco, CA 94108
Phone: 415-474-7310
Website: www.namisanf.org

Provides support groups, information and referral, and counseling for family members of individuals with mental health disorders.

OFFICE OF SELF HELP - OASIS CENTER

1095 Market Street, Suite 202
San Francisco, CA 94102
Phone: 415-575-1400

Functions to promote self-help and to facilitate change within the mental health system. Also helps youth and their families to find the services they need.

SUPPORT FOR FAMILIES

1663 Mission Street, 7th Floor
San Francisco, CA 94103
Warmline: 415-920-5040
Phone: 415-282-7494
Fax: 415-282-1226
Email: info@supportforfamilies.org
Website: www.supportforfamilies.org

Provides services to families of children with disabilities, including information and referral, parent-to-parent support, workshops and trainings, short term mental health counseling, special-education advocacy and support groups.

PARENTS PLACE

1710 Scott Street
San Francisco, CA 94115
Phone: 415-359-2454
Fax: 415-359-2464
Email: parentsplacesf@jfcs.org
Website: www.parentsplaceonline.org

Parents Place is a family resource center serving families with children of all ages. Parents Place offers parent support groups and educational workshops, counseling, socialization groups, tutoring, and a youth program for teens.

DISABILITY RIGHTS CALIFORNIA

1330 Broadway, Suite 500
Oakland, CA 94612
Phone: 510-267-1200
Fax: 510-267-1201
Email: info@disabilityrightsca.org
Website: www.disabilityrightsca.org/

Disability Rights California works to bring about fairness and justice for people with disabilities.

For more information about other advocacy resources, consult Support for Families of Children with Disabilities 2011 Resource Guide's section on Advocacy resources.

UCSF CENTER ON DEAFNESS

3333 California Street, Suite 10
San Francisco, CA 94143-1208
Phone: 415-476-4980
TTY: 415-476-7600
Fax: 415-476-7113
VP: 415.255.5854
Email: info@uccd.org
Website: www.uccd.org

Provides outpatient mental health services to deaf or hearing impaired children, adults, and their families.

UNITED ADVOCATES FOR CHILDREN OF CALIFORNIA (UACC)

2035 Hurley Way, Suite 290
Sacramento, CA 95815
Phone: 916-643-1530
Toll free: 866-643-1530
Fax: 916-643-1592
Email: information@ucca4families.org
Website: www.uacc4families.org/

A state-wide, family-controlled organization serving families of children or adolescents who have serious emotional disorders.

UNIVERSITY OF SAN FRANCISCO (USF): CENTER FOR CHILD AND FAMILY DEVELOPMENT

2130 Folsom Street
San Francisco, CA 94110
Phone: 415-550-2621
Fax: 415-550-8033
Email: usfccfd@earthlink.net
Website: www.soe.usfca.edu/institutes/ccfd/

Low-fee counseling for individuals, families and couples. Also provides psychological and academic testing for children.

Below are descriptions of particular mental, emotional, and behavioral disorders that may occur during childhood and adolescence. All can have a serious impact on a child's overall health. Some disorders are more common than others, and conditions range from mild to severe. Often, a child has more than one disorder (U.S. Department of Health and Human Services, 1999).

Anxiety Disorders: Young people who experience excessive fear, worry, or uneasiness may have an anxiety disorder. Anxiety disorders are among the most common of childhood disorders. Anxiety disorders include:

- Phobias, which are unrealistic and overwhelming fears of objects or situations.
- Generalized anxiety disorder, which causes children to demonstrate a pattern of excessive, unrealistic worry that cannot be attributed to any recent experience.
- Panic disorder, which causes terrifying "panic attacks" that include physical symptoms, such as a rapid heartbeat and dizziness.
- Obsessive-compulsive disorder, which causes children to become "trapped" in a pattern of repeated thoughts and behaviors, such as counting or hand washing.
- Post-traumatic stress disorder, which causes a pattern of flashbacks and other symptoms and occurs in children who have experienced a psychologically distressing event, such as abuse, being a victim or witness of violence, or exposure to other types of trauma such as wars or natural disasters.

Severe Depression: Many people once believed that severe depression did not occur in childhood. Today, experts agree that severe depression can occur at any age. The disorder is marked by changes in:

- Emotions - Children often feel sad, cry, or feel worthless.
- Motivation - Children lose interest in play activities, or schoolwork declines.
- Physical well-being - Children may experience changes in appetite or sleeping patterns and may have vague physical complaints.
- Thoughts - Children believe they are ugly, unable to do anything right, or that the world or life is hopeless.

It also is important for parents and caregivers to be aware that some children and adolescents with depression may not value their lives, which can put them at risk for suicide.

¹⁵ SAMHSA Fact Sheet: *Children's Mental Health Facts Children and Adolescents with Mental, Emotional, and Behavioral Disorders* www.mentalhealth.samhsa.gov/publications/allpubs/CA-0006/default.asp

Bipolar Disorder: Children and adolescents who demonstrate exaggerated mood swings that range from extreme highs (excitedness or manic phases) to extreme lows (depression) may have bipolar disorder (sometimes called manic depression). Periods of moderate mood occur in between the extreme highs and lows. During manic phases, children or adolescents may talk nonstop, need very little sleep, and show unusually poor judgment. At the low end of the mood swing, children experience severe depression. Bipolar mood swings can recur throughout life. Adults with bipolar disorder (about one in 100) often experienced their first symptoms during their teenage years (National Institutes of Health, 2001).

Attention-deficit/Hyperactivity Disorder: Young people with attention-deficit/hyperactivity disorder are unable to focus their attention and are often impulsive and easily distracted. Most children with this disorder have great difficulty remaining still, taking turns, and keeping quiet. Symptoms must be evident in at least two settings, such as home and school, in order for attention-deficit/hyperactivity disorder to be diagnosed.

Learning Disorders: Difficulties that make it harder for children and adolescents to receive or express information could be a sign of learning disorders. Learning disorders can show up as problems with spoken and written language, coordination, attention, or self-control.

Conduct Disorder: Young people with conduct disorder usually have little concern for others and repeatedly violate the basic rights of others and the rules of society. Conduct disorder causes children and adolescents to act out their feelings or impulses in destructive ways. The offenses these children and adolescents commit often grow more serious over time. Such offenses may include lying, theft, aggression, truancy, the setting of fires, and vandalism.

Eating Disorders: Children or adolescents who are intensely afraid of gaining weight and do not believe that they are underweight may have eating disorders. Eating disorders can be life threatening. Young people with anorexia nervosa, for example, have difficulty maintaining a minimum healthy body weight.

Youngsters with bulimia nervosa feel compelled to binge (eat huge amounts of food in one sitting). After a binge, in order to prevent weight gain, they rid their bodies of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively.

Autism: Children with autism, also called autistic disorder, have problems interacting and communicating with others. Autism appears before the third birthday, causing children to act inappropriately, often repeating behaviors over long periods of time. For example, some children bang their heads, rock, or spin objects. Symptoms of autism range from mild to severe. Children with autism may have a very limited awareness of others and are at increased risk for other mental disorders.

Schizophrenia: Young people with schizophrenia have psychotic periods that may involve hallucinations, withdrawal from others, and loss of contact with reality. Other symptoms include delusional or disordered thoughts and an inability to experience pleasure.

There are several major categories of psychotropic medications: stimulants, antidepressants, antianxiety agents, antipsychotics, and mood stabilizers. For medications approved by the FDA for use in children, dosages depend on body weight and age. The Medications Chart at the end of this Appendix shows the most commonly prescribed medications for children with mood or anxiety disorders (including OCD), as well as attention deficit disorders.

► **Stimulant Medications:** There are stimulant medications that are approved for use in the treatment of attention deficit hyperactivity disorder (ADHD), the most common behavioral disorder of childhood. These medications have all been extensively studied and are specifically labeled for pediatric use. Children with ADHD exhibit such symptoms as short attention span, excessive activity, and impulsivity that cause substantial impairment in functioning. Stimulant medication should be prescribed only after a careful evaluation to establish the diagnosis of ADHD and to rule out other disorders or conditions. Medication treatment should be administered and monitored in the context of the overall needs of the child and family, and consideration should be given to combining it with behavioral therapy. If the child is of school age, collaboration with teachers is essential.

STIMULANT MEDICATIONS		
TRADE NAME	GENERIC NAME	APPROVED AGE
Adderall	amphetamine	3 and older
Adderall XR	Amphetamine (extended release)	6 and older
Concerta	Pemoline	6 and older
Cylert*	Pemoline	6 and older
Dexedrine	dextroamphetamine	3 and older
Dextrostat	dextroamphetamine	3 and older
Focalin	dexmethylphenidate	6 and older
Metadate ER	Methylphenidate (extended release)	6 and older
Ritalin	methylphenidate	6 and older
*Because of its potential for serious side effects affecting the liver, Cylert should not ordinarily be considered as first-line drug therapy for ADHD.		

► **Antidepressant and Antianxiety Medications:** These medications follow the stimulant medications in prevalence among children and adolescents. They are used for depression, a disorder recognized only in the last twenty years as a problem for children, and for anxiety disorders, including obsessive-compulsive disorder (OCD). The medications most widely prescribed for these disorders are the selective serotonin reuptake inhibitors (the SSRIs).

¹⁶ National Institute of Mental Health, *Treatment of Children with Mental Disorders*, Washington, D.C.
www.nimh.nih.gov/publicat/childqa.cfm

In the human brain, there are many "neurotransmitters" that affect the way we think, feel, and act. Three of these neurotransmitters that antidepressants influence are serotonin, dopamine, and norepinephrine. SSRIs affect mainly serotonin and have been found to be effective in treating depression and anxiety without as many side effects as some older antidepressants.

Clinical studies have recently shown that anti-depressant drugs may increase the risk of suicidal thoughts and behavior among children and adolescents. On October 15, 2004, the Food and Drug Administration (FDA) ordered that all antidepressant drugs carry a "black box" warning. The warning says, in part, "Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [drug name] or any other antidepressant in a child or adolescent must balance this risk with the clinical need..."
 Speak to your doctor about whether or not antidepressant drugs could pose such a risk to your child.

ANTIDEPRESSANT AND ANTIANXIETY MEDICATIONS		
TRADE NAME	GENERIC NAME	APPROVED AGE
Anafranil	clomipramine	10 and older (for OCD)
Ativan	Lorazepam	18 and older
BuSpar	buspirone	18 and older
Celexa	Citalopram	18 and older
Effexor	venlafaxine	18 and older

► **Antipsychotic Medications:** These medications are used to treat children with schizophrenia, bipolar disorder, autism, Tourette's syndrome, and severe conduct disorders. Some of the older antipsychotic medications have specific indications and dose guidelines for children. Some of the newer "atypical" antipsychotics, which have fewer side effects, are also being used for children. Such use requires close monitoring for side effects.

ANTIPSYCHOTIC MEDICATIONS		
TRADE NAME	GENERIC NAME	APPROVED AGE
Clozaril (atypical)	clozapine	18 and older
Haldol	haloperidol	3 and older
Risperdal (atypical)	risperidone	18 and older
Seroquel (atypical)	quetiapine	18 and older
Mellaril	thioridazine	2 and older
Zyprexa (atypical)	olanzapine	18 and older
Orap	pimozide	12 and older (for Tourette's syndrome - Data for age 2 and older indicate similar safety profile)

► **Mood Stabilizing Medications:** These medications are used to treat bipolar disorder (manic-depressive illness). However, because there is very limited data on the safety and efficacy of most mood stabilizers in youth, treatment of children and adolescents is based mainly on experience with adults. The most typically used mood stabilizers are lithium and valproate (Depakote®), which are often very effective for controlling mania and preventing recurrences of manic and depressive episodes in adults. Research on the effectiveness of these and other medications in children and adolescents with bipolar disorder is ongoing. In addition, studies are investigating various forms of psychotherapy, including cognitive-behavioral therapy, to complement medication treatment for this illness in young people.

Effective treatment depends on appropriate diagnosis of bipolar disorder in children and adolescents. There is some evidence that using antidepressant medication to treat depression in a person who has bipolar disorder may induce manic symptoms if it is taken without a mood stabilizer. In addition, using stimulant medications to treat co-occurring ADHD or ADHD-like symptoms in a child with bipolar disorder may worsen manic symptoms. While it can be hard to determine which young patients will become manic, there is a greater likelihood among children and adolescents who have a family history of bipolar disorder. If manic symptoms develop or markedly worsen during antidepressant or stimulant use, a physician should be consulted immediately, and diagnosis and treatment for bipolar disorder should be considered.

MOOD STABILIZING MEDICATIONS		
TRADE NAME	GENERIC NAME	APPROVED AGE
Abilify	Aripiprazole	18 and older
Cibalith-S	lithium citrate	12 and older
Depakote	valproic acid	2 and older (for seizures)
Eskalith	lithium carbonate	12 and older
Lithobid	lithium carbonate	12 and older
Tegretol	carbamazepine	any age (for seizures)

AACP American Academy of Child Psychiatrists	HIPC Health Insurance Purchasing Cooperative
AAP American Academy of Pediatrics	HMO Health Maintenance Organization
ABA American Bar Association	IDEA Individuals with Disabilities Education Act (federal law governing special education)
AB 3632 Refers to California law related to mental health assessment and services, and CCS assessment/ services.	IEP Individualized Education Plan
ADA Americans with Disabilities Act	ICM Intensive Care Management
ADHD Attention Deficit Hyperactivity Disorder	LEA Local Education Agency (school district)
AMA American Medical Association	LPN Licensed Practical Nurse
AT Assistive Technology	LRE Least Restrictive Environment (provision of IDEA)
CASARC Child and Adolescent Sexual Abuse Resource Center	MCH Maternal and Child Health
CBHS Community Behavioral Health Services	MCO Managed Care Organization
CCS California Children Services	MCP Managed Care Plan
CCCS Comprehensive Child Crisis Services	M.A. Masters of Arts degree
CHIP Children’s Health Insurance Program	M.D. Medical doctor
COBRA Consolidated Omnibus Budget Reconciliation Act of 1985	M.S. Masters degree in Science
CPS Child Protective Services	M.S.W. Masters degree in Social Work
CQI Continuous Quality Improvement	NAMI National Association for the Mentally Ill
CSHCN Children with Special Health Care Needs	NICHCY National Information Center for Children and Youth with Disabilities
CSOC Children’s System of Care	NIMH National Institute of Mental Health
CYF Children, Youth, and Families	OCR Office of Civil Rights (Federal)
DCYFS Department of Children, Youth and Family Services (San Francisco)	OSEP Office of Special Education Programs (Federal)
DD Developmental Disability	OSERS Office of Special Education and Rehabilitation Services (Federal)
ED Emotionally Disturbed	PAI Protection and Advocacy, Inc. State program that protect the rights of people with mental health needs and developmental disabilities.
EI Early Intervention (usually refers to services for infants and toddlers with developmental delays or risk factors.)	PCP Primary Care Provider (or Physician)
EPSDT Early and Periodic Screening, Diagnosis, and Treatment (Medicaid benefits for children)	POS Purchase of Services
FAPE Free, appropriate, public education (refers to special education law)	PPO Preferred Provider Organization
FIT Family Involvement Team	PTI Parent Training and Information Centers (funded through IDEA)
FPL/FPR Federal Poverty Level or Federal Poverty Rate	SFCD Support for Families of Children with Disabilities (an FRC and PTI for San Francisco families)
FRC Family Resource Center	SFUSD San Francisco Unified School District
HCFA Health Care Financing Administration (federal agency responsible for Medicaid, Medicare and CHIP)	SEA State Education Agency
HIPAA Health Insurance Portability and Accountability Act of 1996	SED Severe Emotional Disturbance
	SSA Social Security Administration
	SSDI Social Security Disability Insurance
	SSI Supplemental Security Income
	SSI-DCP Supplemental Security Income – Disabled Children’s Program (usually called Children’s SSI)

This glossary contains terms used frequently when dealing with the mental health needs of children and health care in general. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term service or services is used frequently in this glossary. The reader may wish to look up service before reading the other definitions.

The terms in this glossary describe ideal services. These services may not be available in all communities. The Comprehensive Community Mental Health Services Program for Children and Their Families, administered by the Center for Mental Health Services (CMHS), has grantees in communities across the country that are demonstrating these services. For more information about children's mental health issues or services, call SAMHSA's National Mental Health Information Center at 800-789-2647 .

Access: Ability to receive services from a health care system or provider.

Accessible Services: Services that are affordable, located nearby, and are open when they would be needed by potential clients. . Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home, rather than travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

Accountable: There is a mechanism to provide information concerning the performance and utilization of the system of services.

Allowable Expenses: The necessary, customary and reasonable expenses that an insurer will cover.

Anniversary Date: The date on which a health plan or insurer contract with an employer or an individual subscriber is renewed each year. It is the date when premium costs and benefits are most likely to change. It may be preceded by an "open enrollment period," when employees have the option to switch health plans.

Annual Maximum Limits or Caps: The limit an insurance plan sets on a given service. It may be a certain number of visits or a dollar amount. If a person needs more of a given service than is allowed y the limits in a plan, one will need to request an exception.

Appeal: To formally request a health plan to change a decision.

Appropriate Services: Designed to meet the specific needs of each individual child and family. For example, one family may need day treatment services while another family may need home-based services. Appropriate services for one child or family may not be appropriate for another family. Usually the most appropriate services are in the child's community.

Assessment: A professional review of a child's and family's needs that is done when they first seek services from a provider The assessment of the child includes a review of physical and mental health, developmental history, school history and performance, family situation, and behavior in the community.

¹⁷ SAMHSA's National Mental Health Information Center. www.mentalhealth.org/publications/allpubs/CA-0005/default.asp and Health Care Connections

The assessment identifies the strengths of the child and family. Together, the provider and family decide what kind of treatment and supports, if any, are needed.

Average Length of Stay: Measure used by hospitals to determine the average number of days patients spend in their facilities. A managed care firm will often assign a length of stay based on standards of care to patients when they enter a hospital and will monitor them to see that they don't exceed it.

Bad Faith: Unreasonable refusal by a health plan or insurer to pay a valid claim which can be remedied in a civil suit.

Balance Billing: The practice of billing a patient for any portion of health care charges that are not "covered" (paid for) by health insurance. The circumstances under which balance billing is allowed are usually spelled out in providers' contracts with plans.

Basic Benefits: A set of "basic health services" specified in your member handbook and those services required under applicable federal and state laws and regulations.

Behavioral Health Care Firm: Specialized managed care organizations, focusing on mental health and substance abuse benefits, which they term "behavioral health care." These firms offer employers and public agencies a managed mental health and substance abuse benefit. Almost none existed 10 years ago, but they are now a large industry.

Beneficiary: The patient (your child) or family who receives the "benefits" or services from health insurance.

Benefits or Benefit Package: The health care services covered by a health plan or health insurance company, under the terms of its member contract.

Caregiver: A person who has special training to help people with mental health problems. Examples of people with this special training are social workers, teachers, psychologists, psychiatrists, and mentors.

Care Coordination: Process of having all care needs coordinated by one person with an emphasis on maximizing a family's capabilities to manage their child's needs and provide quality care without duplication or inappropriate usage.

Case Manager: An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case Management: A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met. (This definition does not apply to managed care.)

Center for Medicare & Medicaid Services (CMS): Federal agency that oversees all aspects of financing for Medicare and Medicaid. It also oversees the Federal Office of Prepaid Health Care Operations and Oversight.

Child Protective Services: Designed to safeguard the child when there is suspicion of abuse, neglect, or abandonment, or where there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and day care. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. The goal is to keep the child with his or her family whenever possible.

Children and Adolescents at Risk for Mental Health Problems: Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Clinician: A term that is often used to describe all types of medical professionals who care for patients - doctor, nurse, physicians' assistant, therapist, etc.

Co-Payment or Co-Insurance: The portion of charges paid by the patient for medical and hospital services, after any deductible has been paid. Indemnity plans typically require a co-payment to be a percent of the charge for the service (for example, 20%). The amount may vary based on the type of service, when the service is received (for example, within a certain number of days of an emergency), or where the service is received (out-patient versus in-patient). In managed care plans, the co-payment is usually a small fixed amount regardless of the cost of the service.

Community Based: The system of care responds to the needs identified by the community and draws from the community to address needs. Services are provided in or near the home community to the extent possible.

Continuum of Care: A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. See systems of care and wraparound services.

Coordination of Benefits: The process for how benefits will be applied if you have more than one health plan. Regulations on coordination of benefits may exist within your state or your insurance plan may describe how such coordination should happen. Usually one plan is designated to pay all claims first and the residual bills are the responsibility of the secondary carrier. These provisions are to prevent individuals from collecting more than once for the same medical charge.

Coordinated Services: Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services. (Also see family-centered services and wraparound services.)

Co-Payment: A cost-sharing arrangement in which the member pays, a specified amount for a specific service, directly to the provider.

Coverage: Agreed upon set of health services that a plan will pay for and/or provide.

Crisis Stabilization Services: Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable despite in-home supports, the

parent can have the child temporarily placed in a crisis residential treatment service. The purpose of this care is to avoid inpatient hospitalization, to help stabilize the child, and to determine the next appropriate step.

Cultural Competence: Help that is sensitive and responsive to cultural differences. Providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

Day Treatment: Mental health day treatment services must include group and other therapies such as parent training, vocational training, skill building. They may also include recreational therapy, individual and family therapy. Full day treatment lasts at least 4 hours a day.

Deductible: The amount that you must pay out-of-pocket for covered medical care before the benefits of the coverage begin. Check what this amount is per family member. There may also be a total family limit. Deductible amounts vary a great deal from policy to policy. Deductibles are usually set as an annual amount.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition): An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Documentation: Written records relating to your family's medical care and insurance. You may need detailed records to support your case if you disagree with your insurer.

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT): Mandatory Medicaid benefits and services for Medicaid-eligible children and adolescents under age 21; designed to ensure children's access to early and comprehensive preventive health care and treatment. State Medicaid programs must provide EPSDT benefits.

Early Intervention: A process for recognizing warning signs that individuals are at risk for mental health problems and taking early action against factors that put them at risk. Early intervention can help children get better more quickly and prevent problems from becoming worse.

Effective Date: The date on which coverage under a health plan or insurance contract begins.

Emergency and Crisis Services: A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Evidence of Coverage: The written document provided by a health plan to an enrollee that describes exactly what services are covered and under what conditions. Providing such a document is required by

law, and the document describes the obligations of the plan toward the member and the member's responsibilities as an enrollee.

Family-Centered Services: Help designed for the specific needs of each individual child and his or her family. Children and families should not be expected to fit into services that don't meet their needs. See appropriate services, coordinated services, wraparound services, and cultural competence.

Family Support Services: Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, crisis services, and respite care.

Fee-for-Service: Traditional health insurance, allowing consumer to choose providers and services, often with a deductible and co-payment. Also known as indemnity coverage.

Grace Period: A specified period immediately following a premium due date, during which payment can be made to continue the policy in force without interruption. States may have laws requiring health insurance policies to allow a set number of days of "grace."

Grievance Procedure: Defined process in a health plan for consumers or providers to use when there is disagreement about a plan's services, billings or general procedures.

Guaranteed Issue: An insurance contract that is issued regardless of prior medical history. Small employers (between 3-50 employees) cannot be refused coverage because of the medical history of one or more employees. Some individual plans are available on a Guaranteed Issue basis, although premiums are higher.

Health Insurance Purchasing Cooperative (HIPC): A group of employers and individuals functioning as an insurance broker to purchase health coverage, certify health plans, manage premiums and enrollment and provide consumers with buying information. The larger group may be able to negotiate for lower premiums and/or more comprehensive benefits than smaller companies or individuals. Also called health insurance purchasing group, health plan purchasing cooperative or health insurance purchasing corporation. (See Managed Competition definition.)

Health Maintenance Organization (HMO): An organized health care system responsible for financing and delivering health care to an enrolled population.

Home-Based Services: Help provided in a family's home for either a defined time or for as long as necessary to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other help they may need. The goal is to prevent the child from being placed out of the home. (Alternate term: in-home supports)

Independent Living Services: Support for a young person in living on his or her own and in getting a job. These services can include therapeutic group care or supervised apartment living. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized Education Program (IEP): Under IDEA, a written education plan for a school-aged child with special needs ???that is the student's primary education document and is developed by a team including the child's parents.

Individualized Family Service Plan (IFSP): Under IDEA, the planning document used for children under three years of age, and their families.

Individualized Services: Designed to meet the unique needs of each child and family. Services are individualized when the providers pay attention to the child's and family's needs and strengths, ages, and stages of development. See appropriate services and family-centered services.

Individuals with Disabilities Education Act (IDEA) The federal law pertaining to students with special needs within the education system.

Inpatient Hospitalization: Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term stabilization in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Lifetime Maximum: The total amount that an insurance policy will pay out for medical care during the lifetime of the insured person. In the case of a chronic condition, one should check into options for enrolling in another group plan during an open enrollment period well before approaching a lifetime maximum.

Limitations: Conditions or circumstances for which benefits are not payable or are limited. It is important to read the limitations, exclusions and reductions clause in your policy or certificate or insurance to determine which expenses are not covered.

Lock-In: The requirement that members of an HMO or other managed care plan must have all of their covered services provided, arranged or authorized by the plan or its doctors, except in life-threatening emergencies or when members are temporarily "out of area." This contrasts with a "point-of-service" plan, which allows patients to receive covered services without prior authorization but at a higher cost outside a plan's network.

Managed Care: A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

Mandated Benefits: Specific benefits that insurers are required to offer by state law. Each state has its own legislation on mandated benefits.

Mandatory Enrollment: Requirement that certain groups of people must enroll in a program. Medicaid managed care, for example.

Medicaid: Federal program (Title XIX of the Social Security Act) that pays for health services for certain categories of people who are poor, elderly, blind, disabled or who are enrolled in certain programs,

including Medicaid Waivers. Includes children whose families received assistance. Is financed with federal and state funds, amount varying by state.

Medical Necessity: Legal term used to determine eligibility for health benefits and services. It describes services that are consistent with a diagnosis, meet standards of good medical practice and are not primarily for convenience of the patient.

Medically Necessary Services: A clause in a health insurance policy that states that the policy covers only services needed to maintain a certain level of health. The clause also defines - often in general terms - what those services are. One should find out exactly what an insurer means by this term in order to present a request in the most appropriate way. Interpretations of the term "medically necessary" vary widely.

Mental Health: Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems: Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia and conduct disorder.

Mental Disorders: Another term used for mental health problems.

Mental Illnesses: This term is usually used to refer to severe mental health problems in adults.

Ombudsperson: Person designated to solve problems and answer questions from consumers in an objective way.

Open Enrollment Period: A period when employees may sign up for a health plan without waiting periods or consideration for preexisting conditions. Many employers offer these periods yearly and when employment begins.

Opt-Out: An option available through some managed care plans, such as point-of-service HMOs and Preferred Provider Organizations, to choose or receive covered care from providers outside the plan's network at a higher cost.

Out of Area: Beyond or outside the geographical area served by an HMO or other managed network plan. When HMO members are inside their plan's service area, they must have their care provided, arranged or authorized by their HMO or HMO doctor in order to get full coverage; when they are temporarily out of area, different coverage rules apply.

Out of Plan Services: Services furnished to patients by providers who are not members of a patient's managed care network.

Out of Pocket Costs: All the health expenses that you must pay, including deductibles, co-payments and charges not covered by any health plan.

Parent Training and Information Center (PTI): Every state has a parent-run organization funded by the U.S. Department of Education to provide information and training to families around education issues for their children with special needs.

Peer Parent: A parent who has similar experiences who can offer emotional support, information, referral to resources and assistance with advocacy.

Premium: The charge paid to the insurer for health coverage. This may be paid weekly, monthly, quarterly or annually.

Preventive Care: Medical services that try to reduce the chances of illness, injury or other conditions. This contrasts with acute care, which is given after the condition has occurred.

Plan of Care: A treatment plan designed for each child or family. The provider(s) develop(s) the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details appropriate treatment and services to meet his or her special needs.

Primary Care: Routine medical care, usually provided in a doctor's office.

Prior Approval: Permission needed from a Primary Care Provider or the health plan before a service can be delivered or paid for.

Provider: A hospital, skilled nursing facility, outpatient surgical facility, physician, practitioner or other individual or organization which is licensed to provide medical or surgical services, therapy, treatment and accommodations. This is also used to refer to a mental health clinician or care manager.

Referral: A formal process by which a patient is authorized to receive care from a specialist, therapist or hospital.

Supplemental Security Income (SSI): Monthly cash assistance for people, including children, who have low incomes and who meet certain age or disability guidelines.

Supplementary Aids and Services: Under IDEA, the developmental, corrective, or supportive services required to assist a child with a disability to benefit from special education. Includes transportation, speech-language pathology, audiology, psychological services, physical and occupational therapy, recreation, social work services, counseling, orientation and mobility, medical services for diagnostic and evaluation purposes.

Residential Treatment Centers: Facilities that provide treatment 24 hours a day and usually serve more than 12 young people at a time. Children and adolescents with serious emotional disturbances may live in these programs to receive 24-hour supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization.

Respite Care: A service that provides a break for parents who have a child with a serious emotional disturbance or developmental delay.. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

Serious Emotional Disturbance: Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders.

Service: A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

System of Care: A comprehensive array of services designed to meet the needs of families with children with mental health issues. The services include but are not limited to traditional mental health treatments. A system of care should include prevention, early intervention, mental health outpatient treatments, intensive treatment, as well as additional non-traditional services including family support, wrap-around (mentoring/tutoring/etc.) Within the system of care, children and adolescents with mental health problems and their families should be able to have their specific needs met.

Therapeutic Foster Care: A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services.

Therapeutic Group Homes: Community-based, home-like settings that provide care and supervision to a small number of young people (usually 6 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Third Party Payment: The payment for health care by a party other than the beneficiary.

Transitional Services: Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services. Transitional services are provided through the Mental Health system for clients of that system, and through the Department of Human Services through their Foster Care clients. Transitional services are also provided through the IEP.

Waiting Periods: The period of time required by an insurance company after a person is covered by a policy before specific health services are covered by the plan. This time can vary from a number of months to a number of years.

Wraparound Services: A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family and individual therapy and from special education. See appropriate services, coordinated services, family-centered services, and system of care.

It is often difficult for families to find appropriate information about childhood mental illness and behavioral disorders. The sites here are good places to consult when beginning your search. This page includes websites that provide an overview of mental health issues and a special section on conduct and other behavioral disorders. Please note: Website addresses change frequently. These addresses were valid at the time of printing.

►Mental Health Issues

Bazon Center for Mental Health Law www.bazon.org/

The Bazon Center is a non-profit legal advocacy organization. This site is essential for families with children with mental disabilities. It is informative and brings important mental health resources together in one place.

National Federation of Families for Children's Mental Health www.ffcmh.org/

National Federation of Families for Children's Mental Health is a parent-run organization. It provides links to important mental health resources, and also offers an opportunity for involvement in mental health issues for children. The site's Spanish language link is under construction.

Internet Mental Health www.mentalhealth.com/

An on-line encyclopedia of mental health information, this site includes international concerns. Another great site from Canada, it was designed by psychiatrist Dr. Phillip Long.

Mental-Health-Matters.com www.mental-health-matters.com/

The site contains information and resources regarding mental health. Its "Disorder Categories" page contains a link to information and resources for childhood mental disorders.

National Alliance for the Mentally Ill (NAMI) www.nami.org/

NAMI is a non-profit grass-roots organization of families and friends of individuals with mental health disorders. At this site you can retrieve information about mental health, connect with a NAMI affiliate, or read about their advocacy work. They keep abreast of research matters and report on them, too. Spanish language resources are also included.

National Institute of Mental Health www.nimh.nih.gov/

If you are interested in the latest research in the field of mental health, this is the place to go. The site also includes mental health information on its "For the Public" page.

Mental Health America www.nmha.org/

A non-profit organization focusing on the needs of individuals with mental health issues, Mental Health America provides resources and information for families.

SAMHSA's National Mental Health Information Center www.samhsa.gov/

A service of the US Department of Health and Human Services, this website is a great resource for families. Its "Services Locator" provides links, by state, to mental health facilities, services, and programs.

► Conduct Disorders and Behavior Issues

Beach Center on Disabilities – Positive Behavior Supports (PBS) Resources www.beachcenter.org

The Beach Center on Disabilities provides resources regarding Positive Behavior Supports (PBS), including tips on Functional Behavior Assessments and creating PBS plans.

Center for Effective Collaboration and Practice <http://cecp.air.org/>

Reports and web resources are featured on this site. Some publications are available on-line; others have to be ordered in print versions. Its page on Functional Behavioral Assessment is quite comprehensive.

Conduct Disorders.com www.conductdisorders.com/

Links, articles and the opportunity to connect with other families of children with conduct disorders are some of the features of this site.

Developmental Behavioral Pediatrics Online www.aap.org/sections/dbpedis/

This site is sponsored in part by the American Academy of Pediatrics and is designed for health professionals. Parents can certainly find information of value here, and **not** just in the "Handouts" section.

Center for Early Education and Development www.cehd.umn.edu/ceed/projects/

The Center for Early Education and Development (CEED) at the University of Minnesota has spent over 30 years helping children from infancy through age eight to learn and develop to the best of their abilities. Through research and community outreach, we strive to effect positive change in early education, child care, and public policy.

CEED promotes ongoing coordination and expansion of academic leaders interested in early education and development and provides leadership in the University's ongoing effort to engage the people and programs of Minnesota in ways that make real contributions to our quality of life. CEED is strong, vital, and positioned for an exciting future.

Positive Behavioral Interventions & Supports www.pbis.org

This site, from the Office of Special Education Programs (OSEP), provides information about positive behavioral supports and functional behavioral assessments, and includes tips on how to apply these concepts at home, in school and in an IEP. It has a mirror site in Spanish.

► SUMMARY OF SPECIAL EDUCATION LAWS

Appendix G

This chart was taken from ERIC Digest #E606. It can be viewed in its entirety, online at <http://www.eric.ed.gov/>

Americans With Disabilities Act of 1990 (ADA)	Individuals with Disabilities Education Act (IDEA), amended in 1997 –Reauthorized in 2004	Section 504 of The Rehabilitation Act of 1973
Type/Purpose		
A civil rights law to prohibit discrimination solely on the basis of disability in employment, public services, and accommodations.	An education act to provide federal financial assistance to state and local education agencies to guarantee special education and related services to eligible children with disabilities.	A civil rights law to prohibit discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance.
Who Is Eligible?		
Any individual with a disability who (1) has a physical or mental impairment that substantially limits one or more life activities; or (2) has a record of such an impairment; or (3) is regarded as having such an impairment. Further, the person must be qualified for the program, service or job.	Children and youth aged 3-21 who are determined through an individualized evaluation and by a multidisciplinary team (including the parent) to be eligible in one or more of 13 categories and who need special education and related services. The categories are autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment including blindness. Children aged 3 through 9 experiencing developmental delays may also be eligible. Infants and toddlers from birth through age 2 may be eligible for early intervention services, delivered in accordance with an individualized family service plan.	Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The person must be qualified for the services or job; in the case of school services, the person must be of an age when nondisabled peers are typically served or be eligible under IDEA.
Responsibility To Provide a Free, Appropriate Public Education (FAPE)?		
Not directly. However, ADA provides additional protection in combination with actions brought under Section 504 and IDEA. ADA protections apply to nonsectarian private schools, but not to organizations or entities controlled by religious organizations. Reasonable accommodations are required for eligible students with a disability to perform essential functions of the job. This applies to any part of the special education program that may be community-based and involve job training/ placement. Although not required, an IEP under IDEA will fulfill requirements of Title II of the ADA for an appropriate education for a student with disabilities.	Yes. A FAPE is defined to mean special education and related services that are provided at no charge to parents, meet other state educational standards, and are consistent with an individualized educational program (IEP). Special education means "specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability." Related services are those required to assist a child to benefit from special education, including speech-language pathology, physical and occupational therapy, and others. A team of professionals and parents develop and review at least annually, an IEP for each child with a disability. IDEA requires certain content in the IEP.	Yes. An "appropriate" education means an education comparable to that provided to students without disabilities. This may be regular or special education. Students can receive related services under Section 504 even if they are not provided any special education. These are to be provided at no additional cost to the child and his or her parents. Section 504 requires provision of educational and related aids and services that are designed to meet the individual educational needs of the child. The individualized educational program of IDEA may be used to meet the Section 504 requirement.

Americans With Disabilities Act of 1990 (ADA)	Individuals with Disabilities Education Act (IDEA), amended in 1997 –Reauthorized in 2004	Section 504 of The Rehabilitation Act of 1973
Funding To Implement Requirements?		
No, but limited tax credits may be available for removing architectural or transportation barriers. Also, many federal agencies provide grants to public and private institutions to support training and technical assistance.	Yes. IDEA provides federal funds under Parts B and C to assist state and local educational agencies in meeting IDEA requirements to serve infants, toddlers, children, and youth with disabilities.	No. State and local jurisdictions have responsibility. IDEA funds may not be used to serve children found eligible only under Section 504.
Procedural Safeguards/Due Process		
The ADA does not specify procedural safeguards related to special education; it does detail the administrative requirements, complaint procedures, and consequences for noncompliance related to both services and employment. The ADA also does not delineate specific due process procedures. People with disabilities have the same remedies that are available under Title VII of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991. Thus, individuals who are discriminated against may file a complaint with the relevant federal agency or sue in federal court. Enforcement agencies encourage informal mediation and voluntary compliance.	IDEA provides for procedural safeguards and due process rights to parents in the identification, evaluation and educational placement of their child. Prior written notice of procedural safeguards and of proposals or refusals to initiate or change identification, evaluation, or placement must be provided to parents. IDEA delineates the required components of these notices. Disputes may be resolved through mediation, impartial due process hearings, appeal of hearing decisions, and/or civil action.	Section 504 requires notice to parents regarding identification, evaluation, placement, and before a "significant change" in placement. Written notice is recommended. Following IDEA procedural safeguards is one way to meet Section 504 mandates. Local education agencies are required to provide impartial hearings for parents who disagree with the identification, evaluation, or placement of a student. Parents must have an opportunity to participate in the hearing process and to be represented by counsel. Beyond this, due process is left to the discretion of local districts. It is recommended that they develop policy guidance and procedures.
Evaluation/Placement Procedures		
The ADA does not specify evaluation and placement procedures; it does specify provision of reasonable accommodations for eligible students across educational activities and settings. Reasonable accommodations may include, but are not limited to, redesigning equipment, assigning aides, providing written communication in alternative formats, modifying tests, reassigning services to accessible locations, altering existing facilities, and building new facilities.	With parental consent, an individualized evaluation must be conducted using a variety of technically sound, unbiased assessment tools. Based on the results, a team of professionals (including the parent of the child) determines eligibility for special education. Reevaluations are conducted at least every 3 years. Results are used to develop an IEP that specifies the special education, related services, and supplemental aids and services to be provided to address the child's goals. Placement in the least restrictive environment (LRE) is selected from a continuum of alternative placements, based on the child's IEP, and reviewed at least annually. IEPs must be reviewed at least annually to see whether annual goals are being met. IDEA contains specific provisions about IEP team composition, parent participation, IEP content, and consideration of special factors.	Section 504 provides for a placement evaluation that must involve multiple assessment tools tailored to assess specific areas of educational need. Placement decisions must be made by a team of persons familiar with the student who understand the evaluation information and placement options. Students with disabilities may be placed in a separate class or facility only if they cannot be educated satisfactorily in the regular education setting with the use of supplementary aids and services. Significant changes to placement must be preceded by an evaluation. Section 504 provides for periodic reevaluation. Parental consent is not required for evaluation or placement.

The school district provides educational programs and services for infants, toddlers and youth with disabilities, including those with emotional or behavioral disorders, pursuant to the Individuals with Disabilities Education Act (IDEA).

IDEA is a federal law which guarantees important rights for children with disabilities. These rights are:

- A free and appropriate education (FAPE) for all children with handicaps
- To be educated in the least restrictive environment (LRE)
- An individualized education program (IEP) prepared by a team which includes the parents
- Fair assessment procedures to be used to determine student's abilities and educational requirements
- Due process and complaint procedures to ensure student's rights are met

The special education process works like this:

►Referral

If you are concerned about your child's progress in school, you can contact the principal of your child's school to request an evaluation. This request should be made in writing.

To make a referral, contact one of the following:¹⁸

	Phone
Birth to 3	Contact Golden Gate Regional Center 415-546-9222
3 to 5 yrs	Contact Screening and Assessment Center
In a SFUSD public school	Contact the school Principal
In a S.F. private/parochial school	Contact Screening and Assessment Center

Note: State and Local Educational Agencies are responsible for assessing children and students who are referred for suspected disabilities from birth through 21 years. Some of these children and students MAY BE ELIGIBLE to receive Special Education Services. Students enrolled in private/parochial schools who do not reside in San Francisco should contact the local school district in which the family resides.

School personnel may not agree that your child needs to be assessed for special education services. If the school does not want to evaluate your child, ask your school for information about its special education policies, as well as parent rights to disagree with decisions made by the school system.

You may obtain a notice of your rights, called procedural safeguards, by calling the San Francisco Unified School District Special Education Office at 415-355-7735. You may also want to contact a parent support or advocacy organization. Organizations in San Francisco include:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------|
| • Special Education Community Advisory Committee (CAC) | cacspedsf@gmail.com |
| • Support for Families of Children with Disabilities (SFCD) | 415-920-5040 |
| • Community Alliance for Special Education (CASE) | 415-431-2285 |

¹⁸ San Francisco Public Schools Parent Handbook

► **Assessment**

The assessment will look closely at many areas of your child's learning and development, including your child's mental health. It must be conducted by a multi-disciplinary team, which means that more than one person must conduct the tests. The team may include classroom teachers, a school psychologist, social worker, speech and language therapists and a doctor. The assessment should also include information from the child herself and you, as parents. The schools must have your written permission to test your child and must tell you (in writing) what tests will be given and the purpose of each test.

► **Individualized Education Program (IEP)**

The IEP Meeting

Once the evaluation is completed, an IEP meeting will be held to determine if your child is eligible for special education services. This meeting must be held within 60 days of your signature giving permission for the schools to evaluate your child. The IEP team is to include: parents, child's teachers, a representative of the school district, person(s) who conducted the testing and others with knowledge of the child.

If your child is found eligible for special education services, the IEP meeting will continue and the team will develop an education plan specifically for your child. If your child does not meet the eligibility requirements for special education services, she may still receive accommodations or modifications through Section 504 or ADA. More information about Section 504 and ADA can be found in Appendix G.

The IEP Document

The IEP is a written document that outlines specific goals and objectives your child will work toward and describes the services the school will provide your child. Of particular importance for students with emotional and behavioral issues is a behavior plan. This plan should be included as a part of the IEP and should include what behavior expectations are reasonable for the student; any exceptions to the school policies on behavior that are to be made for the student; and positive behavior supports to help the child. The plan should be based upon an assessment which is conducted by staff trained in positive behavior interventions.

Placement and Services

Once the IEP is developed with goals, objectives, benchmarks and related services are determined, the IEP team makes a decision about where services will be delivered. IDEA requires that students with disabilities be educated with those without disabilities and have access to the general curriculum unless their IEP states otherwise. A child is removed from the regular class only when the disability is so serious that modifying the program, providing a behavioral assistant or making other adaptations will not allow the child to make reasonable progress. As parents, you will want to consider carefully the proposed school placement before signing the IEP and giving your permission for placement. The guide to observing placements in Chapter 3 may help you.

► AB 3632 Services

The following information was adapted from “AB 3623 FAQs” which can be found in its entirety on the San Francisco Department of Public Health website at: www.sfdph.org.

What is AB 3632?

In July 1984, the California Legislature passed AB 3632. This bill provided for shared responsibility for certain educational services. County Mental Health Departments were given responsibility for assessing eligibility for and providing mental health services offered as part of a student’s Individualized Education Program (IEP). In San Francisco, San Francisco Community Behavioral Health Services Child, Youth & Family system of care (CBHS-CYF) has worked with the San Francisco Unified School District (SFUSD) in the ongoing implementation of this legislation. Since AB 3632 mental health services are part of an IEP, they are provided at no cost to the family.

What are possible AB 3632 mental health services?

AB 3632 can only provide for planned mental health services which can include: consultation to the teacher, outpatient psychotherapy-- individual, family and/or group; day treatment (which includes milieu treatment as well as psychotherapy); psychiatric medication monitoring (but not the actual medication). It can also provide for residential placement, and case management related to it, when an expanded IEP team determines that out-of-home placement is the least restrictive setting to meet an ED student’s needs.

What possible mental health services are not covered by AB 3632?

AB 3632 does not cover any of the following types of mental health services:

- crisis or emergency mental health services
- psychiatric hospitalization; intensive case management services such as the Family Mosaic Project
- wraparound services such as shadow services
- Therapeutic Behavioral Services (TBS)
- the cost of psychiatric medications, even if prescribed by an AB 3632 psychiatrist

Why should one make an AB 3632 referral?

An AB 3632 referral should be made if it is felt a student is possibly eligible for AB 3632 and needs AB 3632 mental health services in order to benefit from his or her special education.

What are AB 3632 eligibility requirements?

According to California state AB 3632 law:

- The student is either eligible for special education or suspected of needing special education.
- The student has emotional or behavioral characteristics that are observable by school staff, impede the student from benefiting from his or her educational services, are significant as indicated by their rate of occurrence & intensity, and cannot be described solely as a social maladjustment or a temporary adjustment problem.

- The student's level of functioning (including cognitive) is at a level sufficient to enable him or her to benefit from mental health services. AB 3632 does not target developmental disabilities, or their resultant behaviors. Hence, AB 3632 services would not target an autistic student's autistic symptoms, but might help an autistic student who is depressed.
- The student has received counseling or guidance services provided by the school to help the student benefit from his/her current instructional program. These interventions may be by SFUSD staff such as the special education teacher, school counselor, principal/administrator, etc., unless the IEP team has determined such services are not appropriate (e.g., a youth recently hospitalized for mental health reasons would need the services of a mental health professional).
- The student needs AB 3632 mental health services in order to benefit from his or her special education.

Is an AB 3632 referral the best way to obtain mental health services?

Not necessarily. Since AB 3632 mental health services are part of the IEP, one must go through the IEP process to obtain them. Non-AB 3632 mental health services can usually be obtained much more quickly, e.g., one week versus two to four months. Most AB 3632 mental health services are not much different from non-AB 3632 mental health services. The biggest difference is that AB 3632 services must focus on school functioning, hence a youth who is having problems at home might not qualify for AB 3632 if these problems do not significantly affect his or her functioning at school.

Since AB 3632 services are voluntary, the best referrals are always those where the family has a good understanding of what are AB 3632 mental health services, and are motivated to use them.

One can also call the SF AB 3632 Unit directly for information: 415-642-4525.

Choosing a Mental Health Provider

Questions and Concerns

Telephone Log

Key People Chart

Authorization for release of medical records

Worksheet:

CHOOSING A MENTAL HEALTH PROVIDER

Use this worksheet to help you evaluate different Mental Health Providers. Make copies of the worksheet and use a different one for each provider you are evaluating.

NAME OF PROVIDER: _____

ADDRESS: _____

PHONE: _____

Pre-Appointment Questions (to ask receptionist)

Is (therapist) taking new patients? _____

What are your fees? _____

Do you consider
charging on a sliding-scale basis? _____

Do you take _____ Insurance?

or Medi-Cal? Yes _____ No _____

Does (therapist) have experience
with (your child's condition)? _____

How long has (therapist) been in practice? _____

What are (therapist's) credentials?

Questions for First Appointment (to ask therapist)

What is your experience with children with (your
child's condition)?

What is your philosophy/approach on treating
children with (your child's condition)?

How has this approach been effective? What are
the benefits and side effects?

Who sees your patients when you are not
available?

How much information will you discuss with me
about my child's progress?

What happens if you and I disagree on
services/treatment?

How do you monitor the effects of medication that
might be prescribed for my child?

Worksheet:

Questions for After First Appointment (to ask yourself/child)

Did I/my child feel comfortable with (therapist)?

Was (therapist) knowledgeable about my child's condition; did treatment options sound reasonable to me?

Did I feel (therapist) respected me and valued my opinions?

Did (therapist) listen to me and understand my concerns?

Do I/ does my child trust (therapist)?

Worksheet:

QUESTIONS AND CONCERNS

DATE: _____

NAME OF
PROVIDER: _____

PHONE: _____

Questions or Concerns:	Responses:
1. _____ _____ _____ _____	1. _____ _____ _____ _____
2. _____ _____ _____ _____	2. _____ _____ _____ _____
3. _____ _____ _____ _____	3. _____ _____ _____ _____
4. _____ _____ _____ _____	4. _____ _____ _____ _____
Instructions: _____ _____ _____ _____	
Follow-Up: With Who? _____ When? _____	

Worksheet:

TELEPHONE LOG

Date	Person Contacted	Phone Number
Time	Topic Discussed	
	Decision Made	
Date	Person Contacted	Phone Number
Time	Topic Discussed	
	Decision Made	
Date	Person Contacted	Phone Number
Time	Topic Discussed	
	Decision Made	
Date	Person Contacted	Phone Number
Time	Topic Discussed	
	Decision Made	
Date	Person Contacted	Phone Number
Time	Topic Discussed	
	Decision Made	

Worksheet:

KEY PEOPLE CHART

Name	Address	Phone
Primary Care Doctor _____ _____	_____ _____ _____	_____ _____ _____
Specialist _____ _____	_____ _____ _____	_____ _____ _____
Specialist _____ _____	_____ _____ _____	_____ _____ _____
Hospital _____ _____	_____ _____ _____	_____ _____ _____
Advice Nurse _____ _____	_____ _____ _____	_____ _____ _____
Health Plan _____ _____	_____ _____ _____	_____ _____ _____
Pharmacy _____ _____	_____ _____ _____	_____ _____ _____
Family Support _____ _____	_____ _____ _____	_____ _____ _____
Other Agency _____ _____	_____ _____ _____	_____ _____ _____
Other Agency _____ _____	_____ _____ _____	_____ _____ _____

Worksheet:

Authorization for Release of Medical Records

Date: _____

To: _____
(names of doctors, etc.)

_____ (phone)

_____ (fax)

RE: Medical records and communications re:

(name of your child)

From:

(your name)

(address)

(phone number)

Please send complete medical records of:

(name of child)

(date of birth)

To: _____
(contact person)

(agency name)

(address)

And to my home:

(your name)

(address)

(phone)

()

I would like all future reports or communications to be sent to my home as well. This will make it easier for me to coordinate information and make decisions about my child's care.

Thank you for your cooperation,

(your signature)

Worksheet:

Program: Child Health & Disability Prevention (CHDP)	Program: Community Behavioral Health Services (CBHS)
Contact:	Contact:
Address:	Address:
Phone:	Phone:
State Phone: 415-575-5712	State Phone: 415-255-3400
Program: Family Resource Center	Program: Healthy Families
Contact: Support for Families	Contact:
Address: 1663 Mission Street, 7th Fl. San Francisco, CA 94103	Address:
Phone: 415-920-5040	Phone: 888-558-5858
State Phone:	State Phone:
Program: Medi-Cal	Program: Regional Center
Contact:	Contact: GGRC
Address:	Address:
Phone:	Phone: 415-546-9222
State Phone: 888-558-5858	State Phone:
Program: Supplemental Security Income (SSI)	Program: Temporary Assistance for Needy Families (TANF / CalWorks)
Contact:	Contact:
Address:	Address:
Phone:	Phone:
State Phone: 800-772-1213	State Phone: See Your Local Social Worker

Worksheet:

Program:	Program:
Contact:	Contact:
Address:	Address:
Phone:	Phone:
State Phone:	State Phone:
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Program:	Program:
Contact:	Contact:
Address:	Address:
Phone:	Phone:
State Phone:	State Phone:

Use this checklist to record your child's development. This list includes some things your child might be doing or be ready to do at a specific age. Because children develop at different rates, these steps and their timing will vary some from child to child. Use this checklist to discuss these steps with your child's health care provider to learn what is appropriate and "on-target" for your child. If you have any concerns, talk to your health care provider.

FIRST WEEK: Your baby may be ready to:

- Respond to sounds by being startled, blinking, crying, becoming quiet, or changing his breathing
- Look at faces and follow objects with her eyes; respond to your face and voice
- Move his arms, legs, and head

ONE MONTH: Your baby may be ready to:

- Respond to sounds by being startled, blinking, crying, or quieting
- Look at faces and follow objects with her eyes
- Move his arms, legs, and head; lift her head briefly while on her stomach
- Sleep for 3 to 4 hours at a time; stay awake for 1 hour or longer

TWO MONTHS: Your baby may be ready to:

- Coo, gurgle, and sigh to express himself
- Show pleasure with parents; smile back when you smile
- Be interested in hearing sounds and looking at objects; respond to voices
- Lift her head, neck, and upper chest with support on forearms while on her stomach
- Have increasing head control when he's in an upright position

FOUR MONTHS: Your baby may be ready to:

- Lift his head and chest; control his head well; roll over
- Babble, coo, smile, laugh, and squeal to express herself
- Hold hands open; hold his own hands; reach for and bat toys and objects; grasp rattles
- Recognize your voice and touch
- Sleep for at least 6 hours at night

SIX MONTHS: Your baby may be ready to:

- Recognize her own name; turn to sounds
- Begin to say "dada" or "baba"; laugh, squeal, or imitate other sounds
- Push up onto hands while on stomach; sit with support; keep head up; stand when placed; roll over
- Transfer cubes from hand to hand or rake in small objects; grasp and put objects in his mouth
- Have her first tooth; begin to feed herself

NINE MONTHS: Your baby may be ready to:

- Get up on his hands and knees and crawl or move by scooting on his bottom
- Become anxious with stranger or be upset when you are away from her
- Put objects into his mouth; feed himself with fingers; poke with his finger
- Drop, throw, shake, or bang toys to see what happens
- Pull herself in a standing position; sit without support
- Learn to wave "bye bye"

- Play peekaboo or pat-a-cake
- Respond to his own name; say a few words like “mama” or “dada”; understand a few words

ONE YEAR: Your toddler may be ready to:

- Pull himself to stand, cruise and take a few steps along
- Play pat-a-cake, peekaboo, or so-big; bang blocks together; look for dropped or hidden objects
- Say 1-3 words; imitate sounds; wave “bye bye”
- Point with her fingers and feed herself

FIFTEEN MONTHS: Your toddler may be ready to:

- Say 3-10 words; understand simple commands; listen to stories
- Point to parts of his body
- Walk well; stoop; climb stairs; stack two blocks
- Feed herself using her fingers; drink from a cup
- Tell what he wants by pulling, pointing, or grunting

EIGHTEEN MONTHS: Your toddler may be ready to:

- Walk quickly; run stiffly; walk backwards
- Throw balls; pull toys along the ground; stack three blocks
- Say 15-20 words; imitate words; use two-word phrases; follow simple directions
- Listen to a story; look at pictures; point to some body parts; name objects; scribble
- Show affection; start to kiss
- Know how to use a spoon or cup

TWO YEARS: Your toddler may be ready to:

- Go up and down stairs one step at a time
- Kick a ball; stack five blocks
- Know at least 20 words; say two word phrases
- Follow directions with two parts
- Imitate adults

THREE YEARS: Your child may be ready to:

- Jump or kick a ball; ride a tricycle
- Know his name, age and sex
- Copy circles and crosses
- Dress and feed herself

FOUR YEARS: Your child may be ready to:

- Sing a song; talk about things he did during the day
- Draw a person with three body parts
- Tell the difference between fantasy and reality
- Give her first and last name
- Build a 10-block tower; hop on one foot; throw a ball overhand; ride a tricycle

This checklist was developed by HRIIC (the High Risk Infant Interagency Council). You can visit HRIIC’s website at www.hriic.org/