

PHP Grievance and Complaint Process

It is the Policy of Pace Partial Hospitalization Program to protect child rights and to establish a reasonable mechanism for resolving problems and complaints. With the establishment of grievance review procedures, Pace encourages open communication between child, parents/guardians, and Pace staff and fosters speedy resolution of complaints and problems on the local level. Further, it provides a means whereby children and their parents/guardians can bring problems before an objective outside authority without intimidation, fear or discrimination and reprisals.

This policy sets the structure for clients and family members to bring forth complaints and grievances and outlines how staff members across the organization are to respond. Pace is committed to the belief that clients and families should be heard and that their feedback should be used for improving the quality of services provided.

A complaint is a concern expressed orally or informally written (i.e. response on a daily note or email) by a client or family member about any issue regarding their treatment within a Pace program. It is typically resolved verbally within 72 hours of its communication. It can be reported to staff at any level, but usually related to direct care or supervisory staff and is resolved at one of those levels.

A grievance is a concern expressed in a formal/written manner by a client or family member about any aspect of an issue regarding their treatment within a Pace program, which has not been resolved at the complaint level. A grievance is also made if the client feels that their rights have been violated. A written grievance, like a complaint can be communicated to staff at any level. The procedures in this policy are effective when a written grievance is received.

Staff provides assistance and any resources necessary to help the client and/or family member write the grievance on the Client Grievance and Resolution Form. When a staff member is aware that a complaint has been voiced more than once, yet remains unresolved, staff may also encourage the client to file a formal written grievance.

If the client or family members submits a grievance in another format, the staff who receive the written grievance completes the Client Grievance and Resolution Form to document that a formal grievance has been made and to track the resolution process and attaches the written grievance to the form.

When a grievance is received by direct care staff, it is reported to the Supervisor of Partial Hospitalization Program (PHP) and the Chief Operating Officer or designee within one hour of receipt. A copy of page 1 of the Client Grievance and Resolution Form is given to the Chief Operating Officer and recorded in the program's Grievance Log.

The Supervisor of PHP initiates action to address and resolve the grievance within two business days and responds back to the client in writing within 5 working days, The supervisor completes the Review and Action section of the Client Grievance and Resolution

, indicating if the grievance is resolved as a result of their action, signing and dating that section of the form.

If resolution cannot be achieved at this level, it is referred to the Chief Operating Officer who will respond to the client in writing within 5 working days. The Chief Operating Officer completes the Review and Action section of the Client Grievance and Resolution Form indicating if the grievance is resolved as a result of their action, signing and dating that section of the form.

If the client or family is not satisfied, then the Client Grievance and Resolution Form noting all prior attempts to resolve the grievance will be forwarded to the Pace Chief Executive Officer who will respond to the client in writing within 5 working days. (2432 Greensburg Pike, Pittsburgh, PA 15221)

Once a grievance is finalized, a Grievance Final Notification Letter letter is sent by the Chief Operating Officer to the client or family member who made the grievance. This letter is filed in the client record.

In instances in which the client and/or parent/guardian feels that they have been discriminated against, they may file a complaint with any of the following agencies:

Bureau of Equal Opportunity, Dept. of Public Welfare, Western Field Office
300 Liberty Ave, Pittsburgh, PA 15222
(412) 565-7607

PA Human Relations Commission
301 Fifth Avenue, Suite 390, Piatt Place, Pittsburgh, PA 15222

County MH Administrator, Allegheny Co. MH/MR
Human Services Building One Smithfield Street, Suite 300
Pittsburgh, PA 15222
(Or appropriate county of residence)

Bureau of Equal Opportunity, Dept. of Public Welfare
Western Region Tel: (412) 565-5028
Rm. 521, Health & Welfare Bldg., P.O. Box 2675, Harrisburg, PA 17105

Office for Civil Rights, U.S. Dept. of Health & Human Services, Region III
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (800) 368-1019