



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (LACDMH)

PREVENTION BUREAU

ANTI-RACISM, INCLUSION, SOLIDARITY, AND EMPOWERMENT (ARISE) DIVISION

LACDMH Language Access Plan

Effective Date: June 2025

Los Angeles County Department of Mental Health (LACDMH) Language Access Plan
Effective dates: July 1, 2024

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For mental health services in preferred languages at most convenient locations, the public can search the LACDMH Provider Directory at <https://dmh.lacounty.gov/pd>. This directory includes practical information such as the provider's address, hours of operation, type of setting, staff's languages of expertise, Specialty Mental Health Services provided, and age groups served, among others.

SECTION 1: OVERVIEW & CONTEXT

A. Department Mission

Our Mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and opportunities that promote not only independence and personal recovery but also connectedness and community reintegration.

LACDMH aims to reduce the negative impacts of untreated mental illness by providing services based on whole-person care, cultural responsiveness, language accessibility, equity for all cultural groups, community partnerships, integration with social service providers, and a commitment to continuous learning and improvement.

LACDMH believes that well-being is achievable for all individuals, including those who are linguistically isolated, and that mental health interventions and services should address each person's needs in their preferred language. In addition, LACDMH is committed to funding various

types of language assistance services to enable consumers, family members, and the community at large to have meaningful participation in departmental stakeholder meetings and events in their preferred language. As a result, the ARISE Division – Cultural Competency Unit (CCU) facilitates and processes language assistance services for 23 different stakeholder meetings on annual basis. Often, these meetings are held monthly and require more than one type of language or communication accommodation.

For general inquiries regarding LACDMH’s Language Access Plan, please contact ARISELAS@dmh.lacounty.gov

B. Department Priority Languages

LACDMH strives to meet the linguistic needs of its diverse communities by recruiting and employing a multicultural and multilingual workforce, providing training opportunities for bilingual certified staff to become language interpreters, and contracting with Legal Entities for the provision of culturally and linguistically competent programs. The County of Los Angeles has thirteen threshold languages, which include:

- Arabic
- Armenian
- Cambodian/Khmer
- Chinese inclusive of Cantonese, Mandarin and Other Chinese
- English
- Farsi
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

The LACDMH workforce also includes staff proficient in non-threshold languages, including some native language from Latin American. The Department currently pays bilingual bonuses for a total of 36 threshold and non-threshold languages to ensure staff capability to serve the linguistically diverse communities of LA County. For a detailed listing of languages, please refer to Section 10 below. Additionally, LACDMH has implemented a Language Assistance Services (LAS) Unit housed in the ARISE Division which centralizes language services that the linguistic needs of clients and family members. The LAS Unit is responsible for coordinating various language-based supportive services such as sign language interpreters to facilitate clinical appointments scheduled at Directly Operated and Legal Entity/Contractor sites, language interpreters for departmental stakeholder meetings; and language-specialized vendor resources that can be accessed when providers require the presence of interpreters for clinical appointments in the preferred language of non-English speaking clients and family members.

TABLE 1: Los Angeles County Medi-Cal Eligible Threshold Language, CY 2023

Language

Average (January - December)	
Arabic	6,229
Armenian	91,924
Cambodian	8,607
Cantonese	43,403
English	2,638,861
Farsi	15,931
Korean	35,915
Mandarin	53,422
Other Chinese	2,080
Other Non-English	5,425
Russian	29,571
Spanish	1,451,889
Tagalog	10,066
Vietnamese	29,566
Total	4,422,889

Note: Medi-Cal data represents monthly data averages from January- December 2023. Data Source: California Health and Human Services Agency Open Data Portal, Medi-Cal Certified Eligibles Tables by County, Month of Eligibility. Downloaded in April 2024.

Threshold language data is updated annually based on beneficiary primary language within Los Angeles County. Medi-Cal criteria for threshold language specify 3,000 or five percent of Medi-Cal beneficiaries whichever is lower within a geographical area. Arabic is not a threshold language for the State but is a threshold language for LA County as there are more than 3,000 beneficiaries countywide who identify Arabic as their primary language.

This is a dataset for all of LA County and is not broken down by Service Area. LA County Department of Mental Health has not had authorization to access beneficiary primary language by Service Area from the MEDS data file for years. LACDMH is currently working on obtaining Medi-Cal beneficiary data by zip code. This will allow the Department to determine threshold languages for each Service Area.

SECTION 2: DEPARTMENT’S LANGUAGE ACCESS POLICY

C. General Policy Statement

Consistent with the Cultural Competence Plan Requirements (CCPR) and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS), LACDMH recognizes and values the racial, ethnic, cultural, and linguistic diversity of its communities. The vision of the Department is to “build a Los Angeles County unified by shared intention and cross-sector collaboration that helps those suffering from serious mental illness heal, grow and flourish

by providing easy access to the right services and the right opportunities at the right time in the right place from the right people.” The LACDMH mission is to “optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.”

In accordance with applicable federal, state and, County Policy and Agreement, LACDMH will provide equal access to all LEP consumers in Los Angeles County for threshold and non-threshold languages as well as consumers needing services in American Sign Language (ASL). Non-English or LEP consumers have the right to language assistance services, at no cost, in their primary or preferred language. Non-English or LEP consumers are to be informed in writing of their right to language assistance services at no cost and how to access these services.

D. Scope of Policy

LACDMH is dedicated to meeting the language needs of clients and consumers within each Service Area and across the care system. This includes ensuring that certified bilingual employees or qualified language translation and interpretation vendors, including for American Sign Language (ASL) services, are available. The language access policies of LACDMH are designed for the LA County Mental Health Plan and cover the entire system of care, including directly operated and contracted providers, as well as administrative programs. The bilingual bonus policy compensates LACDMH employees who use a language other than English to serve our diverse communities.

Below are specific examples of departmental policies and procedures in place to guide the workforce regarding language assistance services. According to LACDMH Policy #200.03, “Language Interpreter and Translation Services, interpretation and sign language services are available free of charge to clients and family members. Clients whose primary language is not English should not be expected to provide interpretive services through friends or family members. LACDMH Policy 401.03 “Clinical Documentation for All Payer Sources” states that special client needs as well as associated interventions directed toward meeting those needs must be documented based on the Organizational Provider’s Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services”. This manual outlines guidelines for documentation of clients’ preferred languages in their Integrated Behavioral Health Information System (IBHIS) for Directly Operated providers or the specific client record platforms used by Legal Entities/Contracted providers. For instance, staff are expected to document the clients’ linguistic and interpretative needs when developing Annual Client Treatment Plans and updating them and when renewing, adding or modifying an intervention modality to the Client Treatment Plan. With regards to the use of translated forms, the Provider Manual specifies that whenever non-English form versions are used, the English translation must be printed on the back of the form. If that is not possible, the English version must be placed immediately adjacent to the non-English version in the clinical record. Furthermore, the English version should note that the document was signed on the non-English version.

SECTION 3: KEY TERMS & DEFINITIONS

- **American Sign Language (ASL):** The sign language used in the USA and Canada.
- **Back translation:** the translated document gets translated back into the source language by another translator. Both source and target language translations are compared to ensure content accuracy.
- **Communication Access Realtime Translation (CART):** The creation of an instant record of spoken language into text format via the utilization of a stenotype machine, computer or specialized software. The text produced by the CART service can be displayed on the user's computer monitor, mobile phone, projected onto a screen, or other display systems.
- **Departmental Language Access Plan (DLAP):** This document establishes the minimum requirements for County departments to ensure that they strive to provide consistent, high-quality language access.
- **Face-to-Face Interpreter Service:** DMH services that involve the physical presence of a language interpreter to facilitate oral language communication, in real time, between two (2) or more people who are not fluent in each other's languages. Language interpreters take into consideration the spoken language and the cultural differences related to nonverbal forms of communication, including facial expressions, eye-to-eye contact, physical space, body posturing, and gestures. (National CLAS Standards)
- **Field testing:** The translated document is reviewed by consumers/family members/community members or DMH bilingual certified employees who are proficient in the target language. This process ensures that the translated document has meaning beyond a literal translation.
- **Interpreter:** A speech-certified professional who orally converts and conveys messages from the source language to the target language.
- **Interpreter:** A certified professional who creates a written copy of either video or audio content. Also called Transcriptionists or Captioners, Transcribers convert recorded or live human speech into text format. Interpreters facilitate communication to ensure that a person or group who is not proficient in the source language receives the information in their preferred language.
- **Language Assistance Services: Refers** to language and communication-based supports that include translation (written), interpreter (oral), sign language, and closed-captioning (i.e., CART) services at no cost to consumers.
- **Languages Other Than English (LOTE):** Also known as Limited English Proficiency (LEP) or English Language Learner (ELL). This designation refers to individuals who do not speak English as their primary language and who do not read, write or speak English.
- **Limited English Proficient (LEP):** A limited level of English language communication that, within the context of accessing mental health services, should call into question the consumer's ability to adequately understand and respond to issues related to his or her treatment. (DMH Information Notice 10-02)
- **Non-spoken Language:** The transfer of information/communication from one person to another without the use of words or spoken language. Nonverbal communication can occur in a variety of ways, including through facial expressions, gestures, and body posture or position.

- **Non-Threshold Language:** Other non-English languages that do not meet threshold language criteria described in this policy.
- **Oral Interpreter Service:** A conversion of a message from an oral source language, into an equivalent oral target language. This service may be provided in person, by telephone or video call.
- **Primary or Preferred Language:** The language that must be used by the beneficiary to communicate effectively and which is identified by the beneficiary. (9 CCR § 1810.410(a)(2))
- **Simultaneous Interpreter Service:** A highly complex cognitive activity requiring the interpreter to listen, analyze, comprehend, convert, edit, and reproduce in real time a speaker's message while the speaker continues to speak. This service may be provided in-person, or via telephone or video call.
- **Source Language:** A language in which a message is originally given.
- **Spoken Language:** A form of communication in which people use the mouth to create recognizable sounds. These sounds come from a large vocabulary of sequences of sounds with agreed-upon meanings. These sequences of sounds are called words, and each represents one or more objects or concepts. Shared grammar and syntax allow the speaker to form these words into statements that listeners will be able to understand.
- **Target Language:** A language into which a message is to be translated or interpreted.
- **Tele Type Writer (TTY):** A device like a typewriter that has a small readout. It is a special device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate by allowing them to type text messages. A TTY is required at both ends of the conversation in order to communicate, and it can be used with both landlines and cell phones. Unlike text messaging, it is designed for synchronous conversation, like a text version of a phone call. A modern digital cell phone must support a special digital TTY mode in order to be compatible with a TTY device.
- **Telecommunication Device for the Deaf (TDD):** A telecommunications device for the deaf is a teleprinter, an electronic device for text communication over a telephone line that is designed for use by persons with hearing or speech difficulties.
- **Telephonic Language Interpreter Service:** A method of providing interpreters via telephone to individuals who wish to communicate with each other but have issues with the language barrier. The telephone interpreter converts the spoken language from one language to another enabling listeners and speakers to understand each other. Telephone or Telephonic Language Interpreting is carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speakerphone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting is served as a three-way teleconference. (National CLAS Standards)
- **Threshold language:** A language identified as a primary language spoken at a high proportional rate within a geographic region of the state. A countywide annual numeric identification of either 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower,

in an identified geographic area, whose primary language is not English and for whom information and services shall be provided in their primary or preferred language. Note: Threshold languages all Departments of Mental Health in the State of California are computed and provided by the Department of Health Care Services. The listing can be accessed at: [Threshold and Concentration Languages](#).

- **Translation:** A conversion of a text message or written form from the source language into an equivalent target language.

Section 4: PROCEDURES

E. Identifying Preferred Languages

LACDMH procedures to identify LOTE speakers' preferred language and how staff are trained in those procedures.

- For clinical services, which include inpatient, outpatient, and field-based services, LACDMH collects consumer demographical information, including primary/preferred language, at the first contact. This practice allows clients to be properly matched to mental health professionals who have the cultural and linguistic expertise needed as much as possible. Alternatively, language interpreter services are lined up in order to serve clients in their preferred language.
- Community members calling the LACDMH 24/7 Help Line are asked whether or not they need an interpreter to ensure they receive assistance in their preferred language. When needed, the helpline staff will contact an over-the-phone interpreter service to provide the language of expertise needed for clear and effective communication.
- For public outreach events and community stakeholder meetings, clients, family members, and community members can request language accommodations to participate fully in departmental meetings. The ARISE Division processes language accommodation requests and hires professional interpreters to facilitate communication as requested.

To effectively meet the needs of LOTE speakers who use our services, the ARISE Division – Cultural Competency Unit and Language Assistance Services Unit provide in-services to train our workforce on securing language interpretation, closed captioning in real-time and translation services. These presentations are strategically provided at various LACDMH management meetings to ensure awareness of the LAS established procedures. *Please refer to the Appendix, Attachment 1, for details on LACDMH procedures for Language Assistance Services.*

E. Identifying Preferred Languages

As specified in the LACDMH Organizational Provider's Manual, mental health providers are expected to take a proactive approach in determining any cultural and/or linguistic needs a client may have. "When special cultural and/or linguistic needs are present, there must be documentation in the clinical record indicating the plan to address the cultural and/or linguistic needs. If an exception is made to the identified plan for addressing cultural and/or linguistic needs, there must be documentation in the progress note addressing the exception and how it was handled. [NOTE: Culture is "the integrated pattern of thoughts, communications, actions,

customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture defines How health care information is received, How rights and protections are exercised; ▪ What is considered to be a health problem; How symptoms and concerns about the problem are expressed; Who should provide treatment for the problem; and What type of treatment should be given (U.S. Department of Health and Human Services, Office of Minority Health (2013); The National Culturally and Linguistically Appropriate Services (CLAS) Standards.) Cultural considerations may include but are not limited to racial/ethnic/national origin, religious/spiritual background or affiliation, gender/sexual orientation, other cultural considerations expressed by the consumer.”]

F. Vital Documents

The following documents are vital to LOTE speakers who are recipients of LACDMH services:

- LACDMH P&P 200.09, 200.03, 200.02. *See Appendix.*
- National Culturally and Linguistically Appropriate Standards. *See Appendix.*
- Cultural Competence Plan Requirements (CCPR). *See Appendix.*
- Medi-Cal plan guidelines. *See Appendix.*
- LACDMH Health Plan poster regarding language accommodations. *See Appendix.*
- Grievance and Appeal Forms and Procedures. See below – Complaint Process (section 6I).
- Notice of Action – See below – Complaint Process (Section 6I).

These documents are vital to the delivery of LACDMH services specifically for underserved consumers, family members, and communities who need language support to fully participate in treatment and in the departmental stakeholder committee meetings in their preferred languages. The documents include key policies and procedures for language interpreter and translation services; language and communication support for the Deaf and Hard of Hearing community; federal, state, and county regulations regarding culturally and linguistically responsive services; and additional supports for consumers and clients pertinent to communication about available LAS free of cost to them and the complaint/grievance process.

LACDMH has made concerted efforts to translate clinical forms and mental health-related informational resources into all threshold languages and some non-threshold languages; the latter based on the needs of clients. For example,

- Advance Health Care Directive Acknowledgement
- American Disabilities Act (ADA) Complaint Form
- Authorization for Use or Use/Disclosure of Protected Health Information (PHI)
- Beneficiary Problems Resolution Process
- Consent for Services
- Consent for Tele-Psychiatric Services
- Consent to Photograph/Audio Record
- Grievance and Appeal Forms
- Outpatient Medication Review
- Service Area (SA) Provider Directories

Multiple public informing materials such as “We are Here to Help – 24/7 Access Center flyer, Hope, Wellness and Recovery brochure, Where Do I Call for Help during a Crisis? Poster, Coping

with the Loss of a Loved One fact sheet, Consumer Perception Survey (CPS) Announcement Flyers, Adult FSP Client Satisfaction Survey, Portland Identification and Early Referral (PIER) Early Psychosis Program Brochure, and the Children and Young Adult FSP Brochure, among others. **G. Policy on Untrained Interpreters**

DMH has two policies in which information regarding the use of untrained interpreters is identified. Those policies are:

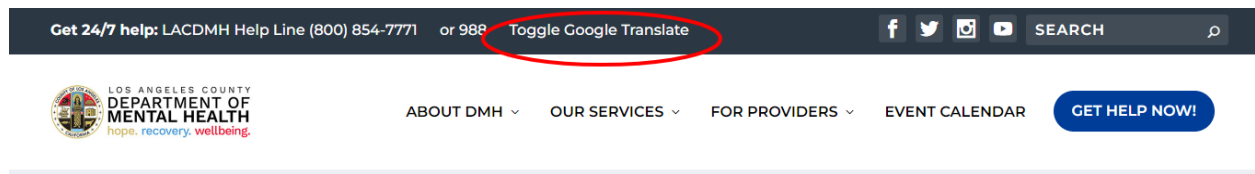
- P&P 602.01
- P&P 200.03

Section 5: Notification of Language Assistance

LACDMH ensures that language assistance services are made known to LOTE-speaking consumers at different points of contact by:

- LACDMH inquires about language needs at the first point of contact with potential clients. Prospective clients and their family members may request services in their preferred language at any point of contact. Additionally, as stated in Part A. above, LACDMH's Provider Directory is a community tool to search for mental health services in a preferred language. Users can customize the search for providers by specifying the maximum traveling distance. Once these stipulations are filled out, the system will generate a listing of all providers in closest proximity.
- LACDMH's directly operated or contracted legal entity provider sites are mandated to display the LACDMH Local Mental Health Plan in their lobbies and waiting rooms. This poster informs the public that language access services are available for all consumers.
- The Provider Directory Handbook is posted on the LACDMH website and is available in 13 different languages. This handbook lists the LOTE providers available at each site, clinic, and program.
- The departmental website includes a feature called "Toggle Goggle Translate" which allows for immediate translation of English text into over 90 different languages. This feature can be accessed through web browsers' in-app translation functions or by manually using the "Toggled Google Translate" menu located on our website header, as shown in screenshot #1 below. When users select their preferred language in the browser settings, the browser will automatically prompt translation. Additionally, content translation can be accessed using the toggled language of translation menu option, which lists the range of translation languages as shown in screenshot #2 below.
- To utilize the browser's built-in translation function for multiple languages, users can access their browser settings and input their preferred non-English language. Afterwards, the browser should automatically prompt translation of any English content encountered. The configuration option may vary depending on the browser and whether it's being used on a PC or mobile device. Step-by-step instructions include:
 - Go to the Toggle menu at the top of the website
 - Click on "Toggled Google Translate" on the header
 - Select the preferred language

Screen shot #1



Screen shot #2



- Additionally, LACDMH will continue to make its materials accessible to the diverse communities we serve.
- LACDMH ARISE Division, on an annual basis, trains or disseminates information to our workforce to comply with the Medical and Cultural Competency Plans' requirements, which mandate that we provide our services in the 13 threshold languages that have been identified for Los Angeles County.

Section 6: Monitoring Language Assistance Effectiveness

This section speaks about how your Department will regularly assess the quality of language assistance provided to LOTE speakers.

H. Evaluation of Language Assistance

LACDMH regularly assesses the quality of our language assistance provided to LOTE speakers by administering two online satisfaction surveys to the end users of our language services. Those surveys include the following:

- The ARISE Division Interpreter Satisfaction Survey. *See Appendix.*
- The ARISE Division ASL Service Satisfaction Survey. *See Appendix.*
- The ARISE Division ensures that the translation of written materials is reviewed for accuracy by the LACDMH bilingual workforce.

The utilization of these surveys is a fairly new practice dating back to the last quarter of Fiscal Year (FY) 22-23. The online surveys are provided to the LAS coordinator, whether at the requesting clinical site or the stakeholder meeting administrative team, at the end of each service

with a concerted effort to encourage their completion to gather direct feedback from client and family member users on the quality of services received from hired LAS vendors and/or our internal sign language specialist pertinent to clinical ASL interpreter services. The sample size for the surveys varies as a direct result of 1) The number of consumers and family members who schedule appointments using LAS during a given month, 2) The number of LAS requests received and fulfilled, and 3) The decision made by users to complete surveys. For example, in the first year of utilization during FY 23-24, the sample size of the ASL Service Satisfaction Survey was approximately 210. For non-ASL LAS surveys, the sample size was approximately 50.

The completed surveys received from client and family member users are reviewed by the ARISE Division to ensure timely attention to any issues pertinent to the quality of LAS. Feedback regarding Las can also be directly provided to the ARISE Division via these dedicated mailboxes:

- **Language Assistance Services**

ARISELAS@dmh.lacounty.gov

- **Sign Language accessibility for clinical appointments and departmental meetings**

ARISEaccessibility@dmh.lacounty.gov

Additionally, and beyond the required by State and Federal mandates, the Department engages with consumers and family members for a regular assessment of their experience of received services. LACDMH engages in an annual measurement of Consumer Perception of Satisfaction in eight areas, namely: Overall Satisfaction, General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness. The Mental Health Consumer Perception Survey (CPS) forms map on to each of the above-mentioned domains. CPS data is gathered once a year in May. Sample survey items pertinent to the clients' experience with regard to culture and language include:

- Staff was sensitive to the cultural background of consumers
- Written materials were provided in the preferred language
- Services received were provided in the language of preference

An Open-Ended Comments (OEC) feedback questionnaire was added to the CPS forms to gather direct feedback from LACDMH's youth, families/caregivers, adult, and older adult consumers. The richness of feedback gathered each year undergoes a careful thematic analysis. Results and identified systemic and provider-specific issues are made available to departmental management and service providers to promote an on-going culture of engagement.

Furthermore, LACDMH has implemented a change of provider form, which honors the clients' right to request a change in program of service and/or practitioner to achieve maximum benefit from mental health services. Consumers may request either a program of service and/or practitioner change by completing and submitting the Request for Change of Provider form. In order to improve the quality of programs and understand the nature of the request, Program Managers attempt to obtain information regarding the request from consumers. This process allows for the service program to clarify any misunderstandings or resolve concerns at a level that is satisfactory to consumers.

The Change of Provider Form includes the following language and communication-related reasons for consumers to request a different program of service and/or practitioner:

- Language concerns

- Does not understand me
- Insensitive/unsympathetic
- Uncomfortable
- Not a good connection

The change of provider form can be readily accessed at:
http://file.lacounty.gov/SDSInter/dmh/1041262_200_05_Att_1_English.pdf

I. Complaint Process:

LACDMH's Patients' Rights Unit responds to grievances and complaints about inpatient and outpatient mental health providers, including language accessibility concerns. The Grievance/Appeal Form allows consumers, family members, friends, and staff to express concerns about their mental health services. The forms can be completed orally, in writing, or filed online. The Patients' Rights Unit provides other advocacy and mediation services to consumers involving outpatient providers.

LACDMH recognizes that beneficiaries have the right to request a change in the program of service and/or practitioner to achieve maximum benefit from mental health services. Consumers may request either a program of service and/or practitioner change by completing and submitting the Request for Change of Provider form. Consumers seeking a change of provider are under no obligation to specify the reasons, and every effort is made by Program Managers to accommodate such requests. However, to improve the quality of programs and understand the nature of the request, program managers attempt to obtain information regarding the request from consumers. This process allows for the program of service to clarify any misunderstandings or resolve concerns at a level that is satisfactory to consumers. The Change of Provider Form includes the following language-related reasons for consumers to request a different program of service and/or practitioner:

- ✓ Language concerns
- ✓ Does not understand me
- ✓ Insensitive/unsympathetic
- ✓ Uncomfortable

Complaints Procedures:

- A. DMH Staff shall provide the [Request for Change of Provider](#) form to beneficiaries (consumers) requesting a program of service and/or a practitioner change.
 - a. Programs of service shall have Request for Change of Provider forms available or provide beneficiaries with the address to download them directly from the DMH website.
 - b. Staff or Patients' Rights Office (PRO) Advocates shall assist beneficiaries with completing the Request for Change of Provider form when requested.
 - c. Clinic staff providing services to the beneficiary shall receive the completed Request for Change of Provider form from the beneficiary.
 - d. Clinic staff shall sign Request for Change of Provider forms upon receipt and provide beneficiaries with a copy.
 - e. Program managers shall attempt to accommodate all beneficiary requests to change the program of service and/or practitioner.
 - f. The beneficiary is under no obligation to provide any reasons for their request to change the program of service location or practitioner. In order to improve the quality of programs and understand the nature of the request, program managers shall attempt to obtain information regarding the request from the beneficiary. The program of service shall attempt to clarify any

misunderstanding or resolve a concern at a level that is satisfactory to the beneficiary. The beneficiary may, at this time or any other, rescind the request.

- g. Program managers may not be able to accommodate a beneficiary with a change of provider. Program managers shall document the reasons (e.g., frequent requests, repeated requests, or an insufficient number of practitioners).
- h. Within 10 working days of receiving a Request for Change of Provider form, the program manager shall verbally notify the beneficiary of the outcome, followed by the appropriate written confirmation.
- i. The appropriate written confirmation of notification shall be maintained in a separate administrative file and retained for 10 years.
- j. If the beneficiary is not satisfied with the outcome of the request, they may pursue the Beneficiary Problem Resolution process as defined in Policy 200.04 and file a grievance with PRO.
- k. Staff shall direct a beneficiary requesting to change a program of service to contact PRO.
- l. Within 10 working days of receiving the request, PRO shall provide the beneficiary with the names of alternative programs of services in the area of choice.
- m. Providers shall maintain Request for Change of Provider forms received from beneficiaries for 10 years.
- n. The Program Manager shall collect all submitted Request for Change of Provider forms at the end of each workday and maintain them in a separate administrative file.
- o. Program managers shall retain all Request for Change of Provider forms for 10 years.
- p. The Quality Improvement unit shall review all Request for Change of Provider forms to determine if there are any trends.
- q. Program managers or designees shall enter the information collected on Request for Change of Provider forms into the Public Facing Request for Change of Provider Database (PFCOP) by the 10th day of every month, noting also if there are no requests or as directed by PRO.

Grievance and Appeal Forms and Procedures

The Grievance/Appeal Form allows consumers, family members, friends, and even staff to express concerns about services provided under the Mental Health Plan.

- [Grievance/Appeal Form – Arabic](#)
- [Grievance/Appeal Procedures – Arabic](#)
- [Grievance/Appeal Form – Armenian](#)
- [Grievance/Appeal Procedures – Armenian](#)
- [Grievance/Appeal Form – Cambodian](#)
- [Grievance/Appeal Procedures – Cambodian](#)
- [Grievance/Appeal Form – Chinese](#)
- [Grievance/Appeal Procedures – Chinese](#)
- [Grievance/Appeal Form – English](#)
- [Grievance/Appeal Procedures – English](#)
- [Grievance/Appeal Form – Farsi](#)
- [Grievance/Appeal Procedures – Farsi](#)

- [Grievance/Appeal Form – Korean](#)
- [Grievance/Appeal Procedures – Korean](#)
- [Grievance/Appeal Form – Russian](#)
- [Grievance/Appeal Procedures – Russian](#)
- [Grievance/Appeal Form – Spanish](#)
- [Grievance/Appeal Procedures – Spanish](#)
- [Grievance/Appeal Form – Tagalog](#)
- [Grievance/Appeal Procedures – Tagalog](#)
- [Grievance/Appeal Form – Vietnamese](#)
- [Grievance/Appeal Procedures – Vietnamese](#)

Notices of Action/ Notice of Adverse Benefit Determination (NOABD)

Per Title 42, Code of Federal Regulations, part 438, subpart 5, Notice of Adverse Benefit Determination (NOABD) is a determination made by the Mental Health Plan to include denial, reduction, suspension, termination of a previously authorized service, or failure to provide services on time. When a consumer of services receives a NOABD, they may request that the Patients' Rights Office assist in appealing this decision. The forms are available in English and other LA County threshold languages.

- [MH 726 Notice of Action A \(Assessment\) in English](#)
- [Notice of Action A \(Assessment\) in Arabic](#)
- [Notice of Action A \(Assessment\) in Armenian](#)
- [Notice of Action A \(Assessment\) in Cambodian](#)
- [Notice of Action A \(Assessment\) in Simplified Chinese](#)
- [Notice of Action A \(Assessment\) in Traditional Chinese](#)
- [Notice of Action A \(Assessment\) in Farsi](#)
- [Notice of Action A \(Assessment\) in Russian](#)
- [Notice of Action A \(Assessment\) in Spanish](#)
- [Notice of Action A \(Assessment\) in Tagalog](#)
- [Notice of Action A \(Assessment\) in Vietnamese](#)
- [MH 727 Notice of Action E \(Lack of Timely Service\) in English](#)
- [Notice of Action E \(Lack of Timely Service\) in Armenian](#)
- [Notice of Action E \(Lack of Timely Service\) in Arabic](#)
- [Notice of Action E \(Lack of Timely Service\) in Cambodian](#)

- [Notice of Action E \(Lack of Timely Service\) in Simplified Chinese](#)
- [Notice of Action E \(Lack of Timely Service\) in Traditional Chinese](#)
- [Notice of Action E \(Lack of Timely Service\) in Farsi](#)
- [Notice of Action E \(Lack of Timely Service\) in Korean](#)
- [Notice of Action E \(Lack of Timely Service\) in Russian](#)
- [Notice of Action E \(Lack of Timely Service\) in Spanish](#)
- [Notice of Action E \(Lack of Timely Service\) in Tagalog](#)
- [Notice of Action E \(Lack of Timely Service\) in Vietnamese](#)

Section 7: Training

LACDMH is committed to training and educating our workforce about the DLAP utilizing various internal platforms, which include the following:

- DMH all-staff Townhalls
- In-person extended management meetings with detailed PowerPoint presentations on new initiatives and changes pertaining to the LACDMH - DLAP
- In-services with managers, supervisors, and line staff
- Meetings with contracted/legal entity providers: Quality Improvement Council (QIC), and Quality Assurance Council (QAC).
- Hello DMH newsletter – An annual article will be published to provide updates on LACDMH DLAP.
- DMH Policy and Procedures
- CBO Bulletins
- Workforce Trainings and Training Plan
 - The Interpreter Training Program (ITP) is designed for bilingual staff currently performing or interested in performing interpreter services and monolingual English-speaking mental health providers. The use of linguistically and culturally competent interpreters is important to bridge the language and cultural gap in the delivery of services in public mental health. This training program enhances the participants' skill set by addressing the complex roles of interpreter services, reviewing interpreting models, identifying standards of practice, and problem-solving challenges that may arise when interpreting.
 - Additionally, LACDMH offers its bilingual certified workforce several training opportunities relevant to language interpretation skills and clinical terminology via the departmental Training Unit. Examples of trainings offerings include the following:
 - 1) Language Interpreter Training Series
 - Introduction to Interpreting in Mental Health Settings
 - Advanced Mental Health Interpreter Training
 - Use of Interpreter Services in Mental Health Settings
 - 2) Language-specific clinical terminology:
 - Increasing Armenian Mental Health Clinical Terminology

- Increasing Mandarin Mental Health Clinical Terminology
- Increasing Spanish Mental Health Clinical Terminology
- During Calendar Year (CY) 2025, the LACDMH ARISE Division strategically rolled out a training plan for the workforce to become knowledgeable on how to access Language Assistance Services offered by the ARISE Division. The ARISE Division management delivered a series of trainings at key departmental venues. Among them, all-staff townhall, Program Head and Supervisor Forum, Quality Improvement Councils, Legal Entity/Contracted Provide, and Analyst meetings. As a next step, the ARISE Division plans on making this training available to the entire workforce via a pre-recorded/virtual version. This CY 2025 strategy will ensure that executive, provider site and administrative managers, supervisors, and front-line staff receive this training and have access to all procedures pertinent to language assistance services coordinated by the ARISE Division.

Furthermore, to enhance knowledge and sensitivity regarding the Deaf and Hard of Hearing community and sign language accommodations available via the ARISE Division, the LACDMH Sign Language Specialists are developing a virtual training focusing on American Sign Language (ASL) services. The goal of this training is to promote accessible, respectful, and seamless communication with Deaf and Hard-of-Hearing clients using HIPAA-compliant platforms. Once ready for dissemination, this training will provide practical guidance for the workforce on how to effectively utilize ASL interpreters in virtual mental health settings. Included in the content will be technology requirements for ASL-facilitated appointments, room setup, communication etiquette with Deaf and Hard of Hearing individuals, ASL-booking procedures via the ARISE Division, and the distinction between [Video Relay Service](#) (VRI) and [Video Remote Interpreting](#) (VRS) technologies. The training development is projected to be completed and delivered by December 2025 with the possibility of pre-recorded training video development afterward.

Section 8: Community Outreach & Engagement

LACDMH has a robust community stakeholder platform that allows for the DLAP to be vetted by members of the diverse linguistic communities that are served by the service delivery. Those stakeholder groups include, but are not limited to, the following:

- Access for All Underserved Cultural Communities Subcommittee (UsCC): This subcommittee focuses on the cultural and linguistic needs of the disabled community.
- American Indian/Alaska Native (AI/AN) UsCC - Focus on the cultural and linguistic needs of the AI/AN community.
- Asian Pacific Islanders (API) UsCC – Focuses on the cultural and linguistic needs of the API community.
- Black and African Heritage (BAH) UsCC – Focuses on the cultural and linguistic needs of the Black and African Heritage community.
- Eastern European/Middle Eastern (EE/ME) UsCC – Focuses on the cultural and linguistic needs of the Russian, Ukrainian, Armenian, Iranian, Muslim, Lebanese, and other Middle Eastern communities.
- LGBTQI2-S UsCC – Focus on the cultural and linguistic needs of those who are part of the Lesbian, Gay, Bi, Trans, Queer, Questioning, Intersex, Asexual, and 2-Spirit are present in every ethnic community.

- The CCC - Serves as an advisory group for the infusion of cultural competence in all LACDMH operations and advocates for the needs of all cultural groups.

The collective wisdom and recommendations provided by these eight (8) groups assist LACDMH to refining its provision of culturally and linguistically inclusive services for the diverse communities of Los Angeles County. Detailed information about these stakeholder groups can be found in the 2024 Cultural Competence Plan report, which is posted on the departmental website. *See Appendix.*

LACDMH widely announces these meetings and includes them in the departmental calendar of events which can be accessed at: <https://dmh.lacounty.gov/events/category/general-events/>. Additionally, meeting reminders are sent to the establish memberships of these meetings and members are encouraged to invite their contacts to join the meetings.