

# HOW TO GET HELP:

Contact the office of Patient's Rights:  
**844-360-8250**

Complete and mail a grievance form to:  
**Office of Patient's Rights**  
**P.O. Box 1000**  
**Bakersfield, CA 93302**

Forms are available at all Behavioral Health and Recovery Services and contract provider locations

**Talk to the supervisor at the location where you receive services.**

The name of the supervisor you should contact is posted at all service locations.

## MISSION STATEMENT

Working together to achieve hope, healing, and a meaningful life in the community.

## VISION STATEMENT

People with mental illness and addictions recover to achieve their hopes and dreams, enjoy opportunities to learn, work, and contribute to their community.

## VALUES STATEMENTS

Hope, Healing, Community, Authority  
We honor the potential in everyone  
We value the whole person - mind, body and spirit  
We focus on the person, not the illness  
We embrace diversity and cultural competence  
We acknowledge that relapse is not a personal failure  
We recognize authority over our lives empowers us to make choices, solve problems and plan for the future



## COMPLAINT & GRIEVANCE

KERN COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES

P.O. Box 1000  
Bakersfield, CA 93312

**1-844-360-8250**

[www.KernBHRS.org](http://www.KernBHRS.org)



### Commission Accreditation of Rehabilitation Facilities

Kern Behavioral Health & Recovery Services has been accredited by CARF for the following programs: Mental Health Programs-Case Management; Children and Adolescents-Case Management & Crisis Stabilization; Integrated Alcohol & Other Drug-Case Management & Children & Adolescents-Case Management; Employment Services-Community Employment Services



# COMPLAINT & GRIEVANCE

KERN COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES



If you have a problem or concern about the services you receive, the following information will assist you.

Select any option that is comfortable for you and/or your representative.

- Speak directly to your case manager, therapist, or doctor about your concerns.
- Ask to speak to a supervisor at the location where you receive services. Request a second opinion.
- Use the grievance prestamped mailer available at mental health service sites. Mail the completed form to the Office of Patient's Rights.
- Contact the Office of Patient's Rights anytime day or night at: 844-360-8250.
- Use the formal grievance process. You can learn about the grievance process by asking the supervisor at the place where you receive services, or by calling the Office of Patient's Rights.



## WHAT WE NEED TO KNOW

When you ask for help, be prepared to answer these questions:

- **What is the problem?**
- **When did it happen?**
- **Please give a date**
- **Names of people involved.**
- **How did you try to solve the problem?**
- **Have you talked with your recovery specialist, therapist, or the supervisor?**
- **What do you want to happen?**
- **Your name, telephone number, and mailing address.**

**Most complaints can be resolved by contacting those who are most directly involved and who might best be able to help.**

**However, when you have attempted to resolve the problem, please contact the Office of Patient's Rights:  
844-360-8250**

## WHAT HAPPENS NEXT?

- **If you wish, help is available for the next step in the complaint process.**
- **A Patient's Rights Advocate can explain what happens next, answer your questions, and explain what you need to know.**
- **The complete problem resolution process is described in the Guide to MediCal Mental Health Services.**
- **If your complaint cannot be resolved at the county level, a Patient's Rights Advocate will continue to assist you.**

## STATE FAIR HEARING

If you have MediCal benefits and you receive mental health services, you have the right to request a second opinion. In certain circumstances, you can request a State Fair Hearing.

