BRIDGES

Behavioral Health Ombuds Service

Serving Clallam, Jefferson, and Kitsap Counties

BRIDGES
Behavioral Health Ombuds
9004 Washington Avenue NW
Silverdale, WA 98383

Email: <u>ombuds@kitsapdrc.org</u> Call: 360.692.1582

Toll free: 888.377.8174

Confidential Fax: 360.692.1595

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or write

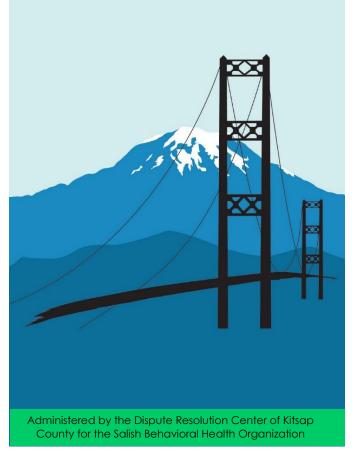
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9004 Washington Avenue NW
Silverdale, WA 98383
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Administered by the Dispute Resolution Center of Kitsap County for the Salish Behavioral Health Organization



www.kitsapdrc.org

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What Is An Ombuds Service?

Washington State established an independent Ombuds service to create a bridge between the client, their concerns or issues, and the providers of mental health and substance use services.

Ombuds can provide information, assistance, and support to you for grievance resolution, appeals, and the fair hearing process.

What Can The Ombuds Do?

- Assist you in navigating the Behavioral Health System.
- Help you find the information you need to access the appropriate services.
- Assist you in contacting the right person or department to help resolve a problem.
- If an issue cannot be resolved we can assist you in filing a grievance.
- We can provide support during the grievance and fair hearing process.
- Follow through to see that your concerns are resolved and that you are kept informed of the process.
- Provide you with information and education on your client rights.
- Connect you with consumer rights services.
- Connect you to other resources in the community.

What is a Grievance?

A grievance is dissatisfaction with mental health or substance use services as expressed by an enrollee or authorized representative. You have the option to file a grievance with your agency or with the Salish Behavioral Health Organization (SBHO).

If you choose to file with your agency, you are entitled to a resolution within 90 days. If not satisfied with the resolution, you can file your grievance with the SBHO.

If you choose to file your grievance directly with the SBHO, the grievance is resolved when the SBHO makes a decision. They will provide a written resolution to your grievance within 90 days.

If the grievance cannot be resolved to your satisfaction, you have the right to file a Fair Hearing with the State Office of Administrative Hearings through DSHS.

The Ombuds provides support at all levels of the Grievance process by helping communicate the issue and your preferred outcome. If needed, the Ombuds can assist with the fair hearing process.

<u>Are There Fees for Ombuds</u> services?

There are no fees associated with any Ombuds service.

Who Is Eligible?

Adults and children who reside in Clallam, Jefferson, and Kitsap Counties who are eligible for or receive publicly funded mental health/substance use services may use the Ombuds service.

What Can You Do To Help Resolve Your Concern?

Try talking to the person who has caused you to feel dissatisfied with your services as your first attempt to reach an agreement.

If this is not satisfactory, consider what would be a fair resolution.

Call the agency or The Salish Behavioral

Health Organization and tell them you want to file a grievance.

The Ombuds can assist you at any point in the grievance process.

How Can You Reach The BRIDGES Ombuds Service?

By phone at: 360.692.1582 OR 888.377.8174

By email at: ombuds@kitsapdrc.org

By appointment, in our office at: 9004 Washington Ave NW Silverdale, WA 98383

Regional Resources

• Crisis Clinic of the Peninsulas 360-479-3033 - 24 hours 800-843-4793 - 24 hours

Statewide Resources

- Washington Information Resource Line
 2-1-1 or 866-736-9634 24 hours
- Washington Recovery Helpline 866-789-1511 - 24 hours
- National Alliance on Mental Illness (NAMI) Washington 800-782-9264

County Resources

Clallam County

 Olympic Community Action Programs (OlyCAP)

360-452-4726 800-464-2571

 Clallam National Alliance on Mental Illness (NAMI) 360-452-5244

Jefferson County

 Olympic Community Action Programs (OlyCAP)

360-385-2571 800-464-2571

 Jefferson National Alliance on Mental Illness (NAMI) 360-385-1716

Kitsap County

- Kitsap Community Resources (KCR) 360-478-2301
- Kitsap National Alliance on Mental Illness (NAMI) info@namikitsap.org

Complete and submit this form for release of medical records**

I,, hereby authorize E serving the Salish Behavioral Health Organization area, to	DIDCEC Onclossed Comico
discuss mental health/substance use information and review in filing a grievance I have with: Agency:	exchange and/or
Please check grievance preference: Agency Not including HIV, STD information] SBHO
Checking this box may delay access to records for up to 1	5 days.
Individuals I would like Ombuds to speak with, in addition	to agency(s) listed:
Telephone	e #:
Telephone	e #:
they cannot be disclosed to anyone without my written c expire in 90 days from date of signing or may be revoked (In accordance with RCW chapters 70.02, 71.05, 71.24; WAC and the Public Disclosure Act)	at any time at client reques
Client's Signature	Date
Note: If the client is under 13 years of age, or is an adult w guardian, the client's parent or guardian must sign this rel	
Parent or Guardian Signature	Date
Client's Name	Date of Birth
Phone	

rux 10: 300.092.1393

A copy or fax shall be considered valid in lieu of original