NATIONAL HEALTH LAW PROGRAM

Foster Youth Access to Medi-Cal Specialty Mental Health Services:

Results from Qualitative Research in the California Counties with the Largest Foster Care Populations

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Executive Summary

Children and youth involved in child welfare have complex mental health needs, due in part to their compounding experiences with trauma and often inadequate access to appropriate services. In California, the State's Medicaid program (Medi-Cal) provides a critical safety net for foster children and youth. In Medi-Cal, County Mental Health Plans (MHPs) provide Specialty Mental Health Services (SMHS) to beneficiaries with intensive mental health needs.

This report series examines the extent to which foster children and youth in California have meaningful access to Medi-Cal SMHS. Our research focuses on the policies and practices of the five California counties with the largest foster youth populations: Los Angeles, San Bernardino, Riverside, Fresno, and Orange. Our research is presented in three parts: (1) a review of county policies, procedures, and beneficiary-facing materials; (2) a review of the available data in California and the counties; and (3) results from qualitative research studies in the five counties, including a survey of providers and advocates as well as test calls to each county's 24/7 mental health access line.

Taken together, this research seeks to provide a multifaceted picture of foster youth access to Medi-Cal SMHS on the ground. Our analyses suggest that many children and youth are not receiving the services they need to address their mental health conditions and to which they are entitled. In our reports, we make a number of recommendations for improving access to SMHS for foster children and youth, including enhancing State oversight of the counties, implementing greater data transparency, and improving education and training for county staff and providers.

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Introduction

Purpose and Goals

Children and youth in California are experiencing an escalating mental health crisis. This is especially true for youth involved in child welfare, who have unique health care needs due to their complex histories of trauma and often inadequate access to appropriate services prior to entering foster care. Once in care, difficulties with navigating multiple social service and health care delivery systems, and continuity of care disruptions caused by placement instabilities, can serve to further compound barriers to accessing the mental health care services that they need.

Most foster youth are eligible for California's Medicaid program, Medi-Cal, which provides a critical safety net to youth who otherwise cannot access mental health care services. In Medi-Cal, County Mental Health Plans (MHPs) are responsible for providing Specialty Mental Health Services (SMHS) to beneficiaries.[1] SMHS include a variety of mental health services, including crisis services, rehabilitation services, psychotherapy, medication support, case management services, and peer support services.[2] Medi-Cal beneficiaries under the age of 21 are entitled to additional services under Medicaid's "Early and Periodic Screening, Diagnosis, and Treatment" (EPSDT) benefit, which is sometimes referred to as "Medi-Cal for Kids & Teens" in California.[3] For example, in addition to the SMHS that are available to Medi-Cal beneficiaries of all ages, beneficiaries under age 21 may access intensive care coordination (ICC), intensive home based services (IHBS), therapeutic foster care (TFC), and therapeutic behavioral services (TBS) that they need to correct or ameliorate a behavioral health condition.[4]

MHPs must provide beneficiaries up-to-date and accurate information about SMHS, including through a comprehensive MHP Beneficiary Handbook.[5] Each MHP must also maintain a 24/7 toll-free "Access Line,"[6] with language capability in all threshold languages spoken by beneficiaries in the county.[7] Trained staff must be available to provide beneficiaries information on how to access SMHS, the access criteria, what services are available, and how the beneficiary can use the problem resolution and fair hearing processes.[8] The California Department of Health Care Services (DHCS) oversees MHP policies, procedures, and operations, including through test calls to the Access Lines every three years.[9]

Effective January 2022, California updated and expanded the criteria for access to Medi-Cal SMHS, making it easier for foster children and youth to access services.[10] Additionally, effective January 2023, it released standardized, statewide Adult and Youth Screening Tools, which all MHPs must use to guide referrals of beneficiaries who are not currently receiving mental health services.[11] Both reforms are a part of a broader state initiative called California Advancing and Innovating Medi-Cal (CalAIM), which seeks to promote a more equitable, coordinated, and person-centered approach to health care, including behavioral health care.[12]

This report is one part of a three-part series examining the extent to which foster children and youth in California have access to Medi-Cal SMHS.[13] To understand whether and how State policy reform has been implemented on the ground, we conducted a survey of mental health and child welfare advocates and service providers in the five California counties with the largest foster care populations. To understand how and to what extent foster youth and their caregivers receive critical information regarding SMHS, we also conducted test calls or "secret shopper" calls to the 24/7 Access Lines in each of the five counties.[14] This report summarizes the results of our survey and test calls, discusses how our findings reflect areas of need in foster youth access to SMHS, and makes recommendations for improving access and oversight.

Methodology

This research focused on Medi-Cal SMHS for children and youth in five counties in California: Los Angeles, San Bernardino, Riverside, Fresno, and Orange.[15] These five counties were selected because they had the largest foster care populations in July 2022.[16] Our research consisted of two qualitative studies: (1) a survey of mental health and child welfare advocates and service providers; and (2) test calls to the MHPs' 24/7 Access Lines.

The survey consisted of 9 substantive questions that aimed to gather information about the respondents' backgrounds, their awareness of the recently expanded Medi-Cal SMHS access criteria, and the issues that they have recently seen related to foster youth access to SMHS.[17] Our target respondents were health and child welfare advocates, mental health service providers, and child welfare social workers. Taking into account that some foster youth experience frequent placement type changes and instabilities, we targeted the survey to advocates and providers who serve children and youth involved in child welfare (including current and former foster youth up to age 26). The survey consisted of multiple choice questions. We also provided space after each question for respondents to provide any further context, explanation, or other information that they may have found relevant. We distributed the survey electronically to legal aid organizations, health advocates, mental health service

provider organizations, child welfare advocates, Court Appointed Special Advocates (CASAs), and some county child welfare social workers in the five target counties. The survey was distributed in late March and early April 2023. We requested respondents to provide responses based on their recent workload, advocacy, and observations.

Our survey was open for approximately three weeks and closed on Friday, April 14, 2023. We received 41 survey responses: 8 from health advocates or attorneys, 7 from child welfare advocates or attorneys, and 26 from mental health service providers. One respondent identified as a former resource parent, while another respondent identified as a youth advocate. We did not receive any response from child welfare social workers. In our survey, we asked respondents to report which county or counties they worked or provided services in. 82.9% of our respondents worked or provided services in Los Angeles County, 31.7% worked or provided services in Riverside County, 22% worked or provided services in San Bernardino County, 17.1% worked or provided services in Fresno County, and 12.2% worked or provided services in Orange County.

For our test calls, we placed 10 calls (2 per county) to the 24/7 Access Lines in the five target counties at various times of the day during the week of April 17, 2023.[18] Prior to conducting our test calls to the Access Lines, we created a script detailing a realistic scenario and listing specific questions. The scenario and the questions asked were kept consistent across all test calls. Additionally, the same person conducted all of the calls and tracked the details of the call in a centralized, pre-populated chart, in order to minimize differences in the calls and in documentation.[19]

Limitations

Our research had several limitations. First, both the survey and test calls consisted of small sample sizes. Although we collected meaningful information, we did not have a large enough sample size to identify every issue that foster youth in these five counties may have experienced or encountered. The small sample size also limits our ability to determine the extent to which the issues that were identified are systemic or widespread within or among the counties. Second, because our survey was voluntary, we likely experienced selection bias when our respondents chose to participate in our research. Although we have shared the demographic breakdown of our respondents, we acknowledge that self-selection bias may have caused overrepresentation of certain types of respondents and impacted our results. For example, out of the 41 survey responses we received, more than half of our respondents were mental health service providers and a majority of them served or worked in Los Angeles County. Additionally, even though we invited county child welfare social workers to complete our survey, we received no response from this population of providers.

Third, it is possible that our survey results were impacted by a self-reporting bias and potential errors in comprehension. Our research allowed respondents to interpret our survey questions as they understood them and respond as they deemed appropriate. This room for interpretation could have impacted our results.[20] Likewise, as with any survey, the manner in which the questions were framed can impact how the individual responds. While we tried to mitigate potential framing bias by not only including multiple choice answer options, but also space for freeform explanation, we acknowledge the impact that our framing could have had on survey responses.[21]

Fourth, the scope of our survey was limited. For this particular research, we targeted advocates and providers. The survey was not intended for other populations, such as youth, parents, and caregivers. While we hope to expand our research in the future to include the direct experiences and observations of foster youth and the people that support them, this particular survey was not developed for them. We recognize and strive to be more inclusive of additional types of respondents in the future.

Finally, for the test calls, in addition to the small sample size, our findings were also limited to the points in time in which the calls were placed. Although we made the calls at various times of the day, all of the test calls were placed during regular business hours between a Monday and Wednesday. The Access Lines are supposed to operate 24 hours a day, 7 days a week. By only conducting these test calls during these specific time frames, we could not assess how foster youth and their families may access the Access Lines at other times, including at nights and on the weekends. Additionally, because of the small sample size, it is possible that what we encountered during the test calls only reflected the staff members' individualized responses and not necessarily the MHP's policy or procedure.

We recognize and acknowledge that the research documented in this report is qualitative in nature. Qualitative research has its limitations, however, it is one source of a complex endeavor to learn more about SMHS access on the ground.

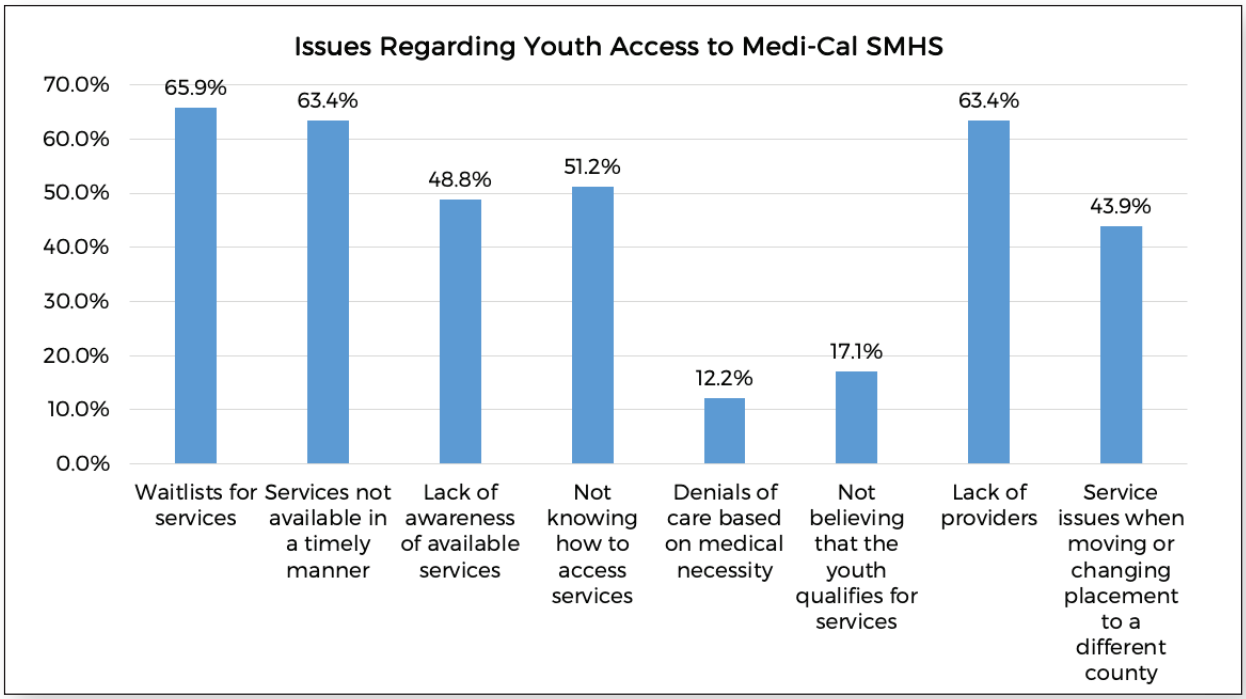
Findings and Analysis

1. Reported Issues with Foster Youth Access to Specialty Mental Health Services

In our survey, we asked providers and advocates to share what issues they have recently observed with regards to foster youth access to Medi-Cal SMHS (*see* Appendix A, Question 3). We asked respondents to select from a pre-populated list of eight known issues, which were developed based on our prior knowledge, research, and feedback from community partners.[22] We also provided space for respondents to report additional issues or explain their answers.

As demonstrated in Figure 1a, more than half of the respondents reported that they have observed waitlists for services, services not being available in a timely manner, youth not knowing how to access services, and a lack of providers. Many respondents also reported that foster youth regularly experience service issues when moving or changing placement to a different county.

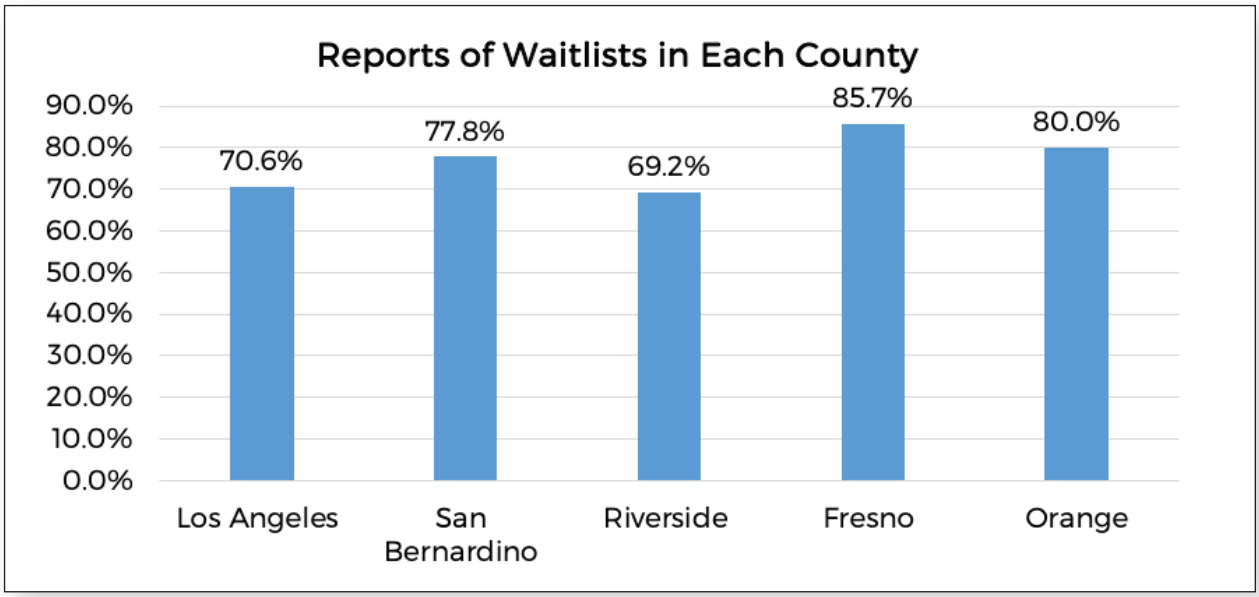
Figure 1a



A. Waitlists

As shown in Figure 1a above, more than 65% of respondents reported waitlists for SMHS. Waitlists were identified in all five counties (*see* Figure 1b). This finding is significant because it indicates that MHPs are likely not providing timely access to SMHS for their beneficiaries, as required by law.[23]

Figure 1b

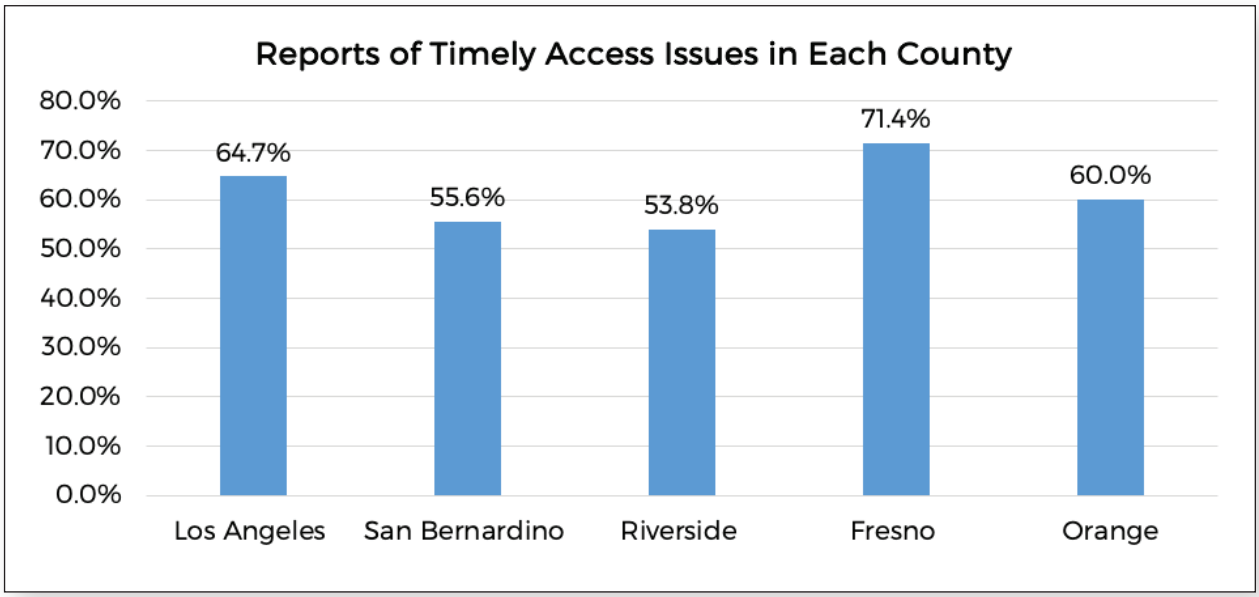


Waitlists were particularly prevalent in Orange and Fresno counties, with 80% of respondents who worked in or served Orange County reporting waitlists and more than 85% of respondents in Fresno County reporting waitlists. The length of the waitlist varied by county. For example, Orange and San Bernardino counties were reported to have waitlists around 4 months long. Fresno County was reported to have a 100 person waitlist. In Los Angeles County, the waitlists varied by service area; waitlists of 1–3 months, 6–8 months, and 12 months were reported. We also received a report of at least 200–400 people being on one waitlist. In all of these instances, the MHPs are violating the timely access requirements set by law.[24]

B. Timely Access

More than 60% of respondents reported that SMHS were not available to youth in a timely manner (*see* Figure 1a above). This issue was reported in all five counties, and it was particularly prevalent in Los Angeles, Fresno, and Orange counties. As demonstrated in Figure 1c, 60% or more of respondents from these three counties identified lack of timely access as an issue.

Figure 1c



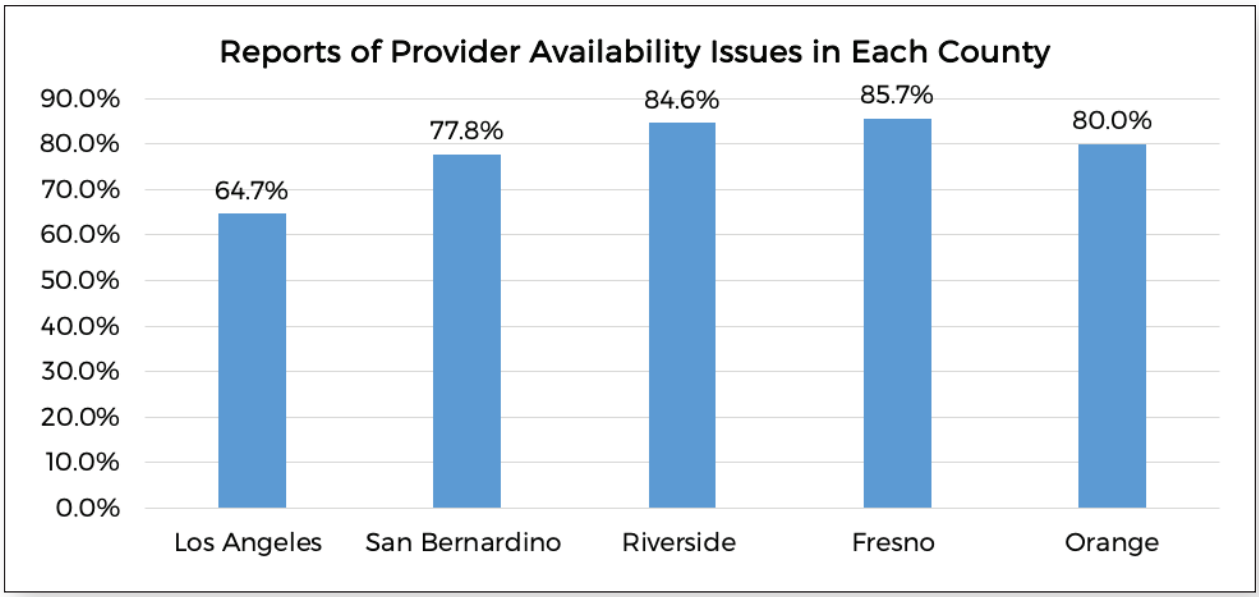
We also received feedback that youth who are placed in out-of-county placements experience heightened delays in service delivery, which is worth exploring further, as counties are obligated to coordinate care for beneficiaries and ensure continuity of care.

C. Provider Availability

More than 60% of respondents identified provider availability as an issue impacting youth access to SMHS (*see* Figure 1a above). We received feedback that "there are just not enough providers to meet the needs."

As shown in Figure 1d below, provider availability issues were reported in all five counties, especially in Fresno and Riverside counties. Approximately 85% of respondents from Riverside and Fresno counties, 80% of respondents from Orange County, and more than 75% of respondents from San Bernardino County identified provider availability as a barrier to foster youth access to SMHS. It is worth noting that a large portion of Fresno and Riverside counties encompass rural areas.

Figure 1d



We also asked survey respondents to identify the nature of the network adequacy issues in their counties. Specifically, we asked whether they have observed "no provider availability in the area where the youth resides," "no provider availability for a specific service type," a "lack of providers who speak the same language as the family," and/or a "lack of providers who are the right fit for the individual" (*see* Appendix A, Question 6). We received affirmative responses for all four of these specific issues across all five counties, with "no provider availability in the area where the youth resides" being the top identified issue. This finding is concerning, particularly in light of the expansion of Medi-Cal telehealth services in recent years, which allows youth to receive services from providers outside of their geographic area and thus should have improved network adequacy.[25] It is consistent with feedback we received from one respondent, who explained that telehealth is unreliable for the foster care population. Given these findings, it is worth further exploring how telehealth has been used to deliver SMHS to children and youth involved in child welfare.

"No provider availability for a specific service type" and "lack of providers who are the right fit for the individual" were two other highly selected provider availability issues. Specifically, respondents reported a lack of child psychiatrists, especially in Fresno County. Respondents also reported a lack of available home and community based intensive care services, such as ICC and IHBS, which are SMHS that were specifically designed to help children and youth under age 21 with intensive mental health needs.[26] Many respondents also identified lack of provider diversity as a pressing issue. Specifically, the lack of Spanish-speaking providers, providers of color, male providers, and providers who specialize in working with LGBTQIA+ youth were reported issues.[27] The lack of diversity in

behavioral health providers is consistent with recently published state data on the behavioral health workforce.[28]

We also received feedback from providers on what is contributing to these network adequacy issues. Many respondents reported having difficulty hiring and/or retaining workers because of the statewide behavioral health provider shortage. Some respondents also shared the challenges of not having enough funding that goes directly to community-based organizations, the high workload on providers due to high demand, and provider burnout. Several respondents shared their frustration with having to compete with and often lose their providers to other entities, such as managed care plans (MCPs), school districts, and for-profit tele-mental health provider companies, which can offer more pay and a better work-life balance to providers.

D. Other Issues: Coverage, Quality of Services, and System Coordination

Respondents also reported several other issues impacting foster youth access to SMHS, including Medi-Cal coverage issues, poor quality of services, and inadequate coordination between the various health and social service delivery systems. First, many respondents reported not understanding or not having access to sufficient information about Medi-Cal coverage and the county MHP's policies related to SMHS access. Several respondents also highlighted the limitations of Medi-Cal's covered services. For example, although Medi-Cal provides children and youth access to an array of SMHS, respondents shared that some children and youth "need more than talk or play therapy" but "Medi-Cal does not cover what they actually need." Services should be personalized and cannot be "one size fits all." Some respondents also reported experiencing challenges in getting Medi-Cal to cover "more sessions" or mental health services for youth who use substances.

Second, quality of services was a concern that came up frequently. Several respondents reported seeing high turnover in wraparound teams from community-based mental health service organizations, which was negatively impacting quality of services. Especially for children and youth, changing providers can not only disrupt individual provider-patient relationships, but also disrupt services, erode trust, and impact continuity of care. Many respondents also shared that, because of the shortage of licensed providers, many community-based organizations had to rely on their interns or other non-licensed providers to meet demand. For youth who require the attention and care from more experienced or specialized providers, these arrangements often do not meet their needs. As one respondent put it, "clients will get services, just not always what they want or need."

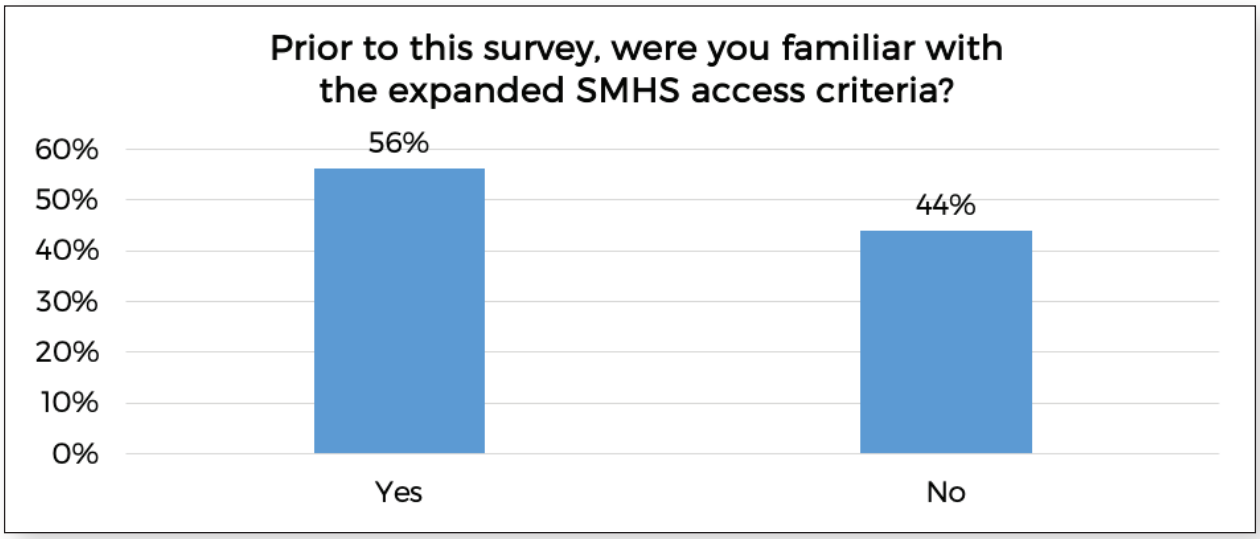
Finally, respondents also identified lack of coordination between the various health and social service delivery systems as a barrier to foster youth SMHS

access. For example, respondents shared that sometimes, when mental health services are court ordered, the referral can become a routine "check box" instead of meaningful services based on the child's need. They also highlighted that, when a child's placement changes, sometimes the new caregiver can be unable or unwilling to work with the previous service providers, disrupting continuity of care. Provider respondents also shared their frustrations with not being able to make progress with treatment when the child or youth has unaddressed underlying social needs or is experiencing instability in their lives, such as with housing. In these instances, coordination between the different systems, including the juvenile court and child welfare agency, becomes critical to ensuring that children and youth have access to quality SMHS.

2. Implementation of Expanded SMHS Access Criteria

In our survey, we asked respondents whether or not they were aware of the expanded Medi-Cal SMHS access criteria that took effect on January 1, 2022 (*see* Appendix A, Question 5).[29] As with other questions, we also provided them with space to explain or expound upon their answer. As demonstrated in Figure 2a, as of April 2023, nearly half of the respondents were not familiar with the policy change prior to reading this survey. This is concerning considering that, at the time of the survey, the policy had already been in effect for sixteen months. It suggests that the State and counties have not done an adequate job of informing and educating providers, advocates, and other stakeholders about this significant policy change.

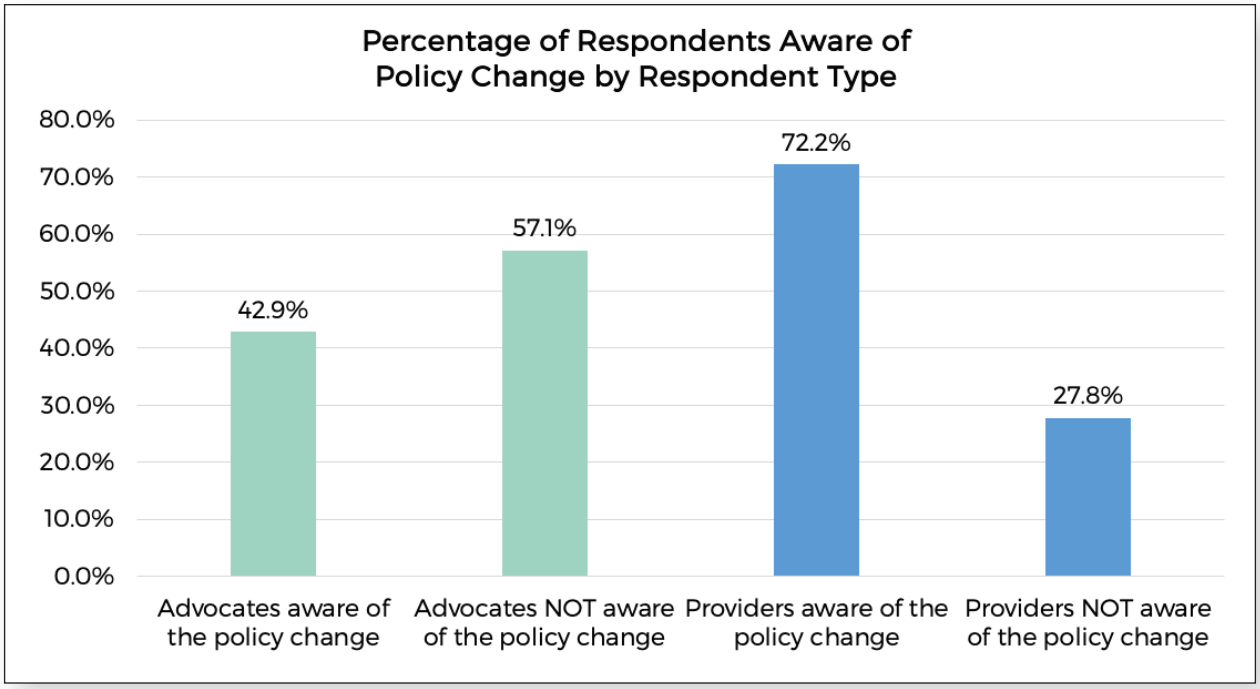
Figure 2a



Familiarity with the policy reform differed by respondent type. Generally, providers were more aware of the policy change than advocates. As shown in Figure 2b below, 72% of providers who responded to our survey reported being aware of the policy change, as compared to only 43% of advocates. Some providers shared that they knew about the policy change through their organization's quality management department or through participating in statewide stakeholder groups. Other respondents shared that, although they had heard of the policy change, they were unfamiliar with the details.

More than half of the advocates who took our survey (57%) were previously not aware of the access criteria policy change. This statistic includes an equal number of child welfare and health advocates. A disproportionate number of the advocates who were not aware of the policy change were from Fresno County.

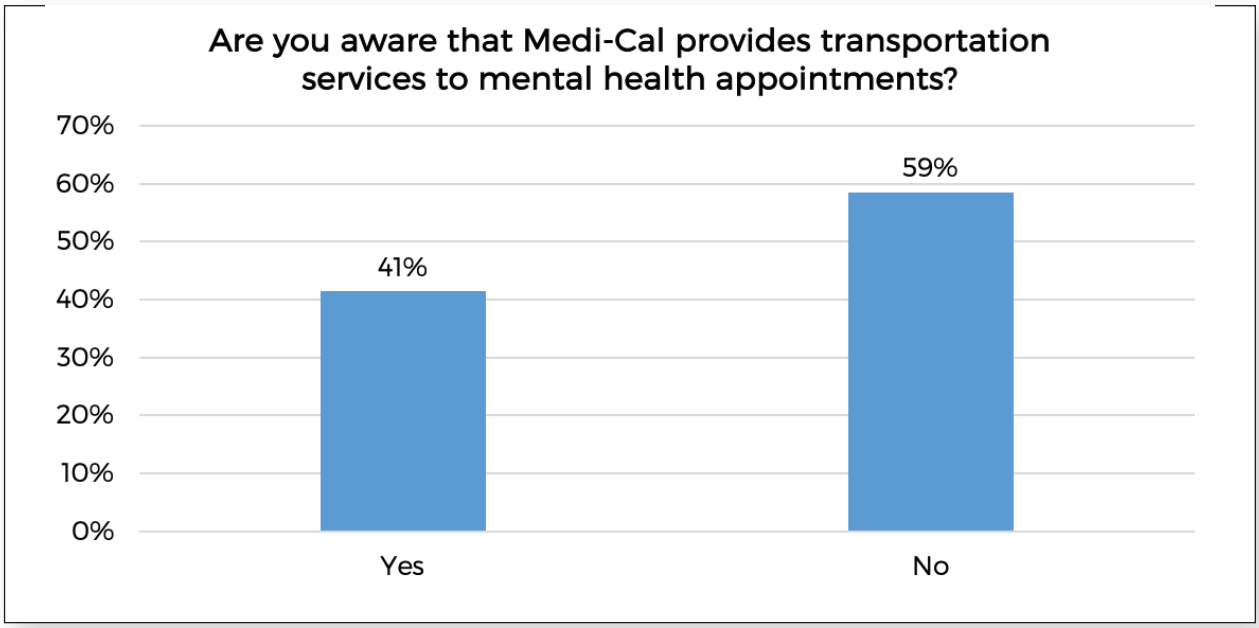
Figure 2b



3. Confusion About Medi-Cal Transportation Services

We also asked survey respondents whether they were aware that Medi-Cal can provide beneficiaries transportation services to mental health appointments (*see* Appendix A, Question 7).[30] As shown in Figure 3 below, nearly 60% of respondents answered "no."

Figure 3

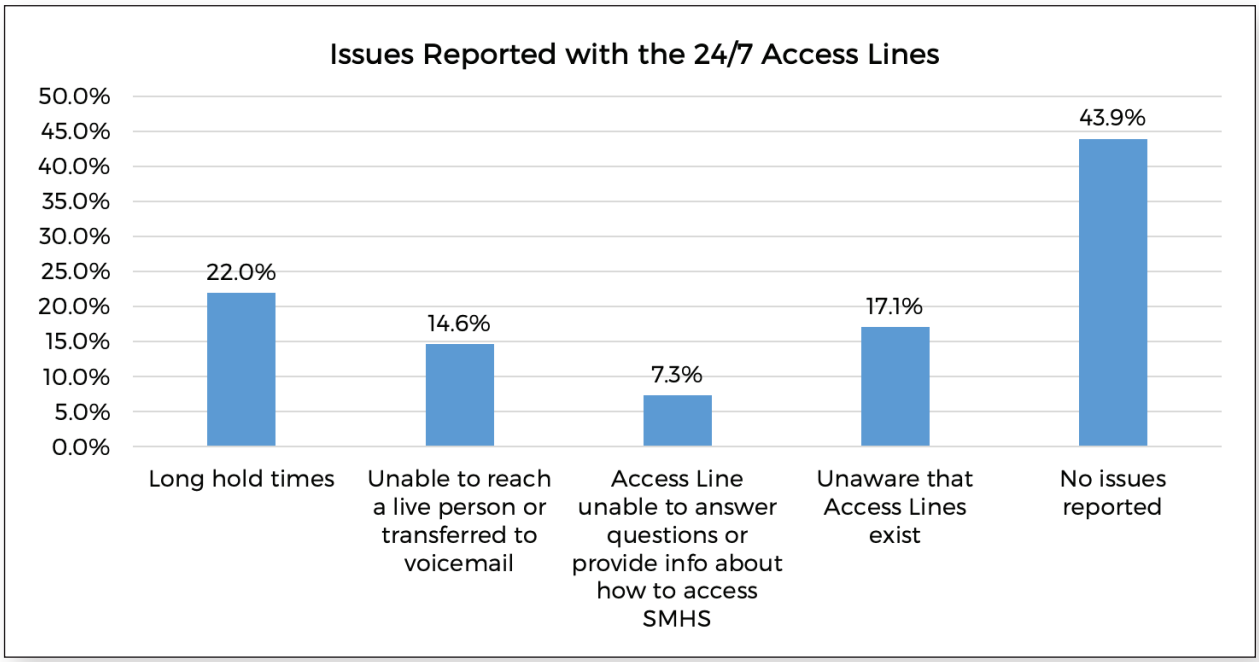


Further, of the respondents that reported being aware of Medi-Cal transportation benefits, many shared that they did not know how to access it. Some respondents also reported confusion about whether and how minors can access the benefit. For example, they did not know whether children under age 18 could be transported alone.

4. Effectiveness of County 24/7 Access Lines

In our survey, we asked providers and advocates what issues they have recently observed with the 24/7 Access Lines that the counties are required to maintain (*see* Appendix A, Question 8). As demonstrated in Figure 4 below, more than half of respondents reported at least one issue with the Access Lines, including "long hold times," being "unable to reach a live person or getting transferred to voicemail," the "Access Lines [being] unable to answer questions or provide information about how to access SMHS," and being "unaware of what [the] Access Lines are." The remaining respondents (44%) shared that they were not familiar with any problems with the Access Lines.

Figure 4



A. Long Hold Times or Unable to Reach a Live Person

As shown in Figure 4 above, 22% of respondents identified "long hold times" and 15% of respondents identified being "unable to reach a live person or getting transferred to a voicemail" as issues that they have observed with the 24/7 Access Lines. Essentially, more than 35% of respondents have seen or heard of foster youth or their caregivers being unable to access this critical telephone support line in a timely manner. These issues were reported in all five counties, and it was particularly pronounced in Los Angeles County.

Our survey results are consistent with the results of our test calls to the Access Line in Los Angeles County. As detailed in our call log in Appendix B, both times we called the Los Angeles County MHP Access Line, we were unable to reach a live person. Both times, we were directed to go through an automated phone tree and placed in a waiting queue for more than 16 minutes before we disconnected.

We did not directly observe these issues in the other four counties' Access Lines. However, when contacting the San Bernardino County MHP Access Line, we were repeatedly directed to call a different telephone line. Upon dialing the new number, we were immediately transferred to a voicemail without the option to talk with a live person.

B. Staff Unable to Answer Questions or Provide Information About How to Access SMHS

Many survey respondents (7%) identified "Access Lines [being] unable to answer questions or provide information about how to access SMHS" as an issue that they have observed or heard from youth (*see* Figure 4). These survey results are consistent with the results of our test calls to the 24/7 Access Lines in San Bernardino, Riverside, Orange, and Fresno counties, as summarized below.[31] Because we could not reach a live person in Los Angeles County, we were not able to evaluate the knowledge of the Access Line staff in that county via our test calls.

San Bernardino County. During both test calls, staff at the San Bernardino County MHP Access Line could not answer any questions about SMHS or provide information about how to access SMHS for a foster youth, other than directing the caller to contact another agency. It was unclear whether this result was due to the staff member's lack of knowledge or the county's protocol to direct all questions about foster children to the Children and Youth Collaborative Services. Either way, this result is concerning because the Access Lines are legally required to, at a minimum, provide beneficiaries—including foster children and their caregivers—information on how to access SMHS.[32] Directing the callers to contact another agency is insufficient, especially when the other agency's phone number redirects to a voicemail.

Riverside County. During our test calls, the Riverside County MHP Access Line provided some information on how to access SMHS. During the first call, the agent answered a few questions about how to access SMHS (e.g., when asked, the agent communicated that a mental health diagnosis is not required to qualify for mental health services). However, the agent repeatedly directed the caller to the county's child welfare agency, without providing additional information on SMHS. When the caller specifically requested resources on mental health services through Medi-Cal, the agent provided the MHP's name ("Riverside University Health System"), but failed to provide any additional information. Notably, the agent never mentioned the MHP's Beneficiary Handbook, which the county is mandated to provide to all Medi-Cal beneficiaries. During the second test call, the agent was more helpful and provided detailed information on the SMHS referral process, timeline, and relevant contact information. The stark difference between the two test calls to the Riverside County MHP Access Line is concerning, as it shows that foster youth are not consistently receiving information on how to access SMHS.

Fresno County. The two test calls to the Fresno County MHP Access Line had very different results. During the first call, the agent could not answer any questions about SMHS when asked. Instead, the agent started asking the caller questions from the Youth Screening Tool[33] and, upon learning that the caller

was inquiring on behalf of a foster youth, insisted that they had to transfer them to another agency. The agent stated that "the State of California required" them to transfer the caller. During the second call, the agent was able to provide information on the updated SMHS access criteria and the assessment process when asked. The agent also offered to share a booklet about mental health providers. However, when asked about information related to mental health *services*, the agent responded that they did not have such materials. The MHP Beneficiary Handbook was never mentioned. Ultimately, the second call agent also transferred the caller to another agency, yet it was a different agency name and a different phone number from the first test call.

Orange County. The two test calls to the Orange County MHP Access Line also resulted in very different experiences. During the first call, the agent could not answer any questions about SMHS or provide information about how to access SMHS for a foster child. In fact, the agent stated that the line was an "adult-only" line and directed the caller to contact 2-1-1 or the county's Medi-Cal provider (CalOptima). This response is very concerning, because MHPs are required to maintain an Access Line that serves beneficiaries of all ages. During the second test call, the agent could not provide any information on SMHS or answer any questions about how to access SMHS. Unlike the first call, however, they did not state that the line was only for adults, suggesting that the first call could have been an isolated occurrence.

C. Awareness of the Access Lines

Through our survey, we also identified issues with lack of awareness of the existence of the 24/7 Access Lines, with several respondents (17%) expressing that this as a problem in their counties (*see* Figure 4). This suggests that some providers, advocates, and/or the foster youth they serve do not know that they can utilize the Access Line as a resource to get mental health services or learn more about available benefits. It also suggests that the State and/or counties are not performing sufficient outreach and community education about the Access Lines.

In preparation for our test calls, we found that, while DHCS lists each county's Access Line on its website, they are labeled as "MHP phone numbers" instead of mental health or behavioral health "Access Lines."[34] This is concerning because foster youth (or even adults who work with or care for them) who are searching for help may not realize that these lines are intended to assist beneficiaries. There is also a second list of "Substance Use Disorder County Access Lines" on DHCS's website, which contains several numbers that are different from the other list.[35] The lack of a clear and centralized list may cause confusion and create delays or barriers for foster youth who are struggling to access mental health services.

The counties' marketing of the Access Lines is more user friendly, yet not without its problems. Each county advertises their Access Line in their MHP Beneficiary Handbook and four out of the five counties we reviewed prominently display the Access Line on the homepage of their websites.[36] Orange County does not include the Access Line on their homepage, but instead only on a subpage with more information about behavioral health services.[37] Orange County also calls their 24/7 Access Line the "Administrative Services Organization (ASO)" and hosts a separate 24/7 "navigator" line called "OC Links," which may cause some confusion.[38] Further, the phone number that Riverside County lists in its own materials differs from the number listed by DHCS.[39] While, upon testing, they both direct to the same call center, the numbers should be made consistent.

Conclusion and Recommendations

More than a year after State policy reform that expanded foster youth access to Medi-Cal SMHS, youth are still facing significant barriers to care. Our qualitative research identified several ongoing issues in the five counties we examined, including significant waiting periods for services, provider network insufficiency, and information gaps. Additionally, we observed capacity and training problems with the county-operated Access Lines. If staff from these call centers cannot consistently provide accurate and up-to-date information about how to access SMHS, it can create or perpetuate barriers to care. This is especially true for foster youth, who are already navigating multiple, complex social service delivery systems. From our survey and test calls, it is clear that the counties are struggling to meet the mental health needs of children and youth involved in child welfare.

Given these findings, we recommend that the State increase its oversight of the MHPs and improve coordination among the different systems that foster youth interact with. We also recommend that the counties take steps to improve access to SMHS on the ground. Specifically:

- DHCS should conduct more frequent oversight reviews of the county MHPs. Triennial Reviews are not frequent enough to ensure that counties are in compliance with current law. Among other requirements, the reviews should evaluate how and to what extent the SMHS expanded access criteria has been implemented, whether the new Youth and Adult Screening and Transition of Care Tools are being utilized, and whether the Access Lines are properly functioning. These reviews should be made publicly available and corrective actions plans put in place when counties are found to be out of compliance with relevant law.

- The State should work to improve coordination between the different systems that foster children and youth receive services from, most notably between the child welfare system and Medi-Cal's multiple behavioral health delivery systems. For example, not only do MHP Access Line staff need to be properly trained on how youth can access mental health services, but child welfare staff and the court systems (who are often the entities ordering the services) need to be

knowledgeable. “No wrong door” for foster youth includes training for managed care and mental health plans, as well as providers and advocates across systems. Additionally, Enhanced Care Management (ECM) for foster youth, a new benefit offered through Medi-Cal managed care plans that launched in July 2023 (shortly before the publication of this report), should be closely monitored and evaluated for its effectiveness.

- Counties should enhance provider education and training opportunities. Our survey revealed gaps in provider awareness and understanding of mental health services, coverage, and ancillary benefits (e.g., transportation). If providers are not familiar with Medi-Cal benefits, then there is a concern that they may not be properly assessing and/or referring foster youth.

- Counties should regularly evaluate and correct any provider network adequacy or timely access to care issues. Maintaining a waitlist for services that exceeds the mandatory appointment timeframes, as set forth by law, is unacceptable and also violates federal EPSDT requirements.

- Counties must properly train their Access Line staff so that they are knowledgeable about available services and can properly direct beneficiaries on how to access those services, as required by law. Staff education should be ongoing and incorporate changes in relevant law and policy, especially policy that directly impacts access to services. Counties should also hire enough staff such that beneficiaries do not experience long hold times or be transferred to voicemail.

APPENDIX A. Survey

Survey for Advocates & Providers: Access to Medi-Cal Mental Health Services for Foster Youth

This survey aims to identify the barriers that children and youth involved in child welfare (including current and former foster youth up to age 26) face when trying to access Medi-Cal Specialty Mental Health Services (SMHS) in Los Angeles, San Bernardino, Riverside, Fresno, and Orange counties. Please share your insights based on your recent workload, advocacy, and observations.

This survey was developed by the National Health Law Program, a nonprofit public interest law firm that protects and advances the health rights of low-income and underserved individuals and families. Its purpose is to inform our research and advocacy. All personally-identifiable information will be kept confidential. If you have any questions, please contact Carly Myers (myers@healthlaw.org) or Nancy Lam (lam@healthlaw.org).

Please complete this survey no later than **Friday, April 14, 2023.**

Name (Optional): _____

Email (Optional): _____

Affiliation (Optional): _____

1. Describe your role. Select all that apply:

- o Health advocate or attorney
- o Child welfare advocate or attorney
- o Mental health service provider
- o County child welfare social worker
- o Other: _____

2. **Which counties do you work in? Check all that apply:**
   - o Los Angeles
   - o San Bernardino
   - o Riverside
   - o Fresno
   - o Orange

3. **What issues are you seeing with regards to youth access to Medi-Cal Specialty Mental Health Services (SMHS)? Check all that apply:**
   - o Waitlists for services
   - o Services not available in a timely manner
   - o Lack of awareness of available services
   - o Not knowing *how* to access services
   - o Denials of care based on medical necessity
   - o Not believing that the youth qualifies for services
   - o Lack of providers
   - o Service issues when moving or changing placement to a different county
   - o Other: _____

   Explain (Optional):_____

4. **Is there a waitlist for SMHS in your count(ies)?**
   - o Yes
   - o No
   - o Unsure

   Explain (Optional) (e.g., how long is the current waitlist?):_____

5. **Effective January 2022, the State updated and expanded the criteria for access to SMHS through Medi-Cal. Prior to this survey, were you familiar with this policy change, which made it easier for children and youth in the child welfare system to access services?**
   - o Yes
   - o No

   Explain (Optional):_____

6. **Have you seen any of the SMHS provider availability issues below? Check all that apply.**
   - o No provider availability in the area where the youth resides
   - o No provider availability for a specific service type
   - o Lack of providers who speak the same language as the family (including the child, youth, or caregiver)
   - o Lack of providers who are the "right fit" for the individual (when considering, e.g., gender, communication style, cultural competency, and other factors that can impact trust in the patient-provider relationship)
   - o Other: _____

   Explain (Optional):_____

7. **Are you aware that Medi-Cal provides transportation services to mental health appointments?**
   - o Yes
   - o No

   Explain (Optional):_____

8. **Each county has a 24/7 Access Line to provide immediate help, resources, and information about specialty mental health services. Have you seen any issues regarding these Access Lines? Check all that apply.**
   - o Long hold times
   - o Unable to reach a live person or getting transferred to a voicemail
   - o Access line unable to answer questions or provide information about how to access specialty mental health services
   - o Unaware of what Access Lines are
   - o I am not aware of problems regarding these Access Lines
   - o Other: _____

   Explain (Optional):_____

9. **Is there anything else you'd like to share?**

_____

_____

APPENDIX B. Test Call Log

1. Los Angeles County

Test Call #1

The test call was placed on Monday, April 17, 2023 at 10:10 a.m. PST. The call was answered immediately via a pre-recorded phone tree directing the caller to select a language option, which included English, Spanish, and other languages. After choosing the language, the recorded message asked if the caller was seeking mental health access or emotional health services. After choosing mental health access, it then asked if the caller wanted general information, clinic referrals, or patients' rights information. Upon choosing "general information," the caller was informed that the call would be transferred to a live agent and that there was one (1) person ahead in the queue. It took the caller approximately two (2) minutes to get through the automatic phone tree.

The caller was placed on hold. After being placed on hold for approximately sixteen (16) minutes, the caller disconnected. The caller never reached a live agent.

Test Call #2

The test call was placed on Tuesday, April 18, 2023 at 4:17 p.m. PST. The call was answered immediately via a pre-recorded phone tree directing the caller to select a language option, which included English, Spanish, and other languages. After choosing the language, the recorded message asked if the caller was seeking mental health access or emotional health services. After choosing mental health access, it then asked if the caller wanted general information, clinic referrals, or patients' rights information. Upon choosing "general information," the caller was informed that the call would be transferred to a live agent and that there were eighteen (18) people ahead in the queue. It took the caller approximately 1 minute to get through the automatic phone tree.

The caller was placed on hold. After being placed on hold for approximately sixteen (16) minutes, the caller disconnected. The caller never reached a live agent.

2. San Bernardino County

Test Call #1

The test call was placed on Monday, April 17, 2023 at 11:12 a.m. PST. The call was answered after a few seconds via a pre-recorded automated message, directing the caller to dial 9-1-1 if there was a medical emergency. The automated message then provided the option to dial 1 for English or dial 2 for Spanish. Upon selecting "1" for English, the caller was immediately connected to a live agent.

The caller requested information about accessing mental health services in the county concerning a foster child's mental health and his depressive mood. The agent directed the caller to contact the Children and Youth Collaborative Services (CYCS) Administration at 909-501-0700. The caller wrote down the phone number and requested general information about accessing mental health services for children. The agent declined to provide further information and directed the caller to CYCS. The caller then ended the call. The call lasted approximately two (2) minutes.

Test Call #2

The test call was placed on Wednesday, April 19, 2023 at 12:19 p.m. PST. The call was answered after a few seconds via a pre-recorded automated message, directing the caller to dial 9-1-1 if there was a medical emergency. The automated message then provided an option to dial 1 for English or dial 2 for Spanish. Upon selecting "1" for English, the caller was immediately connected to a live agent.

The caller requested information about accessing mental health services in the county concerning a foster child's mental health and his depressive mood. The agent directed the caller to contact the department that serves foster children and provided a phone number, 909-501-0700 (the same phone number that was provided during Test Call #1 for CYCS). The caller wrote down the phone number and requested basic information about mental health services for children. The agent declined to provide further information and again directed the caller to call the number provided. The caller then ended the call. The call took approximately three (3) minutes.

The caller contacted the phone number provided by the Access Line agent (CYCS). The call was answered after a few rings via an automated message, identifying the number as the main line for children services for San Bernardino County Department of Mental Health (DBH) and directing the caller to dial 9-1-1 if there was a medical emergency. It asked the caller to leave a message with a name and phone number to receive a call back. The caller disconnected. The

caller was not given an option to be connected to a live person and never reached a live person.

3. Riverside County

Test Call #1

The test call was placed on Monday, April 17, 2023 at 12:37 p.m. PST. The call was answered after a few seconds via a pre-recorded automated message, offering a Spanish option and directing the caller to hang up and dial 9-1-1 if there was a medical emergency. The automated phone tree provided options to leave a voice message, reach the Substance Abuse DUI program, file a complaint for denied services, or stay on the line to speak with a live agent. The caller remained on the line and, after approximately 15 seconds, was connected to a live agent.

The agent asked for the purpose of the call. The caller explained that she was a caregiver to a foster child and requested information about accessing mental health services in the county for the child, who the caller explained seemed down and depressed lately. The agent directed the caller to contact Riverside Children's Services (the county child welfare agency). The caller requested general information about accessing mental health services through Medi-Cal, including the types of services the child can receive and the referral and assessment process. The agent mentioned that a diagnosis is not required to get mental health services and after a clinician conducts a screening, the clinician will determine what services the child qualifies for. The agent again directed the caller to contact Riverside Children's Services. When asked for resources on mental health services through Medi-Cal, the agent provided the Riverside University Health System (RUSH) website. The caller then ended the call.

The caller was repeatedly referred to the county child welfare agency and not provided additional information on how to access SMHS. The call lasted approximately seven (7) minutes.

Test Call #2

The test call was placed on Wednesday, April 19, 2023 at 10:57 a.m. PST. The call was answered after a few seconds via a pre-recorded automated message, offering a Spanish option and directing the caller to hang up and dial 9-1-1 if there was a medical emergency. The automated phone tree provided options to leave a voice message, reach the Substance Abuse DUI program, file a complaint for denied services, or stay on the line to speak with a live agent. The caller remained on the line.

A live agent picked up after a few seconds and asked the caller to hold. The caller was placed on hold for more than six (6) minutes before the agent returned. The caller explained that she was a caregiver to a foster child and requested information about accessing mental health services in the county for the child, who she explained seemed down and depressed lately. The agent asked if the child had a social worker, and the caller answered in the affirmative. The agent stated that if the child has Medi-Cal, he could get individual therapy.

The caller requested general information on mental health services for foster children. The agent responded that the child may get "therapy or psychiatry." The caller asked how the child could get mental health services. The agent stated that in order to receive mental health services, the caller would need to fill out a questionnaire and get a letter from the county child welfare office. The caller inquired about the process and timeline. The agent stated that after getting the letter from the child welfare agency, the caller will have to email or fax the Access Line the letter. Then, the caller will be instructed to call back to complete an assessment to determine if the child needs a referral for a psychiatrist or a therapist. The agent stated that, after a referral is made, it generally takes 24 to 48 hours to hear back. The timeline after that would depend on the psychiatrist, as the agent was only responsible for getting the referral initiated.

The caller inquired about the selection of a provider. The agent stated that it would depend on the availability of the therapist. The agent stated that she did not know if the child could switch providers. The caller asked what would happen if the child does not get the services he needs or if he is denied services. The agent responded that the caller could reach out to the Access Line again and, at that time, the clinical staff would provide further information. The caller took down the referral email address, which was a Riverside University Health System email address, and ended the call. The call lasted approximately fourteen (14) minutes.

4. Fresno County

Test Call #1

The test call was placed on Monday, April 17, 2023 at 11:31 a.m. PST. The call was answered immediately by a live person. The agent asked if the caller needed an interpreter, and the caller responded "no." The agent then asked if this was a crisis or emergency, to which the caller responded "no." The caller requested information about accessing mental health services in the county for a foster child who seemed down and depressed lately. The caller asked about the child's Medi-Cal status and the caller's relationship to the foster child. The caller explained that the child has Medi-Cal and the caller was the foster child's

caregiver. The agent asked for the child's basic information, including name and date of birth, and asked for the purpose of the call.

The caller again requested information about accessing mental health services in the county for the child. The agent asked if the child was present during the call, to which the caller responded "no." The agent went silent for approximately 20 seconds before stating that she was retrieving a form. The agent started asking questions about the child (the questions in the order listed in the "Youth Screening Tool for Medi-Cal Mental Health Services"). After the agent asked and confirmed that the child was currently in foster care, the agent stated that she would need to transfer the caller to another line.

The caller expressed that she did not want to be transferred and was only requesting general information about accessing mental health services for the child. The agent insisted on transferring the caller and stated: "that is what we are to do." The caller again inquired about general information about accessing mental health services for the child, to which the agent declined to provide and stated that the only thing she could provide now is the contact information for another agency, Children Outpatient Services at 1-800-654-3937. The agent explained that because of a new screening tool (and that the child was a foster child), "the State of California requires me to transfer you to the children services to get connected." The caller took down the number and ended the call. The call lasted approximately eleven (11) minutes.

Test Call #2

The test call was placed on Wednesday, April 17, 2023 at 12:45 p.m. PST. The call was answered immediately by a live person. The agent asked if the caller needed an interpreter, to which the caller responded with "no." The caller requested information about accessing mental health services in the county concerning a foster child's mental health. The caller asked about the child's Medi-Cal status, name, and date of birth.

The agent asked what the purpose of the call was. The caller explained that she was a caregiver to a foster child and was requesting information about accessing mental health services in the county for the child, who seemed down and depressed lately. The agent directed the caller to contact 559-600-4645 or visit "Children Outpatient Mental Health Services" at 2719 N. Air Fresno Drive, Fresno, CA 93727. The caller requested general information about mental health services, and the agent directed the caller to contact the agency.

The agent explained that the agency offers "mental health services" that "depends on what the child needs." The agent mentioned that a mental health diagnosis is not required for services, but a clinician from the agency will provide the child an assessment. Once an assessment is completed, the

clinician will refer the child to a provider. When asked how quickly the child may get an appointment, the agent stated that it may take a while. The caller asked what the caller could do if the child was denied services. The agent advised the caller to contact the agency and ask for another assessment.

The caller inquired about information about mental health services, and the agent offered to send the caller a mental health provider booklet. The caller asked if the booklet contained information about mental health services, and the agent stated "no." The caller requested a booklet with information on mental health services. After looking through the files, the agent stated that the only "service" booklet she had was on substance use disorder treatment. The agent stated that she will email the caller a copy of the mental health provider booklet.

The call took approximately twenty (20) minutes. The caller never received an email with the mental health provider booklet.

5. Orange County

Test Call #1

The test call was placed on Wednesday, April 17, 2023 at 1:00 p.m. PST. The call was answered after a few seconds via a pre-recorded automated message, directing the caller to hang up and dial 9-1-1 if there was a medical emergency. The automated message was repeated in several non-English languages, and then asked the caller to select from the following options: substance use services, mental health services, and health care professionals. The caller selected "mental health services," and after approximately fifteen (15) seconds, was transferred to a live agent.

The caller explained that she was a caregiver to a foster child and requested information about accessing mental health services in the county for the child, who she explained seemed down and depressed lately. The agent stated that they did not provide services for minors and offered to share provider information in the caller's area. The caller requested general information about accessing mental health services in the county for youth. The agent again stated that this was an "adult-only" access line. The caller asked if the agent could provide the number for children and youth. The agent stated that she did not know the number and advised the caller to call 2-1-1 or Cal Optima at 714-246-8400, depending on the type of insurance the child has. The caller ended the call. The call lasted approximately four (4) minutes.

Test Call #2

The test call was placed on Wednesday, April 17, 2023 at 11:30 a.m. PST. The call was answered after a few seconds via a pre-recorded automated message, directing the caller to hang up and dial 9-1-1 if there was a medical emergency. The automated message was repeated in several non-English languages, and then asked the caller to select from the following options: substance use services, mental health services, and health care professionals. The caller selected "mental health services," and after approximately fifteen (15) seconds, was transferred to a live agent.

The agent asked what the purpose of the call was. The caller explained that she was a caregiver to a foster child and requested information about accessing mental health services in the county for the child, who she explained seemed down and depressed lately. The agent asked for the caller's name and phone number, as well as the child's Medi-Cal number, name, and date of birth. The agent asked if the child had any feelings of hurting himself or others at this time, and the caller responded "no." The agent stated that, due to the child's depressive symptoms, she will now transfer the caller to a licensed clinician. The caller expressed that she did not want to be transferred and requested general information on mental health services for the child. The agent stated that it was their protocol to transfer the call to a clinical staff who are more resourceful. The caller requested resources on mental health services, and the agent provided the beneficiary access line number (1-800-723-8641, which was the number that the test call was made to), CalOptima (1-855-877-3885), Mobile Crisis Assessment Team (1-714-517-6353), and the National Alliance on Mental Illness (1-714-991-6412). The caller ended the call. The call lasted approximately eleven (11) minutes.

Endnotes

[1] *See* Cal. Legislature, Assembly & Senate Health Comms., *Informational Hearing: The Medi-Cal Mental Health Delivery System: Background* at 2–3 (2019), https://ahea.assembly.ca.gov/sites/ahea.assembly.ca.gov/files/Final%20February%2026%20Medi-Cal%20Mental%20Health%20Background%202.pdf.

[2] *See* Nat'l Health Law Program, *An Advocate's Guide to Medi-Cal Services: Chapter III: Mental Health Services* at 4 (Dec. 2022), https://healthlaw.org/wp-content/uploads/2023/05/NHeLP-MediServicesGuide-Chapter-3-R3.pdf.

[3] *See* 42 U.S.C. § 1396d(r); Cal. Welf. & Inst. Code § 14132(v); Cal. Welf. & Inst. Code § 14684(7); *see also* Cal. Dep't of Health Care Servs., *Medi-Cal for Kids & Teens,* https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx (last visited Sept. 7, 2023).

[4] *See* Cal. Dep't of Health Care Servs., *Specialty Mental Health Services for Children and Youth*, https://www.dhcs.ca.gov/services/MH/Pages/Specialty_Mental_Health_Services.aspx (last visited Sept. 7, 2023).

[5] 42 C.F.R. § 438.10; Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No. 22-059 (Dec. 12, 2022), https://www.dhcs.ca.gov/Documents/BHIN-22-060-MHP-and-DMC-ODS-Beneficiary-Handbook-Requirements-and-Templates.pdf.

[6] Cal. Code Regs. tit. 9, §§ 1810.405(d); *see also* Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No. 22-033 (June 24, 2022), https://www.dhcs.ca.gov/Documents/BHIN-22-033-2022-Network-Adequacy-Certification-Requirements-for-MHPs-and-DMC-ODS.pdf. Access Line numbers are posted on the DHCS website and in the MHP Beneficiary Handbooks. *See* Cal. Dep't of Health Care Servs., *County Mental Health Plan Information*, https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx (last visited Sept. 7, 2023).

[7] "Threshold language" is defined as "a language that has been identified as the primary language… of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area." Cal. Code Regs. tit. 9, § 1810.410(a).

[8] Cal. Code Regs. tit. 9, §§ 1810.405(d), 1810.410(e)(1); Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No. 23-063, Enclosure 1, at 27–28 (Dec. 19, 2022), https://www.dhcs.ca.gov/Documents/Enclosure-1-SMHS-Protocol-FY-22-23-7-28-22.pdf.

[9] DHCS' Access Line test calls are a component of their MHP Triennial Reviews. *See* Cal. Dep't of Health Care Servs., *Medi-Cal Specialty Mental Health Services Plans of Correction*, https://www.dhcs.ca.gov/services/MH/Pages/County_MHP_POC.aspx (last visited Sept. 7, 2023).

[10] *See* Cal. Welf. & Inst. Code. § 14184.402; Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No. 21-073 (Dec. 10, 2021), https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf [hereinafter BHIN 21-073].

[11] Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No. 22-065 (Dec. 22, 2022), https://www.dhcs.ca.gov/Documents/BHIN-22-065Adult-and-Youth-Screening-and-Transition-of-Care-Tools-for-Medi-Cal-MHS.pdf.

[12] *See* Cal. Dep't of Health Care Servs., *CalAIM*, https://www.dhcs.ca.gov/CalAIM (last visited Sept. 7, 2023).

[13] *See* also Carly Myers & T. Nancy Lam, Nat'l Health Law Program, *Foster Youth Access to Medi-Cal Specialty Mental Health Services: A Review of Policies, Procedures, and Beneficiary-Facing Materials in the California Counties with the Largest Foster Care Populations* (Sept. 2023), https://healthlaw.org/wp-content/uploads/2023/09/CA-Foster-Youth-SMHS-Document-Review-Report.pdf; Alexis Robles-Fradet, Abbi Coursolle, & T. Nancy Lam, Nat'l Health Law Program, *Foster Youth Access to Medi-Cal Specialty Mental Health Services: A Review of the Data in California and the Counties with the Largest Foster Care Populations* (Sept. 2023), https://healthlaw.org/wp-content/uploads/2023/09/CA-Foster-Youth-SMHS-Data-Review-Report.pdf.

[14] While we recognize that DHCS conducts its own test calls, they are up to three years out of date and, at the time of this research, predated the SMHS access criteria reforms.

[15] The counties are listed in the descending order of their foster care population.

[16] *See* Cal. Dep't Soc. Servs. & Univ. of Cal. Berkeley, California Child Welfare Indicators Project, *Children in Foster Care,* https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTMG/r/ab636/s (last visited Sept. 7, 2023). "Foster care population" is defined here as "all children who have an open child welfare placement episode in the CWS/CMS system." *Id.*

[17] *See* Appendix A for a copy of the survey we developed and distributed.

[18] For a summary of each of the 10 calls, *see* Appendix B. For a list of the Access Line telephone numbers, *see* Cal. Dep't of Health Care Servs., *County Mental Health Plan Information*, https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx (last visited Sept. 7, 2023).

[19] Hayfa Ayoubi, a legal intern with the National Health Law Program during Spring 2023, helped us complete these test calls. We thank Hayfa for all her work.

[20] For example, Question 7 asked whether respondents were familiar with Medi-Cal's transportation benefits. One respondent mistakenly understood this to mean a transportation benefit for providers, as opposed to beneficiaries. Additionally, some respondents worked in more than one county and it is possible that their responses were not necessarily representative of all of the counties in which they worked.

[21] *See* Appendix A for a full copy of the survey that was distributed.

[22] NHeLP participates in various stakeholder workgroups, such as the California Health and Human Service Agency Behavioral Health Taskforce, the CalAIM Foster Care Model of Care Workgroup, and the Children and Youth Behavioral Health Initiative Equity Working Group.

[23] *See* 42 C.F.R. § 438.206; Cal. Code Regs. tit. 28, § 1300.67.2.2.

[24] *See* Cal. Code Regs. tit. 28, § 1300.67.2.2(c)(5), Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No. 21-023 (May 24, 2021) at 26–27, https://www.dhcs.ca.gov/Documents/BHIN-21-023-2021-Network-Adequacy-Certification-Requirements-for-MHPs-and-DMC-ODS.pdf.

[25] *See* Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No. 23-018 (Apr. 25, 2023), https://www.dhcs.ca.gov/Documents/BHIN-23-018-Updated-Telehealth-Guidance-for-SMHS-and-SUD-Treatment-Servies-in-Medi-Cal.pdf.

[26] *See* Cal. Dep't of Health Care Servs., *Specialty Mental Health Services for Children and Youth*, https://www.dhcs.ca.gov/services/MH/Pages/Specialty_Mental_Health_Services.aspx (last visited Sept. 7, 2023).

[27] LGBTQIA+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. *See* The Lesbian, Gay, Bisexual & Transgender Cmty. Ctr., *Defining LGBTQIA+*, https://gaycenter.org/about/lgbtq/ (last visited Sept. 7, 2023).

[28] *See* Cal. Dep't of Health Care Access & Info., *Health Workforce Research Data Center Annual Report to the Legislature*, Appendix D, at 34–41 (Jan. 2023), https://hcai.ca.gov/wp-content/uploads/2023/02/Research-Data-Center-Annual-Report-January-2023-FINAL-1.pdf.

[29] Cal. Welf. & Inst. Code. § 14184.402; *see also* Cal. Dep't of Health Care Servs., BHIN 21-073, *supra* note 10.

[30] Cal. Code Regs. tit. 22, § 51323; *see also* Cal. Dep't of Health Care Servs., Medical Transportation Provider Manual – Ground (Aug. 2020), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=medical-transportation; (click on "Medical Transportation – Ground" PDF file) (updated June 2023); *see also* Cal. Dep't of Health Care Servs., *FAQs for Medi-Cal Transportation Services*, https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation_General_FAQ.aspx (last visited Sept. 7, 2023).

[31] For further detail on each of the calls, *see* Appendix B.

[32] *See* Cal. Code Regs. tit. 9, §§ 1810.405(d), 1810.410(e)(1).

[33] Notably, of all of the test calls placed in the five counties, this was the only time the agent utilized the Youth Screening Tool.

[34] *See* Cal. Dep't of Health Care Servs., *County Mental Health Plan Information*, https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx (last visited Sept. 7, 2023). This list of numbers is referred to as "DHCS MHP Access Line Numbers List" throughout this report.

[35] *See* Cal. Dep't of Health Care Servs., *Substance Use Disorder County Access Lines*, https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx (last visited Sept. 7, 2023).

[36] *See* Los Angeles Cnty. Dep't of Mental Health, https://dmh.lacounty.gov/ (last visited Sept. 7, 2023) ("Get Help Now" tab); San Bernardino Cnty. Dep't of Behavioral Health, https://wp.sbcounty.gov/dbh/ (last visited Sept. 7, 2023); Riverside Cnty. Dep't of Mental Health, https://www.rcdmh.org/ (last visited Sept. 7, 2023); Fresno Cnty. Dep't of Behavioral Health, https://www.fresnocountyca.gov/Departments/Behavioral-Health (last visited Sept. 7, 2023).

[37] *See* Orange Cnty., *Administrative Services Organization*, https://www.ochealthinfo.com/about-hca/behavioral-health-services/more-mhrs/administrative-services-organization-aso (last visited Sept. 7, 2023).

[38] *See id.*; Orange Cnty., *OC Links: Where Wellbeing Begins*, https://www.ochealthinfo.com/services-programs/mental-health-crisis-recovery/navigation-help-resources/oc-links (last visited Sept. 7, 2023).

[39] *Compare* Riverside Cnty. Dep't of Mental Health, https://www.rcdmh.org/ (listing 800-499-3008) (last visited Sept. 7, 2023), *with* Cal. Dep't of Health Care Servs., *County Mental Health Plan Information*, https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx (listing 800-706-7500) (last visited Sept. 7, 2023).