

California Telehealth Network

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UC Davis Health System
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Sacramento, CA 95817
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www.caltelehealth.org

Clarifications for Mental Health Organizations

Organization Name: _____ Date _____
Site Name and Address: _____
Contact person (please print) _____ Telephone no. _____
Signature _____ Title _____

Does this facility provide mental health services.....? (Check all that apply. Feel free to attach additional information.)

- Services principally to individuals residing in a defined geographic service area
- Outpatient services
- Specialized outpatient services for children
- Specialized outpatient services for the elderly
- Specialized outpatient services for individuals with a serious mental illness
- Services for patients who were discharged from inpatient mental health treatment
- 24-hour-a-day emergency care services
- Day treatment or other partial hospitalization services
- Psychosocial rehabilitation services
- Vocational rehabilitation services
- Screening for admission to State mental health facilities
- Residential alcohol or substance abuse treatment services
- Residential assisted living services for the mentally ill
- Services without regard to ability to pay, within the capacities of the center
- Services from licensed onsite professionals during all _____ some _____ operating hours
- Services from licensed offsite professionals during all _____ some _____ operating hours, provided by televideo _____ telephone _____ Internet _____ face-to-face _____
- Services to licensed offsite patients via televideo _____ telephone _____ Internet _____
- Referrals to offsite licensed mental health professionals

___ Other? Please identify:

12/29/08 jld

**Please FAX this completed form to (916) 484-7643
ATTN: Jan Dickens**