

## APPENDIX LISTING

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# APPENDIX

## 1. CSS Plan: Population Assessment

**IV. MHSA Community Services and Supports (CSS) population assessment and service needs**

The county shall include the following in the CCPR Modification (2010):

A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.

See FIGURE 3 (next page), an excerpt of the Yolo MHSA Community Services and Supports Plan, and refer to Figure 1 Excerpt of Columns D, E and G below.

**FIGURE 1 EXCERPT: Columns D, E and G – SMI/SED Prevalence Estimates and ADMH Client Data**

**Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data**

| EXCERPTED COLUMNS:         | D  |               | E                                   |               | G   |
|----------------------------|--|---------------|-------------------------------------|---------------|---|
|                            | SMI/SED Prevalence Estimate of <200% Poverty Reported 2004 |               | ADMH Clients (All <200% of Poverty) |               | Ratio ADMH Clients to SMI/SED Prevalence Estimate (E/D) |
| <b>Age</b>                 |  |               |                                     |               |   |
| 0-17 years                 | 1,672  | 27.3%         | 812                                 | 22.9%         | 48.6%   |
| 18-54 years                | 3,950  | 64.4%         | 2134                                | 60.2%         | 54.0%   |
| 55+ years                  | 509  | 8.3%          | 598                                 | 16.9%         | 117.5%  |
| <b>Total</b>               | <b>6,131</b>   | <b>100.0%</b> | <b>3,544</b>                        | <b>100.0%</b> | <b>57.8%</b>  |
| <b>Race/Ethnicity</b>      |  |               |                                     |               |   |
| AK. Native/Am. Indian      | 45   | 0.7%          | 35                                  | 1.0%          | 77.8%   |
| Asian/Pacific Islander     | 974  | 15.9%         | 155                                 | 4.4%          | 15.9%   |
| Black/African American     | 144  | 2.3%          | 220                                 | 6.2%          | 152.8%  |
| Hispanic                   | 1,955  | 31.9%         | 423                                 | 11.9%         | 21.6%   |
| White                      | 2,754  | 44.9%         | 2388                                | 67.4%         | 86.7%   |
| Other/Unknown/Multiracial  | 259  | 4.2%          | 323                                 | 9.1%          | 124.7%  |
| <b>Total</b>               | <b>6,131</b>   | <b>100.0%</b> | <b>3,544</b>                        | <b>100.0%</b> | <b>57.8%</b>  |
| <b>Gender Distribution</b> |  |               |                                     |               |   |
| Male                       | 2,369  | 38.6%         | 1,622                               | 45.8%         | 68.5%   |
| Female                     | 3,762  | 61.4%         | 1,922                               | 54.2%         | 51.1%   |
| <b>Total</b>               | <b>6,131</b>   | <b>100.0%</b> | <b>3,544</b>                        | <b>100.0%</b> | <b>57.8%</b>  |
| <b>Primary Language</b>    |  |               |                                     |               |   |
| English                    |  |               | 3,126                               | 88.2%         |   |
| Spanish                    |  |               | 215                                 | 6.1%          |   |
| Russian                    |  |               | 39                                  | 1.1%          |   |
| Other/Unknown              |  |               | 164                                 | 4.6%          |   |
| <b>Total</b>               |  |               | <b>3,544</b>                        | <b>100.0%</b> |   |

Yolo County Department of Alcohol, Drug and Mental Health  
Cultural Competency Plan 2011

Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data DRAFT

|   | A                           | B                                       | C   | D   | E                                   | F  | G  | H                          | I  | J                                   | K  | L  |
|---|-----------------------------|---|---|---|-------------------------------------|--|--|----------------------------|--|-------------------------------------|--|--|
|   | Yolo County Population 2007 | Yolo County <200% of Poverty Population | Yolo County Medi-Cal Eligible Population FY 2009-10 | SAIRED Prevalence Estimate of <200% Poverty Annualized 2004 | ADMH Clients (All <200% of Poverty) | Ratio ADMH Clients to <200% of Poverty (E/F) | Ratio ADMH Clients to SAIRED Prevalence Estimate (E/G) | ADMH Clients With Medi-Cal | Ratio ADMH Clients with Medi-Cal to Yolo County Total Medi-Cal Eligible Population (H/I) | ADMH Clients Without Medi-Cal (E-H) | <200% of Poverty Clients Total County Medi-Cal Eligible Population (B-D) | Ratio ADMH Clients with Medi-Cal to <200% of Poverty Clients Total County Medi-Cal Eligible Population (H/D) |
| 0-17 years                              | 14,729                      | 15,242                                  | 20,258  | 11,412  | 812                                 | 21.3%  | 61.2%  | 430                        | 38.3%  | 184                                 | 4,490  | 3.8%   |
| 18-64 years                             | 111,880                     | 48,181                                  | 69,836  | 3,250   | 2,154                               | 64.4%  | 54.1%  | 1,209                      | 54.2%  | 620                                 | 27,067   | 3.2%   |
| 65+ years (See footnote 1)              | 77,295                      | 18,714                                  | 11,975  | 4,072   | 1,044                               | 8.7%   | 117.2%   | 387                        | 17.4%  | 211                                 | 3,939  | 3.9%   |
| Total                                   | 194,904                     | 82,137                                  | 102,069   | 18,734  | 10,010                              | 18.0%  | 87.2%  | 2,221                      | 12.1%  | 1,323                               | 34,539   | 3.4%   |
| Lat. Non-Hispanic/Lat. American Indian  | 1,218                       | 383                                     | 678   | 46  | 35                                  | 0.7%   | 71.2%  | 17                         | 0.8%   | 18                                  | 198  | 11.0%  |
| Lat. Non-Hispanic/Lat. American Spanish | 23,417                      | 11,484                                  | 17,285  | 2,421   | 155                                 | 1.3%   | 15.3%  | 168                        | 4.9%   | 49                                  | 1,447  | 0.9%   |
| Hispanic/Lat. American                  | 5,703                       | 2,195                                   | 3,278   | 144   | 220                                 | 2.2%   | 162.0%   | 182                        | 6.9%   | 87                                  | 782  | 8.9%   |
| White                                   | 147,069                     | 28,078                                  | 27,462  | 14,082  | 473                                 | 11.8%  | 21.0%  | 792                        | 13.1%  | 131                                 | 6,290  | 1.9%   |
| Other/Unknown/Multiracial               | 106,430                     | 53,585                                  | 27,744  | 41,075  | 3,061                               | 20.9%  | 66.7%  | 1,461                      | 69.9%  | 625                                 | 10,263   | 5.0%   |
| Total                                   | 194,904                     | 82,137                                  | 102,069   | 18,734  | 10,010                              | 18.0%  | 87.2%  | 2,221                      | 12.1%  | 1,323                               | 34,539   | 3.4%   |
| Male                                    | 94,067                      | 40,078                                  | 31,818  | 13,678  | 43,778                              | 2.9%   | 1.822  | 48.4%                      | 8.1%   | 602                                 | 18,442   | 3.3%   |
| Female                                  | 99,787                      | 61,018                                  | 39,489  | 52,656  | 17,292                              | 64.3%  | 1,823  | 54.2%                      | 5.6%   | 721                                 | 18,094   | 4.0%   |
| Total                                   | 194,904                     | 101,096                                 | 71,307  | 66,334  | 61,070                              | 91.7%  | 87.2%  | 2,221                      | 100.0%   | 1,323                               | 36,536   | 3.4%   |
| Length                                  |                             |   | 11,727  | 65.8%   | 3,128                               | 88.2%  |  | 1,597                      | 67.2%  | 1,189                               |  |  |
| Spanish                                 |                             |   | 6,530   | 30.2%   | 215                                 | 6.1%   |  | 134                        | 6.0%   | 14%                                 |  |  |
| Russian                                 |                             |   | 1,408   | 5.1%  | 39                                  | 1.1%   |  | 30                         | 1.4%   | 9                                   |  |  |
| Other/Ethnic                            |                             |   | 2,783   | 8.5%  | 184                                 | 4.8%   |  | 120                        | 5.4%   | 44                                  |  |  |
| Total                                   |                             |   | 31,878  | 100.0%  | 3,644                               | 100.0%                                       |  | 2,221                      | 100.0%   | 1,323                               |  |  |

Data Sources:  
 Column A: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column B: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column C: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column D: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column E: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column F: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column G: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column H: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column I: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column J: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column K: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 Column L: [http://www.doh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Population](http://www.doh.ca.gov/Statistics_and_Data_Analysis/Population) by County/Yolo.pdf  
 1. Adult client population is divided from Older Adult population at age 55 in this table, although ADMH in its programs identifies Older Adult clients as those age 60 and over. Age 55 is used as the age division here in the table.  
 2. There was insufficient data available to provide a complete analysis of the primary language.  
 3. Anonymous result possibly a result of comparing latest 2004 prevalence estimates with FY 2009-10 Medi-Cal eligibility numbers.

# APPENDIX

## 2. Organizational Chart



# APPENDIX

## 3. Cultural Competence Committee Meeting Topics

Yolo County Health and Human Services Agency \* Cultural Competence Committee (CCC)

**CCC Meeting Topics – January to June 2017**

2017 Meetings are scheduled for the 2<sup>nd</sup> Fridays of the month from 10:30 to Noon

Theresa Smith, Cultural Competence/Ethnic Services Manager, 530-666-8746

HHS.A.CulturalCompetency@yolocounty.org

| Meeting Date (Friday)              | Topic/Focus  | Location   |
|------------------------------------|--|--|
| January 13, 2017<br>10:30 to Noon  | <b>CCC Meeting with Extended Discussion on MHSA Community Feedback with Joan Beesley</b>   | Clarksburg Room,<br>Gonzales Building<br>25 N. Cottonwood<br>Street, Woodland, CA<br>95695       |
| February 10, 2017<br>10:30 to Noon | <b>CCC Meeting with Special Presentation from 11-Noon</b><br><br><i>Understanding the Diversity and Needs of Russian-Speaking Communities and Immigrants with Tatiana Shevchenko, Director Russian Information &amp; Support Services</i><br><a href="mailto:info@rissnet.org">info@rissnet.org</a>  | 162 Community<br>Room, Gonzales<br>Building<br>25 N. Cottonwood<br>Street, Woodland, CA<br>95695 |
| March 10, 2017<br>10:30 to Noon    | <b>Special Workgroup Meeting: LGBTQ</b><br>This meeting time is dedicated for individuals who plan to be a part of the ongoing Sub-Committee/Special Workgroup for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning communities.   | Clarksburg Room,<br>Gonzales Building<br>25 N. Cottonwood<br>Street, Woodland, CA<br>95695       |
| April 14, 2017<br>10:30 to Noon    | <b>CCC Meeting with Extended Discussion on Data, Penetration Rates and Identified Unserved and Underserved Target Populations</b>  | Clarksburg Room,<br>Gonzales Building<br>25 N. Cottonwood<br>Street, Woodland, CA<br>95695       |
| May 12, 2017<br>10:30 to Noon      | <b>May is Mental Health Month Special Event</b><br>The CCC will host an open event in honor of May is Mental Health Month.<br>The event will feature Special Video Viewing and Discussion of <i>Taiye Selasi: Don't ask where I'm from, ask where I'm a local</i>  | Walker and Thomson<br>Rooms<br>137 N. Cottonwood<br>Street, Woodland, CA<br>95695                |
| June 9, 2017<br>10:30 to Noon      | <b>Special Workgroup Meeting: Policies and Procedures</b><br>This one-time special workgroup meeting will focus on discussing policies and procedures related to cultural competency and cultural humility. The group will review existing and needed policies and procedures and share resources highlighting guidelines for revising policies and procedures. Agencies/providers are invited to share their current policies and procedures. | Clarksburg Room,<br>Gonzales Building<br>25 N. Cottonwood<br>Street, Woodland, CA<br>95695       |



**CCC Meeting Topics – July to December 2017**

**Page 1 of 2**

**2017 Meetings are scheduled for the 2<sup>nd</sup> Fridays of the month from 10:30 to Noon**

Theresa Smith, Cultural Competence/Ethnic Services Manager, 530-666-8746

HHSA.CulturalCompetency@yolocounty.org

**Meeting Structure:**

**10:30 to 11:15**

1. Welcome, Introductions, Review of Minutes
2. New Business and Additional Agenda Items
3. Standing Agenda Items
  - a. Cultural Competence/Ethnic Service Manager’s Updates
  - b. MHSA: Updates, Planning and Discussion
  - c. Report Back: LGBTQ+ Workgroup
  - d. Recommendations to County Programs and Services
  - e. Who is missing at CCC? (Who should we invite to join us?)
4. Roundtable: Culturally Significant Events, Trainings and Activities
  - a. Upcoming
  - b. Recently Attended (Highlights and Resources to Share)

**11:15 to Noon** Cultural Competence Plan (CCP): Planning and Discussion

| Date              | CCP Planning and Discussion Activities and Tasks<br>11:15 a.m. to Noon   | Location  |
|-------------------|--|---|
| July 14, 2017     | <ul style="list-style-type: none"> <li>• Review and provide feedback on strategic plan, mission statement, etc. (Criterion 1)</li> <li>• Review and provide feedback for Staff and Provider Ethnicity Survey to be completed in September</li> <li>• Review and provide feedback/suggestions for community outreach, engagement and involvement efforts with identified racial, ethnic, cultural and linguistic communities. (Criterion 1)</li> <li>• Discuss/Feedback: 2018 CCC Goals and Objectives</li> </ul> | Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland |
| August 11, 2017   | <ul style="list-style-type: none"> <li>• Review and provide feedback/suggestions for Training Activities (Criterion 5)</li> <li>• Review and provide feedback and suggestions for Organization Self-Assessment to be completed in October 4, 2017, 11 to 12:30 p.m.</li> <li>• Discuss/Feedback: 2018 CCC Goals and Objectives</li> </ul>  | Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland |
| September 8, 2017 | <ul style="list-style-type: none"> <li>• Review status and provide feedback/suggestions for:                             <ol style="list-style-type: none"> <li>1) Commitment to Growing Multi-Cultural Workforce; Hiring and Retaining Culturally and Linguistically Competent Staff (Criterion 6)</li> <li>2) Language Capacity (Criterion 7)</li> <li>3) Adaptation of Services (Criterion 8)</li> </ol> </li> <li>• Discuss/Feedback: 2018 CCC Goals and Objectives</li> </ul>                               | Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland |

CCC Meeting Topics – July to December 2017

| Date              | CCP Planning and Discussion Activities and Tasks<br>11:15 a.m. to Noon   | Location  |
|-------------------|--|---|
| October 13, 2017  | <p><b>Special Workgroup: Meeting: Mental Health and Spirituality</b></p> <ul style="list-style-type: none"> <li>• Review current efforts and local resources</li> <li>• Review MHSA spirituality-related principles, objectives</li> <li>• Review current status of California Mental Health and Spirituality Initiative</li> <li>• Discuss/identify needed resources and supports</li> <li>• Discuss/identify next steps</li> </ul> | Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland |
| November 10, 2017 | <i>No Meeting – Holiday – Veteran’s Day</i>  | N/A   |
| December 8, 2017  | <ul style="list-style-type: none"> <li>• Review Cultural Competence Committee Activities</li> <li>• Provide CCC Annual Report Feedback</li> <li>• Identify CCC Goals and Objectives for 2018</li> </ul>  | Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland |

*Special Cultural Competence Committee Meeting*

**Agency Self-Assessment of Cultural Competence  
Group Discussion and Rating**

**Wednesday, October 4, 2017**

**11:00 a.m. to 12:30 p.m.**

**Thomson Room, Bauer Building**

**137 N. Cottonwood Street, Woodland, CA 95695**

This self-assessment process will help HHSA to develop goals for specific management and/or service delivery changes to progress toward the objective of cultural competence.

Individuals knowledgeable in activities related to the quality of care at HHSA are encouraged to participate, especially direct services staff members, consumers of Mental Health Services and family members of consumers.

Meeting Activities:

- Discuss/Complete The Agency Self-Assessment of Cultural Competence
- Discuss/Review Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities

## APPENDIX

### 4. Cultural Competence/Ethnic Services Manager's QIC Updates

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

**Cultural Competence Committee Update to QIC**

**May 12, 2017**

**1. Recent Activities**

- a. Client Culture Training on May 4, 2017
- b. LGBTQ Workgroup Meetings and Activities
  - 1) Co-chairs are Ryan and Allison from Communicare
  - 2) Resource Center Planning – Lester, James and Ryan
  - 3) Participation in Davis Pride on Sunday, May 21, 2017

**2. CCC Meetings**

- a. Special Welcoming Mental Health Month Event today
- b. June – Extended Discussion on Policies and Procedures
- c. July through December – focus on completing revised Cultural Competence Plan, planning for additional update and feedback meetings for staff

**3. QIC Proposal: Target Population Discussion**

- a. Starting in August?
- b. 20 to 30 minutes
- c. Information sharing from CCC, QM, Program and Stakeholders
- d. Identify current service delivery status and efforts
- e. Identify needed supports, resources and next steps
- f. Target Populations: Spanish-speaking, Russian-speaking, TAY, 0-5, etc.

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
**Cultural Competence Committee Update to QIC**

**June 9, 2017**

**1. CCC Meetings**

- a. Special Welcoming Mental Health Month Event on May 12, 2017. James facilitated discussion on *Don't ask me where I am from, ask me where I am local.*
- b. Extended Discussion on Policies and Procedures today
- c. Proposed: Cultural Competence Plan Update – Timeline/Outreach Plan
- d. Proposed: Meeting Schedule and Topics - July to December 2017

**2. LGBTQ+ Workgroup**

- a. Continued meetings on first Fridays of the month, 10:30 to Noon
  - b. Update: Local LGBTQ+ Resource Center Committee – will function as separate community effort, will provide regular updates to LGBTQ+ Workgroup
  - c. Update: LGBTQ+ Cultural Competency Initiative (MHSA/WET) – will start sharing additional information and gathering feedback in July.
- 

**PROPOSED**

**YOLO COUNTY CULTURAL COMPETENCE PLAN  
Annual Update to be completed: January 2018**

**Tasks to be Completed**

1. Staff and Provider Ethnicity Survey – September 2017
2. Organizational Self-Assessment – October 2017
3. Cultural Competence Committee to identify 2018 goals and objectives – December 2017

**Outreach/Feedback Plan.**

1. Cultural Competence Committee Meetings – July to December 2017
2. All Mental Health/Behavioral Health Training – August 2017

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
**Cultural Competence Committee Update to QIC**

**October 13, 2017**

**1. CCC Meetings and Activities**

- a. Special Workgroup Meeting today on Mental Health and Spirituality
- b. Special CCC Meeting on October 4, 2017 to complete Agency Self-Assessment of Cultural Competence
- c. September's Recommendation: Establish 2018 Workgroup for 1) Spanish-speaking Communities and 2) Russian-speaking communities
- d. CC/ESM Update: Staff and Provider Ethnicity and Proficiency Surveys scheduled for collection October 23<sup>rd</sup> to November 3<sup>rd</sup>

**2. LGBTQ+ Workgroup**

- a. Continued meetings on first Fridays of the month, 10:30 to Noon
- b. Extended Discussions Scheduled:
  - 1) November 3, 2017 – Expectations/Resources for Special LGBTQ+ training for experts; Treatment and Supervision Needs
  - 2) December 1, 2017 – Foster Care Youth and Families: Needs and Resources

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**Cultural Competence  
Committee Meetings**

Second Friday of the Month  
10:30 a.m. to Noon  
Clarksburg Room, Gonzales Building  
25 N. Cottonwood  
Woodland, CA 95695



**LGBTQ  
Workgroup Meetings**

First Friday of the Month  
10:30 a.m. to Noon  
Clarksburg Room, Gonzales Building  
25 N. Cottonwood  
Woodland, CA 95695



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
**Cultural Competence Committee Update to QIC**

**December 1, 2017**

**1. CCC Meetings and Activities**

- a. Next meeting: December 8, 2017 at 10:30 a.m. Plan to review and confirm 2018 goals/objectives.
- b. November training: Serving Individuals with Military Experience (Veterans) with Reed Walker, MSSW, USN (ret), US Dept of Veterans Affairs
- c. 2018 Training Recommendation: Mental Health and Spirituality
- d. CC/ESM Update:
  - 1) Staff and Provider Ethnicity and Proficiency Surveys - Collecting via Survey Monkey and Paper Submission
  - 2) 2018 Cultural Competence Plan Update. Plan to circulate draft for review on January 8<sup>th</sup>.
  - 3) 2017 Diverse December Calendar

**2. LGBTQ+ Workgroup**

- 1) December 1, 2017 – Extended Discussion: Foster Care Youth and Families: Needs and Resources, 10:30 to Noon
- 2) Forwarding Recommendations for LGBTQ+ Expert Staff Training and Supervision
- 3) First meeting of 2018 will be Friday, February 2<sup>nd</sup>, 10:30 to Noon, Thomson Room in Bauer.

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*Theresa Smith, LCSW*

Theresa Smith, LCSW - Program Manager  
Cultural Competence/Ethnic Services Manager  
MHPA Workforce Education and Training Coordinator  
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# APPENDIX

## 5. Staff and Provider Ethnicity and Proficiency Surveys





**Yolo County Health and Human Service Agency – Staff Survey – Part 1, Fall 2017**  
**(Anonymous Submission) – Ethnicity, Race and Cultural Identities**

1. **Branch Category. Please choose only one.**
  - Adult & Aging                       Child, Youth & Family                       Community Health
  - Service Centers                       Choose not to answer                       Other; specify \_\_\_\_\_
  
2. **Staff Category (Main Job Function). Please choose only one.**
  - Direct Services - Licensed                       Direct Services - Unlicensed
  - Prevention and Early Intervention Services
  - Governance and Leadership Staff: Management/Administration/Executive Leadership
  - Non-Direct Services: Support Services/Fiscal/Clerical/Quality Management
  - Choose not to answer                       Other; specify \_\_\_\_\_
  
3. **Primary Program/Service Category. Please choose only one.**
  - Child Welfare Services                       Public Health                       Public Authority
  - Public Guardian                       In Home Support Services                       Eligibility/Other Social Services
  - Behavioral Health Services (Mental Health and/or Substance Use)
  - Mental Health Services Act (MHSA) Prevention and Early Intervention
  - Choose not to answer                       Other; specify \_\_\_\_\_
  
4. **Ethnicity, Origin and Race**
  - A. Are you of Latino/Hispanic Origin?  Yes  No  Unknown  Choose not to answer
  - B. Please check below all that apply to your cultural identity.
    - Caribbean                       Central American                       Chicano
    - Mexican/Mexican-American                       South American                       Puerto Rican
    - Cuban                       Ashkenazi Jew                       Continental African
    - American Indian/Alaskan Native                       Asian Indian                       Black/African American
    - Cambodian                       Chinese                       Filipino
    - Other Asian                       Guamanian                       Hmong
    - Japanese                       Korean                       Laotian
    - Mien                       Native Hawaiian                       Pacific Islander
    - Russian                       Samoan                       Ukranian
    - Vietnamese                       White/Caucasian                       Other Pacific Islander
    - Eastern European                       Northern European                       Southern European
    - Western European                       Unknown                       Decline to State
    - Other; Specify \_\_\_\_\_
  
5. **Gender Identity**
  - Female                       Male                       Transgender Female                       Transgender Male
  - Other; specify \_\_\_\_\_                       Choose not to answer
  
6. **Self-Identified Sexual Orientation**
  - Heterosexual/Straight                       Gay                       Lesbian                       Bisexual                       Questioning                       Queer
  - Other; specify \_\_\_\_\_                       Choose not to answer
  
7. **I am a consumer of Mental Health Services.**  Yes  No  Choose not to answer
8. **I have a family member who is a consumer of Mental Health Services.**  Yes  No  Choose not to answer
9. **I self-identify as a person with a disability.**  Yes  No  Choose not to answer  
If yes, please check all that apply:
  - Physical mobility                       Difficulty Seeing                       Difficulty Hearing                       Difficulty Having Speech Understood
  - Developmental Disability                       Chronic Health Condition                       Learning Disability                       Mental Illness
  - Other; specify \_\_\_\_\_                       Choose not to answer
  
10. **I am a veteran or person with military experience.**  Yes  No  Choose not to answer



Yolo County Health and Human Service Agency – Staff Survey – Part 2, Fall 2017

Language Proficiency and Cultural Training Survey

1. Staff Name \_\_\_\_\_  
First Name Last Name

- 2. Branch Category. Please choose only one.
[ ] Adult & Aging [ ] Child, Youth & Family
[ ] Community Health [ ] Service Centers
[ ] Other; specify \_\_\_\_\_
[ ] Choose not to answer

- 3. Service Category. Please choose only one.
[ ] Non-Direct Services: Support Services/Fiscal/Clerical/Quality Management/Administration/Management
[ ] Behavioral Health Direct Services (Mental Health and/or Substance Use)
[ ] Mental Health Services Act (MHSA) Prevention and Early Intervention Services
[ ] Other Direct Services – Health, Social Services, Etc.
[ ] Other; specify \_\_\_\_\_
[ ] Choose not to answer

- 4. Please identify languages, other than English, that you are proficient in.
A. American Sign Language [ ] No [ ] Yes
B. Spanish [ ] No [ ] Yes, please indicate: [ ] Speak [ ] Read [ ] Write
C. Russian [ ] No [ ] Yes, please indicate: [ ] Speak [ ] Read [ ] Write
D. Other; specify \_\_\_\_\_
Check all that apply: [ ] Speak [ ] Read [ ] Write
E. Other; specify \_\_\_\_\_
Check all that apply: [ ] Speak [ ] Read [ ] Write

5. Do you provide interpreter services (ASL or spoken communication)? [ ] Yes [ ] No
If yes, for which languages? \_\_\_\_\_
Did you take a formal test to determine Proficiency? [ ] Yes [ ] No

6. Do you provide translation services (written communication)? [ ] Yes [ ] No
If yes, for which languages? \_\_\_\_\_
Did you take a formal test to determine Proficiency? [ ] Yes [ ] No

- 7. Do you have experience and/or training to provide culturally competent services to persons represented by the following cultural groups/issues? Check all that apply.
[ ] Hearing Impaired [ ] Visually Impaired [ ] Physically Impaired or Disabled
[ ] Gay [ ] Lesbian [ ] Bisexual
[ ] Transgender [ ] Questioning [ ] Queer
[ ] Women/Women’s Issues [ ] Genderqueer Issues [ ] Men/Men’s Issues
[ ] Children (0-5 years of age) [ ] Children (6-15) [ ] Transition Age Youth (16-25)
[ ] Older Adult (60 years and older) [ ] Poor/Poverty Issues
[ ] Other; specify \_\_\_\_\_

8. Please identify which cultural groups/issues, including those listed in #7, that you would like to receive more training in order to provide culturally competent services.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



**Yolo County Health and Human Service Agency – Provider Survey – Part 1, Fall 2017**  
**(Anonymous Submission) – Ethnicity, Race and Cultural Identities**

**1. Provider/Agency. Please choose only one.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CommuniCare                   | <input type="checkbox"/> Fourth and Hope | <input type="checkbox"/> Cache Creek Lodge                 |
| <input type="checkbox"/> RISE, Inc.                    | <input type="checkbox"/> Turning Point   | <input type="checkbox"/> Victor Community Support Services |
| <input type="checkbox"/> Yolo Community Care Continuum | <input type="checkbox"/> First 5 Yolo    | <input type="checkbox"/> Yolo Family Service Agency        |
| <input type="checkbox"/> Other; specify _____          |  |  |
| <input type="checkbox"/> Choose not to answer          |  |  |

**2. Staff Category (Main Job Function). Please choose only one.**

- |  |   |
|--|---|
| <input type="checkbox"/> Direct Services - Licensed  | <input type="checkbox"/> Direct Services - Unlicensed |
| <input type="checkbox"/> Prevention and Early Intervention Services                                      |   |
| <input type="checkbox"/> Governance and Leadership Staff: Management/Administration/Executive Leadership |   |
| <input type="checkbox"/> Non-Direct Services: Support Services/Fiscal/Clerical/Quality Management        |   |
| <input type="checkbox"/> Choose not to answer  |   |
| <input type="checkbox"/> Other; specify _____  |   |

**3. Program/Service Population. Please check all that apply.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Children (0-5 years of age) | <input type="checkbox"/> Children (6-15)                  | <input type="checkbox"/> Transition Age Youth (16-25) |
| <input type="checkbox"/> Adult (26-59)               | <input type="checkbox"/> Older Adult (60 years and older) |   |
| <input type="checkbox"/> Choose not to answer        |   | <input type="checkbox"/> Other; specify _____         |

**4. Ethnicity, Origin and Race**

A. Are you of Latino/Hispanic Origin?  Yes  No  Unknown  Choose not to answer

B. Please check below all that apply to your cultural identity.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Caribbean                      | <input type="checkbox"/> Central American  | <input type="checkbox"/> Chicano                |
| <input type="checkbox"/> Mexican/Mexican-American       | <input type="checkbox"/> South American    | <input type="checkbox"/> Puerto Rican           |
| <input type="checkbox"/> Cuban                          | <input type="checkbox"/> Ashkenazi Jew     | <input type="checkbox"/> Continental African    |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian Indian      | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Cambodian                      | <input type="checkbox"/> Chinese           | <input type="checkbox"/> Filipino               |
| <input type="checkbox"/> Other Asian                    | <input type="checkbox"/> Guamanian         | <input type="checkbox"/> Hmong                  |
| <input type="checkbox"/> Japanese                       | <input type="checkbox"/> Korean            | <input type="checkbox"/> Laotian                |
| <input type="checkbox"/> Mien                           | <input type="checkbox"/> Native Hawaiian   | <input type="checkbox"/> Pacific Islander       |
| <input type="checkbox"/> Russian                        | <input type="checkbox"/> Samoan            | <input type="checkbox"/> Ukranian               |
| <input type="checkbox"/> Vietnamese                     | <input type="checkbox"/> White/Caucasian   | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Eastern European               | <input type="checkbox"/> Northern European | <input type="checkbox"/> Southern European      |
| <input type="checkbox"/> Western European               | <input type="checkbox"/> Unknown           | <input type="checkbox"/> Decline to State       |
| <input type="checkbox"/> Other; Specify _____           |  |   |

**5. Gender Identity**

- |  |                               |  |
|--|-------------------------------|--|
| <input type="checkbox"/> Female                    | <input type="checkbox"/> Male | <input type="checkbox"/> Transgender (specify _____) |
| <input type="checkbox"/> Self-identification _____ |                               | <input type="checkbox"/> Choose not to answer        |

**6. Self-Identified Sexual Orientation**

- |  |                              |                                  |                                   |                                      |   |
|--|------------------------------|----------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Heterosexual/Straight     | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning | <input type="checkbox"/> Queer                |
| <input type="checkbox"/> Self-identification _____ |                              |                                  |                                   |                                      | <input type="checkbox"/> Choose not to answer |

**7. I am a consumer of Mental Health Services.**  Yes  No  Choose not to answer

**8. I have a family member who is a consumer of Mental Health Services.**  Yes  No  Choose not to answer

**9. I self-identify as a person with a disability.**  Yes  No  Choose not to answer

If yes, please check all that apply:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Physical mobility        | <input type="checkbox"/> Difficulty Seeing        | <input type="checkbox"/> Difficulty Hearing  | <input type="checkbox"/> Difficulty Having Speech Understood |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Illness                      |
| <input type="checkbox"/> Other; specify _____     |   |  | <input type="checkbox"/> Choose not to answer                |

**10. I am a veteran or person with military experience.**  Yes  No  Choose not to answer



**Yolo County Health and Human Service Agency – Provider Survey – Part 2, Fall 2017**  
**Language Proficiency and Cultural Training Survey**

1. Staff Name \_\_\_\_\_  
*First Name* *Last Name*

2. **Provider/Agency. Please choose only one.**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CommuniCare                   | <input type="checkbox"/> Fourth and Hope | <input type="checkbox"/> Cache Creek Lodge                 |
| <input type="checkbox"/> RISE, Inc.                    | <input type="checkbox"/> Turning Point   | <input type="checkbox"/> Victor Community Support Services |
| <input type="checkbox"/> Yolo Community Care Continuum | <input type="checkbox"/> First 5 Yolo    | <input type="checkbox"/> Yolo Family Service Agency        |
| <input type="checkbox"/> Other; specify _____          |  |  |
| <input type="checkbox"/> Choose not to answer          |  |  |

3. **Service Category. Please choose only one.**
- Non-Direct Services: Support Services/Fiscal/Clerical/Quality Management/Administration/Management
- Prevention and Early Intervention Services
- Behavioral Health Direct Services (Mental Health and/or Substance Use)
- Other; specify \_\_\_\_\_
- Choose not to answer

4. **Please identify languages, other than English, that you are proficient in.**
- A. American Sign Language       No     Yes
- B. Spanish                               No     Yes, please indicate:  Speak  Read  Write
- C. Russian                                 No     Yes, please indicate:  Speak  Read  Write
- D. Other; specify \_\_\_\_\_  
*Check all that apply:*     Speak     Read     Write
- E. Other; specify \_\_\_\_\_  
*Check all that apply:*     Speak     Read     Write

5. **Do you provide interpreter services (ASL or spoken communication)?**     Yes     No  
 If yes, for which languages? \_\_\_\_\_  
 Did you take a formal test to determine Proficiency?     Yes     No

6. **Do you provide translation services (written communication)?**     Yes     No  
 If yes, for which languages? \_\_\_\_\_  
 Did you take a formal test to determine Proficiency?     Yes     No

7. **Do you have experience and/or training to provide culturally competent services to persons represented by the following cultural groups/issues? Check all that apply.**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hearing Impaired                 | <input type="checkbox"/> Visually Impaired   | <input type="checkbox"/> Physically Impaired or Disabled |
| <input type="checkbox"/> Gay                              | <input type="checkbox"/> Lesbian             | <input type="checkbox"/> Bisexual                        |
| <input type="checkbox"/> Transgender                      | <input type="checkbox"/> Questioning         | <input type="checkbox"/> Queer                           |
| <input type="checkbox"/> Women/Women’s Issues             | <input type="checkbox"/> Genderqueer Issues  | <input type="checkbox"/> Men/Men’s Issues                |
| <input type="checkbox"/> Children (0-5 years of age)      | <input type="checkbox"/> Children (6-15)     | <input type="checkbox"/> Transition Age Youth (16-25)    |
| <input type="checkbox"/> Older Adult (60 years and older) | <input type="checkbox"/> Poor/Poverty Issues |  |
| <input type="checkbox"/> Other; specify _____             |  |  |

8. **Please identify which cultural groups/issues, including those listed in #7, that you would like to receive more training in order to provide culturally competent services.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# APPENDIX

## 6. Agency Self-Assessment of Cultural Competence Tool

YOLO COUNTY HEALTH & HUMAN SERVICES AGENCY

*Special Cultural Competence Committee Meeting*

**Agency Self-Assessment of Cultural Competence  
Group Discussion and Rating**

**Wednesday, October 4, 2017**

**11:00 a.m. to 12:30 p.m.**

**Thomson Room, Bauer Building**

**137 N. Cottonwood Street, Woodland, CA 95695**

This self-assessment process will help HHSA to develop goals for specific management and/or service delivery changes to progress toward the objective of cultural competence.

Individuals knowledgeable in activities related to the quality of care at HHSA are encouraged to participate, especially direct services staff members, consumers of Mental Health Services and family members of consumers.

**Meeting Activities:**

- Discuss/Complete The Agency Self-Assessment of Cultural Competence
- Discuss/Review Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities

\* \* \* \* \*

*Adapted from*

**CULTURAL COMPETENCY ASSESSMENT SCALE**

**BEHAVIORAL HEALTH CARE - OUTPATIENT SERVICE DELIVERY  
AGENCY LEVEL**

**Carole Siegel, Gary Haugland and Ethel Davis Chambers  
Nathan S. Kline Institute for Psychiatric Research  
Center for the Study of Issues in Public Mental Health  
Orangeburg, NY 10962**

## **I. PREFACE**

The scale is applicable to an agency delivering behavioral health care in an outpatient treatment environment. Implementation of Cultural Competency (CC) by the agency is expected to promote CC in all its staff members and to create a milieu that acts to improve access and retention in treatment of persons from diverse cultural groups. An agency may be independent or, in this day of mergers and consolidations, closely tied to a Parent Organization (PO), which may in fact be responsible for many of the queried activities. In such cases, the scale is measuring the activities at both levels of the organization and assumes there are in place effective channels of communication so that each agency has access to the same information and has the same opportunity for the cultures in its service population to be represented in any committees and reflected across staff types at the agency.

The scale is pro-active in the sense that it is intended to suggest ways in which an agency can become culturally competent. It can be used as an organizational self-assessment scale. CC is linked to evidence-based practices (EBP) under the premise that the level of CC of an agency impacts its ability to appropriately adapt and implement an EBP. Organizations that have made accommodations to meet the needs of the cultural groups within its target and user community may find it easier to understand which facets of an EBP need special attention when it is implemented. The effectiveness of an EBP should also be measured with respect to culture-specific outcomes.

## **II. BASIC DEFINITIONS**

### **Cultural Competence (CC)**

The attribute of a behavioral health care organization that describes the set of congruent behaviors, attitudes, skills, policies and procedures that enable its caregivers to work effectively and efficiently in cross/multi-cultural situations at all of its organizational levels.

### **Cultural group**

A subgroup that is from the major racial ethnic groups of African American, Hispanic, Asian American/Pacific Islander, American Indian/Alaskan Native or from a recent immigrant or refugee population. Subgroups can be identified by distinct languages (e.g., Mandarin-speaking Chinese among Asian Americans), or locales of origin (e.g., Dominicans among Hispanics); OR

A subgroup that is identified by the agency as requiring special attention since features of its "culture" limit the ability of its members to appropriately access or participate in mainstream service delivery systems. Such subgroups might include, but are not limited to, gay and lesbian communities, people with hearing impairments, rural and "mountain folk," migratory workers, etc.

### **Target community**

The population the agency designates as its intention to serve. This can cover a population area (such as a geographically or politically defined service area) or a specifically targeted population (such as persons needing a specific type of intervention, persons in a certain age group, persons speaking a specific language). If the target population is geographically dispersed, the county in which the agency resides is used to represent the target community, (although, it is recognized that some potential service users may not reside in the county).

## **III. WHO SHOULD COMPLETE SCALE**

A person knowledgeable in activities related to quality of care at the agency should complete the form as a part of a group discussion. We suggest that the following participants be included in the discussion if they are available at your agency: 1) Executive Director 2) Clinical Director, 3) Quality Assurance staff, 4) Cultural Competency representative, 5) line staff, 6) consumer of Mental Health Services (including children of appropriate age) and 7) family member of a consumer. Through discussion consensus can be reached on responses.

## **IV. INSTRUCTIONS FOR EACH CRITERION SCALE ITEM**

### **Criterion assessment procedure:**

Each criterion is assessed according to five levels of achievement. Score the item by the rank of the highest level achieved. A score of 1 indicates no activity on that criterion; a score of 5 indicates the benchmark standard. The scale is most effective when an agency has regularly updated information about the cultural groups of its service users.

## CULTURAL COMPETENCY ASSESSMENT SCALE - 1

### CRITERION 1.

#### AGENCY'S COMMITMENT TO CULTURAL COMPETENCE

Agency (or its parent organization (PO)) has a management level person responsible for CC and:

- A dedicated budget for CC activities
- A CC plan
- Procedures for updating the CC plan

| 1   | 2   | 3   | 4  | 5  |
|---|---|---|--|--|
| Agency (or PO) has not yet made cultural competence part of its mission | Agency (or PO) has made accountability for CC part of at least one management level person's activities | In addition to (2), agency (or PO) has only one of the following: dedicated budget for CC activities; a written CC plan with objectives, strategies, and implementation timetable | Agency (or PO) has both a dedicated budget and a written CC plan with objectives, strategies, and implementation timetable | In addition to (4), agency (or PO) requires periodic review and updates of its written CC plan |

**Rationale:** A management level person who has primary responsibility for CC within the structure of the organization ensures that CC will be addressed. Without a dedicated budget for CC, only limited activities can be conducted. A written plan concretizes the agency's commitment to CC. Review and updating ensures that the feedback loop has been closed and that corrective actions have been taken, as well as ensures responsiveness to changing characteristics of the target population.

**Definitions:**

**Cultural Competence (CC):** The attribute of a behavioral health care organization that describes the set of congruent behaviors, attitudes, skills, policies and procedures that enable its caregivers to work effectively and efficiently in cross/multi-cultural situations at all of its organizational levels.

**Accountability for CC:** Responsibility for documenting how CC is part of the agency's activities.

**Management level person:** An agency person who can effectuate change either by the authority given to the position they hold by the agency director or executive board or who has direct line communication with agency decision makers.

**Dedicated budget:** Funds needed for conducting CC activities are available, although not necessarily explicitly identified as a budget line item.

**Objectives:** Statements of what is to be achieved with respect to CC.

**Strategies:** Specific steps for achieving the named objectives

**Implementation timetable:** When steps are to be implemented and completed.

**Periodic review and updates:** A requirement stating how often the plan is to be reviewed and updated.

|  |   |
|--|---|
| <b>HHSA Update</b>                             | HHSA designated new management level cultural competence coordinator in October 2016. The 2011 Cultural Competence Plan (CCP) with 2015 updates are posted on website. New CCP in process of revision with target completion date of January 2018. HHSA has dedicated budget for various CC activities. |
| <b>Comments/Questions for group discussion</b> |   |
| <b>Score choice after group discussion</b>     |   |



## CULTURAL COMPETENCY ASSESSMENT SCALE – 2

### CRITERION 2.

#### ASSESSMENT OF SERVICE NEEDS

**Agency obtains current data on its service users and its target community that enable identification of their cultures and language needs**

| 1  | 2   | 3  | 4   | 5   |
|--|---|--|---|---|
| Agency does not obtain current data on its service users nor on its target community that would enable identification of cultures or languages needs | Agency obtains current data on its service users that allows their cultures and their language needs to be identified | In addition to (2), agency has identified prevalent cultural groups of its service users | In addition to (3), agency has identified language needs among prevalent cultural groups of its service users | In addition to (4), agency has identified prevalent cultural groups of the target community |

**Rationale:** Particular data items need to be collected for all clients in a consistent manner so that they can be aggregated to assess the cultures and language needs of the population being served by the agency.

Information on the target community allows the agency to tailor its outreach and services to the needs of its cultural groups.

#### Definitions:

**Target community:** The population the agency designates as its intention to serve. This can cover a geographic area or a specifically targeted population. In the latter case, if the target population is geographically dispersed, the county in which the agency resides is used to represent the target community, (although, it is recognized that some potential service users may not reside in the county).

**Obtains current data:** agency either collects its own data, or receives data from its parent organization, in a regular and timely manner

**Service users:** Persons actively enrolled and actually receiving services in any given year

**Data to identify cultures:** In addition to race and ethnicity, this could include religion, country of origin, educational attainment, and employment status

**Data to identify language needs:** At a minimum this should be the preferred language but can also include place of birth and level of English proficiency

**Prevalent cultural group of service users:** A cultural group that annually accounts for 5% or more of service users of an agency.

**Language needs:** special accommodation such as interpreters and translated material to ensure that the person's civil rights are being respected and clear recognition of culture-specific meanings attributed to terms describing mental illness.

**Prevalent cultural groups of target community:** Use the following as a guideline for selecting cultural groups with the greatest representation in the target community: a cultural group that accounts for 5% or more of the population of a target community, or if less than 5% then contains at least 1000 individuals.

|  |   |
|--|---|
| <b>HHSA Update</b>                             | HHSA collects data during intake, admission or clinical/social assessment for individuals served by the agency. |
| <b>Comments/Questions for group discussion</b> |   |
| <b>Score choice after group discussion</b>     |   |

## CULTURAL COMPETENCY ASSESSMENT SCALE – 3

### CRITERION 3.

#### CULTURAL INPUT INTO AGENCY ACTIVITIES

Agency has a CC Committee or other group that addresses cultural issues and has participation from cultural groups of the target community.

| 1   | 2  | 3   | 4   | 5  |
|---|--|---|---|--|
| Agency does not have a CC Committee or other group that addresses cultural issues | Agency does not have a CC Committee but addresses CC issues in other of its committees, boards or advisory | Agency has established a free-standing CC Committee | The CC Committee includes two representatives from the most prevalent cultural group of the target community who attend at least 50% of yearly meetings | In addition to (4), the CC Committee includes at least one representative from the 2nd most prevalent cultural group of the target community who attends at least 50% of yearly meetings |

**Rationale:** Cultural input into agency activities is expected to come from a CC Committee. A committee dedicated to CC will enhance the likelihood that activities appropriate to the culture are introduced and carried out. The committee can go under many names (Examples: Multicultural Committee, Diversity Committee, Planning Committee, Consumer Advisory Board) and members may not be individually identified.

CC input may be obtained as part of the functions of existing boards, advisory groups and committees. Input is sought from representatives of the most prevalent cultural group of the target community. These may be agency staff, consumers, family members or community leaders. Having more than one representative from a cultural group makes active participation more likely. While these representatives may not be official members or even the same individuals at each meeting, there must be 2 from the most prevalent culture at half the meetings held in a year.

Input from additional cultural groups is desirable, and recognizing difficulties in soliciting committee members, one representative is sought to begin the process.

**Definition: Free-standing CC Committee:** A committee that is not a subcommittee or ad-hoc committee but has its own mission and membership, meets regularly and is dedicated to addressing culture-related issues

#### Scoring Instructions:

If there is only one cultural group among service users, highest score will be 4.

If score is "1," score Criterion 4 as "0" and skip to Criterion 5.

|  |  |
|--|--|
| <b>HHSA Update</b>                             | The HHSA's Cultural Competence Committee resumed meetings in October 2016 and has met monthly. The Yolo County's Cultural Competency website identifies the CC's program description and primary goal. |
| <b>Comments/Questions for group discussion</b> |  |
| <b>Score choice after group discussion</b>     |  |

## CULTURAL COMPETENCY ASSESSMENT SCALE – 4

**CRITERION 4.**

**INTEGRATION OF CC COMMITTEE OR OTHER GROUP WITH RESPONSIBILITY FOR CC WITHIN AGENCY**

CC Committee or other group with responsibility for CC is integrated within agency evidenced by the following activities:

- Reviews services/programs with respect to CC issues at the agency
- Reports to Quality Assurance/Quality Improvement program of the agency/PO
- Participates in planning and implementation of services at the agency
- Directly transmits recommendations to executive level of agency/PO

| 1   | 2   | 3   | 4   | 5   |
|---|---|---|---|---|
| CC Committee or other group performs no activities of integration | CC Committee or other group performs 1 of the 4 activities of Integration | CC Committee or other group performs 2 of the 4 activities of Integration | CC Committee or other group performs 3 of the 4 activities of Integration | CC Committee or other group performs all 4 of the activities of integration |

**Rationale:** The extent to which the functions of the CC Committee are reported and used in the agency provides a measure of the likelihood of change with respect to CC. In this criterion, 4 key committee functions are expected to take place, but they may be introduced at different stages in the agency’s implementation of cultural competence. These functions are service planning and implementation, services review, quality assurance and recommendations reaching the highest level of leadership.

**Definition: Executive Level:** The highest level of leadership of an organization as for example the Chief Executive Officer or Clinical Director.

|  |   |
|--|---|
| <b>HHSA Update</b>                             | The HHSA’s Cultural Competence Committee has a standing agenda item of “Recommendations for Programs and Services” and have forwarded recommendations. The Cultural Competence/Ethnic Services Manager provide Cultural Competence Committee updates at QIC meetings. |
| <b>Comments/Questions for group discussion</b> |   |
| <b>Score choice after group discussion</b>     |   |

## CULTURAL COMPETENCY ASSESSMENT SCALE – 5

### CC STAFF: TRAINING ACTIVITIES

Agency (or PO) offers to staff educational activities in which cultural issues are addressed and requires staff to have an adequate amount of specific training on CC

| 1  | 2   | 3   | 4  | 5   |
|--|---|---|--|---|
| Agency (or PO) does not offer educational activities in which cultural issues are addressed nor provide specific training on CC to staff | Agency (or PO) offers educational activities in which cultural issues are addressed | In addition to (2), agency (or PO) requires all direct service/clinical staff to receive at least 3 hours of CC specific training during year | In addition to (3), agency (or PO) requires that administrative staff receive at least 3 hours of CC specific training during year | In addition to (4), agency (or PO) requires all direct service/clinical staff receive 6 hours or more of CC specific training during year |

**Rationale:** Training and educating staff in CC enhances the likelihood of the delivery of culturally competent services in culturally competent environments. Ideally, educational activities should be available to all staff, and training should take place every year and be available to if not required of staff at all levels in the organization. Professional educational activities, when offered, should address cultural issues since special considerations may be required for cultural groups. This should be an explicit requirement of all guest speakers and course curricula. It is most crucial that all staff members who have face-to-face contact with and provide direct clinical care to agency clients receive CC training. The 3 hours indicated must be focused on CC issues. It is crucial that administrative staff also be knowledgeable about CC issues

#### Definitions:

**Offers:** Agency either directly provides or makes available through an outside source and makes adjustments for staff to attend (time allowance and staff coverage, travel allowances and fees when needed)

**Educational activities:** These include continuing medical/professional education courses, grand rounds, guest lectures.

**CC Training:** Agency-wide coordinated activity where staff members receive practical information on features of the cultures of its service users that are expected to improve the service delivery process, including identification of disorders and varying responses to treatment protocols.

**Direct service/clinical staff:** Staff who provide clinical and support services (e.g., doctors, nurses, counselors, social workers, case managers).

**Administrative staff:** Staff who hold decision making and leadership roles but do not necessarily have direct contact with clients of the agency.

|  |   |
|--|---|
| <b>HHSA Update</b>                             | HHSA offers educational activities in which cultural issues are addressed via All Mental Health/Behavioral Health monthly trainings, Cultural Competence Committee Special Events and Trainings, Relias Learning and attendance/participation in offsite trainings, webinars and other opportunities. |
| <b>Comments/Questions for group discussion</b> |   |
| <b>Score choice after group discussion</b>     |   |

## CULTURAL COMPETENCY ASSESSMENT SCALE – 6

**CRITERION 6A.**

**CC STAFF: RECRUITMENT, HIRING AND RETENTION OF STAFF FROM/OR EXPERIENCED WITH THE MOST PREVALENT CULTURAL GROUP OF SERVICE USERS**

Agency is committed to hiring and retaining CC staff who are from or who have had experience working with the most prevalent cultural group of its service users

**CRITERION 6B - WITH THE 2<sup>nd</sup> MOST PREVALENT CULTURAL GROUP OF SERVICE USERS**

**CRITERION 6C - WITH THE 3<sup>rd</sup> MOST PREVALENT CULTURAL GROUP OF SERVICE USERS**

| 1   | 2  | 3  | 4   | 5  |
|---|--|--|---|--|
| Agency has neither hired nor has documented goals to recruit, hire and retain direct service / clinical, supervisory and administrative-level staff who are from or have had experience working with the most prevalent cultural group of its service users | Agency has a documented goal to recruit, hire and retain direct service / clinical, supervisory and administrative level staff who are from or have had experience working with the most prevalent cultural group of its service users | Agency has hired staff members who are from or have experience working with the most prevalent cultural group of its service users at one of the following staff levels:<br><ul style="list-style-type: none"> <li>• Direct service / clinical</li> <li>• Supervisory</li> <li>• Administrative</li> </ul> | Agency has hired staff members who are from or have experience working with the most prevalent cultural group of its service users at two of the levels | Agency has hired staff members who are from or have experience working with the most prevalent cultural group of its service users at all three levels |

**Rationale:** Having direct service, supervisory and administrative staff with relevant experience with the most prevalent cultural groups enhances the likelihood of the acceptability and use of CC practices. Hiring and retaining professional staff members who are from the cultures of service users provides positive role models for clients of the agency and affords additional opportunities to increase knowledge about the cultures. A word of caution: It has been noted that being from a culture does not necessarily make an individual culturally competent. While persons from the culture are most likely to be knowledgeable of relevant cultural issues and their implications for service delivery to the cultural group, CC training or relevant experiences is still required.

**Definitions:**

**Goals to recruit, hire and retain:** Agency has documented (written) objectives regarding the desirability of having staff who are from and/or who have previous experience working with the most prevalent cultural groups of service users

**From the cultural group:** Individuals who self-identify as members of and participate in the cultural activities of the prevalent cultural groups served by the agency

**Supervisory staff:** Direct service staff who are in decision-making positions and have overall responsibility for other direct service staff

**Scoring:** Scores to be provided for at least the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> most prevalent cultural group of service users.

|  |   |
|--|---|
| <b>HHS Update</b>                              | Yolo County has Spanish and Russian as identified threshold languages. MHSA has designated initiative for the LGBTQ+ communities. |
| <b>Comments/Questions for group discussion</b> |   |
| <b>Score choice after group discussion</b>     |   |

## CULTURAL COMPETENCY ASSESSMENT SCALE – 7

### LANGUAGE CAPACITY: INTERPRETERS

**Agency (or PO) accommodates persons who have limited English proficiency (LEP) by using interpreter services or bilingual staff**

| 1   | 2   | 3  | 4  | 5  |
|---|---|--|--|--|
| Agency (or PO) does not provide interpreter services or bilingual staff for service users from prevalent cultural groups in the target community with LEP | Agency (or PO) provides interpreter services at point of first contact for persons from the target community with LEP | Agency (or PO) provides interpreter services or bilingual staff at points of direct service for the most prevalent cultural group of service users with members with LEP | In addition to (3), agency (or PO) provides interpreter services or bilingual staff at points of direct service for the 2 <sup>nd</sup> most prevalent cultural group of service users with members with LEP | In addition to (4), agency (or PO) provides interpreter services or bilingual staff at points of direct service for the 3 <sup>rd</sup> most prevalent cultural group of service users with members with LEP |

**Rationale:** It is critical that the language needs of persons with limited English proficiency come to the attention of the agency at the earliest possible time to ensure that the agency can schedule and provide needed services. Once a person becomes a service user, interpreters are required at direct care delivery points. Ideally interpreters are formally trained and certified or are bilingual staff members who have received CC training.

Agency must be capable of responding to initial inquiries about services in as many languages as possible and at minimum the languages of the predominant cultural groups of the target community. The point of first contact is recognized as a most critical juncture in identifying persons in need of services and linking them with appropriate care.

Once a person has been admitted to a program or otherwise agreed to receive the services offered by the agency, language issues must continue to be addressed. This applies to the most prevalent cultural group whose members speak a language other than English and among whom many members have LEP

**Definitions:**

**English proficiency:** Level at which a person can understand English and respond in English to explain their behavioral healthcare problems, express their treatment preferences and understand the treatment plan.

**Limited English proficiency (LEP):** A diminished level of English language skills that calls into question the person's ability to understand and respond to issues related to their treatment.

**Interpreters:** Individuals with specific language skills and knowledge of health care terminology who are trained to communicate effectively with persons with limited proficiency with the English language

**Interpreter services:** Methods in place to assist persons with limited English proficiency. This includes telephone interpreter services ("language lines"), interpreters obtained from a central listing maintained by agency or other source, trained volunteers from target community with identified language skills.

**Bilingual staff:** Staff members who have language capacity in both English and the specific non-English languages used by cultural groups in the target community.

**Point of first contact:** Initial telephone inquiry (switchboard operator or automated telephone menu) or first visit to agency (receptionist/intake interviewer).

**Point of direct service:** Contact after the initial intake/point of first contact where a service is intended to treat a specified disorder.

**Scoring Instructions:** If there is only one cultural group among service users, highest score will be 3. If there are two cultural groups among service users, highest score will be 4.

|  |  |
|--|--|
| <b>HHS Update</b>                              | HHS utilizes bilingual staff and interpreter services to address the language needs of persons with limited English proficiency. |
| <b>Comments/Questions for group discussion</b> |  |
| <b>Score choice after group discussion</b>     |  |

## CULTURAL COMPETENCY ASSESSMENT SCALE – 8

### LANGUAGE CAPACITY: BILINGUAL STAFF

**Agency has staff who speak the language of the most prevalent cultural group of service users with members who have LEP**

| 1  | 2   | 3   | 4  | 5   |
|--|---|---|--|---|
| Agency has neither hired nor has documented goals to recruit, hire and retain staff who speak the language of the most prevalent cultural group of service users with members who have LEP | Agency has a documented goal to recruit, hire and retain direct service / clinical and supervisory staff who speak the language of the most prevalent cultural group of service users with members who have LEP | Agency has hired one direct service/clinical staff member who speaks the language of the most prevalent cultural group of service users with members who have LEP | Agency has hired a second staff member who speaks the language of the most prevalent cultural group of service users who have LEP at one of the following staff levels: <ul style="list-style-type: none"> <li>• Direct service / clinical</li> <li>• Supervisory</li> <li>• Administrative</li> </ul> | Agency has hired a third staff member who speaks the language of the most prevalent cultural group of service users who have LEP at one of the following staff levels: <ul style="list-style-type: none"> <li>• Direct service / clinical</li> <li>• Supervisory</li> <li>• Administrative</li> </ul> |

**Rationale:** Persons with limited English proficiency may not be able to communicate their mental health needs to direct service staff without appropriate interpreter services. Having knowledgeable staff members who can work directly with persons with language needs is ideal – and likely to be cost effective as well.

**Definitions: Language capacity: staff:** Ability to read and speak the language of a cultural group and have proficiency with terms likely to be encountered in the treatment setting (e.g., medical terms and illness concepts) and who use appropriately respectful forms of address.

**Goals to recruit, hire and retain:** Agency has documented objectives regarding the desirability of having staff members who speak the language of the most prevalent cultural groups of service users with members who have LEP and has outlined strategies for fulfilling the objectives.

|  |   |
|--|---|
| <b>HHSA Update</b>                             | HHSA has multiple Spanish-bilingual staff members at the staff levels of direct service/clinical and supervisory. |
| <b>Comments/Questions for group discussion</b> |   |
| <b>Score choice after group discussion</b>     |   |

# APPENDIX

## 7. WET Plan Workforce Needs Assessment



**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category – page 1**

**SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS**

| Major Group and Positions | (1) | Esi-<br>mated<br># FTE<br>author-<br>ized | Position<br>hard to<br>fill?<br>1=Yes<br>0=No | (3) | (4) | Race/ethnicity of FTEs currently in the workforce – Col. (11) |     |     |     |     |      | # FTE<br>filled |
|---------------------------|-----|---|---|-----|-----|---|-----|-----|-----|-----|------|-----------------|
|                           |     |   |   |     |     | (5)   | (6) | (7) | (8) | (9) | (10) |                 |

**A. Unlicensed Mental Health Direct Service Staff:**

**County (employees, independent contractors, volunteers)**

|   |      |   |     |     |     |     |     |     |     |     |     |     |     |     |     |
|---|------|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Mental Health Rehabilitation Specialist | 15.3 | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Case Manager/Service Coordinators       | 0.0  | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Employment Services Staff               | 0.0  | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Housing Services Staff                  | 0.0  | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Consumer Support Staff                  | 0.0  | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Family Member Support Staff             | 0.0  | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Benefits/Eligibility Specialist         | 1.6  | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

(Unlicensed Mental health Direct Service Staff; Sub-Totals only)

|  |             |          |            |            |            |            |            |            |            |            |            |            |            |            |             |
|--|-------------|----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| Other Unlicensed MH Direct Service Staff | 0.0         | 0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0        | 0.0         |
| <b>Sub-total, A (County)</b>             | <b>16.9</b> | <b>0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>16.9</b> |

**All Other (CBOs, CBO sub-contractors, network providers, and volunteers)**

|   |      |   |     |     |     |     |     |     |     |     |     |     |     |     |     |
|---|------|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Mental Health Rehabilitation Specialist | 14.6 | 2 | 5.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Case Manager/Service Coordinators       | 11.0 | 2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Employment Services Staff               | 0.0  | 0 | 3.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Housing Services Staff                  | 3.7  | 0 | 3.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Consumer Support Staff                  | 21.9 | 0 | 3.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Family Member Support Staff             | 4.4  | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Benefits/Eligibility Specialist         | 1.8  | 2 | 3.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

(Unlicensed Mental health Direct Service Staff; Sub-Totals and Total only)

|  |              |          |             |             |             |             |             |            |            |              |     |     |     |     |     |
|--|--------------|----------|-------------|-------------|-------------|-------------|-------------|------------|------------|--------------|-----|-----|-----|-----|-----|
| Other Unlicensed MH Direct Service Staff | 165.4        | 4        | 12.8        | 0.0         | 0.0         | 0.0         | 0.0         | 0.0        | 0.0        | 0.0          | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| <b>Sub-total, A (All Other)</b>          | <b>222.8</b> | <b>9</b> | <b>32.9</b> | <b>82.2</b> | <b>32.9</b> | <b>51.1</b> | <b>45.7</b> | <b>3.7</b> | <b>7.3</b> | <b>222.8</b> |     |     |     |     |     |
| <b>Total, A (County &amp; All Other)</b> | <b>239.7</b> | <b>9</b> | <b>32.9</b> | <b>99.1</b> | <b>32.9</b> | <b>51.1</b> | <b>45.7</b> | <b>3.7</b> | <b>7.3</b> | <b>239.7</b> |     |     |     |     |     |

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category – page 2**

| Major Group and Positions<br>(1)                               | Estimated # FTE authorized<br>(2) | Position hard to fill?<br>1=Yes<br>0=No<br>(3) | # FTE estimated to meet need in addition to # FTE authorized<br>(4) | Race/ethnicity of FTEs currently in the workforce -- Col. (11) |                        |                               |                               |                        |                             | # FTE filled<br>(5)+(6)+<br>(7)+(8)+<br>(9)+(10)<br>(11) |
|--|-----------------------------------|--|---|--|------------------------|-------------------------------|-------------------------------|------------------------|-----------------------------|--|
|  |                                   |  |   | White/Caucasian<br>(5)   | Hispanic/Latino<br>(6) | African-American/Black<br>(7) | Asian/Pacific Islander<br>(8) | Native American<br>(9) | Multi Race or Other<br>(10) |  |
| <b>B. Licensed Mental Health Staff (direct service):</b>       |                                   |  |   |  |                        |                               |                               |                        |                             |  |
| <i>County (employees, independent contractors, volunteers)</i> |                                   |  |   |  |                        |                               |                               |                        |                             |  |
| Psychiatrist, general, child/adolescent, or geriatric          | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Psychiatric or Family Nurse Practitioner                       | 1.6                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Clinical Nurse Specialist or Licensed Psych Technician         | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Licensed Clinical Psychologist                                 | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Psychologist, registered intern (or waived)                    | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Licensed Clinical Social Worker (LCSW)                         | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| MSW, registered intern (or waived)                             | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Marriage and Family Therapist (MFT)                            | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| MFT registered intern (or waived)                              | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Other Licensed MH Staff (direct service)                       | 27.6                              | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| <b>Sub-total, B (County)</b>                                   | <b>29.2</b>                       | <b>0</b>                                       | <b>0.0</b>  | <b>5.8</b>   | <b>13.6</b>            | <b>1.6</b>                    | <b>4.9</b>                    | <b>0.0</b>             | <b>3.2</b>                  | <b>29.2</b>  |

(Licensed Mental health Direct Service Staff; Sub-Totals only)

| Major Group and Positions<br>(1)  | Estimated # FTE authorized<br>(2) | Position hard to fill?<br>1=Yes<br>0=No<br>(3) | # FTE estimated to meet need in addition to # FTE authorized<br>(4) | Race/ethnicity of FTEs currently in the workforce -- Col. (11) |                        |                               |                               |                        |                             | # FTE filled<br>(5)+(6)+<br>(7)+(8)+<br>(9)+(10)<br>(11) |
|---|-----------------------------------|--|---|--|------------------------|-------------------------------|-------------------------------|------------------------|-----------------------------|--|
|   |                                   |  |   | White/Caucasian<br>(5)   | Hispanic/Latino<br>(6) | African-American/Black<br>(7) | Asian/Pacific Islander<br>(8) | Native American<br>(9) | Multi Race or Other<br>(10) |  |
| <b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b> |                                   |  |   |  |                        |                               |                               |                        |                             |  |
| Psychiatrist, general   | 2.7                               | 2  | 3.7   |  |                        |                               |                               |                        |                             |  |
| Psychiatrist, child/adolescent  | 0.2                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Psychiatrist, geriatric   | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Psychiatric or Family Nurse Practitioner  | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Clinical Nurse Specialist   | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Licensed Psychiatric Technician   | 16.4                              | 2  | 9.1   |  |                        |                               |                               |                        |                             |  |
| Licensed Clinical Psychologist  | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Psychologist, registered intern (or waived)                                     | 0.0                               | 0  | 0.0   |  |                        |                               |                               |                        |                             |  |
| Licensed Clinical Social Worker (LCSW)  | 86.8                              | 2  | 1.8   |  |                        |                               |                               |                        |                             |  |
| MSW, registered intern (or waived)  | 30.1                              | 5  | 5.5   |  |                        |                               |                               |                        |                             |  |
| Marriage and Family Therapist (MFT)   | 64.4                              | 4  | 1.8   |  |                        |                               |                               |                        |                             |  |
| MFT registered intern (or waived)   | 11.0                              | 4  | 3.7   |  |                        |                               |                               |                        |                             |  |
| Other Licensed MH Staff (direct service)  | 0.0                               | 2  | 1.8   |  |                        |                               |                               |                        |                             |  |
| <b>Sub-total, B (All Other)</b>   | <b>211.7</b>                      | <b>20</b>                                      | <b>27.4</b>   | <b>187.1</b>   | <b>15.5</b>            | <b>0.0</b>                    | <b>1.8</b>                    | <b>0.0</b>             | <b>7.3</b>                  | <b>211.7</b>   |
| <b>Total, B (County &amp; All Other)</b>  | <b>241.0</b>                      | <b>20</b>                                      | <b>27.4</b>   | <b>192.9</b>   | <b>29.2</b>            | <b>1.6</b>                    | <b>6.7</b>                    | <b>0.0</b>             | <b>10.6</b>                 | <b>241.0</b>   |

(Licensed Mental health Direct Service Staff; Sub-Totals and Total only)

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category – page 3**

| Major Group and Positions<br>(1)   | Esti-<br>mated<br># FTE<br>author-<br>ized<br>(2) | Position<br>hard to<br>fill?<br>1=Yes<br>0=No<br>(3) | # FTE<br>estimated to<br>meet need<br>in addition<br>to # FTE<br>authorized<br>(4) | Race/ethnicity of FTEs currently in the workforce – Col. (11) |                                 |  |                                      |                                |                                   | # FTE<br>filled<br>(5)+(6)+<br>(7)+(8)+<br>(9)+(10)<br>(11) |
|--|---|--|--|---|---------------------------------|--|--------------------------------------|--------------------------------|-----------------------------------|---|
|  |   |  |  | White/<br>Cau-<br>casian<br>(5)                               | His-<br>panic/<br>Latino<br>(6) | African-<br>Ameri-<br>can/<br>Black<br>(7) | Asian/<br>Pacific<br>Islander<br>(8) | Native<br>Ameri-<br>can<br>(9) | Multi<br>Race or<br>Other<br>(10) |   |
| <b>C. Other Health Care Staff (direct service):</b>                                  |   |  |  |   |                                 |  |                                      |                                |                                   |   |
| <i>County (employees, independent contractors, volunteers)</i>                       |   |  |  |   |                                 |  |                                      |                                |                                   |   |
| Physician  | 3.9   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Registered Nurse   | 0.0   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Licensed Vocational Nurse  | 0.0   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Physician Assistant  | 0.0   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Occupational Therapist   | 0.0   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Other Therapist (e.g., physical, recreation, art, dance)                             | 0.0   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Other Health Care Staff (direct service, to include<br>traditional cultural healers) | 0.0   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
|  | 3.9   | 0  | 0.0  | 3.9   | 0.0                             | 0.0  | 0.0                                  | 0.0                            | 0.0                               | 3.9   |
|  | Sub-total, C (County)                             |  |  |   |                                 |  |                                      |                                |                                   |   |
| <b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>      |   |  |  |   |                                 |  |                                      |                                |                                   |   |
| Physician  | 1.8   | 2  | 1.8  |   |                                 |  |                                      |                                |                                   |   |
| Registered Nurse   | 54.8  | 2  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Licensed Vocational Nurse  | 25.6  | 4  | 1.8  |   |                                 |  |                                      |                                |                                   |   |
| Physician Assistant  | 1.8   | 2  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Occupational Therapist   | 0.0   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Other Therapist (e.g., physical, recreation, art, dance)                             | 11.0  | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
| Other Health Care Staff (direct service, to include<br>traditional cultural healers) | 100.4   | 0  | 0.0  |   |                                 |  |                                      |                                |                                   |   |
|  | 195.4   | 9  | 3.7  | 140.6   | 20.1                            | 20.1                                       | 0.0                                  | 1.8                            | 9.1                               | 191.7   |
|  | 199.3   | 9  | 3.7  | 144.5   | 20.1                            | 20.1                                       | 0.0                                  | 1.8                            | 9.1                               | 195.6   |
|  | Sub-total, C (All Other)                          |  |  |   |                                 |  |                                      |                                |                                   |   |
|  | Total, C (County & All Other)                     |  |  |   |                                 |  |                                      |                                |                                   |   |

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**I. By Occupational Category – page 4**

| Major Group and Positions<br>(1)  | Estimated # FTE authorized<br>(2) | Position hard to fill?<br>1=Yes<br>0=No<br>(3) | # FTE estimated to meet need in addition to # FTE authorized<br>(4) | Race/ethnicity of FTEs currently in the workforce – Col. (11) |                        |                               |                               |                        |                             |              |             |  |  | # FTE filled<br>(5)+(6)+<br>(7)+(8)+<br>(9)+(10)<br>(11) |
|---|-----------------------------------|--|---|---|------------------------|-------------------------------|-------------------------------|------------------------|-----------------------------|--------------|-------------|--|--|--|
|   |                                   |  |   | White/Caucasian<br>(5)  | Hispanic/Latino<br>(6) | African-American/Black<br>(7) | Asian/Pacific Islander<br>(8) | Native American<br>(9) | Multi-Race or Other<br>(10) |              |             |  |  |  |
| <b>D. Managerial and Supervisory:</b>   |                                   |  |   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| <i>County (employees, independent contractors, volunteers)</i>                  |                                   |  |   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| CEO or manager above direct supervisor  | 9.4                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Supervising psychiatrist (or other physician)                                   | 0.0                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Licensed supervising clinician  | 0.0                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Other managers and supervisors  | 13.4                              | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| <b>Sub-total, D (County)</b>  | <b>22.8</b>                       | <b>0</b>                                       | <b>0.0</b>  | <b>14.9</b>   | <b>3.2</b>             | <b>0.0</b>                    | <b>2.9</b>                    | <b>1.6</b>             | <b>0.0</b>                  | <b>0.0</b>   | <b>22.7</b> |  |  |  |
| <b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b> |                                   |  |   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| CEO or manager above direct supervisor  | 53.5                              | 9  | 12.8  |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Supervising psychiatrist (or other physician)                                   | 0.0                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Licensed supervising clinician  | 8.3                               | 7  | 2.3   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Other managers and supervisors  | 52.8                              | 4  | 14.6  |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| <b>Sub-total, D (All Other)</b>   | <b>114.6</b>                      | <b>20</b>                                      | <b>29.7</b>   | <b>91.0</b>   | <b>3.5</b>             | <b>3.7</b>                    | <b>3.7</b>                    | <b>0.0</b>             | <b>11.0</b>                 | <b>112.8</b> |             |  |  |  |
| <b>Total, D (County &amp; All Other)</b>  | <b>137.4</b>                      | <b>20</b>                                      | <b>29.7</b>   | <b>106.0</b>  | <b>6.7</b>             | <b>3.7</b>                    | <b>6.6</b>                    | <b>1.6</b>             | <b>11.0</b>                 | <b>135.5</b> |             |  |  |  |
| <b>E. Support Staff:</b>  |                                   |  |   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| <i>County (employees, independent contractors, volunteers)</i>                  |                                   |  |   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Analysis, tech support, quality assurance                                       | 2.9                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Education, training, research   | 0.0                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Clerical, secretary, administrative assistants                                  | 3.2                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Other support staff (non-direct services)                                       | 18.7                              | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| <b>Sub-total, E (County)</b>  | <b>24.8</b>                       | <b>0</b>                                       | <b>0.0</b>  | <b>12.6</b>   | <b>3.2</b>             | <b>2.4</b>                    | <b>0.0</b>                    | <b>3.2</b>             | <b>3.2</b>                  | <b>24.8</b>  |             |  |  |  |
| <b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b> |                                   |  |   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Analysis, tech support, quality assurance                                       | 0.0                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Education, training, research   | 3.7                               | 0  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Clerical, secretary, administrative assistants                                  | 46.7                              | 2  | 5.5   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| Other support staff (non-direct services)                                       | 77.4                              | 2  | 0.0   |   |                        |                               |                               |                        |                             |              |             |  |  |  |
| <b>Sub-total, E (All Other)</b>   | <b>127.8</b>                      | <b>4</b>                                       | <b>5.5</b>  | <b>80.0</b>   | <b>14.6</b>            | <b>9.1</b>                    | <b>15.0</b>                   | <b>1.8</b>             | <b>3.7</b>                  | <b>124.2</b> |             |  |  |  |
| <b>Total, E (County &amp; All Other)</b>  | <b>152.6</b>                      | <b>4</b>                                       | <b>5.5</b>  | <b>92.6</b>   | <b>17.9</b>            | <b>11.6</b>                   | <b>15.0</b>                   | <b>5.1</b>             | <b>6.9</b>                  | <b>149.0</b> |             |  |  |  |

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

I. By Occupational Category – page 5

**GRAND TOTAL WORKFORCE (A+B+C+D+E)**

| Major Group and Positions   | # FTE                  |                        | Race/ethnicity of FTEs currently in the workforce – Col. (11) |                 |                        |                        |                 |                     |            |                                 |                        |              |      |      |       |
|---|------------------------|------------------------|---|-----------------|------------------------|------------------------|-----------------|---------------------|------------|---------------------------------|------------------------|--------------|------|------|-------|
|   | Estimated to meet need | Position hard to fill? | White/Caucasian   | Hispanic/Latino | African-American/Black | Asian/Pacific Islander | Native American | Multi-Race or Other | Authorized | In addition to # FTE authorized | Estimated to meet need | # FTE filled |      |      |       |
| (1)   | (2)                    | (3)                    | (5)   | (6)             | (7)                    | (8)                    | (9)             | (10)                | (4)        | (11)                            | (12)                   | (13)         |      |      |       |
| <i>County (employees, independent contractors, volunteers) (A+B+C+D+E)</i>                  | 97.7                   | 0                      | 54.2  | 20.1            | 4.1                    | 7.8                    | 4.9             | 6.5                 | 0.0        | 20.1                            | 4.1                    | 7.8          | 4.9  | 6.5  | 97.6  |
| <i>All Other (CBOs, CBO sub-contractors, network providers, and volunteers (A+B+C+D+E))</i> | 872.3                  | 62                     | 580.9   | 86.6            | 84.0                   | 66.1                   | 7.3             | 38.3                | 99.1       | 86.6                            | 84.0                   | 66.1         | 7.3  | 38.3 | 863.2 |
| <b>TOTAL COUNTY WORKFORCE (A+B+C+D+E)</b>   | 970.0                  | 62                     | 635.1   | 106.7           | 88.1                   | 73.9                   | 12.2            | 44.8                | 99.1       | 106.7                           | 88.1                   | 73.9         | 12.2 | 44.8 | 960.7 |

**F. TOTAL PUBLIC MENTAL HEALTH POPULATION**

| Major Group and Positions            | Race/ethnicity of individuals planned to be served -- Col. (11) |                 |                        |                        |                 |                     |                            |                                 |                        |              |  |  |  |  |  |       |
|--------------------------------------|---|-----------------|------------------------|------------------------|-----------------|---------------------|----------------------------|---------------------------------|------------------------|--------------|--|--|--|--|--|-------|
|                                      | White/Caucasian   | Hispanic/Latino | African-American/Black | Asian/Pacific Islander | Native American | Multi-Race or Other | Authorized                 | In addition to # FTE authorized | Estimated to meet need | # FTE filled |  |  |  |  |  |       |
| (1)                                  | (5)   | (6)             | (7)                    | (8)                    | (9)             | (10)                | (4)                        | (11)                            | (12)                   | (13)         |  |  |  |  |  |       |
| <b>F. TOTAL PUBLIC MH POPULATION</b> | 58.4%   | 17.5%           | 5.8%                   | 3.9%                   | 1.4%            | 13.0%               | Leave Col. 2, 3, & 4 blank |                                 |                        |              |  |  |  |  |  | 99.9% |

NOTE: Detail may not add to total, due to rounding.

**EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:**

| Major Group and Positions<br>(1)                         | Estimated   |   | Position hard to fill with consumers or family members? 1=Yes; 0=No<br>(3) | # additional consumer or family member FTEs estimated to meet need<br>(4) |
|--|---|---|--|---|
|  | # FTE authorized and to be filled by consumers or family members<br>(2) | # FTE authorized and to be filled by consumers or family members<br>(2) |  |   |
| <b>A. Unlicensed Mental Health Direct Service Staff:</b> |   |   |  |   |
| Consumer Support Staff                                   | 1.6   |   | 2  | 3.7   |
| Family Member Support Staff                              | 6.5   |   | 0  | 0.0   |
| Other Unlicensed MH Direct Service Staff                 | 1.6   |   | 0  | 0.0   |
| Sub-total, A:  | 9.7   |   | 2  | 3.7   |
| <b>B. Licensed Mental Health Staff (direct service)</b>  |   |   |  |   |
| C. Other Health Care Staff (direct service)              | 0.0   |   | 2  | 0.0   |
| D. Managerial and Supervisory                            | 4.9   |   | 2  | 0.0   |
| E. Support Staff (non-direct services)                   | 16.2  |   | 2  | 0.0   |
| GRAND TOTAL (A+B+C+E+E)                                  | 1.8   |   | 2  | 0.0   |
|  | 32.7  |   | 9  | 3.7   |

**III. Language Proficiency**

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3)

| Language, other than English<br>(1)      | Number who are proficient<br>(2) |        | Additional number who need to be proficient<br>(3) |        | TOTAL<br>(2)+(3)<br>(4) |
|--|----------------------------------|--------|--|--------|-------------------------|
|  | Direct Service Staff             | Others | Direct Service Staff                               | Others |                         |
| 1. Spanish                               | 65                               | 23     | 15   | 0      | 80                      |
| 2. Russian                               | 9                                | 3      | 2  | 0      | 11                      |
| 3. German                                | 7                                | 3      | 0  | 0      | 7                       |
| 4. Chinese                               | 13                               | 0      | 0  | 0      | 13                      |
| 5. Other                                 | 2                                | 0      | 0  | 0      | 2                       |
| TOTAL, all languages other than English: | 96                               | 29     | 17   | 0      | 113                     |
|  |                                  |        |  |        | 29                      |

### **EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

**IV. REMARKS:** Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

- A. Shortages by occupational category:** According to the Needs Assessment and past experience, Yolo County has had difficulty recruiting and retaining direct service providers such as Psychiatric Nurse Practitioners and a sufficient number of Licensed Clinicians. The current economy, the financial status of counties in general, and Yolo County specifically, in addition to our need to stay financially stable often preclude us from hiring individuals for some of these positions, even when deemed necessary. Due to economic short falls in the past fiscal year our workforce was reduced by 55 Full-Time Equivalents (FTE). In order to introduce and/or host interns and volunteers to provide necessary services in our county while enhancing our reduced workforce, additional Licensed Supervising Clinicians are desperately needed.
- B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:** Using data from our Needs Assessment and other surveys compared to data from our automated Electronic Health Record, we found very few disparities in race/ethnicity in our workforce compared to our consumers. However, by city and clinical site additional Spanish-speaking, Latino-culture members and Russian-speaking, Russian/Ukrainian-culture members are needed in our workforce. This is particularly true of clinical, direct-service staff.
- C. Positions designated for individuals with consumer and/or family member experience:** (There were a number of respondents who had difficulty completing this portion of the survey—the results on some provider surveys included numbers that mimicked exactly the numbers in the previous portion of the survey. The totals in these areas may be skewed for this reason.) The current fiscal economy and recent workforce reduction via civil service rules resulted in the lay off several individuals holding positions that were filled by consumers and/or family members. Our priority, however, is to increase the number of staff members in our workforce to include more consumer and family members as soon as possible.
- D. Language proficiency:** Besides English, the two other prevalent languages spoken in our communities are Spanish and Russian. The percentages of our direct providers that speak these languages mirror our consumer percentages. These bilingual providers travel to various sites to provide their language skills to consumers. But travel is costly in both time and resources. We must have a large enough workforce, particularly direct service staff members, which speak Spanish and Russian to be assigned to our three (3) primary sites. Interpreters trained for psychotherapy appropriate interaction are rare and expensive if available; however, through cost analysis, we would like to research the feasibility of this service, as well.
- E. Other, miscellaneous:** According to a training survey of staff members and providers, many requested more training in promoting wellness, recovery and resiliency while allowing them to maintain their required Continuing Education Units. (See a summary of results under Exhibit 4, Action # 4, "Mental Health Professional Development.") When we are able to hire more consumer and family members, they, too, will need training regarding wellness, recovery and resiliency. All staff members need more training on cultural competence, especially relative to Latino and Russian cultures. Stakeholders shared concerns with the number of African American and Asian mental health service providers in our workforce, as well. Yolo County ADMH can use training for staff members who have had Alcohol and Drug experience to learn to be more wellness-focused. ADMH staff members also need training to become equipped with the tools necessary to provide services to the large community of consumers with co-occurring disorders.

## APPENDIX

### 8. Policy and Procedure: Information Dissemination and Cultural Competency





**YOLO COUNTY**  
**ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT**  
**POLICY AND PROCEDURES MANUAL**

**SUBJECT: Information Dissemination and Cultural Competency**

**POLICY**

There are established procedures outlining steps for the distribution of linguistically appropriate brochures, notices, and posters.

**PROCEDURE**

1. Quality Management shall ensure that the Yolo County Guide to Mental Health Services brochure, the Consumer Rights and Problem Resolution brochure, and Grievance Report Forms are made available, in the Yolo County threshold languages at all lobbies and offices where consumers could reasonably be expected to request them, and during any regular meetings where clients or community-based organizations could request the documents and/or other informing materials.
2. Quality Management shall distribute linguistically appropriate materials to County and provider service locations.
3. Quality Management shall monitor that all organizational providers have properly displayed brochures, posters, and notices in the threshold languages.
4. Quality Management shall instruct providers to request materials as needed by faxing the request for brochures, notices or posters to the Quality Management Supervisor at (530) 666-8637 or by sending an e-mail request to ADMH-FAQ@yolocounty.org.
5. At the point of access to services, and periodically throughout treatment, consumers at County and Provider locations shall receive the Mental Health Services and Problem Resolution Process brochures.
6. Quality Management shall analyze State MEDS file data on an annual basis to determine changes in ethnic groups constituting the 5% threshold level in accordance with DMH Information Notice 08-18.
7. Quality Management will attempt, as such needs are made known, to make culturally and linguistically appropriate materials available in languages that do not meet the 5 % threshold. When needed, bilingual staff will read information to consumers who speak a language outside the threshold. As needs arise, bilingual staff will read information to consumers to ameliorate language barriers.

**ATTACHMENT J**

8. Staff will assist consumers who have Limited English Proficiency by informing, through posters, flyers, and other means, that free language services are available.

REFERENCES

9 CCR § 1810.410 Cultural and Linguistic Requirements  
DMH Information Notice 08-18.

APPROVED BY:



ADMH Director

12-30-08

Date

**ATTACHMENT J**

## APPENDIX

### 9. Policy and Procedure: Cultural Competency and Training of Interpreters



**YOLO COUNTY**  
**ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT**  
**POLICY AND PROCEDURES MANUAL**

**SUBJECT: Cultural Competency and Training of Interpreters**

**POLICY**

County employees who perform the duties of an interpreter shall be provided training to enhance their interpreter skills. This training will prepare interpreters to provide consumers with culturally and linguistically competent mental health services.

**PROCEDURE**

In collaboration with other counties, Quality Management will provide training for interpreters. The training shall be mandatory for all new County and provider staff employed as interpreters, and will include, but not be limited to, a discussion of the following topics:

1. Definitions and differences between cultural and linguistic competence standards.
2. The relationship between culture/ethnicity/language and barriers to treatment.
3. The relationship between culture/ethnicity/language and decisions to seek treatment. When/how to make culture specific provider referrals.
4. Yolo County geographic and socio-economic profile, including demographic composition and population trends of Medi-Cal beneficiaries by ethnicity, age, gender, and primary language.
5. Distribution of culturally and linguistically appropriate written information for threshold languages.
6. Interpreter choice and prohibition of expectation that family members will provide interpreter services (consumer may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services.)
7. Client Culture: impact and integral relationship between the consumer's (adult, child, adolescent) personal experience of mental illness, including diagnosis/labeling, medication, societal/familial stigma, economic impact, the procedures implemented by the mental health system related to cultural competency, and the consumer's ethnicity.

**ATTACHMENT G**

**REFERENCES**

9 CCR § 1810.410(a)

DMH Information Notice 02-03, Page 17.

APPROVED BY:



ADMH Director

12-30-08

Date

**ATTACHMENT G**

# APPENDIX

## 10. HHSA's Bilingual Staff Roster

## Branch

## Name

## Title

## Description

## Language Spoken

### Benefits Center

|                      |                          |                              |                   |                            |
|----------------------|--------------------------|------------------------------|-------------------|----------------------------|
| HHSA-Service Centers | Neupane, Geeta           | Public Assistance Spec. II   | 100 West Court St | Hindi/Nepali-Level II      |
| HHSA-Service Centers | Sharma, Bhabhan          | Employment & SS Program Sup. | 100 West Court St | Hindi/Punjabi/Urdo-Level I |
| HHSA-Service Centers | Yang, Yer                | Public Assistance Spec. II   | 100 West Court St | Hmong-Level I              |
| HHSA-Service Centers | Kralia, Teriana          | Public Assistance Spec. III  | 100 West Court St | Russian/Ukraine-Level I    |
| HHSA-Service Centers | Zaplen, Victor J.        | Public Assistance Spec. II   | 100 West Court St | Spanish-Level I            |
| HHSA-Service Centers | Flores, Leticia          | Public Assistance Spec. III  | 100 West Court St | Spanish-Level II           |
| HHSA-Service Centers | Lopez Arreola, Katya R.  | Employment & SS Program Sup. | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Palafox-Gutierrez, Nancy | Public Assistance Spec. I    | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Moreida, Antonio A.      | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Barron-Vega, Juanita     | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Bermudez Ramirez, Carlos | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Cannos, Cynthia C.       | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Gujjaro, Laura Y.        | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Lopez, Anky R.           | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Manrinez, Mariana        | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Perez, Maria C.          | Public Assistance Spec. III  | 100 West Court St | Spanish-Level III          |
| HHSA-Service Centers | Hudson, Sarah M.         | Public Assistance Spec. I    | 100 West Court St | Spanish-Level III          |

### Winters

|                      |                     |                            |                    |                   |
|----------------------|---------------------|----------------------------|--------------------|-------------------|
| HHSA-Service Centers | Chavez, Veronica J. | Administrative Clerk II    | 111 East Grant Ave | Spanish-Level III |
| HHSA-Service Centers | Guillen, Maria G.   | Public Assistance Spec. II | 111 East Grant Ave | Spanish-Level III |
| HHSA-Service Centers | Veloza, Yesenia E.  | Public Assistance Spec. II | 111 East Grant Ave | Spanish-Level III |

### Woodland - Bauer

|                              |                        |  |                         |                                |
|------------------------------|------------------------|--|-------------------------|--------------------------------|
| HHSA-Adult & Aging           | Abshire, Anthony L.    | Mental Health Peer Supp Wkr - Extra Help | 137 North Cottonwood St | American Sign Language-Level I |
| HHSA-Adult & Aging           | Cheema, Manveer K.     | Adult Services Worker II                 | 137 North Cottonwood St | Hindi/Punjabi-Level II         |
| HHSA-Child, Youth & Family   | Lor, Zoua              | Social Worker Practitioner               | 137 North Cottonwood St | Hmong-Level I                  |
| HHSA-Child, Youth & Family   | Yang, Stephanie M.     | Social Worker Practitioner               | 137 North Cottonwood St | Hmong-Level I                  |
| HHSA-Adult & Aging           | Ly, Lynn               | Clinician II                             | 137 North Cottonwood St | Kimer-Level I                  |
| HHSA-Adult & Aging           | Looi, Ming F.          | Nurse Practitioner                       | 137 North Cottonwood St | Mandarin/Cantonese-Level I     |
| HHSA-Adult & Aging           | Gill, Harpreet         | Supervising Staff Nurse                  | 137 North Cottonwood St | Punjabi/Hindi-Level I          |
| HHSA-Adult & Aging           | Shramenko, Svitlana    | Outreach Specialist I                    | 137 North Cottonwood St | Russian/Ukraine-Level II       |
| HHSA-Fiscal & Admin Services | Boytson, Tamara        | Accountant III                           | 137 North Cottonwood St | Russian-Level I                |
| HHSA-Adult & Aging           | Semeryuk, Natalya G.   | Office Support Specialist                | 137 North Cottonwood St | Russian-Level II               |
| HHSA-Adult & Aging           | Shilina, Anna          | Office Support Specialist                | 137 North Cottonwood St | Russian-Level II               |
| HHSA-Adult & Aging           | Reggad, Youssef        | Office Support Specialist                | 137 North Cottonwood St | Spanish/Arabic/French-Level I  |
| HHSA-Adult & Aging           | Villameal, Robert A.   | Social Worker Supervisor I               | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Child, Youth & Family   | Marin, Monique G.      | Clinician I                              | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Child, Youth & Family   | Ordonez, Jaime F.      | Clinician II                             | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Child, Youth & Family   | Argumedo, Anita S.     | Health Department Program Mgr            | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Child, Youth & Family   | Castaneda, Gabriela L. | Office Support Specialist                | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Child, Youth & Family   | Mejia, Sofia           | Office Support Specialist                | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Child, Youth & Family   | Mora Lopez, Deysi      | Office Support Specialist                | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Fiscal & Admin Services | Bono, Cynthia A.       | Senior Accounting Technician             | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Fiscal & Admin Services | Hernandez, Teresa      | Senior Accounting Technician             | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Fiscal & Admin Services | Villegas, Carmen       | Senior Accounting Technician             | 137 North Cottonwood St | Spanish-Level I                |
| HHSA-Child, Youth & Family   | Enriquez, Vanessa      | Senior Comm. Health Asst.-BI             | 137 North Cottonwood St | Spanish-Level I                |

|                              |                                   |  |                         |                            |
|------------------------------|-----------------------------------|--|-------------------------|----------------------------|
| HHSA-Child, Youth & Family   | Jimenez, Erica M.                 | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level I            |
| HHSA-Child, Youth & Family   | Quijano-Leon, Daysi L.            | Social Worker Practitioner - Extra Help  | 137 North Cottonwood St | Spanish-Level I            |
| HHSA-Adult & Aging           | Galleghi, Mario H.                | Supervising Clinician                    | 137 North Cottonwood St | Spanish-Level I            |
| HHSA-Adult & Aging           | Hernandez-Fogle, Linda            | Supervising Clinician                    | 137 North Cottonwood St | Spanish-Level I            |
| HHSA-Adult & Aging           | Holguin, Sandra D.                | ADMH Specialist II - MH                  | 137 North Cottonwood St | Spanish-Level I            |
| HHSA-Adult & Aging           | Bazan, Racheal E.                 | Administrative Clerk II                  | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Jaime-Cano, Violeta               | Administrative Clerk II                  | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Landin, SAGRARIO                  | Administrative Clerk II                  | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Lopez, Mariah B.                  | Administrative Clerk II                  | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Alcala, Jacqueline                | Adult Services Worker II                 | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Cortez, Marisela                  | Adult Services Worker II                 | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Hernandez Razo, Shirley M.        | Adult Services Worker II                 | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Rosas, Javier                     | Adult Services Worker II                 | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Meza, Emily F.                    | Associaie Admin Serv Analyst             | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Lopez, Claudia I.                 | Children Services Elig Spec II           | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Perez-Soltero, Patricia           | Children Services Elig Spec II           | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Alvarenga, Silvana A.             | Clinician I                              | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Barrera Downs, Katina             | Clinician I                              | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Elliott, Josefina T.              | Clinician I                              | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Espinosa, Georgina A.             | Clinician I - Bilingual                  | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Romo, Ramiro                      | Comm. Health Asst. II                    | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Ramirez, Rosa M.                  | Comm. Health Asst. II                    | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Sanchez, Isabel C.                | Comm. Health Asst. II-BM/Bic             | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Connel, Maria D.                  | Comm. Health Asst. II-BM/Bic             | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Community Health        | Vial, Guadalupe I.                | Mental Health Specialist II              | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Hernandez, Carolina               | Office Support Specialist                | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Alvarez Rodriguez, Amalia         | Office Support Specialist                | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Palomino, Janet H.                | Outreach Specialist II                   | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Ruiz, Alicia                      | Senior Accounting Technician             | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Fiscal & Admin Services | Medel, Ana Maria                  | Senior Accounting Technician             | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Fiscal & Admin Services | Ordaz, Maria O.                   | Senior Accounting Technician             | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Fiscal & Admin Services | Puente, Manuel                    | Senior Admin Serv Analyst                | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Sosa-Galindo, Rene                | Social Services Asst. - CWS - Extra Help | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Rabago, Rosalinda F.              | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Acosta, Windy S.                  | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Contreras, Susana                 | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Lara, David A.                    | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Lopez, Alma C.                    | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Macieli y Fernandez, Christina E. | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Reynoso Trujillo, Cynthia N.      | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Saravia, Janet E.                 | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Vazquez Rodriguez, Claudia V.     | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Rosas, Lorena S.                  | Social Worker Practitioner               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Wyly, Mark A.                     | Social Worker Supervisor I               | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Adult & Aging           | Vigil, Rossana J.                 | Supervising Pub Health Nurse             | 137 North Cottonwood St | Spanish-Level II           |
| HHSA-Child, Youth & Family   | Aguilar, Raquel E.                | Public Assistance Spec. III              | 137 North Cottonwood St | Tagalog/Llocano-Level II   |
| HHSA-Service Centers         | Baniqued, Deborah E.              |  |                         |                            |
| <b>Woodland - Gonzales</b>   |                                   |  |                         |                            |
| HHSA-Service Centers         | Sanghera, Manjeet K.              | Employment Services Spec II              | 25 North Cottonwood St  | Hindi/Punjabi/Urdo-Level I |
| HHSA-Service Centers         | Sharma, Jasvinder K.              | Employment Services Spec II              | 25 North Cottonwood St  | Hindi/Punjabi/Urdo-Level I |
| HHSA-Fiscal & Admin Services | Kudzaeva, Viktoriya               | Administrative Clerk II                  | 25 North Cottonwood St  | Russian-Level II           |
| HHSA-Community Health        | Bravo, Angelina A.                | Administrative Clerk I - Extra Help      | 25 North Cottonwood St  | Spanish-Level I            |



|                            |                             |                                      |                        |                  |
|----------------------------|-----------------------------|--------------------------------------|------------------------|------------------|
| HHSA-Community Health      | Chavarria, Monica M.        | Administrative Clerk I - Extra Help  | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Sandoval, Amalia M.         | Administrative Clerk I - Extra Help  | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Garza, Angie                | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Lopez, Jasmin J.            | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Rodriguez, Stephanie        | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Chavira, Araceli C.         | Comm. Health Asst. I-Bil/Bic         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Diaz, Guadalupe             | Comm. Health Asst. II                | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | McMahon, James              | Comm. Health Asst. II - Extra Help   | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Rodriguez, Arthur           | Health and Human Services Mgr II     | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Betancourt, Lizeth A.       | Health and Human Services Mgr II     | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Clifford, Debbie C.         | Lactation/Breastfeeding Coord.       | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Eanriquez, Ana M.           | Outreach Specialist II               | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Moreno, Arel                | Outreach Specialist III              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Mendoza, Chayo M.           | Public Assistance Sp III-IEVS        | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Ortega, Maria I.            | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Bautista, Leopoldo          | Public Assistance Spec. III          | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Delgado, Sandra G.          | Senior Comm. Health Asst.            | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Sanchez, Adriana            | Senior Comm. Health Asst.-Bil        | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Contreras Robles, Elizabeth | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Arreola, Vanesa             | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Buenteffo, Cynthia          | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Cotes Flores, Judith        | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Fiscal & Adm Services | Larsen, Marisol             | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Ramos, Amanda R.            | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Salazar, Ana B.             | Administrative Clerk II              | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Lozano, Saray               | Administrative Clerk II - Extra Help | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Checa, Laura H.             | Administrative Clerk II - Extra Help | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Ramos-Quintero, Nelly S.    | Administrative Serv Analyst          | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Garza, Esmeralda G.         | Employment & SS Program Sup.         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Herrera, Erica              | Employment Services Spec I           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Chandler, Pola C.           | Employment Services Spec II          | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Vidales, Lourdes            | Employment Services Spec II          | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Lepe, Guadalupe             | Employment Services Spec III         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Morales, Rosie M.           | Employment Services Spec III         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Shaw-Meandros, LaRae E.     | Employment Services Spec III         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Solorzano, Edith            | Employment Services Spec III         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Tello, Sandra P.            | Employment Services Spec III         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Torres, Maria G.            | Employment Services Spec III         | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Duran Perez, Maria D.       | Outreach Specialist I                | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Community Health      | Jaime Pacheco, Marie E.     | Outreach Specialist II               | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Monroy, Liz S.              | Public Assistance Sp III-IEVS        | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Monroy, Alejandro           | Public Assistance Spec. I            | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Alatorre, Sandra            | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Garza, Elmer A.             | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Lewis, Albite C.            | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Lopez, Brenda E.            | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Mendoza De Ceballos, Luz A. | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Perez, Edgar                | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Robles, Ana M.              | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Urbina, Yvette C.           | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Vaca, Maxwell               | Public Assistance Spec. II           | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Brioues, Araceli N.         | Public Assistance Spec. III          | 25 North Cottonwood St | Spanish-Level II |
| HHSA-Service Centers       | Cervantes, Evangelina       | Public Assistance Spec. III          | 25 North Cottonwood St | Spanish-Level II |



# APPENDIX

## 11. Policy and Procedure: Language and Special Communications Needs



**YOLO COUNTY**  
**ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT**  
**POLICY AND PROCEDURES MANUAL**

**SUBJECT: Language and Special Communications Needs**

**POLICY**

The Yolo County Alcohol, Drug & Mental Health Department (ADMH) is committed to ensure that all consumers have equal access to information and services. Individuals who require language assistance or who have other special communication needs will be accommodated in an appropriate and effective manner.

Clients have a right to access these language assistance services at no charge. Clients shall be notified of their rights through staff report and ADMH informing materials.

**PROCEDURE**

**A. Language Assistance**

1. Communication assistance will be available, at no cost, to all consumers through bilingual staff, client selected interpreters, or the Universal Language Line.
2. ADMH staff may access Language Line services by using any phone or the Language Line dual handset phone (see Attachment PP-501-A).
3. Quality Improvement will provide clinical and support staff with a list of interpreters and bilingual staff. ADMH will use the Language Line when bilingual staff or client-selected interpreters are not available. Language Line interpreters will be used as a last resort.
4. ADMH will not expect family members to provide interpreter services for consumers. Family members may, however, be used as interpreters in the following limited circumstances:
  - a. At point of contact to initiate intake and to request an interpreter
  - b. When it is the consumer choice to use a family member
5. Upon entry to services, and as made known to or recognized by clinical staff, interpreter arrangements will be made. Working with the client at the first point of entry, clinical staff will complete the "Consumer Agreement to Interpreter Services," indicating that the consumer has been offered an ADMH interpreter and has either accepted or has elected to use a non-ADMH interpreter (see Attachment B).
6. If the consumer selects a non-ADMH interpreter, this individual shall sign the ADMH Confidentiality Agreement prior to providing services. The signed Agreement

**ATTACHMENT E**

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will be placed in the consumer's file.

7. If the treating clinician determines that the interpreter selected by the client is not suitable, whether for proficiency or other reasons, either an ADMH interpreter or Language Line services will be used.

8. Quality Improvement will provide information and training, using material provided by Language Line, to train staff in using the service. Instructions for use of the Language Line will also be made available to all staff (see Attachment C).

**B. Hearing and/or Speech Impairment**

**1.. Face-to-Face Contact**

Whenever possible, ADMH will use staff trained in American Sign Language (ASL) for face-to-face contact.

a. In urgent situations, staff shall use written communication with the individual rather than coordinating ASL services.

b. In routine situations when ASL-trained staff is unavailable, arrangements for sign language interpretation services will be made through the NorCal Center on Deafness. Due to the demand for communication services, NorCal recommends that requests for services be made at least five (5) days in advance. Staff may schedule an appointment by calling 916-349-7525. All requests for NorCal services will be provided based on staff and subcontractor availability.

**2. Telephone Contact**

ADMH staff shall use the California Relay Service (CRS) to communicate with individuals who are deaf, hard of hearing or speech-impaired. Staff will both receive and place calls through CRS. The CRS may be reached by dialing 711. For more information on placing and receiving calls through CRS, see Attachment D. Staff is encouraged to place a practice call with CRS prior to using this service with a client for the first time.

**C. Visual Impairment**

1. ADMH will assure that verbal communication is accessible to individuals who are visually impaired.

2. Whenever an individual requesting services presents as having a visual impairment, ADMH staff will assure that the individual is informed of all basic ADMH written information commonly distributed to consumers who are requesting services. In addition, staff will be available to help consumers complete required written documentation.

3. Intake staff shall offer audio tapes to the individual which have recordings of the written information contained in the following brochures:

- a. Guide to Medi-Cal Mental Health Services
- b. Client Problem Resolution Guide
- c. Notice of Privacy Practices

**ATTACHMENT E**

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- d. Advance Health Care Directives Brochure
  - e. EPSDT and TBS brochures, as appropriate
4. The individual shall be loaned an audio tape player with headphones to listen to the tapes.

**ATTACHMENTS**

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- PP 500-A Language Line Services Instructions
- PP 500-B Consumer Agreement to Interpreter Services
- PP 500-C Language Line Dual Handset Phone Instructions
- PP 500-D Using the California Relay Service (CRS)

APPROVED BY:



ADMH Director

11-3-08

Date

**ATTACHMENT E**

## LANGUAGE LINE SERVICES INSTRUCTIONS

### OUTBOUND CALLS:

1. Dial Language Line Services: 1-800-523-1786
2. Tell the Answer Point the language you need and provide:  
Client ID#: 901655  
Organization Name: Yolo County Alcohol, Drug & Mental Health Department  
Personal Code: Yolo County Employee Number
3. Wait for the Answer Point to conference in the Interpreter.
4. Brief the Interpreter on the purpose of the call. Summarize what you want to accomplish and give any special instructions.
5. Put the Interpreter on HOLD by pressing the "Flash" Button once.
6. Dial 3 for an outside line and then dial the client's number. Press the "Flash" Button one more time to initiate a three-way conference call. If you have a WALK-IN, you can either have the consumer go to another phone in the office or you can put the client on the SPEAKER with you and the Interpreter.
7. When finished, inform the Interpreter that you are ending the call.

### INBOUND CALLS:

1. Client's call comes in...
2. Put the consumer on HOLD by pressing the "Flash" Button once
3. Dial Language Lines Services: 1-800-523-1786
4. Tell the Answer Point the language you need and provide:  
Client ID#: 901655  
Organization Name: Yolo County Alcohol, Drug & Mental Health Department  
Personal Code: Yolo County Employee Number
5. Wait for the Answer Point to conference in the Interpreter.
6. Brief the Interpreter on the purpose of the call. Summarize what you want to accomplish and give any special instructions (Consumer will still be on hold).
7. Hit "Flash" Button one more time to bring the consumer back and initiate a three-way conference call.
8. When finished inform the Interpreter that you are ending the call.



**YOLO COUNTY ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT**

**Consumer Agreement to Interpreter Services**

The Yolo County Alcohol, Drug & Mental Health Department (ADMH) provides trained interpreters at no cost to all consumers who need such service. This service is provided to limited-English speakers, non-English speakers and persons with a hearing impairment. All consumers have the right to accept or decline this service. All consumers also have the right to select an interpreter, in which case the consumer will bear any costs associated with using such an interpreter. ADMH prohibits the use of minors as interpreters.

I have been advised of my right to use either a trained Yolo County interpreter, at no cost to me, or to select my own interpreter and bear any costs associated with this selection. This information has been provided to me in my primary language.

My primary language is:

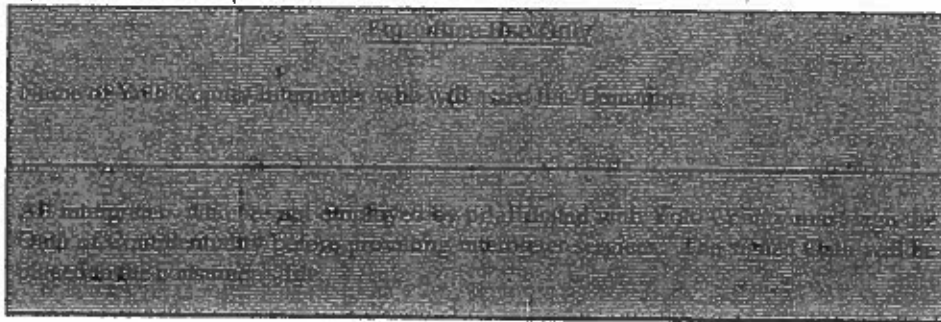
- Cambodian     Russian     Hmong     Nien     Spanish     Chinese     Tagalog     Farsi
- Vietnamese     Cantonese     Mandarin     Arabic     Armenian     Other: \_\_\_\_\_

Check applicable box:

- I agree to use a Yolo County Interpreter.
- I request and agree to use an interpreter who is not employed by or affiliated with Yolo County, at my own cost. I release Yolo County from any liability for errors or inconsistencies associated with the use of an interpreter who is not employed by or affiliated with Yolo County.

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Interpreter Selected by Consumer: (First and Last Name) \_\_\_\_\_





## LANGUAGE LINE DUAL HANDSET PHONE INSTRUCTION SHEET

### FOR FACE-TO-FACE CALLS WITH NON-ENGLISH SPEAKER:

#### Phone Set-up:

Ask Crisis or Support staff for the white Language Line phone. Connect the phone line cord into an analog wall outlet. The analog wall outlet, if not clearly marked, is one where a brown phone may already be plugged in. **(DO NOT PLUG THE DUAL HANDSET PHONE INTO A DIGITAL LINE, where a multi-line black phone is connected, as this may destroy the language line phone.)**

#### Use of Phone:

- Lift the handset from the cradle on the **RIGHT** and press "3" to obtain an outside line.
  - Press the red "INTERPRETER" button. (This will dial the Language Line 800 number automatically.)
  - After the "Welcome" message, follow the language prompt: "Press 1 for Spanish; press 2 for all other languages."
1. If you pressed "1," you will be taken to the next paragraph (below) by an automated system. If you pressed "2," a voicemail system will prompt you for the language, and you will state your choice of language. Whether or not the system recognizes your choice of language, an operator will come on the line to ask the questions below.
  2. You will be asked for a 6-digit client ID number. Enter "101038" or press the white "CLIENT ID" button to the right of the red interpreter button if you are being prompted by an automated system, or verbally give the "101038" ID to the operator if he/she has already come on the line. If asked for our company name, answer "Yolo County Alcohol Drug and Mental Health."
  3. You will be asked for your access code. State or punch in your county **employee number**.
  4. After verifying your choice of language, the operator will link you up with the appropriate interpreter.
  5. When the interpreter comes on the line, brief him/her on the purpose of the call, summarizing what you want to accomplish and provide any special instructions.
  6. Have the non-English speaker pick up the **LEFT** handset, and proceed with the conversation.

*Language Line Customer Service may be reached at 1-800-752-6096 ext 1.*

## ATTACHMENT E



## California Relay Service



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## What is the California Relay Service (CRS)?

CRS is the California State program which meets Federal mandates for Telecommunication Relay Service (TRS).

The California Relay Service (CRS) enables a person using a TTY\* to communicate by phone with a person who does not use a TTY (\*Telecommunication device with keyboard and visual display, for people who are deaf, hard of hearing or speech disabled). The service also works in reverse – allowing a non-TTY user to call a TTY user.

Specially trained relay operators are online to relay your conversation as it takes place. The operator reads the TTY text to non-TTY user, and types the spoken response to the TTY user. CRS is available 24 hours a day, 7 days a week, to assist with your calls. You can make as many calls as you wish and talk as long as you like. There is no extra charge to use the relay service; you pay only the regular charge for the call to the other person. All TTY operator services, including directory assistance, are available through CRS.

### Who can use CRS?

Both TTY and voice callers may initiate and/or receive calls through CRS.

### In what languages is CRS available?

- English
- English to Spanish
- Spanish to Spanish
- Spanish to English
- ASL (American Sign Language) to English
- Not available in other languages at this time

### What about confidentiality and ethics?

Federal regulations specify very strict confidentiality requirements for the operators of all relay services. No part of the conversation that takes place between the callers is revealed or recorded in written, verbal or any other form. CRS operators do not participate in the conversation and acquire no benefit from information relayed.

## How is CRS administered?

CRS and the California Telephone Access Program (CTAP)\* are mandated by California state laws. Both are administered by the Deaf and Disabled Telecommunications Program (DDTP), established by The California Public Utilities Commission (CPUC).

If you have problems or concerns related to CRS, please contact your CRS provider's Customer Service Center (see telephone numbers on the back of this brochure). If you have filed your complaint with a CRS Customer Service representative but are not satisfied with the results, you may contact the DDTP Consumer Affairs Specialist at 1-800-867-4323 TTY/Voice.

### How is CRS funded?

CRS is funded by a surcharge on all California telephone bills.

The line item status "California Relay Service & Communications Devices Fund."

\* For more information about California Telephone Access Programs, call the CTAP Call Center at: Voice 1-800-806-1191 or TTY 1-800-806-4174

**Taxes & Surcharges**

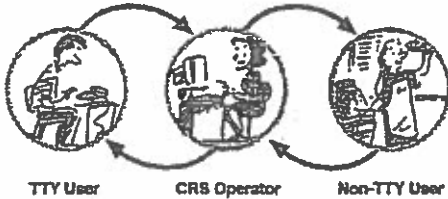
| Description   | Rate | Amount |
|---|------|--------|
| 1. Charge for Network Access for Interstate Calling |      |        |
| 2. Charge for Local Concentration Services          |      |        |
| 3. CA High Cost Fund Surcharge                      |      |        |
| 4. California Telephone Fund Surcharge              |      |        |
| 5. Universal Telephone Service Surcharge            |      |        |
| 6. Rent Surcharge                                   |      |        |
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| 10. California Relay Service (CRS)                  |      |        |
| 11. California Telephone Access Program (CTAP)      |      |        |
| 12. California Relay Service (CRS)                  |      |        |
| 13. California Telephone Access Program (CTAP)      |      |        |
| 14. California Relay Service (CRS)                  |      |        |
| 15. California Telephone Access Program (CTAP)      |      |        |
| 16. California Relay Service (CRS)                  |      |        |
| 17. California Telephone Access Program (CTAP)      |      |        |
| 18. California Relay Service (CRS)                  |      |        |
| 19. California Telephone Access Program (CTAP)      |      |        |
| 20. California Relay Service (CRS)                  |      |        |
| 21. California Telephone Access Program (CTAP)      |      |        |
| 22. California Relay Service (CRS)                  |      |        |
| 23. California Telephone Access Program (CTAP)      |      |        |
| 24. California Relay Service (CRS)                  |      |        |
| 25. California Telephone Access Program (CTAP)      |      |        |
| 26. California Relay Service (CRS)                  |      |        |
| 27. California Telephone Access Program (CTAP)      |      |        |
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| 30. California Relay Service (CRS)                  |      |        |
| 31. California Telephone Access Program (CTAP)      |      |        |
| 32. California Relay Service (CRS)                  |      |        |
| 33. California Telephone Access Program (CTAP)      |      |        |
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| 47. California Telephone Access Program (CTAP)      |      |        |
| 48. California Relay Service (CRS)                  |      |        |
| 49. California Telephone Access Program (CTAP)      |      |        |
| 50. California Relay Service (CRS)                  |      |        |

## How do I use CRS?

### TTY to Non-TTY (Voice or Hearing) User

1. TTY users dial your CRS provider's TTY number. (See telephone numbers on the back page of this brochure.)
2. The CRS operator will answer by stating ID number and gender (F/M) in text.  
EXAMPLE:  
CRS operator: "CRS 0001F GA"
3. Give the operator the area code and telephone number you wish to call.  
EXAMPLE:  
TTY Caller: "HELLO PLEASE CALL 916-555-5555, GA"
4. When the person you are calling answers, the operator will start relaying the call by typing what the person says.
5. When you are finished with your call, type "BYE SK." You may either instruct the operator to make another call or hang up your telephone/TTY.

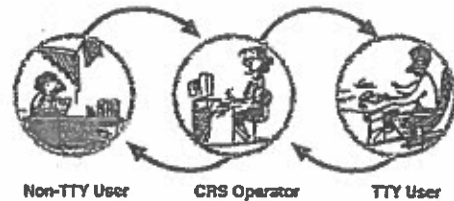
\* See Glossary on page 20



## How do I use CRS?

### Non-TTY to TTY User

1. Non-TTY (voice or hearing) users dial your CRS provider's voice number. (See telephone numbers on the back of this brochure.)
2. The CRS operator will answer by the voice and state ID number.  
EXAMPLE:  
CRS operator: "CALIFORNIA RELAY OPERATOR 0001 GO AHEAD"
3. Give the operator the area code and number you wish to call.  
EXAMPLE:  
Non-TTY User: "PLEASE CALL 916-555-5555, GO AHEAD"
4. When the person with the TTY answers, the CRS operator will begin relaying the call by speaking what the TTY user types.
5. When you are finished with your call, say "BYE SK." You may either instruct the operator to make another call or hang up your telephone.



## How do I use CRS?

### One-Line Voice Carry Over (VCO) Call

- If you use a TTY, and prefer to use your own voice rather than type, VCO allows you to speak, but still receive responses in text on your TTY display.
- VCO calls require use of a TTY and telephone or VCO telephone.
1. VCO users dial your CRS provider's TTY number or VCO number. (See telephone numbers on the back of this brochure.)
  2. The CRS operator will answer by stating the ID number and gender (F/M) in text.  
EXAMPLE:  
CRS operator: "CRS 0001F GA"
  3. Type to the operator that you will be using VCO.  
EXAMPLE:  
VCO user types: "VCO PLEASE, GA"  
(This step is not necessary if you use the VCO number.)

Tell the CRS operator the number you wish to call; the operator will dial the number.

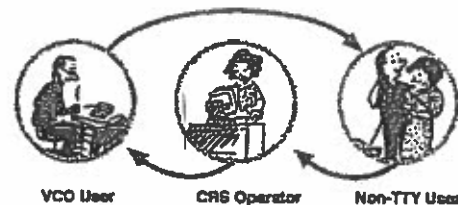
When the other party is connected, the person's greeting will appear on your display followed by "GA".

You may speak directly into the telephone, as the other person will be listening to your voice. Remember to say "GO AHEAD" or "GA" when it is the other person's turn to speak.

4. Everything spoken by the other person will be typed to you by the CRS operator and will appear on your display.

5. When you are finished, say "BYE SK." You may either instruct the operator to make another call or hang up your phone and turn off your TTY.

\* See Glossary on page 20



## How do I use CRS?

### Two-Line Voice Carry Over (VCO) Call

If you have residual hearing, you may find Two-Line VCO an option. While using Two-Line VCO, you may be able to hear at least part of what the hearing party is saying while you are watching the TTY text.

In order to use Two-Line VCO, you must have two separate telephone lines and subscribe to 3-Way Calling with your local telephone service provider. One telephone line is dedicated to a TTY or VCO telephone and the second line is dedicated to a (standard) voice telephone.

**How it works:**  
VCO users dial your CRS provider's TTY number or VCO number from your TTY telephone and type to the operator that you will be making a Two-Line VCO call. (See the telephone numbers on the back page of this brochure.) Tell the operator to dial the number of your voice telephone line.

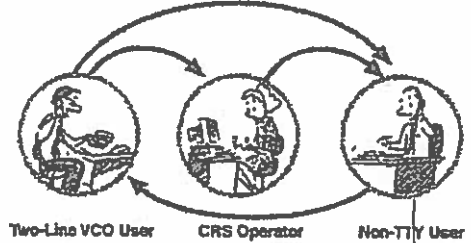
**EXAMPLE**  
VCO user: "TWO-LINE VCO, PLEASE CALL 916-565-5353, GA"

1. Answer the voice phone and tell the operator to type only what the third party says.
2. While the operator is still on the line, make the 3-way call from the voice phone to the other party.
  - a. Press and release the hangup button or the "FLASH" button to put operator on hold.
  - b. Wait for approximately 2-3 seconds.
  - c. Dial the number of the other party and wait for an answer. When the hearing party answers, you need to explain the call procedure or have the operator announce the call.

d. To bring the operator who is on hold back into the conversation, press the hangup button or the "FLASH" button for one second and all three of you should be connected.

3. During the telephone call, speak directly to the other person; the other person responds directly to you. The operator listens in on the conversation and types what the other person is saying.

\* See Glossary on page 20



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## How do I use CRS?

### Voice Carry Over to Voice Carry Over Call (VCO to VCO)

- If you use VCO, you may call someone who also uses VCO.

VCO calls require use of a TTY and telephone or VCO telephone.

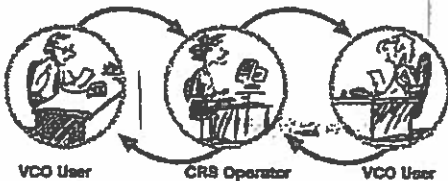
1. VCO users dial your CRS provider's TTY number or VCO number. (See telephone numbers on the back page of this brochure.)
2. The CRS operator will answer by stating ID number and gender (F/M) in text.  
EXAMPLE:  
CRS operator: "CRS 0001F GA"
3. Tell the operator that you will be calling VCO to VCO.  
EXAMPLE:  
VCO user: "VCO TO VCO PLEASE, GA"

Tell the CRS operator the number you wish to call. When the other party is connected, that person's greeting will appear on your display followed by "GA". You may speak directly into the phone. Remember to say "GO AHEAD" or "GA" when it is the other person's turn to speak.

4. Everything spoken by the other person will be typed to you by the CRS operator and will appear on your display.

When you are finished, say "BYE SK". You may either instruct the operator to make another call or hang up your phone and turn off your TTY.

\* See Glossary on page 20



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## How do I use CRS?

### Voice Carry Over (VCO) to TTY/TTY to Voice Carry Over (VCO)

- If you use VCO, you may call someone who uses a TTY.
- If you use a TTY, you may call someone who uses VCO.

VCO calls require use of a TTY and telephone or VCO telephone.

1. VCO and TTY users dial your CRS provider's TTY number or VCO number for VCO users. (See telephone numbers on the back page of this brochure.)
2. The CRS operator will answer by stating ID number and gender (F/M) in text.  
EXAMPLE:  
CRS operator: "CRS 0001F GA"

3. Tell the operator that you will be calling VCO to TTY (or TTY to VCO).

**EXAMPLE:**  
VCO user: "VCO TO TTY PLEASE, GA"  
(TTY user types: "TTY TO VCO PLEASE, GA") Tell the CRS operator the number you wish to call. When the other party is connected, that person's greeting will appear on your display followed by "GA". The VCO user may speak directly on the telephone. Remember to say "GO AHEAD" or "GA" when it is the other person's turn to speak.

4. Everything typed by the other person will appear on your display.

When you are finished, say "BYE SK". You may either instruct the operator to make another call or hang up your phone and turn off your TTY.

\* See Glossary on page 20



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## How do I use CRS?

### Computer ASCII Call

When making calls using ASCII, the phone receiver cannot be picked up or the connection will break. If your telephone service has the "call waiting" feature, it must be temporarily turned off prior to making your call through ASCII. (Check with your local telephone service provider for "call waiting" instructions.)

Computer users dial your CRS provider's ASCII number using your telecommunications software with the prescribed settings. (See telephone numbers on the back page of this brochure.)

For Computer settings, see the back page of this brochure.

After dialing the CRS provider, wait at least 100 seconds for the computer to connect before the operator answers.

\* See Glossary on page 20

- The operator will answer by stating ID number and gender (F/M) in text.  
EXAMPLE:  
CRS operator: "CRS 0001F GA"
- Give the operator the area code and telephone number you wish to call.  
EXAMPLE:  
ASCII caller: "PLEASE CALL 916-555-5555, GA"
- When the person you are calling answers, the operator will start relaying the call by typing what the person says.
- When you are finished with your call, type "BYE BK". You may either instruct the operator to make another call or hang up.



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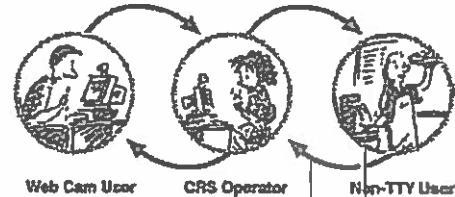
## How do I use CRS?

### Internet/Video calls

Another option for customers making relay calls is to use the Internet. Customers go to a web address and place their relay calls from there. For more information, go to:

MCI: [www.jp-relay.com](http://www.jp-relay.com)  
Sprint: [www.sprintrelaysyonline.com](http://www.sprintrelaysyonline.com)

Customers can also make relay calls using a web cam (video) through their computers. Customers contact a web address and place their relay calls by communicating with a sign language fluent operator through their web cam on the computer monitor. For more information, go to [www.crvra.com](http://www.crvra.com).



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## How do I use CRS?

### Hearing Carry Over (HCO) Call

If you can hear on your telephone, but need to type on a TTY instead of speaking, you may wish to use HCO.

HCO calls require use of a TTY and a telephone.

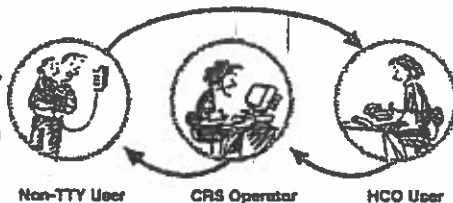
- HCO users dial your CRS provider's TTY number. (See telephone numbers in back of this brochure.)
- The CRS operator will answer by stating ID number and gender (F/M) in text.  
EXAMPLE:  
CRS operator: "CRS 0001F GA"
- Type to the operator that you are using HCO.  
EXAMPLE:  
HCO user types:  
"PLEASE CALL 916-555-5555 HCO, GA"

- The CRS operator will verbally acknowledge that HCO is being used.  
EXAMPLE:  
CRS operator: "HCO ON, GO AHEAD"

The CRS operator will voice to the other person what you type. When you are finished typing, you may listen on the phone. The other party will be speaking directly to you on the phone. The CRS operator will voice all of your responses to the other party.

- When you are finished, type "BYE BK". You may either instruct the operator to make another call or hang up your phone.

\* See Glossary on page 20



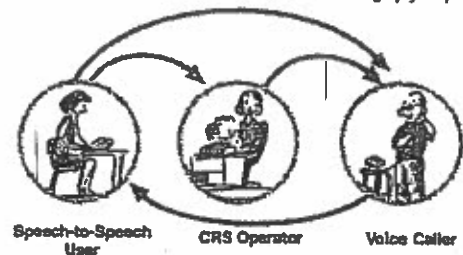
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## How do I use CRS?

### Speech to Speech Call

This service is provided for individuals with speech disabilities and/or those who have difficulty being understood on the telephone. The CRS operator is trained to listen carefully and voice what is spoken to the other party. Calls may be initiated by either the Speech to Speech user or the Voice Caller.

- Speech to Speech callers dial 1-800-854-7784.
- The CRS operator answers by stating ID number.  
EXAMPLE:  
CRS operator: "CALIFORNIA SPEECH TO SPEECH OPERATOR 0001"
- Give the operator the area code and number you wish to call.  
EXAMPLE:  
Speech to Speech user: "PLEASE CALL 916-555-5555"
- The CRS operator will voice what you say to the other person. The other person will be speaking directly to you. Note: You may instruct the operator to voice only the parts of the call the other party does not understand.
- When you are finished with your call, you may either instruct the operator to make another call or hang up your phone.



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## Caller Preference

You can let CRS know exactly how you want your calls handled. CRS will link your preferences to your telephone number. In doing so, all calls to CRS from your telephone number will be handled according to preference(s) automatically. This is called a "Customer Profile."

Check with your relay provider to set up a Customer Profile including one or more of the following preferred options:

- Request that the call not be announced as a relay call or change how the call is announced.
- Set up your calls for VCO or HCO.
- Set up for Two-Line VCO.
- Ask that your local and long distance calls be billed to your carrier of choice (see description on this page).
- Pre-specify other preferences in how your conversations are conveyed (for example, requesting the operator to describe background noises or type at a different speed).

- Request a male or female operator.
- Check with your CRS provider for any additional Customer Profile options not listed here.

### Carrier of Choice

Choose your preferred telephone service provider or "carrier of choice." You must inform the CRS operator of your carrier of choice prior to placing your call. Your call will be billed by the provider you select.

### State-to-State and International Calls

Using the California Relay Service you can place and receive calls from anywhere in the United States or worldwide, to and from California. For more information about international relay calls, contact your relay provider and request Customer Service. See the back page of this brochure for a complete listing of telephone numbers.

## TTY Operator Service (TOS)

CRS provides the following operator services:

- Directory Assistance (telephone and address information).
- TTY operator assisted calls (i.e. person to person, collect calls, billing to third party or calling card).

### Billing

There is no additional charge for using the California Relay Service. You may be charged standard rates for Directory Assistance calls or operator assisted calls.

Long distance, operator assisted, and toll calls will be billed to your carrier of choice upon request.

If you do not select your carrier of choice, your calls will be billed by the relay service provider. You must inform the relay operator of your carrier of choice before the calls are made.

## Emergency Assistance

**DO NOT CALL 911 THROUGH CRS.**

1. In an emergency, TTY users must dial 911 directly.
2. Tap the space bar several times to show that it is a TTY call.
3. Remember, calls made directly and immediately to 911 can save valuable time in emergency situations. CRS is available to dial 911.

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## Calling Tips

### General Calling Tips

1. Have telephone area code and number(s) ready when you call CRS.
2. Do not add side comments to the CRS operator during conversation because these comments will be relayed to the other person. This can cause confusion to the CRS operator and/or the other person.
3. Answering Machines/Voice Mail systems:
  - a. You may leave messages on answering machines or voice mail systems through CRS.
  - b. When you leave a message, you may want to mention that you have called through CRS, and leave the CRS telephone number along with your own area code and telephone number.
  - c. If you think you might get an answering machine when you call and don't want the greeting relayed word for word, ask the CRS operator to either summarize the message or ignore it, so you may simply leave your message. You may also give your message to the CRS operator before she/he makes the call.

### Automated Telephone Systems

Many business organizations now use automated systems to answer and route calls to the correct person or department.

EXAMPLE: "Press #1 for customer service, #2 for sales department," or "Please press the extension number you wish to call."

To make calling easier, if you know the option or extension number you wish to reach, you may tell the CRS operator before she/he makes the call.

### Pay Telephones

1. When making a pay telephone call within a local calling area, there is no charge for your call.

Note: Pay telephone calling areas vary in price throughout the state.

2. If your call is outside the local calling area, you will be required to use one of the following billing options:
  - a. Pre-paid calling card
  - b. Telephone calling card (check with your telephone service provider)
  - c. Collect call (bill to the person you are calling)
  - d. Bill to another telephone number (e.g. home or office)



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# APPENDIX

## 12. Policy and Procedure: Availability of Translated Materials



**YOLO COUNTY**  
**ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT**  
**POLICY AND PROCEDURES MANUAL**

**SUBJECT: Availability of Translated Materials**

**POLICY**

The Yolo County Alcohol, Drug and Mental Health Department (ADMH) is committed to providing written materials in English and, at a minimum, in the county's threshold language(s). These translated materials will allow individuals who are requesting services, as well as the community in general, to be informed about the availability of mental health services and how to access these services.

ADMH informing materials shall be written in a manner and format that is easy to read and understand. Materials will be made available to ensure equal access to services.

**PROCEDURE**

1. At intake and upon request, clients will receive information about written materials which include, but are not limited to, the following:
  - Medi-Cal Guide to Mental Health Services
  - Beneficiary Problem Resolution Brochure
  - Service Provider List
  - Advance Health Care Directives Brochure
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Information, when applicable
  - Therapeutic Behavioral Services Information, when applicable
  - CHDP and Healthy Families programs

These ADMH brochures provides written information about the services offered to individuals who are requesting services, as well as providing information to aid individuals in the resolution of a problem or complaint.

2. In an outreach effort to the community, ADMH shall assure that relevant written information is also available at key points of contact.
3. Quality Management staff shall assure that an adequate supply of the ADMH written materials are available for distribution. All brochures listed above shall be made available in English and, at a minimum, in the Yolo County threshold languages, as determined by the California Department of Mental Health and Yolo County ADMH.

**ATTACHMENT J**



4. ADMH staff shall respond to requests for additional supplies of written information.

**REFERENCES**

CCR, Title 9, Chapter 11, Section 1810.110(a) and Section 1810.410(c)(3)

CFR, Title 42, Section 438.10(c)(3) and Section 438.10(d)(1)(i)

DMH Information Notice No. 02-03, Page 17 and No. 07-10

MHP Contract, Exhibit A, Attachment 1, Section J

APPROVED BY:

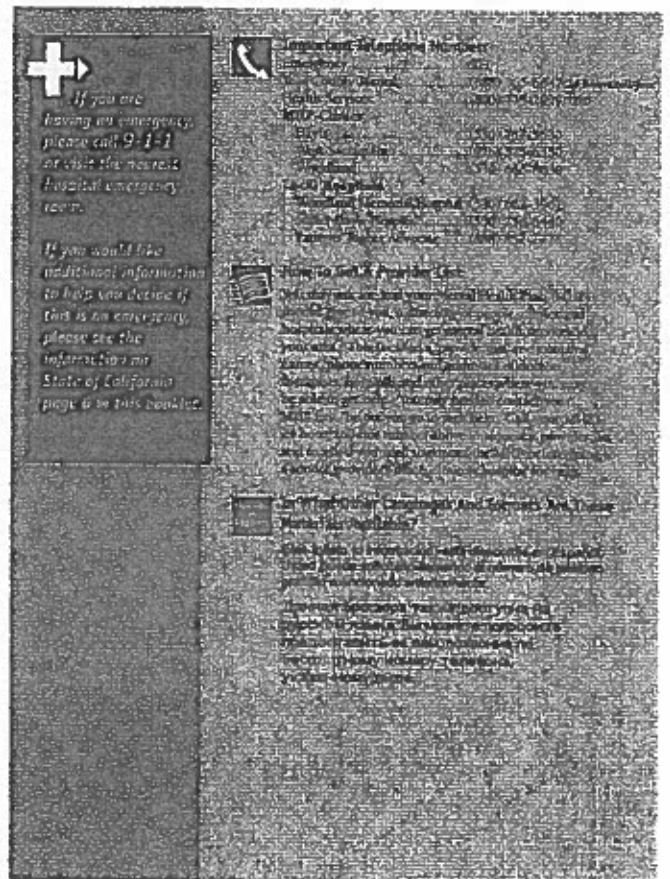
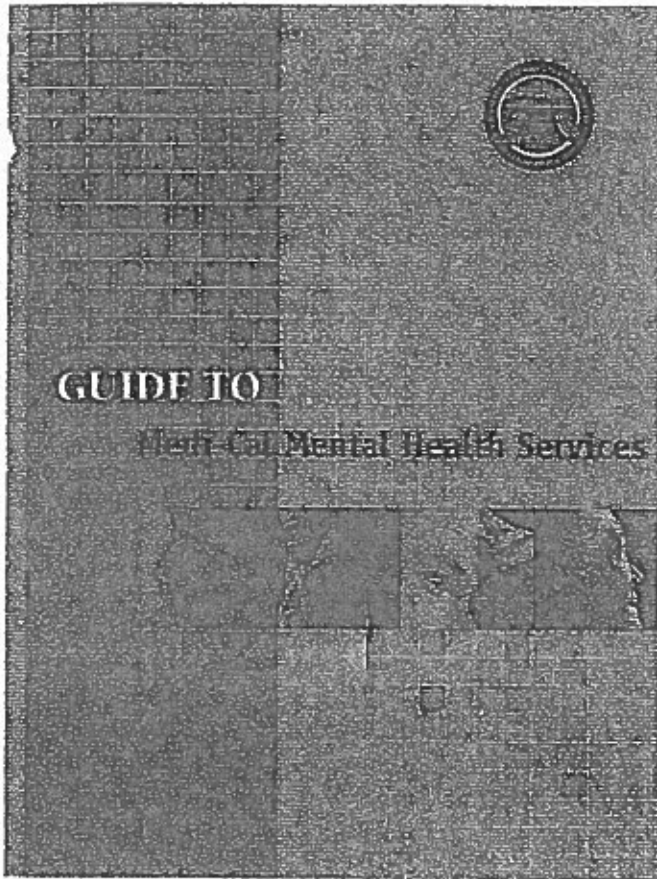
  
\_\_\_\_\_  
ADMH Director

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Date

**ATTACHMENT J**

# APPENDIX

## 13. Yolo County Guide to Mental Health Services



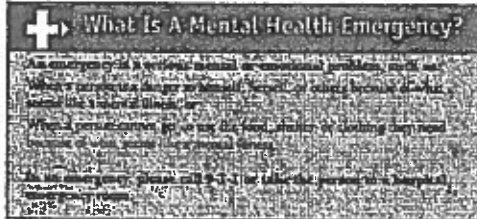
## Introduction to Medi-Cal Mental Health Services

### Why Did I Get This Booklet And Why Is It Important?

You are getting this booklet because you are eligible for Medi-Cal and need to know about the mental health services that Yolo County offers and how to get these services if you need them.

If you are now getting services from Yolo County, this booklet just tells you more about how things work. This booklet tells you about mental health services, but does not change the services you are getting. You may want to keep this booklet so you can read it again.

If you are not getting services right now, you may want to keep this booklet in case you, or someone you know, need to know about mental health services in the future.



### How Do I Use This Booklet?

This booklet will help you know what specialty mental health services are, if you may go there, and how you can get help from the Yolo County MHP.

This booklet has two sections. The first section tells you how to get help from the Yolo County MHP and how it works.

The second section is from the State of California and gives you more general information about specialty mental health services. It tells you how to get other services, how to resolve problems, and what your rights are under the program.

This booklet also tells you how to get information about the doctors, clinics and hospitals that the Yolo County MHP uses to provide services and where they are located.

### What Is My County's Mental Health Plan (MHP)?

Mental health services are available to people on Medi-Cal, including children, young people, adults and older adults in Yolo County.

Sometimes these services are available through your regular doctor. Sometimes they are provided by a specialist, and called 'specialty' mental health services. These specialty services are provided through the Yolo County 'Mental Health Plan' or MHP, which is separate from your regular doctor. The Yolo County MHP operates under rules set by the State of California and the federal government. Each county in California has its own MHP.



If you believe you would benefit from specialty mental health services and are eligible for Medi-Cal, the Yolo County Mental Health Plan will help you find out if you may get mental health treatments and services. If you would like more information about specific services, please see the sections on 'Services' on the State of California page 9 in this booklet.

### What If I Have a Problem Getting Help?

If you have a problem getting help, please call the Yolo County MHP's 24 hour, toll-free phone number at (888) 965-6647. You may also call your county's Patients' Rights Advocate at (888) 837-7776.

If that does not solve your problem, you may call the State of California's Ombudswomen for help:

1-800-896-4042 - CA Only  
 1-916-654-3890  
 1-800-896-2312 TTY  
 FAX: 1-916-453-9194  
 Email: ombudswomen@csbhq.state.ca.us



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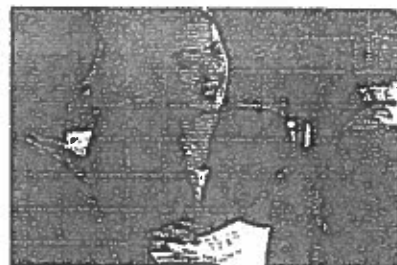
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## Welcome to the Yolo County Mental Health Plan



We welcome you to Yolo County Mental Health Services, and to the Medi-Cal Mental Health Plan. We provide specialty mental health services for people who live in Yolo County and are eligible for Medi-Cal. Please read this brochure carefully. It contains important information you need to know.

### As Your Mental Health Services Plan, We Will:

- Get answers to your questions about mental health treatment
- Tell you what mental health services are covered by Medi-Cal
- Determine what types of mental health services you need and help you get them
- Treat you with respect
- Ensure you receive services in a safe environment
- Help you get culturally competent care

### As A Participant, You Also Have Specific Responsibilities:

- Give honest and complete information about your mental health needs
- Take an active part in your mental health treatment
- Keep your appointments as scheduled
- Call if you cannot keep your appointments
- Work on treatment goals with your provider

| Important Telephone Numbers        |   |
|------------------------------------|---|
| Emergency                          | 911   |
| Yolo County Mental Health Services | (888) 965-6647 24 hours toll-free<br>(888) 737-5530 |
| Crisis Clinics                     |   |
| Davis                              | (530) 757-5530                                      |
| West Sacramento                    | (916) 375-6350                                      |
| Woodland                           | (530) 666-8630                                      |
| Local Hospitals                    |   |
| Woodland Memorial Hospital         | (530) 662-5561                                      |
| Sutter Davis Hospital              | (530) 758-6130                                      |
| Patient Rights Advocate            | (888) 257-7776                                      |

**How Do I Know If Someone Needs Help Right Away?**

Even if there is an emergency, a person with mental health problems needs help right away if one or more of these things is true:

- Hearing or seeing things others believe are not there
- Extreme and frequent thoughts of, or talking about, death
- (Giving away their things)
- Threatening to kill themselves (suicide)
- Wanting to hurt themselves or others

If one or more of these things is true, call 911 or the Yolo County MHP at (888) 965-6647 (24 hours toll-free). Mental Health workers are on-call 24 hours a day.

**What Specialty Mental Health Services Does Yolo County Provide?**

The Yolo County Mental Health Plan (MHP) provides mental health services to residents of Yolo County who receive Medi-Cal benefits and meet medical necessity. Most people who receive services usually have mental health problems that interfere with daily living. Services vary from person to person, depending on individual need, and many services are time-limited. Services are provided by a variety of mental health specialists, including multidisciplinary and culturally diverse teams of county and provider staff.

The amount, duration, and scope of services are determined by assessment for services. The following services are available to assist you in meeting your mental health needs when the medical necessity criteria are met.



**Outpatient Services**

- **Therapy - Individual, group, and family:** Short-term and goal-directed services will focus on you or your child's mental health needs. Staff will work with you, your family, or other important people in your life to learn more about your illness, how to address your problems, and how to help maintain your highest level of functioning.
- **Case Management:** Helps to connect you with services and supports needed for daily living, including housing and job assistance. Case management helps support a child or youth to be more successful in school, at home and in the community.
- **Medication Support:** Psychiatrists and nurses provide evaluations, medication management, and medication education to help manage you or your child's symptoms and to understand how medication can help make you feel better.
- **Day Treatment/Rehabilitative Day Treatment:** Services include education and support to help you or your child remain in the community. These services can include various groups, individual therapy, and living skills education. Services help you and your child to develop skills to better deal with life problems.
- **Residential:** 24 hour housing when you, or your child, have more serious treatment needs. The scope and duration depend upon the need, and is typically intended to increase functioning to allow you or your child to return to the community.

The services listed above are the services that the Yolo County MHP at (888) 965-6647 thinks are most likely to help people who need services from us. Sometimes other services may be needed. The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

**How Do I Get These Services?**

Call us at (888) 965-6647. During regular business hours, from 8:00 a.m. to 5:00 p.m., you may also call the following local numbers for information on mental health and treatment needs:

|                 |                |
|-----------------|----------------|
| Davis           | (530) 757-5530 |
| West Sacramento | (916) 375-6350 |
| Woodland        | (530) 666-8630 |

Crisis services may also be accessed on a walk-in basis at the addresses listed on page 3 of this booklet.

**In What Other Languages And Formats Are These Materials Available?**

Cambodian, Japanese, Korean, Mien/Hmong, Russian, and Spanish. Materials will also be made suitable for those with limited English and visual or hearing impairments.

**What Does It Mean To Be "Authorized" To Receive Mental Health Services And What Is The Amount, Duration And Scope Of Services Provided?**

You, your provider and the Yolo County MHP are all involved in deciding what services you need to receive through the MHP, including how often you will need services and for how long.

The Yolo County MHP may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the services is provided. The Yolo County MHP uses a qualified mental health professional to do the review. This review process is called a MHP payment authorization process.

The state requires the Yolo County MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TRIS). The Yolo County MHP follows state rules for our MHP payment authorization process, which are described on page 3 in the State of California section of this booklet. If you would like more information on how the Yolo County MHP does MHP payment authorizations, or on when we require your provider to request an MHP payment authorization for services, please contact the Yolo County MHP at (888) 965-6647.

**How Do I Get More Information About Yolo County's Mental Health Services Including Doctors, Therapists, Clinics And Hospitals?**

If you would like additional information on the structure and operation of the Yolo County MHP, please contact the Quality Management Unit at (530) 666-8542.

**How Can I Get A Copy Of The "Provider List"?**

Provider lists are available by contacting the Quality Improvement Department at (530) 666-8542.

**Can I See Any Doctor, Therapist, Clinic Or Hospital On Yolo County's "Provider List"?**

We require that you contact us first because we work to make sure that  
1) Your services are authorized and  
2) The provider you choose is accepting new Medi-Cal beneficiaries.

Please call the Access and Crisis line at (888) 965-6647.

**What If I Want To Change Doctors, Therapists, Or Clinics?**

To the greatest extent possible, we try and accommodate your choice of providers. Please call us at (888) 965-6647 for more information.

**Can I Use The "Provider List" To Find Someone To Help Me?**

You may access services using the "Provider List" by contacting the county at (888) 965-6647, or by walking into an MHP site listed in this booklet. If you contact a provider directly, you will be referred to the Yolo County MHP for intake and authorization.

**What If I Want To See A Doctor, Therapist, Clinic Or Hospital That Is Not Listed On Yolo County's "Provider List"?**

If another provider wishes to provide Medi-Cal services to you, they can call the Access line at (888) 965-6647 and fill out the appropriate form. If you meet medical necessity for the service(s) you need, services can be covered by the MHP.

**What If I Need Urgent-Care Mental Health Services On A Weekend Or At Night?**

You may speak to a crisis worker 24 hours a day, 7 days a week, by calling (888) 965-6647, or TDD (888) 735-2929.

You may also walk in to or call one of our clinics:

Davis  
600 A Street, Davis, CA 95616  
(530) 757-5530

West Sacramento  
900 B Jefferson Blvd., Suite 150, West Sacramento, CA 95605  
(916) 375-6350

Woodland  
137 N. Cottonwood Street, Woodland, CA 95605  
(530) 666-8630

Calls received when the Yolo County MHP offices are closed, on weekdays from 5:00 p.m. to 8:00 a.m., and weekends and holidays, will be forwarded to on-call staff for crisis response.

**How Do I Get Mental Health Services That My Mental Health Provider Does Not Offer?**

Call the Yolo County MHP at (888) 965-6647 to receive authorization for additional services. The Yolo County MHP can then assist you in finding a provider to meet your additional needs.

### What If I Need To See A Doctor For Something Other Than Mental Health Treatment? How Are People Referred To Medi-Cal In Yolo County?

Call us at (888) 963-6647 to see if you can be referred to the appropriate physician.

### What Can I Do If I Have A Problem Or I Am Not Satisfied With My Mental Health Treatment?

You may file a Grievance if dissatisfied with mental health services at the Yolo County MHP office, or Appeal a decision when services are denied, terminated, suspended, or reduced, by calling (888) 963-6647 or completing a Grievance/ Appeal form. Grievance/ Appeal forms are available at all MHP and Contract Provider locations. You may also contact Quality Improvement staff at (530) 666-8543 to discuss the Grievance and Appeal processes.

If you have a concern or problem, or are not satisfied with your mental health services, the MHP wants to be sure your concerns are resolved simply and quickly. Please contact the MHP at (888) 963-6647 to find out how to resolve your concerns.

There are three ways you can work with the MHP to resolve concerns about services or other problems. You can file a Grievance verbally or in writing with the MHP about any MHP-related issue. You can file an Appeal verbally (and follow up in writing) or in writing with the MHP. You can also file for a State Fair Hearing with the Department of Social Services.

For more information about how the MHP Grievance and Appeal processes and the State Fair Hearing process work, please turn to the section about Grievances, appeals and State Fair Hearings on page 22 of the State of California section of this booklet.

Your problem will be handled as quickly and simply as possible. It will be kept confidential. You will not be subject to discrimination or any other penalty for filing a Grievance, Appeal or State Fair Hearing. You may authorize another person to act on your behalf in the Grievance, Appeal, or State Fair Hearing process.

### Who Is Yolo County's Patients' Rights Advocate, What Do They Do, And How Do I Contact Them?

#### Yolo County Patients' Rights Advocacy Services:

- Investigates and resolves Grievances received from mental health clients about rights violations, neglect, abuse, or confidentiality issues, and
- Monitors mental health programs for compliance with patients' rights laws, regulations, and policies.

Anyone may contact the Patients' Rights Advocate with a problem concerning mental health issues. If you cannot file the Grievance, someone else may file the Grievance on your behalf.

To contact Yolo County Patients' Rights Advocacy Services call (888) 937-7776.

### Does Yolo County Keep My Mental Health Records Private?

You have a right to privacy. Your provider cannot tell anyone outside of the provider network any clinical information you give Yolo County unless you supply written permission or a court deems it acceptable.



## General Statewide Information



### Why Is It Important To Read This Booklet?

The first section of this booklet tells you how to get Medi-Cal mental health services through your county's Mental Health Plan.

This second section of the booklet tells you more about how the Medi-Cal program works, and about how Medi-Cal specialty health services work in all counties of the state.

If you don't read this section now, you may want to keep this booklet so you can read it later.



## County Mental Health Plans

### What Are Specialty Mental Health Services?

Specialty Mental health services are special health care services for people who have a mental illness or emotional problems that a regular doctor cannot treat.

#### Some specialty mental health services include:

- Crisis counseling to help people who are having a serious emotional crisis
- Individual, group, or family therapy
- Rehabilitation or recovery services that help a person with mental illness to develop coping skills for daily living
- Special day programs for people with mental illnesses
- Prescriptions for medicines that help treat mental illness
- Help managing medicines that help treat mental illness
- Help to find the mental health services you need

### Where Can I Get Mental Health Services?

You can get mental health services in the county where you live. Each county has a Mental Health Plan for children, teens, adults and older adults. Your county Mental Health Plan has mental health providers (doctors who are psychiatrists or psychologists, and others).

### How Do I Get Services At My County Mental Health Plan?

Call your county Mental Health Plan and ask for services. You do not need to ask your regular doctor for permission or get a referral. Just call the number for your county in the front of this booklet. The call is free.

You can also go to a federally qualified health center, a rural health center or an Indian health clinic in your area for Medi-Cal mental health services. (These are official names for different kinds of clinics in your area. If you are not sure about a clinic in your area, ask the clinic workers. These kinds of clinics generally serve people who do not have insurance.)

As part of providing mental health services for you, your county Mental Health Plan is responsible for:

- Figuring out if someone is eligible for specialty mental health services from the MHP
- Providing a toll-free phone number that is answered 24-hours a day and 7 days a week that can tell you about how to get services from the MHP
- Having enough providers to make sure that you can get the specialty mental health services covered by the MHP if you need them.
- Informing and educating you about services available from your county's MHP
- Providing you services in the language of your choice or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or forms, depending upon the needs in your county.

## Important Information About Medi-Cal

### Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 with a minor child living with you (a child who is not married and who is under the age of 21)
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

If you are not in one of these groups, call your county social services agency to see if you qualify for a county-operated medical assistance program.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at [www.dhs.ca.gov/med-cal/home/medcal210.htm](http://www.dhs.ca.gov/med-cal/home/medcal210.htm)

### Do I Have To Pay For Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month.

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or mental health services. The amount that you pay is called your "share of cost." Once you have paid your "share of cost," Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything.
- You may have to pay a "co-payment" for any treatment under Medi-Cal. You may have to pay \$1.00 each time you get a medical or mental health service or a prescribed drug (medicine) and \$5.00 if you go in a hospital emergency room for your regular services.

Your provider will tell you if you need to make a co-payment.

## How Do I Get Medi-Cal Services That Are Not Covered By The Mental Health Plan?

There are two ways to get Medi-Cal services:

### 1. By joining a Medi-Cal managed care health plan.

If you are a member of a Medi-Cal managed care health plan:

- Your health plan needs to find a provider for you if you need health care.
- You get your health care through a health plan, an HMO (health maintenance organization) or a primary care case manager.
- You must use the providers and clinics in the health plan, unless you need emergency care.
- You may use a provider outside your health plan for family planning services.
- You can only join a health plan if you do not pay a share of cost.

### 2. From individual health care providers or clinics that take Medi-Cal.

- You get health care from individual providers or clinics that take Medi-Cal.
- You must tell your provider that you have Medi-Cal before you first get services. Otherwise, you may be billed for these services.
- Individual health care providers and clinics do not have to see Medi-Cal patients, or may only see a few Medi-Cal patients.
- Everyone who has a share of cost (see page 3, State of California) will get health care this way.

If you need mental health services that are not covered by the Mental Health Plan:

- And you are in a health plan, you may be able to get services from your health plan. If you need mental health services the health plan doesn't cover, your primary care provider in the health plan may be able to help you find a provider or clinic that can help you.
- Except in San Mateo County, your health plan's pharmacy will fill prescriptions to treat your mental illness, even if the prescriptions were written by the mental health plan's psychiatrist, or will tell you how to get your prescription filled from a regular Medi-Cal pharmacy. (In San Mateo County, the mental health plan will fill your prescriptions.)
- And you are not in a health plan you may be able to get services from individual providers and clinics that take Medi-Cal. Except in San Mateo County, any pharmacy that accepts Medi-Cal can fill prescriptions to treat your mental illness, even if the prescriptions were written by the MHP's psychiatrist. (In San Mateo County, the mental health plan will fill your prescriptions.)
- The Mental Health Plan may be able to help you find a provider or clinic that can help you or give you some ideas on how to find a provider or clinic.

If you have trouble getting to your medical appointments or mental health appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. Or, you may wish to contact your county's social services office. These phone numbers can be found in your local telephone book in the "County Government" pages. You can also get information online by visiting [www.dhs.ca.gov](http://www.dhs.ca.gov), then clicking on "Services" and then on "Medi-Cal Information."
- For adults, your county social services office can help. You can get information about your county's social services office by checking your local telephone book. Or you can get information online by visiting [www.dhs.ca.gov](http://www.dhs.ca.gov), then clicking on "Services" and then on "Medi-Cal Information."

### What Is The Child Health And Disability Prevention (CHDP) Program?

The CHDP program is a preventive health program serving California's children and youth from birth to age 21. CHDP makes early health care available to children and youth with health problems, as well as to those who seem well. Children and youth can receive regular preventive health assessments. Children and youth with suspected problems see them referred for diagnosis and treatment. Many health problems can be prevented or corrected, or the severity reduced, by early detection and prompt diagnosis and treatment.

CHDP works with a wide range of health care providers and organizations to ensure that eligible children and youth receive appropriate services. These may include private physicians, local health departments, schools, nurse practitioners, dentists, health educators, nutritionists, laboratorians, community clinics, nonprofit health agencies, and social and community service agencies. CHDP can also assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

You can find out more about CHDP by contacting your local county health department or visiting [www.dhs.ca.gov/peds/cms/chdp/efrecovery.htm](http://www.dhs.ca.gov/peds/cms/chdp/efrecovery.htm).

### Where Can I Get More Information?

For more information about mental health services, visit the California Department of Mental Health's website at [www.dhs.ca.gov](http://www.dhs.ca.gov). You can get more information about Medi-Cal by visiting your county disability website or by visiting [www.dhs.ca.gov/med-cal](http://www.dhs.ca.gov/med-cal).

## Basic Emergency Information

### Are You Having An Emergency?

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- The health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) could be in serious trouble.
- Serious problems with bodily functions.
- Serious problems with any bodily organ or part.

An emergency psychiatric condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of what seems like a mental illness.
- Is immediately unable to provide or eat food, or use clothing or shelter because of what seems like a mental illness.

In case of an emergency medical or psychiatric condition, call 911 or go to your nearest hospital for help.

The Medi-Cal program covers emergency medical services, whether the condition is a medical emergency (injury or illness). If you are not a Medi-Cal member, you may still be eligible for emergency services. Even if you are not a Medi-Cal member, you may still be eligible for emergency services. If you are not a Medi-Cal member, you may still be eligible for emergency services. If you are not a Medi-Cal member, you may still be eligible for emergency services.

A person may be helped through a mental health crisis by services from your county's Mental Health Plan (MHP) in ways other than going into the hospital. If you think you need help but don't think you need to go into the hospital, you can call your county MHP's toll-free phone number and ask for help.



### What Kind Of Emergency-Related Services Are Provided?

Emergency services are paid for by Medi-Cal when you go to a hospital or use outpatient services (with no overnight stay involved) furnished in a hospital emergency room by a qualified provider (doctor, psychiatrist, psychologist or other mental health provider). They are needed to evaluate or stabilize someone in an emergency.

Your county's Mental Health Plan (MHP) should provide specific information about how emergency services are administered in your County. The following state and federal rules apply in emergency services covered by the MHP:

- The hospital does not need to get advance approval from the MHP (sometimes called "prior authorization") or have a contract with your MHP to get paid for the emergency services the hospital provides to you.
- The MHP needs to tell you how to get emergency services, including the use of 9-1-1.
- The MHP needs to tell you the location of any places where providers and hospitals furnish emergency services and post-stabilization services.
- You can go to a hospital for emergency care if you believe there is a psychiatric emergency.
- Specialty mental health services to treat your urgent condition are available 24-hours a day, seven days per week. (An urgent condition means a person's health crisis that would turn into an emergency if you do not get help very quickly.)
- You can receive these inpatient hospital services from the MHP on a voluntary basis, if you can be properly served without being involuntarily held. The state laws that cover voluntary and involuntary admissions to the hospital for mental illness are not part of state or federal Medi-Cal rules, but it may be important for you to know a little bit about them:
  1. **Voluntary admission:** This means you give your OK to go into and stay in the hospital.
  2. **Involuntary admission:** This means the hospital keeps you in the hospital for up to 72 hours without your OK. The hospital can do this when the hospital thinks that you are likely to harm yourself or someone else or that you are unable to take care of your own food, clothing and housing needs. The hospital will tell you in writing what the hospital is doing for you and what your rights are. If the doctors treating you think you need to stay longer than 72 hours, you have a right to a lawyer and a hearing before a judge and the hospital will tell you how to ask for this.

Post-stabilization care services are covered services that are needed after an emergency. These services are provided after the emergency is over to continue to improve or resolve the condition.

Your MHP is financially responsible for (will pay for) post-stabilization care services to maintain, improve, or resolve the stabilized condition if:

- The MHP does not respond to a request from the provider for pre-approval within 1 hour
- The MHP cannot be contacted by the provider
- The MHP representative and the treating physician cannot reach an agreement concerning your care and an MHP physician is not available for consultation. In this situation, the MHP must give the treating physician the opportunity to consult with an MHP physician. The treating physician may continue with care of the patient until one of the conditions for ending post-stabilization care is met. The MHP must make sure you don't pay anything extra for post-stabilization care.

### When Does My County MHP's Responsibility For Covering Post-Stabilization Care End?

Your county's MHP is NOT required to pay for post-stabilization care services that are not pre-approved when:

- An MHP physician with privileges at the treating hospital assumes responsibility for your care.
- An MHP physician assumes responsibility for your care through transfer.
- An MHP representative and the treating physician reach an agreement concerning your care (the MHP and the physician will follow their agreement about the care you need).
- You are discharged (sent home from the facility by a doctor or other professional).



## Services

### ADULTS AND OLDER ADULTS

#### How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. While many think major mental and emotional disorders are rare, the truth is one in five individuals will have a mental (psychiatric) disorder at some point in their life. Like many other illnesses, mental illness can be caused by many things.

The most important thing to remember when asking yourself if you need professional help is to trust your feelings. If you are eligible for Medi-Cal and you feel you may need professional help, you should request an assessment from your county's MHP to find out for sure.

#### What Are Signs I May Need Help?

If you can answer 'yes' to one or more of the following AND these symptoms persist for several weeks AND they significantly interfere with your ability to function daily, AND the symptoms are not related to the abuse of alcohol or drugs. If this is the case, you should consider contacting your county's Mental Health Plan (MHP).

A professional from the MHP will determine if you need specialty mental health services from the MHP. If a professional decides you are not in need of specialty mental health services, you may still be treated by your regular medical doctor or primary care provider, or you may appeal that decision (see page 23).

You may need help if you have SEVERAL of the following feelings:

- Depressed (or feeling hopeless or helpless or worthless or very down) most of the day, nearly every day
- Loss of interest in pleasurable activities
- Weight loss or gain of more than 5% in one month
- Excessive sleep or lack of sleep
- Slowed or excessive physical movements
- Fatigue nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking or concentrating or making a decision
- Decreased need for sleep - feeling 'wired' after only a few hours of sleep
- 'Racing' thoughts too fast for you to keep up with
- Talking very fast and can't stop talking
- Feel that people are 'out to get you'
- Hear voices and sounds others do not hear
- See things others do not see
- Unable to go to work or school



- Do not care about personal hygiene (being clean)
- Have serious relationship problems
- Isolate or withdraw from other people
- Cry frequently and for 'no reason'
- Are often angry and 'blow up' for 'no reason'
- Have severe mood swings
- Feel anxious or worried most of the time
- Have what others call strange or bizarre behaviors

#### What Services Are Available?

As an adult on Medi-Cal, you may be eligible to receive specialty mental health services from the MHP. Your MHP is required to help you determine if you need these services. Some of the services your county's MHP is required to make available, if you need them, include:

- Mental Health Services** - These services include mental health treatment services, such as counseling and psychotherapy, provided by psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists and psychiatric nurses. Mental health services may also be called rehabilitation or recovery services, and they help a person with mental illness to develop coping skills for daily living. Mental health services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.
- These services may sometimes be provided to one person at a time (individual therapy or rehabilitation), two or more people at the same time (group therapy or group rehabilitation services), and to families (family therapy).

**Medication Support Services** - These services include the prescribing, administering, dispensing and monitoring of psychiatric medicines; medication management by psychiatrists; and education and monitoring related to psychiatric medicines. Medication support services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

**Targeted Case Management** - This service helps with getting medical, educational, social, pre-occupational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to do on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person's access to services and the service delivery system; and monitoring of the person's progress.

**Crisis Intervention and Crisis Stabilization** - These services provide mental health treatment for people with a mental health problem that can't wait for a regular, scheduled appointment. Crisis intervention can last up to eight hours and can be provided in a clinic or provider office, over the phone, or in the home or other community setting. Crisis stabilization can last up to 20 hours and is provided in a clinic or other facility site.



**How Do I Know When A Child Needs Help?**

For children from birth to age 5, there are signs that may show a need for specialty mental health services. These include:

- Parents who feel overwhelmed by being a parent or when have mental health problems
- A major source of stress in the family, such as divorce or death of a family member
- Abuse of alcohol or other drugs by someone in the house
- Unusual or difficult behavior by the child
- Violence or disruption in the house

If one of the above conditions is present in a house where a child up to age 5 is living, specialty mental health services may be needed. You should contact your county's MHP to request additional information and an assessment for services to see if the MHP can help you.

For school-age children, the following checklist includes some signs that should help you decide if your child would benefit from mental health services. Your child:

- Displays unusual changes in emotions or behavior
- Has no friends or has difficulty getting along with other children
- Is doing poorly in school, misses school frequently or does not want to attend school
- Has many minor illnesses or accidents
- Is very fearful
- Is very aggressive
- Does not want to be away from you
- Has many disturbing dreams
- Has difficulty falling asleep, wakes up during the night, or insists on sleeping with you
- Suddenly refuses to be alone with a certain family member or friend or acts very disturbed when the family member or friend is present
- Displays affection inappropriately or makes abnormal sexual gestures or remarks
- Becomes suddenly withdrawn or angry
- Refuses to eat
- Is frequently tearful

You may contact your county's MHP for an assessment for your child if you feel he or she is showing any of the signs above. If your child qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the child to receive the services.

**Adult Residential Treatment Services** - These services provide mental health treatment for people who are living in bonded facilities that provide residential services for people with mental illness. These services are available 24-hours a day, seven days a week. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

**Crisis Residential Treatment Services** - These services provide mental health treatment for people having a serious psychiatric episode or crisis, but who do not present medical complications requiring nursing care. Services are available 24-hours a day, seven days a week in licensed facilities that provide residential crisis services to people with mental illness. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

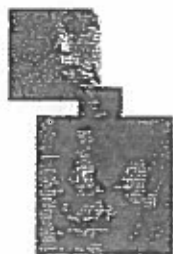
**Day Treatment Intensive** - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.)

**Day Rehabilitation** - This is a structured program of mental health treatment to improve, maintain or restore independence and functioning. The program is designed to help people with mental illness learn and develop skills. The program lasts at least three hours per day. People go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.).

**Psychiatric Inpatient Hospital Services** - These are services provided in a hospital where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in the hospital.

**Psychiatric Health Facility Services** - These services are provided in a hospital-like setting where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in a hospital-like setting. Psychiatric health facilities must have an arrangement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

These services also include work that the provider does to help make the services work better for the person receiving the services. These kinds of things include assessments to see if you need the service and if the service is working; plan development to decide the goals of the person's mental health treatment and the specific services that will be provided; and "collateral," which means working with family members and important people in the person's life (if the person gives permission), if it will help the person improve or maintain his or her mental health status.



**How Do I Know When An Adolescent Or Young Person Needs Help?**

Adolescents (12-18 years of age) are under many pressures facing teens. Young people aged 18 or 21 are in a transitional age with their own unique pressures and, since they are legally adults, are able to seek services as adults.

Some unusual behavior by an adolescent or young person may be related to the physical and psychological changes taking place as they become an adult. Young adults are establishing a sense of self-identity and shifting from relying on parents to independence. A parent or concerned friend, or the young person may have difficulty deciding between what "normal behavior" is and what may be signs of emotional or mental problems that require professional help.

Some mental illnesses can begin in the years between 12 and 21. The checklist below should help you decide if an adolescent requires help. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. If an adolescent:

- Pulls back from usual family, friend and/or normal activities
- Experiences an unexplained decline in school work
- Neglects their appearance
- Shows a marked change in weight
- Runs away from home
- Has violent or very rebellious behavior
- Has physical symptoms with no apparent illness
- Abuses drugs or alcohol

Parents or caregivers of adolescents, or the adolescent may contact the county's MHP for an assessment to see if mental health services are needed. As an adult, a young person (age 18 to 20) may ask the MHP for an assessment. If the adolescent or young person qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the adolescent or young person to receive the services.

**What Services Are Available?**

The same services that are available for adults are also available for children, adolescents and young people. The services that are available are mental health services, medication support services, urgent case management, crisis intervention, crisis stabilization, day treatment intensive, day rehabilitation, adult residential treatment services, crisis residential treatment services, psychiatric inpatient hospital services, and psychiatric health facility services. MHPs also cover additional special services that are only available to children, adolescents and young people under age 21 and eligible for full-scope Medi-Cal (full-scope Medi-Cal means that Medi-Cal coverage isn't limited to a specific type of services, for example, emergency services only).

Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's call-free phone number to ask for additional information.

**Are There Special Services Available For Children, Adolescents And Young Adults?**

There are special services available from the MHP for children, adolescents and young people called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemented specialty mental health services. These EPSDT services include a service called Therapeutic Behavioral Services or TBS, which is described in the next section, and also include few services as they are identified by experts in mental health treatment as services that really work. These services are available from the MHP if they are needed to correct or ameliorate (improve) the mental health of a person under the age of 21 who is eligible for full-scope Medi-Cal and has a mental illness covered by the MHP (see page 10 for information on the mental illnesses covered by the MHP).

The MHP is not required to provide these special services if the MHP decides that one of the regular services covered by the MHP is available and would meet the child, adolescent, or young person's needs. The MHP is also not required to provide these special services in home and community settings if the MHP determines the total cost of providing the special services in home or in the community is greater than the total cost of providing similar services in an otherwise appropriate institutional level of care.

**What Are Therapeutic Behavioral Services (TBS)?**

TBS are a type of specialty mental health service available through each county's MHP if you have serious emotional problems. You must be under 21 and have full-scope Medi-Cal to get TBS.

- If you are living at home, the TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children, adolescents and young people with very serious emotional problems
- If you are living in a group home for children, adolescents and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver or guardian learn new ways of controlling problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver or guardian will work together very intensively for a short period of time, until you no longer need TBS. You will have a TBS plan that will say what you, your family caregiver or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program and other areas in the community.



### Who Can Get TBS?

You may be able to get TBS if you have full-scope Medi-Cal, are under 21 years old, have serious emotional problems AND:

- Live in a group home for children, adolescents and young people with very serious emotional problems. (These group homes are sometimes called Rate Classification Level [RCL] 12, 13 or 14 group homes); OR
- Live in a state mental health hospital, a nursing facility that specializes in mental health treatment or a Mental Health Rehabilitation Center (these places are also called institutions for mental diseases or IMDs); OR
- Are at risk of having to live in a group home (RCL 12, 13 or 14), a mental health hospital or IMD; OR
- Have been hospitalized, within the last 2 years, for emergency mental health problems.

### Are There Other Things That Must Happen For Me To Get TBS?

Yes. You must be getting other specialty mental health services. TBS adds to other specialty mental health services. It doesn't take the place of them. Since TBS is short-term, other specialty mental health services may be needed to keep problems from coming back or getting worse after TBS has ended.

TBS is NOT provided if the reason it is needed is:

- Only to help you follow a court order about probation
- Only to protect your physical safety or the safety of other people
- Only to make things easier for your family, caregiver, guardian or teachers
- Only to help with behaviors that are not part of your mental health problems

You cannot get TBS while you are in a mental health hospital, an IMD, or locked juvenile justice setting, such as a juvenile hall. If you are in a mental health hospital or an IMD, though, you may be able to leave the mental hospital or IMD sooner, because TBS can be added to other specialty mental health services to help you stay in a lower level of care (home, a foster home or a group home).

### How Do I Get TBS?

If you think you may need TBS, ask your psychiatrist, therapist or case manager, if you already have one, or contact the MHP and request services. A family member, caregiver, guardian, doctor, psychologist, counselor or social worker may call and ask for information about TBS or other specialty mental health services for you. You may also call the MHP and ask about TBS.

### Who Decides If I Need TBS And Where Can I Get Them?

The MHP decides if you need specialty mental health services, including TBS. Usually an MHP staff person will talk with you, your family, caregiver or guardian, and others who are important in your life and will make a plan for all the mental health services you need, including a TBS plan if TBS is needed. This may take one or two meetings face-to-face, sometimes more. If you need TBS, someone will be assigned as your TBS staff person.

### What Should Be In My TBS Plan?

Your TBS plan will spell out the problem behaviors that need to change and what the TBS staff person, you and sometimes your family, caregiver or guardian will do when TBS happens. The TBS plan will say how many hours a day and the number of days a week the TBS staff person will work with you and your family, caregiver or guardian. The hours in the TBS Plan may be during the day, early morning, evening or night. The days in the TBS Plan may be on weekends as well as weekdays. The TBS plan will say how long you will receive TBS. The TBS Plan will be reviewed regularly. TBS may go on for a longer period of time, if the review shows you are making progress but need more time.

## Medical Necessity Criteria

### What Is 'Medical Necessity' And Why Is It So Important?

One of the conditions necessary for receiving specialty mental health services through your county's MHP is something called 'medical necessity.' This means a doctor or other mental health professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term 'medical necessity' is important because it will help decide what kind of services you may get and how you may get them. Deciding 'medical necessity' is a very important part of the process of getting specialty mental health services.

### What Are The 'Medical Necessity' Criteria For Coverage Of Specialty Mental Health Services Except For Hospital Services?

As part of deciding if you need specialty mental health services, your county's MHP will work with you and your provider to decide if the services are a 'medical necessity,' as explained above. This section explains how your MHP will make that decision.

You don't need to know if you have a diagnosis, or a specific mental illness, to ask for help. Your county MHP will help you get this information with an assessment.

There are four conditions your MHP will look for to decide if your services are a 'medical necessity' and qualify for coverage by the MHP:

(1) You must be diagnosed by the MHP with one of the following mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Personality Disorders
- Gender Identity Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, including Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses

...to be eligible for specialty mental health services from the MHP.

AND

(2) You must have at least one of the following problems as a result of the diagnosis:

- A significant difficulty in an important area of life-functioning
- A probability of significant deterioration in an important area of life functioning
- Except as provided in the section for people under 21 years of age, a probability that a child will not progress developmentally as individually appropriate

AND

(3) The expectation is that the proposed treatment will:

- Significantly reduce the problem
- Prevent significant deterioration in an important area of life-functioning
- Allow a child to progress developmentally as individually appropriate

AND

(4) The condition would not be responsive to physical health care based treatment.

When the requirements of this 'medical necessity' section are met, you are eligible to receive specialty mental health services from the MHP.

### What Are The 'Medical Necessity' Criteria for Specialty Mental Health Services For People Under 21 Years of Age?

If you are under the age of 21, have full-scope Medi-Cal and have one of the diagnoses listed in (1) above, but don't meet the criteria in (2) and (3) above, the MHP would need to work with you and your provider to decide if mental health treatment would correct or otherwise (improve) your mental health. If services covered by the MHP would correct or improve your mental health, the MHP will provide the services.

### What Are The 'Medical Necessity' Criteria For Reimbursement Of Psychiatric Inpatient Hospital Services?

One way that your MHP decides if you need to stay overnight in the hospital for mental health treatment is how 'medically necessary' a is for your treatment. If it is medically necessary, as explained above, then your MHP will pay for your stay in the hospital. An assessment will be made to help make this determination.

...to be eligible for specialty mental health services from the MHP.

When you and the MHP or your MHP provider plan for your admission to the hospital, the MHP will decide about medical necessity before you go to the hospital. More often, people go to the hospital in an emergency and the MHP and the hospital work together to decide about medical necessity. You don't need to worry about whether or not the services are medically necessary if you go to the hospital in an emergency (see State of California page 6 for more information about how emergencies are covered).

You have a mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing or shelter
- Present a severe risk to your physical health
- Have a recent, significant deterioration in ability to function, and
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

Your county's MHP will pay for a longer stay in a psychiatric inpatient hospital if you have one of the following:

- The continued presence of the "medical necessity" criteria described above
- A serious and negative reaction to medications, procedures or therapies requiring continued hospitalization
- The presence of new problems which meet medical necessity criteria
- The need for continued medical evaluation or treatment that can only be provided in a psychiatric inpatient hospital

Your county's MHP can have you released from a psychiatric inpatient (overnight stay) hospital when your doctor says you are stable. This means when the doctor expects you would not get worse if you were transferred out of the hospital.



What Is A Notice of Action?

A Notice of Action sometimes called an NOA, is a form that your county's Mental Health Plan (MHP) uses to tell you when the MHP makes a decision about whether or not you will get Medi-Cal specialty mental health services. A Notice of Action is also used to tell you if your Grievance, Appeal, or expedited Appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.

When Will I Get A Notice of Action?

You will get a Notice of Action:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. See page 17 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Action before you receive the service, but sometimes the Notice of Action will come after you already received the service, or while you are receiving the service. If you get a Notice of Action after you have already received the service, you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the timelines the MHP has set up. Call your county's MHP to find out if the MHP has set up timeline standards.
- If you file a Grievance with the MHP and the MHP does not get back to you with a written decision on your Grievance within 60 days. See page 26 for more information on Grievances.
- If you file an Appeal with the MHP and the MHP does not get back to you with a written decision on your Appeal within 45 days, or if you filed an expedited Appeal within three working days. See page 23 for more information on Appeals.



Medical Necessity Criteria

Will I Always Get A Notice of Action When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Action. If you and your provider do not agree on the services you need, you will not get a Notice of Action from the MHP. If you think the MHP is not providing services to you quickly enough, but the MHP hasn't set a timeline, you won't receive a Notice of Action.

You may still file an Appeal with the MHP or request a State Fair Hearing when these things happen. Information on how to file an Appeal or request a State Fair Hearing is included in this booklet starting on page 22. Information should also be available in your provider's office.

What Will The Notice of Action Tell Me?

The Notice of Action will tell you:

- What your county's MHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the MHP made its decision.
- The state or federal rules the MHP was following when it made the decision.
- What your rights are if you do not agree with what the MHP did.
- How to file an Appeal with the MHP.
- How to request a State Fair Hearing.
- How to request an expedited Appeal or an expedited State Fair Hearing.
- How to get help filing an Appeal or requesting a State Fair Hearing.
- How long you have to file an Appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for a State Fair Hearing decision.
- When you have to file your State Fair Hearing request if you want the services to continue.

What Should I Do When I Get A Notice of Action?

When you get a Notice of Action you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person to help you.

If the Notice of Action form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the State Fair Hearing within 10 days from the date the Notice of Action was mailed or personally given to you. If the Notice of Action is sent more than 10 days before the effective date for the change in services, before the effective date of the change.



Appeals and State Fair Hearings



Appeal

Notice of Action

Problem Resolution Processes

What If I Don't Get the Services I Want From My County MHP?

Your county's MHP has a way for you to work out a problem about any issue related to the specialty mental health services you are receiving. This is called the problem resolution process and it could involve:

1. The Appeal Process - review of a decision (initial or changes to services) that was made about your specialty mental health services by the MHP or your provider.
2. The State Fair Hearing Process - review to make sure you receive the mental health services which you are entitled to under the Medi-Cal program.
3. The Grievance Process - an expression of unhappiness about anything regarding your specialty mental health services that is not one of the problems covered by the Appeal and State Fair Hearing processes.

Your MHP will provide Grievance and Appeal forms and self-addressed envelopes for you at all provider sites, and you should not have to ask anyone to get one. Your county's MHP must post notices explaining the Grievance and Appeal process procedures in locations at all provider sites, and make language interpreting services available at no charge, along with toll-free numbers to help you during normal business hours.

You will not be punished for filing a Grievance, Appeal or State Fair Hearing. When your Grievance or Appeal is complete, your county's MHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your county's MHP will have people available to explain these processes to you and to help you report a problem either as an Appeal, a Grievance, or as a request for State Fair Hearing. They may also help you know if you qualify for what's called an "expedited" process, which means it will be reviewed more quickly because your health or stability is at risk. You may also authorize another person to act on your behalf, including your mental health care provider.

What If I Need Help To Solve A Problem With My MHP But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the MHP to help you find your way through the MHP systems. The State has a Mental Health Ombudsman Services program that can provide you with information on how the MHP system works, explain your rights and choices, help you solve problems with getting the services you need, and refer you to others at the MHP or in your community who may be of help.



Mental Health Ombudsman Services

## THE Appeals PROCESSES (Standard and Expedited)

Your MHP is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by the MHP or your provider. There are two ways you can request a review. One way is using the standard Appeals process. The second way is by using the expedited Appeals process. These two forms of Appeals are similar; however, there are specific requirements to qualify for an expedited Appeal. The specific requirements are explained below.

### What Is A Standard Appeal?

A Standard Appeal is a request for review of a problem you have with the MHP or your provider that involves denial or changes to services you think you need. If you request a standard Appeal, the MHP may take up to 45 days to review it. If you think waiting 45 days will put your health at risk, you should ask for an "expedited Appeal."

#### The standard Appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed, written Appeal. If you do not follow-up with a signed written Appeal, your Appeal will not be resolved. However, the date that you submitted the oral Appeal is the filing date.
- Ensure filing an Appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the Appeal process, before and during the Appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a decedent (beneficiary's estate) to be included as parties to the Appeal.
- Let you know your Appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Fair Hearing at any time during the Appeal process.

### When Will A Decision Be Made About My Appeal?

The MHP must decide on your Appeal within 45 calendar days from when the MHP receives your request for the Appeal. Sometimes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your Appeal if the MHP had a little more time to get information from you or your provider.

### What If I Can't Wait 45 Days For My Appeal Decision?

The Appeal process may be faster if it qualifies for the expedited Appeals process. (Please see the section on Expedited Appeals below.) You have the right to request a State Fair Hearing at any time during the Appeals process.

### What Is An Expedited Appeal?

An expedited Appeal is a faster way to decide an Appeal. The expedited Appeals process follows a process similar to the standard Appeals process. However,

- Your Appeal has to meet certain requirements (see below).
- The expedited Appeals process also follows different deadlines than the standard Appeals process.
- You can make a verbal request for an expedited Appeal. You do not have to put your expedited Appeal request in writing.

### When Can I File an Expedited Appeal?

If you think that waiting up to 45 days for a standard Appeal decision will jeopardize your life, health or ability to earn, maintain or regain maximum function, you may request an expedited Appeal. If the MHP agrees that your Appeal meets the requirements for an expedited Appeal, your MHP will resolve your expedited Appeal within 3 working days after the MHP receives the expedited Appeal. Sometimes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframe, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your Appeal does not qualify for an expedited Appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your Appeal will then follow the standard Appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your Appeal doesn't meet the expedited Appeal criteria, you may file a Grievance (see the description of the Grievance process below).

Once your MHP resolves your expedited Appeal, the MHP will notify you and all affected parties orally and in writing.

### When Can I File An Appeal?

You can file an Appeal with your county's MHP:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your Grievance, Appeal or expedited Appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need.

### How Can I File An Appeal?

See the front part of this booklet for information on how to file an Appeal with your MHP. You may call your county MHP's toll-free telephone number (also included in the front part of this booklet) to get help with filing an Appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your Appeal.

### How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your Appeal. The notification will have the following information:

- The results of the Appeal resolution process
- The date the Appeal decision was made
- If the Appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing and the procedure for filing a State Fair Hearing.

### Is There A Deadline To File An Appeal?

You must file an Appeal within 90 days of the date of the action you're appealing when you get a Notice of Action. (See page 20.) Keep in mind that you will not always get a Notice of Action. There are no deadlines for filing an Appeal when you do not get a Notice of Action, so you may file at any time.

## THE State Fair Hearing PROCESSES (Standard and Expedited)

### What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

### What Are My State Fair Hearing Rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State Fair Hearing).
- Be told about how to ask for a State Fair Hearing.
- Be told about the rules that govern representation at the State Fair Hearing.
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes.
- Ask for a State Fair Hearing whether or not you use the MHP's Appeal process and whether or not you have received a Notice of Action as described earlier in this booklet.

### When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your Grievance, Appeal or expedited Appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need.

### How Do I Request a State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearing Division  
California Department of Social Services  
P.O. Box 942443, Mail Station 19-37  
Sacramento, CA 94244-2430



To request a State Fair Hearing, you may also call (800) 952-5253, send a fax to (916) 229-4110, or write to the Department of Social Services/State Hearings Division, PO Box 941243, Mail Station 19-37, Sacramento, CA 94294-2430.

### Is There A Deadline For Filing For A State Fair Hearing?

If you didn't receive a Notice of Action or file an Appeal with the MHP, you may file for a State Fair Hearing at any time.

If you get a Notice of Action and decide to file for a State Fair Hearing instead of, or in addition to, filing an Appeal with the MHP, you must file for the State Fair Hearing within 90 days of the date your Notice of Action was mailed or personally given to you.

If you file an Appeal with the MHP and want to file for a State Fair Hearing after you get the MHP's decision on your Appeal, you must file for the State Fair Hearing within 90 days of the postmark date of the MHP's Appeal decision.

### Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

You can continue services while you're waiting for a State Fair Hearing decision if your provider thinks the specialty mental health services you are already receiving need to continue and asks the MHP for approval to continue, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service the provider requested. You will always receive a Notice of Action from the MHP when this happens. Additionally, you will not have to pay for services given while the State Fair Hearing is pending.

### What Do I Need To Do If I Want To Continue Services While I'm Waiting For A State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date your Notice of Action was mailed or personally given to you.

### What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think that normal 90-day timeframe will cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

### How Do I Know If The MHP Has Made A Decision About My Grievance?

When a decision has been made regarding your Grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the Grievance decision on time, the MHP will provide you with a Notice of Action advising you of your right to request a State Fair Hearing. Your MHP will provide you with a Notice of Action on the date the timeframe expires.

### Is There A Deadline To File To Grievance?

You may file a Grievance at any time.

## THE Grievance PROCESS

### What Is A Grievance?

A Grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes (see pages 23 and 26 for information on the Appeal and State Fair Hearing processes).

### The Grievance process will:

- Involve simple, and easily understood procedures that allow you to present your Grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MHP and your provider.
- Provide resolution for the Grievance in the required timeframes.

### When Can I File A Grievance?

You can file a Grievance with the MHP if you are unhappy with the specialty mental health services you are receiving from the MHP or have another concern regarding the MHP.

### How Can I File A Grievance?

You may call your county MHP's toll-free telephone number to get help with a Grievance. The MHP will provide self-addressed envelopes at all the providers' sites for you to mail in your Grievance. Grievances can be filed orally or in writing. Oral Grievances do not have to be followed up in writing.

### How Do I Know If The MHP Received My Grievance?

Your MHP will let you know that it received your Grievance by sending you a written confirmation.

### When Will My Grievance Be Decided?

The MHP must make a decision about your Grievance within 60 calendar days from the date you filed your Grievance. Timeframes may be extended by up to 14 calendar days if you request more time, or if the MHP feels there is a need for additional information and that the delay was for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your Grievance if the MHP had a little more time to get information from you or other people involved.

## Your Rights

### What Are My Rights?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment options and alternatives, and have them prepared in a manner you can understand.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay overnight for treatment.
- Request and receive a copy of your medical records, and request that they be amended or corrected.
- Receive the information in this booklet about the services covered by the MHP, other obligations of the MHP and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages that are used by at least 5 percent or 3,000, whichever is less, of Medi-Cal eligible people in the MHP's county and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision or people who have trouble reading.
- Receive specialty mental health services from a MHP that follows the requirements of its contract with the State in the areas of availability of services, assurance of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The MHP is required to:
  - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible individuals who qualify for specialty mental health services can receive them in a timely manner.
  - Cover medically necessary services out-of-network for you in a timely manner, if the MHP doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the MHP's list of providers. The MHP must make sure you don't pay anything extra for seeing an out-of-network provider.
  - Make sure providers are qualified to deliver the specialty mental health services that the providers agreed to cover.