

**COLUMBIA COMMUNITY MENTAL HEALTH  
POLICY AND PROCEDURE**

<b>POLICY NAME:</b> Investigation and Resolution of Complaints	<b>POLICY #:</b> P 3.10
<b>APPLICABILITY:</b> All CCMH Employees	<b>POLICY OWNER:</b> Compliance Officer
<b>IMPLEMENTED:</b> 12/2014	<b>APPROVING ENTITY:</b> Executive Director
<b>AMENDED/REVIEWED:</b> 1/2020, 1/2022, 3/2022, 4/2022	<b>NEXT SCHEDULED REVIEW:</b> 4/2024

**POLICY STATEMENT:**

To provide clients, family members, friends, community partners, and referents with a method for communicating and resolving complaints regarding client services, and to ensure that Columbia Community Mental Health (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.

**DEFINITIONS:**

**Complaint:** A statement that a situation is unsatisfactory or unacceptable.

**Grievance:** A real or imagined wrong or other cause for complaint or protest, especially unfair treatment.

**Quality of Care:** The delivery of clinical services provided by an appropriately credentialed staff. Quality additionally refers to clinical care decisions including diagnosis, treatment plan, service delivery, discharge, and therapeutic interactions.

**Responding Investigators:** The Compliance Officer, Department Director, or an employee designated by the Compliance Officer or Department Director.

**PROCEDURE:**

Submitting a Complaint and/or Grievance:

Complaints received by CCMH will be referred to the Compliance Department. The Compliance Department will evaluate the complaint and may triage the complaint to the appropriate Department Director or Director’s Designee.

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 by a CCMH employee will be referred to the CCMH Abuse Investigator for screening as soon as possible. Employees are instructed to refer to CCMH's mandatory abuse reporting policy for more information.

Investigation of a Complaint and/or Grievance:

All complaints will be evaluated by the responding investigator 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 as applicable:

1. Contact with the individual or party who communicated the complaint.
2. Electronic health record audit.
3. CCMH Phone Audit(s).
4. CCMH Email Audit(s).
5. Contact with other witnesses or collaborating parties.
6. Other methods of information gathering and assessment may be used to fulfill the investigation.

The employees 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.

Resolution of a Complaint and/or Grievance:

Investigations and responses are due within 30 calendar days from the receipt of the complaint. 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 responding investigator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance.

Individuals have the right to request a resolution response letter to any complaint and/or grievance. In any response the complainant shall include information about the appeal process.

Investigators may use the findings report generated by the Compliance Department, however, an alternative written communication may be used in lieu of this with the understanding that the written report provided addressed the resolution appropriately for individual complaint and/or grievance.

Individuals with Intellectual or Developmental Disabilities:

Persons receiving care related to CCMH's Development Disabilities Program will have the ability to report a complaint per the section in this policy on submitting a complaint and/or grievance. The Compliance Department delegates responsibility for initial resolution of complaints to the program director in order to maintain compliance with the Office of Developmental Disability Services (ODDS) standards for investigating and resolving complaints. Any person may request an appeal as stated in this policy.

*Resolution of Complaints – Addendum for Developmental Disabilities Programs*

In accordance with ODDS rule, the community development disability services program resolves complaints with the following practices.

1. Within 5 days of receipt, the program shall acknowledge the complaint.
2. Within 10 days of receipt, the program will offer the opportunity to discuss and resolve concerns informally.
3. Unless agreed upon and extended, within 45 days, the program will provide a written response including:

- a. The outcome review of the complaint
  - b. A list of documents used in the review.
4. If dissatisfied, any person has the right to appeal with the ODDS Complaints process.

Appeal of a Complaint and/or Grievance:

Any complaint has the right to be internally reviewed.

- A. In instances where a director or director's designee is the responding investigator, a peer of equal credential shall review the complaint materials and decide whether the response was reasonable.
- B. In instances where the Compliance Officer was the responding investigator, a peer of equal administrative responsibility including Human Resources, and CCMH's Executive Director shall review the complaint materials to decide whether the response was reasonable.

Any person has the right to externally list a grievance with any governing body or contracted body CCMH utilizes. For clinical employee-related complaints, this can be done through the employee's overall credentialing body, and for agency complaints this can be done through Oregon Health Authority or the complainant's insurance body.

Documentation of Complaints and/or Grievances:

The Compliance Department shall document and retain information related to the resolution of complaints and/or Grievances.

**ASSOCIATED FORMS:**

- CCMH Formal Complaint Form
- CCMH Investigation Findings Report (Confidential)
- CCMH Investigation Interview Report (Confidential)
- CCMH Complaint Response Letter Tool (Confidential)

**SOURCE DOCUMENTS:**