

Section: Mental Health Standards				Title: Complaints and Concerns	
Effective Date: April 2013				Page 1 of 5	
Revision Dates	Nov 2012 Dec 2014 July 2015	Jan 2016 June 2017 Nov 2020	May 2023 March 2024		

Provide Us with Your Feedback

Policy

The Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge, (C.M.H.A. H.K.P.R.) recognizes the rights of clients and other interested parties:

- to make inquiries about our services
- to understand their rights in the service relationship
- to express complaints or concerns about their treatment or our services
- to understand C.M.H.A. H.K.P.R.'s processes to review feedback about any aspect of service delivery.
- to understand what outcomes to expect after expressing complaints or concerns.
- to request and receive a hard copy of this policy or receive directions on how to access it on our website if they choose.
- to understand how C.M.H.A. H.K.P.R. handles potential conflicts of interest and/or bias, and
- to know that expressing a complaint or concern will not negatively affect the services they receive.

Furthermore, C.M.H.A. H.K.P.R. recognizes that a clear and timely feedback process is an important part of supporting the continuous quality improvement of our services.

C.M.H.A. H.K.P.R. is committed to ensuring that we constructively manage and respond to feedback in a timely and respectful manner with a “just culture” approach, (please see *Just Culture* policy).

Procedures for Feedback and Inquiries

Note: For this Procedure, the word “feedback” will be taken to also include expressing concerns that fall short of a formal complaint.

Who Can Provide Feedback?

Clients and other interested parties, including family, persons acting on behalf of a person with a developmental disability, other service providers, and the public all have an opportunity to provide feedback and understand how C.M.H.A. H.K.P.R. handles it. The organization’s *Provide Us Your Feedback* brochure is available at all C.M.H.A. H.K.P.R. office locations and on the website. The brochure is also available so staff can print copies for clients on request.

How to provide Feedback

People may use various methods to provide feedback including in person, by telephone, or in writing, whether by hard copy or electronically:

- with their worker

Section: Mental Health Standards				Title: Complaints and Concerns	
Effective Date: April 2013				Page 2 of 5	
Revision Dates	Nov 2012 Dec 2014 July 2015	Jan 2016 June 2017 Nov 2020	May 2023 March 2024		

- with the relevant Manager
- with any C.M.H.A. H.K.P.R. employee, who is then responsible for directing the feedback to the most appropriate person.

Where feedback is communicated in writing, the use of the organization’s *Provide Us Your Feedback Form* is encouraged. This form is available at all C.M.H.A. H.K.P.R. office locations, on the C.M.H.A. H.K.P.R. website, and from workers who can print it.

Alternative methods of providing feedback will be put in place where required by a person with a disability, in compliance with the *Accessibility for Ontarians with Disabilities Act, (A.O.D.A.)*.

Client-Specific versus General Feedback

This policy acknowledges that feedback can be expressed either about a specific client’s service or more generally about C.M.H.A. H.K.P.R.’s services. Generally, the process for handling feedback will be very similar, noting that there may be slight differences depending on the nature of the information.

Where the feedback is about a specific client’s service experience, the most directly involved worker may be involved, as appropriate, and client consent will be required, (please see step 1 below).

Where feedback is more general in nature, the feedback will not generally be referred to a specific worker but will ordinarily be referred to the most appropriate Manager or Director of Programs and Services, depending on the nature of the feedback.

Ministry of Children, Community and Social Services (M.C.C.S.S.) Exceptions to this Policy

In any situation where the feedback is by or on behalf of a person with a developmental disability, in a Ministry of Children, Community and Social Services (M.C.C.S.S.) funded program, and alleges abuse that could constitute a criminal offense, C.M.H.A. H.K.P.R.’s *Quality Assurance Measures (Q.A.M.) – Abuse Prevention, Reporting, and Investigation* policy supersedes this policy.

In any situation where the feedback is in an M.C.C.S.S. funded program, by or on behalf of a person with a developmental disability, or youth in conflict with the law in the Youth Mental Health Court program, which would constitute a “Serious Occurrence” as defined by M.C.C.S.S., the organization’s *Quality Assurance Measures (Q.A.M.) – Serious Occurrence and Enhanced Serious Occurrence Reporting* policy supersedes this policy.

Conflicts of Interest and Bias

This policy acknowledges that there may be circumstances where the worker who is outlined in this process may not seem to be the most appropriate person to hear the feedback.

Where the person with the feedback identifies that they perceive a risk of conflict of interest or bias, they may request that a person other than the person identified in the policy addresses their feedback.

Section: Mental Health Standards				Title: Complaints and Concerns	
Effective Date: April 2013				Page 3 of 5	
Revision Dates	Nov 2012 Dec 2014 July 2015	Jan 2016 June 2017 Nov 2020	May 2023 March 2024		

The person who receives the feedback where a potential for conflict of interest or bias is identified is responsible for referring the matter to the most appropriate person, (for example, to the Manager rather than a worker, or a Director of Programs and Services rather than a manager, or to another clinical management employee, as applicable).

No Negative Impact

This policy explicitly protects clients from any negative outcome or impact on their service because of expressing feedback.

Timely and Clear Processes

Every effort will be made to investigate and resolve issues least formally and most directly, by the steps and timelines in this policy.

Feedback Resolution Process

Resolution by Worker

1. When feedback arises about services for an individual client, the most involved worker will attempt to resolve the situation at the earliest reasonable opportunity and within five (5) business days.
2. The worker will advise their manager of the feedback as soon as is reasonable, depending on the immediacy of the issue. It is recognized in this policy that the feedback may come from a client of service or from another person involved in that client’s care, (such as a family member). A worker can receive the feedback, whether there is consent from the client. Workers will not provide information about any client to a person providing feedback unless the client has consented.
3. In situations that cannot be resolved by the client and worker directly, the worker will inform the person with the feedback of their right to refer the matter to the worker’s Manager.
4. The worker will either provide the person who has the feedback with the *Provide Us Your Feedback Form*, in hard copy and will ensure that the person is supported to complete and deliver it to the Manager (if required) or will direct the person to the website and the location of this policy and form, if the person has internet access and computer literacy.
5. The worker will document these interactions in the client’s electronic record.

Referral to the Manager

6. The Manager will review the relevant documents and contact the person with the feedback to either discuss the matter by phone or to arrange an in-person meeting. Other parties may be

Section: Mental Health Standards				Title: Complaints and Concerns	
Effective Date: April 2013				Page 4 of 5	
Revision Dates	Nov 2012 Dec 2014 July 2015	Jan 2016 June 2017 Nov 2020	May 2023 March 2024		

involved as appropriate. Every reasonable effort will be made to arrange this meeting within five (5) business days of receipt of the Manager receiving the feedback. Where further investigation is required and this timeline cannot be met, the Manager will advise the person with the feedback of the expected timeline. The Manager will fully document the processes and results of their investigation and meetings.

Referral to the Director of Programs and Services (D.P.S)

- 7. If the matter remains unresolved following the meeting(s) between the Manager and the person with the feedback, within five (5) business days, the Manager will refer the matter to a D.P.S. by providing the D.P.S. with a written package of all prior documentation that is pertinent to the feedback.
- 8. Depending on the circumstances of the feedback, and to avoid any potential conflict of interest, the Manager may first advise the person with the issue, that they may request the issue be reviewed by the D.P.S. who oversees the program, or by another Director.
- 9. The D.P.S./Director to whom the matter has been referred, will conduct a review of the matter, which may include additional consultation with the person with the feedback, the Manager, any other relevant workers, and other directors if required. The D.P.S./Director will document all the interactions, knowledge gained, and results that result from their review, and add it to the existing record about the feedback.
- 10. The D.P.S./Director to whom the matter was referred, will respond in writing to the person with the feedback, within twenty (20) business days after the D.P.S./Director receives the feedback package from the Manager.

Referral to the Board of Directors

- 11. If the person with the feedback is not satisfied with the D.P.S./Director’s response, that person may request their written feedback to be forwarded to the Chief Executive Officer (C.E.O.), who will refer the matter to C.M.H.A. H.K.P.R.’s Board of Directors. The Board of Directors will review all relevant written materials and will consult at the next available Board meeting. The decision made by the Board of Directors will be final and binding and will be communicated to the person providing the feedback in writing, within ten (10) days after the decision is made.

Organizational Review of Complaints and Concerns

- 12. Managers and D.P.S.s that have been involved in the feedback process will ensure that a non-identifying summary of each complaint is forwarded to the Executive Administrative Assistant (E.A.A.), who maintains an annual aggregated *Client Complaints, Concerns and Resolutions Log (Complaints Log)*, including their resolutions. The *Complaints Log* template is available on the management drive.

Section: Mental Health Standards				Title: Complaints and Concerns	
Effective Date: April 2013				Page 5 of 5	
Revision Dates	Nov 2012 Dec 2014 July 2015	Jan 2016 June 2017 Nov 2020	May 2023 March 2024		

13. As part of its quality improvement framework, the Senior Leadership Team reviews the *Complaints Log* and completes a *Complaints Log Review* form every quarter, to identify broad trends, risks, and/or other areas of concern. They may choose to follow up in-depth on feedback and to review the entire documentation package(s) where appropriate. Areas of organizational concern will be directed to the Management team for further follow-up at the next monthly meeting, as required.

14. The C.E.O. communicates a summary of the quarterly *Complaints Log Review* forms to the Board of Directors at a minimum of annually for their review.

Cross Reference

- Provide Us with Your Feedback* form
- Provide Us Your Feedback* brochure
- Complaints Log Review* form
- Quality Assurance Measures (Q.A.M.) – Abuse Prevention, Reporting, and Investigation Policy*
- Quality Assurance Measures (Q.A.M.) - Serious Occurrence and Enhanced Serious Occurrence Reporting policy*