

Language Access Plan



California Department of
State Hospitals

**Providing Meaningful Access
to Services for Individuals with
Limited English Proficiency
June 2024**

Department of State Hospitals/ Director's Office
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Introduction

As part of ensuring meaningful access to programs and services, the California Health and Human Services Agency (CalHHS) adopted a Language Access Policy on May 22, 2023, which requires each CalHHS department or office's programs to develop a Language Access Plan. The goal of this work is to ensure that CalHHS and its departments and offices provide meaningful access to information, programs, benefits, and services to people with Limited English Proficiency (LEP) and ensure that language is not a barrier to accessing vital health and social services.

This document is the California Department of State Hospitals ("DSH" or "Department") Language Access Plan ("LAP" or "Plan"). In developing this Plan, we have reviewed our programs and services for the public, the ways in which we communicate with members of the public and the people we serve, and how we currently provide information and services in languages other than English.

As described in the following section, DSH manages a large forensic mental health system of care. The core of what we do is to provide high quality treatment, evaluation and supportive services to a diverse patient population that reflects the cultural and ethnic diversity represented across California. The Plan described herein primarily focuses on the processes by which DSH supports the LEP patients we serve in receiving equitable access to services and having the opportunity to meaningfully participate in treatment and program activities in the state hospitals. DSH is committed to providing language access to support these goals.

Department Programs and Services

DSH manages the nation's largest inpatient forensic mental health hospital system. The mission of DSH is to provide evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings. Within the context of the broader mental health system of care, DSH primarily serves individuals with complex behavioral health conditions who have been committed to the Department through the superior courts or Board of Parole Hearings. Additionally, DSH serves a smaller contingent of conserved individuals referred by the counties and inmates from the California Department of Corrections and Rehabilitation. DSH is responsible for the daily care and provision of mental health treatment of its patients. Upon discharge from a DSH commitment, individuals typically return to their community, and the county behavioral health system serves to provide additional services and linkages to ongoing treatment.

DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton). In addition to state hospital treatment, DSH provides services, via

contracts with county behavioral health agencies, sheriff departments, and private providers, in Early Access Stabilization Services (EASS) and Jail-Based Competency Treatment (JBCT) programs, Community-Inpatient Facilities (CIF), the Conditional Release Program (CONREP), Community-Based Restoration (CBR) programs, and pre-trial felony mental health diversion programs. DSH is responsible for the daily care of over 7,000 patients. In fiscal year (FY) 2022-23, DSH served over 13,000 patients. With nearly 13,000 employees located across its Sacramento headquarters and five state hospitals throughout the state, every team member's effort at DSH focuses on the provision of mental health treatment in a continuum of treatment settings while maintaining the safety of patients, employees, and the public.

DSH is funded through the General Fund and reimbursements from counties for the care of Lanterman-Petris-Short (LPS) patients. All DSH facilities are licensed through the California Department of Public Health (CDPH) and four of the five facilities (Atascadero, Metropolitan, Napa, and Patton) are accredited by The Joint Commission, an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States.

State Hospitals

DSH-Atascadero

Opened in 1954, DSH-Atascadero is located on the Central Coast of California in Atascadero (San Luis Obispo County). It is a self-contained psychiatric hospital constructed within a security perimeter. DSH-Atascadero primarily serves the following four patient commitment types: Offender with a Mental Health Disorder (OMD), Coleman patients (inmates with serious mental illness) from CDCR, Incompetent to Stand Trial (IST), and Not Guilty by Reason of Insanity (NGI).

DSH-Coalinga

Opened in 2005, DSH-Coalinga is located on the western edge of Fresno County. It is a self-contained psychiatric hospital constructed with a security perimeter. CDCR provides perimeter security as well as transportation of patients to outside medical services and court proceedings. DSH-Coalinga primarily serves the following three patient commitment types: OMD, Coleman patients from CDCR, and Sexually Violent Predators (SVP).

DSH-Metropolitan

Opened in 1916, DSH-Metropolitan is located in Norwalk (Los Angeles County). The hospital is an open style campus within a security perimeter. DSH-Metropolitan

primarily serves the following four patient commitment types: LPS, IST, OMD and NGI.

DSH-Napa

Opened in 1875, DSH-Napa is located in Napa County, and is the oldest California state hospital still in operation and has an open style campus with a security perimeter. DSH-Napa primarily serves the following four patient commitment types: LPS, IST, OMD, and NGI.

DSH-Patton

Opened in 1893, DSH-Patton is located in the town of Highland in San Bernardino County. Most of the hospital is a forensic mental health hospital and has an open style campus with a security perimeter. DSH-Patton primarily serves the following four patient commitment types: LPS, IST, OMD, and NGI.

Community Based and Jail-Based Treatment – Contracted Programs

DSH administers several community-based and jail-based treatment programs that are operated in partnership through contracts with county and private providers. These programs are summarized below. All contracted providers coordinate and are responsible for ensuring treatment services and related educational materials are made available in any non-English language required by a patient to ensure meaningful participation in their treatment. To strengthen this process and align language access expectations to CalHHS' policy, DSH is developing provisionary language for inclusion in its provider contracts.

Conditional Release Program (CONREP)

CONREP is DSH's statewide system of community-based services for specified court-ordered forensic individuals. CONREP aims to promote greater public protection in California's communities via an effective and standardized community outpatient treatment system. The CONREP population includes clients deemed NGI, OMD, IST and SVP who have been court-approved for outpatient placement in lieu of state hospital placement. Individuals suitable for CONREP may be recommended to the courts by the state hospital Medical Director.

Community-Based IST Programs

DSH administers several community-based programs to support IST treatment needs for those who are eligible to participate in these programs. These are

community inpatient facilities (CIF), community-based restoration (CBR) and mental health diversion programs.

CIFs are community inpatient facilities that provide alternative treatment options to the state hospitals with the objective of supporting county-operated community-based IST treatment programs where higher levels of care may be needed. Individuals who are transitioning from a jail setting are able to stabilize in a CIF prior to stepping down into a less-restrictive treatment setting. CIFs also support IST individuals who may need to step up to a more secured treatment environment.

CBR and diversion programs are community-based IST treatment options provided in the least restrictive, typically residential settings. Both programs offer intensive mental health treatment services with wraparound supports and housing.

The primary goal of CBR is restoration of competency and to that end, competency education is offered in addition to traditional mental health treatment and supports. The DSH Diversion program has been designed to target a portion of the IST population most likely to succeed in an outpatient setting when provided the appropriate treatment, supports, and housing. Individuals who are successful in Diversion may have their charges dropped at the completion of the program.

Jail-Based IST Programs

In addition to community-based treatment options, DSH administers two types of jail-based treatment programs for IST individuals. The Early Access and Stabilization Services (EASS) treatment program was established to increase community-based treatment placements by facilitating IST patients' stabilization and medication compliance, thereby increasing the likelihood of eligibility for placement into a diversion or other outpatient treatment program. The Jail-Based Competency Treatment (JBCT) program provides restoration of competency services to IST individuals while they are housed in county jail facilities. JBCT programs offer a local treatment program in a secured setting that support a short length of stay for IST individuals who present a lower acuity.

Language Access Requirements

In planning for how to provide meaningful language access moving forward, DSH reviewed the following four factors for each of our programs:

1. Number or proportion of LEP persons eligible to be served or likely to be encountered by the program or service;

2. Frequency with which LEP individuals come into contact with the program;
3. Nature and importance of the program, activity, or service; and
4. Resources available to our department and costs of language services.

We have also considered the specific requirements in the CalHHS Language Access Policy and any other program-specific laws or requirements.

Please note that this plan does not address DSH's process for conducting or reporting on the biennial language survey required under the Dymally Alatorre Bilingual Services Act.

Providing Notice to People with LEP and Identifying Language Preference

This section includes how DSH will notify the public about available language access services. Below is a check list of tools DSH may use to notify the public of these services.

- "I Speak" cards or posters at public reception desks
- Translated notices in public waiting areas in the following languages:
 - Chinese
 - Korean
 - Spanish
 - Tagalog
 - Vietnamese
- Translated taglines on English language forms
- Translated taglines on department program websites
- Other:

Patient admission to state hospital

Upon admission, each patient's primary and preferred language is assessed by the treatment team or admissions suite clinician and documented on the Linguistic Assessment form in accordance with each hospital's policy guidance. If the primary or preferred language is not English, this information is documented in the patient's treatment plan and provided to the state hospital's Health Information Management Department for tracking in patient records and databases.

Language Services

This section includes the actions DSH will take to provide information and services in languages other than English.

DSH serves a diverse patient population. Whenever possible and appropriate, the state hospitals shall endeavor, when possible, to place non-English speaking patients on a treatment unit where staff, and/or patients, are able to communicate in the patient's preferred language. Further, language interpretation services shall be made available to patients, free of charge, 24 hours per day, 7 days per week to facilitate care and treatment. Patients may request services through any member of their treatment team or nursing team members while on the patient's unit or through other clinical and nursing team members when participating in other off-unit programming areas of the hospital.

For LEP members of the public who may require language access services, they may contact the hospital's telephone operator who will then coordinate with the hospital's primary point of contact to facilitate language access through certified bilingual staff who may be available or contracted interpreter services. Additionally, LEP individuals may contact the DSH Language Access Coordinator at LanguageAccess@dsh.ca.gov

There are three different ways in which DSH team members may provide language access: direct in-language services, interpretation, and translation.

Direct In-Language Communication

Each state hospital maintains a directory of qualified bilingual staff available who have been certified to provide direct in-language communication to LEP individuals in their preferred language. The bilingual staff directory is maintained by the Human Resources Office of the respective DSH location. Treatment team, nursing or other clinical or operational team members seeking direct in-language communication to support a patient may access the bilingual directory through one of the following ways:

- Hospital's intranet website
- Calling the hospital's telephone operator
- Internal hospital directories or as posted in the treatment unit

Designated treatment team, nursing, or other clinical or operational team members will then call bilingual staff to request services and determine availability.

Some treatment units, where there is a significant concentration of patients who speak a specific non-English language, certified bilingual treatment staff are hired and assigned to the unit whenever possible. Currently, DSH maintains a Spanish-speaking unit and a unit for patients who are deaf or have limited hearing. These units have clinical or nursing team members who are certified bilingual staff as designated by the hospital's Human Resources Department.

Only certified bilingual staff are permitted to communicate with the public in languages other than English.

Upon recruitment and hiring of bilingual staff, the hiring manager will contact the hospital's human resources office to arrange for the certification examination of the employee which is facilitated through a contracted vendor pursuant to guidelines outlined in CalHR Human Resources Manual, Section 1003 - "Bilingual Services".

Interpretation

All DSH team members are responsible for obtaining a qualified interpreter when needed to ensure effective communication. When bilingual staff are not available, qualified contracted interpreters may be utilized. DSH contracts with multiple vendors who provide on demand telephone or video interpretation services. Some contracted vendors provide onsite translation services as well.

DSH will take all reasonable steps appropriate to the circumstances to ensure that it provides interpretation services only through individuals who are competent and certified to provide interpretation services at a level of fluency, comprehension, and confidentiality appropriate to the specific nature, type, and purpose of the information at issue.

Each state hospital maintains a local policy and procedure for accessing contracted interpretation services which vary across the locations and are adjusted based on current vendor requirements and capability.

DSH-Atascadero

DSH-Atascadero currently has a contract for on-demand video foreign language and American Sign Language (ASL) interpretation services through Language Link and several other contracted providers. Specific to Language Link, team members in need of coordinating non-English interpretive services for patients or responding to public inquiries may access services through the Language Link portal available through the hospital's intranet website and using a state-issued laptop. Team members are required to establish a unique user profile to coordinate services and for tracking purposes. This contracted service has been

extremely helpful in effectively delivering care and treatment for DSH patients when onsite bilingual staff are not available. To that end, DSH is currently working on a statewide agreement with Language Link to expand this service to all DSH locations. DSH-A team members may also coordinate ASL interpreter services and other non-English language interpretation via in-person, verbal, written, and over-the-phone through several other certified providers contracted by the hospital.

Where available, DSH-Atascadero team members may utilize onsite bilingual staff by contacting individuals through the hospital's bilingual directory available on the unit or in the hospital directories available on the hospital's intranet page.

If team members need assistance with the process for accessing interpretive services, they may reach out the hospital Clinical Administrator or Human Resources Department for guidance.

DSH-Coalinga

DSH-Coalinga utilizes onsite bilingual staff who are proficient in Spanish to engage LEP patients and the public as coordinated through the Bilingual Directory available through the hospital's intranet website and internal directories. If other than Spanish language is needed, the hospital has a contract for over-the-phone interpreter services through Language Line Services. Team members access Language Line services by coordinating with the Nurse of the Day (NOD) or the Assistant Coordinator of Nursing Services (ACNS) who will initiate the call and transition to the team member who requires interpretation services. DSH-C team member provide ASL interpreter services for patients using a laptop through several contracted providers.

DSH-Metropolitan

DSH-Metropolitan staff may use onsite certified bilingual and American Sign Language (ASL) staff to engage the LEP patients by accessing the Bilingual Directory by contacting the hospital's telephone operator. If bilingual staff are unavailable or do not speak the language needed, the hospital has multiple contracts for on-demand remote video and phone interpretation ASL services. Staff members can access contracted interpretations services through the phone number and access code information available within their respective program offices and on the treatment units.

If staff need assistance with the process for accessing interpretive services, they may reach out the hospital's Chief of Social Work or the Human Resources Department for guidance.

DSH-Napa

DSH-Napa has multiple interpreter service contracts for both on-site and on-demand phone interpretation services. Additionally, bilingual staff are available on a limited basis. Staff may access phone interpretation services by following the instructions available on the hospital's internal directory. For on-site interpreter services, staff submit a request to the hospital's General Services Department which oversees the language line and on-site interpreter contracts. Staff requesting services may access the forms and instructions through the hospital's internal directories and indicate if they require services to occur one-time or on an ongoing basis.

If team members need assistance with the process for accessing interpretive services, they may reach out the hospital's General Services Department for more information.

DSH-Patton

DSH-Patton utilizes onsite bilingual staff who are proficient in various languages to engage LEP patients and the public as coordinated through the Bilingual Directory available through the hospital's intranet website and internal directories available on the treatment units.

If bilingual team members are not available, the hospital has an on-demand phone interpretation services contract for team members to use. Instructions on how to access phone interpretation services are made available at each nursing station on the treatment unit and through internal hospital directories. Team members call the phone number provided by the contracted vendor and requested interpretation services in the preferred language.

If team member needs assistance with the process for accessing interpretive services, they may reach out the hospital's Forensic Services Manager or the Human Resources Department for guidance.

DSH-Sacramento

Team members in need of interpretation services to support and facilitate public meetings and provision of information to individuals seeking information about the department and its programs will reach out to the designated language access coordinator for DSH-Sacramento. The Sacramento language access coordinator will evaluate the need and determine the appropriate and most expedient path to connect the team member to interpretation services. This may include providing the number to the contractor, Language Link for non-English language interpretation; coordination with one of the state hospitals, via the Human

Resources Department, to utilize ASL or other deaf interpretation services contracts or an available certified bilingual team member.

Translation

Identifying Vital Documents for Translation

DSH has established a statewide Language Access Coordinator and an internal workgroup comprised of representatives from each state hospital and its Sacramento headquarters location to support the identification and translation of vital documents into the five threshold languages: Chinese, Korean, Spanish, Tagalog, and Vietnamese. For DSH, vital documents center around information critical to assisting patients in understand their rights and in making decisions in the various areas that impact their life while residing in a state hospital such as psychiatric treatment, health care, financial and legal. Additional vital documents include those that inform patients' families and friends about services and processes to access information and help support their loved one, including in person and tele-health visitations, sending mail, goods, or money, patients' rights and DSH's privacy practices.

During the initial implementation of the LAP, workgroup representatives from each DSH location are responsible for coordinating the identification of documents that may be considered vital through collaboration with the head of each functional area/department including but not limited to the Medical Director, Clinical Administrator, Hospital Administrator, Deputy Director, Legal and Privacy Officer, Human/Patients' Rights and Human Resources. These documents are provided to the Language Access Coordinator who will review the document and make an initial determination and recommendation to designate the document as vital which need to be translated. This recommendation is then submitted to the Director's Office for concurrence.

The Language Access Coordinator (LAC) will then inform the respective "document owner" responsible for maintaining the document and facilitating updates when needed of the vital document status and confirm language access requirements to maintain the document in the minimum five threshold languages. Written translation of the document may be coordinated by the LAC through the statewide contract for translation services, or through the hospital's local contract provider if one is available. The document owner will be responsible for coordinating the translation of vital documents, in collaboration with the LAC, any time there is an approved change to the document. Refer to the Document List at the end of this Plan for the list of vital DSH documents.

DSH recently executed its statewide contract for language translation services at the end of April 2024 and is working to prioritize and submit vital documents for

translation to the vendor on a flow basis. As documents translated across all five threshold languages are not available as of the release of this LAP in June 2024, sight translation services are available to assist patients, family members and other interested stakeholders seeking to access the information contained in DSH's vital documents. Sight translation is the oral translation of written information in the targeted language. For patients residing in one of the state hospitals, treatment team and nursing team members are responsible for coordinating sight translation services as outlined in their local policies and procedures for accessing contracted interpretation/translation services. All other individuals requesting to coordinate sight translation services may contact the LAC as referenced below who will then work with the statewide contracted vendor or leverage the resources through one of the DSH locations as determined appropriate.

Language Access Coordinator (LAC): David P. Jones
LAC Phone: 916-654-2309 / Email: LanguageAccess@dsh.ca.gov

The ongoing process to identify and translate additional vital documents is currently being developed and will be incorporated in the updated language access policy for the department.

Essential Website Content

The DSH Office of Communications is responsible for coordinating content posted on the DSH website. Consistent with the translation of vital documents, website content deemed essential and identified for required translation in the minimum five threshold languages centers around information that is important in the support of DSH's patients and their family members and friends. Additionally, website content essential to informing the public and other stakeholders about public meetings as well as information for patient advocates, county partners, legislative and other stakeholders is considered for required translation.

During the initial implementation of the LAP, the DSH Office of Communications reviewed existing DSH webpages that may be deemed essential in accordance with the following categories:

1. Basic information about the department - DSH mission, who we are, who we treat, key programs and purpose as well as treatment provided to our patients.
2. Patients' rights information
3. Patient visitation information – how to schedule an in-person or tele-health visit, available visitation hours, visitation guidelines including appropriate attire, allowable items and restrictions, and responsibilities of visitors while on grounds at a state hospital.

4. Patient and family supportive services include but are not limited to financial assistance, request for patient records, how to locate a current or former patient, family support groups. This category also includes how to send mail, goods or money to patients including items considered as contraband in the state hospitals.
5. State of Emergency declarations and any notifications of temporary changes to protocols in response to the State of Emergency
6. Public meeting notices
7. Notices on privacy practices and or privacy breach notifications

Essential website content identified by the Office of Communications is provided to the LAC who will review the website content and make an initial determination and recommendation to designate the information as essential and required by policy for translation in the five threshold languages. This recommendation is then submitted to the Director's Office for concurrence.

DSH recently executed its statewide contract for language translation services at the end of April 2024 and is working to prioritize and submit essential website content for translation to the vendor on a flow basis. As essential website content is not available as of the release of this LAP in June 2024 across all five threshold languages, sight translation services are available to assist patient, family members and other interested stakeholders seeking to access the information contained on DSH's website. For patients residing in one of the state hospitals, treatment team and nursing team members are responsible for coordinating sight translation services as outlined in their local policies and procedures for accessing contracted interpretation/translation services.

All other individuals requesting to coordinate sight translation services may contact the LAC as referenced below who will then work with the statewide contracted vendor or leverage the resources through one of the DSH locations as determined appropriate. DSH will post information on its website identifying the LAC contact and instructions regarding this interim process. Additionally, Google Translate™ will be available to those who opt to utilize this tool for translation of information contained on the DSH website. Adjacent to the Google Translate™ link, a disclaimer will be referenced indicating that DSH is unable to guarantee the accuracy or reliability of the automated translation.

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The ongoing process to identify and translate additional essential website content is currently being developed and will be incorporated in the updated language access policy for the department.

Responses to Written Communications

When responding to written communications from LEP individuals in languages others than English the process will be consistent with translation of any vital document. Whenever possible, DSH will endeavor to leverage bilingual team members who understand DSH practices, systems, and cultural norms to assist in the translation of written correspondence. When bilingual team members are not available to assist, written translation of the communication may be coordinated by the LAC through the statewide contract for translation services, or through the hospital's local contract provider if one is available.

Training Staff

This section includes information on how the DSH staff are trained to provide language access services to the public.

Training Plan

Public Facing Employees

Language access training will be provided to all current public-facing employees no later than December 1, 2024, and at least annually thereafter. New staff hired into public contact positions will receive language access training within their first one to three months of employment. For DSH, public facing employees are primarily direct care providers and patient care coordination staff, as well as those who are responsible for the public phone lines and counters across the DSH system. Timing of the required training will be based on the amount of direct interaction team members will have with patients in the provision of their care and treatment.

Direct care providers – treatment team, nursing and other clinical team members are responsible for ensuring DSH patients are provided language access services to facilitate their participation in treatment activities. Currently, training on resources available and the process to facilitate interpretation and written translation services is provided on the job through each hospital's clinical management structure.

No later than December 1, 2024, DSH will provide a statewide virtual training outlining CalHHS' language access policy, identifying related departmental policies, the process used to identify an individual's language preference, introduction of the statewide language access coordinator, the processes and procedures for providing language assistance services, and how to work effectively with interpreters (in person, telephone, video, as applicable). The virtual training will be recorded and made available through DSH's library of trainings for access on as needed basis. Hospital-specific processes and

procedures will be reinforced through the continuation of on-the-job education made available through the hospital's clinical management structure.

Non-Public Facing Employees

This section describes the DSH's plan for training employees who are not in public contact positions. For DSH, non-public facing employees primarily consists of executive leadership, hospital operations and administrative management and staff.

No later than December 1, 2024, DSH will provide a statewide virtual training outlining CalHHS' language access policy, identifying related departmental policies, the process used to identify an individual's language preference, introduction of the statewide language access coordinator, the processes and procedures for providing language assistance services, and how to work effectively with interpreters (in person, telephone, video, as applicable). The virtual training will be recorded and made available through DSH's learning management system and the intranet sites for each respective location for access on as needed basis. Location specific processes and procedures will be reinforced through the employee's management structure.

Monitoring and Updating LAP

This section describes how the DSH will monitor language access services and update this Language Access Plan at least every two years. This information will ensure that the DSH is compliant with the CalHHS Language Access Policy and address processes and procedures being used to deliver meaningful language access to members of the public and recipients of services.

DSH will create a monitoring program or process to ensure implementation of details included in the Language Access Plan. This process will entail:

- Identification of training needs
- Assessing training effectiveness
- Assessing employee awareness of language access policies and procedures
- Assessing effectiveness of interpretation and translation services
- Check-in with community partners and stakeholders
- Tracking costs of providing language access services
- Data collection
 - Identifying amount and type of language services (interpreter services, sight translations) available to consumers by program
 - With respect to this category, DSH maintains limited data for consistent tracking and reporting on the amount and type of language services available to consumers. Through its data governance processes, DSH

will identify relevant data elements to track and implement a collection process to the extent possible.

Every two years, CalHHS will generate and update the list of minimum threshold languages for the translation of vital documents and essential web content. Consistent with CalHHS Policy, the DSH Language Access Plan will be reviewed, revised if necessary, and resubmitted to CalHHS every two years. Revisions will address any changes in the Title VI four-factor analysis; whether existing policies and procedures are meeting the needs of LEP individuals; whether staff is sufficiently trained; and whether identified resources for assistance are up-to-date, available, accessible, and viable.

Reevaluations will incorporate, as appropriate, new programs, new legal requirements, additional vital documents, and community input on the Language Access Plan.

Complaint Process

Members of the public or recipients of services should direct complaints regarding language access to:

Complaint Process Contact Name: DSH Office of Human Rights
Phone: (916) 654-2650

It is the policy of DSH to assist LEP individuals in accessing DSH information and services. If a member of the public believes they have not been provided with the requested information or services, the individual may file a Language Access Complaint with DSH's Office of Human Rights (OHR). OHR will contact the individual upon receiving the complaint to acknowledge receipt; and if appropriate, will arrange to meet with the individual to discuss the matter and attempt to remedy the alleged complaint (i.e., provide the individual with the translated material, or an interpreter). If a resolution of the complaint cannot be reached, OHR will forward to the DSH Director's Office with a written determination and recommended resolution for consideration and approval.

If a patient believes they have not been provided with the requested information or services, including those in their preferred language, the patient may file a Patients' Rights Complaint by contacting the Patients' Rights Advocate (PRA) at the state hospital. If the patient disagrees with the response from the PRA, the patient may begin the patients' rights appeals process. The first level appeal is with the Executive Director of the hospital; second level is with the California Office of Patient Rights; and the third level is with DSH's OHR. The appeals process may escalate through all three level, but with the goal to identify a resolution at the lowest level possible.

Document List

The following is a list of DSH's vital documents. Included are the five languages required by the CalHHS Language Access Policy. Included are any others identified as threshold languages pursuant to analyses under Title VI, Dymally-Alatorre and any program-specific language access laws.