



SAN DIEGO REGIONAL OFFICE

1111 Sixth Ave., Ste. 200
San Diego, CA 92101
Tel: (619) 239-7861
TTY: (800) 719-5798
Toll Free: (800) 776-5746
Fax: (619) 239-7906
www.disabilityrightsca.org

CONFIDENTIAL COMMUNICATION

Date

Via Mail and Fax:

RE: Client's Name (DOB:)

Dear Mr. Steinberg and Ms. Moore:

Please be advised that Disability Rights California is providing advocacy services for Client's Name and his family to access much needed mental health services. Client's Name has required frequent psychiatric hospitalizations and residential treatment in the past. Presently, Client's Name's parents report that his behaviors are escalating and they have been unable to access mental health services. Client's Name is covered by Medi-Cal and qualifies for Early Periodic Screening, Diagnostic and Treatment Services (EPSDT). Client's Name meets medical necessity criteria for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Behavioral Services (TBS).

As you know, these services are designed to stabilize young people covered by Medi-Cal who are in crisis to prevent them from being sent to an out-of-home placement. TBS is an intensive, one to one, short-term outpatient mental health treatment designed for Medi-Cal eligible youth with serious emotional problems who are engaging in specific behaviors that endanger their safety or place them at risk for moving to a higher level of care in a group home or locked facility. Client's Name has engaged in self-injurious and harmful behaviors that endanger his safety and the safety of those around him. We request that Client's Name be evaluated and provided full EPSDT, ICC, IHBS, and TBS

services through Riverside County's Behavioral Health and Children's Mental Health Division.

Client's Name also requires mobile crisis services and an effective crisis response plan as an alternative to repeated hospitalizations. On behalf of Client's Name and his parents we also request that treating members of Client's Name's mental health team at Children's Mental Health attend future IEP meetings at Client's Name's school to develop an effective behavior intervention plan fully informed and supported by response to intervention practices. Your participation in this conference call would be greatly appreciated to coordinate mental health services for Client's Name that are not available through the regional center or Client's Name's school district.

I would greatly appreciate a call on Client's Name crisis as soon as possible.

Sincerely,

Your Name