



SISKIYOU COUNTY

Health and Human Services Agency

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NOTICE TO MEMBERS OF SISKIYOU COUNTY BEHAVIORAL HEALTH:

The following significant changes are being made to the County of Siskiyou Behavioral Health Beneficiary Handbook:

1. Integrated Handbook that clearly describes how members can access both Mental Health and Substance Use services.
2. Information regarding Justice-Involved Reentry services.
3. Additional Language Taglines
4. Non-Discrimination Notice

Updated Beneficiary Handbooks will be available on 01/01/2025 at:

2060 Campus Drive
Yreka, CA 96097

or

1107 Ream Ave
Mt. Shasta, CA 96067

Or on our website at www.co.siskiyou.ca.us/behavioralhealth

This Notice is posted on 11/26/2024

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BEHAVIORAL HEALTH DIVISION

North County (Main) Office

2060 Campus Drive

Yreka, CA 96097

(530) 841-4100 / Fax (530) 841-4702

South County Office

1107 Ream Avenue

Mt. Shasta, CA 96067

(530) 918-7200 / Fax (530) 918-7216

NONDISCRIMINATION NOTICE

Discrimination is against the law. Siskiyou County Behavioral Health follows State and Federal civil rights laws. Siskiyou County Behavioral Health 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.

Siskiyou County Behavioral Health 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 Siskiyou County Behavioral Health between 8:00-5:00PM by calling 530-841-4100. Or, if you cannot hear or speak well, please call TTY: 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 Siskiyou County Behavioral Health 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 Wendy Cheula Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Wendy Cheula Civil Rights Coordinator between 8-5pm by calling 530-918-7202. 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:

Wendy Cheula Civil Rights Coordinator
2060 Campus Drive
Yreka, CA 96097
- In person: Visit your doctor's office or Siskiyou County Behavioral Health and say you want to file a grievance.
- Electronically: Visit Siskiyou County Behavioral Health website at www.co.siskiyou.ca.us/behavioral-health-services-division

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>

LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (TTY:).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call (TTY:).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY:).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY:).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (TTY:).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(TTY:) 번으로 전화해 주십시오.

繁體中文(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

(TTY:)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք (TTY: _____).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните _____ (TTY: _____).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با _____ (TTY: _____) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
(TTY: _____) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau _____ (TTY: _____).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
(TTY: _____) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

(رقم هاتف الصم والبكم: _____) (TTY: _____)

हिंदी (Hindi)

ध्यान दें यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
(TTY: _____) पर कॉल करें

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
(TTY: _____).

ខ្មែរ (Cambodian)

ប្រធានគ្រឹះស្ថាន រ៉េស៊ីដង់ រដ្ឋបាលស្រុក ភ្នំពេញ, រដ្ឋបាលស្រុក ភ្នំពេញ, រដ្ឋបាលស្រុក ភ្នំពេញ, រដ្ឋបាលស្រុក ភ្នំពេញ
រាយមិនគិតចូល គឺអាចមានសំរាប់ រដ្ឋបាលស្រុក ភ្នំពេញ

(TTY:) ។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າ ທ່ານ ເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍ ພະນັກງານ ພາສາ ໄທ. (TTY:).