

Purpose:

This policy provides a fair and equitable process for resolving concerns or complaints regarding MCRSP accredited recovery houses or MCRSP member organizations.

Scope:

This grievance policy covers concerns regarding MCRSP accredited recovery housing organization's ethical conduct or compliance with MCRSP-NARR recovery housing standards. The policy also covers ethical conduct of MCRSP member organizations. The MCRSP grievance policy is limited to inquiries and resolutions of allegations of a violation of MCRSP-NARR recovery housing standards or MCRSP code of ethics. While grievances may allege misconduct of an individual staff member and concerns regarding a specific physical location, inquiries and resolutions focus on the organization that supervises the individual and operates the physical facility as they are ultimately responsible for their organization's compliance with standards and ethics.

MCRSP Code of Ethics https://mcrsp.org/recovery_housing_root/code-of-ethics.html

MCRSP Recovery Housing Standards https://mcrsp.org/recovery_housing_root/

Definitions:

A grievance may be submitted regarding a MCRSP accredited organization's non-compliance with the MCRSP Code of Ethics or MCRSP-NARR Recovery Housing Standards. Even though the complaint may be with an individual the subject of the grievance is the organization. This organization will be referred to as the **subject**. The grievance form may be submitted by residents of recovery houses, staff members of recovery houses or concerned members of the community. The individual submitting the grievance will be referred to as the **grievant**. The grievance process and outcome determination will be referred to as the **resolution**. **MCRSP Housing Director or person designated by the MCRSP Executive Director** will process the grievance form and conduct the inquiry. **MCRSP grievance committee** will be made of up at least 3 members of the MCRSP housing committee.

Filing a grievance:

The form for submitting a grievance is available on the MCRSP web site. <https://mcrsp.org/get-help/grievance-procedure.html> The form can be completed electronically or printed and handwritten. The form is submitted to the MCRSP office, via email, fax, or mail. Submission requires completion of the MCRSP grievance form.

Processing the Grievance (2 weeks)

The MCRSP Housing Director or person designated by the MCRSP Executive Director will process the grievance form and conduct inquiry as follows:

- Create a folder and file original form in folder.
- Document date MCRSP received the grievance form.
- Review form for all required information.
- Review nature and subject of the grievance to determine if it is within the scope of MCRSP grievance policy.
 - Does the grievance concern a MCRSP-NARR accredited recovery house or a MCRSP member organization?
 - Potential violation of MCRSP ethics code?

- Potential violation of MCRSP-NARR housing standards?
- If grievance does not meet scope of MCRSP grievance policy notify grievant and suggest alternative resolutions.
- Preliminary determination of Grievance
 1. Life Safety Concern
 2. Illegal Activity
 3. Violation of MCRSP housing ethics.
 4. Violation of MCRSP housing standards
 5. Operational deficits and opportunities for Improvement
- #1 and #2 require expedited resolution.
 - MCRSP director review of grievance
 - Resolve life safety concern in the house or facilitate relocation of residents.
 - Determine if law enforcement agencies need to be informed.
 - Determine if child or elder abuse mandated report is required.

Confidentiality:

All grievance forms and information obtained during the grievance process should be considered confidential.

- Assess confidentiality or anonymity requests or requirements.
 - Is the grievant a resident or former resident?
 - Does the grievance concern resident fees, property or other dispute that would require identifying the grievant to the subject?
 - Redact resident names from copies of grievance reports that will be shared with grievance review boards.
 - Has grievant requested anonymity?
 - Redact name of grievant from grievance reports.
- Physical folders and files will be stored in a secured location.
- Electronic records must also be maintained confidentially.
- Grievance and grievance related information should only be verbally discussed in a private setting with individuals involved in the grievance process.
- MCRSP Grievance record.
 - Maintain an electronic spreadsheet of grievances received
 - date received
 - name of subject organization
 - date of resolution

Inquiry process:

Review of the grievance, MCRSP Housing Director or designee (2 weeks)

- Interview the grievant to obtain more information regarding the grievance and their desired resolution.
- Determine if grievant has concerns about confidentiality, anonymity or possible retaliation.
- Notify subject of the grievance and schedule an interview.
- Interview the director of the organization that is the subject of the grievance.
- Document subject's initial response and any proposed resolution.
- If grievance is resolved during inquiry process proceed to creation of a grievance resolution report.
- If needed:
 - conduct site visit
 - Interview staff or volunteers
 - Interview program participants
 - Interview witnesses or concerned parties

- Remind all parties of confidentiality and non-retaliation requirements
- Review grievance, inquiry findings and the MCRSP grievance policy matrix to create a series of proposed next steps.
- If a resolution can be obtained at this phase of the investigation or it is deemed the grievance is invalid/insufficient evidence, the Housing Director/designee will submit a report with the resolution to the Housing Committee Chair and Executive Director with a copy going to the subject.
- Prepare a report that will include a copy of the grievance form, summaries of interviews, information obtained and recommended resolution.

MCRSP grievance committee review (3 weeks)

- Grievance report will be reviewed by members of the grievance committee who will discuss the report with the investigator, provide feedback, approve resolution or forward recommendations of serious resolutions to MCRSP Executive Director and MCRSP Executive Board.

Resolution process:

- MCRSP staff negotiate a resolution between grievant and subject. (2 weeks)
- Grievance committee mediates a resolution between grievant and subject. (4 weeks)
- Grievance committee resolution recommendation approved by MCRSP Executive board.
- Resolution communicated to grievant and subject.
- Subject accepts resolution or initiates appeal process.
- Create a plan of correction
 - training requirements
 - tasks to be completed
 - repairs or improvements to house
- Grievance review pending verification of completion of plan correction. (up to 6 months from creation of plan of corrections)
- Accreditation suspension pending verification of completion of completion of plan correction (up to 12 months from resolution)
- Accreditation revocation. (up to lifetime revocation)
- Determine if other organizations need to be notified
 - Violations of individual's professional license or credentials
 - Violation of DMH certification or contract
- Inform grievant of any decision to notify outside agency or organization.

The MCRSP grievance resolution appeal process:

- The subject may appeal the grievance resolution.
- The grievance resolution appeal must be in writing, filed by the director of the subject organization and received by MCRSP within 45 days of the grievance resolution date.
- The appeal must be in writing and specify the grievance, resolution and the justification for the appeal.
- The appeal must be mailed to the MCRSP Executive Director and postmarked no later than 45 days from the resolution date.
- Appeal received by MCRSP will be added to the grievance folder and date received will be documented.
- Appeal will be reviewed by members of the grievance appeal board with-in one month from receipt of the appeal by MCRSP
- After the resolution of the grievance, the Housing Director/designee will monitor the resolution agreement for compliance as designated by the agreement or grievance committee.

MCRSP Grievance Resolution Matrix			
NARR Housing Standard			
Domain	Principle	Standard	Potential Resolution
I	A	1	Mission or values statement policy revision
I	A	2	Require training on recovery housing state/fed regulations
1	A	2	Required reading of resources and a test or other means for operator to demonstrate grasp of regulations and Standard
I	A	2	"Copies of required documents,"
I	A	2	Revise Marketing materials
I	A	2	Revise and clarify policy on resident/client employment
I	A	2	Monitoring over X weeks to assure fidelity to policies and marketing
I	A	3	Financial responsibility training
I	A	3	Periodic review of financial statements over X weeks
I	A	3	Confirmation of refund, reimbursement, etc. with documented proof such as receipts or banking statements.
I	A	3	Revision/clarification of client financial policies
I	B	5	Review of Resident Rights statements & other binding documentation; revise according to feedback/Complaint findings
I	B	6	Review storage, handling and policies regarding client records.
I	B	6	Attend training on client confidentiality regulations
I	C	7	Evidence of a house meeting between residents where certain rules are developed by them; residents give input on current rules, including what works (& doesn't); proof that most if not all rules designed by residents are adopted as house rules
I	C	7	Review quantity, frequency and content of house meetings for X months
I	D	11	Proof that all staff completed cultural competency training
II	E	14	Operator informed there will be X number of unannounced inspections over the next X weeks; may be given short warning or inspector may arrive at any time.
II	E	14	Health and safety violations require immediate proof of correction
II	E	15	Proof of rearranging house to provide more communal space.
II	E	16	Operator writes/revises a written policy & procedure for staff searches, toxicology screening protocols, and/or how resident prescriptions are ethically handled in home based on affiliate feedback and complaint findings
II	F	17	Proof of home improvement, pest control, or other maintenance work with written receipts
II	F	17	Proof of recent inspection & repair/improvement schedule based on inspection's findings
II	F	17	Home must install smoke detectors, carbon monoxide detectors, fire extinguishers, or other safety items according to law promptly. Affiliate will inspect home (1 week) after ruling to ensure items are installed or being installed
II	F	17	X number of Monitoring inspections
II	F	17	Relocation of clients pending reinspection

II	F	17	Suspension of accreditation	
II	F	19	Submit written emergency protocol to affiliate in X weeks, at which point operator will have X more weeks to share written copy & verbal protocol with staff/residents AND train everyone in home to follow procedures.	
III	G	20	Submit documentation of activities available to resident; random interview with willing resident(s) (possibly including Grievant) after X weeks to see if more activities encouraged/access improved to current activities	
III	G	21	Proof/review of a resident's recovery plan including exit strategy--if found lacking, a proper plan must be developed before resident should exit from home (as long as they are adhering to community agreements; if they are not proof of violation should be documented)	
III	G	23	Incorporate more peer recovery support services into weekly schedule, including multiple pathway approaches.	
III	H	26	Require training of staff/resident leaders in trauma-informed or resilience-promoting practices; submit proof of completion to affiliate within X weeks of ruling	
III	I	27	Subject holds client group meeting to brainstorm a list of ways in which clients have a voice in determining who they live with; proof that the client group voted on which to implement	
III	I	29	Provider researches & takes resident suggestions for additional community supports to link residents to such as mutual aid meetings, education/job assistance, family services, health or housing programs, etc. Proof that these resources are then available to residents. Supports should be varied and include multiple recovery pathways. (Can use affiliate resources as a starting point)	
IV	J	30	Provider develops procedure for connecting neighbors with responsible contact when requested; evidence contact is responding to concerns brought to them by sharing with affiliate documentation structures for how concerns are filed, followed up & tracked	
IV	J	30	Review of language in resident agreements & staff training documents of how to greet/interact with neighbors; incorporate feedback and complaint rulings in language; inform staff/residents by X date of changes; affiliate may interview staff/residents to see if they're aware of changes	
IV	J	31	Submit neighborhood courtesy rules to affiliate; will randomly inspect outside of property over X weeks to see if parking, loitering, smoking, or cleanliness are in line	
Ethics	Potential Resolution			
1	Proof through interviews with residents that operator does not accept residents whom they cannot support (i.e., because they require a higher level of care than home can provide; particular pathway of home, if any, is not suited for individual; resident asks for support that home cannot give--such as MAT--because of level, staff lacking proper competency training including cultural competency, etc; or other legitimate reasons)			
2	Organization's staff must complete X number of CEUs in Diversity, Equity & Inclusion trainings, particularly on the issue raised in complaint			
2	Organization writes non-discrimination policy with feedback from affiliate or complaint findings that is reviewed by proper affiliate committee before implementation			
2	If organization is found to have discriminated against a client or staff member, knowingly or unknowingly, they may receive suspension until training, policy, and restitution have been implemented.			
3	Implement suggestions for creating more homelike space over X weeks			
3	Immediately address safety concerns with oversight from Grievance Committee or other proper affiliate entity			

4	Will conduct X number of random visits by monitors who walk through facility (may occur with staff search in tandem); if evidence of drugs or alcohol present immediate suspension pending full review.	
5	Suspension pending conversations with affiliate about recovery pathway parameters and how they are defined by organization & implementation of revisions based on discussion	
5	Restitution or refund to resident(s) who were denied access to pathway of their choosing	
6	Develop a Client's Rights and Protections Agreement & associated practices; have X weeks to train all staff including resident leaders; gather all staff/residents' signature for agreement	
6	Proof of encryption software or other security measures have been taken	
	If Complaint was about a data breach that occurred, require organization to develop & implement a protocol for informing relevant parties and how to mitigate (future & current) risk	
7	Submit list of program rules to affiliate along with X Weeks-worth of logs of rules broken & staff response	
8	Suspension pending full review if residents' health, welfare, or safety has been found at risk in the facility	
9	Submit list of program rules to affiliate along with X Weeks-worth of logs of rules broken & staff response; model same thing with X weeks' worth of documentation on when/why clients are asked to leave the program	
10	Document list of Professionals, Recovery support organizations and recovery allies are posted or included in resident handbook.	
11	Suspension pending dismissal of staff, immediate exiting of clients(s), or banning of visitor(s) responsible for harassing or threatening behavior; may also pend full review if issue was not adequately resolved/taken seriously within home until Complaint filed with affiliate	
12	Suspension pending review of Subject's grievance policy & procedures vs actual practice	
13	Proof that Operator has made residents aware of when/why they may be asked to take a drug screening through their Resident Agreement & community discussions	
14	Subject develops a plan of correction to make clients recovery needs the primary focus.	
15	Suspend accreditation until proof of all marketing with misleading or false claims have been removed	
16	Training staff on professional boundaries, including refraining from taking a primary role in a relative, close friend, or colleague's recovery plans	
17	Organization demonstrates steps they are implementing to institute transparency in operational/financial decisions, to be completed in X weeks	
18	Training staff on professional boundaries, including refraining from developing personal relationships beyond a peer support capacity with residents	
18	Removal of staff member who has shown consistent issues with maintaining professional/personal boundaries with residents/staff	
18	Suspension pending further review of operations if found home has a persistent culture of boundary-crossing	
19	Suspension pending further review if organization or any staff member is found working outside of the scope of the organization's accreditation or individual's professional training/credential	
19	Forward grievance to DMH or MCB if any staff member is found repeatedly working outside of the scope of organization's certification level or an individual's professional credential	
20	Implement and enforce additional house rules about noise, outdoor activities, or other relevant behavior to better promote a safe and peaceful community within the neighborhood	
21	Proof that clients are aware of and utilize additional recovery resources	
22	Participate in regional conferences and meetings	
Sanctions		
Regular check-ins with an affiliate monitor over X weeks		
Suspension pending full review		
Suspension pending implementation of remediations		
Revoke Accreditation		

