1. CSS Plan: Population Assessment
2. Organizational Chart
3. Cultural Competence Committee Meeting Topics
4. Cultural Competence/Ethnic Services Manager’s QIC Updates
5. Staff and Provider Ethnicity and Proficiency Surveys
6. Agency Self-Assessment of Cultural Competence Tool
7. WET Plan Workforce Needs Assessment
8. Policy and Procedure: Information Dissemination and Cultural Competency
9. Policy and Procedure: Cultural Competency and Training of Interpreters
10. HHSA’s Bilingual Staff Roster
11. Policy and Procedure: Language and Special Communications Needs
12. Policy and Procedure: Availability of Translated Materials
13. Yolo County Guide to Mental Health Services
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

<table>
<thead>
<tr>
<th>Figure 1 Yolo County Population, Poverty, Prevalence and Medi-Cal Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCERPTED COLUMNS:</td>
</tr>
<tr>
<td>SMI/SED Prevalence Estimate of &lt;200% Poverty Reported 2004</td>
</tr>
<tr>
<td>ADMH Clients (All &lt;200% of Poverty)</td>
</tr>
<tr>
<td>Ratio ADMH Clients to SMI/SED Prevalence Estimate (E/D)</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td>AK, Native/Amer. Indian</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>Black/African American</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Other/Unknown/Multiracial</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Gender Distribution</td>
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<tr>
<td>Male</td>
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<tr>
<td>Female</td>
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<td>Total</td>
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<td>Primary Language</td>
</tr>
<tr>
<td>English</td>
</tr>
<tr>
<td>Spanish</td>
</tr>
<tr>
<td>Russian</td>
</tr>
<tr>
<td>Other/Unknown</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
APPENDIX

2. Organizational Chart
3. Cultural Competence Committee Meeting Topics
### CCC Meeting Topics -- January to June 2017

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

Theresa Smith, Cultural Competence/Ethnic Services Manager, 530-666-8746
HHSA.CulturalCompetency@yolocounty.org

<table>
<thead>
<tr>
<th>Meeting Date (Friday)</th>
<th>Topic/Focus</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 13, 2017 10:30 to Noon</td>
<td>CCC Meeting with Extended Discussion on MHSA Community Feedback with Joan Beasley</td>
<td>Clarksburg Room, Gonzales Building 25 N. Cottonwood Street, Woodland, CA 95695</td>
</tr>
<tr>
<td>February 10, 2017 10:30 to Noon</td>
<td>CCC Meeting with Special Presentation from 11-Noon Understanding the Diversity and Needs of Russian-Speaking Communities and Immigrants with Tatiana Shevchenko, Director Russian Information &amp; Support Services <a href="mailto:info@riisnet.org">info@riisnet.org</a></td>
<td>162 Community Room, Gonzales Building 25 N. Cottonwood Street, Woodland, CA 95695</td>
</tr>
<tr>
<td>March 10, 2017 10:30 to Noon</td>
<td>Special Workgroup Meeting: LGBTQ This meeting time is dedicated for individuals who plan to be a part of the ongoing Subcommittee/Special Workgroup for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning communities.</td>
<td>Clarksburg Room, Gonzales Building 25 N. Cottonwood Street, Woodland, CA 95695</td>
</tr>
<tr>
<td>April 14, 2017 10:30 to Noon</td>
<td>CCC Meeting with Extended Discussion on Data, Penetration Rates and Identified Unserved and Underserved Target Populations</td>
<td>Clarksburg Room, Gonzales Building 25 N. Cottonwood Street, Woodland, CA 95695</td>
</tr>
<tr>
<td>May 12, 2017 10:30 to Noon</td>
<td>May is Mental Health Month Special Event The CCC will host an open event in honor of May is Mental Health Month. The event will feature Special Video Viewing and Discussion of Taiye Selasi: Don't ask where I'm from, ask where I'm a local</td>
<td>Walker and Thomson Rooms 137 N. Cottonwood Street, Woodland, CA 95695</td>
</tr>
<tr>
<td>June 9, 2017 10:30 to Noon</td>
<td>Special Workgroup Meeting: Policies and Procedures 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.</td>
<td>Clarksburg Room, Gonzales Building 25 N. Cottonwood Street, Woodland, CA 95695</td>
</tr>
</tbody>
</table>
**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. MHSR: 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

<table>
<thead>
<tr>
<th>Date</th>
<th>CCP Planning and Discussion Activities and Tasks</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 14, 2017</strong></td>
<td>• Review and provide feedback on strategic plan, mission statement, etc. (Criterion 1)</td>
<td>Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland</td>
</tr>
<tr>
<td></td>
<td>• Review and provide feedback for Staff and Provider Ethnicity Survey to be completed in September</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review and provide feedback/suggestions for community outreach, engagement and involvement efforts with identified racial, ethnic, cultural and linguistic communities. (Criterion 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discuss/Feedback: 2018 CCC Goals and Objectives</td>
<td></td>
</tr>
<tr>
<td><strong>August 11, 2017</strong></td>
<td>• Review and provide feedback/suggestions for Training Activities (Criterion 5)</td>
<td>Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland</td>
</tr>
<tr>
<td></td>
<td>• Review and provide feedback and suggestions for Organization Self-Assessment to be completed in October 4, 2017, 11 to 12:30 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discuss/Feedback: 2018 CCC Goals and Objectives</td>
<td></td>
</tr>
</tbody>
</table>
| **September 8, 2017** | • Review status and provide feedback/suggestions for:  
  1) Commitment to Growing Multi-Cultural Workforce; Hiring and Retaining Culturally and Linguistically Competent Staff (Criterion 6)  
  2) Language Capacity (Criterion 7)  
  3) Adaptation of Services (Criterion 8) | Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland |
<p>|                   | • Discuss/Feedback: 2018 CCC Goals and Objectives                                                                |                                               |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>CCP Planning and Discussion Activities and Tasks 11:15 a.m. to Noon</th>
<th>Location</th>
</tr>
</thead>
</table>
| October 13, 2017   | **Special Workgroup: Meeting: Mental Health and Spirituality**  
  • Review current efforts and local resources  
  • Review MHSA spirituality-related principles, objectives  
  • Review current status of California Mental Health and Spirituality Initiative  
  • Discuss/identify needed resources and supports  
  • Discuss/identify next steps | Clarksburg Room, Gonzales Building, 25 N. Cottonwood Street, Woodland       |
| November 10, 2017  | **No Meeting – Holiday – Veteran’s Day**                                                                                       | N/A                                                                      |
| December 8, 2017   | • Review Cultural Competence Committee Activities  
  • Provide CCC Annual Report Feedback  
  • Identify CCC Goals and Objectives for 2018                                                                                     | 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
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 23rd to November 3rd

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

---

**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 8th.
      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 2nd, 10:30 to Noon, Thomson Room in Bauer.

Theresa Smith, LCSW
Theresa Smith, LCSW - Program Manager
Cultural Competence/Ethnic Services Manager
MHSA Workforce Education and Training Coordinator
Yolo County Health and Human Services Agency
137 North Cottonwood Street, Suite 1500
Woodland, CA 95695
(530) 666-8746
(530) 666-8633 fax
theresa.smith@yolocounty.org
APPENDIX

5. Staff and Provider Ethnicity and Proficiency Surveys
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
   - Mexican/Mexican-American
   - Cuban
   - American Indian/Alaskan Native
   - Cambodian
   - Other Asian
   - Japanese
   - Mien
   - Russian
   - Vietnamese
   - Eastern European
   - Western European
   - Central American
   - South American
   - Ashkenazi Jew
   - Asian Indian
   - Chinese
   - Guamanian
   - Korean
   - Native Hawaiian
   - Samoan
   - White/Caucasian
   - Northern European
   - Unknown
   - Chicano
   - Puerto Rican
   - Continental African
   - Black/African American
   - Filipino
   - Hmong
   - Laotian
   - Pacific Islander
   - Ukranian
   - Other Pacific Islander
   - Southern European
   - Decline to State

5. **Gender Identity**
   - Female
   - Male
   - Transgender Female
   - Transgender Male
   - Choose not to answer

6. **Self-Identified Sexual Orientation**
   - Heterosexual/Straight
   - Gay
   - Lesbian
   - Bisexual
   - Questioning
   - Queer
   - 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
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 ____________________________**

   [ ] Speak
   [ ] Read
   [ ] Write

   **E. Other; specify ____________________________**

   [ ] 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.**

   ____________________________
1. Provider/Agency. Please choose only one.
   - Communicare
   - RISE, Inc.
   - Yolo Community Care Continuum
   - Other; specify ________________________________
   - Choose not to answer

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

3. Program/Service Population. Please check all that apply.
   - Children (0-5 years of age)
   - Children (6-15)
   - Adult (26-59)
   - Older Adult (60 years and older)
   - Transition Age Youth (16-25)
   - 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
      - Mexican/Mexican-American
      - Cuban
      - American Indian/Alaskan Native
      - Cambodian
      - Other Asian
      - Japanese
      - Mien
      - Russian
      - Vietnamese
      - Eastern European
      - Western European
      - Other; Specify ________________________________

5. Gender Identity
   - Female
   - Male
   - Transgender (specify ________________________________)
   - Choose not to answer

6. Self-Identified Sexual Orientation
   - Heterosexual/Straight
   - Gay
   - Lesbian
   - Bisexual
   - Questioning
   - Queer
   - 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
1. **Staff Name**
   - **First Name**
   - **Last Name**

2. **Provider/Agency. Please choose only one.**
   - [ ] Commucare
   - [ ] TurnPoint
   - [ ] Victor Community Support Services
   - [ ] Fourth and Hope
   - [ ] Cache Creek Lodge
   - [ ] First 5 Yolo
   - [ ] Yolo Family Service Agency
   - [ ] Other; specify
   - [ ] 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**
     - [ ] Speak
     - [ ] Read
     - [ ] Write
   - **E. Other; specify**
     - [ ] 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
   - [ ] Gay
   - [ ] Transgender
   - [ ] Women/Women's Issues
   - [ ] Children (0-5 years of age)
   - [ ] Older Adult (60 years and older)
   - [ ] Visually Impaired
   - [ ] Lesbian
   - [ ] Questioning
   - [ ] Genderqueer Issues
   - [ ] Children (6-15)
   - [ ] Poor/Poverty Issues
   - [ ] Physically Impaired or Disabled
   - [ ] Bisexual
   - [ ] Queer
   - [ ] Men/Men's Issues
   - [ ] Transition Age Youth (16-25)
   - [ ] 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.**
   
   __________________________
   __________________________
6. Agency Self-Assessment of Cultural Competence Tool
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

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<tbody>
<tr>
<td>Agency (or PO) has not yet made cultural competence part of its mission</td>
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<tr>
<td>Agency (or PO) has made accountability for CC part of at least one management level person’s activities</td>
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<td>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</td>
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<tr>
<td>Agency (or PO) has both a dedicated budget and a written CC plan with objectives, strategies, and implementation timetable</td>
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<tr>
<td>In addition to (4), agency (or PO) requires periodic review and updates of its written CC plan</td>
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</tbody>
</table>

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.

HHSA Update
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.

Comments/Questions for group discussion

Score choice after group discussion

3
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

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</thead>
<tbody>
<tr>
<td></td>
<td>Agency does not obtain current data on its service users nor on its target community that would enable identification of cultures or languages needs</td>
<td>Agency obtains current data on its service users that allows their cultures and their language needs to be identified</td>
<td>In addition to (2), agency has identified prevalent cultural groups of its service users</td>
<td>In addition to (3), agency has identified language needs among prevalent cultural groups of its service users</td>
<td>In addition to (4), agency has identified prevalent cultural groups of the target community</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>HHSA Update</th>
<th>HHSA collects data during intake, admission or clinical/social assessment for individuals served by the agency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments/Questions for group discussion</td>
<td></td>
</tr>
<tr>
<td>Score choice after group discussion</td>
<td></td>
</tr>
</tbody>
</table>
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.

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency does not have a CC Committee or other group that addresses cultural issues</td>
<td>Agency does not have a CC Committee but addresses CC issues in other of its committees, boards or advisory</td>
<td>Agency has established a free-standing CC Committee</td>
<td>The CC Committee includes two representatives from the most prevalent cultural group of the target community who attend at least 50% of yearly meetings</td>
<td>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</td>
</tr>
</tbody>
</table>

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.

HHSA Update
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.

Comments/Questions for group discussion

Score choice after group discussion

5
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

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</thead>
<tbody>
<tr>
<td>CC Committee or other group performs no activities of integration</td>
<td>CC Committee or other group performs 1 of the 4 activities of Integration</td>
<td>CC Committee or other group performs 2 of the 4 activities of Integration</td>
<td>CC Committee or other group performs 3 of the 4 activities of Integration</td>
<td>CC Committee or other group performs all 4 of the activities of integration</td>
</tr>
</tbody>
</table>

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.

HHSA Update
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.

Comments/Questions for group discussion

Score choice after group discussion
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

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

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.

<table>
<thead>
<tr>
<th>HHSA Update</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments/Questions for group discussion</td>
<td></td>
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<tr>
<td>Score choice after group discussion</td>
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</table>
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 2ND MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

CRITERION 6C - WITH THE 3RD MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

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<tbody>
<tr>
<td>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</td>
<td>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</td>
<td>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:</td>
<td>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</td>
<td>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</td>
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</table>

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 1st, 2nd and 3rd most prevalent cultural group of service users.

<table>
<thead>
<tr>
<th>HHSA Update</th>
<th>Yolo County has Spanish and Russian as identified threshold languages. MHSA has designated initiative for the LGBTQ+ communities.</th>
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<tbody>
<tr>
<td>Comments/Questions for group discussion</td>
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<td>Score choice after group discussion</td>
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</table>
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

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

**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.

Agencies 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.

<table>
<thead>
<tr>
<th>HHSA Update</th>
<th>Comments/Questions for group discussion</th>
<th>Score choice after group discussion</th>
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<tbody>
<tr>
<td>HHSA utilizes bilingual staff and interpreter services to address the language needs of persons with limited English proficiency.</td>
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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

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<tr>
<td></td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>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: • Direct service / clinical • Supervisory • Administrative</td>
<td>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: • Direct service / clinical • Supervisory • Administrative</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>HHSA Update</th>
<th>HHSA has multiple Spanish-bilingual staff members at the staff levels of direct service/clinical and supervisory.</th>
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<tbody>
<tr>
<td>Comments/Questions for group discussion</td>
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<td>Score choice after group discussion</td>
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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

<table>
<thead>
<tr>
<th>Major Group and Positions</th>
<th>Credential</th>
<th>Estimated to meet need # FTE</th>
<th>Race/ethnicity of FTEs currently in the workforce – Col. (11) # FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># FTE author-1=Yes to # FTE authorized in addition</td>
<td>White/His/Asian/Pacific/Native/Race (5)+(6)+</td>
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<tr>
<td></td>
<td></td>
<td># FTE filed</td>
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<th>(7)</th>
<th>(8)</th>
<th>(9)</th>
<th>(10)</th>
<th>(11)</th>
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</thead>
<tbody>
<tr>
<td>Mental Health Rehabilitation Specialist</td>
<td>15.3</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
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<td></td>
<td></td>
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<tr>
<td>Case Manager/Service Coordinators</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>Employment Services Staff</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>Housing Services Staff</td>
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<tr>
<td>Consumer Support Staff</td>
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<td>16.9</td>
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All Other (CBOs, CBO sub-contractors, network providers, and volunteers)

| Mental Health Rehabilitation Specialist | 14.6 | 2 | 5.5 |
| Case Manager/Service Coordinators       | 11.0  | 2 | 0.0 |
| Employment Services Staff               | 0.0  | 0 | 3.7 |
| Housing Services Staff                  | 3.7  | 0 | 3.7 |
| Consumer Support Staff                  | 21.9 | 0 | 3.7 |
| Family Member Support Staff             | 4.4  | 0 | 0.0 |
| Benefits/Eligibility Specialist         | 1.8  | 2 | 3.7 |
| Other Unlicensed MH Direct Service Staff | 165.4 | 4 | 12.8 |
| Sub-total, A (All Other)               | 222.8| 9 | 32.9 |
| Total, A (County & All Other)          | 239.7| 9 | 32.9 |
## EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

### I. By Occupational Category – page 2

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<tr>
<th>Major Group and Positions</th>
<th># Estimated FTE</th>
<th># Estimated to meet need in addition to # FTE authorized</th>
<th>Position hard to fill?</th>
<th>Race/ethnicity of FTEs currently in the workforce – Col. (11)</th>
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<tr>
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<tr>
<td>Clinical Nurse Specialist</td>
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Yolo County Workforce Education and Training Plan Component
## EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

### I. By Occupational Category – page 3

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<tr>
<th>Major Group and Positions</th>
<th># FTE authorized</th>
<th>Position hard to fill?</th>
<th>Estimated to meet need in addition to # FTE authorized</th>
<th># FTE filled</th>
<th>Race/ethnicity of FTEs currently in the workforce – Col. (11)</th>
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<tr>
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<tr>
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<td>0.0</td>
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<tr>
<td>Other Health Care Staff (direct service, to include traditional cultural healers)</td>
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<tr>
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<tr>
<td>Other Health Care Staff (direct service, to include traditional cultural healers)</td>
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<tr>
<td><strong>Sub-total, C (All Other)</strong></td>
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<td>195.6</td>
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EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category – page 4

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<th>Major Group and Positions</th>
<th>Estimated # FTE authorized</th>
<th>Position hard to fill?</th>
<th># FTE estimated to meet need in addition to # FTE authorized</th>
<th># FTE filled</th>
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<td>1=Yes 0=No</td>
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<td>D. Managerial and Supervisory:</td>
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<tr>
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<tr>
<td>Licensed supervising clinician</td>
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<td>Other managers and supervisors</td>
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<td>Education, training, research</td>
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## EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

### GRAND TOTAL WORKFORCE

**A+B+C+D+E**

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<th>Major Group and Positions</th>
<th>Estimated</th>
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<th>FTE filled</th>
<th>White/</th>
<th>Hispanic/</th>
<th>African-</th>
<th>Asian/</th>
<th>Native</th>
<th>Multi</th>
<th>All individuals filled</th>
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### F. TOTAL PUBLIC MENTAL HEALTH POPULATION

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<th>Hispanic/</th>
<th>African-</th>
<th>Asian/</th>
<th>Native</th>
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<th>All individuals filled</th>
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<td>58.4%</td>
<td>17.5%</td>
<td>5.8%</td>
<td>3.9%</td>
<td>1.4%</td>
<td>13.0%</td>
<td>99.9%</td>
</tr>
</tbody>
</table>

**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:

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

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)

<table>
<thead>
<tr>
<th>Language, other than English</th>
<th>Number who are proficient</th>
<th>Additional number who need to be proficient</th>
<th>TOTAL (2)+(3)</th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
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<td>(4)</td>
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<tr>
<td>1. Spanish</td>
<td>Direct Service Staff</td>
<td>65</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>23</td>
<td>0</td>
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<tr>
<td>2. Russian</td>
<td>Direct Service Staff</td>
<td>9</td>
<td>2</td>
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<tr>
<td></td>
<td>Others</td>
<td>3</td>
<td>0</td>
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<tr>
<td>3. German</td>
<td>Direct Service Staff</td>
<td>7</td>
<td>0</td>
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<tr>
<td></td>
<td>Others</td>
<td>3</td>
<td>0</td>
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<td>4. Chinese</td>
<td>Direct Service Staff</td>
<td>13</td>
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<tr>
<td></td>
<td>Others</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Other</td>
<td>Direct Service Staff</td>
<td>2</td>
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<tr>
<td></td>
<td>Others</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL, all languages other than English:</td>
<td>Direct Service Staff</td>
<td>96</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>29</td>
<td>0</td>
</tr>
</tbody>
</table>
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.
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

Information Dissemination and Cultural Competency

Policy No.: 309
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:

[Signature]
ADMH Director

[Date]
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.
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
10. HHSA's Bilingual Staff Roster
<table>
<thead>
<tr>
<th>Branch</th>
<th>Name</th>
<th>Title</th>
<th>Description</th>
<th>Language Spoken</th>
</tr>
</thead>
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<td>Benefits Center</td>
<td>Neupane, Geeta</td>
<td>Public Assistance Spec. II</td>
<td>100 West Court St</td>
<td>Hindi/Nepali-Level II</td>
</tr>
<tr>
<td>HIIA-Service Centers</td>
<td>Sharma, Braham</td>
<td>Employment &amp; SS Program Sup.</td>
<td>100 West Court St</td>
<td>Hindi/Punjabi/Urdu-Level I</td>
</tr>
<tr>
<td>HIIA-Service Centers</td>
<td>Yang, Yer</td>
<td>Public Assistance Spec. II</td>
<td>100 West Court St</td>
<td>Himung-Level I</td>
</tr>
<tr>
<td>HIIA-Service Centers</td>
<td>Krala, Teriina</td>
<td>Public Assistance Spec. III</td>
<td>100 West Court St</td>
<td>Russian/Ukraine-Level I</td>
</tr>
<tr>
<td>HIIA-Service Centers</td>
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<td>Public Assistance Spec. II</td>
<td>100 West Court St</td>
<td>Spanish Level II</td>
</tr>
<tr>
<td>HIIA-Service Centers</td>
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<td>Public Assistance Spec. III</td>
<td>100 West Court St</td>
<td>Spanish Level II</td>
</tr>
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<td>Employment &amp; SS Program Sup.</td>
<td>100 West Court St</td>
<td>Spanish Level II</td>
</tr>
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<td>100 West Court St</td>
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<td>100 West Court St</td>
<td>Spanish Level II</td>
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<td>100 West Court St</td>
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<tr>
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<td>100 West Court St</td>
<td>Spanish Level II</td>
</tr>
<tr>
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<td>Public Assistance Spec. III</td>
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<td>Spanish Level II</td>
</tr>
<tr>
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<td>Public Assistance Spec. III</td>
<td>100 West Court St</td>
<td>Spanish Level II</td>
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<td>Hindi/Punjabi-Level II</td>
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<td>Health Department Program Mgr</td>
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<td>Meza, Emily F.</td>
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<td>137 North Cottonwood St</td>
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<tr>
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<td>Children Services Elig.  Spec. II</td>
<td>137 North Cottonwood St</td>
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<td>Pérez-Soltero, Patricia</td>
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**Woodland - Gonzales**

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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
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

Language and Special Communication Needs

Page 2 of 5
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

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:

[Signature]

ADMH Director

[Date] 11-3-08
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.

ATTCHEMENT E
Language and Special Communication Needs
Page 4 of 5
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  - [ ] Hebrew
- [ ] Hmong  - [ ] Mien  - [ ] 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) __________________________
Yolo County Department of Alcohol, Drug, and Mental Health Services

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**

Revised 6-14-04
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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 wish. The operator is charged for the call; 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 English
- Spanish to English
- Spanish to English
- Spanish to English
- Spanish 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 caller 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 law. Both are administered 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 a complaint with a CRS Customer Service representative but are not satisfied with the results, you may contact the CPUC Consumer Affairs Specialist at 1-800-525-4323 TTY/voice.

How is CRS funded?

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

The Surcharge enables California Telephone Access Program (CTAP) to provide Relay services for those who are deaf or hard of hearing.

---

### Taxes & Surcharges

1. **Federal Universal Service Fund (USF)**
2. **State Universal Service Fund (SUSF)**
3. **California Relay Service (CRS)**
4. **California Telecommunications Access Program (CTAP)**
5. **California Public Utilities Commission (CPUC)**

---

**ATTACHMENT E**
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 your TTY number and gender (F/M) in text. Example:
   CRS operator: "CRS 0001 F 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 30

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 2001 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.

One-Line Voice Carry Over (VCO) Call

1. If you use a TTY, and prefer to use your own voice rather than type, VCO allows you to speak, but still receive response in text on your TTY display.

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

2. The CRS operator will answer by stating the ID number and gender (F/M) in text. Example:
   CRS operator: "CRS 0001 F 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.)

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 30
How do I use CRS?

Two-Line Voice Carry Over (VCO) Call

If you have residual hearing, you may find the 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 telephone numbers on the back page of this brochure.) Tell the operator to dial the number of your voice telephone lines.

EXAMPLE:
VCO user: "TWO-LINE VCO, PLEASE CALL 916-555-5555, 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.
   * See Glossary on page 20

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.

How do I use CRS?

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

1. 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 his or her ID number and gender (FAM) 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 operator 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

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

1. 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 his or her ID number and gender (FAM) 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

ATTACHMENT E
**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

### 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:

- ASL: www.pj-relay.com
- Sprint: www.printinlineonline.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.crewn.com.

---

**How do I use CRS?**

### Hearing Carry Over (HCO) Call

* If you can hear on your telephone, but need to type on a TTY, install a TTY or a computer keyboard next to the telephone.

**HCO calls require use of a TTY and a telephone.**

1. HCO users dial your CRS provider's TTY number. (See telephone numbers in back of this brochure.)

2. The CRS operator will answer by stating ID number and gender (FM) in text.

3. Type to the operator that you are using HCO.

**EXAMPLE:**

- HCO user types: "Please call 810-555-5555 HCO, GA.

4. The 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.

5. When you are finished, type "BYE HK". You may either instruct the operator to make a call or hang up your phone.

* See Glossary on page 20

### 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.

1. **Speech to Speech callers dial** 1-800-854-7784.

2. The CRS operator answers by stating ID number.

**EXAMPLE:**

- CRS operator: "CALIFORNIA SPEECH TO SPEECH OPERATOR 0001"

3. Give the operator the area code and number you wish to call.

**EXAMPLE:**

- Speech to Speech user: "PLEASE CALL 910-555-5555"

4. 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.

5. 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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**ATTACHMENT E**
Caller Preference

You can let CRS know exactly how you want your calls handled. CRS will try not to "interpose" 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 indicating 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.

Calling Tips

General Calling Tips

1. Have telephone area code and number(s) ready when you call CRS.

2. Do not add a code commands to the CRS operator during conversation because these commands 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)

ATTACHMENT E
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 provide 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:

[Signature]
ADMH Director

[Date] 11-3-08
APPENDIX

13. Yolo County Guide to Mental Health Services
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.

Specialty Mental Health Services:

Specialty mental health services are special health care services for people who have a mental illness or a mental health problem that is a major, chronic condition.

Some specialty mental health services include:

- Crisis counseling to help people who are having a serious mental health crisis
- Individual, group, or family therapy
- Rehabilitation and recovery services that help a person with a mental illness develop coping skills for daily living
- Special day programs for people with mental illness
- Psychiatric services that help treat mental illness
- Help managing medications 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 through 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 (persons who use psychiatric or psychological services) and services.

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

You need to ask your regular doctor for permission or get a referral. Then 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 a behavioral health clinic in your area for Medi-Cal mental health services. There are official names for different types of clinics in your area.

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 Medi-Cal Program
- Providing a toll-free phone number that is answered 24-hours a day and 7 days a week (a phone number does not have to be in your plan to provide services) to help you get services from the MHAP
- Having enough providers in each area that you can get the specialty mental health services covered by the MHAP if you need them.
- Informing and educating you about services available from your county MHAP
- Providing you services in the language you choose or by an interpreter if necessary
- Paying some of the charges and letting you know that these important services are available.

Providing you with written information about what is available to you in other languages or formats, 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 an adult or a child.
- 65 years old, or older
- Under 21 years of age
- An adult, between 19 and 65, who is a resident of California
- A child who is at least 1 (one) year old and is under the age of 21
- Blind or disabled
- Pregnant
- Certain refugees, or Cal/Connect immigrants
- 65 years old or over
- Married to a Medi-Cal recipient

If you are in one of these groups, you may apply for a county-operated medical assistance program.

You must be living in California to qualify for Medi-Cal. Call your local county social services office for an application or go to the Internet at www.dds.ca.gov/Medi-Cal/or/MSC210.htm.

Do I Have to Pay for Medi-Cal?
You may have to pay for Medi-Cal on the amount of money you get each month.
- If your income is less than Medi-Cal limits for your family size, you may have to pay for Medi-Cal services.
- If you receive public hospital care for your family size, you may have to pay money for your medical or mental health services.
- The amounts that you pay is called your "share of costs." Once you have paid your share of cost, Medi-Cal will pay the rest of your covered medical bills for that month.
- If you have no 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 pay up to $2.00 each time you go to a medical or mental health services at a provider.

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.
2. By seeing a provider that takes Medi-Cal.
- If you are a member of a Medi-Cal managed care health plan:
  - Your health plan needs to tell you if you need health care.
  - You get your health care through a health plan.
  - You make use of the providers in your health plan, unless you need emergency care.
- If you use a provider that takes Medi-Cal:
  - You may use a provider outside your health plan for family planning services.
  - You may pay a health plan if you do not pay a share of costs.

Basic Emergency Information

Are You Having An Emergency?
An emergency medical condition is an injury or illness that, if not treated promptly, could result in serious risk to your health or even death. The following list includes potential emergency situations:
- Loss of consciousness or seizures
- The death of the individual, with respect to a pregnant woman, the death of the woman or the health of the woman or the health of the child who is to be born
- Serious problems with bodily function, such as severe pain, weakness, or loss of function

If you are in an emergency situation, go to the nearest hospital.

Important Information About Medi-Cal

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

If you need transportation, call the Miami-Dade County Health and Disability Prevention (CHDP) program can help. You may be eligible to use your county's social services office. You can call for information by calling 211 or by visiting www.miami-dade.gov/

What is The Child Health And Disability Prevention (CHDP) Program?
The CHDP program is a preventive health program serving Miami-Dade 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 meet certain medical eligibility requirements. CHDP offers preventive health care services, so you can be alert to any potential health problems and can take corrective action to prevent future health problems.

The CHDP program works with a network of health care providers and agencies to ensure that children and youth receive appropriate services. These agencies include primary care physicians, health centers, schools, child care programs, dentists, health educators, community health clinics, mental health programs, and social and community service agencies. CHDP can also assist families with medical appointments and transportation, and access to diagnostic and treatment services.

You can find more information by contacting your local county health department or visiting www.miami-dade.gov/health/CHDP/Benefits.html.
What Kind of Emergency-Related Services Are Provided?

Emergency services are paid for by Medi-Cal when you go to a hospital or use emergency services (with an overnight stay) treated in a hospital emergency room by a qualified provider (doctor, physician, psychologist or other mental health provider). They are needed to evaluate or stabilize someone in an emergency.

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

1. The hospital does not need to get advance approval from the MHP (unless otherwise called "prior authorization"), we have a contract with your MHP to get paid for the emergency services the hospital provides to you.
2. The MHP needs to tell you how to get emergency services, including the name of the contact or phone number.
3. The MHP needs to tell you the location of the facility where providers and hospitals furnish emergency services and pre-authorization service.
4. You can go to a hospital for emergency care if you believe there is a psychiatric emergency.
5. Speech therapy services to treat your urgent condition are available 24-hours a day, seven days a week. (Urgent condition means a mental health crisis that would turn into an emergency if you do not get help very quickly).
6. You can receive these required hospital services from the MHP on a voluntary basis, if you can be properly served within being voluntarily held. The state laws that cover voluntary and involuntary admissions in 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 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 you are likely to harm yourself or others or if you are unable to take care of your own food, clothing and/or bedding needs. The hospital will tell you when the hospital is doing this 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 so you can continue to improve or resolve the condition.

ADULTS AND OLDER ADULTS

How Do I Know When I Need Help?

Many people have difficult lives 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 thinking about yourself or a friend is it's not your fault and it's not your fault and it's not your fault.

What Are Signs I May Need Help?

If you can answer 'yes' to one or more of the following questions then these symptoms point toward mental illness and you should tell your doctor or other health provider about it. If it 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 covered 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 (feeling helpless, hopeless, or worthless) or very down
- Mood of the day, nearly every day
- Eats more or less than usual
- Weight loss or gain of more than 3% in one month
- Extreme sleep or lack of sleep
- Shaved 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 rested after only a few hours of sleep
- Feeling藍mptuous or feel you can't keep up with
- Talking very fast and can't stop talking
- Feel that people are 'on your case'
- Hear voices and sounds when no other
- See things others don't see
- Unable to go to work or school

What Does My County MHP's Responsibility for Covering Post-Stabilization Care End?

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

- An MHP physician with privileges to the county hospital doesn't have an agreement concerning your care and the MHP physician is not available for consultation in the opinion of the MHP. The MHP physician may contact the care plan and the pre-authorization may include your care.
- The MHP physician is not available for consultation in the opinion of the MHP. The MHP physician may contact the care plan and the pre-authorization may include your care.

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

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

- An MHP physician with privileges to the county hospital doesn't have an agreement concerning your care and the MHP physician is not available for consultation in the opinion of the MHP. The MHP physician may contact the care plan and the pre-authorization may include your care.
- The MHP physician is not available for consultation in the opinion of the MHP. The MHP physician may contact the care plan and the pre-authorization may include your care.

What Services Are Available?

As an adult or older adult, 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:

- Outpatient Services: There are services available to treat mental illness, 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 to the home or other community setting.
- Inpatient Services: These services may temporarily provide care for 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 terminate Group therapy).
- Medication Support Services: These services include prescribing, administering, distributing and monitoring of medications as mental illness management by psychiatrists, and education and management as needed for psychiatric medications. Medication support services can be provided as 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, professional, vocational, rehabilitation, or other community services when these services may be hard for people with mental illness to do on their own. Targeted case management includes plans for development, coordination, consultation, and referral; monitoring service delivery to ensure the patient access to service and the service delivery system; and monitoring the progress of the person.

- Crisis Intervention and Crisis Stabilization: These services provide immediate health services for people with a mental health problem that can't wait for a regular, scheduled appointment. Crisis intervention can take up to 8 hours and can be provided in a clinic or provider office, over the phone, or to the home or other community setting. Crisis stabilization can last up to 20 hours and is provided in a clinic or other healing site.
How Do I Know When a Child Needs Help?

For children from birth to age 2, there are signs that may show a need for specialty mental health services. These include:

- Parent who has difficulty understanding what is going on or has mental health problems
- Infant or toddler who is not meeting developmental milestones

For older children (age 3-17), some signs you should look for include:

- Frequent or severe nightmares
- Frequent or severe temper tantrums
- Frequent or severe screaming
- Frequent or severe nonverbal expressions of pain
- Frequent or severe nonverbal expressions of fear

For adolescents (age 18 and over), some signs you should look for include:

- Frequent or severe anxiety
- Frequent or severe depression
- Frequent or severe substance abuse

What Are Therapeutic Behavioral Services (TBS)?

TBS are a type of specialty mental health service available through each county's MFP if you have serious emotional problems. This must be described as severe emotional problems.

- If you need help with your emotional problems, the TBS staff person can work with you to set specific goals and work on them in a structured environment.

Each county's MFP may have slightly different ways of making these services available, so please consult the front section of the booklet for more information on your MFP's specific services for children and adolescents.
Who Can Get TBS?

You may be able to get TBS if you have a disabling mental illness, have been living with that illness for at least 1 year, and are judged by your doctor to need mental health services.

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

Yes. You must be getting other specialty mental health services. TBS will add to those services. It will not replace 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.

The TBS is NOT provided if the reason is the need for:

- Only help with your physical health or the safety of other people
- Only if you show danger to yourself or other people
- Only for Addictions (alcohol or other drugs)
- Only for hospital care
- Only if you have been in a mental health hospital for more than 1 year

In this situation, you must get other specialty mental health services.

How Do I Get TBS?

If you think you may need TBS, ask your psychiatrist/physician, case manager, or another person who knows you well. They can help you apply for TBS.

'Specialty Mental Health Services' Criteria

What is 'Medical Necessity' and Why is it Important?

The term 'medical necessity' is important because it helps decide who needs services and how services are funded.

The term 'medical necessity' is important because it helps decide who needs services and how services are funded.

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

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

- Schizophrenia
- Bipolar Disorder
- Major Depressive Disorder
- Affective Disorder
- Personality Disorder
- Anxiety Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Adjustment Disorder
- Personality Disorders, including Antisocial Personality Disorder
- Medication-Induced Neuroleptic Disorders related to illicit drug use

AND

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

- Sufficient difficulty in an important area of living functioning
- A significant decrease in the ability to perform activities of daily living
- A significant decrease in the ability to maintain a safe and healthy living environment
- A significant increase in the likelihood of harm to self or others

AND

(3) The treatment is necessary to prevent a significant decrease in the ability to perform activities of daily living.

AND

(4) The condition would not be as severe as to cause significant harm to self or others.

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

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

- Sufficient difficulty in an important area of living functioning
- A significant decrease in the ability to perform activities of daily living
- A significant decrease in the ability to maintain a safe and healthy living environment
- A significant increase in the likelihood of harm to self or others

AND

If you meet the above criteria, you are eligible to receive hospital services. hospital services.
Notice of Action

What Is a Notice of Action? A Notice of Action sometimes called a NOA, is a form that your county's Mental Health Plan (MHP) must fill out 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 approved in time, or if you didn't get services within the MHP's timeliness 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 37 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and rules 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. When this happens, you will receive a Notice of Action before the services are stopped. While you are waiting for this Notice of Action, you may receive the service, but you must tell the provider you received the service if you get a Notice of Action after you have already received the service. You may not have to pay for the services.
- If your provider has asked the MHP for approval, but the MHP asks more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services as you requested on the timeline the MHP has set up. Call your county's MHP to find out if the MHP has met its timeliness 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 45 days. See page 39 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 13 days, or if you file an expedited Appeal within those working days. See page 23 for more information on Appeals.

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 time you're not getting the specialty mental health services you need. This is called the problem resolution process, and it could involve:
1. The Appeal Process - review of a decision (denial or change in service) 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 your are entitled to under the Medi-Cal program.
3. The Grievance Process - an expression of dissatisfaction 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 have no trouble in getting to one. Your county's MHP must make a decision on a Grievance and Appeal process within 45 days, or take steps to help you with the whole process. You will be notified of your Grievance and your Appeal is complete, your county's MHP will notify you and other involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and other 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 help you work out a problem. Ask an Appeal, Grievance, or as a request for State Fair Hearing. They can also help you know if your quality of what is called an "unprompted" process, which means it will be reviewed more quickly because your health or stability 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 Use a Grievance, Appeal, Or State Fair Hearing? 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 system. The State has a Mental Health Consumer Services program that can provide you with information on how the MHP 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 to your community who may be of help.
When Can I File An Appeal?

You may file an appeal with your county's MHP:

- If your MHP or one of the MHP 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 criteria.)
- If you provide evidence you need a specialty mental health service and ask 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 services.
- 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 as you requested in the standard the MHP has approved.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your Covered Care Appeal or expedited Appeal wasn't resolved in time.
- If you and your provider don't agree on the services you need.

How Can I File An Appeal?

See the back of this booklet for information on how to file an appeal with your MHP. You may call your county's MHP toll-free telephone number or contact the person you were sent to deliver a Notice of Action. The MHP will provide an address to send 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 on your appeal. The notification will have the following information:
- The results of the Appeal resolution process.
- The date the decision was made.
- If the Appeal was decided wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing.

Is There a Deadline to File An Appeal?

You may 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 receive a Notice of Action. There are no deadlines for filing an Appeal when you get a Notice of Notice, as you may file it at any time.

When Is FILE A Decision 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. Timeliness may be extended by up to 14 calendar days if you request an extension, or if the MHP finds 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 Decision Appeal?

When your Appeal is late, the Appeal process begins as soon as it is submitted. (See page 16 for more information on Expedited Appeals.) You have the right to request a State Fair Hearing at any time during the Appeal process.

What Is An Expedited Appeal?

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

- Your Appeal can't be made to the Medi-Cal program because the labor of the program was made.
- You can't be decided for the Medi-Cal program because the labor of the program was made.
- You can't be decided for the Medi-Cal program because the labor of the program was made.
- You can't be decided for the Medi-Cal program because the labor of the program was made.

When Can I File an Expedited Appeal?

If you think it's taking too much time or not enough time to file an appeal request, you should file an expedited Appeal. The Expedited Appeal process follows a similar process to the standard Appeal process. However:

- Your Appeal is decided within 30 calendar days of your request for the Appeal. The MHP will notify you of the decision in writing.
- If the MHP denies that your Appeal is necessary, they will notify you in writing within 14 calendar days.
- If the MHP denies that your Appeal is necessary, they will notify you in writing within 14 calendar days.
- If the MHP denies that your Appeal is necessary, they will notify you in writing within 14 calendar days.

Once your MHP receives your expedited appeal, the MHP will notify you and any other parties notified in writing.
To request a June Fair Hearing, you may also call (800) 955-3323, send a fax to (916) 225-4110, or write to the Department of Social Services/Sanctuary Divisions, 707 N. Napa Street, Sacramento, CA 95814.

Is There A Deadline For Filing A State Fair Hearing?

If you didn’t receive a Notice of Action or an Appeal with the MHP, you may file 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 the Notice of Action for a 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 decision on your Appeal, you must file for the State Fair Hearing within 90 days of the notice 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 service you are already receiving needs to continue and the MHP has approved it. If you want to continue service but the MHP has not approved it, your provider may not provide you with services during the time you are waiting for the MHP decision.

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

You must show your provider written proof of the MHP decision approving your request for the State Fair Hearing. If you request services while you are waiting for an MHP decision, your provider will continue to provide you with services until your request for a State Fair Hearing is approved. If you request services while you are waiting for an MHP decision, your provider will continue to provide you with services until your request for a State Fair Hearing is approved.

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

You can request a expedited (faster) State Fair Hearing if you think the normal 90-day timeframe will cause serious problems with your mental health, including problems with your ability to gain, maintain, or secure appropriate life functions. The Department of Social Services/Sanctuary Divisions will review your request for an expedited State Fair Hearing and decide if a qualified expedited State Fair Hearing request is approved, a hearing will be held and a decision will be issued within 3 working days of the date your request is received by the State Fair 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 lets you know you are not eligible, they will provide you with a Notice of Action on the date the decision was made.

Is There A Deadline To File My Grievance?

You may file a Grievance at any time.