COUNTY OF LOS ANGELES
Public Health

NOTICE

December 1, 2026

The Los Angeles County Behavioral Health Member Handbook will be updated, effective January 1, 2027, and is available in different languages on the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control's Patient Resource and Information webpage: http://publichealth.lacounty.gov/sapc/public/member-info-and-resources/?hl.

Updates to the Member Handbook include information about the availability of new services in the section titled, "Additional Information About Your County". The new specialty mental health services offered to Medi-Cal members include:

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Individual Placement and Support (IPS) Supported Employment

To obtain a free printed copy, please request one through your provider and it will be provided to you within five (5) business days.

If you need help in your language, auxiliary aids or services for your disability, or to obtain documents in large print or braille, they are available upon request by calling 1-800-854-7771 (TTY: 711). These services are free.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English
ATTENTION: If you need help in your language call 1-800-854-7771 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-854-7771 (TTY: 711). These services are free of charge.

العربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-854-7771 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-854-7771 (TTY: 711). هذه الخدمات مجانية.

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-854-7771 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-854-7771 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ(Cambodian)
ចំណាំ៖ បើអ្នកត្រូវ ការជំនួយ ជភាសាឲ របស់អ្នក សូម ទូរស័ព្ទ1800854-7771 (TTY: 711)។ ជំនួយ និង េសវាកម្ម ស្រមាឲប់ ជនពិការ ដូចជឯកសារសរេសរជអក្សរជុំស ស្រមាឲប់ជនពិការែដរភ្នក ឬឯកសារសរេសរជអក្សរពុម្ពធំ ក៏អចរកបានផងែដរ។ ទូរស័ព្ទមកេលខ 1-800-854-7771 (TTY: 711)។ េសវាកម្មទាងំេនះមិនគិតៃថ្លេឡើយ។

繁體中文 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-800-854-7771 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-854-7771 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-854-7771 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (711) 1-800-854-7771 (TTY:711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता क आवश्यकता है तो 1-800-854-7771 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों केलए सहायता और सेवाएं, जैसे ब्रेल और बड़े □प्रंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-854-7771 (TTY: 711) पर कॉल करें। ये सेवाएं न: शुल्क हैं।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-854-7771 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-854-7771 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意日本語での対応が必要な場合は 1-800-854-7771 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-854-7771 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-854-7771 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-854-7771 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-854-7771 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-854-7771 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-854-7771 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-854-7771 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)
ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਹਾਨੰੂ ਆਪਣੀ ਭਾਸ਼ਾ ਿਵੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-854-7771 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਿਜਵੇਂ ਿਕ ਬ□ੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਿਵੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-854-7771 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-854-7771 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-854-7771 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-854-7771 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-854-7771 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-854-7771 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-854-7771 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-854-7771 (TTY: 711) น
อกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข1-800-854-7771
(TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-854-7771 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-854-7771 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-854-7771 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-854-7771 (TTY: 711). Các dịch vụ này đều miễn phí.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Los Angeles County follows State and Federal civil rights laws. Los Angeles County does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Los Angeles County provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio or accessible electronic formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the county 24 hours a day, 7 days a week by calling 1-800-854-7771. Or, if you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that Los Angeles County has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Los Angeles County. You can file a grievance by phone, in writing, in person, or electronically:

Department of Mental Health

- By phone: Contact the Los Angeles County Department of Mental Health Patients' Rights Office between 8:30 a.m. and 5:00 p.m. by calling (800) 700-9996 or (213) 738-4888. Or, if you cannot hear or speak well, please call (TTY: 711).
  - In writing: Fill out a complaint form or write a letter and send it to:
    Los Angeles County Department of Mental Health Patients' Rights Office 510 South Vermont Avenue, 21st Floor
    Los Angeles, CA 90020
- In person: Visit your doctor's office or the Los Angeles County Department of Mental Health at 510 South Vermont Avenue, Los Angeles, CA 90020, and say you want to file a grievance.
- Electronically: Visit the Los Angeles County Department of Mental Health Patients' Rights Office website at
  https://dmh.lacounty.gov/our-services/patients-rights/

Department of Public Health Substance Abuse Prevention and Control

- By phone: Contact the Los Angeles County Department of Public Health Substance Abuse Prevention and Control between 8:00 a.m. and 5:00 p.m. by calling (626) 299-4532 or (888) 742-7900, press 2. Or, if you cannot hear or speak well, please call (TTY: 711).
- In writing: Fill out a complaint form or write a letter and send it to:
    - Substance Abuse Prevention and Control, Contracts and Compliance Branch 1000 South Fremont Avenue, Building A9 East, 3rd Floor, Box 34
    - Alhambra, California 91803
- In person: Visit your doctor's office or Substance Abuse Prevention and Control at 1000 South Fremont Avenue, Building A9 East, Alhambra, California 91803, and say you want to file a grievance.
- Electronically: Visit the Department of Public Health Substance Abuse Prevention and Control Member Information and Resources page at http://ph.lacounty.gov/sapc/PatientPublic.htm.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:

  Department of Health Care Services Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

- Complaint forms are available at: https://www.dhcs.ca.gov/discrimination-grievance-procedures
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call

  TTY/TDD 1-800-537-7697.

- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services 200 Independence Avenue, SW
  Room 509F, HHH Building Washington, D.C. 20201

- Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf