



Behavioral Health
Community Crisis Services

Dr. Georgina Yoshioka
DSW, MBA, LCSW
Director
Jennifer Alsina, MBA
Assistant Director
Marina Espinosa, MPA
Assistant Director

Date:
Address:
Date of Services:

Dear

On _____, Community Crisis Services (CCS) was called and asked to evaluate the client to determine need for immediate emergency mental health services. We spoke with _____ and assessed the following:

Enclosed you will find the following forms: Acknowledgment of Receipt of Notice of Privacy Practices (HIPAA), Consent for Outpatient Treatment form, Complaint Notification to Client. Please review the forms, sign if in agreement, and return all forms in the self-addressed stamped envelope provided. If information regarding outpatient mental health services is desired, please call **888-743-1478**. If you believe you/your child is in danger of hurting yourself/themselves or anyone else, please call **911**. You may also call CCS at Phone: **(800) 398-0018** or Text/Pager: **(909) 420-0560**. CCS behavioral health emergency services are available **24 hours per day/365 days per year**.

Thank you,

Community Crisis Services (CCS)

Office Use Only

Community Crisis Services (CCS) - Phone: (800) 398-0018, Text/Pager: (909) 420-0560

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