

Santa Cruz County Behavioral Health

NONDISCRIMINATION NOTICE

Discrimination is against the law. The Santa Cruz County Behavioral Health Plan (SCCBHP) follows State and Federal civil rights laws. SCCBHP 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.

SCCBHP 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 Santa Cruz County Behavioral Health between 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Monday through Friday, excluding holidays by calling (800) 952-2335. Or, if you cannot hear or speak well, please call TTY/TTD 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 SCCBHP 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 Santa Cruz County Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact the Civil Rights Coordinator between 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Monday through Friday, excluding holidays by calling (831) 454-4109. Or, if you cannot hear or speak well, please call TTY/TTD 711.
- In writing: Fill out a complaint form or write a letter and send it to:
 - Civil Rights Coordinator, 1000 Emeline Avenue, Santa Cruz, CA 95060
- In person: Visit your doctor's office or Santa Cruz County Behavioral

Health and say you want to file a grievance.

 <u>Electronically</u>: Visit Santa Cruz County Behavioral Health's website at Behavioral Health (santacruzhealth.org).

<u>OFFICE OF CIVIL RIGHTS</u> – 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).
- <u>In writing</u>: 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.

<u>OFFICE OF CIVIL RIGHTS</u> – 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:

- <u>By phone</u>: 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

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- Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>.
- <u>Electronically</u>: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

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