

# DEPARTMENT OF BEHAVIORAL HEALTH

## Patients' Rights

1196 E. Lassen, Suite  
130 Chico, CA 95926

### 24-Hour Crisis

Adult: (530) 891-2810 or 1-800-334-6622

Youth: (530) 891-2794 or 1-800-371-4373

*For Emergencies such as suicidal thoughts or serious  
mental or emotional disturbance.*

### *For all other, non-emergency calls,*

- \* INFORMATION
- \* ASSESSMENT
- \* AUTHORIZATION  
FOR SERVICES
- \* CONSULTATION
- \* REFERRAL
- \* CRISIS INTERVENTION

**Please call (530) 891-2999**

You can also reach us by

**FAX (530) 895-6547**

## GRIEVANCE, APPEAL and/or EXPEDITED APPEAL PROCESS

We will make every effort to satisfy the treatment needs of our members. However, there may be times when members will be unhappy with services received. Members are encouraged to discuss issues regarding their mental health service directly with their provider. If efforts to resolve the problem directly are unsuccessful, members who are dissatisfied with their mental health services may file a grievance. You may request a friend, relatives and/or Patients' Rights Advocate to assist you with your grievance rights.

A beneficiary may file for a State Fair Hearing *only* after they have filed for an Appeal *and* they have received a final decision about the Appeal from Butte County Behavioral Health. State Fair Hearings may no longer take place with regards to the Grievance process.

Members will not be subject to any penalty, discrimination or retaliation for filing a grievance or an appeal. Every effort will be made to resolve the issue at an informal level.

To register a grievance or an appeal call,

**Youth and Adult  
Patients' Rights Advocates  
(530) 343-1731 or 1-800-497-1445**

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Version 1.1 8/30/16

## MEMBER INFORMATION



DEPARTMENT OF BEHAVIORAL HEALTH

**Definition of a Member:  
Any person certified as eligible for  
Medi-Cal in Butte County.**

# REFERRAL

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Members must call to receive approval for mental health services before they are received.

Requests for services may come from individuals or community agencies, physicians or schools. Some requests and referrals may be handled over the telephone. Some may involve a face-to-face meeting with a clinician specializing in adult, older adult or youth services.

Authorizations may be made to county mental health clinics, community providers, or to other services available in the county. A Provider list is available on request at the reception desk.

**Services will be authorized based on the needs of the individual.**

## SERVICES AVAILABLE

The following services are available for adults and children who are experiencing serious mental illness or emotional disturbance:

Mental Health Services:

A. **Assessment** – A face-to-face interview with a counselor to gather information to determine what level of service may be authorized. The counselor as a part of this assignment may request psychological testing.

B. **Group Counseling** – For issues such as depression, anxiety or substance abuse your counselor may authorize a series of group sessions. The groups at the Department of Behavioral Health focus on skills that allow you to increase your ability to cope with individual difficulties.

C. **Intensive Case Management** – For individuals whose mental illness makes it difficult for them to live independently, additional support such as day treatment or case management may be authorized.

D. **Individual Counseling** – You may be served in an individual therapy setting if this form of treatment is better for your problems or conditions.

E. **Medication services** – Your counselor may schedule an appointment with a psychiatrist for medication evaluation. The psychiatrist will see you periodically to monitor any medication we prescribe, or may refer you to your private medical doctor to continue medication treatment.

F. **Brief Therapy** – This is solution oriented counseling to reduce distressing symptoms and to improve functioning. This may include individual, family or group therapy.

G. **Transitional Residential Placement** – For individuals who require extra support in their efforts to develop interpersonal and independent living skills, short term placement in a non-institutional residential setting may be authorized.

H. **Psychiatric Hospitalization** – The Department of Behavioral Health operates a 16-bed, adult psychiatric inpatient facility for psychiatric emergencies that cannot be treated on an outpatient basis. We also contract with other psychiatric hospitals for the treatment of minors with acute psychiatric needs.

I. **Alcohol & Drug Services** – Screening, group therapy and referral to address problems resulting from substance abuse.

## MEMBER RIGHTS

- \* Respectful treatment by mental health providers, agency, clinic and hospital staff.
- \* Services provided in a safe environment.
- \* Informed consent to treatment and to prescribed medication.
- \* Confidential care and record keeping.
- \* Participation in planning their own treatment.
- \* Request a change of therapist, a second opinion, or change in level of care.
- \* Access to complaint, grievance or Fair Hearing process.
- \* Authorize a person to act in their behalf during the complaint, grievance or fair hearing process.
- \* With the member's written permission, have family members talk to the service providers about the member's treatment.
- \* Receive services that are culturally competent and sensitive to language and cultural differences. Interpreter services are provided at no charge. A list of interpreters can be obtained at the reception desk.

## MEMBER RESPONSIBILITIES

- \* To actively participate in the agreed upon services by:
    - (a) keeping scheduled appointments and being on time,
    - (b) Providing 24 hour advance notice of cancellations and
    - (c) Abiding by the care plan developed between you and the provider, including medication compliance.
  - \* To notify the provider and/or the plan of any concerns regarding services.
  - \* To respect the privacy rights of other members and providers.
  - \* To come to all sessions "clean and sober".
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