

**DEPARTMENT OF COMMUNITY AND HUMAN SERVICES
ALEXANDRIA COMMUNITY SERVICES BOARD**

APPROVED:



DATE: April 22, 2021

CLIENT SERVICES POLICY #09

TITLE: Dispute Resolution of client or Staff Concerns/complaints

REFERENCES:

CARF 2021 Behavioral Health Standards Manual Section 1. K. Rights of Persons Served
CSP 01 Human Rights Policy
Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers
Licensed or Operated by the Department of Behavioral Health and Developmental Services.
12VAC35-115.

DEFINITIONS:

Authorized Representative: a person permitted by law to authorize the disclosure of information or to consent to treatment and services or participation in human research. The decision-making authority of an authorized representative recognized or designated is limited to decisions pertaining to the designating provider. Legal guardians, attorneys-in-fact, or health care agents appointed pursuant to §54.1-2983 of the Code of Virginia may have decision-making authority beyond such provider.

Client Concern or Complaint: is defined as any concern, complaint (that is not a human rights complaint) or disagreement expressed by the person served or by their guardian or authorized representative about ACSB service providers, treatment or services provided or being offered.

Incident Report: A Department database used to report and document adverse incidents up the chain-of-command and to the MH/DD/SU's Human Rights Advocate.

Department Human Rights Advocate: An employee of the Department appointed by the Executive Director to assume overall responsibility for the Department's human rights program/activities.

Staff Clinical Disagreement: is defined as the lack of concurrence of two or more treatment or ACSB service providers about the treatment offered or provided to the consumer including discharge and admission decisions. Clinical disagreements may occur between treatment team members, service providers or staff within a program.

POLICY:

It is the policy of the Board to empower each person served to actively participate with the treatment team to promote recovery, progress, and well-being. It is the policy of the Board that concerns, complaints or disagreements expressed by persons served or staff regarding care or service providers be resolved promptly, at the lowest possible level and will not result in retaliation or barriers to service. The staff member has an affirmative obligation to bring the matter to the treatment team and /or the program's supervisor if they believe that treatment or service being planned, offered, or denied, are inappropriate or contrary to acceptable standards of practice. Staff members confronted with concerns or complaints are required to offer to the client the name and phone number of the Human Rights Advocate although not all concerns and or complaints are human rights related. Clients are informed of the complaint resolution process and this is documented in the electronic health record. It is the policy of the Board to resolve the concern or complaint that results in a timely decision for the person served.

The procedure for clients to follow when they have a dispute or concern is given to clients at intake and is contained in the pamphlet Client Rights and Responsibilities. The entire policy is posted on the website: <https://www.alexandriava.gov/DCHS>. The policy is available to the State Department of Behavior Health and Developmental Services upon request. Procedures and forms to file a written complaint or concern are available and posted in all ACSB program locations.

PROCEDURE:

A. The following actions will be taken when a client has a complaint or is not in agreement with a program decision.

1. Clients may express complaints in a variety of manners: gestures to indicate displeasure if they are unable to verbally communicate, verbally, in writing or by completing the dispute resolution form available in all lobbies and public areas of the CSB including at the group homes.
2. The complaint can be made to any member of the CSB staff. The staff member receiving the complaint will identify the program that is the subject of the complaint and forward the complaint to the supervisor of that program. The staff member will complete an incident report. The staff member receiving the complaint will determine whether the complaint is a human rights complaint and if it is a suspected human rights complaint the staff will follow procedure for resolution of human rights complaints as is described the Consumer Service Policy 1, Human Rights. In all cases the client and/or their designee will be offered the contact information for human rights advocate.
3. The complainant will receive a response within 24 hours. Some complaints can be

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resolved via a telephone call or it may be necessary to schedule a face-to-face meeting. Any variety of means can be employed to resolve complaints including mediation. In any case the staff will attempt to resolve the complaint at the lowest level possible. The individual making the complaint can have a family member, friend, or anyone of their choosing to be present during the resolution process and/or to make the complaint on their behalf. If the client has an authorized representative (AR) or guardian, the staff person will inform and involve that individual in the resolution of the complaint. Staff will encourage the individual to discuss their concerns and work with them to attempt to resolve the problem as quickly as possible. If necessary, staff will complete an investigation and institute a resolution within ten business days. The complaint and resolution will be documented in writing and provided to the client. It will be documented in the electronic clinical record of the client.

4. If after the program supervisor's attempt to resolve the complaint the client, guardian or AR is not satisfied with the resolution the complainant will be informed of the appeal process and will be given the Center Director's contact information. The supervisor will communicate to the Center Director within 24 hours that there was not a satisfactory resolution. The supervisor or any staff will not take any action that may appear as punishment or retaliation against the individual for making a complaint. The Center Director or their designee will investigate further if appropriate and provide a written response to the complainant within five business days.

5. If the complainant is still not satisfied with the resolution, they have five working days to file a complaint with the ACSB Executive Director. The Executive Director or their designee will investigate further if appropriate and provide a written response to the complainant within five business days.

6. If the complainant is still not satisfied with the resolution, they have five working days to file a complaint with the Department of Community and Human Services Department Director. The Department Director or their designee will investigate further if appropriate and provide a written response to the complainant within five business days. The decision of the Department Director is final.

If at any point in the resolution process it becomes evident to the investigating staff that there has been a Human Rights violation this will be reported immediately to the ACSB Human Rights Advocate. If in the process of investigation there is any suspicion that a crime has been committed that occurred on the program premises, the Department Director, Executive Director or designee will immediately contact the appropriate law-enforcement authorities and cooperate fully with any investigation that may result.

B. The following actions will be taken when staff members have a clinical disagreement: after first completing a reassessment of the client's needs, especially if there has been a significant life or status change, accomplishment of goals, hospitalization, or incarceration; document the active

involvement of the person served in developing the plan of care, clearly documenting their choice of treatment; and convene a meeting of the treatment team to discuss the disagreement.

1. The primary staff assigned for each team will review services provided and planned with persons served no less than quarterly and will attempt to resolve any concerns as they are presented.
2. If the service providers and/or the persons served can not resolve the concern satisfactorily, the provider will refer the matter to the case manager, if different, for resolution.
3. The primary staff may pursue informal consultation with supervisors or others to resolve the issue.
4. If the case manager cannot resolve the person served or staff concern or disagreement, the case manager will invite the program supervisor to assist in the resolution. The program supervisor will promptly assess the concerns of the client or staff member and seek a resolution satisfactory to the client or staff members involved. The program supervisor may request an internal review or consultation regarding the concern or disagreement.
5. If the program supervisor cannot resolve the matter to the satisfaction of the client or staff members, the program supervisor will refer the matter to the Center Director. The Center Director may request an external review of the case.
6. If the Center Director is not able to resolve the matter, he/she will refer it to the Director of Quality Assurance who will designate a neutral staff member to seek a resolution with the consumer or staff members. The staff member will make a written recommendation to the Director of QA and the Center Director. If the recommendation is unsatisfactory to the QA and/or the Center Director, the matter will be referred to the Department Director or designee for resolution. This will be the final step in the agency review process and the results will be communicated in writing by the QA director to the person served or to the staff members.
7. The staff members working to resolve the conflict may invite additional participants in the process, such as an advocate, case review committee or expert, and may direct such actions as deemed appropriate to affect any appropriate resolution. Each staff member in the chain of command will advise the client of the next steps and actively assist in the moving unresolved matters to the next level.
8. The Director of Quality Assurance will conduct an annual review of all formal complaints that rise to Department Director's level to determine trends or areas needing performance improvement and actions to be taken.

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C. If there is a disagreement or complaint regarding discharge from a program the following should be taken under consideration.

The decision to discharge a client should be consistent with discharge criteria outlined in the program description. When the client is no longer eligible for services based on program ineligibility criteria the client will be notified immediately. If communication efforts to discuss the decision cannot be made in person than attempts should be made to reach the person by phone and if the client cannot be reached by phone a letter should be mailed to the client's last known address.

Every effort should be made to have a face-to-face meeting to allow for the client to participate in the discussion regarding discharge and for them to express why they feel they still qualify for and need the services. Collaterals and other supports of the clients' choice should be invited to the meeting. The agency's Human Rights Advocate should be notified and their participation in a meeting with the client should be considered. If after the meeting the program supervisor continues to feel discharge is warranted, the client can appeal the decision. The client may be asked by the program supervisor to put in writing their request for an appeal to be reviewed by the Center Director and will provided the Center Directors contact information.

After the client has contacted the Center Director, the Center Director will contact treatment team members and conduct an informal fact-finding investigation of the reasons and circumstances around the program discharge decision. The Center Director will meet in person with the client to hear the client's reasons as to why they believe they should not be discharged. The Center Director will have ten days to evaluate the circumstances and to render a decision to either uphold the discharge or take other action. The client will be notified of the decision in writing. If the discharge is upheld by the Center Director, the client will be informed that they may continue to appeal the decision to the Department Director.

The Department Director has ten business days to review the appeal. After review of the situation the decision of the Department Director will be final.

Guidance regarding the ethical, legal, human rights and clinical factors and implications may be sought by the program director, other members of the treatment team or by the directors from the Department's ethics consultant, from the Human Rights Advocate, from the City Attorney or from the Case Review Committee.

In the event the client has violated program rules to the extent that it requires they be suspended from the property and/or services such a decision must be vetted through the Human Rights Advocate, the CSB Executive Director, the Department Director, and the City Attorney. If the final decision is to suspend the individual the City Attorney will inform the client in writing of the of the suspension. Every effort should be made to allow the client to continue to access

alternative services, be referred to other providers and/or be informed as to what circumstances would need to change in order for the suspension to be lifted. Only under rare circumstances should a client be permanently suspended from a particular service. A permanent or indefinite suspension will be approved by the City Attorney, the Human Rights Advocate, the Executive Director, and the Department Director.

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