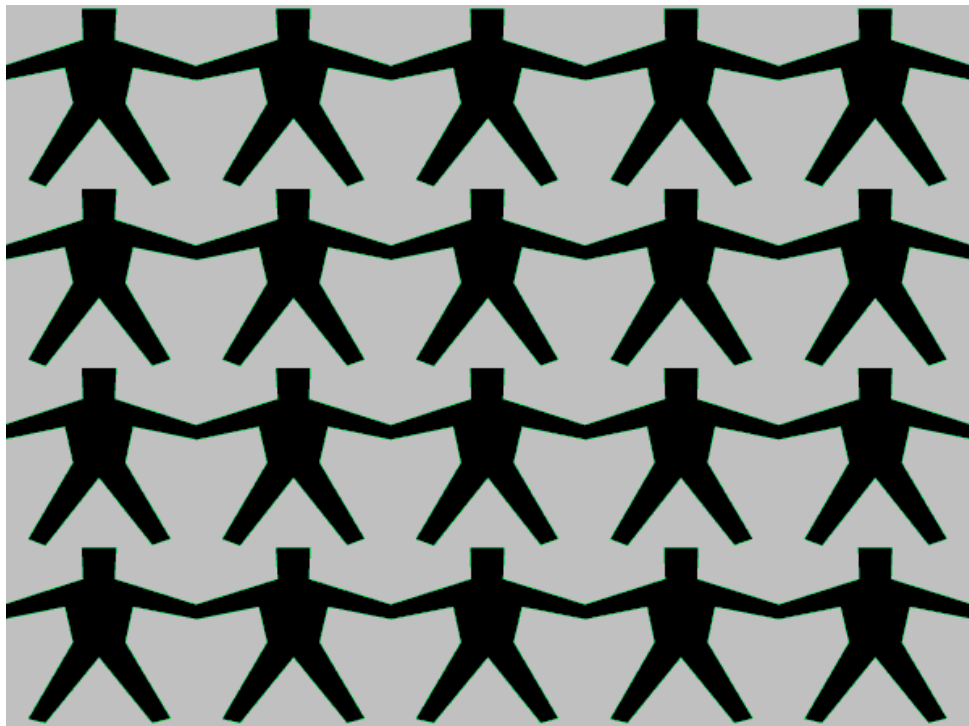


EARLY CHILDHOOD MENTAL HEALTH & PARENTING SERVICES  
INTER-AGENCY REFERRAL GUIDE  
EPSDT PROGRAMS



FOR FAMILIES WITH CHILDREN AGES 0-5 WITH FULL-SCOPE MEDI-CAL

2<sup>ND</sup> REVISED EDITION  
JANUARY 2007

## INTRODUCTION

To learn and grow, children must be emotionally secure and physically healthy. Mental health is closely tied to the relationships a child has with parents and significant caregivers. As an infant develops trust and attachment, the foundation for lifelong success in relationships and school is established. Children learn how to effectively express emotions, make friends, and explore the world around them through these relationships. A nurturing, caring relationship provides a “secure base” from which a child can begin exploring the world. That relationship can go astray for a variety of reasons. Studies have shown that mental health services for young children and their families can facilitate or repair the relationship and can have a positive, lasting impact.

This manual predominately focuses on mental health services for children 0-5 that can be billed through EPSDT. EPSDT (Early Periodic Screening, Diagnosis, and Treatment) is a Medi-Cal entitlement for children 0-21 that is designed to provide mental health services that can correct or ameliorate mental health problems. Although some of the agencies listed in this manual may have other funding sources, the referral sources listed here are for children on full scope Med-Cal (Medi-Cal coverage without restrictions).

If you have a client in need of these services, please refer to one of the agencies accepting EXTERNAL referrals.

This manual will be updated on an as-needed basis.

For questions or comments please contact Sue Greenwald, LCSW at (510) 875-2422 or email her at [sue.greenwald@acgov.org](mailto:sue.greenwald@acgov.org)

We hope you find this referral guide useful in your search for an EPSDT program.

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**A BETTER WAY  
ADOPTION SUPPORT SERVICES**

**MAIN OFFICE:**

3200 Adeline St.  
Berkeley, CA 94703

**REFERRALS/INTAKES:**

Shelly Helstowski  
510.601.0203 x222

**LANGUAGE CAPACITY:**

English  
Spanish

**POPULATION SERVED:**

Fostered and adoptive children and youth, ages 0-21

**GEOGRAPHICAL AREA SERVED:**

Berkeley, Oakland, Hayward and vicinity

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X |                             |   |
|                  | Infant/child parent dyadic therapy         | X | <b>Service Locations:</b>   |   |
|                  | Case management                            |   | Home                        | X |
|                  | Parent education/support (Spanish)         | X | Office                      | X |
|                  | Medication support                         |   | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) |   |

**PROGRAM DESCRIPTION:**

This program focuses on families that are involved in the adoptive process and the stresses associated with this transition. The program provides therapy and mental health support during periods of crisis, treats attachment issues and assists in working through the grief related to the loss inherent in the adoptive process. Problems persisting from early neglect and abuse are also a focus of treatment.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Fee for service (sliding scale) and Victims of crime.

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES  
EARLY CHILDHOOD CONSULTATION AND TREATMENT PROGRAM (ECCTP)**

**MAIN OFFICE:**

7200 Bancroft Ave., Ste. 125C  
Oakland, CA 94605

**REFERRALS/INTAKES:**

Margie Gutierrez-Padilla,  
LCSW  
510.383.5128

**LANGUAGE CAPACITY:**

English  
Spanish  
Interpreters Available

**POPULATION SERVED:**

0-6 years

**GEOGRAPHICAL AREA SERVED:**

Alameda, Berkeley, Emeryville, Fremont, Hayward, Oakland, San Leandro and San Lorenzo. May accept referrals from other areas within Alameda County depending on staff availability.

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   | X |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**PROGRAM DESCRIPTION:**

This program is a mental health service delivery program that provides mental health consultation to childcare as well as direct therapy services in childcare, in the home and in the clinic. Infant and early childhood/parent therapy is focused on behavioral, social emotional and or/developmental needs of children in the context of their relationship with primary caretakers. Accepts children up to age 6 which means they can be seen until 7 years. We take a limited number of children without any insurance (referred to as medically indigent).

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Internal referrals within Alameda County Behavioral Health Care Services and external referrals community-wide.

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Currently, we have limited funding from Every Child Counts to provide mental health services to children (0-5) and families in child care.

**ASIAN COMMUNITY MENTAL HEALTH SERVICES  
READY, SET, GO! EARLY CHILD INTERVENTION PROGRAM**

**MAIN OFFICE:**

310 8<sup>th</sup> St., Ste. 201  
Oakland, CA 94607

**REFERRALS/INTAKES:**

Katherine Chun  
510.869.6005

**LANGUAGE CAPACITY:**

English  
Chinese (Cantonese and Mandarin)  
Cambodian  
Vietnamese  
Mien

**POPULATION SERVED:**

0-6 years

**GEOGRAPHICAL AREA SERVED:**

Oakland, Alameda, Hayward, San Leandro, San Lorenzo, Fremont

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   | X |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**PROGRAM DESCRIPTION:**

This program is a mental health service delivery program that provides mental health consultation to childcare as well as direct therapy services in childcare, in the home and in the clinic. Infant and early childhood/parent therapy is focused on behavioral, social emotional and or/developmental needs of children in the context of their relationship with primary caretakers. Accepts children up to age 6 which means they can be seen until 7 years. We take a limited number of children without any insurance (referred to as medically indigent).

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Internal referrals within Alameda County Behavioral Health Care Services and external referrals community-wide.

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Currently, we have limited funding from Every Child Counts to provide mental health services to children (0-5) and families in child care; Safe Passages; Safe Start; and Violence Prevention funds from Governors Office of Emergency.

**BUILDING BLOCKS PRESCHOOL  
A SENECA CENTER DAY TREATMENT PROGRAM**

**MAIN OFFICE:**

2370 Grande Vista Place  
Oakland, CA 94601

**REFERRALS/INTAKES:**

Laura Sprinson  
510.434.7990 x105

**LANGUAGE CAPACITY:**

English  
Spanish

**POPULATION SERVED:**

Preschoolers aged 2-5

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Parenting Education/Support (Spanish)      |   | Office                      |   |
|                  | Medication support                         |   | Childcare                   | X |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) |   |

**PROGRAM DESCRIPTION:**

Building Blocks is an Intensive Day Treatment Program serving emotionally and behaviorally troubled children. It is a half day, year round program. Transportation is available on a limited basis

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

**CHILDREN'S HOSPITAL AND RESEARCH CENTER AT OAKLAND  
BEHAVIOR DISORDERS PROGRAM**

**MAIN OFFICE:**

645 4<sup>th</sup> St.  
Oakland, CA 94607

**REFERRALS/INTAKES:**

Intake Coordinator  
510.428.3351

**LANGUAGE CAPACITY:**

English  
Spanish  
Interpreters Available

**POPULATION SERVED:**

3-12 years

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   | X |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**PROGRAM DESCRIPTION:**

This program provides multidisciplinary/team based assessment and treatment for children 3-12 years old with social/emotional behavioral disorders. Priority is given to children in foster care, kinship care, or at risk for out of home placement.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Children's Hospital Staff

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No



**CHILDREN'S HOSPITAL AND RESEARCH CENTER AT OAKLAND  
EARLY CHILDHOOD MENTAL HEALTH PROGRAM**

**MAIN OFFICE:**

638 3<sup>rd</sup> St.  
Oakland, CA 94607

**REFERRALS/INTAKES:**

Shawniese Tilmon  
510.428.3885 x7229

**LANGUAGE CAPACITY:**

English  
Spanish  
Tagalog  
Visayan

**POPULATION SERVED:**

0-6 years, 0-5 through EPSDT

**GEOGRAPHICAL AREA SERVED:**

Alameda County

**Services:**

|  |   |                             |   |
|--|---|-----------------------------|---|
| Individual therapy                         | X | Developmental Guidance      | X |
| Family therapy                             | X | Resource and referral       | X |
| Group therapy                              | X | <b>Service Locations:</b>   |   |
| Infant/child parent dyadic therapy         | X |                             |   |
| Case management                            | X | Home                        | X |
| Supervised visitation                      | X | Office                      | X |
| Medication support                         | X | Childcare                   | X |
| Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**PROGRAM DESCRIPTION:**

This program provides assessment and mental health intervention to children and their caretakers with a specialized focus on the birth to three-year-old population (though children are accepted up to age 5). In addition to individual treatment services, the Therapeutic Guidance for Infants and Families Program (TGIF) is a specialized set of services for children and their caregivers in the child welfare system. The Families in Recovery Staying Together (FIRST) serves women and children in residential substance abuse programs.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Internal referrals only for FIRST program. Accepts referrals from Children's Hospital, Social Services, Daycare Programs and other agencies.

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No Please check with Intake Coordinator.

**CHILDREN'S HOSPITAL AND RESEARCH CENTER AT OAKLAND  
PSYCHOPHARMACOLOGY CLINIC**

**MAIN OFFICE:**

5220 Claremont Ave.  
Oakland, CA 94618

**REFERRALS/INTAKES:**

Intake Coordinator  
510.428.3351

**LANGUAGE CAPACITY:**

English  
Interpreters Available

**POPULATION SERVED:**

Children up to the age of 18

**GEOGRAPHICAL AREA SERVED:**

Alameda County

**Services:**

|  |   |                             |   |
|--|---|-----------------------------|---|
| Individual therapy                         |   | Developmental Guidance      | X |
| Family therapy                             |   | Resource and referral       | X |
| Group therapy                              |   | <b>Service Locations:</b>   |   |
| Infant/child parent dyadic therapy         |   |                             |   |
| Case management                            | X | Home                        |   |
| Supervised visitation                      |   | Office                      | X |
| Medication support                         | X | Childcare                   |   |
| Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**PROGRAM DESCRIPTION:**

This program provides medication assessment, treatment and management, case management, and coordination of care with other programs for children under 18 years old. Priority is given to children in foster care, kinship care, or at risk for out of home placement.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Accepts referrals from Children's Hospital

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Third party payers for contracted services.

**CHILDREN'S HOSPITAL AND RESEARCH CENTER AT OAKLAND  
BEHAVIOR EMERGENCY RESPONSE TEAM (BERT)**

**MAIN OFFICE:**

747 52<sup>nd</sup> St.  
Oakland, CA 94607

**REFERRALS/INTAKES:**

Social Worker on Call  
510.428.3000

**LANGUAGE CAPACITY:**

English  
Interpreters Available

**POPULATION SERVED:**

Children under 12 years old or 5150 admissions

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         |   | Developmental Guidance      | X |
|                  | Family therapy                             |   | Resource and referral       | X |
|                  | Group therapy                              |   | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         |   |                             |   |
|                  | Case management                            | X | Home                        |   |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         | X | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) |   |

**PROGRAM DESCRIPTION:**

24-hour crisis stabilization services within the Emergency Department at Children's Hospital for children under 12 years old.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Accepts referrals from Children's Hospital

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Will see all children who present at the emergency department

**CITY OF FREMONT YOUTH AND FAMILY SERVICES (YFS)  
INFANT TODDLER PROGRAM**

**MAIN OFFICE:**

39155 Liberty St., Ste. E500  
P.O. Box 5006  
Fremont, CA 94537-5006

**REFERRALS/INTAKES:**

Reva Srinivasan  
510.574.2124

**LANGUAGE CAPACITY:**

English  
Spanish  
Hindi

**POPULATION SERVED:**

Children 0-5 years

**GEOGRAPHICAL AREA SERVED:**

Fremont, Newark and Union City

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              |   | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) |   |

**PROGRAM DESCRIPTION:**

This program provides relationship-based therapy and case management to families facing various stressors. Typical concerns might be about the child (such as tantrums, eating or sleeping difficulties, aggressive behavior, distressed at separation), the whole family (such as reactions to divorce, death, job loss) or a parent (such as need for support because of depression, health problems, anxiety or trauma).

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Grant from Every Child Counts, City of Fremont General Fund, private health insurance and sliding scale fees.

**EAST BAY AGENCY FOR CHILDREN  
THERAPEUTIC NURSERY SCHOOL**

**MAIN OFFICE:**

Not publicized for safety reasons

**REFERRALS/INTAKES:**

Robyn Engel, LCSW  
510.655.4896

**LANGUAGE CAPACITY:**

English

**POPULATION SERVED:**

Children 2 ½-5 years

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X |                             |   |
|                  | Infant/child parent dyadic therapy         |   | <b>Service Locations:</b>   |   |
|                  | Case management                            |   | Home                        |   |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) |   |

**Program Description:**

EBAC's Therapeutic Nursery School (TNS) in Oakland provides early childhood education and comprehensive mental health services for children ages 2 ½ through 5 years old who have behavioral, emotional and/or learning challenges.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

**JEWISH FAMILY AND CHILDREN'S SERVICES OF THE EAST BAY  
FIRST STEPS EARLY CHILDHOOD MENTAL HEALTH PROGRAM**

**MAIN OFFICE:**

2484 Shattuck Ave., Ste. 210  
Berkeley, CA 94704

**REFERRALS/INTAKES:**

Rebecca Rice (Spanish)  
510.704.7480 x522  
Valerie Rosenfield  
510.704.7480 x700

**LANGUAGE CAPACITY:**

English  
Spanish  
Bosnian  
Russian  
Hebrew  
Farsi/Dhari

**POPULATION SERVED:**

0-6 years, 7-21 in office only

**GEOGRAPHICAL AREA SERVED:**

Alameda, Albany, Berkeley, Emeryville, Oakland, San Leandro, San Lorenzo, Hayward, Pleasanton, Dublin, Livermore, Sunol

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   | X |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) |   |

**PROGRAM DESCRIPTION:**

This program provides comprehensive, relationship based therapy, consultation, and case management services. Services are focused on behavioral, social/emotional and or developmental needs of children 0-6 and their caregivers.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

We accept most private insurance, have a sliding scale, and have limited grant funds for children exposed to domestic violence.

**KIDANGO  
CHILD AND FAMILY SUPPORT PROGRAM**

**MAIN OFFICE:**

4533 Mattos Dr.  
Oakland, CA 94536

**REFERRALS/INTAKES:**

Julie Kurtz, LMFT  
510.744.9280 x25  
510.744.9374 (fax)

**LANGUAGE CAPACITY:**

English  
Spanish

**POPULATION SERVED:**

0-6 years

**GEOGRAPHICAL AREA SERVED:**

Hayward, Oakland, San Leandro, San Lorenzo, Union City, Fremont, Newark, Pleasanton, Dublin, Livermore, Sunol, Berkeley, Alameda, Castro Valley, Emeryville

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   | X |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**PROGRAM DESCRIPTION:**

This program provides mental health services in childcare programs as well as in the caregiver home and community.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Children attending Kidango Child Development sites are eligible as are other qualifying children from the general community.

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

LA CLÍNICA DE LA RAZA  
CASA DEL SOL

**MAIN OFFICE:**

1501 Fruitvale Ave.  
Oakland, CA 94601

**REFERRALS/INTAKES:**

Intake Coordinator  
510.535.6200

**LANGUAGE CAPACITY:**

English  
Spanish  
(Focus on mono- and bilingual  
children and families)

**POPULATION SERVED:**

Children 0-18, Adults 18+

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X |                             |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | <b>Service Locations:</b>   | X |
|                  | Parent education/support (Spanish)         | X | Home                        | X |
|                  | Medication support                         | X | Office                      | X |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**Program Description:**

Casa del Sol's Infant Mental Health Program focuses on serving Spanish speaking families where the child has a mental health condition. This program provides relationship-based therapy and case management for children who have a mental health condition. Assessments and treatment use strength based and culturally focused approaches. Typical concerns include: attachment problems, PTSD, depression, anxiety, oppositional behaviors, tantrums, eating or sleeping problems, elimination disorders, and/or aggressive behaviors. In addition to individual, dyadic, family therapy, and case management services for the children/families, additional services are available to family members including. Additional services that are provided in Spanish include: parent education/support groups, adult grief group, crisis stabilization services, domestic violence groups for women, child abuse prevention services, and groups for children who have been exposed to domestic violence. All Staff members are bilingual Spanish/English.

**Referrals accepted from:**

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Casa del Sol accepts children/families into the early childhood program (0-5 Program) that either have Medi-Cal or are uninsured. Private Insurance, and other forms of Public Insurance, other than Medi-Cal and Uninsured, are referred to their insurance provider.



LA FAMILIA COUNSELING SERVICE  
OUTPATIENT SERVICES

**MAIN OFFICE:**

26081 Mocine Ave.  
Hayward, CA 94544

**REFERRALS/INTAKES:**

Intake Coordinator  
510.881.5921

**LANGUAGE CAPACITY:**

English  
Spanish  
French  
Mandarin

**POPULATION SERVED:**

Children 0-18 years, adults 18+

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      |   |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              |   | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            |   | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) |   |

**PROGRAM DESCRIPTION:**

This program provides services to infants, children, and families. Infant and early childhood/parent therapy focusing on culturally competent behavioral, social/emotional and or developmental needs of children 0-6.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

Referrals received from within agency and from community agencies and school sites.

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Victim of crime (VOC), private insurance

**FAMILY PATHS  
EARLY CHILDHOOD MENTAL HEALTH TREATMENT PROGRAM**

**MAIN OFFICE:**

1727 MLK Jr. Way, Ste. 109  
Oakland, CA 94612

**REFERRALS/INTAKES:**

Intake Coordinator  
1.800.829.3777  
510.893.5444

**LANGUAGE CAPACITY:**

English  
Spanish

**POPULATION SERVED:**

Children 0-5 years

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              |   | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment |   | Other community location(s) |   |

**PROGRAM DESCRIPTION:**

This program uses a strength based early intervention model to provide infant/child /parent psychotherapy and case management services. Services focus on the relationship between the parent/caretaker and the young child. Has limited capacity to see children in our ECMHP past age 6. Otherwise we can refer them to our Families in Transition Program who see's a bulk of our clients 6 and up.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

PSS Hotline, Access, CFS, Community Agencies

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

City of Oakland OFCY and Measure Y funding for families who have been exposed to family or community violence in the City of Oakland.

**FAMILY PATHS  
FAMILIES IN TRANSITION PROGRAM**

**MAIN OFFICE:**

1727 MLK Jr. Way, Ste. 109  
Oakland, CA 94612

**REFERRALS/INTAKES:**

Hotline  
510.893.5444

**LANGUAGE CAPACITY:**

English  
Spanish  
Chinese (Mandarin and Cantonese)

**POPULATION SERVED:**

5-21 years (5-18 for referral)

**GEOGRAPHICAL AREA SERVED:**

Alameda County

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      |   |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              |   | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         |   |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         |   | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment |   | Other community location(s) | X |

**Program Description:**

This program is a comprehensive, intensive therapy/case management service designed to work with children up to age 21 who have a mental health diagnosis and are at risk of out of home placement or display serious problems with their school or social behaviors.

**Referrals accepted from:**

Internal  External (Community wide)

Family Paths Hotline, Access, CFS, Community Agencies

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*  
City of Oakland of CY and Federal Grant Funding (ELOA).

## THE PERINATAL COUNCIL

**MAIN OFFICE:**

2648 International Blvd.  
Oakland, CA 94601

**REFERRALS/INTAKES:**

Intake Coordinator  
510.903.7522  
510.437.8955 (fax)

**LANGUAGE CAPACITY:**

English  
Spanish

**POPULATION SERVED:**

0-5 years, pregnant and parenting teens under 21 years and their children, 0-5 children of moms with substance abuse programs

**GEOGRAPHICAL AREA SERVED:**

North Alameda County and San Leandro

|  |                                    |                             |                           |   |
|--|------------------------------------|-----------------------------|---------------------------|---|
| <b>Services:</b>                           | Individual therapy                 | X                           | Developmental Guidance    | X |
|  | Family therapy                     | X                           | Resource and referral     | X |
|  | Group therapy                      | X                           | <b>Service Locations:</b> |   |
|  | Infant/child parent dyadic therapy | X                           |                           |   |
|  | Case management                    | X                           | Home                      | X |
|  | Supervised visitation              |                             | Office                    | X |
|  | Medication support                 |                             | Childcare                 |   |
| Developmental & Socio-emotional assessment | X                                  | Other community location(s) | X                         |   |

**PROGRAM DESCRIPTION:**

**Bright Futures**

Our Bright Future program provides outpatient mental health services specializing in:

1. Pregnant and parenting adolescents 14-21 as well as parenting adolescents who have children up to age 5. Presenting issues include: depression and developmental delays and/or other mental health concerns which impact the ability of the adolescent parent to have healthy, emotionally stable lives and their ability to nurture maternal/parental bonding and attachment.
2. Infants and children, birth – 5, and their care-givers, of women who have substance abuse issues. Our approach is to work with family system, while focusing on the mother and child dyad, to support healthy early childhood development by improving the attachment between parents and children.

Currently focus on children 0-5 and teens.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Only serves medi-cal clients.

Every Child Counts, AFLP, Cal Learn, TCM

**THROUGH THE LOOKING GLASS  
EPSDT PROGRAM**

**MAIN OFFICE:**

2198 6<sup>th</sup> St., Ste. 100  
Berkeley, CA 94710

**REFERRALS/INTAKES:**

Intake Coordinator  
510.848.1112

**LANGUAGE CAPACITY:**

English  
Spanish  
ASL  
Japanese  
Portuguese

**POPULATION SERVED:**

Children 0-18

**GEOGRAPHICAL AREA SERVED:**

Alameda County

**Services:**

|  |   |                             |   |
|--|---|-----------------------------|---|
| Individual therapy                         | X | Developmental Guidance      | X |
| Family therapy                             | X | Resource and referral       | X |
| Group therapy                              |   |                             |   |
| Infant/child parent dyadic therapy         | X | <b>Service Locations:</b>   |   |
| Case management                            | X | Home                        | X |
| Supervised visitation                      | X | Office                      | X |
| Medication support                         |   | Childcare                   | X |
| Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**PROGRAM DESCRIPTION:**

This program specializes in serving children with developmental concerns and/or delays, behavioral, social emotional, or attachment concerns, possible disabilities (physical, cognitive, sensory) or significant medical issues (prematurity/medical fragility, birth defects, surgeries, failure to thrive, illness). The program also specializes in serving children whose parents/caretakers have disabilities (including physical, cognitive, sensory, and mental health/emotional) or significant medical issues. Based in the disability and Deaf communities, this program provides a unique specialized service with expertise regarding mental health, developmental, cultural and adaptation issues associated with infant/child and family disability and deafness.

**REFERRALS ACCEPTED FROM:**

Agency accepts children 0-18 who are Medi-Cal clients in Alameda County. TLG also serves some families and children up to age 18. Parameters depend upon grant availability. Please call to inquire about funding for older children.

Internal  External (Community wide)

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No

*What other insurance and funding sources do you have?*

Regional Center of the East Bay; OFCY; City of Berkeley; Safe Passages/ELOA; Victims of Crime; First Five Contra Costa County; foundation grants.

**TIBURCIO VASQUEZ HEALTH CENTER, INC.  
FAMILY SUPPORT SERVICES**

**MAIN OFFICE:**

29800 Mission Blvd.  
Hayward, CA 94544

**REFERRALS/INTAKES:**

Sonya Velasquez  
510.471.5880 x1278

**LANGUAGE CAPACITY:**

English  
Spanish  
Arabic

**POPULATION SERVED:**

0-5 years, pregnant and parenting teens under the age of 21, school-based children 0-21

**GEOGRAPHICAL AREA SERVED:**

Hayward, Union City, Fremont, Newark, San Leandro, San Lorenzo, Castro Valley

|                  |  |   |                             |   |
|------------------|--|---|-----------------------------|---|
| <b>Services:</b> | Individual therapy                         | X | Developmental Guidance      | X |
|                  | Family therapy                             | X | Resource and referral       | X |
|                  | Group therapy                              | X | <b>Service Locations:</b>   |   |
|                  | Infant/child parent dyadic therapy         | X |                             |   |
|                  | Case management                            | X | Home                        | X |
|                  | Supervised visitation                      |   | Office                      | X |
|                  | Medication support                         | X | Childcare                   |   |
|                  | Developmental & Socio-emotional assessment | X | Other community location(s) | X |

**Program Description:**

This program provides strength based, culturally and linguistically responsive therapy case management and developmental guidance to the following populations; infants and children (0-5) and their caregivers/families (including caregiver-child dyadic attachment based therapy, play therapy, collateral sessions with family to support child), and pregnant and parenting teens/young adults and their children. School-based services in Hayward and San Lorenzo Unified School Districts.

**REFERRALS ACCEPTED FROM:**

Internal  External (Community wide)

TVHC accepts both internal and external referrals.

*For your larger early childhood program(s), do you accept clients who are not full scope Medi-cal?*

Yes  No