

**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING REPORT  
SUMMARY**

**APRIL 1, 2006 THROUGH SEPTEMBER 30, 2006**

### **INTRODUCTION and PURPOSE**

- The NSMHA continues to report grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division reporting templates and requirements. The Mental Health Division now requires reporting in variable increments rather than 6 month periods. For this reporting period the MHD also required reporting for the standard 6 month period. The Mental Health Division no longer requires the reporting of complaint data
- The NSMHA continues to provide information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. The NSMHA also continues to collect this data by 6 month periods as we have done since 1999.
- Therefore in this report we will include the required Mental Health Division reporting formats as well as the expanded reporting used for additional quality management purposes by the NSMHA.
- Information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA's quality management processes. Complaint data has also become increasingly more central to individual providers' internal quality management processes.
- *The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data--that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.*
- Single complaints or grievances with system implications, patterns or clusters of complaints or grievances, and/or overall complaint and grievance data are used to identify areas for further study and review or quality improvement

### **COMPLAINT, GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA**

- The overall number of complaint, grievance and fair hearing occurrences reported decreased from 368 to 275 since the last reporting period, and the number of cases (people) reported decreased from 238 to 176 since the last reporting period.
- Several reporting changes may account for some of this reduction in reporting. NSMHA Ombuds services have refined their reporting to reflect only complaints about publicly funded Mental Health Services. The NSMHA and Ombuds services will work to refine this aspect of reporting for future reports. In addition, the NSMHA has operationalized the term "case" to reflect the number of unduplicated people during a reporting period.
- The categories that accounted for the most reported complaints during the current reporting period are: **Physicians and medications** 44 (16%), **Dignity and Respect** 38 (14%), **Access** 34 (12%), **Emergency Services** 26 (9%), and **Consumer Rights** 22 (8 %),
- A review of the data shows that **Physicians and medications** 98 (15%) **Consumer Rights** 97 (15%), **Dignity and Respect** 75 (12%) **Access** 71 (11%), and **Financial and Administrative Services** 56 (9%) accounted for the most complaints over the past year.

- When combined, *Dignity and Respect and Consumer Rights* accounted for 60 (22%) occurrences as compared to 112 (30%) during the previous reporting period (*Dignity and Respect* is one of the consumer rights).
- The NSMHA continues to break out the overall complaint, grievance, and fair hearing data by Medicaid and state-funded consumers. The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Of the 176 reported cases, 163 were for Medicaid consumers and 13 were for state-funded consumers. Of the 275 occurrences reported, 260 were for Medicaid consumers and 15 were for state-funded consumers.
- There was an decrease in grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported since the last reporting period (There were seven (7) grievance or fair hearing cases and seven (7) grievance or fair hearing occurrences (as compared to twelve (12) cases and twenty (20) occurrences in the last reporting period). The NSMHA and Ombuds services will also meet to review grievance reporting to assure that the multiple occurrences (types) are reported consistently at the grievance and fair hearing level.
- The overall number of denials for Medicaid consumers has increased since the last several reporting periods. There were 181 denials for Medicaid consumers in the current reporting period, as compared to 122, 129, and 128 in the previous three (3) reporting periods. Denials for children remain higher than for adults. There were 99 denials for children and 82 for adults. Fifty seven (57) percent of the denials over the past year were for children. Four (4) of the 181 reported denials were for inpatient services.
- There were four (4) appeals reported for the current period. Two (2) appeals involved services for children and two (2) for adults. For all appeals the original denial decision was overturned during the appeals process. The NSMHA has developed a table to track the number of denials and appeals over time.

## **BROAD and CONSISTENT REPORTING**

- The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints remains a goal of the NSMHA. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.
- The NSMHA continues to track the number and percentages of complaints and cases reported by Ombuds services and providers. The percentage of cases and occurrences reported by Ombuds services is the lowest since 1993 when we began keeping this data. One factor may be the changes in Ombuds reporting outlined above.
- As outlined in previous reports increased reliability in the reporting process is an area identified for continuous quality improvement. Ombuds services completed initial training to the Regional Quality Management Committee (RQMC) on their use of the complaint type categories. The NSMHA also provided region wide training to Ombuds and providers. The NSMHA anticipates continued training in this area and will continue to identify next steps in the RQMC.

## **QUALITY MANAGEMENT PROCESSES**

- The NSMHA Internal Quality Management Committee (IQMC) will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, and present these recommendations to the Regional Quality Management Committee (RQMC) and Quality Management and Oversight Committee (QMOC).
- NSMHA providers continue to use complaint and grievance information in their internal quality management processes.

- The NSMHA Ombuds services provide a semi-annual summary of their data and recommendations for quality improvement.
- Quality Management Recommendations approved during the last reporting cycle include:
  - ✓ **Inpatient Capacity** Recommendation for further study and review of inpatient capacity (Ombuds services raised concerns regarding inpatient capacity). After review in RQMC, the recommendation was made to refer inpatient capacity to Management Council and/or the NSMHA Planning Committee. RQMC consensus was that we cannot compartmentalize approaches to this issue and that we need to create capacity and review the systems that are in place regarding inpatient services.
  - ✓ **Dignity and Respect and Consumer Rights** Recommendation to Monitor dignity and respect and consumer rights issues over the next 6 months and in future reporting cycles
  - ✓ **Trauma** Recommendation to discuss and evaluate the status of the trauma project (There continue to be some complaints concerning the availability of trauma services).
  - ✓ **Flex funds** Recommendation to increase flex funds (Ombuds services report that at times flex funds were unavailable when needed to assist consumers)
  - ✓ **System Tensions and Frustrations** Ombuds services recommendation that the NSMHA and providers work jointly on issues that are causing systems frustration for example funding, documentation, time availability, case load sizes, and medication management capacity concerns to decrease system tensions from impacting consumers. The recommendation is to refer this to management council so that there is a discussion regarding ways to prevent future system tensions from impacting consumers (per ombuds report).
- Several NSMHA grievances with system implications were discussed in the NSMHA Internal Quality Management Committee and Regional Quality Management Committees:
  - ✓ **Adult Attention Deficit Hyperactivity Disorder** The NSMHA received several grievances related to the treatment for Adult Attention Deficit Hyperactivity (ADHD) Disorder over the last several reporting periods. The NSMHA IQMC recommended to RQMC that Clinical Practice Guidelines for Adult Attention Deficit Hyperactivity Disorder be prioritized for development. This recommendation and the guidelines were approved and adopted by RQMC.
  - ✓ **Eating Disorders** The NSMHA also received several grievances related to the treatment for eating disorders over the last several reporting periods. The NSMHA IQMC has discussed the need to clarify the continuum of care for eating disorders on a region wide basis. Initially, IQMC recommended to RQMC that Clinical Practice Guidelines for eating disorders be prioritized for development. At the time, this area was not prioritized for development. The NSMHA will revisit this issue in future IQMC and RQMC meetings.
- Updates on PREVIOUS Quality Management Recommendations:
  - ✓ **Medication Management Services** Further study and review to include access and triage to medication management services, medication management capacity, and discharge from medication management services. (Ombuds services identified concerns about access to prescribers and medication services and the number of complaints in this category has shown an increase over time).

**Update:** A review of the data shows that complaints regarding physicians and medications accounted for the most complaints in the current reporting period and the most complaints over the past year. The NSMHA Internal Quality Management Committee (IQMC) completed a plan to study medication management services and clarify any issues. The plan was reviewed by the NSMHA Medical Directors Committee and RQMC. . In addition to this study process, the NSMHA and providers, for the next contracting period, has adopted a modified fee for service model that will purchase an increase in medication management services.

✓ **Region Wide Access Process** Further study and review of the processes used to gather information and records during the access process from the initial call to access through the assessment process (This recommendation was made in light of the need to establish consumer eligibility for services within a short time frame with the goal of maximizing the potential for complete information when establishing consumer eligibility for services).

**Update:** As discussed in the last report the region wide Access system is undergoing a process of transition from Compass Health to the Volunteers of America. The NSMHA is also restructuring the process for Authorization of Outpatient Services. When these transition processes are complete the NSMHA will review this recommendation to determine how to proceed.

✓ **Reliability in the Complaint and Grievance Reporting Process** Increased reliability in the reporting process.

**Update:** As outlined in previous reports Ombuds services completed initial training to the Regional Quality Management (RQMC) on their use of the complaint type categories. Since that time the NSMHA provided region wide training to Ombuds and providers. The NSMHA anticipates continued training in this area and will continue to identify next steps in the RQMC. In addition the NSMHA and Ombuds services plan to meet to work on continued standardization of the reporting format.

➤ Complaint, grievance and appeal data has been one factor in quality improvement efforts towards:

- ✓ Providing **trauma based services**
- ✓ Assuring staff is trained on **Dignity and Respect and Consumer Rights**
- ✓ Clarifying policies and procedures regarding the **outpatient discharge process**
- ✓ The development of a **medication management transfer policy** to ensure seamless transition to primary care physicians
- ✓ The development of region wide **diagnostic practice standards**

# NORTH SOUND MENTAL HEALTH ADMINISTRATION COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING REPORT

April 1, 2006 through September 30, 2006

## I. INTRODUCTION

The NSMHA continues to report grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division's reporting templates and requirements. The Mental Health Division now requires reporting in variable increments rather than 6 month periods. For this reporting period the MHD also required reporting for the standard 6 month period. The Mental Health Division no longer requires the reporting of complaint data.

The NSMHA continues to provide information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. The NSMHA continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, networks, and the NSMHA).

The NSMHA will also continue to collect this data by 6 month periods as we have done since 1999, in addition to the variable timelines. Therefore in this report we will include the required Mental Health Division reporting formats as well as the expanded reporting used for additional quality management purposes by the NSMHA.

*The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data – that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.*

In this report we will:

- Provide an overview of complaint, grievance, denial, appeal and fair hearing data
- Provide a summary of quality management recommendations from the previous reporting period and subsequent quality management cycle
- Provide follow-up from previous complaint, grievance, appeal, denial and fair hearing quality management activities or recommendations
- Provide an overview of internal provider quality improvement activities and Ombuds services recommendations
- Outline future plans

## II. COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA APRIL 2006 THROUGH SEPTEMBER 2006

The NSMHA reported grievance, appeal, fair hearing and denial data to the Mental Health Division for both April through September 2006 and for the month of September 2006 as required in contracts with the Mental Health Division. The NSMHA also collected data for complaints for April through September 2006.

### A. Grievance and Fair Hearing Data

There was a decrease in grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported for April through September 2006 as compared to the last reporting period. There were seven (7)

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grievance or fair hearing cases and seven (7) grievance or fair hearing occurrences reported for April through September 2006 as compared to twelve (12) cases and twenty (20) occurrences for October 2005 through March 2006. Five (5) of the grievance cases and occurrences were reported at the NSMHA level and two (2) at the provider level. All cases and occurrences were for adults who had Medicaid funding.

A review of the grievance files and data for the most recent period suggests that multiple occurrences were not reported at the grievance level. The NSMHA and Ombuds services will meet to review grievance reporting to assure that multiple occurrences (types) are reported consistently at the grievance and fair hearing level.

The NSMHA also was required to report the number of grievances and fair hearings for September of 2006. There were no reported grievances or fair hearings for September. (*See Attachments A – PIHP Grievances and Denials 6 months, PIHP Grievances and Denials September, SMHC Grievances 6 months, and SMHC Grievances September*).

### **B. Complaint, Grievance, and Fair Hearing Data**

There was a decrease in overall complaint, grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported for April through September 2006 as compared to the last reporting period. There were 176 cases (people) and 275 occurrences reported for April through September 2006 as compared to 238 cases (people) and 368 occurrences for October 2005 through March 2006.

Several reporting changes may account for some of this reduction in reporting. NSMHA Ombuds services have refined their reporting to reflect only complaints about publicly funded Mental Health Services. The NSMHA and Ombuds services will work to refine this aspect of reporting for future reports. In addition, the NSMHA has operationalized the term “case” to reflect the number of unduplicated people during a reporting period.

The categories that accounted for the most reported complaints during the current reporting period are: Physicians and medications 44 (16%), Dignity and Respect 38 (14%), Access 34 (12%), Emergency Services 26 (9%), and Consumer Rights 22 (8 %).

A review of the data shows that Physicians and medications 98 (15%) Consumer Rights 97 (15%), Dignity and Respect 75 (12%) Access 71 (11%), and Financial and Administrative Services 56 (9%) accounted for the most complaints over the past year.

When combined, Dignity and Respect and Consumer Rights accounted for 60 (22%) occurrences as compared to 112 (30%) during the previous reporting period (Dignity and Respect is one of the consumer rights).

The NSMHA continues to break out the overall complaint, grievance, and fair hearing data by Medicaid and state-funded consumers. The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Of the 176 reported cases, 163 were for Medicaid consumers and 13 were for state-funded consumers. Of the 275 occurrences reported, 260 were for Medicaid consumers and 15 were for state-funded consumers.

The NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time (*See Attachments C – Table 1, Table 2, and Charts*). The data in these tables includes complaints, grievances, and fair hearings for both Medicaid and state-funded consumers. In addition, the category of Access now includes access to inpatient and outpatient.

The NSMHA continues to collapse the new categories of violation of confidentiality and participation in treatment into the category of other. We will separate out these two (2) new categories in future tables so we can track them over time. (For this reporting period there were six (6) complaints reported for violation of confidentiality and four (4) complaints reported for participation in treatment (Medicaid consumers).

## **C. Denial and Appeal Data**

### **1. Denials**

The overall number of denials for Medicaid consumers has increased since the last several reporting periods. There were 181 denials for Medicaid consumers for April through September 2006, as compared to 122, 129, and 128 in the previous three (3) reporting periods. Four (4) of the 181 reported denials were for inpatient services.

The NSMHA realized that they did not report denials for September only in the original reporting materials sent to the Mental Health Division and have included them in this report (*See Attachment A – PIHP Grievances and Denials September*).

Denials for children remain higher than for adults. There were 99 denials for children and 82 for adults. Fifty seven (57) percent of the denials over the past year were for children. As outlined in the previous report the NSMHA has expressed concerns related to the Access to Care criteria for children to the MHD, as we are concerned that the criteria may be too restrictive. The NSMHA understands that the MHD is currently reviewing the Access to Standards for Children.

### **2. Appeals**

There were four (4) appeals reported for April through September 2006 and none reported for September only. (*See Attachments B-- Appeals PIHP 6 months and Appeals PIHP September*). Two (2) appeals involved services for children and two (2) for adults. For all appeals the original denial decision was overturned during the appeals process.

All appeals were handled through the standard appeals process and decided within 45 days. There were no requests for expedited appeals. The NSMHA has developed a table to track the number of denials and appeals over time (*See Attachment D--Appeals and Denials Over Time*).

## **III. QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES from PREVIOUS REPORTING PERIOD AND QUALITY MANAGEMENT CYCLE**

As outlined in previous reports, information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA and provider's quality management processes. Complaint, grievance, appeal, denial, and fair hearing data and reports are reviewed in the NSMHA Internal Quality Management Committee (IQMC), Regional Quality Management Committee (RQMC), and Quality Management Oversight Committee (QMOC).

The identification of system implications or trends, areas for further study and review, or areas for quality improvement may be generated at each level of the process. In addition, complaint data has become increasingly more central to individual providers' internal quality management processes.

Single complaints or grievances with system implications, patterns or clusters of complaints or grievances, and/or overall complaint and grievance data are used to identify areas for further study and review or quality improvement.

The Complaint, Grievance, Appeal, Denial, and Fair Hearing Report for October 2005 through March 2006 was reviewed by IQMC, RQMC, and QMOC. A brief summary of recommendations or activities are presented below.

**A. Inpatient Capacity** Recommendation for further study and review of inpatient capacity (Ombuds services raised concerns regarding inpatient capacity). After review in RQMC, the recommendation was made to refer inpatient capacity to Management Council and/or the NSMHA Planning Committee. RQMC consensus was that we cannot compartmentalize approaches to this issue and that we need to create capacity and review the systems that are in place regarding inpatient services.

**B. Dignity and Respect and Consumer Rights** Recommendation to monitor dignity and respect and consumer rights issues over the next 6 months and in future reporting cycles

**C. Trauma** Recommendation to discuss and evaluate the status of the trauma project (There continues to be some complaints concerning the availability of trauma services).

**D. Flex Funds** Recommendation to increase flex funds (Ombuds services report that at times flex funds were unavailable when needed to assist consumers)

**E. System Tensions and Frustrations** Ombuds services recommendation that the NSMHA and providers work jointly on issues that are causing systems frustration for example funding, documentation, time availability, case load sizes, and medication management capacity concerns to decrease system tensions from impacting consumers. The recommendation is to refer this to management council so that there is a discussion regarding ways to prevent future system tensions from impacting consumers (per ombuds report).

In addition, several NSMHA grievances with system implications were discussed in the NSMHA Internal Quality Management Committee and Regional Quality Management Committees. These discussions are summarized below.

#### **A. Adult Attention Deficit Hyperactivity Disorder**

The NSMHA received several grievances related to the treatment for Adult Attention Deficit Hyperactivity Disorder (ADHD) over the last several reporting periods. The NSMHA IQMC recommended to RQMC that Clinical Practice Guidelines for Adult Attention Deficit Hyperactivity Disorder be prioritized for development. This recommendation and the guidelines were approved and adopted by RQMC.

#### **B. Eating Disorders**

The NSMHA also received several grievances related to the treatment for eating disorders over the last several reporting periods. The NSMHA IQMC has discussed the need to clarify the continuum of care for eating disorders on a region wide basis. Initially, IQMC recommended to RQMC that Clinical Practice Guidelines for eating disorders be prioritized for development.

At the time, this area was not prioritized for development. The NSMHA will revisit this issue in future IQMC and RQMC meetings.

### **IV. FOLLOW UP FROM PREVIOUS COMPLAINT, GRIEVANCE, APPEAL, and FAIR HEARING QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES**

A brief summary of follow up to previous recommendations or activities is presented below.

#### **A. Medication Management Services**

As outlined in the previous reports, medication management services, including access and triage to medication management services, medication management capacity, and discharge from medication management services



has been identified as an area for further study and review. (Ombuds services identified concerns about access to prescribers and medication services and the number of complaints in this category has shown an increase over time).

***Update:** A review of the data shows that complaints regarding physicians and medications accounted for the most complaints in the current reporting period and the most complaints over the past year. The NSMHA Internal Quality Management Committee (IQMC) completed a plan to study medication management services and clarify any issues. The plan was reviewed by the NSMHA Medical Directors Committee and RQMC. In addition to this study process, the NSMHA and providers, for the next contracting period, has adopted a modified fee for service model that will purchase an increase in medication management services.*

### **B. Region Wide Access Process**

As outlined in previous reports, the processes used to gather information and records during the access process (From the initial call to access through the assessment process) has been identified as an area for further study and review. (This recommendation was made in light of the need to establish consumer eligibility for services within a short time frame with the goal of maximizing the potential for complete information when establishing consumer eligibility for services).

***Update:** As discussed in the last report the region wide Access system is undergoing a process of transition from Compass Health to the Volunteers of America. The NSMHA is also restructuring the process for Authorization of Outpatient Services. When these transition processes are complete the NSMHA will review this recommendation to determine how to proceed.*

### **C. Increased Reliability in the Reporting Process**

As outlined in the last report, increased reliability in the reporting process is an area identified for continuous quality improvement. Training by Ombuds services on their use of the complaint type categories was identified as a first step. Ombuds services provided this initial training to the Regional Quality Management Committee.

***Update:** The NSMHA, Ombuds Services, and providers continue to have the goal of increased reliability in the reporting process. Providers have requested further discussion, training and clarification of the reporting procedures. Since the last report, the NSMHA also provided region wide training to Ombuds and providers with the goal of increasing the reliability of the reporting process. The NSMHA anticipates continued training in this area and will continue to identify next steps in the RQMC. In addition the NSMHA and Ombuds services plan to meet to work on continued standardization of the reporting format.*

### **D. Outpatient Discharge Process**

As discussed previously in this report, the NSMHA outlined the need for standardization of the outpatient discharge process (based in part on Ombuds services complaints from consumers and in part on new requirements). The NSMHA and providers began a subcommittee of the Regional Quality Management Committee (RQMC) to clarify discharge policies and procedures.

Policies regarding continued stay/authorization criteria, criteria for closing an episode of care/planned discharge from treatment, and medication management transfers to primary care physicians have been completed.

***Update:** The policy regarding 30-day written notice of termination to consumers was approved by RQMC.*

### **E. Broad and Consistent Reporting of Complaints**

As outlined above and in previous reports, the NSMHA has made it a goal to work towards broad and consistent reporting of complaints and grievances across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services.

As there have been few emergency services complaints reported by some NSMHA providers, broad and consistent reporting of emergency services complaints was identified as an area for quality improvement and

addressed through the NSMHA Integrated Crisis Response System (ICRS) Committee. Broad and consistent reporting of complaints that involve children was also identified as an area for quality improvement

**Update:** *The NSMHA continues to track the number and percentages of complaint and grievance occurrences and cases reported by Ombuds services and providers. The percentage of cases and occurrences reported by Ombuds services is the lowest since 1993 when we began keeping this data.*

*As outlined above, the NSMHA Ombuds services refined their reporting to reflect only complaints about publicly funded Mental Health Services, which may account for some of the reduction in the percentage of cases and occurrences reported through Ombuds service. The NSMHA and Ombuds services will work to refine this aspect of reporting for future reports. In addition, the NSMHA has operationalized the term “case” to reflect the number of unduplicated people during a reporting period. This may also have impacted reporting (See Attachment E--for additional information about cases and occurrences over time).*

*The NSMHA also continues to track the number of emergency services complaints reported by each reporting source. Results for the latest reporting period show that emergency services complaints by some provider’s remains low. (See Attachment E-- for additional information about emergency services reporting over time).*

*Although the number of occurrences and cases reported that involve children showed a slight decrease since the last reporting period, the number of cases and occurrences involving children during the past year has shown an increase as compared with previous years. (See Attachment C—Table 1 for information about complaint reporting for children over time).*

## **F. Trauma Services**

In previous reports, we have discussed quality improvement efforts related to complaint and grievance data in the area of treatment for trauma and trauma-based disorders. In previous reports we also reported that the NSMHA and providers established a trauma disorder workgroup and that although the workgroup has ended, the Regional Quality Management Committee (RQMC) will continue to work to increase the access to and quality of services for those with trauma-based disorders. We also reported that RQMC and QMOC approved four recommendations.

**Update:** *The NSMHA and providers, through the RQMC, have continued to focus on trauma and work on objectives established by the trauma workgroup. Progress on objectives since the last report includes:*

- **Posttraumatic Stress Disorder (PTSD) Clinical Guidelines:** *The final revisions to the Posttraumatic Stress Disorder (PTSD) clinical guidelines for adults were completed, and the guidelines were approved by QMC, QMOC, and adopted by the NSMHA Board*
- **Trauma Screening Tool:** *There has been continued implementation of the trauma screening tool when trauma is suspected or reported*
- **Trauma Training:** *The NSMHA Regional Training Plan module for PTSD was completed and is now part of the regional training plan*
- **“Quality in Action” Presentations to QMOC by the Three Trauma Pilot Projects:** *There have been no new presentations since Whatcom Counseling and Psychiatric Clinic’s presentation regarding their trauma pilot project.*

## **G. Dignity and Respect**

As outlined on previous reports, Dignity and Respect has been identified as a training priority on the NSMHA Regional Training Plan.

**Update:** *The 2006-2007 Regional Training Plan has been approved and Dignity and Respect continues to be a prioritized training topic.*

## **H. Region Wide Diagnostic Practice Standards**

As outlined in the previous reports the NSMHA has instituted the practice of reviewing appeals that result in the reversal of the original denial decision by the region. Based in part on this review, the NSMHA and providers adopted a set of practice standards for the diagnostic process designed to provide consistent, uniform and complete diagnosis during the assessment process.

***Update:** The NSMHA and providers continue to evaluate the consistency of the diagnostic formulation during the assessment process to ensure consistent regional application of eligibility standards outlined in the statewide Access to Care Standards.*

## **IV. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS**

As outlined in previous reports, the Providers continue to provide semi-annual information to the NSMHA about how they use complaint and grievance information in their internal quality management processes. The NSMHA has also begun to collect information about how this information is integrated into provider Quality Management Plans.

### **A. Provider Quality Improvement Activities**

The NSMHA continued to receive positive examples from providers about how they are incorporating complaint data into their quality management processes and how consumer concerns can lead to areas for further study and review or as areas identified for continuous quality improvement. Some examples are:

- Compass Health is doing further analysis on complaints regarding Physicians and Medications to clarify what sub-categories can be identified, and compare that information with previous reporting periods. They will also be reviewing the data based on program to identify if there are a cluster of complaints about a prescriber or prescribers in a particular program.
- Compass Health has also made efforts to increase the number of complaints tracked that did not come through Ombuds services, as a way of ensuring that a) consumers feel comfortable expressing complaints and b) they are recording and capturing the fact that they receive, address, and resolve complaints on a regular basis.
- Catholic Community Services (CCS) has identified the need for increased attention to vulnerabilities during transition times when clinicians leave their employment to assist clients and their families to connect to their new clinician.
- CCS also identified the continued need for effective strategies for engaging parents in the treatment of their children and teens if parents are fearful or ambivalent about being involved.
- CCS is also working to increase their consistency of complaint reporting across multiple locations and requests continued work region wide to clarify reporting categories.
- Lake Whatcom Center (LWC) has continued to further define and separate the landlord/tenant program and representative payee program from their clinical services, as a result of a NSMHA level grievance.
- LWC also revised their clients' rights training which staff receive within ten days of hire and invited Ombuds services, Chuck Davis, to provide information on respect and dignity at all staff training. .

- Sea Mar has identified the goal of reducing turnover of psychiatric staff and finding a regular, permanent prescriber who can get to know their consumers and establish an ongoing working relationship regarding medications.
- Sea Mar has also addressed Dignity and Respect issues through in-service trainings at their all staff meetings to reaffirm their organization's commitment to treating all clients in a respectful, dignified manner.

## **B. Ombuds Services Recommendations**

The NSMHA Ombuds services also provide a semi-annual summary of their data and recommendations for quality improvement. Some of Ombuds services recommendations for quality improvement focus include:

- (1) Physicians & Medications Issues- Ombuds Services recommend that the NSMHA continue its plan for further study and review of medication management services and medication management capacity. Ombuds services also continue to report complaints regarding the transition of medications to primary care physicians.
- (2) Dignity & Respect-Ombuds services recommend the NSMHA continue efforts towards addressing dignity and respect.
- (3). Eating Disorders- Ombuds services recommend that the NSMHA develop a plan for treating clients with eating disorders, which is currently being considered by quality and management committees..

## **V. FUTURE PLANS**

- (1). The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources and will continue to work towards increased reliability in reporting.
- (2). The NSMHA Internal Quality Management Committee (IQMC) will review the current complaint and grievance data and report, make recommendations for further study and review or quality improvement, and present these recommendations to the Regional Quality Management Committee and Regional Quality Management and Oversight Committee.
- (3). In addition to reviewing the aggregate data in these reports to identify any trends, individual complaints, grievances, or appeals with system implications, or patterns or clusters of complaints, grievances, or appeals with system implications will be reviewed and used to generate quality improvement activities or identify areas for further study and review. The NSMHA will continue to work closely with Ombuds services to address any emerging patterns or clusters of complaints and incorporate this information into quality management processes.
- (4). The NSMHA will also continue the practice of reviewing appeals that result in the reversal of the original denial decision in order to ensure this process is reliable, adheres to standards, and identifies areas for potential quality improvement.
- (5). The NSMHA and providers will continue to collaborate to use information about complaints, grievances, appeals, denials, and fair hearings as opportunities for quality improvement.
- (6). The NSMHA will also continue to work with the Mental Health Division to clarify changes in the reporting format and changes in the contract regarding the grievance system. The NSMHA will update the Complaint, Grievance, Appeal, and Fair Hearing Policies to reflect these changes.

05-07 Report - PIHP - Medicaid Services Only

**PIHP Name** North Sound MHA     
 **Contact Name:** Diana Striplin     
 **Reporting Period:** April, 2006 -September 30, 2006  
**Contact Phone No.** 360 416-7013     
 **(Month and Year)**

**Total Unduplicated Number of Adult Cases** 7

**Total Unduplicated Children Cases** 0

<b>Occurrence</b>					
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>	<b>Denials</b>
<b>Adult (21 Yrs. and over)</b>					
Access to Outpatient					78
Dignity and Respect	1	1			
Quality/ Appropriateness		2			
Phone calls not returned					
Service -- Intensity, Not Available, Coordination					
Consumer Rights					
Physicians & Medications	1	1			
Financial & Admin Svs		1			
Transportation					
Emergency Services					
Access to Inpatient					4
Violation of Confidentiality					
Participation in Treatment					
Other					
<b>Total</b>	<b>2</b>	<b>5</b>	<b>0</b>		<b>82</b>

<b>Occurrence</b>					
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding</b>	<b>Denials</b>
<b>Children (0-20 Yrs.)</b>					
Access to Outpatient					99
Dignity and Respect					
Quality/ Appropriateness					
Phone calls not returned					
Service -- Intensity, Not Available, Coordination					
Consumer Rights					
Physicians & Medications					
Financial & Admin Svs					
Transportation					
Emergency Services					
Access to Inpatient					
Violation of Confidentiality					
Participation in Treatment					
Other					
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>99</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding from Last Period</b>
<b>Adult (21 Yrs. and over)</b>				
Info/Referral				
Referral to QRT				
Conciliation/Mediation	2	4		
Arbitration				
Fair Hearing				
Other				
Not Pursued		1		
<b>Total</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding from Last Period</b>
<b>Children (0-20 Yrs.)</b>				
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

05-07 Report - PIHP - Medicaid Services Only

**PIHP Name** North Sound MHA     
 **Contact Name:** Diana Striplin     
 **Reporting Period:** September 1 2006-September 30, 2006  
**Contact Phone No.** 360 416-7013     
 **(Month and Year)**

Total Unduplicated Number of Adult Cases 0

Total Unduplicated Children Cases 0

<b>Occurrence</b>					
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding	Denials
<b>Adult (21 Yrs. and over)</b>					
Access to Outpatient					7
Dignity and Respect					
Quality/ Appropriateness					
Phone calls not returned					
Service -- Intensity, Not Available, Coordination					
Consumer Rights					
Physicians & Medications					
Financial & Admin Svs					
Transportation					
Emergency Services					
Access to Inpatient					
Violation of Confidentiality					
Participation in Treatment					
Other					
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>7</b>

<b>Occurrence</b>					
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding	Denials
<b>Children (0-20 Yrs.)</b>					
Access to Outpatient					20
Dignity and Respect					
Quality/ Appropriateness					
Phone calls not returned					
Service -- Intensity, Not Available, Coordination					
Consumer Rights					
Physicians & Medications					
Financial & Admin Svs					
Transportation					
Emergency Services					
Access to Inpatient					
Violation of Confidentiality					
Participation in Treatment					
Other					
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>20</b>

<b>Resolutions</b>				
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding from Last Period
<b>Adult (21 Yrs. and over)</b>				
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding from Last Period
<b>Children (0-20 Yrs.)</b>				
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

05-07 Report -- RSN -- **State Funded** Services Only

**RSN Name** North Sound MHA  
**Contact Name:** Diana Striplin  
**Contact Phone #:** 360 416-7013

**Reporting Period:** April 1-September 30, 2006  
 (Month and Year)

Total Unduplicated Number of Adult Cases 0

<b>Occurrence</b>				
<b>Adult (21 Yrs. and over)</b>	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
Access				
Dignity and Respect				
Quality/ Appropriateness				
Phone calls not returned				
Service -- Intensity, Not Available, Coordination				
Consumer Rights				
Physicians & Medications				
Financial & Admin Svs				
Residential				
Housing				
Transportation				
Emergency Services				
Violation of Confidentiality				
Participation in Treatment				
Other				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Total Unduplicated Number of Children Cases 0

<b>Occurrence</b>				
<b>Children (0-20 Yrs.)</b>	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
Access				
Dignity and Respect				
Quality/ Appropriateness				
Phone calls not returned				
Service -- Intensity, Not Available, Coordination				
Consumer Rights				
Physicians & Medications				
Financial & Admin Svs				
Residential				
Housing				
Transportation				
Emergency Services				
Violation of Confidentiality				
Participation in Treatment				
Other				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
<b>Adult (21 Yrs. and over)</b>	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding from Last Period</b>
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
<b>Children (0-20 Yrs.)</b>	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding from Last Period</b>
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

05-07 Report -- RSN -- **State Funded** Services Only

**RSN Name** North Sound MHA

**Contact Name:** Diana Striplin

**Reporting Period:** September 1-September 30, 2006  
(Month and Year)

**Contact Phone #:** 360 416-7013

**Total Unduplicated Number of Adult Cases** 0

<b>Occurrence</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
<b>Adult (21 Yrs. and over)</b>				
Access				
Dignity and Respect				
Quality/ Appropriateness				
Phone calls not returned				
Service -- Intensity, Not Available, Coordination				
Consumer Rights				
Physicians & Medications				
Financial & Admin Svs				
Residential				
Housing				
Transportation				
Emergency Services				
Violation of Confidentiality				
Participation in Treatment				
Other				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Total Unduplicated Number of Children Cases** 0

<b>Occurrence</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
<b>Children (0-20 Yrs.)</b>				
Access				
Dignity and Respect				
Quality/ Appropriateness				
Phone calls not returned				
Service -- Intensity, Not Available, Coordination				
Consumer Rights				
Physicians & Medications				
Financial & Admin Svs				
Residential				
Housing				
Transportation				
Emergency Services				
Violation of Confidentiality				
Participation in Treatment				
Other				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding from Last Period</b>
<b>Adult (21 Yrs. and over)</b>				
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding from Last Period</b>
<b>Children (0-20 Yrs.)</b>				
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



**PIHP Notice of Action Appeals Report 05-07**

PIHP North Sound MHA

Report Period April 1-September 30, 2006

		<b>ADULTS</b>			
		<b>Resolutions</b>			
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Referred to Standard Appeals				
	Denials				
	Reduction				
	Suspensions				
	Terminations				
	<b>Total</b>	0			

		<b>CHILDREN</b>			
		<b>Resolutions</b>			
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
	Referred to Standard Appeals				
	Denials				
	Reduction				
	Suspensions				
	Terminations				
	<b>Total</b>	0			

		<b>Resolutions</b>			
		Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	2	2			
Reduction					
Suspensions					
Terminations					
<b>Total</b>	2	2			

		<b>Resolutions</b>			
		Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	2	2			
Reduction					
Suspensions					
Terminations					
<b>Total</b>	2	2			

		<b>Resolutions</b>			
		Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials					
Reduction					
Suspensions					
Terminations					
<b>Total</b>	0				

		<b>Resolutions</b>			
		Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials					
Reduction					
Suspensions					
Terminations					
<b>Total</b>	0				

**PIHP Notice of Action Appeals Report 05-07**

PIHP North Sound MHA

Report Period September 1-September30 2006

<b>ADULTS</b>		<b>Resolutions</b>		
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Referred to Standard Appeals			
	Denials			
	Reduction			
	Suspensions			
	Terminations			
<b>Total</b>	0			

<b>CHILDREN</b>		<b>Resolutions</b>		
Expedited Appeals	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Referred to Standard Appeals			
	Denials			
	Reduction			
	Suspensions			
	Terminations			
<b>Total</b>	0			

		<b>Resolutions</b>		
Standard Appeals	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials			
	Reduction			
	Suspensions			
	Terminations			
	<b>Total</b>	0		

		<b>Resolutions</b>		
Standard Appeals	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials			
	Reduction			
	Suspensions			
	Terminations			
	<b>Total</b>	0		

		<b>Resolutions</b>		
Standard Appeals	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials			
	Reduction			
	Suspensions			
	Terminations			
	<b>Total</b>	0		

		<b>Resolutions</b>		
Standard Appeals	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
	Denials			
	Reduction			
	Suspensions			
	Terminations			
	<b>Total</b>	0		

Chart 1 -  
**Access**

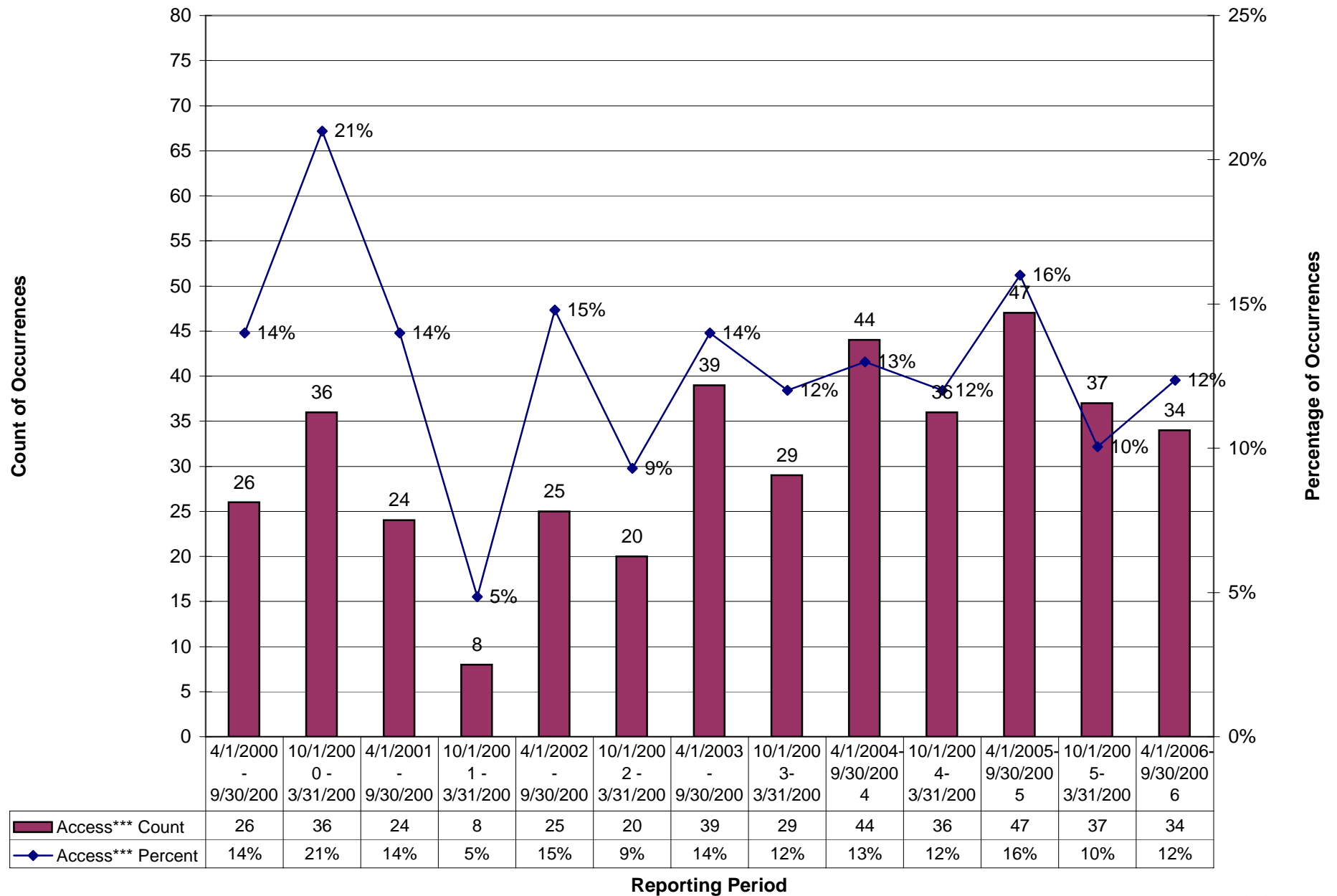
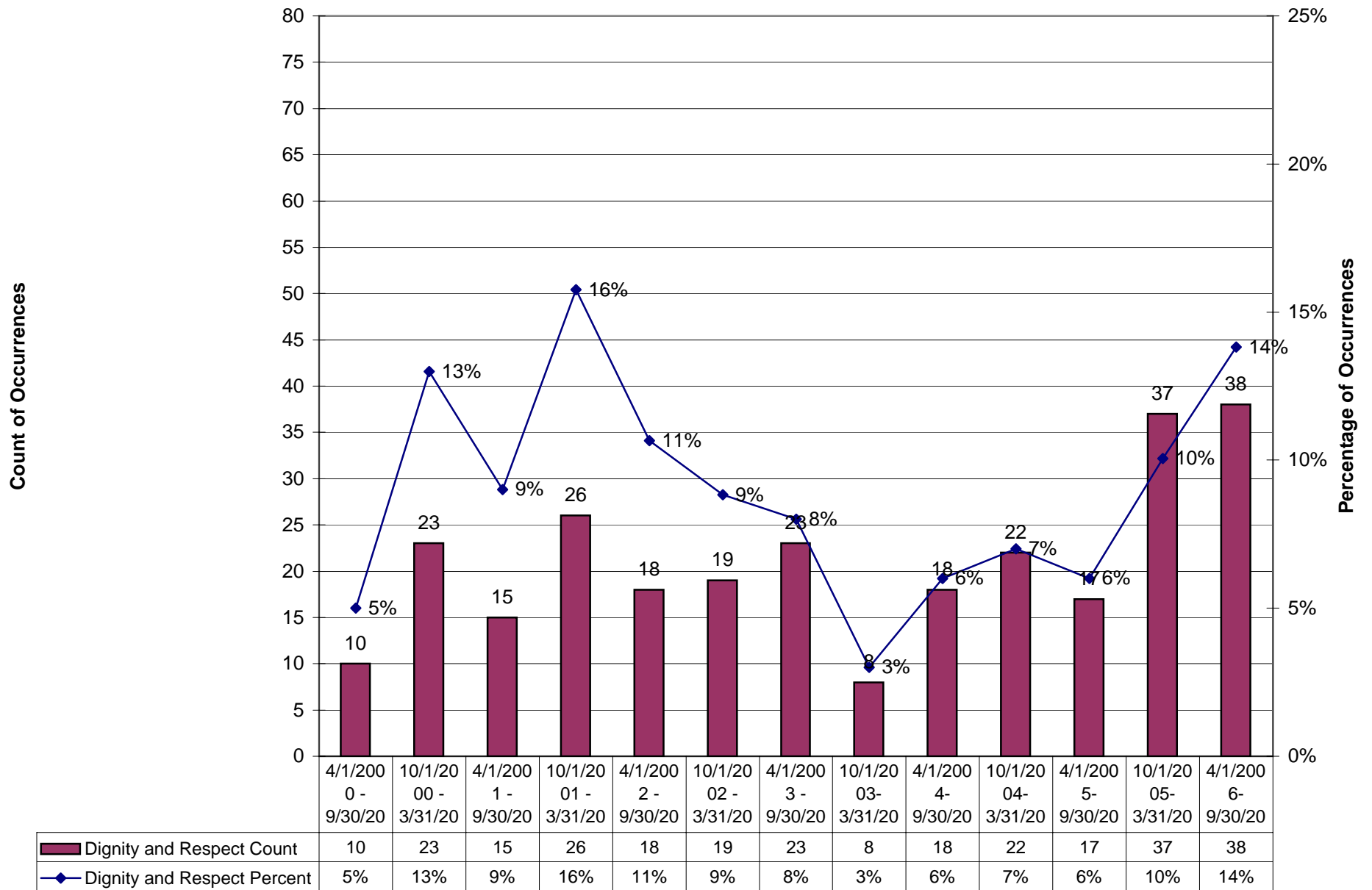


Chart 2 -  
**Dignity and Respect**



Reporting Period

Chart 3 -  
**Quality/Appropriateness**

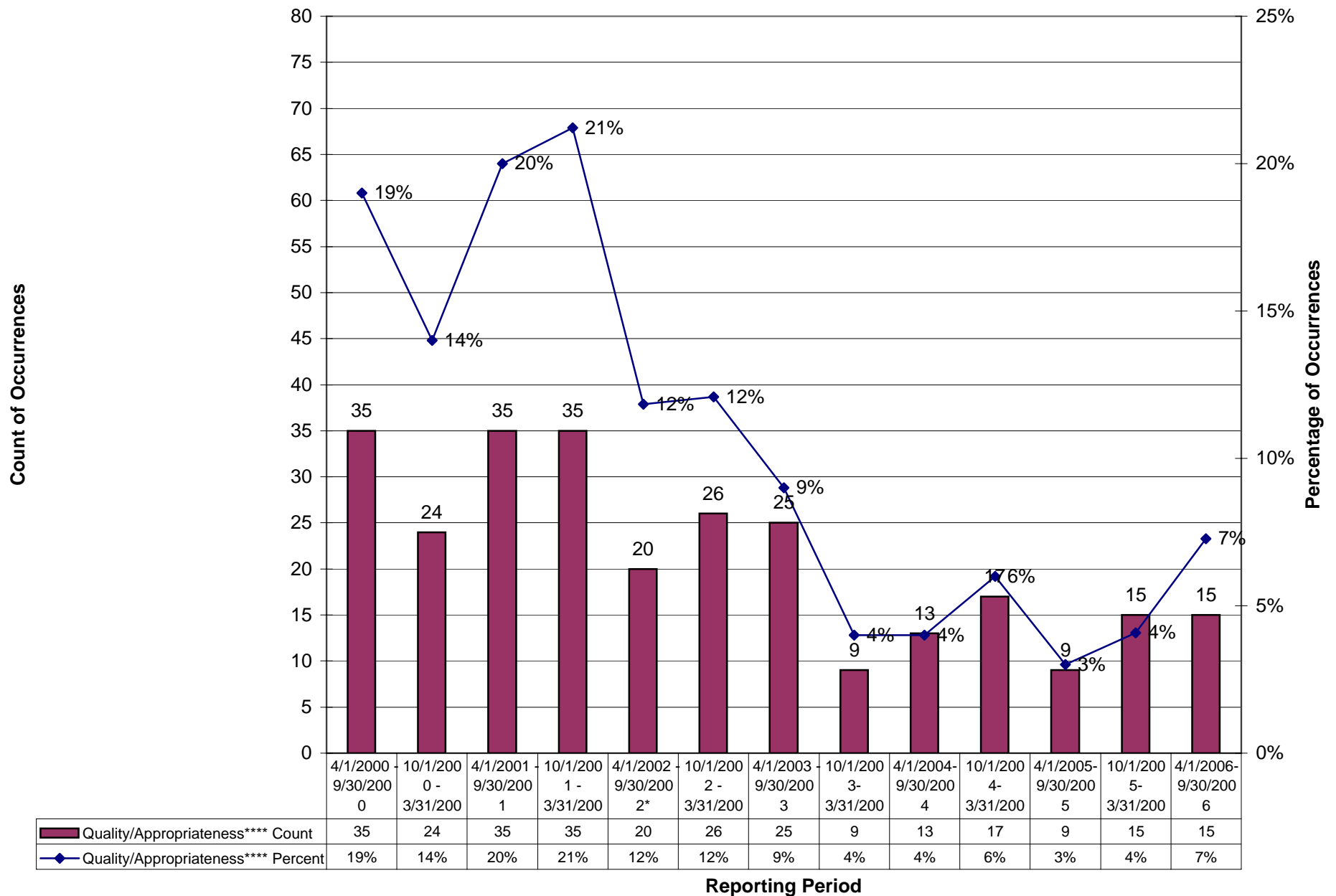


Chart 4 -  
**Phone Calls**

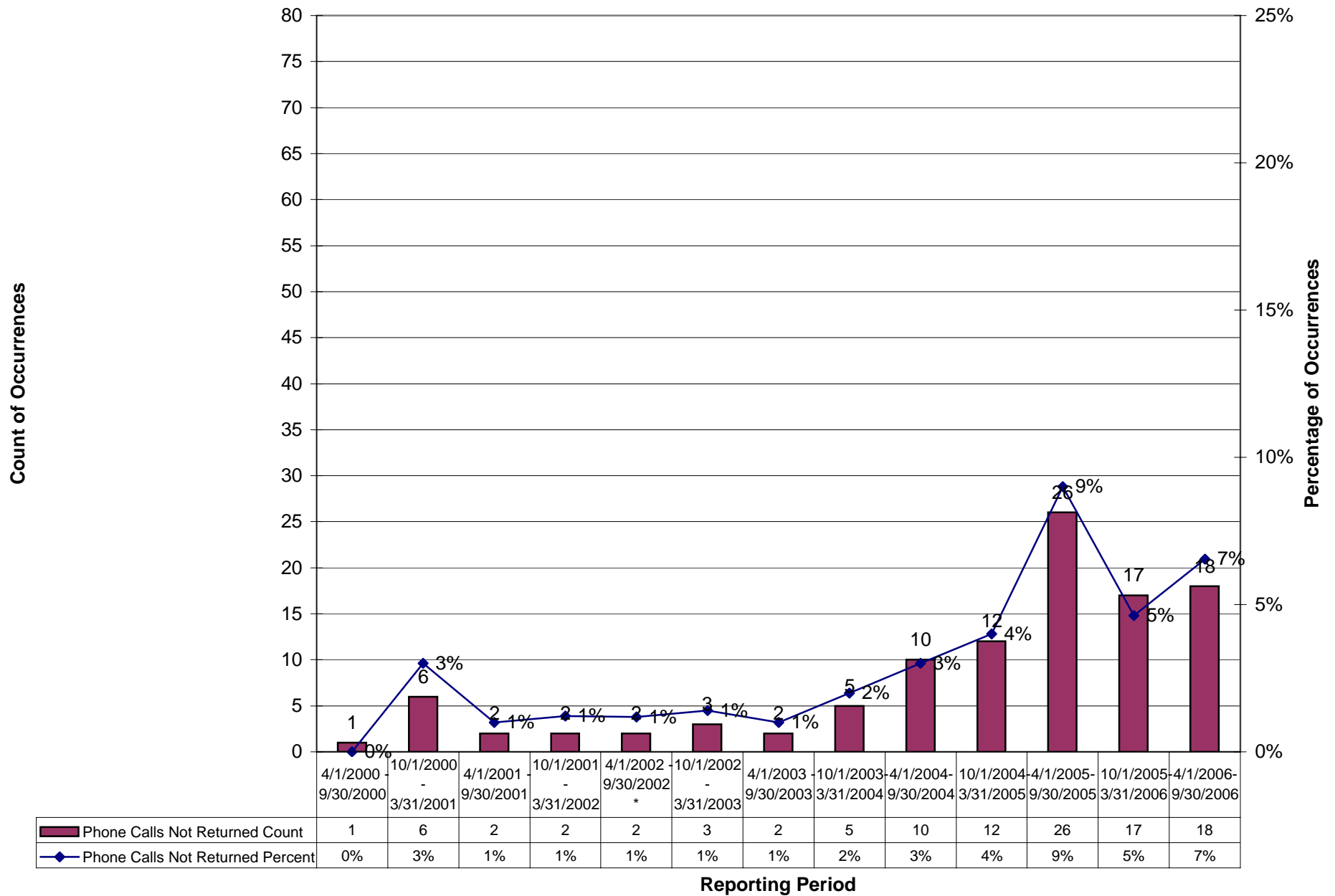
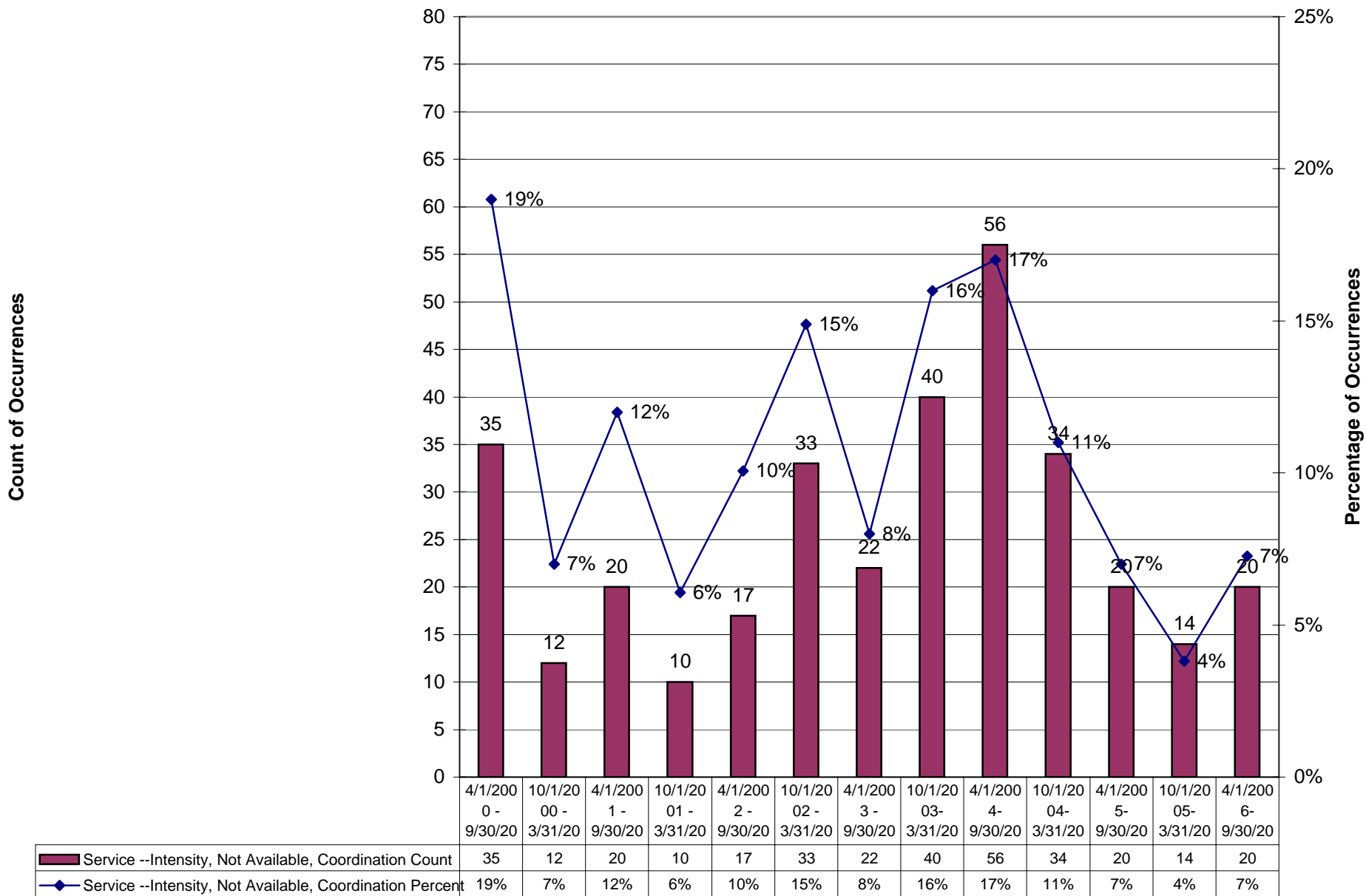


Chart 5 -

**Service -- Intensity, Not Available, Coordination**



Reporting Period

Chart 6 -  
**Consumer Rights**

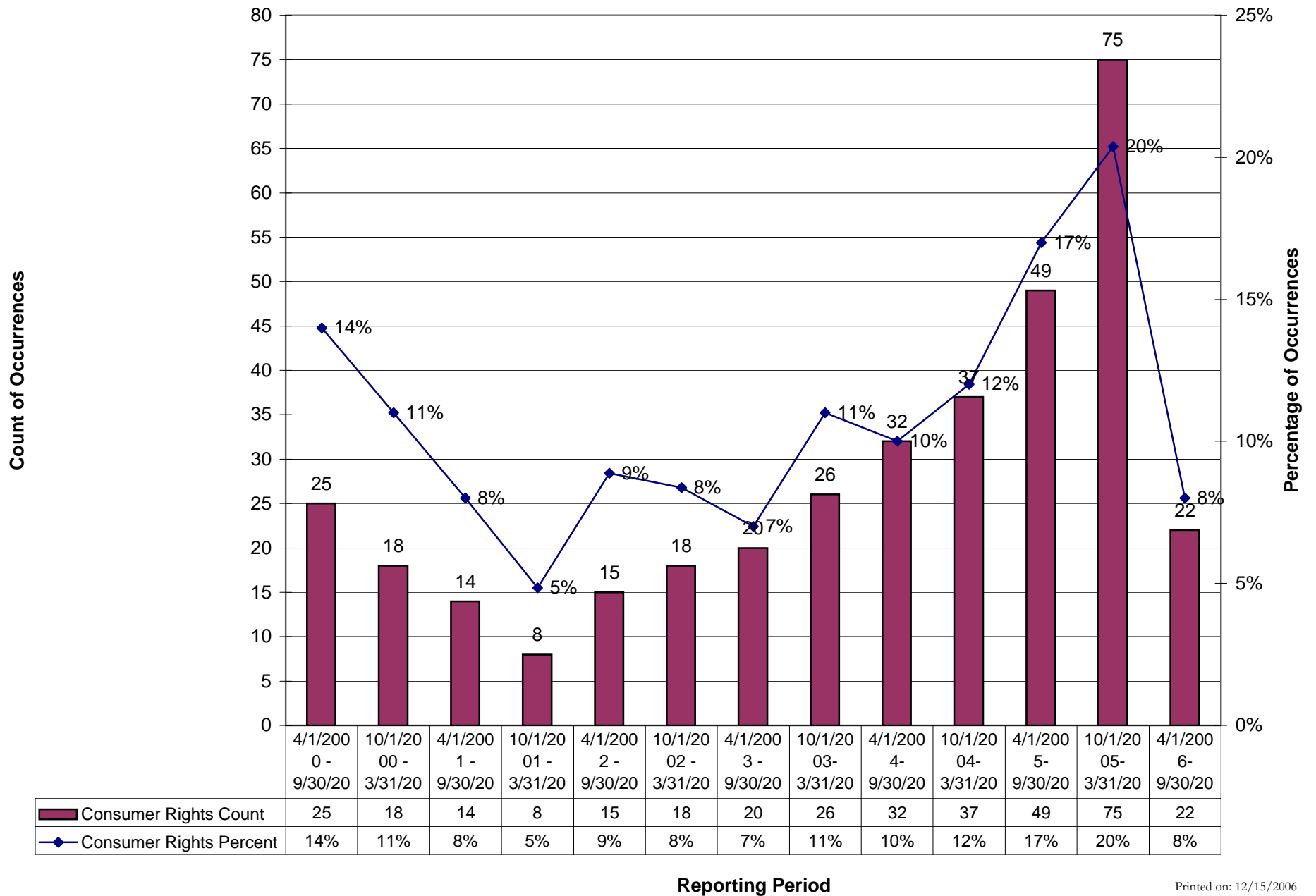




Chart 7 -  
**Physicians & Medications**

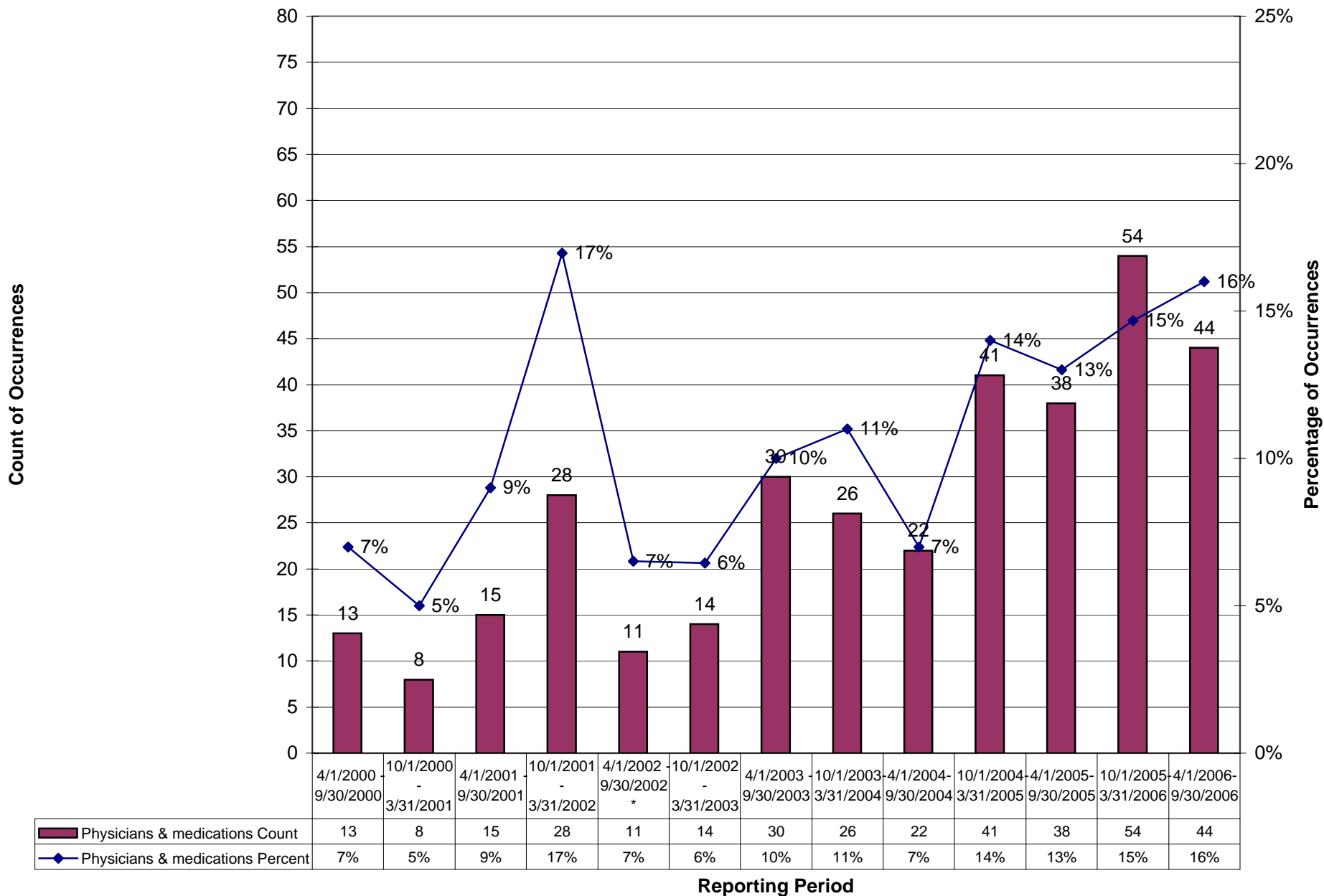


Chart 8 -  
**Financial & Admin. Services**

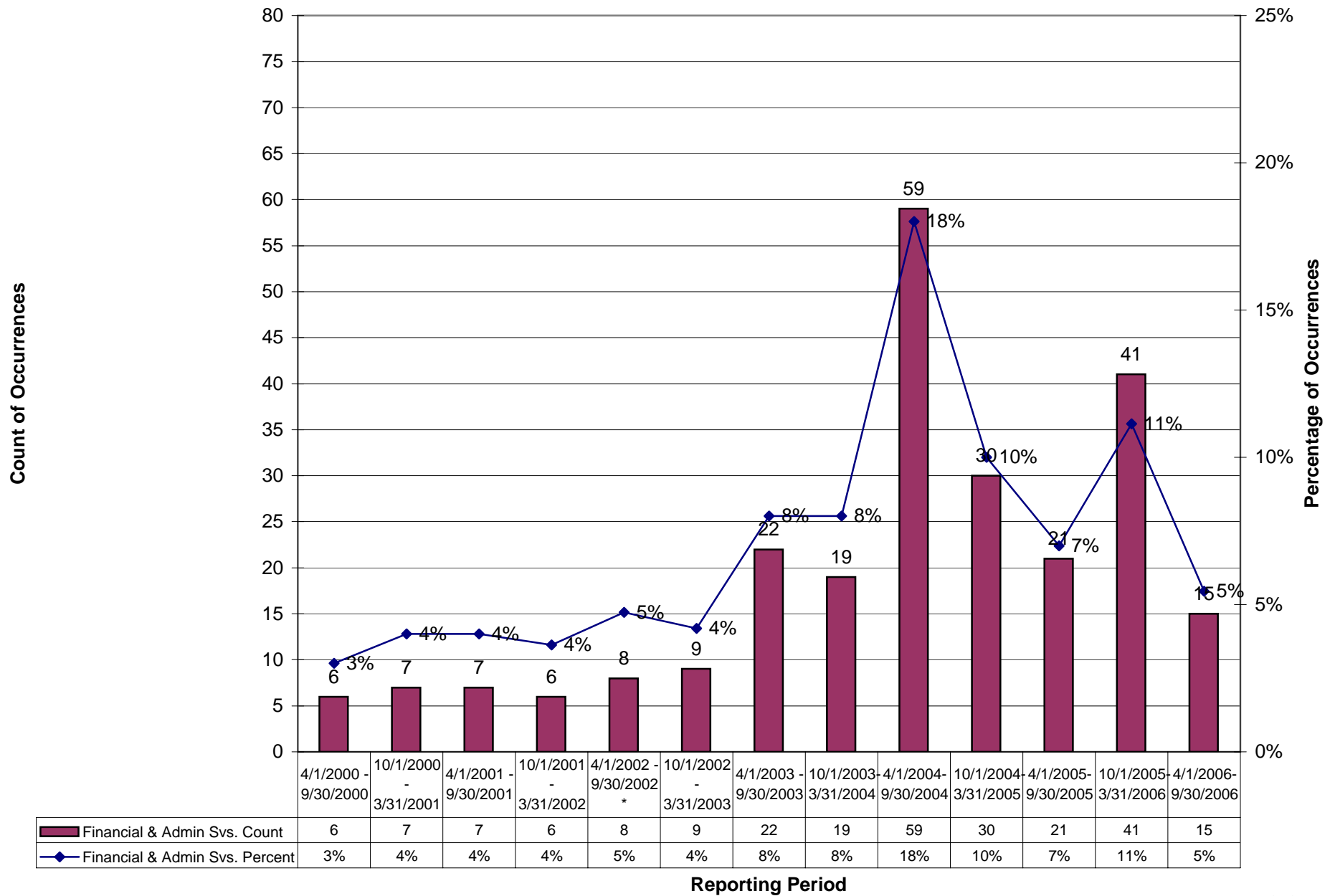


Chart 9 -  
**Residential**

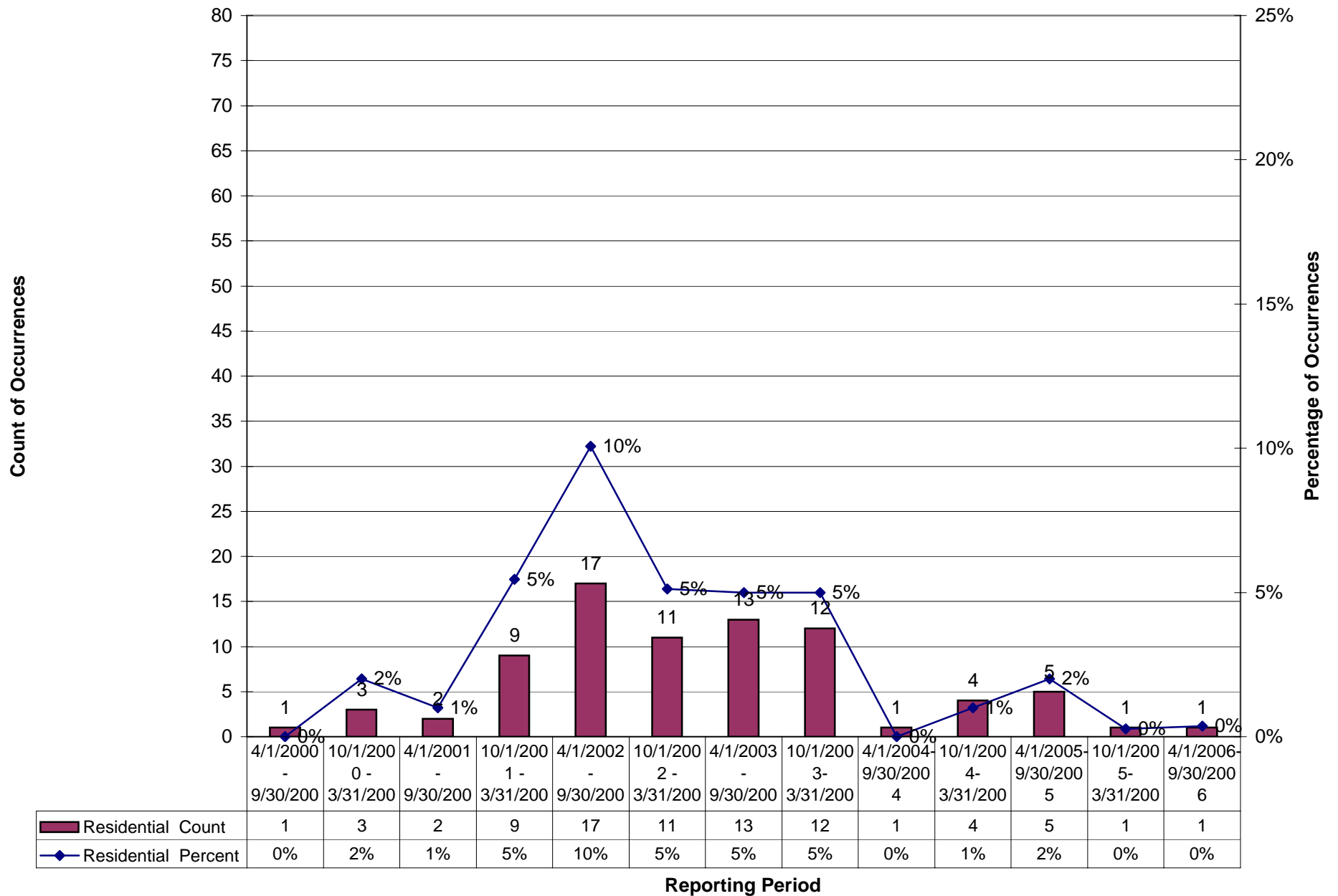


Chart 10 -  
**Housing**

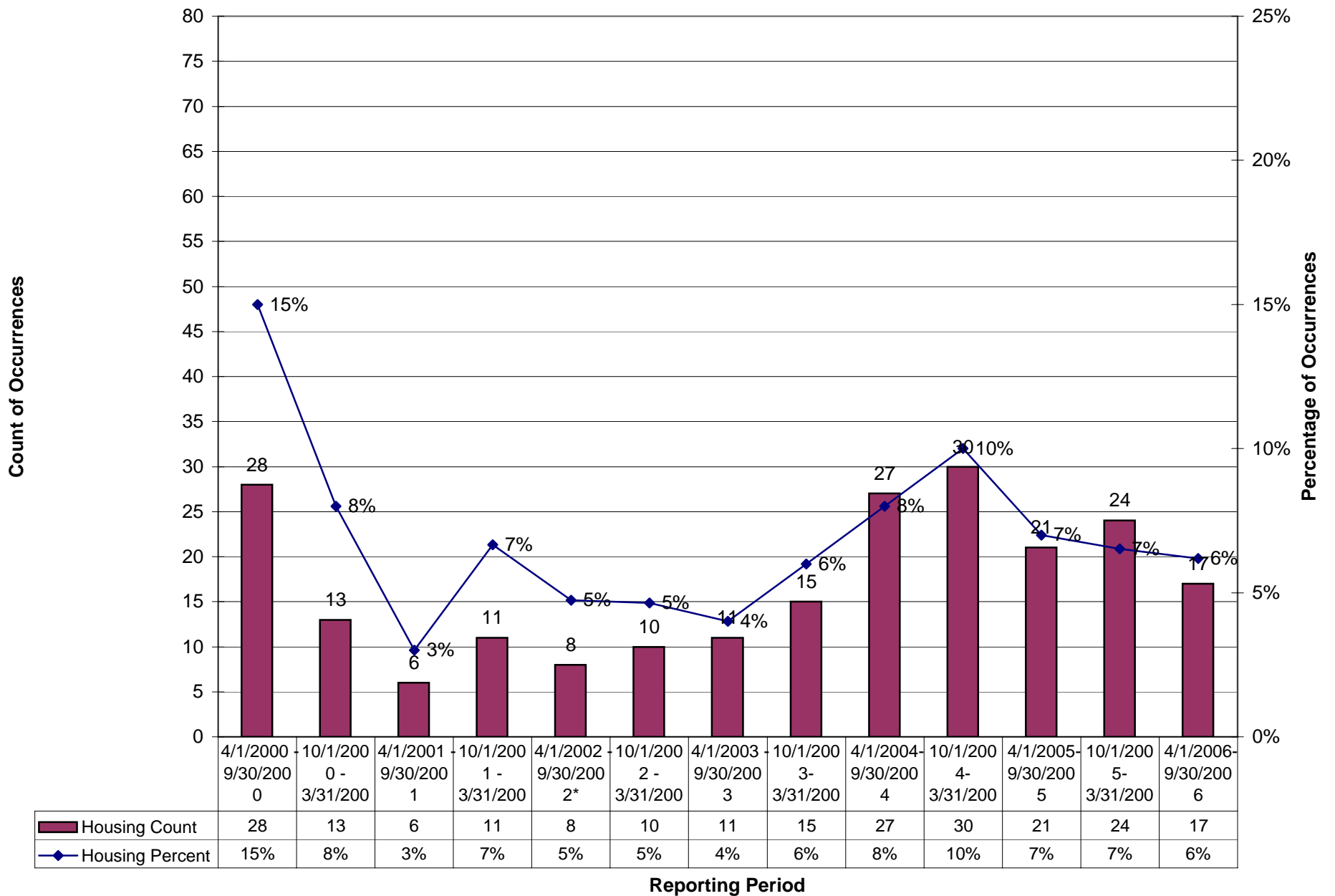


Chart 11 -  
**Transportation**

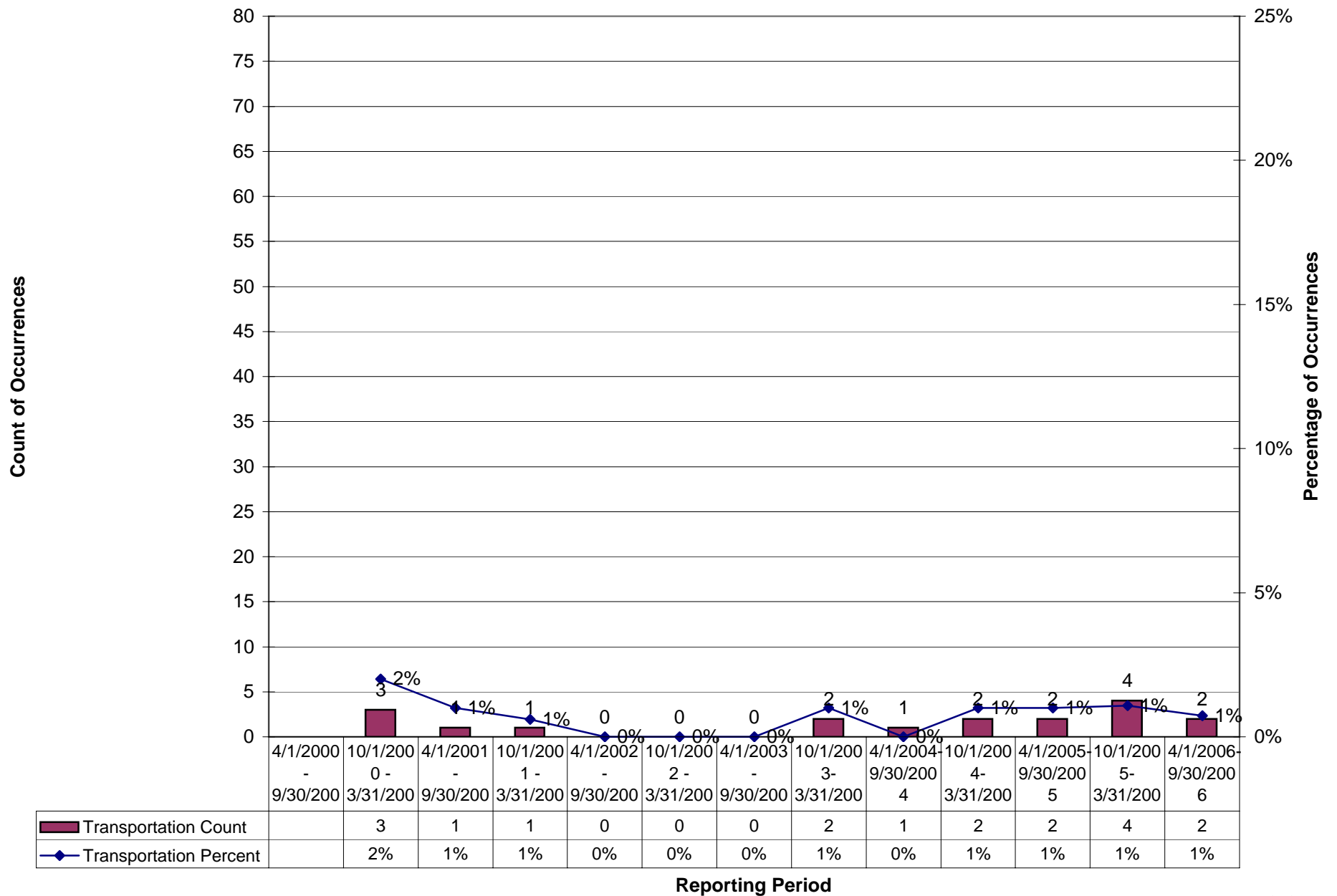
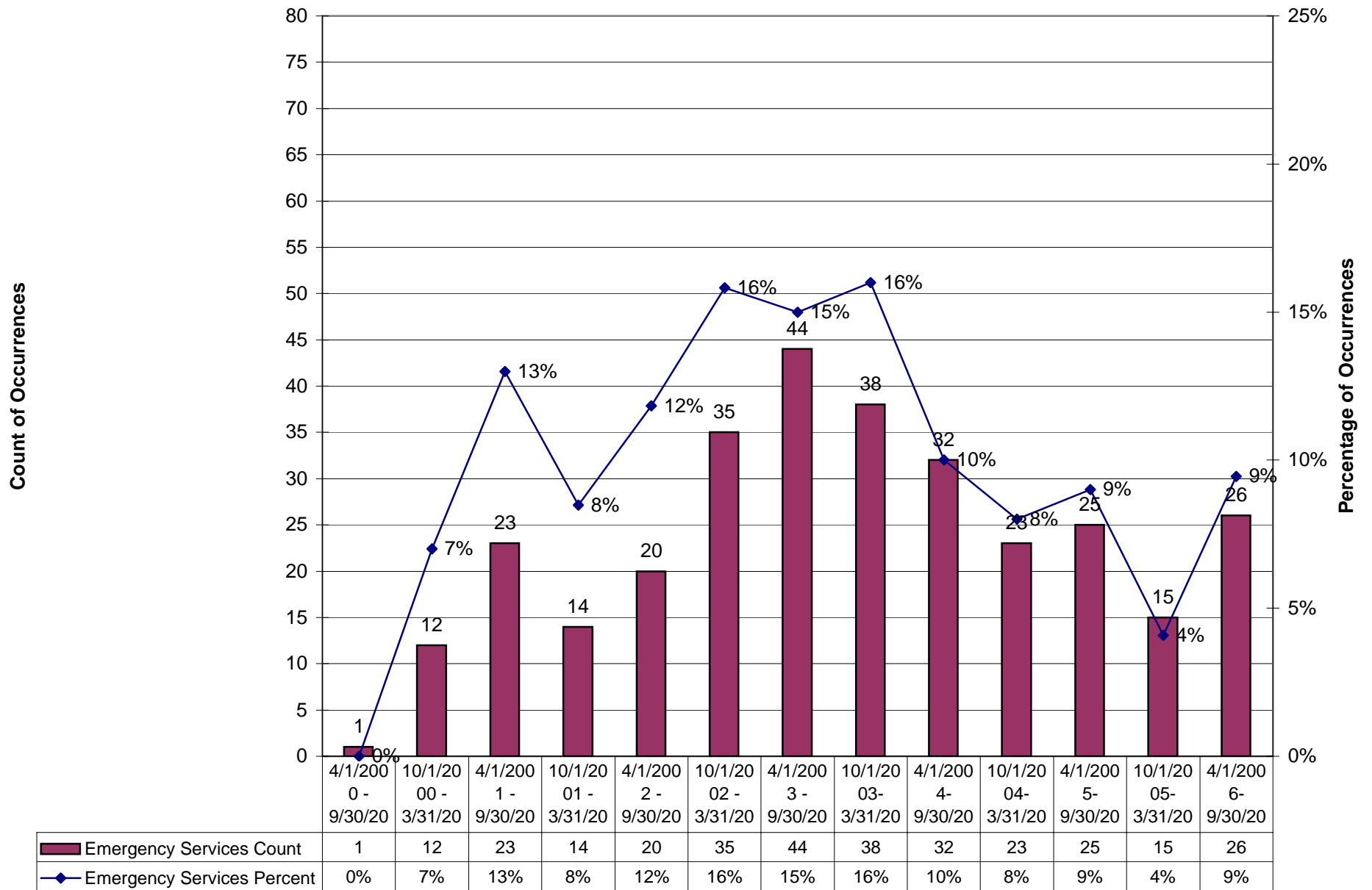


Chart 12 -  
**Emergency Services**



Reporting Period

Chart 13 -  
**Other**

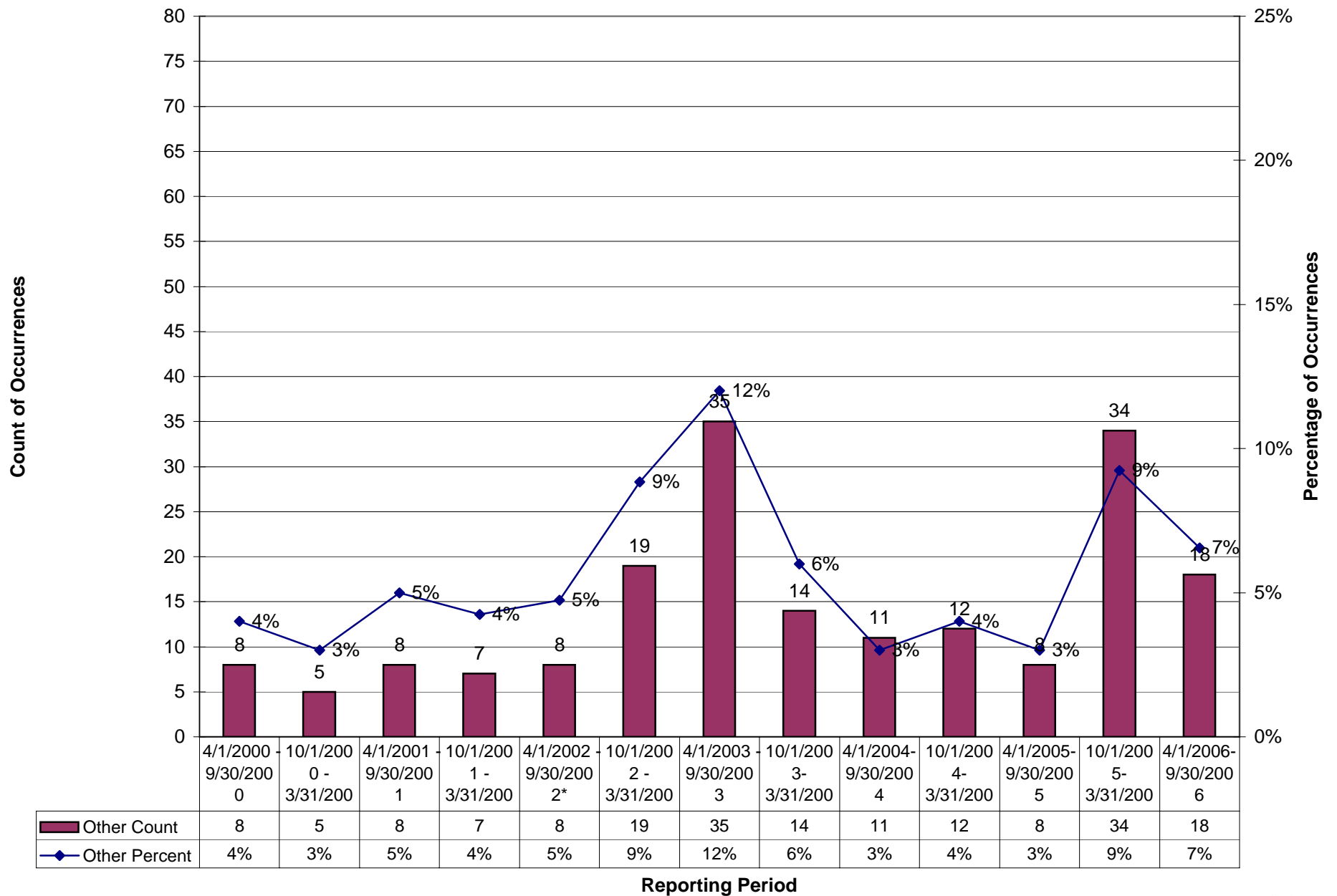
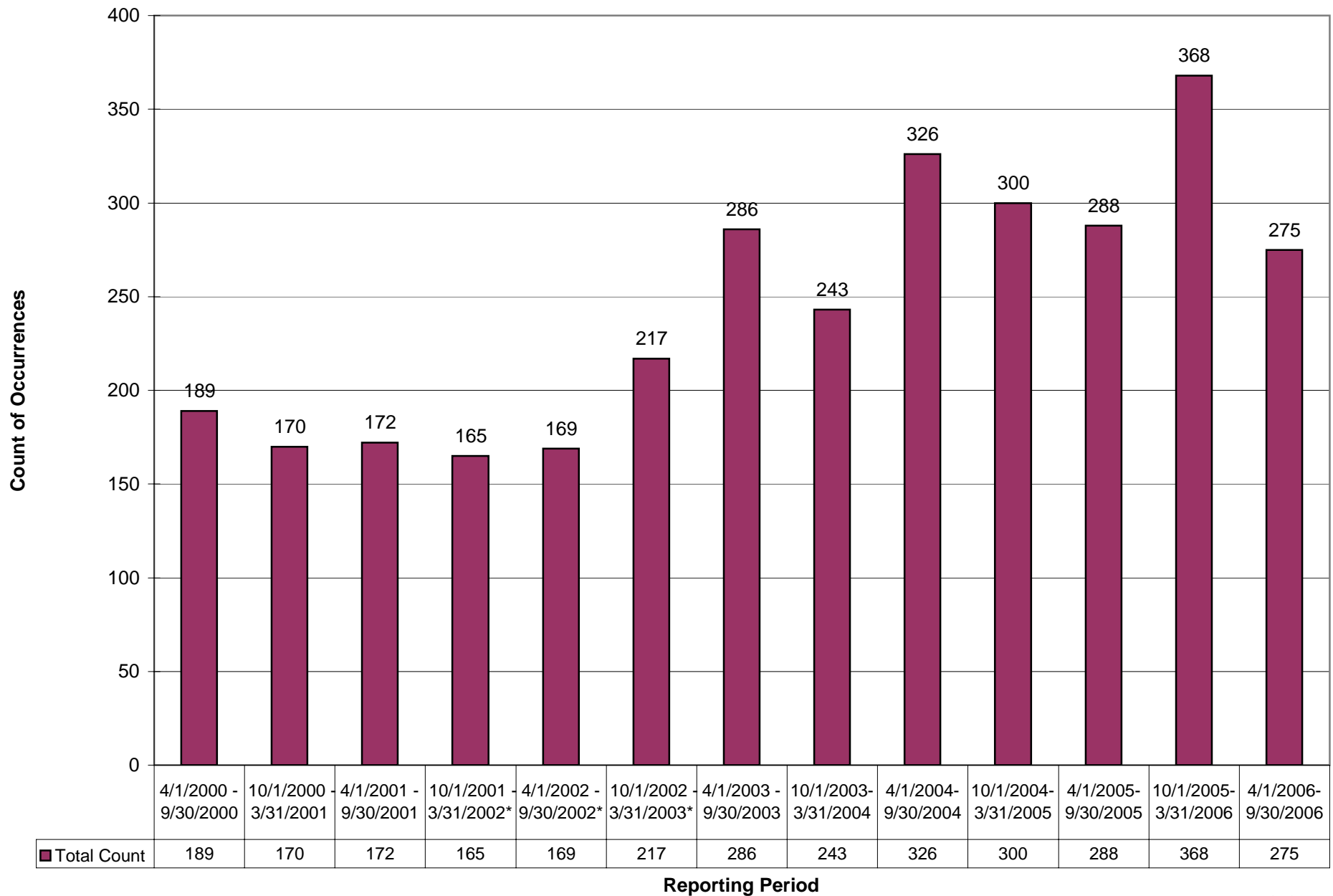


Chart 14 -  
**Total Occurrences**





**ATTACHMENT C - Totals**

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED  
REPORTING FROM 4/1/2000 though 9/30/2006**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																													
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2006 - 9/30/2006		4/1/2000 - 9/30/2006			
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
Unduplicated Number of Cases							141		162		193		245		214		287		250		234		238		176		2,140			
Access*	26	14%	36	21%	24	14%	8	5%	25	15%	20	9%	39	14%	29	12%	44	13%	36	12%	47	16%	37	10%	34	12%	405	13%		
Dignity and Respect	10	5%	23	14%	15	9%	26	16%	18	11%	19	9%	23	8%	8	3%	18	6%	22	7%	17	6%	37	10%	38	14%	274	9%		
Quality/Appropriateness **	35	19%	24	14%	35	20%	35	21%	20	12%	26	12%	25	9%	9	4%	13	4%	17	6%	9	3%	15	4%	20	7%	283	9%		
Phone Calls Not Returned	1	1%	6	4%	2	1%	2	1%	2	1%	3	1%	2	1%	5	2%	10	3%	12	4%	26	9%	17	5%	18	7%	106	3%		
Service -- Intensity, Not Available, Coordination	35	19%	12	7%	20	12%	10	6%	17	10%	33	15%	22	8%	40	16%	56	17%	34	11%	20	7%	14	4%	20	7%	333	11%		
Consumer Rights	25	13%	18	11%	14	8%	8	5%	15	9%	18	8%	20	7%	26	11%	32	10%	37	12%	49	17%	75	20%	22	8%	359	11%		
Physicians & medications	13	7%	8	5%	15	9%	28	17%	11	7%	14	6%	30	10%	26	11%	22	7%	41	14%	38	13%	54	15%	44	16%	344	11%		
Financial & Admin Svs.	6	3%	7	4%	7	4%	6	4%	8	5%	9	4%	22	8%	19	8%	59	18%	30	10%	21	7%	41	11%	15	5%	250	8%		
Residential	1	1%	3	2%	2	1%	9	5%	17	10%	11	5%	13	5%	12	5%	1	0%	4	1%	5	2%	1	0%	1	0%	80	3%		
Housing	28	15%	13	8%	6	3%	11	7%	8	5%	10	5%	11	4%	15	6%	27	8%	30	10%	21	7%	24	7%	17	6%	221	7%		
Transportation	0	0%	3	2%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	1	0%	2	1%	2	1%	4	1%	2	1%	18	1%		
Emergency Services	1	1%	12	7%	23	13%	14	8%	20	12%	35	16%	44	15%	38	16%	32	10%	23	8%	25	9%	15	4%	26	9%	308	10%		
Other	8	4%	5	3%	8	5%	7	4%	8	5%	19	9%	35	12%	14	6%	11	3%	12	4%	8	3%	34	9%	18	7%	187	6%		
Total	189	100%	170	100%	172	100%	165	100%	169	100%	217	100%	286	100%	243	100%	326	100%	300	100%	288	100%	368	100%	275				3,168	100%

**Data Notes:**

\* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

\*\* Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

**ATTACHMENT C - Adults**

**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED  
REPORTING FROM 4/1/2000 though 9/30/2006**

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																												
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2006 - 9/30/2006		4/1/2000 - 9/30/2006		
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total
Unduplicated Number of Cases																													
Access*	17	10%	34	22%	24	15%	8	5%	25	15%	20	10%	37	14%	25	11%	40	14%	33	13%	33	15%	30	10%	23	11%	349	13%	
Dignity and Respect	10	6%	23	15%	15	9%	26	16%	17	10%	17	8%	19	7%	7	3%	15	5%	21	8%	13	6%	31	10%	29	14%	243	9%	
Quality/Appropriateness **	32	20%	21	13%	32	20%	35	22%	18	11%	22	11%	22	8%	5	2%	9	3%	9	3%	3	1%	7	2%	11	5%	226	8%	
Phone Calls Not Returned	1	1%	5	3%	1	1%	2	1%	2	1%	2	1%	2	1%	3	1%	7	2%	9	3%	15	7%	12	4%	13	6%	74	3%	
Service -- Intensity, Not Available, Coordination	30	19%	9	6%	19	12%	10	6%	17	10%	29	14%	20	8%	35	16%	47	16%	28	11%	13	6%	11	4%	12	6%	280	10%	
Consumer Rights	24	15%	18	11%	14	9%	7	4%	15	9%	17	8%	19	7%	25	11%	30	10%	32	12%	40	18%	66	22%	22	10%	329	12%	
Physicians & medications	11	7%	7	4%	12	7%	24	15%	11	7%	14	7%	29	11%	25	11%	20	7%	35	13%	30	14%	43	14%	33	16%	294	11%	
Financial & Admin Svs.	4	2%	6	4%	7	4%	6	4%	8	5%	9	4%	21	8%	17	8%	55	19%	30	11%	19	9%	39	13%	14	7%	235	8%	
Residential	1	1%	3	2%	2	1%	9	6%	17	10%	11	5%	7	3%	12	5%	1	0%	3	1%	2	1%	1	0%	0	0%	69	2%	
Housing	28	17%	13	8%	6	4%	11	7%	8	5%	10	5%	11	4%	15	7%	27	9%	29	11%	21	10%	23	8%	15	7%	217	8%	
Transportation		0%	2	1%	1	1%	1	1%	0	0%	0	0%	0	0%	2	1%	0	0%	2	1%	1	0%	4	1%	2	1%	15	1%	
Emergency Services		0%	12	8%	21	13%	14	9%	20	12%	34	17%	44	17%	38	17%	31	11%	21	8%	21	10%	14	5%	23	11%	293	11%	
Other	4	2%	5	3%	8	5%	7	4%	8	5%	16	8%	30	11%	13	6%	8	3%	11	4%	6	3%	22	7%	15	7%	153	6%	
<b>Total</b>	<b>162</b>	<b>100%</b>	<b>158</b>	<b>100%</b>	<b>162</b>	<b>100%</b>	<b>160</b>	<b>100%</b>	<b>166</b>	<b>100%</b>	<b>201</b>	<b>100%</b>	<b>261</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	<b>290</b>	<b>100%</b>	<b>263</b>	<b>100%</b>	<b>217</b>	<b>100%</b>	<b>303</b>	<b>100%</b>	<b>212</b>	<b>100%</b>	<b>2,777</b>	<b>100%</b>	

**Data Notes:**

\* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

\*\* Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

ATTACHMENT C - Kids

TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED REPORTING FROM 4/1/2000 though 9/30/2006

OCCURRENCES - (Includes occurrences of complaints, grievances, and fair hearings files)	TIME PERIOD																												
	4/1/2000 - 9/30/2000		10/1/2000 - 3/31/2001		4/1/2001 - 9/30/2001		10/1/2001 - 3/31/2002		4/1/2002 - 9/30/2002		10/1/2002 - 3/31/2003		4/1/2003 - 9/30/2003		10/1/2003 - 3/31/2004		4/1/2004 - 9/30/2004		10/1/2004 - 3/31/2005		4/1/2005 - 9/30/2005		10/1/2005 - 3/31/2006		4/1/2006 - 9/30/2006		4/1/2000 - 9/30/2006		
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	
Unduplicated Number of Cases																													
Access*	9	33%	2	17%	0	0%	4	0%	3	0%	13	0%	20	8%	21	4%	36	11%	35	8%	58	14%	53	11%	46	17%	289	56%	14%
Dignity and Respect	0	0%	0	0%	0	0%	0	0%	1	33%	2	13%	4	16%	1	5%	3	8%	1	3%	4	6%	6	9%	9	14%	31	8%	
Quality/Appropriateness **	3	11%	3	25%	3	30%	0	0%	2	67%	4	25%	3	12%	4	19%	4	11%	8	22%	6	8%	8	12%	9	14%	57	15%	
Phone Calls Not Returned	0	0%	1	8%	1	10%	0	0%	0	0%	1	6%	0	0%	2	10%	3	8%	3	8%	11	15%	5	8%	5	8%	32	8%	
Service -- Intensity, Not Available, Coordination	5	19%	3	25%	1	10%	0	0%	0	0%	4	25%	2	8%	5	24%	9	25%	6	16%	7	10%	3	5%	8	13%	53	14%	
Consumer Rights	1	4%	0	0%	0	0%	1	20%	0	0%	1	6%	1	4%	1	5%	2	6%	5	14%	9	13%	9	14%	0	0%	30	8%	
Physicians & medications	2	7%	1	8%	3	30%	4	80%	0	0%	0	0%	1	4%	1	5%	2	6%	6	16%	8	11%	11	17%	11	17%	50	13%	
Financial & Admin Svs.	2	7%	1	8%	0	0%	0	0%	0	0%	0	0%	1	4%	2	10%	4	11%	0	0%	2	3%	2	3%	1	2%	15	4%	
Residential	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	6	24%	0	0%	0	0%	1	3%	3	4%	0	0%	1	2%	11	3%	
Housing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	2%	2	3%	4	1%	
Transportation	0	0%	1	8%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	1%	0	0%	0	0%	3	1%	
Emergency Services	1	4%	0	0%	2	20%	0	0%	0	0%	1	6%	0	0%	0	0%	1	3%	2	5%	4	6%	1	2%	3	5%	15	4%	
Other	4	15%	0	0%	0	0%	0	0%	0	0%	3	19%	5	20%	1	5%	3	8%	1	3%	2	3%	12	18%	3	5%	34	9%	
Total	27	100%	12	100%	10	100%	5	100%	3	100%	16	100%	25	100%	21	100%	36	100%	37	100%	71	100%	65	100%	63	100%	391	100%	

Data Notes:

\* Access refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

\*\* Quality/Appropriateness refers to the degree that service features meet (fit) consumer needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparison of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2001, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

Attachment C

Table 2 - NSMHA Complaint, Grievance, Fair Hearing Data - Past Six Months, Past Year, Since 4/1/2000\*  
 REPORTING FROM 4/1/2000 though 9/30/2006

Past Six Months 4/1/2006 - 9/30/2006		
Type	Total	Percentage
Physicians & medications	44	16%
Dignity and Respect	38	14%
Access*	34	12%
Emergency Services	26	9%
Consumer Rights	22	8%
Quality/Appropriateness **	20	7%
Service -- Intensity, Not Available, Coordination	20	7%
Phone Calls Not Returned	18	7%
Other	18	7%
Housing	17	6%
Financial & Admin Svs.	15	5%
Transportation	2	1%
Residential	1	0%
Total	275	100%

Past Year 10/1/2005 through 9/30/2006		
Type	Total	Percentage
Physicians & medications	98	15%
Consumer Rights	97	15%
Dignity and Respect	75	12%
Access*	71	11%
Financial & Admin Svs.	56	9%
Other	52	8%
Emergency Services	41	6%
Housing	41	6%
Phone Calls Not Returned	35	5%
Quality/Appropriateness **	35	5%
Service -- Intensity, Not Available, Coordination	34	5%
Transportation	6	1%
Residential	2	0%
Total	643	100%

Since 4/1/2000 4/1/2000 through 9/30/2006		
Type	Total	Percentage
Access*	405	13%
Consumer Rights	359	11%
Physicians & medications	344	11%
Service -- Intensity, Not Available, Coordination	333	11%
Emergency Services	308	10%
Quality/Appropriateness **	283	9%
Dignity and Respect	274	9%
Financial & Admin Svs.	250	8%
Housing	221	7%
Other	187	6%
Phone Calls Not Returned	106	3%
Residential	80	3%
Transportation	18	1%
Total	3,168	100%

\* NSMHA has been collecting Complaint and Grievance data since 4/1/1999. The data for 4/1/1999 through 3/31/2000 is not included in this table, as collection methods were less standardized at that time.

ATTACHMENT D-Appeals and Denials Over Time

TABLE 3 NORTH SOUND MENTAL HEALTH ADMINISTRATION DENIALS AND APPEALS																								
DENIAL TYPE	10/1/2004 through 3/31/2005						4-1-2005 through 9/30/2005						10/1/2005 through 3/31/2006						4/1/2006 through 9/30/2006					
	Denials			Appeals			Denials			Appeals			Denials			Appeals			Denials			Appeals		
	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total
Access To Outpatient	59	69	128	5	2	7	62	61	123	4	1	5	47	75	122	2		2	78	99	177	2	2	4
Trans																								
Emergency Services																								
Access to Inpatient	*	*	*				3	3	6										4		4			
Other																								
<b>Total</b>	59	69	128	5	2	7	65	64	129	4	1	5	47	75	122	2	0	2	82	99	181	2	2	4

Data Notes:

\*The NSMHA did not collect data on the number of inpatient denials for this period.

\*\* There were 5 appeals from 4/1/2004 through 9/30/2004. The denial and appeal process began on June 1, 2005 and therefore appeal data for this period does not represent a full 6 months of data.

ATTACHMENT E

Table 4 Percentage of Cases and Occurrences Reported by Ombuds Services and Providers 4-2003 through 9-2006														
Reporting Period	4-2003 through 9-2003		10-2003 through 3-2004		4-2004 through 9-2004		10-2004 through 3-2005		4-2005 through 9-2005		10-2005 through 3-2006		4-2006 through 9-2006	
Ombuds	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases**	Occ**
%	80%	80%	77%	72%	70%	73%	63%	67%	69%	70%	67%	75%	56%	64%
#	(196)	(229)	(165)	(175)	(201)	(238)	(157)	(202)	(162)	(203)	(158)	(273)	(99)	(175)
Providers	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ
%	20%	20%	23%	28%	30%	27%	37%	33%	31%	30%	33%	25%	44%	36%
#	(49)	(57)	(49)	(68)	(86)	(88)	(93)	(98)	(72)	(85)	(79)	(92)	(77)	(100)
<b>Total</b>	<b>100%</b> (245)	<b>100%</b> (286)	<b>100%</b> (214)	<b>100%</b> (243)	<b>100%</b> (287)	<b>100%</b> (326)	<b>100%</b> (250)	<b>100%</b> (300)	<b>100%</b> (234)	<b>100%</b> (288)	<b>100%</b> (237)*	<b>100%</b> (365)*	<b>100%</b> (176)	<b>100%</b> (275)

Data Notes: \*The NSMHA reported 1 case and 3 occurrences that were not captured by Providers or Ombuds  
 \*\* The NSMHA Ombuds services narrowed their complaint reporting to those complaints about NSMHA providers

Table 5 Reported Emergency Services Complaints by Reporting Source* 4-2003 through 9-2006									
Reporter	4-3003 through 9-2003	10-2003 through 3-2004	4-2004 through 9-2004	10-2004 through 3-2005	4-2005 through 9-2005	10-2005 through 3-2006	4-2006 through 9-2006	Total	
Ombuds Services	31	26	23	13	22	12	22	149	
Volunteers of America	8	8	5	8	0	1	1	31	
Snohomish County ITA	5	3	2	2	0	2	0	14	
Lake Whatcom	0	0	0	0	0	0	0	0	
Catholic Community Services	0	0	0	0	0	0	0	0	
Sea Mar	0	0	0	0	0	0	0	0	
Whatcom Counseling and Psychiatric Clinic	0	1	0	0	1	0	1	3	
Associated Provider Network	0	0	0	0	0	0	0	0	
<i>bridgeways</i>	0	0	0	0	0	0	0	0	
Compass Health	0	0	2	0	2	0	2	6	
<b>Total</b>	<b>44</b>	<b>38</b>	<b>32</b>	<b>23</b>	<b>25</b>	<b>15</b>	<b>26</b>	<b>203</b>	

Data Note: \* Complaint, Grievance, and Fair Hearing occurrences have been collapsed into one category.