

CULTURAL & LINGUISTICS (C&L) TRAINING

The goal of the C&L training is to educate IEHP Providers on how to provide medically necessary and covered services to all Members in a culturally and linguistically appropriate manner regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, disability, or gender identity.

Because health care is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are central in the delivery of health services.

What is Culture?

Culture refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

- We become assimilated into our culture and the way we reflect our culture is often without conscious thought.
- Cultural factors include, but are not limited to, geography, age, socioeconomic status, religion, gender, education, politics, sexual orientation, gender identity, race, and ethnicity.

Cultural Competence is the capability of effectively dealing with people from different cultures.

- Having a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals to enable them to work effectively in cross-cultural situations.
- An active learning process of becoming more culturally competent and promoting cultural engagement.
- Effectively using a combination of knowledge, attitude, and skills.

Cultural & Linguistic (C&L) Training

How does culture impact the care that is given to patients?

Culture informs on:

- Concepts of health, healing;
- How illness, disease, and their causes are perceived;
- The behaviors of patients who are seeking health care; and
- Attitudes toward health care providers.

Culture impacts every health care encounter

Culture defines health care expectations:

- Who provides treatment;
- What is considered a health problem;
- What type of treatment;
- Where care is sought;
- How symptoms are expressed; and
- How rights and protections are understood.

Cultural & Linguistic (C&L) Training

Examples of Preferred Questions with Members

Demographics

- Where were you born?
- Where was “home” before coming to the U.S.?
- How long have you lived in the U.S.?
- Do you prefer to communicate in a language other than English?
- What is your age, sex, gender identity, and sexual orientation?

Ideas

- What do you think keeps you healthy?
- What do you think makes you sick?
- What do you think is the cause of your illness?
- Why do you think the problem started?

Views

- Are there any health care procedures that might not be acceptable?
- Do you use any traditional or home health remedies?
- What have you used before?
- Have you used complimentary healers? Which?
- What kind of treatment do you think will work?

Expectations

- What do you hope to achieve from today’s visit?
- What do you hope to achieve from treatment?
- Do you find it easier to talk with a male/female? Someone younger/older?

Religion

- Will religious or spiritual observances affect your ability to follow treatment? How?
- Do you avoid any particular foods?
- During the year, do you change your diet in celebration of religious and other holidays?

Speech

- What language(s) do you prefer to speak?
- Do you need an interpreter?
- What language(s) do you prefer to read?
- Are you satisfied with how well you read?
- Would you prefer printed (including Braille, large print, e-text) or spoken instructions (including audio files)?

Environment

- Do you live alone? How many people live in your house?
- Can you access all areas in your house?
- Do you have transportation?
- Who gives you emotional support? Helps when you’re ill?
- Do you have the ability to shop/cook for yourself?
- What times of day do you eat? What is your largest meal?



Cultural & Linguistic (C&L) Training **Limited English Proficiency**

Who is a Member with LEP?

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, may be considered limited English proficient (LEP)².

- Between 1990 and 2010, the U.S. Limited English Proficiency (LEP) increased by 80%¹.
- 19.8% of California's overall population is LEP¹.

Perils of Having LEP²

- Receive lower quality health care
- Poorer compliance with medical recommendations.
- Higher risk of medical errors.
- Difficulties understanding their diagnosis or why they receive particular types of care.
- Disproportionately high rates of infectious disease and infant mortality.
- Discordant communication resulting in both lower patient and clinician satisfaction.

How to Identify a Member with LEP over the Phone³

- Member is quiet or does not respond to questions.
- Member simply says yes, no, or gives inappropriate or inconsistent answers to your questions.
- Member may have trouble communicating in English or you may have a very difficult time understanding what they are trying to communicate.
- Member identifies as having LEP by requesting language assistance.

¹ U.S. Department of Health and Human Services OPHS, Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care

² Module 2: Cultural Competency: Race, Ethnicity, Language, and Unconscious Bias in Health Care, Cheri Wilson, MA, MHS, CPHQ

³ Industry Collaboration Effort Cultural and Linguistics Provider Tool Kit

Cultural & Linguistic (C&L) Training IEHP Interpreter Services

IEHP offers you FREE INTERPRETER SERVICES during medical appointments with our Members

If you don't have medical staff who speak the same language as our Members, call

IEHP Member Services at
(800) 440-IEHP (4347) or
TTY Users at (800) 718-IEHP (4347)



Interpreter services

Telephone Interpretation – Call IEHP Member Services and you will be connected with an interpreter over the telephone.

Face-to-Face Interpreter – Call IEHP Member Services at least five (5) working days before the scheduled appointment to make arrangements for a foreign language or sign language interpreter. To cancel your request, call at least two (2) working days before the scheduled appointment.

- Members are NOT required or encouraged to use family members or friends as interpreters during medical appointments, unless specifically requested.
- Minors should NOT be used as interpreters (unless it is a medical emergency and no one is available to interpret).
- For telephone interpretation services, twenty-four (24) hours a day, seven (7) days call:

IEHP 24-Hour Nurse Advice Line (888) 244-IEHP (4347)

Remember...

- If you indicate in the IEHP Provider Directory that your office has Spanish-speaking capability, staff that speaks Spanish must be available during your office's regular business hours.
- You must document when a Member requests an interpreter or refuses an interpreter in the Member's medical record.
- An IEHP Provider must not restrict a Member's access to services based on race, color, creed, ancestry, age, gender, national origin, marital status, sexual orientation, gender identity, or physical or mental disability.

Cultural & Linguistic (C&L) Training Effective Communication and Cultural Understanding to Enhance the Provider-Patient Relationship

How Members and Provider can Access IEHP Interpreter Services

Over the Telephone Interpreters

Available twenty-four (24) hours a day, seven (7) days a week
Call IEHP Member Services at (800)440-4347 or
TTY Users at (800) 718-4347 or
Twenty-four (24) Hour Nurse Advice Line at (888)244-4347

Face-to-Face Interpreters

Including American Sign Language
Call IEHP Member Services at (800)440-4347
at least five (5) working days before the medical visit

IEHP Interpreter Services Policy

- IEHP LEP Members have the right to request an interpreter for medical visit at no cost.
- IEHP and Providers must not require, or suggest to LEP Members that they must provide their own interpreter.
- Friends and family member should not be used unless specifically requested by the Member. **Minors** should not be used as an interpreter.
- Providers must document the **request** or **refusal** of interpreter services in the patient's medical record
- LEP Members have the right to file a grievance or complaint if their language needs are not met.
- Give written instructions whenever possible

Tips for Interviewing Seniors

- Mail new patient forms to the patient to complete before the visit.
- Ask if the patient has someone in the lobby waiting and if he/she wants that person in the exam room with him/her.
- Use plain language; avoid medical jargon.
- Use diagrams and/or pictures.
- Demonstrate use of medical equipment.
- Ask patient to repeat back what was said (i.e., how he/she will take medicine, follow care plan or specific treatment, how to use piece of equipment, when to have follow-up visit, etc.)
- Give written instructions whenever possible



Cultural & Linguistic (C&L) Training IEHP Preferred Language Label

CA Health & Safety Code 123147 requires that, “All health facilities and primary care clinics shall include the patient’s principal spoken language on the patient’s health records.”

To help our providers comply with this requirement, IEHP has created a “**Preferred Language Label**” template for your use (use label #5163 for this label):

- Write down the preferred spoken language of your patient who has Limited English Proficiency (LEP) on the label provided and place it in your patient’s medical record. This will let you know if your patient needs language assistance for future appointments.
- If your patient with LEP is already present in the office, call IEHP Member Services at **(800) 440-IEHP (4347) or (800) 718-IEHP (4347) for TTY users**. You will be connected to an interpreter over the telephone.
- Offer your patients with LEP language assistance when scheduling an appointment. Call IEHP Member Services at **(800) 440-IEHP (4347)** at least five (5) working days before the appointment to request a face-to-face interpreter. To cancel the request, call at least two (2) days before your doctor visit.
- All interpreter services are available to IEHP Members at NO COST.



Patient Name: _____

Date: _____

Preferred Spoken Language: _____

1. Place this label inside the patient’s medical record.
2. Offer language assistance when scheduling an appointment.
3. Call IEHP Member Services at 1-800-440-IEHP to request an interpreter at no cost. Allow at least 5 working days for a face-to-face interpreter.

Cultural & Linguistic (C&L) Training Access for Seniors & Persons with Disabilities Accessibility Training

How to Make your Medical Office Accessible

Persons with disabilities face many secondary health problems, yet they are less likely to get routine medical care than people without disabilities. You can help change that.

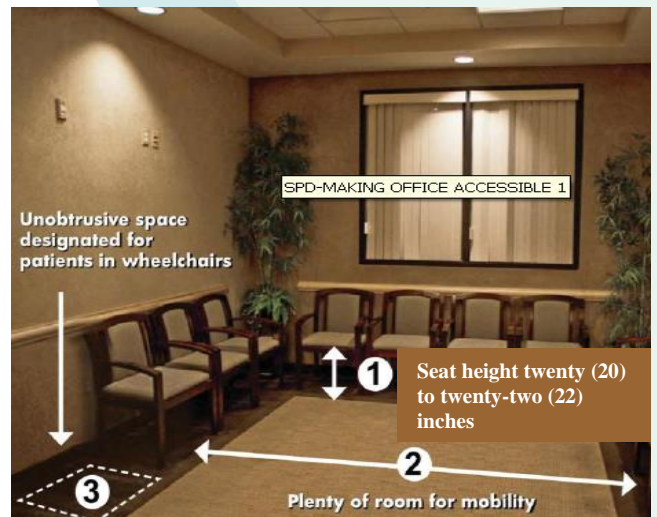
By making your facilities accessible you convey a sense of welcome for people with disabilities. Most of all, you comply with the requirements set by the Americans with Disabilities Act of 1990 (ADA). This is a civil rights law that prohibits discrimination against persons with disabilities on the basis of their disability in programs and services that receive federal financial assistance.

The Waiting Room

Why it matters: The right seating layout can prevent a person who uses a wheelchair from feeling out of place.

Accessible tips:

1. Seat height should be twenty (20) to twenty-two (22) inches, allowing a patient to get up from a chair with no strain.
2. Thirty-six (36) inches minimum is provided for circulation behind a group of chairs, allowing a wheelchair to move about; thirty-two (32) inches in front of the chairs for ambulatory movement.
3. **What you can do:** Remove a few chairs. This allows a wheelchair to fit, putting the user at ease.



Reception Counter Window

Why it matters: If a counter is too high, a person who uses a wheelchair may have trouble using it to fill out forms or have face-to-face interaction.

Accessible tips:

1. Counter height should be no height than thirty-four (34) inches from the ground and thirty-six (36) inches wide.

What you can do: Provide a clipboard, allowing a person who uses a wheelchair to fill out forms.



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Circulation Paths

Why it matters: People who are blind or have low vision may stumble over objects in the way. If they are unable to detect an object by using the sweep of their cane, they could get hurt

Accessible tips:

1. Accessible routes should connect to other public and common use spaces.
2. Clear walkways, halls, corridors or aisles of objects protruding into circulation paths from side or from posts

What you can do: Remove objects that obstruct paths. Move large objects like planters or coffee table out of the way.



Exam Room

Why it matters: Most exam rooms are too small for a person using a wheelchair or for someone with a mobility disability

Accessible tips:

1. To make your exam room accessible, start with an accessible path to and through the room. This allows patients to enter and move about.

What you can do: Provide at least one (1) exam room with accessible features; more such rooms are needed in a large clinic.



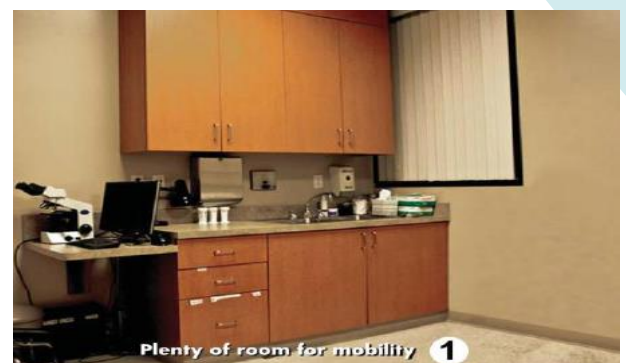
Turning Space Inside Exam Room

Why it matters: A person using a wheelchair needs enough space to approach the exam table and any other equipment

Accessible tips:

1. Thirty (30) by forty-eight (48) inches is the minimum amount required, allowing a person using a wheelchair to approach the side and transfer to table.

What you can do: Clear up floor space along both sides of an adjustable height exam table.



Cultural & Linguistic (C&L) Training

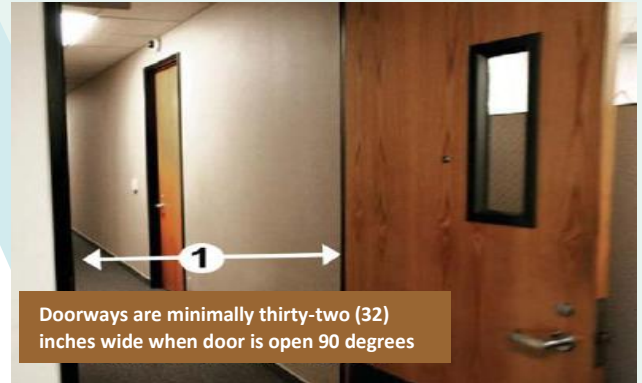
Doorways

Why it matters: Some doorways are too narrow for a wheelchair to pass through.

Accessible tips:

1. A door should offer enough clear width, maneuvering clearance and accessible hardware. An accessible doorway must have a minimum clear opening of thirty-two (32) inches when the door is opened ninety (90) degrees.

What you can do: Check the hallway outside the door and the space inside the door. Keep it free of objects that could interfere with the maneuvering clearance or accessible route.



Door Knobs

Why it matters: For some person with a mobility disability, a door knob is hard to open because it requires tight grasping, pinching and twisting.

Accessible tips:

1. Mounting hardware for accessible door passage should be no higher than forty-eight (48) inches from the floor.

What you can do: Install door handles with an easy-to-grasp shape which can be used with one (1) hand without tight grasping, pinching or twisting. Here are some good options: 2) Lever Handle, 3) Push Bar.



Open Space by Exam Table

Why it matters: Some persons can only transfer from the right or left side of exam table.

Accessible tips:

- 1) and 2) provide clear floor space on both side of exam table.

What you can do: If you have more than one (1) exam room, reverse the furniture layout. Move Aside objects like chair or waste baskets.



Cultural & Linguistic (C&L) Training

Open Space by Exam Table

Why it matters: For most people with a mobility disability a traditional fixed height exam table is too high.

Accessible tips:

1. So patients can transfer from their wheelchair, use a height adjustable exam table
2. It should have a support rail along one (1) side and lower to height of a wheelchair seat, seventeen (17) to nineteen (19) inches (or lower) from floor. Plus, it should have elements like rails, straps or cushions to stabilize and support a person during transfer and while on the table.

What you can do: Use pillows, rolled up towels or foam wedges to stabilize and position the patient on the table.



Provider Training Etiquette

Interacting with People with Disabilities

General Tip

- Focus on the person, not on the disability
- Offer people with a disability the same dignity, consideration, respect, and rights you expect for yourself.
- Do not be afraid to make a mistake. Relax.
- Do not patronize people by patting them on the head or shoulder.
- Address people with disabilities by their first names only when extending the same familiarity to all others present.
- Do not assume that a person with disability needs assistance. Ask before acting. If you offer assistance, wait until the offer is accepted. Then wait for or ask for instructions. Respect the person's right to indicate the kind of help needed. Do not be offended if your help is not accepted. Many people do not need help. Insisting on helping a person is the same as taking control away from them.
- If the person with a disability is accompanied by a friend or family member, look at and speak direct to the person with disability rather than to or through the other person.
- If service counters are too high for some user, such as people of short stature and people using wheelchairs, step around counters to provide service. Keep a clipboard or other portable writing surface handy for people unable to reach the counter when signing documents.

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- Know the location of accessible routes including parking spaces, restrooms, drinking fountains, dressing rooms, and telephones.

Watch for and remove these common barriers

- Vehicles blocking ramps
- Housekeeping and cleaning carts blocking hallways and restrooms
- Potted plants, benches, trash cans and other items blocking access to ramps, railings and elevator call buttons
- Parking personnel using an accessible parking space as waiting areas

Language Issues

- Avoid referring to people by their disability i.e., “an epileptic.” A person is not a condition. Rather, they are “people with epilepsy” or “people with disabilities.”
- People are not “bound” or “confined” to wheelchairs. Wheelchairs are used to increase mobility and enhance freedom. It is more accurate to say, “wheelchair user” or “person who uses a wheelchair.”

Other words to avoid because they are negative, reinforce stereotypes and evoke pity include:

- Abnormal
- Spaz
- Maimed
- Invalid
- Burden
- Unfortunate
- Misshapen
- Lamé
- Disfigured

People with Hearing Disabilities

- Ask people how they prefer to communicate.
- To get the attention of a person, lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Not all people can lip-read. For those who do, be sensitive to their needs by positioning yourself facing them and the light source. Keep your hands and food away from your mouth when speaking. Avoid chewing gum and smoking while speaking.
- Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will not help.
- Slow your speaking rate if you tend to be rapid speaker.
- Make sure you have good light on your face.
- Do not run your words together.
- Avoid complex and long sentences.
- Pause between sentences to make sure you are understood.
- If you are giving specific information such as time, place, address or phone numbers, it is good practice to have it repeated back to you.
- If you cannot understand what is said, ask people to repeat it or write it down. Do not act as if you understand unless you do.

Cultural & Linguistic (C&L) Training

- If the person cannot lip read, try writing notes. Never assume that writing notes will be an effective way to communicate with all people who are deaf. Some may not be strong in written English, since ASL (American Sign Language) is their primary language, which is very different from English as a language.
- If a person who is deaf is using an interpreter, always speak directly to the person, not the interpreter.
- If you cannot make yourself understood try writing notes or drawing pictures.

People with Speech Disabilities

- Do not raise your voice. People with speech disabilities can hear you.
- Give individuals your full attention and take time to listen carefully.
- Always repeat what the person tells you to confirm that you understood.
- Ask questions one (1) at a time.
- Give individuals extra time to respond.
- Pay attention to pointing, gestures, nods, sounds, eye gaze and eye blinks.
- Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
- If you still cannot communicate, try using paper and pen or ask them to spell the message. Do not guess.
- Ask them to:

"Show me how you say YES"	Yes – one (1) blink
"Show me how you say NO"	No – two (2) blinks
"Show me how you point"	Help – three (3) blinks
- Teach people to indicate these phrases:
 - "I don't know"
 - "Please repeat"
 - "I don't understand"
- For phone calls try using the Speech-to-Speech Relay Service by calling 711, a form of Relay Services that provide Communications Assistants (CAs) for people with speech disabilities. This includes those who use speech generating devices and who have difficulty being understood on the phone. CAs have strong language recognition skills and are trained individuals familiar with many different speech patterns. The CA makes the call and repeats the words exactly.
- Give people time to answer you and consider using open-ended questions.

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People with Vision Disabilities

- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them, so they will not be talking to an empty space.
- Speak directly facing the person. Your voice will orient the person. Your natural speaking tone is sufficient.
- When giving directions, be specific and describe obstacles in the path of travel. Clock clues may be helpful, such as "the desk is at 6 o'clock." Avoid pointing or using vague terms like "that way."
- Directions should be given for the way they are facing. For example, "the restroom stall is about 7 steps in front of you."
- When serving as a guide, ask, "Would you like to take my left (or right) arm?" The movements of your arm will let them know what to expect. Never grab or pull people.
- When leading a person through a narrow space such as an aisle, put your arm they are holding on to behind your back as a signal that they should walk directly behind you. Give verbal instructions as well, such as "we will be walking through a narrow row of chairs."
- When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.
- Before going up or down steps, come to a complete stop. Tell people the direction of the stairs (up or down) and the approximate number of steps. If a handrail is available, tell them where it is.
- When showing a person to a chair, place your hand on the back of the chair. They usually will not need any more help in being seated.
- If a person is using a service animal, the animal's attention should not be sidetracked. It is important not to pet or speak to the animal.
- When offering information in alternative formats (Braille, large print, disks, audio) ask people what format works best for them.
- When to help in signing a document, ask if they want you to show them the location of the signature line.

Quick Tips to Avoid HIPAA Privacy Breaches

- Avoid discussing patient information with office staff where others can hear.
- Never use the speakerphone to check voicemails near the waiting room.
- Do not use patient sign-in sheets that displays social security numbers, birth dates or reason for visit.
- File a patient's chart right away after each visit to avoid other patients seeing them.
- Do not ask people with disabilities sensitive questions in the waiting room.

Cultural & Linguistic (C&L) Training

Examples of Preferred Terms Regarding People with Disabilities

Acceptable – Neutral (Always subject to change and continuing debate)	Unacceptable – Offensive
He had polio. She has multiple sclerosis.	He was afflicted with, stricken with, suffers from , victim of polio, multiple sclerosis, etc.
He has arthritis. She has cerebral palsy.	He is arthritic . She is cerebral palsied , spastic .
A person who has had a disability since birth... A congenital disability	Birth defect
A person who uses a wheelchair. A wheelchair user.	Confined to a wheelchair/wheelchair bound
She has a disability.	She is crippled
A person who has a speech disability. A person who is hard of hearing. A person who is deaf.	Dumb, deaf mute, dummy (implies an intellectual disability occurs with a hearing loss or a speech disability).
A person who has a spinal curvature.	A hunchback or a humpback .
He has a mental illness. He has an emotional disability. He has a psychiatric disability.	He is chronically mentally ill, a nut, crazy, idiot, imbecile, moron .
People of short stature.	Midgets, dwarfs .
A person who has a speech disability.	Mute
A person without a disability as compared to a person with a disability.	Normal person, whole person, healthy person, able-bodied person as compared to a disabled person.
She lives with a disability.	Overcame her disability
A person who has a developmental disability or intellectual disability.	Retard, retardate, mentally retarded, feeble-minded, idiot...
Use only when a person is actually ill.	Sick
Use only when a person is actively being seen or treated by a health care provider	Stroke patient , multiple sclerosis patient
Seizure	Fit
Older people with disabilities	Frail
Person with environmental sensitivities	Bubble Person



Cultural & Linguistic (C&L) Training

Accessibility Checksheet

How can your doctor's office serve you better? During a healthcare visit, do you need extra help? After your visit, maybe you need help to contact your doctor's office, to set up a new appointment, or to use your health benefits. Tell your doctor what your needs are by filling out this checksheet.

Name: _____ Date of Birth: _____ Today's Date: _____

E-mail: _____ Cell Phone: _____ Home Phone: _____

How does your disability impact your healthcare visits? Tell us. Examples:

1. I use a wheelchair and need assistance to transfer to an exam table.
2. I have low vision and prefer large print text.
3. I am hard-of-hearing and need written communications.
4. My developmental disability requires more time for office visits.

Write in area below:

Communications

See the choices below. To make (or confirm) appointments or to trade information during your next office visit, which method would you prefer? You can check more than one.

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> California Relay Services | <input type="checkbox"/> E-mail | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sign Language Interpreters | <input type="checkbox"/> Text message | |

For information mostly given in print form, you prefer ...

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Large print | <input type="checkbox"/> Braille | <input type="checkbox"/> Audio tape or Audio CD |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Electronic format CD | <input type="checkbox"/> Other _____ |

Exam room

What type of medical equipment do you need?

- | | |
|--|---|
| <input type="checkbox"/> Height adjustable exam table | <input type="checkbox"/> Wheelchair accessible weight scale |
| <input type="checkbox"/> Height adjustable mammography | <input type="checkbox"/> Other _____ |

Do you need to be lifted on the medical equipment?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Do you use a mobility device that requires more space in the exam room?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|



Cultural & Linguistic (C&L) Training

Extra Time

When you call for an appointment time, do you need more choices?

- Yes No

Transportation

How do you get to and from your doctor visits?

- Self (private car or van) Public transit (bus) Other

- Driver or caregiver (private car or van) Driver's phone # _____
Paratransit, Paratransit's phone # _____

Other help

What other forms of help do you need?

- Assistance filling out paperwork Service Animal Other _____

Cultural & Linguistic (C&L) Training

Independent Living and Diversity Services (ILDS) is a collaboration of Outreach and Administrative staff who provide services to IEHP Members with Disabilities and Providers. ILDS mission is to improve access, communication, and health care services for seniors and persons with disabilities. Independent Living and Diversity Services also engages in outreach activities to develop and maintain meaningful relationships with community based organizations that provides Members with access to social community-based supports that promote health, education, and independence.

IEHP Resource Referral Service For seniors and people with disabilities



What is the Disability Resource Referral Service?

This is a new service offered by the IEHP Disability Program that connects seniors and people with disabilities to resources in the community.

Types of Resources:

- ♥ **Independent Living Centers** – These provide peer support, independent living skills training and more for people with disabilities.
- ♥ **Transportation** – Many organizations in Riverside and San Bernardino County can help with transportation to Doctor visits, grocery shopping, and other activities at little to no cost.
- ♥ **Assistive Technology** – This helps people with disabilities live, work, learn and play as independently as possible. The IEHP Disability Program connects Members to organizations that provide Assistive Technology at no cost to them.
- ♥ **Support Groups** – The IEHP Disability Program can refer Members to a variety of support groups that meet specific needs.
- ♥ **Basic Needs** – People with disabilities can get referrals to food banks, utility help, and other basic resources available in their community.
- ♥ **Education** – Advocacy programs aim to make sure students with disabilities are engaged and provided with a free public education.
- ♥ **Employment** – Members with disabilities can get access to job services, resume writing and other programs.
- ♥ **Housing** – Members can get referrals to agencies that can help with finding housing and other resources.



To learn more, call IEHP Member Services at: **1-800-440-IEHP (4347)** or **1-800-718-4347 TTY, Monday – Friday, 8am – 5pm (PST)**, or visit **iehp.org**.

Cultural & Linguistic (C&L) Training Community Resources

Community Resources		
Behavioral Health	Phone	Counties
Dept. of Behavioral Health	(888) 743-1478	SB
	(800) 706-7500	RIV
African American Health Coalition	(909) 880-1343	SB
Asian American Resource Center	(909) 383-0164	SB/RIV
Indian Health, Inc	(909) 864-1097	SB/RIV
Blind / Low Vision	Phone	Counties
Blindness Support Service	(951) 341-9244	SB/RIV
Lighthouse for the Blind	(909) 884-3121	SB/RIV
Braille Institute	(760) 321-1111	SB/RIV
Deaf / Hard-of-Hearing	Phone	Counties
Center on Deafness	(951) 275-5000	SB/RIV
CA School for the Deaf	(951) 824-8114	SB/RIV
Disability Resource Centers	Phone	Counties
Rolling Start	(909) 890-9516/ (760) 949-7626	SB
Community Access Center	(951) 274-0358	RIV
Inland Regional Center*	(909) 890-3148	SB
*Serves Developmental Disabilities	(951) 826-2648	RIV
Domestic Violence	Phone	Counties
National Domestic Violence Hotline	(800) 799-7233	SB/RIV
Adult Protective Services	(877) 565-2020	SB
	(800) 491-7123	RIV
Option House, Inc	(909) 383-1602	SB
Coalition for Alternatives to Domestic Violence	(951) 320-1370	RIV

Cultural & Linguistic (C&L) Training

Community Resources (Continued)		
Employment	Phone	Counties
Dept. of Rehabilitation	(951) 782-6650	SB/RIV
Goodwill Industries	(909) 885-3831	SB
	(951) 955-3101	RIV
Career Institute	(909) 388-6003	SB
Food Assistance	Phone	Counties
Mobile Fresh	(951) 686-1096	SB/RIV
Helping Hands Pantry	(909) 796-4222	SB
Feeding America	(951) 359-4757	RIV
Cal-Fresh	(877) 410-8827/ (877)410-8829	SB/RIV
Higher Education	Phone	Counties
CSU San Bernardino	(909) 537- 5000	SB
SB Valley College	(909) 384-4400	SB
UC Riverside	(951) 827-1012	RIV
Riverside Community College	951-222-8000	RIV
In Home Services / Meals	Phone	Counties
In Home Support Service	(877) 800-4544	SB
	(888) 960-4477	RIV
Family Services Association	(951) 342-3057	SB/RIV
Home Delivered Meals	(800) 510-2020	SB/RIV
Meals at Senior Centers	(800) 510-2020	SB/RIV
Legal	Phone	Counties
Disability Rights Legal Center	(213) 736-1334	SB/RIV
Disability Rights California	(213) 213-8000	SB/RIV
Inland Legal Services	(909) 884-8615	SB

Cultural & Linguistic (C&L) Training

Community Resources (Continued)		
	(951) 368-2555	RIV
Riverside Legal Aid	(951) 682-7968/ (760) 347-9456	RIV
Inland Fair Housing	(800) 321-0911	SB/RIV
LGBT+	Phone	Counties
LGBTQ Center San Bernardino	(909) 907-4249	SB
TruEvolution	(951) 888-1346	SB/RIV
Transgender Community Coalition	(833) 944-5433	RIV
Desert AIDS Project	(760) 323-2118	RIV
Foothill AIDS Project	(909) 884-2722	SB
	(951) 742-7660	RIV
Recreation	Phone	Counties
PossAbilities Program	(909) 558-6384	SB/RIV
Center for Individual Development	(909) 384-5426	SB
Casa Colina Outdoor Adventures	(909) 596-7733/ (866) 724-4127	SB/RIV
Ability First	(909) 621-4727	SB
Seniors	Phone	Counties
Dept. of Aging and Adult Services	(909) 891-3900	SB
Office on Aging	(951) 867-3800/ (760) 771-0501	RIV
Senior Companions	(909) 384-5413	SB
	(951) 929-9691	RIV
Social Services Programs	Phone	Counties
Referrals to Social Services Agencies	2-1-1	SB/RIV
Telecommunications	Phone	Counties
CA Telephone Access Program	(800) 806-1191	SB/RIV
CA Relay Services	7-1-1	SB/RIV



Cultural & Linguistic (C&L) Training

Community Resources (Continued)		
Life Wireless	(888) 543-3620	SB/RIV
SafeLink Wireless	(800) 723-3546	SB/RIV
Transportation	Phone	Counties
Omnitrans - Access ADA	(909) 379-7100	SB
Riv. Transit Agency: Dial-A-Ride	(800) 795-7887	RIV
All Resources	Website	Counties
Connect IE	www.connectie.org	SB/RIV