



County of Fresno

Department of Behavioral Health
Susan L. Holt
Director of Behavioral Health
Public Guardian

Notice of Significant Change

Effective Date: February 1, 2026

The Fresno County Department of Behavioral Health (DBH) is updating the Integrated Behavioral Health Member Handbook. This notice explains what is changing and how you can get the updated handbook.

What Is Changing

The updated handbook includes information about new and expanded behavioral health services available to eligible Medi-Cal members, including:

- Assertive Community Treatment (ACT)
- Supported Employment
- Traditional Health Care Practices

How to Get the Updated Handbook

Starting February 1, 2026, the handbook will be available in English, Spanish, and Hmong.

You can get the handbook in the following ways:

- **Download it online at:**

- fresnocountyca.gov/Departments/Behavioral-Health/Care-Services/Programs-Services/Persons-Served-Provider-Downloads

- Request a printed copy from Fresno County DBH

Need a Printed Copy or Help Accessing the Handbook?

You may request a free printed copy, auxiliary aids, or alternative formats at no cost. Printed copies will be provided within five (5) business days of your request.

To request a copy or get help, contact the Fresno County 24/7 Access Line:

1-800-654-3937 (TTY: 711)

Issuance Date: December 29, 2025

NONDISCRIMINATION NOTICE

Discrimination is against the law. **Fresno County Department of Behavioral Health (FCDBH)** follows State and Federal civil rights laws. **FCDBH** 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.

FCDBH 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 between 8:00 am and 5:00 pm by calling 559-600-4645. 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 format.

HOW TO FILE A GRIEVANCE

If you believe that **FCDBH** 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 Plan Administration. You can file a grievance by phone, in writing, or in person:

- By phone: Contact **FCDBH Plan Administration Division** between 8:00am and 5:00pm by calling **559-600-4645** Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:
Fresno County Department of Behavioral Health Plan Administration Division
P.O. Box 45003
Fresno, CA 93718-9886

- In person: Visit your doctor's office or FCDBH and say you want to file a grievance.
- Electronically: Visit *FCHMP* website at <https://www.fresnocountyca.gov/Departments/Behavioral-Health/Care-Services/Programs-Services/Persons-Served-Provider-Downloads>.

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>

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call 1-800-654-3937 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-654-3937 (TTY: 711). These services are free of charge.

العربية (Arabic)

يرجى الان الاتصال: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-654-3937 - (TTY: 711). تتوفر أي خدمات المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المساعدا
المكتوبة

بالخط الـ 1-800-654-3937 - بـ. رياتصل بـ 1-800-654-3937 - (TTY: 711). هذه الخدمات مجاناً.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-654-3937 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-654-3937 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើ លោកអ្នក ត្រូវ ជំនួយ ខ្មែរ, រសមន្ត ឬ មន្ត ទទួល ទូរស័ព្ទ ទំនាក់ទំនង 1-800-654-3937 (TTY: 711)។ ជំនួយ និង ប្រសិទ្ធភាព ផ្សេងៗ ទៀត ផ្តល់ ជូន ដល់ អ្នក មាន មធ្យម ភាព ឬ មធ្យម ភាព ទាប បំផុត ក្នុង ការ អាន និង យល់ ដឹង អំពី ឯកសារ ផ្សេងៗ ទៀត ។ ប្រសិនបើ លោកអ្នក ត្រូវ ជំនួយ ក្នុង ការ អាន និង យល់ ដឹង អំពី ឯកសារ ផ្សេងៗ ទៀត ។ ប្រសិនបើ លោកអ្នក ត្រូវ ជំនួយ ក្នុង ការ អាន និង យល់ ដឹង អំពី ឯកសារ ផ្សេងៗ ទៀត ។

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 1-800-654-3937 (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 1-800-654-3937 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-800-654-3937 تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-654-3937-654-3937 تماس بگیرید. این خدمات رایگان ارائه میشوند.

हिंदी (Hindi)

ज्ञान कर्क: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-654-3937

(TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाओं, जैसे उल और बड़े लरेंट में भीद ावेज़ उपलब्ध है। 1-800-654-3937 (TTY: 711) पर कॉल करें। ये सेवाओं लन: शुु है।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-654-3937

(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 1-800-654-3937 (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 1-800-654-3937 (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 1-800-654-3937 (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。

aengx caux aamz mborqv benx domh sou se mbenc
nzoih bun longc. Douc waac daaih lorx 1-800-654-
3937

(TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc
se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਠਿਯਆਨ ਠਿਯਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਧ ਠਿੱਚ ਠਿਮਿ
ਠਿੱੀ ਲੋੜ ਹੈ ਤਾ ਕਾਲ ਕਰੋ 1-800-654-3937 (TTY:
711). ਅਪਾਹਜ ਲੋਕਾ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇ ਾ ਾਂ, ਧਜ ਾ ਧਕ
ਬਾਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਧ ਠਿੱਚ
ਠਿੱਸਤਾ ੇਜ, ੀ ਉਪਲਬਿ ਹਨ। ਕਾਲ
ਕਰੋ 1-800-654-3937 (TTY:
711). ਇਹ ਸੇ ਾ ਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем
родном языке, звоните по номеру 1-800-654-
3937 (TTY: 711). Также предоставляются
средства и услуги для людей с ограниченными
возможностями, например документы крупным
шрифтом или шрифтом Брайля. Звоните по
номеру 1-800-654-3937 (TTY: 711). Такие услуги
предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-654-3937 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-654-3937 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-654-3937 (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 1-800-654-3937 (TTY: 711). Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาไทย กรุณาโทรศัพท์ไปที่หมายเลข

1-800-654-3937 (TTY: 711). นอกจากนี้ Oyster ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-654-3937 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้ Oyster

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-654-3937 (ТТҮ: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-654-3937 (ТТҮ: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-654-3937 (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 1-800-654-3937(TTY: 711). Các dịch vụ này đều miễn phí.