Winter 12-14-2018

Accessing Mental Health Services as an Undocumented Individual: Policy Recommendations for the State of California

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Capstone Project

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ABSTRACT

Undocumented individuals are subject to stressors that may exacerbate existing mental health problems or proliferate new mental health illnesses. Due to unjust historical and current institutional and systemic policies the undocumented population accesses mental health services at a rate far below the general population. As a result, this vulnerable community is left with untreated mental health conditions and is further entrenched in a cycle of inequity. In an effort to address this alarming reality we based a review of relevant literature to identify recommendations to increase access to mental health services among the United States undocumented population. Additionally, a simulation was conducted with mental health providers from seven counties in California (San Francisco, Fresno, Sonoma Sacramento, Los Angeles, San Diego, and San Joaquin) to assess their response to requests for service from undocumented individuals. Our recommendations include: (1.) Altering the provision of care in order to eliminate obstacles that undocumented individuals face in accessing treatment, (2.) Advancing research regarding the mental health needs of undocumented individuals in the U.S, (3.) Enforcing current regulations to ensure providers offer culturally and linguistics appropriate services, and the (4.) Implementation of county wide access lines.

EXECUTIVE SUMMARY

Background.

With immigrants and children of immigrants making up nearly a quarter of the United States population their mental health concerns have implications for the overall health of the nation. Undocumented individuals face stressors that can worsen or ignite new mental health concerns. The undocumented population in the US is estimated 11.8 million (Wallace, P. S., Torres, J., Sadegh-Nobari, T., Pourat, N., & Brown, E. R., 2012). Undocumented individuals have been historically left ou5t of health care reforms and they continue to not qualify for federal aid programs. In California there are about 2.4 million undocumented immigrants and as a result this population is left with untreated mental health condition (Pourat, N., 2018).

I interned with California Pan-Ethnic Health Network and received mentorship, feedback, guidance and experience. This project is written under the partnership of the University of San Francisco as a capstone project for a Master of Science in Behavioral Health. My project included a literature review and a simulation to develop policy recommendation. The policy recommendations are aim to address gaps in accessibility among the undocumented individuals living in the state of California. The project was conducted in California seven counties were randomly selected to represent the geographical diversity of California; San Francisco, Sonoma, Fresno, Sacramento, Los Angeles, San Diego, and San Joaquin. I called 10 providers from each county.

Purpose

The purpose of this research was to simulate the experience of an undocumented individual seeking and receiving mental health services. The simulation was conducted using the secret shopper method which included me acting as a community-based organizer seeking

mental health services or a client in need but without full scope medical. I called providers as an advocate asking a series of questions to determine if my client would be able to access their services. The language was carefully selected, using this terminology conveyed the fact that my client was undocumented. I did this by explaining to providers that my client does not have full access medical but does have emergency medical. California offers emergency medical to all residents regardless of documentation status, this gave providers a hint that she was undocumented.

Results

Findings showed that there are limited services for undocumented individuals. Services that are offered are limited or there is a cost associated with them. My client was rejected from every county at least once. The counties without access lines had an alarming higher number of rejections. A rejection in this project included; a referral, a no to services without rejection, a yes with fees associated, and a no call return. Access lines were found to be beneficial when accessing mental health services as an advocate.

LITERATURE REVIEW

Introduction

According to the Centers for Disease Control (CDC), mental health is an important part of our overall health and wellbeing. The CDC defines mental health as a condition that affects a person's thinking, feeling, mood or behavior, such as depression anxiety, bipolar disorder, or schizophrenia (Centers for Disease Control and Prevention, 2018). There are 40 million immigrants living in the United States, and 35 million children whose parents are foreign born. With 24% of the U.S population consisting of immigrants and children of immigrants, their mental health concerns have implications for the health of the nation as a whole (Seraphia Derr,

A., & Derr, A. S., 2016). With immigrants making up almost a quarter of our population, we need to have our mental health system reflect that. Unfortunately, that is not the case in today's political climate. A study was conducted with Asian and Latino immigrants only 6% of immigrant participants received mental health care, making them 40% less likely to access services than U.S born participants (Mind, Body, Spirit. 2017).

In addition, society has looked to the health system to deal with concerns about health and diseases. The World Health Organization's (WHO) has taken a holistic view of social determinants of health. They have identified the correlation between premature loss of life with conditions which people are born, grow, live, work and age. These are due to inequalities that are seen in early childhood, schooling, nature of employment and working conditions, physical form of the build environment, and the quality of the natural environment where individuals are living (CSDH, 2008). These same inequalities reflect mental health services among undocumented individual's adults in the United States.

Barriers in Accessing Mental Health Services

There are several factors associated with utilization of mental health services among undocumented individual's adults, such barriers include cultural barriers, structural barriers, need for services and immigration related factors. The lack of access to mental health services negatively impacts vulnerable populations especially immigrants and children of immigrants.

Structural Barriers and Cultural

Structural barriers are defined by the health care system's availability, which include the availability and proximity of health care facilities. These barriers can act separately or in addition to financial barriers (Carrillo et al., 2011). Structural barriers include environmental and systematic issues, lack of insurance, cost of services, language barriers, accessibility, and lack of

knowledge. For some cultures, accessing mental health is highly stigmatized as it is common in some cultures to assume an individual is crazy if they have a mental health illness. Making it hard to access services even if treatment is desired.

Environmental and Systematic Barriers

The barriers that have been reported the most include lack of insurance, cost of services, language barriers, and accessibility among immigrants (Seraphia Derr, A., & Derr, A. S., 2016). To obtain high quality care, people must first gain entry into the healthcare system. Measures of access to care tracked in the Quality and Disparities Report (QDR) include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted (National Healthcare Quality and Disparities Report, 2016).

We are seeing the uninsured rate drop to an all-time low after the U.S. implemented the Affordable Care Act (ACA). However, 27.6 million people in the US remain uninsured (Kaiser Family Foundation, 2017). According to KFF, many people do not have access to coverage through their job and the cost of coverage is too high. In addition to cost, many people remain ineligible to receive federally funded services (Kaiser Family Foundation, 2017). Individuals below federal poverty level are at the highest risk of being uninsured. People of color make up 42% of the uninsured population, and 22% of the uninsured are non-citizens (Kaiser Family Foundation, 2017). An estimated 11.8 million undocumented immigrants reside in the United States (Wallace, P. S., Torres, J., Sadegh-Nobari, T., Pourat, N., & Brown, E. R., 2012). Under the ACA, undocumented immigrants continue to be explicitly excluded, leaving them ineligible to receive Medicaid and unable to purchase health insurance through the health insurance exchange. Although it is difficult to determine a precise number of undocumented uninsured immigrants living in the United States due to fear of deportation, it is estimated that 23% of

undocumented immigrants in the U.S. live in California. (Wallace, Torres, Sadegh-Nobari, Pourat, & Brown, 2012). A literature was conducted using published articles from the last 10 years in PubMed where 65% of articles reported individuals fearing deportation as a barrier to seek health care services (Hacker, K., Hacker, K., Anies, M., Folb, B. L., & Zallman, L., 2015). Undocumented individuals avoid healthcare and wait until health isures are critical before they seek services because of their concerns of being reported to authorities (Hacker, K., Hacker, K., Anies, M., Folb, B. L., & Zallman, L., 2015).

Cost of services due to lack of insurance or underinsured plays a role in accessing mental health utilization among immigrants. In 2011, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that unaffordable cost of treatment was the top barrier for 4.9 million adults with an unmet need for mental health and substance abuse treatment (Mind, Body, Spirit. 2017). In addition, language barriers and accessibility to services can cause additional anxiety or stress in patients who seek help.

Factors Associated With Utilization

Other variables that play a role in accessing mental health services among immigrants are factors associated with utilization. These factors include self-perceived mental health need and immigration related factors. Lack of knowledge of mental health on how to access mental health service makes it hard to acknowledge mental health needs. Immigrants face barriers associated with immigration experiences, such as separation from family, cultural and linguistic barriers, and adjustment to a new and sometimes unwelcoming, environment. (Seraphia Derr, A., & Derr, A. S., 2016) Immigration related factors can result in high levels of stress that may worsen existing mental health problems or new ones may arise.

Recommendations

Altering the provision of care in order to eliminate obstacles that immigrants face in accessing treatment: Increase access to care by expanding insurance coverage

Health care coverage is one of the most efficient ways to ensure individuals have equal access to quality health care.

Further research regarding the mental health needs of immigrants in the U.S: Develop an understanding of the correlation between migration and mental health service use. Intensive research with immigrants who recently migrated the United States and their path to seek mental health services. Research should consider the diversity within the immigrant population. Demographic factors as well as immigration experiences, and mental health service system in countries of origin. This research is important to understand the factors associated with utilization among subgroups. For example, studies show that Puerto Ricans receive mental health service at a higher rate compares to other Latino groups (Bauldry, S., & Szaflarski, M., 2017). Research should focus on the under-research population such as undocumented immigrants, asylum seekers and refugees in the United States.

Enforcing current regulations to ensure providers offer culturally and linguistic appropriate services are available: As we care for individuals who come from diverse cultures, ethnicities, and races, it becomes paramount to understand the unique health beliefs and behaviors of each group. Cultural competence means services are meeting consumers social, cultural, and linguistic needs (Mind, Body, Spirit. 2017). This is a crucial component in accessing mental health services for immigrant communities

AGENCY BACKGROUND

California Pan-Ethnic Health Network

Recognizing health disparities were proliferating in communities of color, the California Pan-Ethnic Health Network (CPEHN) was founded in 1992 by a consortium of four ethnic health organizations - Asian & Pacific Islander American Health Forum, California Black Health Network, California Rural Indian Health Board, Latino Coalition for a Healthy California- to address the stark racial inequity in the state's healthcare system. The scope of CPEHN's work has remained steadfast throughout the last 20 years and has deployed strategic efforts to change health policy, convene diverse communities, collect data and resources and work in diverse coalitions. Among the agency's most prominent achievements are collaborative initiatives like the ratification of SB 853 in 2003, which mandates all health plans and insurers in California to provide interpreters and translated documents to their members.

In summary, CPEHN's mission is "to promote health equity by advocating for public policies and sufficient resources to address the health needs of communities of color". CPEHN's model for the future emphasizes strong grassroots mobilization efforts, and a more holistic approach to hard-data supported policy advocacy. These core tenants, alongside a history of effective partnership building, aim to profoundly transform California's health system -- with the ever-present goal to bridge health disparities in communities of color in the state and around the country. CPEHN is funded by a multitude of California based funding organizations that include: private foundations, corporate philanthropy/giving and public agencies. These revenue streams are fortified by personal giving throughout the fiscal year, culminating in an annual Gala that brings partners from all sectors together.

The organizations primary services are research and advocacy based. To this end, CPEHN is engaged in a number of policy campaigns that address issues impacting communities of color across the board in areas such as: stage budgeting, the affordable care act, cultural and

linguistic competency and preventative care. CPEHN also administers programs like the "California Oral Health Network" and "Having Our Say (HOS)" that engage and mobilize community partners to advance health equity. The agency is composed of a statewide and full-time professional structured to focus on California initiatives and advocacy efforts. The agency heavily relies on partner participation and community mobilization to ensure the mission is achieved. The organization's primary target audience are the growing communities of color that call California home. To this end, CPEHN generates research, data and policy statements for community-based organizations, community leaders, elected officials, stakeholders and healthcare organizations to use in the effort to reduce health disparities.

Fieldwork Project

For my fieldwork project I simulate the experience of trying to access mental health services as an undocumented individual. The simulation included a scenario where "my client" was seeking mental health services but did not qualify for full scope medical which was said to reflect my client's documentation status. The counties that were randomly selected to represent the geographical diversity of California were San Francisco, Fresno, Sacramento, Los Angeles, San Diego, and San Joaquin. This research project was conducted as a capstone project for a Master of Science in Behavioral health for the University of San Francisco. This was not a representation of CPEHN, this work was done independently with support from mentors and professors.

METHODS

The purpose of this research is to identify gaps in mental health services among immigrants in California by collecting data from mental health providers in selected California counties.

Methods/Tools

Interviews: "Secret shopper" tool was conducted in a non-traditional way in order to gather real life experiences (data), simulating the experience of someone looking for mental health services for an undocumented immigrant. Table 1, shows my scenario as well as additional questions I asked providers. Data was transcribed into excel sheets.

Table:1 Interview Questions

Scenario:	*"Hello, my name is Lorena and I am a home visitor with a community-based organization. I am calling on behalf of a client who is seeking mental health services. My client has shared with me that she is experiencing symptoms of depression and anxiety. She scored a 15 on her PHQ-9. She is 27 years old. However, my client does not have full-scope Medi-Cal; she only has emergency Medi-Cal."*
Questions:	1. *Can my client access your services without Full-Scope Medical?* 2. *Do you offer services/resources for non-English speakers?* 3. *Do you offer services in any other language other than English?* 4. *Do you have on site interpreters?* 5. *Are there additional fees for these services?*

Surveys: Data from interviews will be managed using Qualtrics. I will use the answers from the interviews to input in an online survey instrument. This will help me keep my data organized and will separate answers by "categories". This survey will NOT be administered to mental health providers, I am simply using Qualtrics as a tool to organize and showcase my findings.

Tables/excel: Excel sheets are being used for data input. All my responses are imported into Excel sheets, I have separated sheets by county's making it organized. Using this format will help me export data to Qualtrics. Since this was a simulation and providers where not aware of data being collected, I have coded all providers with an ID number.

(See appendix: 1)

Sample

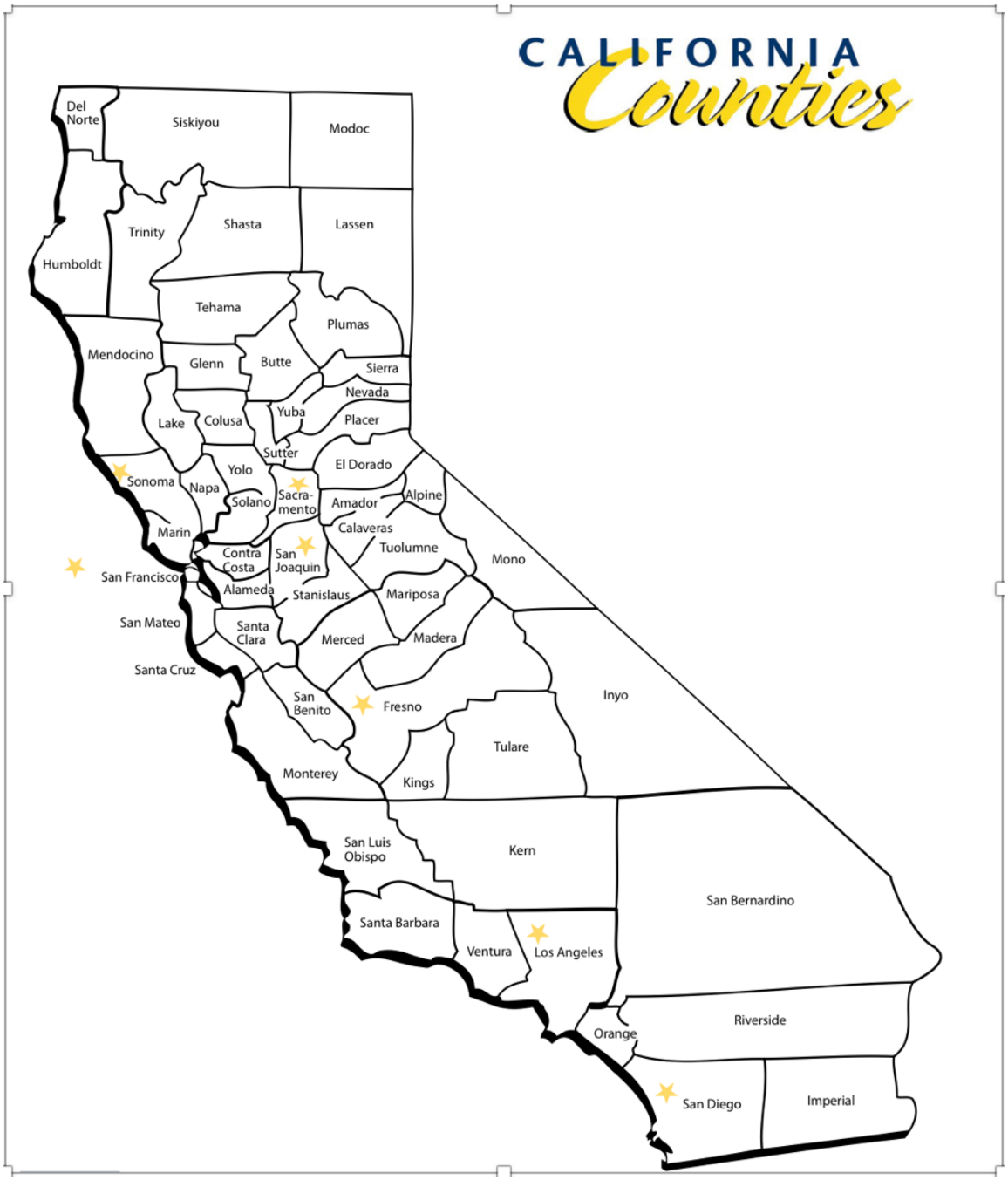
Simple random sampling was used in implantation of surveys. Providers were randomly drawn from the county's behavioral health provider list. Seven counties were randomly selected, and ten providers were called from each county. Providers have been coded to maintain trust among community providers due to lack of transparency from the researcher perspective. Counties have also been selected randomly. Seven counties and 10 providers per county simple random sampling was used San Francisco, Sonoma, Sacramento, Los Angeles, San Diego, San Joaquin.

FINDINGS

Mental Health Services in California

Interviews were conducted from March 2018- June 2018. Image:1 shows a map of California's counties. The selected counties were randomly selected and have been marked with stars. Data collected is from mental health providers, mental health county departments, and literature

Image 1: Counties in Sample



review based on each county. There were 70 calls made to mental health providers in the seven counties selected. The list of providers were gathered from the counties behavioral/mental health provider directory found from online search engines.

Overall response of Scenario

Throughout the study, data was gathered to identify themes emerging from provider interviews. This was a crucial part of the research because of the sensitive information that was disclosed from my client. Unfortunately, because of the process of the simulation, themes evolved to subjective experiences from the researcher. Table 2 shows subjective perceptions from the researcher of the experience associated with each county where calls were made. The data is collected from the experience in accessing mental health services for a client as an undocumented individual living in California (San Francisco, Fresno, Sacrament, Sonoma, Los Angeles, San Diego, San Joaquin).

Table:2

Number of Calls		Subjective Perception of the Experience
San Francisco	*n*= (21)	*Providers referred me to Healthy San Francisco.* *Six providers referred me to the same two agencies.* *Fees were often associated with services.*
Fresno	*n*= (6)	*Majority of providers required a referral from the county's behavioral health department.*
Sacramento	*n*= (9)	*Seeking services in Sacramento was not accessible for my client because of lack of providers availability.* *Long wait times.*
Los Angeles	*n*= (6)	*Many rejections from providers due to lack of health insurance.* *Seemed that as soon as I mentioned that my client didn't have insurance I was quickly rejected.*
Sonoma	*n*= (6)	*Most Providers need a referral from Access Team. The Access team determines the level of need for mental health services, provides assessment, linkage, and information and referral for mental health services for children, youth, and adults.*
San Diego	n= (6)	*Similar to Sonoma, San Diego utilizes Access lines to access mental health services. I was referred to Live Well San Diego Which felt similar to Healthy San Francisco.*
San Joaquin	*n*= (6)	*Referrals to multiple agencies that provide health care services.*

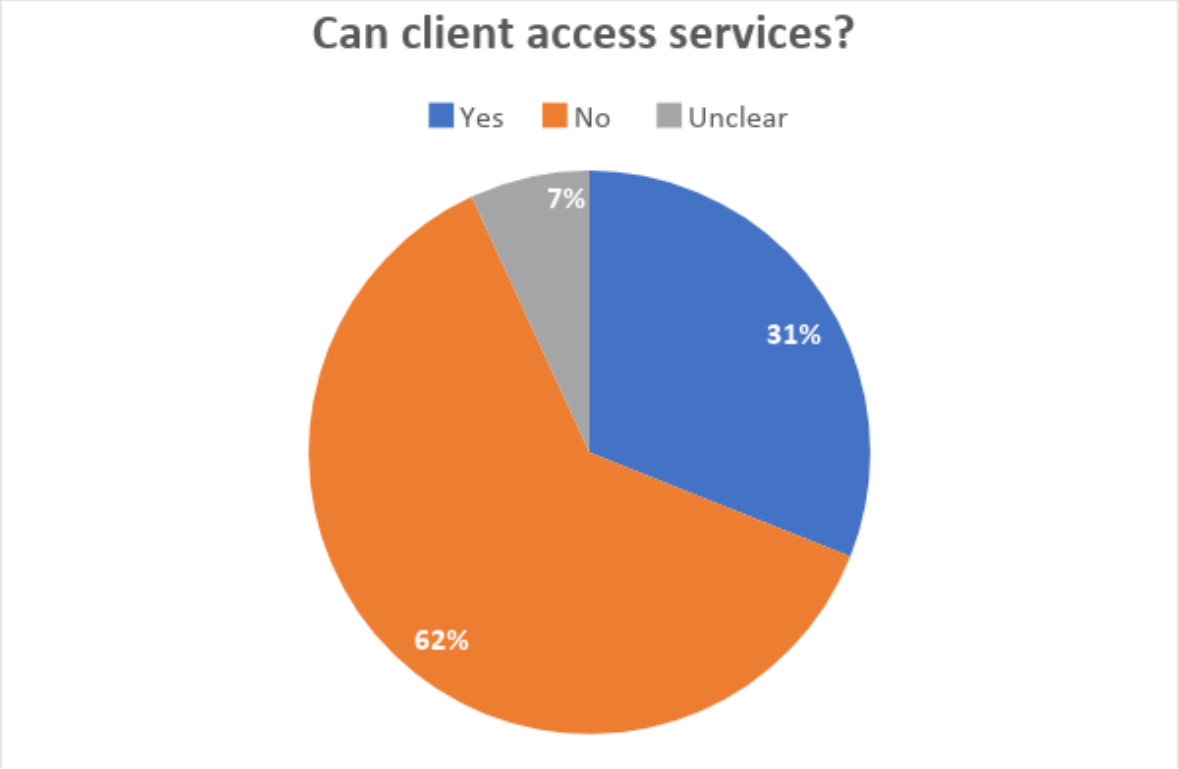
* Mental Health Providers were randomly selected from the Behavioral Health/Mental Health provider list (by counties).

Follow up Questions

Access to Services

After presenting the scenario follow up questions were asked to providers. The questions were as followed, (1) Can my client access your services without full-scope medical? (2) Do you offer services in other languages other than English? (3) Are there any additional fees to services? (4) If provider couldn't offer services, provider was asked if they could refer me to someone who could. Graph 1, shows data collected from follow up questions. In San Francisco county n=(4) offered services, Fresno n=(4), and Sacramento n=(1).

Graph 1: Accessibility

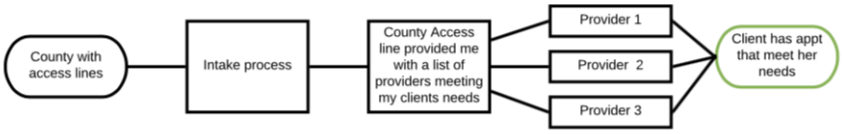


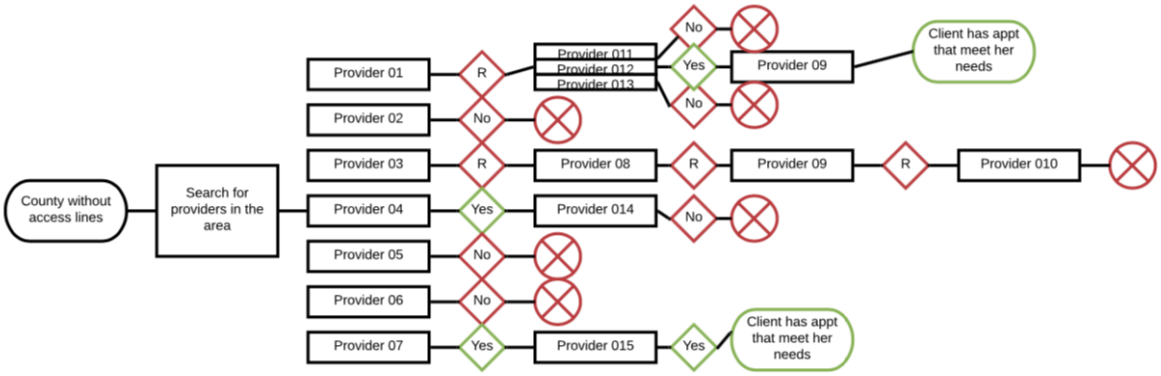
Referrals

Referrals were made nearly 50% of the time, the other 50% of the time providers did not refer client to another provider. That was either because they were not aware of agencies or providers that offered services to individuals without full scope medical or because they couldn't refer me to someone with this information. When referrals were made I was either transferred to other providers or given names of agencies.

Findings showed an alarming difference in accessing services through counties with access lines. Access lines determine the level of need or mental health services, they provide assessment, linkage, and information and referral for children, youth, and adults. Table 2Shows the differences between accessing mental health services with a county who offers an access line for mental health and a county without an access line.

Table 2: Counties: Acess Lines Vs. No access Line





Languages

Findings showed that a majority of providers offer services in languages other than English n= (17) offer services in other languages, it was unclear for n= (15), and only n= (2) did not offer services in other languages. These services may be provided using interpreters, resources, or providers skills (language).

DISCUSSION

Recommendations

Tailoring the provision of care in order to eliminate obstacles that undocumented individuals face in accessing mental health services: Increase access to care by expanding insurance coverage. Health care coverage is one of the most efficient ways to ensure individuals have equal access to quality health care.

Further research regarding the mental health needs of immigrants and undocumented individuals in the U.S: Develop an understanding of the correlation between migration and mental health service use. Intensive research with immigrants who recently migrated the United States and their path to seek mental health services. Research should consider the diversity within the undocumented population. Demographic factors as well as immigration experiences, and mental health service system in countries of origin. This research is important to understand the factors associated with utilization among subgroups. For example, studies show that Puerto Ricans receive mental health service at a higher rate compares to other Latino groups (Bauldry, S., & Szaflarski, M., 2017). Research should focus on the under-research population such as undocumented immigrants, asylum seekers and refugees in the United States.

Enforcing current regulations to ensure providers offer culturally and linguistic appropriate services: As we care for individuals who come from diverse cultures, ethnicities, and races, it becomes paramount to understand the unique health beliefs and behaviors of each

group. Cultural competence means services are meeting consumers social, cultural, and linguistic needs (Mind, Body, Spirit. 2017). This is a crucial component in accessing mental health services for immigrant communities. In 2011 the attorney general issued an executive order regarding the federal renewed commitment to language access obligation in health care system. National Standards for Cultural and Linguistically Appropriate Services (CLAS) were created for health and health care organizations to implement (U.S. Department of Health and Human Services, Think Cultural., 2011). This recommendation is intended to keep organizations accountable that they are providing these services.

County wide access lines: Access lines are a simple tool for the consumer when seeking services. When calling the access lines, you can receive an over the phone assessment in order to be referred to mental health services, you can request a list of our mental health Medi-Cal Service Providers, and crisis providers. This resource provides a tailored list for individuals after their initial intake process.

Limitations

Due to project deliverables, as a researcher and subject in my research project I could not be fully transparent to providers. When conducting interviews, I had to maintain my role as an advocate which bottled up a lot of issues that I wanted to address at the time of the call. Another limitation was my biases. I am an immigrant, my parents brought me to the states illegally at a young age for the chance for a better life. Throughout this project. I often put myself in my client's shoes and anger, resentment, and sadness are among some emotions that presented during this project. For future research I would suggest ethnography as a research method. Ethnography is used as research method to predict patterns in lived human experiences (Sangasubana, MN., 2011). By using ethnography perceived experiences could be used as data.

Ethnography may involve a full immersion of the researcher in day-to-day lives of those under study (Sangasubana, MN., 2011).

Discussion

A strong case for increase in accessibility has been made for undocumented individuals seeking mental health services. From literature review, the simulation, and findings we need take enforce policy recommendations that reflect the communities at risk. Policy recommendation include; Tailoring the provision of care in order to eliminate obstacles that undocumented individuals face in accessing treatment, furthering the research regarding the mental health needs of undocumented individuals in the united states, enforcement in current regulations and laws to ensure providers are being kept accountable in offering culturally and linguistic appropriate services, and Implementing county access lines to connect patients with the right resources.

Overall this project sheds light on how policy must evolve to meet the needs of our most marginalized communities. If our health care systems re to be truly transformational, we need courage's leadership to reform healthcare policy to be just, resilient and fully inclusive.

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Appendices

Appendix:1

ID	**Response to Scenario:** Hello my name is Lorena and I am a home visitor with a community based organization. I am calling on behalf of a client who is seeking mental health services. My client has shared with me that she is experiencing symptoms of depression and anxiety. She scored a 15 on her PHQ-9. She is 27 old. However, my client does not have full-Scope Medical; she only has emergency.	**Can my client access your services without Full-Scope Medical?**	**Do you offer services/resources for non-English speakers?**
10001	Does she have Healthy San Francisco? No Is she in crisis, is she in danger of hurting herself or other? No We do not offer services here, but we can refer her to clinics that will offer her services with restricted Medical. She can also go to system of care which is only temporary but they can offer services. Does she speak English or Spanish? Spanish I can refer her to institutes of Familia de la Raza they offer services in Spanish.	No, only system of care.	Yes
10002	We do not accept any insurance in form a payment for our services, we can have your patient come in but we will need payment at the time of her visit. When she comes in we can see if she qualifies for any aid, you can also call your insurance company for more information on coverage.	Yes, out of pocket cost.	Yes
10003	They automatically referred me to Healthy San Francisco. This is an outpatient clinic so emergency medical is accepted but this is only temporary and they will look into having my client sign up for HSF to refer her to another provider.	Yes, temporary	yes
10004	Yes, Is your client a Spanish speaker? Our services are specialized for individuals from origins of East Asia and Pacific Rim. She went on to referring me to other agencies all located in the mission.	Yes	yes
10005	Not a provider, but gave me great referrals and numbers to call. They did have multiple language option over the phone.	no	N/A
10006	What's your clients name? I prefer not disclosing that as of now. Is she in danger to herself or others? No Has she been hospitalized before because of her mental health stage? No Is she pregnant? No Do you know if she is eligible for healthy San Francisco? I'm not sure, I know she is not eligible for full-scope medical. There is a good chance she is eligible, I recommend having her sign up. Restricted medical will not cover her services with us but If you feel she is in danger to herself or others you can always take her to the emergency room and they will refer you. I can also look up other clinics that take patients with restricted medical. Thank you, but I have a list already I will call them next. Thank you for your time.	No	Yes
10007	We do not accept walk in patients. Our clients need to be referred to us prior to enrollment. If she is in danger to herself or other or if she is pregnant she should go see a emergency patient provider as soon as possible.	no	N/A
10008	requires a referral	no	
10009	Not eligible, referred to crisis hotlines	No	
10010	They don't offer services to adults. Asked supervisor for referrals for my client. Supervisor referred me to "Assess Free Mental Health Chart" and that can give you a list of providers that may treat your client.	No	no
10011	Does she live in SF drop in office hours t-F T:2pm W,R,F12pm. Only two hours. No guaranteed she will be seen if she is not on time.	Yes	yes
10012	Transfer me to intake line for adult services. Voicemail.(leave a message and a councilor will call you back within 24 hours) this was only offered in English.	no	no

10013	No adult services	No	no
10014	3-17 No Adult services. Transferred me to other department that might provide services to adults. (No one answered)	no	no
10015	Dana Dart McLane voicemail	no	no
10016	No one was available to take my call	no	no
10017	We currently do not offer services for adults over 24. My supervisors are not available to assist you but I can have them call you back if you would like them to refer you to someone else.	No	no
10018	Transferred me to a social worker. Social worker did not answer.	no	no
10019	Left a voice mail	no	no
10020	No answer	no	no
10021	Access line referral	yes	yes
10022	Access line referral	yes	yes
10023	Access line referral	yes	yes
10024	She only has emergency medical:Oh okay, hold on. Is she pregnant? We have to look at her coverage, if its not pregnancy we cannot provide services unless it's out of pocket expenses. We offer a program that can lower the fees depending on her income.	No	No
10025	Yes, with fees. No Spanish interpretation.	no	no
10026	Left a voicemail, no return	no	no
10027	Number not in service	no	no
10028	Referred to several providers that may offer services	no	yes
10029	Left a voicemail, no return	no	no
10030	Number not in service	no	no
10031	We serve children and transition age teenagers. Do you have anyone you can refer me to? I'm not sure, you can call San Francisco county line.	No	yes
10032	VOICEMAIL	no	no
10033	VOICEMAIL	**no**	**no**
10034	I need a referral from Fresno county	n/a	n/a
10035	She can come in but the fee for our services is $60 per visit.	Yes for $60 a visit	No
10036	I was transferred to Fresno center from Holistic Cultural and education Wellness Center. They offer propone services but it's more of a community group.	Yes	Yes
10037	I was referred to Fresno County Mental Health Services. They require a referral for their services. Hey mostly work with the Asian population but she is more than welcome to come and use their services they have a probono plan but she might not feel comfortable with the environment since its not culturally relevant to her.	Yes	Yes
10038	They do not offer mental health direct services. My patient can use any of their services for free (yoga, meditation, women support group, etc.,)	Yes	Yes
10039	Referred to Fresno county mental health, they need a referral.	n/a	n/a
10040	Leave voicemail they will return your call, waiting on call back.	n/a	n/a
10041	Transferred to Ivette Muñoz and Ivette did not answer	n/a	n/a
10042	They will have to have medical in order to be seen for our services, she can come in and apply for medical unless she doesn't meet the requirement. (she does not meet) Yea she needs to have insurance.	no	yes
10043	Access team has all the answers to refer you to the right clinic 916 8751055	yes	

10044	Voicemail	no	no
10045	Access team has all the answers to refer you to the right clinic 916 8751055	yes	yes
10046	Automotive message English and Spanish.	no	yes
10047	Access line referral	no	yes
10048	Provided me with a few mental health providers that will accept my client. (wait time was over 15 minutes on the phone)	yes	yes
10049	Interrupted me as soon as I said she doesn't have full scope medical and said "That is what we require"	no	n/a
10050	I'm pretty sure we offer services to individuals who do not have insurance, what location are you wanting? Any in LA county will do. (I was transferred but no one answered).	Wasn't answered	yes
10051	I was transferred to someone who could answer this answer but I got a voicemail.	no	no
10052	Transferred to another provider, provider is not available.	no	no
10053	Referred to county.	no	yes
10054	Try other number, this isn't working	no	no
10055	Intake required from access team before services are offered.	no	yes
10056	Yes, fees associated. Rates depend on income.	Yes, with fees	yes
10057	Temporary shelter is available	no	yes
10058	Client can seek services if she is a victim of domestic abuse	no	yes
10059	No. Sorry.	no	no
10060	Referred to community center	no	yes
10061	Refer to someone else	no	yes
10062	Voicemail	no	no
10063	Voicemail	no	no
10064	Emergency and temporary care	no	yes
10065	Yes, no guarantee in being seen.	yes	yes
10066	Community center offers wide range of services and can help refer client to services.	yes	yes
10067	Yes, not licensed therapist. Life coach that can help client learn coping skills.	yes	yes
10068	Voicemail	no	no
10069	Referred to community center	no	yes
10070	Refer to someone else	no	yes