

NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Grievance Procedure

It is important to us that individuals we serve receive quality services that meet their unique needs. Should any concerns arise during care, we encourage individuals to tell us their concerns right away so we may address them accordingly. Concerns and / or complaints should be attempted to be resolved at the lowest level possible, when appropriate, following the steps below:

1. Client and/or family will address grievances / complaints with Primary Clinician / Provider / Staff Member. If unable to resolve;
2. Client and/or family will contact the Program Supervisor to discuss the concern / complaint, and, if possible, submit the concern / complaint in writing so that they can be followed up on and addressed accordingly.
3. If the client and/or family are unable to reach the Program Supervisor at time of call, the Program Supervisor will make initial contact with the client and/or family to discuss the issue within one (1) business day of receiving the concern / complaint, or sooner in accordance with the urgency of the issue.
4. Following contact and obtaining necessary information, the Program Supervisor will also speak with the staff member, and determine the best possible response to address the concern / complaint. If the concern / complaint cannot be resolved at this level;
5. The Program Supervisor will discuss the situation with the Deputy Director (or the Director if the Deputy Director is unavailable), who will notify the Department Director of the concern / complaint for awareness and/or further direction as to whether or not the County Attorney should be consulted. The Deputy Director (or Director) may provide further direction to the Program Supervisor and / or provide further mediation services. *The Deputy Director (or Director) can be reached at (716) 439-7410.*
6. If the client and/or family is not satisfied with the decision / resolution, they may request further review of the matter by the Department Director who will respond to the request accordingly. *The Director can be reached at (716) 439-7410.*
7. If the decision / resolution is concluded through the assistance of staff at a higher level of authority than the Primary Clinician / Provider / Staff Member, the client will receive the outcome in written form. Additionally:
 - a. Within five (5) business days of receiving a concern / complaint, a plan of action will be devised to resolve it; and where appropriate:
 - b. There will be thirty (30) day and ninety (90) day follow up, which will include follow up with the client and/or family, after the development of the plan of action to ensure appropriate action has taken place and the client is receiving appropriate services.
8. If the resolution of the concern / complaint is not satisfactory to the client and/or family, they may also contact the New York State Office of Mental Health Customer Relations, which is listed below, or any of the following agencies that may help if needed:

NYS OMH CUSTOMER RELATIONS PHONE

1-800-597-8481

for questions or complaints about mental health services in NY

NYS OFFICE OF MENTAL HEALTH – WESTERN NEW YORK FIELD OFFICE

737 Delaware Avenue, Suite 200, Buffalo, NY 14209

Phone: (716) 533- 4075

NYS JUSTICE CENTER FOR THE PROTECTION OF PEOPLE WITH SPECIAL NEEDS

161 Delaware Avenue, Delmar, New York 12054-1310

General Phone: (518) 549-0200 (Voice)

TTY: Dial 7-1-1 for the NYS Relay and give the operator 1-518-549-0200

Vulnerable Persons Central Register (VPCR) Hotline Number:

To Report Abuse: 1-855-373-2122 (staffed 24 hours a day, 7 days a week)

TTY: Dial 7-1-1 for NYS Relay and give the operator 1-855-373-2122

Individual and Family Support Unit (IFSU): 1-800-624-4143

TTY: dial 7-1-1 and give the operator 1-800-624-4143

Information & Referral: 1-800-624-4143

TTY: Dial 7-1-1 for the NYS Relay and give the operator 1-800-624-4143

DISABILITY RIGHTS NEW YORK (DRNY) REGIONAL OFFICE

44 Exchange Blvd, Suite 110, Rochester, New York 14614

Phone: (518) 432-7861

TTY: (518) 512-3448

Toll Free: (800) 993 – 8982

Fax: (518) 427 – 6561

Email: mail@DRNY.org

NATIONAL ALLIANCE ON MENTAL ILLNESS IN BUFFALO, ERIE & NIAGARA COUNTY

P.O. Box 146, Buffalo, NY 14223

Telephone: (716) 226-6264

CLIENT ADVOCACY SERVICES @ THE MENTAL HEALTH ASSOCIATION IN NIAGARA COUNTY

36 Pine Street, Lockport, NY 14094

(716) 433-3780