Hillsides

CREATING LASTING CHANGE

Client Grievance Policy

It is the policy of Hillsides to treat all clients with fairness and professionalism and to strive for excellence in providing services to clients. Hillsides policy provides applicants, clients, and other stakeholders and their families or legal guardians with the opportunity to express a problem or grievance related to the quality of services. If you feel you have been treated unfairly, or unprofessionally or if you feel that your rights have been breached, the following procedure should be used.

Hillsides grievance procedure is designed to provide a means for those applying for Hillsides' services and clients receiving services to bring a grievance to the attention of Hillsides and to reach a speedy resolution. Hillsides has a strict policy prohibiting retaliation in any form against anyone who files a grievance.

Whether you choose to submit your grievance to a team member or anonymously, the information will be kept confidential. Only those who are necessary to the investigation of the grievance will be made aware of it. This could include the prospective department's grievance officer, supervisors that are related to the person/place/service that is involved in the grievance, and/or other staff members who may have been involved. Additionally, the grievance is stored in a confidential and locked file. Anyone who files grievance will be protected such that you will not be retaliated against for making the report.

A grievance is defined as any situation or condition that a client thinks is unfair, unjust or inequitable. In addition, if a client merely states they want to file a grievance, a grievance should be completed. To file a grievance please use the following steps:

For clients with The Los Angeles County Department of Mental Health, if you have a grievance, the concern can be discussed with a Hillsides staff or, you can file a grievance without any discussion on the LACDMH Patient Right's Office portal at https://lacdmhpcg.powerappsportals.us/en-US Grievance and appeal forms can be accessed at https://dmh.lacounty.gov/our-services/patients-rights/#PRForms

1 (a). If you have a grievance, the concern can be discussed with a Hillsides staff.
Or

1(b). You can file a grievance without any discussion. Grievance forms can be found at the following

- The lobby of any Hillsides site.

- On the computers assigned for client use. Please see desktop for grievance icon
- You can request the form from any Hillsides staff.
- On our website at www.Hillsides.org. Click “Grievance Form” on home page
- Grievance forms can be emailed to compliance@hillsides.org
- Anonymous grievance forms may be mailed to 940 Ave 64 Pasadena, CA 91105. Attention to: QA/Compliance Department

*Please note: If you decide to proceed with 1(a)-to speak to a Hillsides staff to file a grievance and an agreement cannot be reached, please proceed with 1(b) to ensure the grievance moves forward.

2 Once notified in writing, Hillsides will initiate an investigation within one business day and provide an acknowledgement to you within 7 days.

3 Hillsides will report the outcome of the complaint investigation to you within 14 business days after the complaint is received.

4 If it has not been possible to gather the necessary information that would lead to a resolution by 14 business days, you will be notified and given an additional 30 days, by which a resolution or determination will be made.

5 If the matter has not been resolved to your satisfaction, you may choose to discuss your concerns with any supervisor.

6 If you continue to remain unsatisfied with the result or do not feel comfortable speaking with any supervisor, you may contact the designated Hillsides Compliance Committee Member to further discuss the matter.

7 The Compliance Committee Member will conduct a review of the matter and will respond to you in writing within 10 business days. The Compliance Committee Member’s decision and recommendations will be final.

8 A complaint can be filed with the Board of Behavioral Sciences (BBS), where the practitioner is licensed/registered, regarding the services received by the practitioner. This complies with AB 630, Chapter 229, Statutes of 2019 to provide this information to the clients who receive psychotherapy.

The Board of Behavioral Sciences receives and responds to complaints regarding service provided within the scope of practice of (marriage and family therapist, licensed educational psychologist, clinical social workers, or professional clinical counselors). You may contact the board on line at www.bbs.ca.gov, or by calling (916) 574-7830.

To file a complaint electronically: http://www.breeze.ca.gov/datamart/mainMenu.do

Reporting and Procedure Form

This form is to be completed if you wish to make or file a grievance complaint. You may also ask someone else who is acting with your knowledge and consent to write or express the grievance. (You may file this report anonymously, without your name, however it may make it more difficult for Hillsides to address the matter.)

Date of Report: _____ **Program or Location: _____**

Name of Client: _____

Relationship to client: _____ **Client name, if different from above: _____**

Client Address: _____

Phone Number: _____

Is this your first grievance regarding this incident? _____ Yes _____ No

Have you already spoken to a Hillsides staff about this? _____ Yes _____ No

Grievance Statement

When did the event or incident happen?

Specific date(s): _____

Time(s) if known: _____

List the names or names of all persons involved in the event or incident:

_____ _____ _____

_____ _____ _____

State the event that prompted this complaint or grievance:

(Include all relevant details that will help in the following up on this issue:

This Section to be Completed by Staff

Follow-Up Action Taken

Staff Assigned To Follow Up: _____ **Date Assigned**: _____

Supervisor/Manager Informed: _____ **Date Informed**: _____

Program: (see below) _____ **Program Where Grievance Occurred (if different)** _____

Person Marking Complaint: _____ (P1 Client) (P2 Family/Guardian) (P3 Other)

Complaint Code: (see below) _____

C1. Access to care (Ex: scheduling, waiting times, treatment delays returning calls)

C2. Personnel/Staff complaint (Ex: Rude, disrespectful, unfriendly or unsympathetic behavior)

C3. Complaints regarding treatment (Ex: quality of care or quality of treatment)

C4. Complaints regarding other administration or service problem

C5. Facilities

C6. Patient's rights

C7. Request to change providers (Ex: requesting another psychiatrist or other change of provider) C8.

Other (Explain)

Additional Information Related to Grievance: (Include interviews, documents, records, incident reports, videos, or film, etc.)

_____ Incident Report Written _____ Incident Report Not Required

Steps Taken:

Summary of Outcome/Conclusion:

Resolution: _____ (F1: Resolved / F2: Unresolved / F3: Further action required / F4: Other)

Recommendations/Action Taken:

Notified Complainant of Action Taken: Yes _____ No _____ Date: _____

Print name: _____

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____