

## Authorized SBHO Community Behavioral Health Providers

Crisis services are available 24 hours a day, 7 days a week. For non-crisis hours of operation, please contact the individual Behavioral Health Provider at its local number.

### East Clallam County

*Peninsula Behavioral Health Center*  
118 East 8<sup>th</sup> Street  
Port Angeles, WA 98362  
360-457-0431 Services  
**360-452-4500 Crisis**  
<http://peninsulabehavioral.org/>

### West Clallam County

*Forks Community Hospital – West End Outreach Services*  
530 Bogachiel Way  
Forks, WA 98331  
360-374-5011 (Services or **Crisis**)  
<http://www.forkshospital.org/west-end-outreach-services/>

### Jefferson County

*Discovery Behavioral Health Services*  
884 W Park  
Port Townsend, WA 98368  
360-385-0321 or 800-659-0321 (Services or **Crisis**)  
<http://www.discoverybh.org/>

### Kitsap County

*Kitsap Mental Health Services*  
5455 Almira Drive NE  
Bremerton, WA 98311-8330  
360-373-5031 TDD 360-478-2715  
**Emergency Services 360-373-3425**  
**Crisis Clinic 360-479-3033 or 800-843-4793**  
From North Kitsap 360-535-5400  
From Bainbridge Island 206-694-4655  
<http://kitsapmentalhealth.org/>

**SBHO Administration Offices**  
614 Division Street, MS-23  
Port Orchard, WA 98366-4676  
360-337-7050 FAX 360-337-5721  
Toll Free 1-800-525-5637

*Community Behavioral Health Services in  
Clallam, Jefferson & Kitsap Counties*

## Salish Behavioral Health Organization

# Parent-Initiated Voluntary Hospitalizations Brochure



Administered by the Kitsap County  
Department of Human Services

Parents and guardians seeking a behavioral health evaluation or treatment for a child must be notified of all legally available treatment options.

## Available Inpatient Treatment Options

### **Inpatient Involuntary Treatment (ITA)**

If a Designated Crisis Responder (DCR) determines that a child/youth (13 years or older) presents as a likelihood of serious harm or gravely disabled, as a result of a mental disorder, the child/youth may be held at a facility for treatment up to 72 hours.

### **Inpatient Voluntary Treatment**

A child/youth, 13 to 18 years old, may request an evaluation for outpatient or inpatient behavioral health treatment without parental consent. The child/youth must meet medical necessity criteria.

### **\* Inpatient Parent-Initiated Treatment**

A parent of a child/youth, under the age of 18, may request that a behavioral health evaluation be provided.

If it is determined the child/ youth has a behavioral health disorder, and there is a medical need for inpatient treatment, the parent or guardian may request that the child/youth be held for treatment.

*\*No Behavioral Health agency or provider is obligated to provide treatment to a minor under the provisions of Parent-Initiated Treatment.*



## Frequently Asked Questions

### **I'm a concerned "friend of the family". Can I make an Inpatient Parent – Initiated request for services?**

No, only a parent or guardian can make the request. A "parent" is defined as:

(a) a biological or adoptive parent who has legal custody of the child, including either parent if custody is shared; or

(b) a person or agency judicially appointed as legal guardian or custodian of the child (RCW 71.34.020 (17))

### **Who pays for Parent-Initiated Treatment?**

If your child/youth has insurance with behavioral health coverage, the insurance authorizes and pays for the requested services (inpatient and outpatient). If the insurance does not authorize the service, the parent is financially responsible.

If your child/youth does not have insurance or the insurance does not cover behavioral health services, the Salish Behavioral Health Organization (SBHO) must authorize the Behavioral Health services.

All services must meet medical necessity and entrance criteria to be authorized by the SBHO.

### **Who can answer some questions I have about Inpatient Parent- Initiated Treatment?**

You may call the Salish BHO at (360) 337-7050 or 1-800-525-5637 regarding parent-Initiated treatment options.



## SBHO Appeals & Grievances

If you are concerned that information about available treatment options was not provided to you or medically necessary services were not available, as a parent or guardian you can file an appeal or grievance on behalf of your child.

### **Appeal**

If your child/ youth has Medicaid coverage, you have appeal rights. An appeal relates to authorization determinations for services.

### **Grievance**

If your child/youth does not have Medicaid coverage, you have the right to file a grievance. A grievance is an expression of dissatisfaction about the overall system.

Please contact the Salish Behavioral Health Organization for information on filing an appeal or grievance.

## Salish Behavioral Health Organization

614 Division Street MS-23  
Port Orchard, WA 98366-4676

(360) 337-7050 or

1-800-525-5637

<https://spf.kitsapgov.com/hs/Pages/SBHO-LANDING-HOME.aspx>

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