



# HEALTH AND HUMAN SERVICES DEPARTMENT

## SUTTER-YUBA BEHAVIORAL HEALTH

1965 Live Oak Boulevard, Suite A / P.O. Box 1520 Yuba City, CA 95992-1520  
(530) 822-7200



RICK BINGHAM, LMFT, #41622  
*Local Mental Health Director  
Alcohol and Drug Program Administrator  
Assistant Director of Health and Human Services  
(530) 822-7327 Office*

November 1, 2023

Dear Sutter or Yuba County Medi-Cal Mental Health Plan Beneficiary,

Effective January 1, 2024, Sutter-Yuba Behavioral Health is pleased to provide you with a newly updated version of the **Sutter-Yuba Mental Health Plan Beneficiary Handbook**.

This Handbook serves as a guide to inform you of the Specialty Mental Health Services and resources available to you, how the Mental Health Plan works, the problem resolution process, how to select a provider, and your rights and responsibilities, etc.

Significant changes made to the January 1, 2024 version includes updated information regarding transportation services, the cost of Medi-Cal services, services that require prior authorization, your right to access medical records and provider directory information using a system called a patient access application programming interface (API), newly available services such as Peer Support Services and Mobile Crisis Services, services provided over the telephone or telehealth, and the grievance process.

To access an electronic copy of the updated Handbook, please visit the Sutter-Yuba Behavioral Health Quality Improvement webpage by opening this QR code:



Or accessing this website:

[www.suttercounty.org/government/county-departments/health-and-human-services/sutter-yuba-behavioral-health/quality-improvement](http://www.suttercounty.org/government/county-departments/health-and-human-services/sutter-yuba-behavioral-health/quality-improvement)

The updated Handbook is available in paper form without charge upon request and will be provided within five business days. Beneficiaries with disabilities who cannot access this information online with auxiliary aids and services will be provided an accessible version at no cost upon request. There is nothing required of you; this is an updated version of the Handbook and is simply for your information.

**SUSAN REDFORD, LMFT, #43709**  
*Acute Psychiatric Services Branch Director  
(530) 822-7200 Office*

**ELIZABETH (BETSY) GOWAN, LMFT, #32342**  
*Adult Services Branch Director  
(530) 822-7200 Office*

**PAULA KEARNS, MSW**  
*Children's Services Branch Director  
(530) 822-7200 Office*

Please download/print and keep this Handbook for future reference.

Should you have any questions or concerns related to this Handbook, please feel free to contact Sutter-Yuba Behavioral Health Quality Assurance Officer Melissa Clavel, MPA at the phone number or email address listed below.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Clavel', written in a cursive style.

Melissa Clavel, MPA  
Quality Assurance Officer  
Sutter-Yuba Behavioral Health  
(530) 822-7200  
[mclavel@co.sutter.ca.us](mailto:mclavel@co.sutter.ca.us)

## LANGUAGE TAGLINES

### English Tagline

ATTENTION: If you need help in your language call 1-888-923-3800 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-923-3800 (TTY: 711). These services are free of charge.

### (Arabic) الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-923-3800 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل بـ 1-888-923-3800 (TTY: 711). هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-923-3800 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-888-923-3800 (TTY: 711): Այդ ծառայություններն անվճար են:

### ល្អ ស្នេហាស្នេហា (Cambodian)

ចំណាំ: បើអ្នក គួរ កម្មវិធីជំនួយ ជា ភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-923-3800 (TTY: 711)។ ជំនួយ និង សេវាកម្ម ស្រប ចំពោះ ជន មាន មន្ត ចម្លង កម្មវិធីសរសេរ ជា អក្សរ ជុស ស្រប ចំពោះ កម្មវិធី ក្នុង កម្មវិធីសរសេរ ជា អក្សរ ម្តង ក៏ អាច រក មោឃ ផង ដែរ។ ទូរស័ព្ទ មក លេខ 1-888-923-3800 (TTY: 711)។ សេវាកម្ម ទាំង នេះ មិន គិត ថ្លៃ បើ យ។

### 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-923-3800 (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 1-888-923-3800 (TTY: 711)。这些服务都是免费的。

### (Farsi) مطلب به زبان فارسی

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-923-3800 (TTY: 711) تماس بگیرید. کم‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-923-3800 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## **NONDISCRIMINATION NOTICE**

Discrimination is against the law. *Sutter Yuba Behavioral Health* follows State and Federal civil rights laws. *Sutter Yuba 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.

*Sutter Yuba 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 *Sutter Yuba Behavioral Health* between 8:00am - 5:00pm by calling 1-888-923-3800 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 *Sutter Yuba 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 *Sutter Yuba Behavioral Health's Civil Rights Coordinator*. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact *Sutter Yuba Behavioral Health's Civil Rights Coordinator* between 8:00am - 5:00pm by calling 1-888-923-3800. 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:

Sutter Yuba Behavioral Health  
Quality Assurance Office - QA Staff Analyst  
PO Box 1520  
Yuba City, CA 95992

- **In person:** Visit your doctor's office or *Sutter Yuba Behavioral Health* and say you want to file a grievance.
- **Electronically:** Visit *Sutter Yuba Behavioral Health's* website at [www.suttercounty.org/government/county-departments/health-and-human-services/sutter-yuba-behavioral-health](http://www.suttercounty.org/government/county-departments/health-and-human-services/sutter-yuba-behavioral-health).

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## **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](mailto:CivilRights@dhcs.ca.gov).
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## **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>

### **हिंदी (Hindi)**

यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-923-3800 (TTY: 711) पर कॉल करें। अशकतता वाले लोगों के लिए सहायता और सेवाएं, जैसे बरेल और बड़े प्रिं में भी दसतावेज़ उपलब्ध हैं। 1-888-923-3800 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-923-3800 (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 1-888-923-3800 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-888-923-3800 (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。 1-888-923-3800 (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 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-923-3800 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-923-3800 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ແທກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ທ່ານເບີ 1-888-923-3800 (TTY: 711). ຍິ່ງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເລັບເອກະສານທີ່ບໍ່ອັກສອນແລະມີຕົວໝິ່ໃຫຍ່ໃຫ້ທ່ານເບີ 1-888-923-3800 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ຕ້ອງຈ່າຍໃດໆ.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-923-3800 (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 1-888-923-3800 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-923-3800 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-923-3800 (TTY: 711)। ਇਹ ਸੇਵਾ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-923-3800 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-923-3800 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-923-3800 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-923-3800 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-923-3800 (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 1-888-923-3800 (TTY: 711). Libre ang mga serbisyong ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ ไปที่หมายเลข 1-888-923-3800 (TTY: 711) นอกจากนี้ ยังพร้อมให้คำปรึกษา ฟรี และบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์ และเอกสารที่พิมพ์ ด้วย ตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ ไปที่หมายเลข 1-888-923-3800 (TTY: 711) ฟรี มีค่าใช้จ่าย สำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-923-3800 (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 1-888-923-3800 (TTY: 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-923-3800 (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 1-888-923-3800 (TTY: 711). Các dịch vụ này đều miễn phí.