

**COLUMBIA COMMUNITY MENTAL HEALTH (CCMH)
ADMINISTRATIVE POLICIES and PROCEDURES**

INVESTIGATION AND RESOLUTION OF COMPLAINTS

POLICY:

To provide clients, family members, friends, community partners, and referents with a method for communicating and resolving complaints regarding client services, and to insure that CCMH workforce members have an opportunity to respond to any complaints prior to disciplinary action, CCMH has implemented a standard procedure for investigating and resolving complaints.

Nothing in this policy is intended to restrict the rights of individuals to file grievances and/or complaints with other entities. In addition, this policy is not intended to obstruct the rights of the resolution of grievances and/or complaints of clients of populations to which special protections may be granted, such as individuals in residential mental health treatment facilities.

PROCEDURE:

Complaints received by CCMH will be referred to the appropriate Department Director or Director's Designee, if no Director or Director's Designee can be identified, the complaint will be submitted to the Compliance Officer.

Individuals may communicate a complaint verbally or in writing. If communicated verbally, the receiving staff member will document the complaint to the extent possible. If the individual wishes to remain anonymous, staff will not include identifying information. While individuals have the right to communicate their complaint to any individual at CCMH, if the individual is uncomfortable communicating with the person they are seeing, they may communicate with another staff member to document their complaint, per their preference.

Any complaint related to an allegation of abuse or neglect will be referred to the CCMH Abuse Investigator for screening as soon as possible.

All other complaints will be investigated by the Department Director, Director's Designee, or Compliance Officer to determine:

1. The sequence of events that contributed to the complaint.
2. The outcome preferred by the complainant.
3. Options available for resolving the complaint.

The investigation may include the following, if applicable:

1. Contact with the individual or party who communicated the complaint.
2. Clinical chart review.
3. Contact with other witnesses or collaborating parties.

ADMIN P.2.7

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If the investigation determines that a lack of quality of care contributed to the complaint, a peer or supervisor with equal or greater credentials will be consulted in order to determine the validity of any quality of care allegation.

The provider or providers who are the subject of the complaint will be provided with an opportunity to respond to the allegation. Disciplinary action will not occur without the provider being given the opportunity to present information in response to the complaint.

Investigations and responses are due within 30 calendar days. In circumstances where the matter of the complaint or grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. Under this circumstance, the Department Director or Director's Designee shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. In both cases, the written response shall include information about the appeal process.

Department Directors or Director's Designees will submit a copy of the complaint and their written response, including any actions taken, to the Compliance Officer for tracking.

(12/2014, 1/2020)