



洛杉矶县心理健康部质量保 证处

通知

2026年6月1日

《洛杉矶县行为健康会员手册》将进行更新，于2026年7月1日生效，并在洛杉矶县心理健康部网站提供多种语言版本：

<https://dmh.lacounty.gov/>。如需免费获取纸质副本，请通过您的服务提供者提出申请，该副本将在五(5)个工作日内提供给您。

会员手册的更新内容包括在题为“关于您所在县的补充信息”的章节中提供有关新服务可用性的信息。向Medi-Cal会员提供的新增心理健康专科服务包括：

- 俱乐部服务
- 强化社区健康工作者服务

如需以所用语言获得协助、因残障需要辅助工具或服务，或需要获取大字体或盲文文件，请致电1-800-854-7771 (TTY: 711)提出申请。这些服务完全免费。

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 بريـل 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: Չանզանգահարեք 1-800-854-7771 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ : បើអ្នក ឬអ្នកដទៃ ត្រូវការជំនួយ ផ្នែកភាសា ឬសេវា ផ្សេងៗ ទៀត ទូរស័ព្ទ 1-800-854-7771

(TTY: 711)។ ជំនួយ និង សេវា ផ្សេងៗ ទៀត ត្រូវបាន ផ្តល់ ជូន ដោយ ឥត គិត ថ្លៃ ដល់ អ្នក ដែល មាន ការ ឃ្លាំង ឬ មាន ការ ឃ្លាំង ផ្សេងៗ ទៀត ផង ដែរ ។

ប្រសិនបើ អ្នក ត្រូវ ការ ជំនួយ ផ្សេងៗ ទៀត ទូរស័ព្ទ 1-800-854-7771 (TTY: 711)។

សេវា ផ្សេងៗ ទៀត ត្រូវ បាន ផ្តល់ ជូន ដោយ ឥត គិត ថ្លៃ ។

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 مک‌دریافت کنید، با 1-800-854-7771 (TTY: 711) تماس بگیرید. ما همچنین خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-854-7771 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता का आवश्यकता है तो 1-800-854-7771 (TTY: 711) पर कॉल करें। अशक्तता वाला लोगो को लए सहायता और सवापु जैसा ब्रल और बड़ा प्रठ में भी दस्तावड़ा उपलब्ध हैं। 1-800-854-7771 (TTY: 711) पर कॉल करें। यस्वापु शुल्क हैं।

Hmoob (Hmong)

CEEV 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: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໄດ້ທາງດ້ານ 1-800-854-7771 (TTY: 711). ອົງມືຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ບັນທຶກສອນນູນແລະມິຕິພິມໃຫຍ່ ໃຫ້ໄດ້ທາງດ້ານ 1-800-854-7771 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-854-7771 (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 hlou 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)

ਧਿਆਨ ਿਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਿਵੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-854-7771 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਿਜਦੋਂ ਿ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 ТТУ: 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 ТТУ: 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 serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-854-7771 (TTY: 711) น

นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-854-7771 (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 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 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 am and 5:00 pm 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 am and 5:00 pm 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>