

# CAREGIVERS' GUIDE TO MENTAL HEALTH SERVICES FOR FOSTER AND ADOPTED CHILDREN



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# Mental Health Services

## I. Why Are Mental Health Services Important for My Child?

Children in foster care have all experienced trauma, including abuse or neglect, which may have lasting effects on their mental health. “Mental health” includes a person’s moods, emotions, patterns of thinking and behavior. It affects a child’s growth and development, and the child’s ability to succeed in school and to have healthy connections with family and friends. Children in foster care generally have greater mental health needs than children who have not been in foster care.

Foster parents, relative caregivers, and adoptive parents can help make sure that children’s mental health needs are met, by:

- Becoming educated about the effects of trauma on the well-being of the child and recognizing these symptoms early;
- Helping their child get access to good quality mental health services;
- Working with the child’s therapist and other mental health care providers once services are in place; and
- Helping their child get additional or different mental health services if the current services are not effective.

## II. Accessing Mental Health Services Through Medi-Cal

This section discusses what types of mental health services are available through Medi-Cal and how these services can be accessed.

### a. What Services Are Available to Children and Youth Through Medi-Cal?

When providing mental health services, therapists use different methods depending on what kind of emotional and behavioral problems the child has; the child’s age, abilities, and personality; and what kind of therapy the child and family prefer. For children who are or have been in foster care, it’s helpful if their therapist is trained in how to treat trauma.

Medi-Cal covers both “inpatient” and “outpatient” mental health services.

**“Inpatient”** means to receive services in a hospital or residential treatment center.

**“Outpatient”** means services that the child receives while living at home (services can be provided in the home or in other places such as a therapist’s office or the child’s school).

Outpatient mental health services can include:

- Medication – a doctor (preferably a psychiatrist) prescribes medication to help with the child’s mood or behavior, and follows up with the child and family to monitor whether the medication is working, and whether there are side effects.
- Case management – helping the child and family get access to needed services.
- Crisis intervention – helping the child and family when an urgent situation happens (such as when the child harms himself, tries to harm other people, runs away, etc.).
- Intensive day treatment – the child goes to a treatment center during the day but still lives at home.
- Play therapy: Therapists often use this form of therapy with very young children, who may not be able to express their feelings and fears by talking. The therapist will engage the child in games and pretending, using dolls and other toys. The child may be able to act out his/her feelings and heal from past abuse or other trauma.
- Group therapy: This therapy allows a small group of clients with similar problems to discuss them together and give each other feedback. Sometimes family members may be asked to join the group. Group therapy frequently is used with teens and with individuals and families affected by drug and alcohol abuse.
- Family therapy: Family therapists often focus on improving communication and attachment between the child and parents/caregivers and helping parents/caregivers to better understand their child’s needs. The therapist will try to get all family members to participate, and work to clarify everyone’s roles and relationships within the family.
- Cognitive therapy: This therapy begins with the idea that the way people view situations influences how they feel. It is typically focused on learning how to solve problems by learning specific skills, including identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.

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1. Contact the Child Welfare Information Gateway for more information about these different types of therapies at <http://www.childwelfare.gov> or review their fact-sheet “Selecting and Working with a Therapist Skilled in Adoption” at: [https://www.childwelfare.gov/pubPDFs/f\\_therapist.pdf](https://www.childwelfare.gov/pubPDFs/f_therapist.pdf)

- **Behavioral Modification:** Behavior modification focuses on the specific behaviors that are concerning to a family, and helps the family better manage the child’s behavior. The goal of the therapy is to try to identify what is causing the behavior to continue, and to help parents/caregivers to make sure they are rewarding good behavior, and not rewarding bad behavior by mistake (for example, by giving the child candy when he has a tantrum). The therapist may also teach the child ways to calm down and control his behavior (for example, deep breathing, writing in a journal, taking a walk or other exercise).
- **Trauma-Informed Therapy:** Trauma-informed therapy focuses on how a child’s past experiences of abuse, neglect, violence, etc. may affect the child’s feelings and behavior in the present, and specific ways of helping a child deal with memories of past trauma.
- **Attachment-Focused Therapy:** This therapy focuses on building a secure emotional attachment between the child and the parents/caregivers, to help the child to develop good relationships in the future. Parents/caregivers must participate actively in this kind of therapy.

Also, foster children who have severe emotional or behavioral issues may qualify for specialized mental health services, including:<sup>2</sup>

- **Therapeutic Behavioral Services (TBS):** TBS is an intensive, short-term, mental health service for children and youth whose behavior problems are so severe that they are at risk of having to move from their home to a group home or residential treatment center, or whose behaviors are preventing them from being able to return home from residential treatment. TBS is one-on-one support for the child by a trained behavior aide at home, in school, and in other places such as afterschool programs to help change specific behaviors (such as severe tantrums, self-harm or other unsafe behavior). TBS is intended to be just one part of the child’s mental health treatment and should be offered along with other services.
- **Full Service Partnership (FSP):** FSP is for children with severe emotional or behavioral problems. FSP is intended to address the needs of the entire family and services should be available to the family 24 hours per day, 7 days per week, to do “whatever it takes” to help the child and the family address the child’s mental health issues. Examples of FSP services include counseling, parent and peer mentors, transportation to services, substance abuse treatment, and assistance obtaining housing and benefits, among others.

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2. Please note that services must be approved by the county Mental Health Plan before they can begin.

- **Wraparound Program:** The Wraparound Program (Wrap) is a team that meets with the child and family in their home and community to help children with intensive mental health needs. The Wrap team (which includes the child and family) comes up with a Child and Family Plan of Care that identifies the family's strengths and needs and recommends interventions. The goals of Wraparound are to assist children in returning home from residential treatment, to help them remain stable in the home, and to prevent psychiatric hospitalization.

**Note:** Finalizing adoption and closing a child's case may affect the child's eligibility for Wraparound services. Families with a pending adoption who are receiving Wraparound services should work with the DCFS social worker to plan ahead to avoid disruption in services. Many Wraparound providers also have FSP or other programs that could provide similar services.

## **b. How Can I Find a Therapist for My Child?**

If you believe that your foster child needs therapy, you can ask the child's DCFS social worker to help connect the child to mental health services. Part of the DCFS social worker's job is to work with the Dept. of Mental Health to find therapy and other mental health services for foster children when needed. After you notify the DCFS social worker of the need for services, an employee from the Dept. of Mental Health may contact you to help your child get connected to therapy. But you may also want to help in the process of choosing a therapist for the child, because you know the child best, and you may know about therapists and clinics that have a good reputation in your area.

All foster children in California have Medi-Cal, which covers all "medically necessary" mental health services for children. In Los Angeles County, mental health services for people with Medi-Cal are provided by the Los Angeles County Department of Mental Health (DMH), through the Los Angeles County "Mental Health Plan" or MHP. You can contact the Los Angeles County MHP and can ask for a list of clinics and therapists in your area. In Los Angeles County, call the DMH Access Line at 1-800-854-7771 or 213-738-4949. The operators there are available 24/7 and can refer you to a therapist close to your home who accepts Medi-Cal. You can also ask the operator to send you a provider list so that you can choose a therapist yourself.

If you have any trouble reaching someone at the Access Line, you can also contact 211 and ask for a referral to a mental health provider who accepts Medi-Cal. If you find a therapist or clinic that you think would be best for the child and that clinic takes Medi-Cal, you can ask the DCFS social worker to refer the child to that therapist or clinic.

If your child has an open foster care case in LA County but you live outside of LA County, there is a different process for locating a therapist. After you tell the DCFS social worker that you want mental health services for your child, the social worker will work with an Out of County Coordinator who works for DMH to find a mental health services provider located in the county where you live. Once the DMH Coordinator identifies a provider, the social worker will need to submit referral forms to the provider. After the provider receives the necessary paperwork, it will submit a Service Authorization Request to the DMH Coordinator. After the DMH Coordinator approves the Service Authorization Request, the provider can start providing mental health services.

If you have followed the steps above but you are still having difficulty accessing mental health services for your child, you can contact the Alliance for Children's Rights at (213)368-6010 or Public Counsel's Children's Rights Project at (213) 385-2977, x500 for additional information.

## **c. What Type of Therapist Would Best Fit My Child's Mental Health Needs?**

Not all therapists have the same type of training and educational background. Some therapists have a degree in social work, while others have degrees in psychology, counseling, or marriage and family therapy. Some therapists are interns while others are licensed mental health professionals who have completed a graduate degree program and conducted many hours of supervised therapy sessions with clients.

A therapist who is an "intern" is usually a student in a master's or doctoral degree program, and has not yet completed their graduate degree in social work, psychology or counseling. Interns must receive weekly supervision by a licensed mental health professional who oversees all of their clinical work. Interns can provide effective mental health services, but licensed therapists have more experience and may have specialized training in treating children with intensive mental health needs. In addition, licensed therapists generally are able to provide therapy for longer periods of time, because interns stop providing services to their clients when their internship ends. A child who is receiving therapy from an intern may need to transfer to a different therapist when the internship ends.

If you are concerned that the child is not making adequate progress in therapy, you may want to request a licensed therapist and/or a therapist with specialized training in treating particular types of mental health symptoms.

Professional therapists generally have one or more of the following credentials:

- A graduate degree (master's or a doctorate) in a mental health field. Examples of such degrees include: M.A., M.S., M.Div., M.S.W., Ph.D., Psy.D., Ed.D., D.Min., M.D., or D.O.
- Supervised clinical experience. This means that the therapist was supervised for a significant period of time by a more experienced therapist, and has completed a graduate training program.
- Certification, licensure, or registration with some governing mental health board or organization. Therapists who are licensed or certified often have one of the following credentials after their name: L.C.S.W., C.S.W., M.F.T., L.M.F.T., M.F.C.C., A.A.P.C., L.P.C., N.C.C., N.C.Psy.A., Ph.D. or Psy. D.

## **d. Language and Cultural Competency Requirements**

If your child is eligible for mental health services covered by Medi-Cal, your child has the right to receive those services in his or her primary language, including sign language. The services also must be provided in a way that takes into account your cultural background. Contact Disability Rights California at (800)776-5746 if you have questions about how to access mental health services in your child's primary language.

## **III. Participating Effectively in Your Child's Therapy**

### **a. How Can I Help My Child to Get the Most Benefit Out of Therapy?**

Your child will benefit more from therapy and other mental health services if you work with the therapist to help the child make positive changes and to address feelings about past abuse, neglect, and separation from his/her birth parents. You can help your child benefit more from therapy by doing the following:

- Getting to know the therapist;
- Sharing information about the child's history, feelings, and behavior with the therapist;
- Asking the therapist what you can do at home to support the child and deal with behavior problems; and
- Offering to participate in family therapy.

These four suggestions are discussed in greater detail below.

i. Get to Know the Child's Therapist.

When your child first begins working with a new therapist, offer to meet with the therapist to discuss how the child is doing overall. For example, you can share information with the therapist about how the child is doing in school, how the child is getting along with other children in the home, and whether the child has any health, eating, or sleeping problems. This will help the therapist figure out the best approach for therapy. Also, ask questions about what methods the therapist plans to use for working with the child, and how the therapist wants to work with you.

After the first few sessions of therapy, the therapist should work with the child to set treatment goals. He or she should also ask you what you want the child to get out of therapy and what behavior or emotional issues you are most concerned about.

ii. Share Information with the Therapist on a Regular Basis

It is important to keep talking to the therapist on a regular basis about the child's behavior, mood, and overall well-being, and about whether the child is making progress in therapy. For example, you can offer to speak to the therapist for a few minutes either before or after each therapy session or at another regularly scheduled time. Also, you should tell the therapist if the child's court case is moving toward adoption or guardianship, or if there are issues about contact between the child and birth parents, relatives, or siblings.

Ask the therapist about techniques you can use at home to address the child's specific emotional or behavioral problems. For example, if the child hits her younger sibling whenever she has a tantrum, ask the therapist for suggestions regarding the best way to address that behavior. You can also ask the therapist for tips on how you can help the child feel supported and safe, and ways to encourage positive behavior.

iii. Confidentiality- What can Therapists Tell You about Your Child's Therapy?

Children, like adults, have the right to keep their health and mental health care information private. Anything your child tells his therapist is confidential (except if the child discloses abuse or neglect, or a plan to harm himself or other people). Confidentiality is important for children to feel safe, respected, and comfortable in getting treatment they need. You can help your child to feel more comfortable in therapy by ensuring

your child has privacy when talking to his therapist and protecting your child's mental health information. Do not talk about your child's therapy, medication, or other treatment with anyone other than the child's doctor, therapist, attorney, or social worker. If you think other people such as teachers, coaches, or child care providers need to know about your child's mental health treatment, discuss this first with your child, the child's attorney and/or social worker.

Even though your child's therapist cannot repeat to you what the child said during therapy, the therapist can and should talk to you in general about the child's concerns and needs, and suggest ways you can work with the child to help him or her make progress in therapy.

#### iv. Offer to Participate in Family Therapy

Ask the therapist if it would be helpful for you and other family members to participate in family therapy sessions with the therapist and the child. This can be an important way for caregivers to help their children address trauma related to abuse, neglect, and separation from their birth parents.

## **b. What if I'm Concerned that Therapy Isn't Helping My Child?**

Many caregivers may feel frustrated if their child has been participating in therapy for a while but their mood and behavior has not improved. Because therapy stirs some of the old trauma children have experienced, it is absolutely normal (and expected) to see an increase of problematic behaviors when a child first starts attending therapy. Problem behaviors may also increase if therapists have to cancel appointments (due to vacation or illness), or when therapy ends due to the therapist leaving or the child moving to a new location.

Therapy for children works best when caregivers are working actively with the therapist to identify ways to support the child and to encourage positive behavior in the home. But if the child has been participating in therapy for several months and there have been no signs of progress, this may mean the therapist needs to try different methods, or that he or she is not a good match for your child. If you have concerns about whether your child is making enough progress in therapy, there are several things you can do to advocate for your child.

#### i. Addressing Concerns with the Therapist and Provider Staff

First, discuss your concerns with the child and then with the therapist. If you've spent time getting to know the therapist and checking in regularly, it will be easier to raise your concerns about whether the therapy is working. You can start by asking the therapist if he or she has noticed the child making progress toward meeting treatment goals, and whether there is anything else you can do to help the child make more progress. If the child is not making much progress, the therapist should be open to trying other approaches or perhaps finding a more intensive type of mental health service.

If speaking with the therapist is not helpful, you can also contact the therapist's supervisor or the program manager at the clinic and ask them for help in reviewing and resolving the issue.

ii. Requesting a Change in Provider

If speaking with the therapist and their supervisor or program manager does not work, you may want to ask your child's DCFS social worker to refer your child to a different therapist or mental health provider. You can also discuss your concerns with the Children's Law Center attorney assigned to represent your child.

In addition to working with the DCFS social worker and child's attorney to resolve the problem or help you find a different therapist, you may also want to take action yourself, if you believe the child's therapist was ineffective or unprofessional.

iii. Contacting the Office of Patient's Rights and/or the Ombudsman Services Program

If speaking with the therapist and/or provider staff was not helpful, you can contact the Patient's Rights Office of the Los Angeles County Department of Mental Health (DMH) at: (213) 738-4949. The Patient's Rights Office can help you resolve problems and investigate complaints. If contacting the county Patient's Rights Office does not resolve the problem, you can also get help from the State Mental Health Ombudsman Services program at: (800) 896-4042.

iv. Filing a Grievance

You can also address concerns about the quality or effectiveness of your child's mental health services by filing a written grievance with the Patient's Rights Office. The Grievance Process is intended to address any concerns related to your child's mental health services *except for the denial of services or a change to services*. If your request for a particular mental health service was denied or there was a change to your child's services that you disagree with (for example, if the therapist

decided to end the therapy and you disagree), you can use the Appeals Process, which is discussed below.

An example of a situation in which you might want to file a grievance would be if your child is not making any progress in therapy, and your attempts to work on the issue with the therapist have been unsuccessful. Another situation in which you could file a grievance would be if the therapist stopped showing up to therapy appointments without cancelling first, and you were unable to resolve the issue by speaking with the therapist's supervisor or program manager.

You can file a Grievance either verbally or in writing by contacting the Beneficiary Services division of the Patient's Rights Office at (213)738-4949. You can also access the Grievance Form through the Department of Mental Health website at [http://file.lacounty.gov/dmh/cms1\\_159183.pdf](http://file.lacounty.gov/dmh/cms1_159183.pdf)

The Department of Mental Health (DMH) generally must make a decision about your grievance within 60 days from the date you filed your grievance. When a decision has been made, DMH will notify you in writing of the decision.

## **c. How Does Medi-Cal Determine if My Child Qualifies for a Particular Mental Health Service?**

Children qualify for mental health services through Medi-Cal only if the services are "medically necessary" – that is, if a doctor or therapist determines that the child needs the services and will be helped by the services if he or she receives them. The Department of Mental Health (DMH) will take into account several factors when determining if a mental health service is medically necessary, including: (1) whether the child has been diagnosed with a specific mental illness; (2) whether the diagnosis causes the child to have significant problems in an important area of life; (3) whether the diagnosis will prevent the child from developing appropriately; and (4) whether the mental health service being requested is likely to resolve the problem.

# **IV. What if My Child Was Denied Mental Health Services or the Services Were Changed or Terminated?**

The DCFS social worker is responsible for ensuring that foster children get the mental health services they need. If DMH denies a request for mental health services for your child or if DMH changes the type or amount of mental health services your child is getting, DCFS should file an appeal.

But as a foster/adoptive parent, it is also important for you to understand the appeal process so you can make sure DCFS is taking the steps needed to resolve the issue – and also in case DMH denies services after the child is adopted and the DCFS case is closed. Once the child’s adoption is finalized, you can file an appeal yourself, without involvement from DCFS.

## **i. Filing An Appeal**

You can file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed, written Appeal. However, the date that you submitted the verbal Appeal is the filing date. You can access the Appeal form by contacting Beneficiary Services staff at (213) 738-4949 or you can access it online at [http://file.lacounty.gov/dmh/cms1\\_159183.pdf](http://file.lacounty.gov/dmh/cms1_159183.pdf). The Beneficiary Services staff will provide you with information about how to file an appeal. The DMH will provide a self-addressed envelope at all provider sites for you to mail in your appeal.

You must file an appeal within 90 days of the Notice of Action, the DMH form informing you of the denial or change in services. If DMH denies a request without giving you a Notice of Action form, you may file an appeal at any time.

ii. Requesting a State Fair Hearing

If your appeal is denied, you have the right to request a State Fair Hearing, which is an independent review conducted by the California Department of Social Services to ensure your child is receiving the mental health services to which she is entitled under the Medi-Cal program. You must request a hearing within 90 days of the DMH's decision denying your appeal. You can request a State Fair Hearing from the California Department of Social Services by calling (800) 952-5253 or by sending a fax to (916) 229-4110. You may also request a State Fair Hearing by submitting a written request to the Department of Social Services at the following address:

State Hearing Division  
California Department of Social Services  
P.O. Box 9424443, Mail Station 19-37  
Sacramento, CA 94244-2430

## V. Conclusion

It can be challenging to access mental health services for your child, but we encourage you to keep advocating for your child until he or she gets the services needed. The right mental health services can make a big difference in your child's well-being.

We hope this information is helpful to you.

## MORE INFORMATION

This booklet is a joint publication of Public Counsel and the Alliance for Children’s Rights.

Public Counsel is the nation’s largest *pro bono* law firm. Public Counsel coordinates the contributions of thousands of volunteer lawyers each year. Public Counsel serves those in need — such as children and the elderly, literacy projects and low income housing providers, refugees and the homeless — by providing legal representation and matching financially eligible clients with volunteer attorneys.

The Alliance for Children’s Rights protects the rights of impoverished, abused and neglected children and youth. By providing free legal services and advocacy, the Alliance ensures children have safe, stable homes, healthcare and the education they need to thrive. Since 1992, the Alliance has served 125,000 children.

While this publication is designed to provide accurate and current information about the law, readers should contact an attorney or other expert for advice in particular cases, and should also consult the relevant statutes and court decisions when relying on cited materials.

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You may find this booklet and other Public Counsel publications at **[www.publiccounsel.org/practice\\_areas/childrens\\_rights](http://www.publiccounsel.org/practice_areas/childrens_rights)**. Click on the “Publications” tab.

You can also find this booklet and other Alliance for Children’s Rights publications at **[kids-alliance.org](http://kids-alliance.org)**. Click on the “resources” tab.

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## **If you have any questions about:**

- ◇ Mental health services for foster and adopted children.
- ◇ Services available to children and youth through Medi-Cal.
- ◇ Finding a therapist for your child.
- ◇ What type of therapist would best fit your child's mental health needs.

## **We are here to help.**

## **You can contact:**

**Public Counsel's  
Children's Rights Project at:  
(213) 385-2977, x500**



**OR**

**Alliance for Children's Rights at:  
(213)368-6010**

