

CONSUMER GUIDE



A PROGRAM FOR INDIVIDUALS WITH
DEVELOPMENTAL DISABILITIES

**ALTA CALIFORNIA
REGIONAL CENTER**

www.altaregional.org

Mission Statement:

It is the mission of the Alta California Regional Center to assist individuals with developmental disabilities, including infants at risk and their families, by providing and securing those services and supports necessary to maximize opportunities and choices.

It is our belief that the principal test of the success of the Alta California Regional Center is the extent to which it enhances the quality of individual and family life and improves the consumer's and the family's satisfaction with the services received from or through the Regional Center.

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HISTORY OF REGIONAL CENTERS/THE LANTERMAN ACT

The twenty-one regional centers within the State of California provide a coordinated system for diagnosing individuals suspected of or having a developmental disability and helping people with these disabilities to make use of all essential public and private services to meet their special needs (medical and dental, educational, recreational, vocational, social and emotional).

The regional center system was established to provide coordinated planning for lifetime community care for people with developmental disability as a viable alternative to Developmental Center placement.

The goal of regional center services is to enhance and maximize the functioning of each person with a developmental disability, to avoid the development of secondary disabilities, and to reduce the incidence of developmental disabilities through a vigorous program of identification, education, and prevention.

At Alta California Regional Center we utilize the philosophy of "supported life" to accomplish these goals.

Regional centers were established through state legislation sponsored primarily by Assemblyman Frank Lanterman. In 1965, pilot projects were initiated in San Francisco and Los Angeles to assist mentally retarded persons and their families in locating, or spearheading the development of community services and programs for their special needs.

In 1969, AB 225 (Lanterman Mental Retardation Services Act) established a statewide system of regional centers based upon the pilot projects. In the first three years of operation, there were seven regional centers statewide; since then the number of regional centers has grown to the current number of twenty-one.

In 1974, the additional legislation (AB 846-Lanterman) went into effect which expanded the clientele served by the regional centers to include persons with cerebral palsy, epilepsy, autism, and other significantly handicapping conditions found to be closely related to mental retardation.

It has been estimated that 5% of the population in California has a significant developmental disability. Regional Centers currently serve approximately 180,000 people.

Alta California Regional Center currently serves the residents of Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba counties (see back cover for addresses and phone numbers of our branch offices).

REGIONAL CENTER FUNDING

Like all of the other regional centers in the state, Alta California Regional Center is a private nonprofit corporation that operates under an annual contract with the State Department of Developmental Services. Most of the regional center funds come from public tax dollars.

There is no charge for services rendered during diagnosis and assessment for eligibility or for most services. The State of California currently requires parents of children under age 18 who are in continuous 24-hour out-of-home placement to reimburse the state for a portion of the placement cost, according to their ability to pay.

DEVELOPMENTAL DISABILITIES

According to the Lanterman Developmental Disabilities Act (AB 846), "developmental disability" means a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or other handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required individuals with mental retardation. Such a disability originates before an individual attains age 18, continues or can be expected to continue indefinitely, and constitutes a substantial handicap for such individuals.

Substantial Handicap means a condition that results in major impairment of cognitive and/or social functioning. Moreover, a substantial handicap represents a condition of sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential. Since an individual's cognitive and/or social functioning are multi-faceted, the existence of a major impairment shall be determined through an assessment which shall address aspects of functioning including, but not limited to: communication, learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

MENTAL RETARDATION

Mental retardation refers to substantial limitations in present functioning. It is characterized by:

1. Significantly sub-average intellectual functioning, existing concurrently with:
2. Related limitations in two or more of the following applicable adaptive skill areas:
 - communication
 - self-care
 - home living
 - social skills
 - community use
 - self-direction
 - health and safety
 - functional academics
 - leisure
 - work
3. Mental retardation manifests before age 18.

In general, an IQ below 70 falls within the range of Mental Retardation. With appropriate supports over a sustained period, the life functioning of the person with mental retardation will generally improve.

The term "appropriate supports" means an array of services, supportive individuals, and receptive settings that match an individual's needs. It is likely that supports will be needed over an extended period of time, and for many, lifelong supports will be needed. For some, however, certain supports may be intermittent or short-term. Most people with mental retardation will improve their functioning with effective supports, allowing them to live more productive, independent, and integrated lives. A lack of improvement in functioning can serve as a basis for re-evaluating the supports. In rare circumstances, supports can serve to merely maintain a level of functioning or slow a regression of level of functioning. (AAMR 1993)

CEREBRAL PALSY

Cerebral palsy is a non-progressive pathologic lesion in the developing infant or child's brain causing permanent motor and/or sensory impairment (American Academy of Pediatrics).

There are both various types and degrees of cerebral palsy. It may be diagnosed when delayed gross motor development, abnormal motor performance, alterations of muscle tone, abnormal postures at rest, and reflex abnormalities become discernible. The four most common types of cerebral palsy are spastic, athetoid, ataxic, and mixed.

Cerebral palsy is the most common permanent physical disability of childhood. Its incidence has been estimated at 5 per 1,000 in the population under 21 years. Approximately one third of the children with cerebral palsy have normal intelligence while the remainder may have some deficits in their learning abilities. Approximately half of the children with cerebral palsy have some type of seizures.

EPILEPSY

Epilepsy (convulsive disorder) is a clinical disorder involving impairment of consciousness, characterized by paroxysmal attacks of loss of consciousness associated with clinical abnormalities noted on brain wave testing (EEG), convulsive movements, or disturbances of feeling or behavior. These transient episodes (seizures) are associated with excessive nerve cell discharges occurring diffusely or focally in the brain. The sites of the neuronal discharges determine the clinical manifestations of the seizure.

About 1% of the general population has epilepsy, three-fourths of whom develop it before the age of twenty-one. It is estimated that about one-half of the epileptic population in California is undiagnosed or unrecognized. Of the diagnosed epileptics, about 80% will have a good control of seizures through medication; another 10% will obtain fair medical control; and the remaining 10% will be poorly controlled or intractable.

The major types of seizures include grand mal seizures, focal (frontal, parietal, or occipital lobe) seizures, temporal lobe (psychomotor) seizures, and minor (petit mal, myoclonic, akinetic) seizures. About 3% of all children may have benign febrile convulsions.

Epilepsy is diagnosed by a physician following a neurological evaluation. Frequently an EEG is ordered to determine the type and degree of brain wave abnormality. If a person with epilepsy is placed on medication to control the seizure activity, blood levels are requested periodically to determine the level of medication in the body.

AUTISM

Autism is a syndrome first appearing in the very early years of life, usually before three years, which is characterized by extreme withdrawal, language disturbance, inability to form affective ties, frequent lack of responsiveness to other people, monotonously repetitive motor behaviors, inappropriate response to external stimuli, and an obsessive urge for the maintenance of sameness. The incidence of autism is less than 1% of the general population.

Many, but not all, autistic children may be severely impaired in inherent intellectual capacities (approximately 80% are functioning in the mentally retarded range). About 10-30% of autistic youngsters eventually develop seizures.

The diagnosis of autism is made by a physician or psychologist on the basis of developmental history and clinical manifestations. The diagnosis is generally made between the ages of two and four years.

CAUSES OF DEVELOPMENTAL DISABILITIES

Developmental disabilities are caused by many different kinds of trauma to the developing brain and nervous system. In many cases it is difficult to pinpoint the exact cause of the damage or time when it occurred. Many specific agents are known, however, to cause developmental disabilities or to be associated with an increased risk of developing a disability and these are divided into nine broad categories:

1. Childhood accidents (including auto accidents, falls, near drowning, burns, and child abuse).
2. Drug and toxic substance poisoning (including the use of alcohol, caffeine, cigarettes, and other drugs both prescription and over-the-counter, as well as "street drugs" while in utero or through ingestion during childhood).
3. Genetic disorders (for example: Down Syndrome, Tay-Sachs Disease).
4. High-risk conditions in women and infants (for example: pregnant women under fifteen years of age or over thirty-five years of age, maternal epilepsy requiring certain drug therapy, maternal diabetes, maternal history of repeated abortions, fetal deaths, delivery of very large or very small infants, infectious diseases during pregnancy, etc.).
5. Lead poisoning (including lead from paint, lead-glazed pottery, lead water pipes, and dirt contaminated by automobile exhaust).
6. Metabolic disorders (for example: PKU, hypothyroidism, and galactosemia).
7. Malnutrition.
8. RH blood disease.
9. Intrauterine and other infectious diseases (including rubella, cytomegalovirus infection, toxoplasmosis, syphilis, herpes, and enterovirus infections).

INTAKE

Any resident of our ten-county service area with a known or suspected developmental disability is eligible for an assessment of diagnosis, and a determination of eligibility for Regional Center services. Your first contact with the Regional Center will generally be through the Intake Unit. You may call or come in person to initiate services. You will be

assisted through this process by an Intake Counselor. These Masters Degree level counselors are specially trained to provide you with information, assist with diagnosis, provide crisis intervention if necessary, and develop a psychosocial assessment of your unique history and situation. This counselor will arrange, if appropriate, for you to meet with one of our other specialists in order to do further diagnostic assessments. All of the information secured during the Intake process will be used to determine eligibility for Regional Center services. This process of eligibility determination is accomplished through a Multi-Disciplinary Team comprised of a Physician, a Psychologist, Nurses, and Social Workers.

Once eligibility has been established, the individual will be assigned an ACRC Service Coordinator who will take responsibility for convening a planning team meeting for the purpose of developing an **Individual Program Plan**.

THE INDIVIDUAL PROGRAM PLAN

The Lanterman Developmental Disabilities Act requires that a person who receives services from a regional center have an Individual Program Plan (IPP). “Person-Centered Planning” is a critical element of the IPP process. Person-centered planning is about listening to consumers and their families about things like: where they want to live; how they want to spend their day; who they want to spend time with; and their hopes and dreams for their future. It is about supporting people in the choices they make about their life and giving people all the information they need to make those choices. The service coordinator helps write the IPP, looks for services and supports when needed and makes sure that the services that people get are the ones they need.

EARLY INTERVENTION SERVICES

Early intervention is not a cure for disabilities or risk conditions. It is a system of coordinated services that promotes the child's growth and development and that supports families during the critical early years. Early intervention services to eligible children and families are federally mandated by the Individuals with Disabilities Education Act and in California by S.B. 1085, the California Early Intervention Services Act.

Research shows that participation in family-centered, early intervention services during the first three years of life can have significant effects on the cognitive development and social adjustment of low birth weight, premature children and on the overall development of young children with disabilities.

Infants and toddlers from birth to 36 months may be eligible for and benefit from early intervention services if one of the following factors is present:

- (1) Significant developmental delay in one or more of these areas:

- Cognitive development, e.g., limited interest in environment, limited interest in play and learning
 - Physical and motor development, including vision and hearing, e.g., hypertonia, dystonia, asymmetry
 - Communication development, e.g., limited sound repertoire, limited responses to communication with others
 - Emotional-social development, e.g., unusual responses to interactions, impaired attachment, self-injurious behavior
 - Adaptive development, e.g., feeding difficulties.
- (2) Established risk conditions of known etiology or those conditions expected to result in significant developmental problems such as:
- Chromosomal disorders,
 - Neurological disorders,
 - Inborn errors of metabolism, or
 - Visual and hearing impairments.
- (3) High risk of having a substantial developmental disability due to a combination of risk factors such as:
- Prematurity (less than 32 weeks gestation and/or low birth weight of less than 1,500 grams).
 - Asphyxia or need for ventilator assistance
 - Central nervous system infection or abnormality
 - Biomedical insult (including but not limited to injury, accident or illness which may seriously or permanently affect developmental outcome), or
 - Parent with a developmental disability.

Within 45 days after referral is received:

- A Service Coordinator is assigned
- An evaluation for eligibility is completed
- An assessment is conducted for program planning
- A peer parent contact may be available, and
- A meeting will be held to develop the Individual Family Service Plan (IFSP) to

initiate child and family services.

Early intervention services under Early Start are provided by regional centers and local education agencies throughout California and include:

- Assistive technology devices/services
- Audiology (hearing) services
- Family training, counseling and home visits
- Some health services
- Medical services for diagnostic or evaluative purposes only
- Nursing
- Nutrition counseling
- Occupational therapy
- Physical therapy
- Psychological services
- Respite
- Service Coordination (case management)
- Social work services
- Special instruction
- Speech and language services
- Transportation services
- Vision services
- Others as needed

CALIFORNIA EARLY START PROGRAM SERVING INFANTS 0-36 MONTHS FAIR HEARING PROCEDURES

Right to a Fair Hearing

There may be occasions when a parent, guardian or an authorized representative of a client or potential client aged 0-36 months is dissatisfied with the decision or action of the Regional Center which is felt to be illegal, discriminatory or not in the infant's best interest. Every effort will be made to resolve disagreements at the lowest possible administrative level. One method of resolving disagreement is to request an Informal Mediation meeting with the Regional Center Director or his/her designee. This meeting must take place within ten (10) days of the request for fair hearing. A written decision will be issued within five (5) days following the Informal Mediation meeting. If local administrative efforts are unsuccessful, a formal Due Process Fair Hearing shall be made available to the applicant or recipient of services. These procedures are authorized in federal regulations (34 CFR Sections 303.420 through 303.425) and the California Government Code (Title 14, Section 95007). The appeal must be initiated within thirty (30) days from the time of receipt of notice of the proposed action.

CLINICAL SERVICES

The Clinical Team at Alta California Regional Center is currently composed of physicians, nurses, clinical psychologists, behavior analysts and a clinical pharmacologist. The Clinical Team works very closely with the Intake and Early Intervention Units. Services that are provided by the Clinical Team include:

Bates Specialized Care for Medically Fragile Infants and Children with Special Nursing Needs

The Clinical Team provides direct medical and nursing consultation with development of health care plans and coordination with Community Care Licensing.

Case Conferences

Nursing, medical, behavioral, psychological, and pharmacological case conferences are offered to the service coordinators, consumers, residential care providers, and parents to help sort out complicated medical, behavioral, mental health, and medication issues.

Consent for Care

By the Lanterman Act, the physicians provide medical consent for care for individual consumers who are non-conserved and without involved family members. Appropriateness of care must be within standard health care practice parameters. Consent will not be provided for controversial procedures, for example: abortion, sterilization, HIV testing, DO NOT RESUSCITATE orders.

Developmental Center Community Placement

The Clinical Team helps support community placement of consumers with coordination of necessary health care services.

Diagnostic

The Clinical Team provides medical, nursing, dental, and psychological assessments for individual consumers for diagnosis, treatment monitoring and comprehensive health planning.

George F. Kelso Foundation Library

The Clinical Team helps maintain current scientific and lay publications of written audio, and video materials on developmental disabilities.

Immigration, Naturalization Services and Supplemental Security Income

The Clinical Team reviews medical, nursing, and psychological records and writes health statements certifying an individual's disability.

Non-Conventional Health Practices

Clinical Team members may review alternative testimonial and non-conventional health practices to determine the appropriateness and empirical support for individual therapy or treatment.

Pharmacology Consultation

This service is available for residential care providers and families to learn appropriate medication dispensation and documentation as well as to review an individual consumer's medications for drug or drug/disease interactions and/or side effects.

Psychological/Behavioral Supports

Beyond diagnostic services, psychologists and behavior analysts are available to assess significant behavioral and emotional problems, conduct competency and court-ordered determinations, provide documentation for conservatorships, and

provide ongoing behavioral training.

Special Incident Evaluations

The Clinical Team supports investigations of special incidents including mortality, child/adult abuse, unlawful conduct, and lack of appropriate residential care.

Special Team Support

The Clinical Team provides consultative support for: 1) Intake Eligibility Unit, 2) Early Intervention Unit [0-3 years], 3) Intensive Support Services Unit, and 4) Case Management.

Supports and Services Committee

The Clinical Team members are available to assist the ACRC service coordinators and consumers in determining the most appropriate health care related services and supports.

Supportive Resource Development

Team members assist the community in developing services appropriate for individuals with developmental disabilities.

Vendorization Training for Care Givers

The Clinical Team provides training for individuals interested in becoming residential care providers as well as ongoing consultative support for residential care providers.

Wellness Monitoring

A Wellness Team is available to identify health risks to consumers to evaluate and assist consumers, the residential care providers and families in obtaining appropriate health services, as well as to educate consumers and care providers in preventive practices for all of the above.

THE PROFESSIONAL STAFF OF ALTA CALIFORNIA REGIONAL CENTER

THE PHYSICIANS are licensed by the California Board of Medical Examiners. They provide the initial diagnosis and may also request additional evaluations from other community resources such as a speech and hearing assessment, an eye examination, an orthopedic assessment, etc., in order to rule out or identify other contributing factors to the delay. With infants, it is frequently impossible to assess the severity of delay, and consequently, a prognosis is often postponed until the child is of preschool age. Sometimes parents are asked to bring their child in annually or semi-annually for the pediatrician to follow the child's progress and document the rate of growth. Each family is also encouraged to have their child followed by a community physician for well and sick baby care, including shots and immunizations.

THE CLINICAL PSYCHOLOGISTS have a Ph.D. in psychology and are licensed by the California Board of Psychology. They have training and expertise in psychological and clinical assessments of people with developmental disabilities, and parent training in the behavior management of children. The staff psychologists generally first assess a child between the ages of three and five to determine the child's pre-academic strengths and deficits and to discuss appropriate preschool or school placement with the child's parents.

Once a child enters school, it is the responsibility of the school district's psychologists to periodically retest the child for continued appropriateness of special class placement. If, for some reason, parents or guardians are concerned about testing performed by some other agency or institution, regional center psychologists are available to provide some consultation or reassessment.

BEHAVIOR ANALYSTS have a Master's Degrees in Psychology or related field, with formal training in Applied Behavior Analysis. They coordinate, review and monitor parent training, behavior intervention, residential one-to-one staffing, and early autism treatment programs. They consult with service coordinators, care providers, and day program providers on effective behavioral intervention plans.

THE NURSING CONSULTANTS are licensed by the California Board of Registered Nursing and are all Certified Public Health nurses. They provide nursing assessments and ongoing consultation for consumers, families, and staff. The nurses can assess care issues and equipment needs. They, additionally, do eligibility assessments and ongoing medical monitoring for medically fragile consumers. Nursing consultations are available to all regional center consumers.

THE PHARMACOLOGY CONSULTANT has a Clinical Pharmacology Degree (Pharm D). The consulting pharmacologist performs individual consumer medication reviews in order to prevent drug-disease, drug-drug interaction side effects and appropriate use of medication at the lowest dose. Additionally the pharmacologist reviews residential care homes dispensation practices to make certain no significant errors are occurring. The consultant also provides inservice evaluation to service coordinators, residential care providers, members of the Clinical Team and community health practitioners.

SERVICE COORDINATORS may have a Master's Degree in social work and at least two years of post-Master's experience or have a Bachelor's Degree and at least two years of experience in the field of developmental disabilities.

The Service Coordinator identifies case needs, provides coordination of services to the individual (case management), provides counseling to the parents on problems related to having a child with developmental disabilities, provides referral to other agencies to meet other types of family or individual needs, and serves as an advocate for the individual with developmental disabilities. As the case manager, the Service Coordinator schedules a staffing with the pediatrician, nurse, psychologist, and/or other professionals whenever needed. The Service Coordinator also has the responsibility for ongoing services, such as arranging for purchased services outlined in the Individual Program Plan. In addition, Service Coordinators as well as other staff members are available for public speaking on regional center services, and serve as consultants to community programs serving persons with developmental disabilities.

There are specialized service coordinators to assist families who request out-of-home placement for their developmentally disabled member. They help families to locate an appropriate placement facility, assist in the financial arrangements, apply for Supplemental

Security Income benefits, and complete necessary paperwork. These staff members also supervise all clients residing in community care facilities. Most of these facilities are small and home-like and are operated by skilled and experienced care providers.

ACRC also has specialized coordinators who supervise all of the individuals with developmental disabilities from our ten-county geographic area who reside in one of the State Developmental Centers within California. The regional center controls all admissions of individuals with developmental disabilities to the State Developmental Center system and assists in discharge planning for community re-entry.

FAIR HEARING, COMPLAINT PROCESS, AND ADVOCACY RESOURCES

Alta California Regional Center (ACRC) is required under Welfare and Institutions Code Sections 4700-4730 to have a fair hearing procedure. If you are a consumer or a potential consumer of a regional center or his/her parent, guardian, conservator, or representative, you have the right to appeal any decision made by the regional center affecting the consumer or potential consumer that you feel is illegal, discriminatory, or not in his/her best interests.

A fair hearing is initiated by filling out the ACRC "Fair Hearing Request" form and submitting it to the Director. Assistance in filling out the form is available. You must submit your request for a fair hearing within thirty (30) days from the day you were notified of the regional center action.

Fair Hearing Rights

During the fair hearing procedure you have the following rights:

- 1) A right to written notice, in a language that you can understand, of regional center fair hearing proceedings.
- 2) A right to written notice, in a language that you can understand, of all decisions made in any regional center fair hearing procedure.
- 3) A right to an interpreter, at regional center expense, if you do not speak English.
- 4) A right to attend and participate in all fair hearing proceedings.
- 5) A right to a public hearing except at the request of the claimant or authorized representative or when personnel matters are to be discussed.
- 6) A right to be represented by person(s) of your choice, at your expense.
- 7) A right to call and examine witnesses, to introduce exhibits, to cross examine opposing witnesses and to have any relevant evidence admitted.
- 8) A right to access your regional center records.

If your fair hearing request is postmarked or received by ACRC no later than ten (10) days after receipt of the notice of proposed action, your services will continue up to and

including the tenth (10th) day after receipt of the certified mailing of the decision.

If you have any questions, please call Alta California Regional Center at (916) 978-6400.

COMPLAINT PROCESS

You can file a complaint:

A complaint is governed by California law (W.I. §4731) and must be completed within a specific time frame. A complaint cannot be filed to resolve disputes where other appeal procedures already exist in law.

Write to "Client's Rights Advocate," Office of Client's Rights Advocacy (OCRA), 100 Howe Avenue, Suite 240 N, Sacramento, CA 95825, or let a Regional Center employee know you want to file a complaint.

ADVOCACY RESOURCES LIST

Office of Client's Rights Advocacy (OCRA)
[part of Protection & Advocacy Inc., (PAI)]
100 Howe Avenue, Suite 240N
Sacramento CA 95825
Phone: (916) 575-1615
FAX: (916) 575-1623
TTY: 1-877-669-6023

Advocacy, Resources & Choices
700 Douglas Blvd
Roseville CA 95678
Phone:(916) 624-2467

Legal Center for the Elderly and Disabled
1605 Dreher Street
Sacramento CA 95814
Phone:(916) 446-4851
TDD: (916) 446-4855

Sacramento Association for the Retarded
1791 Tribute Road, Suite A
Sacramento CA 95815
Phone: (916) 452-4743

FAX: (916) 568-2144

Developmental Disabilities
Area Board III

1507 21st Street, Suite 220
Sacramento 95814

Phone: (916) 324-7426

FAX: (916) 263-1155

<http://www.areaboard3.org>

Families for Early Autism Treatment
(FEAT)

PO Box 255722

Sacramento, CA 95865-5722

Voicemail: (916) 843-1536

FAX: (916) 381-5029

<http://www.feat.org>

WHERE TO APPLY:

**ALTA CALIFORNIA REGIONAL CENTER HAS NINE OFFICES.
PERSONS SEEKING HELP SHOULD CALL THE NEAREST OFFICE.**



MAIN OFFICE:
SACRAMENTO
2135 Butano Drive
Sacramento, CA 95825
(916) 978-6400
(916) 924-0645 (TDD)
(916) 929-1036 (FAX)
County Served: Sacramento

OUTLYING OFFICES

AUBURN
560 Wall St., Suite B
Auburn, CA 95603
Phone: (530) 885-8447
County Served: Placer

GRASS VALLEY
150 Hughes Road, Suite 102
Grass Valley, CA 95945
Phone: (530) 272-4231
Counties Served: Nevada, Sierra

ROSEVILLE
1620 Santa Clara Dr #100
Roseville, CA 95661
Phone: (916) 786-8110
Counties Served: Placer and portion of Sacramento

SOUTH LAKE TAHOE

Starlake Building
2489 Lake Tahoe Blvd., Suite 1
South Lake Tahoe, CA 96150
Phone: (530) 542-0442
Counties Served: Alpine, Placer, Nevada, and Eastern El Dorado

PLACERVILLE

344 Placerville Dr. #1
Placerville, CA 95667
Phone:(530) 626-1353
County Served: Western El Dorado

WOODLAND

250 W. Main Street, Suite 100
Woodland, CA 95695
Phone: (530) 666-3391
County Served: Yolo

YUBA CITY

1506 Starr Dr., Ste A
Yuba City, CA 95993
Phone: (530) 674-3070
Counties Served: Yuba, Sutter, Colusa

TRUCKEE

10775 Pioneer Trail
Summit Building #212
Truckee, CA 96161
Phone: (530) 550-2220
Counties Served: Sierra, Nevada, Placer

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