

ABOUT MENTAL HEALTH AMERICA

Mental Health America of Southeast Florida (MHA) is a private, non-profit corporation working to promote behavioral health Substance and prevent mental illness through education, prevention, advocacy and empowerment. Established in 1957, the Mental Health America of Southeast Florida is a recognized affiliate of the Mental Health America, the nation's oldest advocacy organization working in the arena of mental health, mental illness and prevention.

Program services of Mental Health America of Southeast Florida include school-based education and mentoring, child abuse prevention through parent education, social mentoring to support persons with behavioral illnesses, education for the public and the professional community and advocacy for issues affecting persons with behavioral illnesses, their families and the systems that support them. MHA is host to 9MusesArtCenter, a consumer run drop-in program promoting the arts and community integration through shared activities and mutual respect.

Additional MHA Sponsored programs include the Consumer Support Program, Power of Peers, Listen to Children, I'm Thumbody and Thumbody Too, Parent Education/Parent Support (PEPS), the SETH Line Warm Line, PROSPER (a peer health project), the Pamela Glassman Education Center and more. MHA publications include a Directory of Professional Members, the Connections Guidebook of behavioral health services in Broward County.

MHA derives its funding from grants, donations, fees and proceeds of special events. Major fund sources include Broward County Human Services, the Child Net and Florida Department of Children & Families. For additional information please contact MHA at 954-746-2055 or visit www.MHASEFL.org

CLIENT ELIGIBILITY

MHA provides services within the agency's program array to residents of Southeast Florida. Service is subject to limitations of staffing, budget, liability and administrative consideration.

MHA adheres to equal opportunity policies and does not deny services to persons due to race, color, religion, national origin, ancestry, sex, age, sexual orientation, veteran status or condition of physical or mental handicap. Advance notice for accommodations may be necessary.

Children participating in MHA sponsored activities must be authorized by parent/guardian consent or by authority of a sanctioning or a sponsoring entity such as the School Board of Broward County (by example).

FEES may be required for participation in certain programs or activities. Where possible, a sliding scale will be offered to promote access for persons with limited financial resources.

Appropriate CONDUCT is expected of all program participants. Failure to adhere to acceptable conduct may result in exclusion or dismissal from participation in an MHA program or activity.

A Grievance protocol is available for clients who believe that they have been unfairly denied services or access.

CLIENT RIGHTS

MHA supports rights defined in the Bill of Rights for clients as approved by the Florida Department of Children & Families.

Clients have the right to access or decline services unless a formal document or order from an outside authority (the Court as an example) mandates participation.

Clients have the right to confidentiality regarding their participation in MHA sponsored programs and activities. A release form will be offered if participant information is to be shared with other entities.

Clients have the right to review personal health information on file, to request changes or additions to personal health information and, upon request, obtain a listing of information disclosures.

Clients may also exercise the right to file a grievance as defined in this document.

TERMINATION OF SERVICES

Clients may be terminated from services under the following circumstances:

- Failure to maintain appropriate conduct;
- Failure to pay fees as required;
- Failure to maintain attendance as required by a specific program or activity;
- Failure to observe program/project protocols and guidelines;
- Evidence of or exhibition of use or abuse of illegal substances or alcohol;

NO VIOLENCE WILL BE TOLERATED.

CLIENT GRIEVANCES

When a client feels that a breach of confidentiality or a misunderstanding or grievance exists affecting his/her access to or participation in an MHA sponsored program or activity, the following procedure shall be observed:

1. The client shall, verbally or in writing, state his/her grievance to the staff person responsible for the program/project.
2. If no resolution is achieved, the grievance shall be submitted in writing to the project/program supervisor for action.
3. If resolution is not achieved, the grievance shall be forwarded, in writing and including a summary of action taken or offered, to the CEO for final resolution.

4. Grievances involving the CEO may be forwarded to the Personnel Committee of the Governing Board for review and/or action.
5. In all cases, all involved parties shall be offered the opportunity to state their position in advance of final determination.

In some program areas, 9Muses as an example, a Member Council may be convened to review grievances and to make recommendations to staff and/or administration for resolution or sanction. The Member Council is comprised of program participants appointed for a specific term. One staff liaison serves as a member of the Council. Decisions of the Member Council may be appealed through existing grievance protocol.

ADDITIONAL RESOURCES:

MOBILE CRISIS RESPONSE (954) 463-0911
ELDERLY & VETERANS SERVICES (954) 357-6622
FIRST CALL FOR HELP (954) 537-0211

CLIENT GRIEVANCE FORM

Date filed:
Date received:
Received by:
Person filing grievance:
Contact information:

Phone number:
Address:
Email:

Explain incident/issue:

Include copies of other reports relating to this incident/grievance. Include date, time, place, other persons involved and witnesses if any. Be specific in describing the circumstances of your grievance.

Action/Resolution

Date:
Authorized by:
Recommendation or Follow-up: