

**Program: AGENCY**

**Policy/Procedure Manual: Section #2 in Agency Binder**

**Date Implemented: 01/01/2000**

**Last Reviewed/Revised: 01/01/2015, 05/23/2018**

**Scheduled Review Date: 01/01/2016, 05/23/2022**

**Authorization:** \_\_\_\_\_Sparky Harlan, CEO, Authorized by the Board of Directors 12/03/2014; 06/27/2018

#### SUBJECT: BWC COMPLAINT AND GRIEVANCE RESOLUTION PROCESS

1. **PURPOSE:** To ensure that all persons served, and their families, have a fair and equitable opportunity to voice, as well as redress, complaints and grievances which exist in relation to Bill Wilson Center and to provide a process to give resolution to such issues in a sensitive, timely and culturally competent manner related to their care.
2. **BACKGROUND:** BWC is mandated by contract with the Department of Mental Health (DMH) to implement DMH Policy & Procedure regarding the Beneficiary Complaint and Grievance Resolution Process. Community Care Licensing (CCL) regulations requires the development, maintenance and implementation of written complaint procedures for children and their representatives in out-of-home placement. BWC requires that all persons served have a process to voice any concerns and to have these concerns mediated timely.
3. **PROCEDURAL DEFINITIONS:**

**Beneficiary –** refers to persons served through any BWC program.

**Complainant** – refers to any person, regardless of beneficiary status, who expresses a complaint about any aspect of BWC.

**Fair Hearing Process** – the process used by BWC clients in residential and foster care placement to address and resolve complaints within the respective program.

**Informal Complaint –** shall mean any verbal or written statement of dissatisfaction made by a client, client family member, and/or their representatives related to any experience with BWC staff, programs, facilities or facility operations that has caused them distress and/or concern. Complaint matters may include, but are not limited to:

* 1. Matters pertaining to staff/client interactions
  2. Matters pertaining to the quality of services received
  3. Matters pertaining to Agency facilities, vehicles, access, etc.
  4. Matters pertaining to issues of fairness
  5. Matters pertaining to the physical or mental well-being of any client
  6. Matters involving the violation of any stated client rights including privacy restrictions, harassment and discrimination claims, phone and mail restrictions
  7. Matters involving the right of any client to humane care and treatment

**Formal Grievance** – shall mean any complaint related to the care, treatment, and well-being of any client, client family member, and/or their representatives that the client or their family desire to be processed beyond the informal complaint process.

**Director of PQI / PQI Committee –** refers to the BWC staff member assigned this role. This person is responsible for receiving all complaints and ensuring they are processed according to this procedure on the BWC Consumer Complaint Form and attempting to clarify the issue(s) and redirect to the appropriate program representative for resolution. The Director of PQI will:

1. Insure that the DMH Beneficiary Rights Materials are always neatly and prominently displayed and that they are always readily available for clients, their families and representatives.
2. Accept all written and verbal complaints on behalf of BWC.
3. Ensure that all complaints are responded to in a timely manner, and that resolution is (at minimum) attempted or (preferably) accomplished.
4. Maintain a BWC Program Client Complaint Log.
5. Contact the complainant within one (1) week of resolution to complete a satisfaction questionnaire.
6. **PROCEDURE:**
   1. For Mental Health Programs, the Beneficiary Rights & Grievance Process and Grievance Form is embedded in the intake process, and will be explained to each client, their family and representatives during the initial admission process. This information is posted in client waiting rooms.
   2. For non-mental health programs, clients receive a copy of the Rights and Grievance Process and sign the form which is then filed in their chart.
   3. The Director of PQI must be notified of all complaints, verbal and/or written to ensure that they are logged and followed up on.
   4. If a complaint involves suspected abuse, staff must also refer to Agency procedures on reporting suspected child abuse.

##### Informal Complaint Process

1. Whenever a client, family member and/or their representative wish to make a complaint, they are encouraged, but not required, to discuss the complaint directly with the appropriate staff member from the client’s program.
   1. The staff member will inform the person(s) making the complaint of the Complaint and Grievance Resolution Process and ensure that they are aware of their rights.
   2. The program staff member receiving the complaint will notify their Supervisor of the complaint by completing page one (1) of the BWC Consumer Complaint Form and submitting it to the Supervisor within 48 hours, whether or not the complaint is resolved. Documentation will describe what steps have been made to resolve the complaint in order to insure that there is an accurate record that all reasonable efforts have been made to resolve the complaint.
   3. Supervisor will respond in writing within 72 hours to the client and inquiry as to whether or not the client would like to meet in person.
   4. If the issue is resolved at this level, the form is completed with resolution and satisfaction survey completed.

If the issue is not resolved at the **informal level**, then the following procedures are followed:

**Formal Complaint Process**

1. The Director of PQI should be contacted directly if the client, family member, and/or their representative is unsure of or unwilling to address the complaint directly with the program staff.
   * 1. The Division Director (Mental Health or Residential) will speak with the person(s) making the complaint in order to clarify the issues of the complaint and to assist in involving the appropriate program and staff in resolving the complaint as quickly and as informally as possible.
     2. The Division Director (MH/Residential) will inform the person(s) making the complaint of the Complaint and Grievance Resolution Process.
     3. The Division Director (MH/Residential) will complete pages 1 and 2 of the BWC Client Complaint Form. Documentation will describe what steps have been made to resolve the complaint in order to insure that there is an accurate record that all reasonable efforts have been made to resolve the complaint.
     4. The Division Director (MH/Residential) will log the complaint in the BWC Client Complaint Log.
     5. The Division Director (MH/Residential) will submit the BWC Client Complaint Form Log to the Director of PQI for review.
     6. The complaint will be reviewed/assessed by the PQI Committee at their monthly meeting.
2. If the complaint is not resolved in this manner, the Division Director (MH/Residential) will encourage the person making the complaint to contact the Beneficiary Services Coordinator at the Department of Mental Health (DMH) for mental health programs, and to use the Grievance Resolution Process to resolve the complaint informally at the lowest level possible. For non-mental health programs, the complaint goes to the Director of PQI who will address the issue with the Chief Program Officer.
3. The informal complaint process shall be concluded no later than fourteen (14) days from the date the complaint was received by the Division Director of Mental Health or Division Director of Residential Services.
4. The client, family member, and/or their representative are entitled to at least one level of review that does not involve the person about whom the complaint has been made or the decision maker of the review.
5. **ATTACHMENTS:**

Client Complaint Form