



Behavioral Health Administration

Veronica Kelley, LCSW
Director

Sarah Eberhardt-Rios, MPA
Assistant Director

ATTACHMENT II

RE: Referral to [redacted] for Ongoing Services

Dear [redacted]

The purpose of this letter is to confirm your transition plan for ongoing mental health treatment.

Currently you are receiving services at the Department of Behavioral Health (DBH) [redacted]. Because your level of functioning has improved, as discussed with [redacted], we will be transitioning your behavioral health care and you will now receive services from [redacted].

Your services will continue with [redacted] until you have met with your new [redacted] provider. [redacted] will be contacting you with further information.

If you have any questions, or have not heard from [redacted] within two weeks from the date of this letter, please contact [redacted].

Member Benefits line at **1-800-**[redacted] or the **DBH Access Unit** at **1-888-743-1478**. We wish you continued success and are glad to be a part of your recovery!

Sincerely,

Supervisor [redacted]

c: Client Chart

QM020_E (06/17)

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