

DIVISION OF BEHAVIORAL HEALTH RIGHTS OF PERSONS SERVED: COMPLAINTS AND GRIEVANCES

COMPLAINT PROTOCOL

The Harford County Health Department's (HCHD) Division of Behavioral Health (Division) has developed this protocol to ensure clients, family members or other involved persons are informed of and are provided the opportunity to have their complaints and grievances processed in a manner which is fair, timely and impartial.

Division staff members have been trained and if needed, may identify an internal or external advocate, peer, staff or legal entity to assist with filing the complaint. At no time shall a client's treatment be compromised including the act of retaliation, institution of barriers to services or any lessening in the quality of treatment they receive.

If a complainant has been prohibited access to HCHD property due to violence or threats of violence towards staff, clients or visitors; using, selling or trading drugs or alcohol on or near the premises; loitering on or near the premises or criminal conduct the Division may use discretion regarding this protocol, reviewing the grievance or allowing the complainant back on the premises.

Step 1: An **Informal complaint** can be initiated by the complainant speaking directly with the treatment team or a member of the team in an attempt to resolve the matter. A client can request a treatment team meeting at any time. Alternatively the complainant can make an appointment with the Program Manager to discuss his/her complaint.

Step 2: If the complainant is not satisfied with the informal process a Formal Complaint may be initiated by submitting, in writing, the complaint to the Program Manager.

it is recommended that the written complaint be as detailed as possible and include the name(s) of the individual(s) involved, the name(s) of any witness(es), when and where the conduct occurred, direct quotes and/or evidence of the complained conduct, whether or not the conduct complained of has been reported and if so, when, to whom, and what the resolution of the previous complaint was.

Step 3: If appropriate, within **48 hours** an assigned staff will contact the complainant to arrange a time to meet and discuss the complaint and develop an agreed upon plan to address the matter.

Step 4: If a plan cannot be developed or the situation is not resolved the assigned staff will refer the case to the **Program Manager** for further review and investigation.

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Step 5: The **Program Manager** shall respond to the complainant in writing within **90 business days** with their determination on how the situation shall be resolved.

Step 6: If the complainant does not agree with this determination the complainant may file an appeal, **in writing** within **45 days** of receipt of the Program Managers report, to the **Division Director**.

Step 7: Within **10 days** of the receipt of the appeal, the Division Director shall notify the complainant, in writing, of their determination and findings.

Additional Contacts and Authorities

Below is the contact information for other entities in which complaints may be filed.

- 1. The Behavioral Health Administration within The Department of Health and Mental Hygiene;
- 2. Mental Health Clients: The Core Service Agency;
- 3. Medicaid Clients: The Administrative Service Organization.
- 4. For Abuse and Neglect: the local Law Enforcement Agency;
- 5. For violations of Confidentiality the Office of Inspector General at: Privacy Officer, DHMH- Office of the Inspector General, 201 W. Preston St., Floor 5, Baltimore, MD 21201;
- 6. For violations of Client's Rights: The Department of Health and Mental Hygiene's, Civil Rights Compliance Office located at 201 West Preston Street Baltimore, Maryland 21201, phone 410-767-6592.

By signing this form I am acknowledging that I have reviewed and understand the Division of Behavioral Health's Complaint Protocol. I understand that this process is required by law to be fair, timely and impartial.

At any time, I may request a copy of the program's complaint protocol and I can request assistance in filing a complaint. I understand that the process can be informal where I address and resolve the matter with my Treatment Team or in a formal process where I may file a formal written complaint with the Division's leadership.

Copy Received by Client: YES	DECLINED
Client Signature:	Date:
Legal Representative (if Applicable)	
Signature:	Date: