

COUNSELING AGENCY



ATS Counseling PC - Focus Institute
Rebecca Kroeker, MHR, LPC, RPT-S
Executive Director
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Policy Name: Grievance Policy

Policy Number: 1.13.1

Date Adopted: August 1, 2011

Updated 03/1/2015

Signature of Director:

Rebecca Kroeker, MHR, LPC

Policy: Consumers of mental health or drug or alcohol abuse services shall retain all rights, benefits and privileges guaranteed by the laws and Constitution of the State of Oklahoma and the United States of America, except those specifically lost through due process of law.

Procedure: The Notice of Privacy Practices and Client Handbook is designed to give client's basic information about receiving services at ATS, including the Grievance Policy.

1. At intake each client is provided with a summary of the grievance procedure or guardian at intake, and to an individual of the consumer's choice.
2. A consumer or staff member may ask for a Complaint Form from any staff member. The staff member will provide a copy of the form and this policy. At any time, the client is advised that they may make a complaint directly to ODMHSAS Consumer advocacy Division
advocacydivision@odmhsas.org
1-866-699-6605

OR

ATS Counseling Director
Rebecca Kroeker (Grievance Officer and Local Advocate)
580-242-4673

3. The form should be completely filled out. Assistance will be provided if necessary. The client may have assistance from a treatment advocate of their choice as well. The client is informed that the local Grievance Officer/Local Advocate for the agency is Rebecca Kroeker, Executive Director. The Grievance Officer will make decisions regarding handling the grievance, work with the facility staff, therapists, and contractors to ensure the needs of the consumers are met at the lowest level possible and that the consumer rights are enforced and not violated. If the complaint is against the Grievance Officer, then Tanya Kennedy, an outside clinical consulted shall step in to review the complaint.
4. The form should be submitted within 3 days, if possible, to the Grievance Officer.

5. The Grievance Officer will review the complaint, investigate the incident, and talk to the person/guardian/staff filing the grievance within 14 days of its receipt. A written statement will be provided with the proposed resolution.
6. The Grievance Officer will implement any steps deemed necessary to solve the problem.
7. The Grievance Officer shall work with facility staff and contractors to ensure the needs of consumers are met at the lowest level possible and that consumer rights are enforced and not violated.
8. If the client is still dissatisfied with the resolution, the client may ask for Tanya Kennedy, outside clinical consultant to review the grievance or they will be provided with information regarding how to contact ODMHSAS Office of Consumer Advocacy. If appropriate, information for the appropriate licensure board shall be provided.
9. Any complaints filed will **NOT** result in retaliation or refusal of services.
10. Grievances and grievance policies shall be reviewed annually. The Grievance process shall be monitored annually. Based on these outcomes, the process and procedure shall be adjusted and improved as needed based on performance improvement plans. Appeals shall also be reviewed annually. Information will be located in the Quality Assurance Reports. Results will be incorporated in Performance Improvement Plans.
11. The local advocate/grievance officer, Rebecca Kroeker, shall be responsible for coordinating and monitoring ATS' advocacy activities and contacts with the ODMHSAS Office of Consumer Advocacy. These duties shall include but not be limited to:
 - Serve as the on-sight advocate for consumers being treated or under the care of the program or facility and act as a liaison to the ODMHSAS Office of Consumer Advocacy. Such activities may include
 - Assist consumers in filing grievances;
 - Serve as resource for consumers for questions or information dissemination about the facility, admission and discharge processes, or other basic human needs while in treatment; and
 - Make contact with consumers involved in or who witness Critical Incidents or Sentinel Events while in treatment to ensure needs are being met.
 - Serve as facility or program liaison to the Office of Consumer Advocacy in advocacy activities.

Associated Therapeutic Services

1625 W Garriott, Ste F Enid, OK 73703
Rebecca Kroeker, MHR, LPC Director

Phone (580) 242-4673
Fax (580) 242-4679

COMPLAINT FORM

Client Name: _____ Date: _____

Person Making Grievance (if different from the client) _____

Involved ATS Staff (if any): _____

Specifically Describe Your Grievance _____

Specifically describe how you would like to see your grievance resolved: _____

Client Signature: _____ Parent/Guardian Signature: _____

FOR OFFICE USE ONLY:

Date Received: _____ Date Reporter Contacted: _____ Reviewer: _____

Resolution: _____

Was the incident reported to a licensing board, DMH, OHCA, ODMHSAS, Office of Consumer Advocacy, or other entity? If no, why? Attach copies of any other contacts made to other agencies. _____

