



Foster Youth Access to Medi-Cal Specialty Mental Health Services: A Review of Data in California and Los Angeles County

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Introduction

Children and youth involved in child welfare often 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.

In September 2023, the National Health Law Program (NHeLP) published a report analyzing available data related to foster youth access to SMHS in California and the five California counties with the largest foster youth populations.¹ The Report analyzed SMHS penetration rates, utilization of SMHS services, timely access compliance, and provider network ratios; and it made recommendations to the California Department of Health Care Services (DHCS), who oversees the Medi-Cal program, to improve data related to access to SMHS for foster children and youth.

This year, NHeLP endeavored to update this research, with a focus on Los Angeles County and Statewide data. Unfortunately, at the time of our research, most pertinent State datasets have not been updated to reflect more recent data. Most notably, the SMHS Performance Dashboards, which are supposed to be updated "annually around the second quarter of the calendar year" have not been updated since 2022.² NHeLP sent multiple requests to DHCS regarding these datasets, and we were advised that they would not be updated until 2026.³ Therefore, this report focuses on updates to the data we could obtain: timely access to SMHS.

In this Report, we analyze timely access data from Los Angeles County and the State for the periods of 2022–2024 and 2022–2023, respectively. As detailed below, our research uncovered significant deficiencies in timely access to SMHS for foster children and youth. We conclude with recommendations to improve timely access for these populations, as well as recommendations to improve the availability, content, and timeliness of State and County SMHS data.

Timely Access Data

As an initial matter, neither DHCS nor Los Angeles County make information about County Behavioral Health Plans' compliance with timely access to care standards readily available. The authors of this report submitted requests for this data pursuant to the California Public Records Act in March 2025 to both DHCS and the Los Angeles County Department of Mental Health (DMH). Los Angeles County DMH provided responsive data in July 2025. The data provided, however, was in PDF format and required significant manipulation to be analyzed. In addition, some of the data required manual re-entry, increasing both the time required to analyze the data as well as the risk of error. DHCS provided responsive data in October 2025. DHCS provided only summary data, limiting the kinds of analysis we could perform. In addition, it is important to note that none of the data provided is separated by child welfare status. And while the State data provided was separated by children and adults, the County-level data also was not separated by age. Thus, the data we analyzed represents timely access across Medi-Cal, and not specific to foster youth and former foster youth. NHeLP continues to recommend that California require public reporting of timely access data in a format that allows stakeholders to analyze the data and organize it by service type, county, age group, and Medi-Cal eligibility category. NHeLP also recommends that the State publish datasets specific to Medi-Cal beneficiaries in foster care and former foster youth, since this data is not extractible or publicly available.

Los Angeles County Timely Access Data

Through our records request, we were able to obtain two data sources for Los Angeles County timely access data: a Fiscal Year (FY) 2023–24 Corrective Action Plan submission, containing information regarding service requests made between October 1, 2024 and December 31, 2024, and a FY 2022–23 Timely Access submission, containing information regarding service requests made between July 1, 2022 and March 31, 2023. Because these submissions do not cover the same time period or length of time, they are not directly comparable to each other. In addition, the submissions do not indicate whether the person seeking services was a child or adult. However, taken together, they shed significant light on whether Medi-Cal beneficiaries in Los Angeles County are experiencing timely access to Specialty Mental Health Services. Notably, the data shows that consistently, even when Los Angeles County stated that it lacked available clinicians to deliver timely access, it failed to refer beneficiaries to out-of-network providers.

For a FY 2023–24 Corrective Action Plan submission, the Los Angeles County Mental Health Plan (MHP) provided data regarding Non-Psychiatric SMHS Service Requests made between October 1, 2024 and December 31, 2024. During this period, the MHP reported receiving 18,509 service requests. Of these, 4,301 requests were categorized as urgent. Of those urgent appointments, 4,087 were offered services in under 48 hours, with the vast majority (n = 3,975) offered

services within 12 hours of request. The 214 urgent requests that were not offered services within 48 hours ranged from an offer of services in just over 48 hours, to services not offered for more than 2 months. The data indicates that none of these service requesters was referred to an out-of-network provider.

Of the remaining 14,208 requests deemed non-urgent, the time from the initial request for an appointment to the first offered appointment ranged from 0 days (i.e., same day) to 117 days, with an average of 9.2 days (within the 10 business day standard). In total, 2,118 appointment offers, or 15%, exceeded 14 calendar days, which means they likely exceeded the 10 business day standard.⁴ The MHP further indicated that for 169 requests coded as delayed, the referring or treating provider had not determined and documented that the extended waiting time was clinically appropriate.⁵ However, in 46% of those cases (number = 77), the "Description of Facts and Circumstances" provided was: "DMH does not have access to whether the provider documented the extended wait time was clinically appropriate." In 92 cases, the "Description of Facts and Circumstances" provided was: "No available clinician to deliver timely service." Again, the data indicates that none of these service requesters were referred to an out-of-network provider.

For that same Corrective Action Plan submission, the Los Angeles County MHP also provided data regarding Psychiatric SMHS Service Requests made between October 1, 2024 and December 31, 2024. During this period, the MHP reported receiving 1,134 service requests. Of these, 15 requests were categorized as urgent. Of those urgent appointment requests, 13 were offered services in 5 hours or less. The other two requests, however, were not offered services for several days (9 days and 68 days respectively). Again, the data indicates that none of these service requesters was referred to an out-of-network provider.

Of the remaining 1,119 requests for Psychiatric SMHS deemed non-urgent, the time from the initial request for an appointment to the first offered appointment ranged from 0 days (i.e., same day) to 377 days, with an average of 24.88 days (which is generally outside of the 15 business day standard). In total, 413 appointment offers, or 27%, exceeded 21 calendar days, which means they likely exceeded the 15 business day standard.⁶ Of the 352 requests that the MHP deemed to be delayed, the explanation provided in the "Description of Facts and Circumstances" was: "No available clinician to deliver timely service." Again, the data indicates that none of these service requesters was referred to an out-of-network provider.

For its Timely Access Submission for 2022–23 the Los Angeles County MHP provided data regarding Non-Psychiatric SMHS Service Requests made between July 1, 2022 and March 31, 2023. During this period, the MHP reported receiving 64,037 requests for non-Psychiatric SMHS. Unfortunately, however, the second half of the data transmitted to NHeLP was corrupt and

unusable. Thus, NHeLP was only able to analyze the data provided for services requests made between July 1, 2022 and December 19, 2022, of which there were 40,239.⁷

Of these, 5,802 requests were categorized as urgent. Of those urgent appointment requests, 19 were coded as having been offered services in a negative number of hours from the time of request, and 9 did not have an entry in the field for hours to service offer. We omitted these 28 requests from our analysis. Of the remaining 5,774 urgent requests, 91% (n = 5,266) were offered services in 48 hours or less, with the vast majority (n = 4,929) offered services in 24 hours or less. Of the 508 urgent requests that were not offered services with 48 hours, the time to offer ranged from 49 hours to several months (258 days).

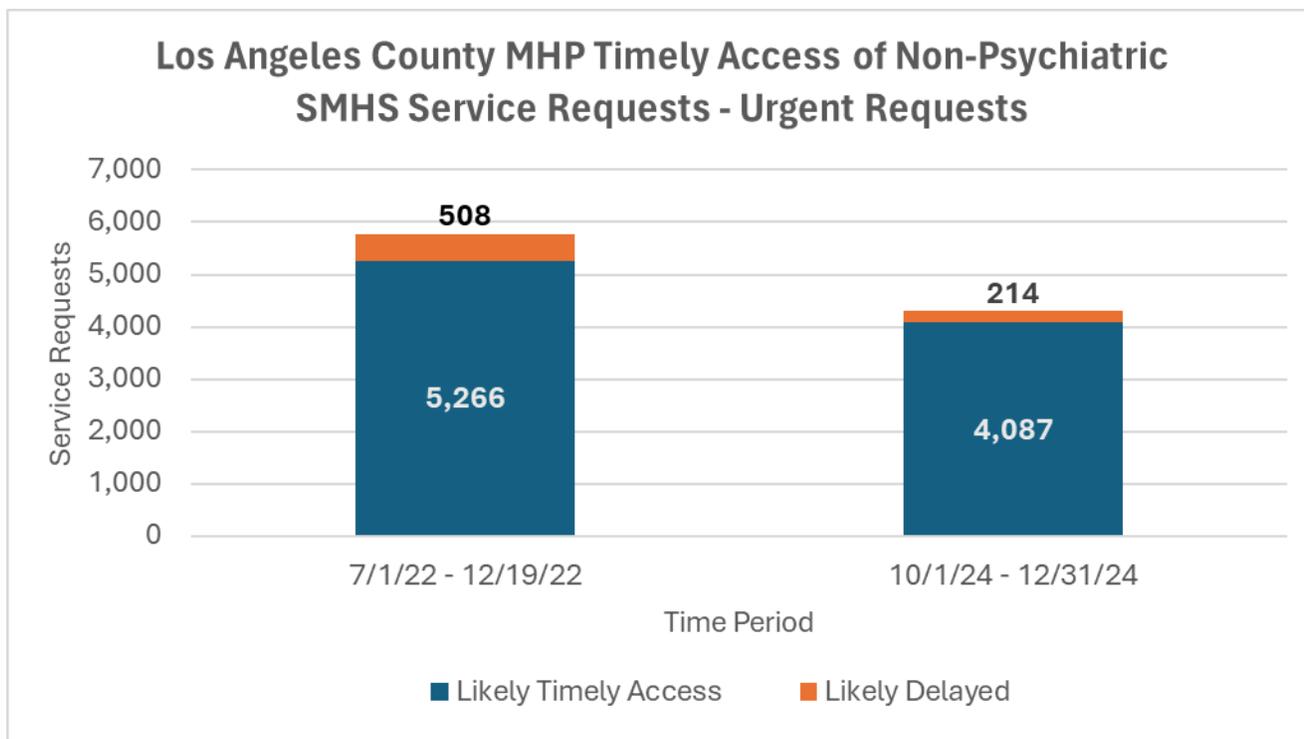
Of the remaining 34,437 requests deemed non-urgent, 38 requests did not have the date of first offer recorded. Those requests were omitted from our analysis. Of the remaining 34,399 requests, the time from the initial request for an appointment to the first offered appointment ranged from 0 days (i.e., same day) to 267 days, with an average of 13.05 days (likely within the 10 business day standard). In total, 11,764 appointment offers, or 34%, exceeded 14 calendar days, which means they likely exceeded the 10 business day standard.⁸ By contrast, the MHP coded 10,842 requests as delayed, the referring or treating provider had not determined and documented that the extended waiting time was clinically appropriate.⁹ However, in 62% of those cases (number = 6,795), the "Description of Facts and Circumstances" provided was: "No available clinician to deliver timely service." In two cases, the "Description of Facts and Circumstances" provided was: "Appointment to be provided at discharge from hospitalization under WIC 5150/5." In three cases, the "Description of Facts and Circumstances" provided was: "Referral to ongoing treatment made." In the remaining 4,402 cases marked as "delayed," the "Description of Facts and Circumstances" field was left blank.

In the 2022–23 Timely Access submission, the Los Angeles County MHP also provided data regarding Psychiatric SMHS Service Requests made between July 1, 2022 and March 31, 2023. During this period, the MHP reported receiving 247 service requests. The MHP recorded that none of the 247 requests were referred to an out-of-network provider, even for 68 requests where the MHP recorded that it had "[n]o available clinician to deliver timely service."

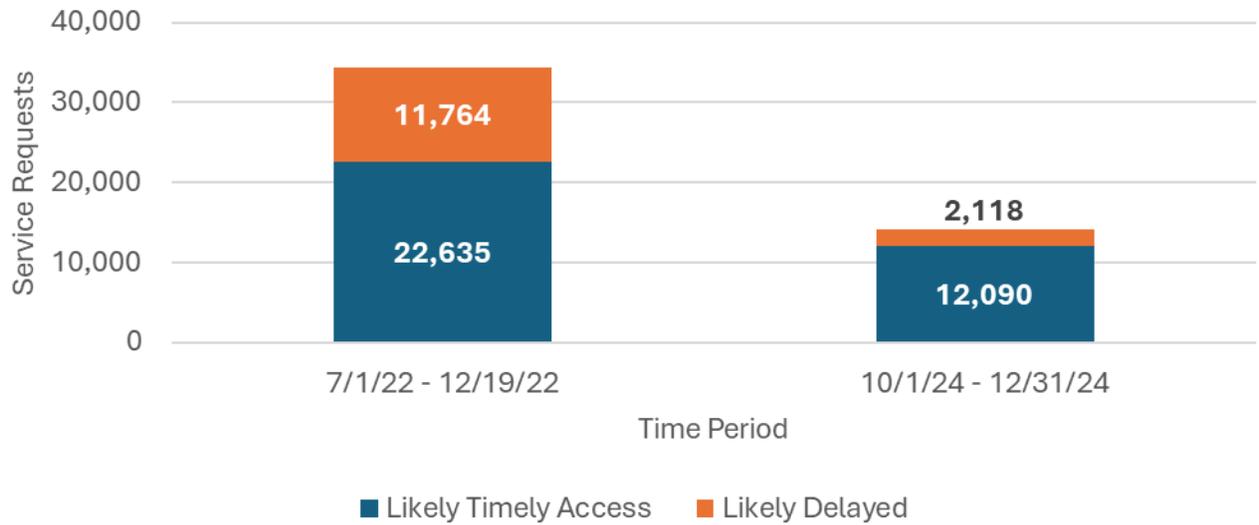
Of the requests for Psychiatric SMHS in this time period, 22 requests were categorized as urgent. Of those urgent appointment requests, 17 were offered services in under 48 hours (two days), with the majority (16 of 17) offered services within 24 hours. Another two requests were offered services within 96 hours (four days). The remaining requests were only offered services after several days (20 days, 22 days, and 101 days respectively).

Of the remaining 225 requests deemed non-urgent, the time from the initial request for an appointment to the first offered appointment ranged from 0 days (i.e., same day) to 211 days, with an average of 20.32 days (which is generally just within the 15 business day standard). In total, 78 appointment offers, or 34%, exceeded 21 calendar days, which means they likely exceeded the 15 business day standard.¹⁰ The MHP recorded the date an actual appointment took place in 82% of requests (number = 185); for the other 18% of requests, it is not clear whether the requester received care, or when. Of the recorded appointments, the time between initial request to appointment ranged from 0 days (i.e., same day) to 171 days, with an average of 22.92 days (just outside the 15 business day standard). Of the 73 requests that the MHP coded as “delayed,” the explanation provided in the “Description of Facts and Circumstances” for 68 was: “No available clinician to deliver timely service.” For the remaining 5 “delayed” appointments, there was no data entered in the “Description of Facts and Circumstances” field.

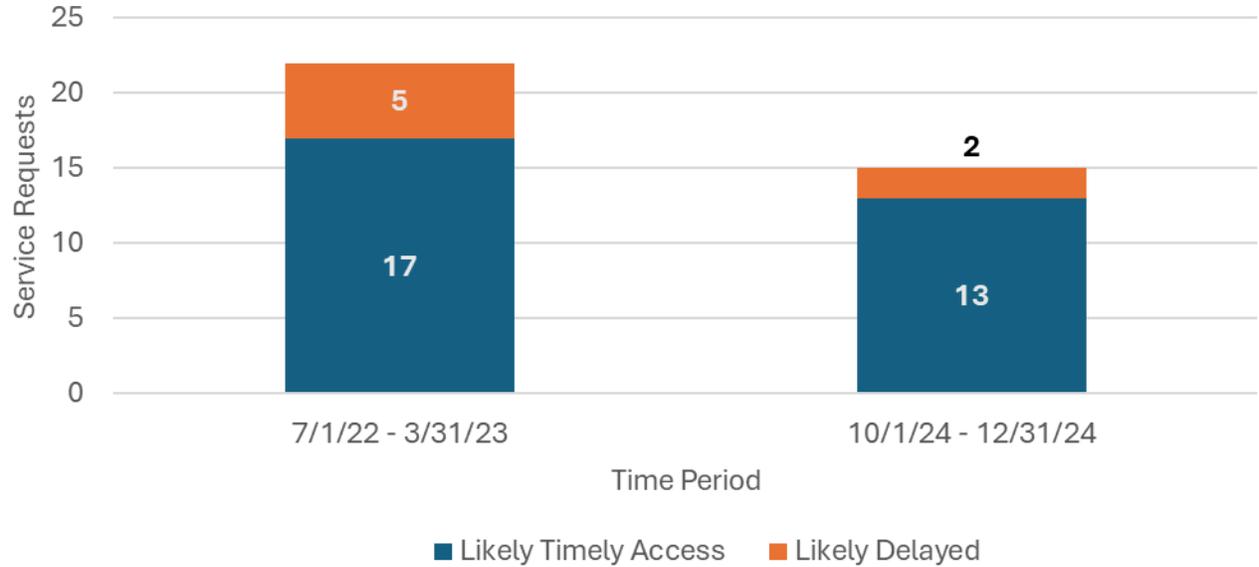
The four graphs below illustrate the differences between non-psychiatric service requests by urgent and non-urgent requests by time period as well as psychiatric service requests by urgent and non-urgent requests by time period.

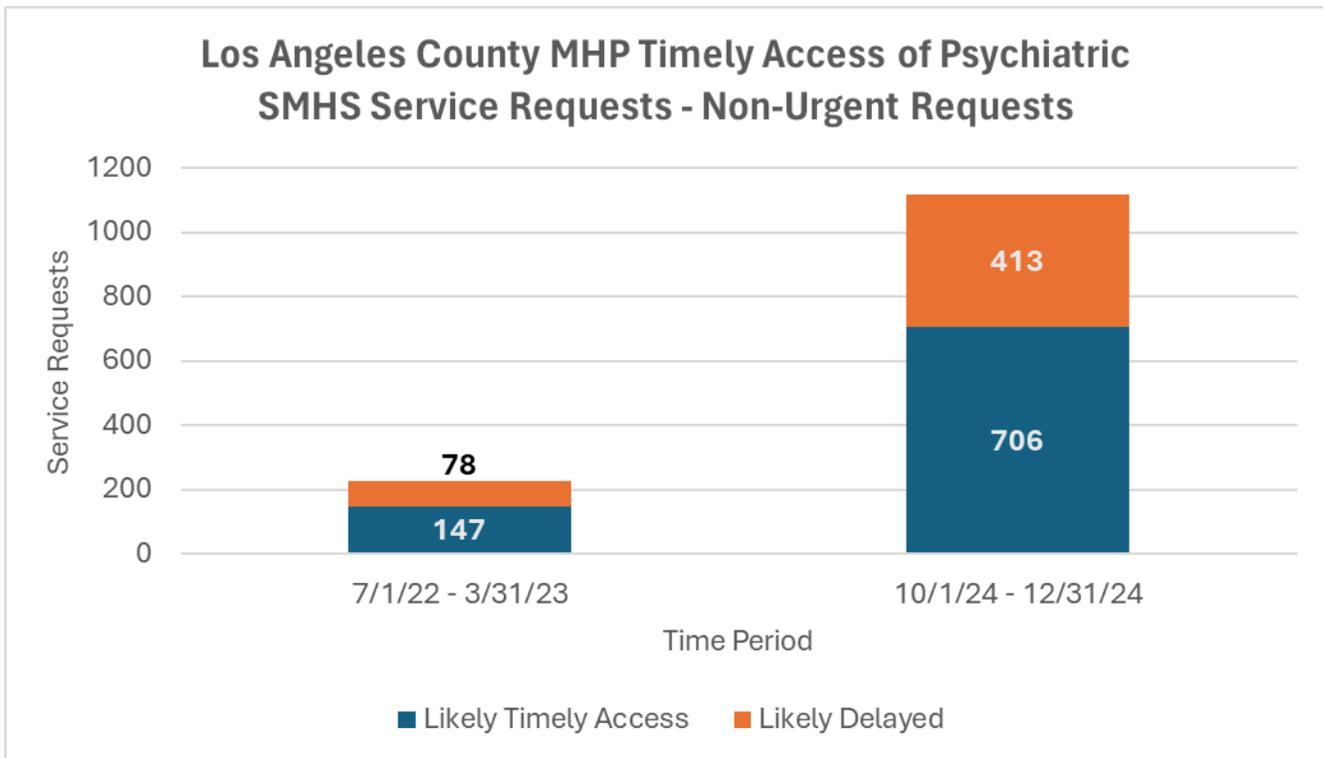


Los Angeles County MHP Timely Access of Non-Psychiatric SMHS Service Requests - Non-Urgent Requests



Los Angeles County MHP Timely Access of Psychiatric SMHS Service Requests - Urgent Requests





Statewide Timely Access Data

DHCS provided a version of its FY 2022–23 Annual Specialty Mental Health Services Timely Access Report. The report does not indicate the time period during which the data was created, or the number of requests included. The DHCS report shows that during FY 2022–23, for children and youth seeking non-Psychiatric SMHS, the rate of timely access ranged from 46% in San Luis Obispo to 100% in Colusa, Mariposa, Modoc, Mono, Monterey, Plumas, Riverside, and San Joaquin (data from two counties was redacted). Los Angeles was close to the bottom of counties, with a timely access rate of 57%. The DHCS report shows that during FY 2022–23, for children and youth seeking Psychiatric SMHS, the rate of timely access ranged from 47% in Nevada County to 100% in Plumas and Sonoma (data from 13 counties was redacted, 10 counties were noted as not having reported data for the time period, data from 8 counties did not include any requests from age group, and data from 3 counties was not included due to data errors). Los Angeles was in the middle, with a timely access rate of 89%.

Conclusion and Recommendations

The data suggests that many children and youth in Medi-Cal are not receiving the SMHS for which they need to address their mental health conditions and to which they are legally entitled. LA County struggled to comply with timely access standards, which suggests that there may not be sufficient numbers or distributions of providers in those counties to provide children and youth with necessary SMHS. Under State and federal law, County MHPs are required to refer beneficiaries to an appropriate out-of-network provider when there is no appropriate in-network provider available to deliver timely access to care.¹¹ However, LA County's data indicates that the County never referred people to see an out-of-network provider, even in situations where the County indicated that no in-network provider was able to provide the requested service in a timely manner. This suggests that additional monitoring and oversight is necessary to ensure that children and youth in Medi-Cal receive prompt access to care, including for out-of-network providers when no in-network providers are available. The data we analyzed does not include any information about what notice was sent to beneficiaries after a service request, if any. Under State and federal law, in situations where a County MHP is not able to provide timely access to care, the County MHP is required to send a "Timely Access Notice."¹² Further data and analysis would be needed to understand whether the "Timely Access Notice" is being sent in all cases where care was delayed, and whether beneficiaries who received the notice are more likely to appeal or request assistance in identifying an appropriate out-of-network provider.

Given the limitations of the data we analyzed, it is difficult to draw firm conclusions about foster children and youth's access to SMHS in Medi-Cal. However, based on the data we do have, as well as the barriers we encountered during our research, we recommend the following:

- DHCS should ensure that its datasets are updated more timely and on a consistent schedule. The statewide SMHS Performance Dashboards are supposed to be updated "annually around the second quarter of the calendar year." However, when we conducted our research in 2025, we were unable to locate any data more recent than 2022, which is over 3 years old.
- DHCS should publish detailed timely access and network adequacy data for County Mental Health Plans so that stakeholders can better evaluate their MHP's compliance with timely access and network adequacy requirements. This should include data that is disaggregated by service type, county, age group, and Medi-Cal eligibility category.
- Los Angeles County should publish detailed timely access and network adequacy data, disaggregated by service type, region, age group, and Medi-Cal eligibility category.

Additionally, they should publish data reporting the extent to which timely access delay notices were distributed pursuant to their legal obligations to do so.

- Pursuant to existing legal obligations, Los Angeles County should ensure that it is referring children and youth to out-of-network providers when an in-network provider is not available within timely access standards.
- DHCS should provide additional monitoring and oversight to ensure that children and youth are referred to appropriate out-of-network providers when an in-network provider is not available within timely access standards.

Endnotes

¹ Alexis Robles-Fradet, Abbi Coursole, and T. Nancy Lam, NATIONAL 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>.

² See CAL. DEP'T HEALTH CARE SERVS., *SMHS Performance Dashboard User Guide* (Oct. 25, 2022), <https://storymaps.arcgis.com/stories/0a204b8e5b2e47c282bfb2ebe54e8015>.

³ On December 23, 2025, the same day this Report was published, DHCS made updates to its SMHS Performance Dashboard publicly available. See CAL. DEP'T HEALTH CARE SERVS., *Mental Health Performance Dashboard* (last updated Dec. 2025), <https://behavioral-health-reporting-2-cadhcs.hub.arcgis.com/pages/bh-performanc-dashboard~7d4e999d7ed14ec4905b79c0ed505083>. Unfortunately, due to the timing, we were unable to analyze this new data in this Report.

⁴ The MHP counted 1,854 offers as “delayed,” and coded several requests where the first offered appointment exceeded 16 days as not delayed. This discrepancy may be the result of multiple holidays falling within the time period (since the standard is based on business days), or may indicate that the data is not reliable.

⁵ For the remainder of appointments coded as delayed, this field was left blank. The field was also coded in 4,082 cases not coded as delayed, again raising questions about the reliability of the data.

⁶ The MHP counted 352 offers as “delayed,” and coded several requests where the first offered appointment exceeded 29 days as not delayed; thus, it is not clear how that data point was coded by the MHP or whether the data is reliable.

⁷ Notably, the data for these requests also was imperfect and required significant manual re-entry in order to be usable. Thus, it is possible that our analysis contains errors. We reviewed the data extensively to minimize errors.

⁸ The MHP counted 10,842 offers as “delayed,” and coded several requests where the first offered appointment exceeded 16 days (include requests where the first offered appointment was as many as 233 days after the request) as not delayed. This discrepancy suggests that the data is not completely reliable.

⁹ For the remainder of appointments coded as delayed, this field was left blank. The field was also coded in 4,082 cases not coded as delayed, again raising questions about the reliability of the data.

¹⁰ The MHP counted 73 offers as “delayed,” and coded two requests where the first offered appointment exceeded 29 days as not “delayed”; it is not clear what that data point means or how it was coded.

¹¹ 42 C.F.R. § 438.206(b)(4); CAL. WELF. & INST. CODE § 14197(d)(1) (incorporating by reference CAL. HEALTH & SAF. CODE § 1367.03(a)(7)(C)); CAL. DEP'T HEALTH CARE SERVS., Behavioral Health Information Notice No. 21-008, at 6 (2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-008-Federal-Out-of-Network-Requirements-for-Mental-Health-Plans.pdf>.

¹² 42 C.F.R. § 438.404; CAL. WELF. & INST. CODE § 14197.3(a)(2); CAL. DEP'T HEALTH CARE SERVS., Behavioral Health Information Notice No. 25-015, at 6 (2025), <https://www.dhcs.ca.gov/Documents/BHIN-25-015-Parity-Requirements-for-Drug-Medi-Cal-DMC-State-Plan-Counties.pdf>; see CAL. DEP'T HEALTH CARE SERVS., "*Timely Access Notice of Adverse Benefit Determination [Template]*" (2025), <https://www.dhcs.ca.gov/Documents/Enclosure-8-Timely-Access-Notice.pdf>.