

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

OCTOBER 1, 2007 THROUGH MARCH 31, 2008

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 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 has collected and maintained overall complaint, grievance, and fair hearing data since 1999 and denial and appeal data since 2004. The NSMHA also continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, and 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.*
- The Mental Health Division has begun requiring grievance, fair hearing, appeal, and denial reporting on a quarterly rather than semiannual basis. The NSMHA will report this data to MHD on a quarterly basis. The NSMHA will also collect complaint data on a semiannual basis.
- For this quarterly reporting period of January through March 2008 the NSMHA will report grievances, fair hearings, appeals, and denials. The NSMHA will also review overall reporting including complaint data for the semiannual period of October 2007 through March 2008 for quality management purposes.

QUARTERLY GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA JANUARY THROUGH MARCH 2008

- There were 5 grievance or fair hearing cases and 14 grievance or fair hearing occurrences reported for January through March 2008. All reported cases and occurrences were for adults and all were for Medicaid consumers. All grievances were processed within NSMHA policy timelines.
- There were 56 denials for January through March 2008. Twenty three denials were for adults and thirty three for children/youth. All but one denial was for outpatient services. There was one appeal reported. The appeal involved outpatient services for an adult and resulted in the original denial decision being upheld. The appeal was handled through the standard appeals process and decided within 45 days. There were no requests for expedited appeal.

SEMIANNUAL COMPLAINT, GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA OCTOBER 2007 THROUGH MARCH 2008

- The number of overall complaint, grievance, or fair hearing occurrences has remained relatively steady over the last three semiannual reporting periods, while the number of cases has shown some fluctuation. It is unclear how much of the fluctuation in cases reported is due to the continuing efforts to refine the definition of case by the NSMHA.
- The categories that accounted for the most reported complaints during the current semiannual reporting period of October 2007 through March 2008 are: ***Consumer Rights*** 58 (16 %), ***Emergency Services*** 50 (14%), ***Physicians and medications*** 43 (12%), ***Other*** 37 (11%), ***Quality/Appropriateness*** 34 (9%), and ***Dignity and Respect*** 31 (9%).
- ***Consumer Rights*** 107 (15%), ***Physicians and medications*** 91 (13%), ***Dignity and Respect*** 83 (12%), ***Emergency Services*** 82 (11%), ***Quality Appropriateness*** 71 (10%) and ***Financial & Administrative Services*** 54 (8%) accounted for the most reported complaints over the past year.

- When combined, *Dignity and Respect and Consumer Rights* accounted for 89 (25%) of the reported occurrences
- The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers.
- There were 9 grievance or fair hearing cases and 25 occurrences reported between October 2007 through March 2008 as compared to 13 cases and 39 occurrences, 17 cases and 40 occurrences, 7 cases and 7 occurrences, and 12 cases and 20 occurrences in the previous four semiannual reporting periods.
- The number of denials reported decreased and is the lowest since we began collecting this data in 2004. There was one appeal. The NSMHA has processed 34 appeals since implementation of the authorization process in June of 2004.

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.
- Increased reliability in the reporting process is an area identified for continuous quality improvement. The NSMHA will continue semi-annual training on reporting with the goal of increasing the reliability of the reporting process. The NSMHA and Ombuds services also met to continue to standardize reporting processes

QUALITY MANAGEMENT PROCESSES

- The NSMHA Internal Quality Management Committee 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 Quality Management Committee and Quality Management and Oversight Committee.
- NSMHA providers continue to use complaint and grievance information in their internal quality management processes and provide a semiannual summary of this information to the NSMHA. The NSMHA also collects information about how this information is integrated into provider Quality Management Plans.
- The NSMHA Ombuds services provide a semiannual summary of their data and recommendations for quality improvement.
- Although there were no new recommendations for quality improvement or further study and review generated through the quality management committee process during the last semiannual and quarterly reporting cycle, one grievance resulted in a corrective action process. The corrective action process involves the scope of services provided and the hours of operation at a Drop-In Center.
- Ongoing Quality Management Recommendations or activities include:

- ✓ Further study and review of **Dignity and Respect and Consumer Rights**

- ✓ Evaluation of best practices related to **eating disorders**, clarification of RSN responsibility for eating disorders, and identification and development of continuum of care for eating disorders within the network and/or out of the network.

- ✓ Development of a process to review Clinical Practice Guidelines for **Adult Attention Deficit Hyperactivity Disorder (ADHD)** to see that they address client concerns.

- ✓ Development of a regional **database for Complaints, Grievances, and Fair Hearings**

- ✓ Review of the current status of the **trauma project** in the region.

- ✓ Consolidation of efforts towards review of **inpatient capacity, inpatient reduction, and diversion**

- ✓ Further study and review of **medication management services**, including access and triage to medication management services, medication management capacity, and discharge from medication management services

- ✓ 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.
- Complaint, grievance and appeal data has been one factor in regional quality improvement efforts towards:
 - ✓ Increasing **Flex Funds**
 - ✓ 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

OCTOBER 1, 2007 through MARCH 31, 2008

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 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 has collected and maintained overall complaint, grievance, and fair hearing data since 1999 and denial and appeal data since 2004. The NSMHA also continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, and 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.

The Mental Health Division has begun requiring grievance, fair hearing, appeal, and denial reporting on a quarterly rather than semiannual basis. The NSMHA will report this data to MHD on a quarterly basis. The NSMHA will also collect complaint data on a semiannual basis.

In this report we will:

- *Provide a brief overview of quarterly grievance, fair hearing, denial, and appeal data for January through March 2008 as required by the Mental Health Division*
- *Provide semiannual data for complaints, grievances, fair hearings, denials and appeals*
- *Provide follow-up from previous complaint, grievance, appeal, denial and fair hearing quality management activities or recommendations*
- *Provide a summary of recently completed quality improvement initiatives*
- *Provide an overview of internal provider quality improvement activities and Ombuds services recommendations*
- *Outline future plans*

II. QUARTERLY GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA JANUARY THROUGH MARCH 2008

There were 5 grievance or fair hearing cases and 14 grievance or fair hearing occurrences reported for January through March 2008. All reported cases and occurrences were for adults and all were for Medicaid consumers. All grievances were processed within NSMHA policy timelines.

There were 56 denials for January through March 2008. Twenty three denials were for adults and thirty three for children/youth. All but one denial was for outpatient services. There was one appeal reported. The appeal involved outpatient services for an adult and resulted in the original denial decision being upheld. The appeal was handled through the standard appeals process and decided within 45 days. There were no requests for expedited appeal. (*See Attachments A (1) PIHP Medicaid Grievances, Fair Hearings, and Actions, and (2) RSN State Funded Grievances and Fair Hearings, and Attachment B Notice of Action Appeals Report*).

III. SEMIANNUAL COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA OCTOBER 2007 THROUGH MARCH 2008

A. Grievance and Fair Hearing Data

There were 9 grievance or fair hearing cases and 25 occurrences reported between October 2007 through March 2008 as compared to 13 cases and 39 occurrences, 17 cases and 40 occurrences, 7 cases and 7 occurrences, and 12 cases and 20 occurrences in the previous four semiannual reporting periods.

B. Denial and Appeal Data

1. Denials

The number of denials reported decreased and is the lowest since we began collecting this data in 2004 (*See Attachment D—Table 3-NSMHA Appeals and Denials over Time*). The overall number of denials for October 2007 through March 2008 was 113. One of these denials was for inpatient services for an adult. The remaining 112 were for outpatient services.

Denials for children/youth remain higher than for adults. There were 72 denials for children/youth and 41 for adults. The decrease in denials from the previous reporting period reflects a decrease in adult denials.

2. Appeals

There was one appeal reported for October 2007 through March 2008 as opposed to three during the previous semiannual period. A review of this data shows the NSMHA has processed 34 appeals since implementation of the authorization process in June of 2004.

The NSMHA has developed a table to track the number of denials and appeals over time (*See Attachment D—Table 3-NSMHA Appeals and Denials over Time*).

C. Overall Complaint, Grievance and Fair Hearing Data

The number of overall complaint, grievance, or fair hearing occurrences has remained relatively steady over the last three semiannual reporting periods, while the number of cases has shown some fluctuation. It is unclear how much of the fluctuation in cases reported is due to the continuing efforts to refine the definition of case.

There were 217 cases and 360 occurrences reported for October 2007 through March 2008 as compared to 180 cases and 358 occurrences for April through September 2007.

The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Eighty five percent of the cases and eighty eight percent of the occurrences reported were for Medicaid consumers.

The categories that accounted for the most reported complaints during the current semiannual reporting period of October 2007 through March 2008 are: **Consumer Rights** 58 (16%), **Emergency Services** 50 (14%), **Physicians and Medications** 43 (12%), **Other** 37 (11%), **Quality/Appropriateness** 34 (9%), and **Dignity and Respect** 31 (9%).

A review of the data shows that **Consumer Rights** 107 (15%), **Physicians and Medications** 91 (13%), **Dignity and Respect** 83 (12%), **Emergency Services** 82 (11%), **Quality Appropriateness** 71 (10%) and **Financial & Administrative Services** 54 (8%) accounted for the most reported complaints over the past year.

When combined, **Dignity and Respect and Consumer Rights** accounted for 89 (25%) of the reported occurrences, as compared to 101 (29%), 88 (24%), 60 (22%), and 112 (30%) during the four previous reporting periods (*Dignity and Respect* is one of the consumer rights).

The NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time (*See Attachments C – Table 1-Complaints, Grievances, and Fair Hearings Filed 4-2000-3-2008, Table 2- Complaints, Grievances, and Fair Hearings Filed-Past 6 months, Past Year, Since 4-2000, and Charts-Complaints, Grievances, and Fair Hearings Filed*). 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 categories of violation of confidentiality and participation in treatment into the category of “other”. We will separate out these two (2) categories in future tables so we can track them over time. [For this reporting period there was one (1) complaint reported for violation of confidentiality and seven (7) complaint, grievance, or fair hearing occurrences reported for participation in treatment (Medicaid consumers)].

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

As outlined in previous reports, information about complaints, grievances, appeals, denials, and fair hearings remains central to the NSMHA and providers’ 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 Reports for April 2007 through September 2007 and October through December 2007 were reviewed by IQMC, RQMC, and QMOC. Although there were no new recommendations for further study and review or quality improvement generated through the quality management committee process, one grievance resulted in a corrective action process.

An update of this corrective action process and previously identified recommendations for further study and review or quality improvement is presented below.

A. Drop-In Center Program-Corrective Action Process The NSMHA placed Compass Health in Remedial Action and required that Compass Health provide a corrective action plan regarding the scope of services provided and the hours of operation at their Drop-In Center.

Update: The NSMHA received and approved Compass Health’s corrective action plan and will monitor the implementation of this plan. Compass Health’s CEO also provided a presentation about their corrective action plan and addressed concerns to the NSMHA Advisory Board Committee.

B. Dignity and Respect (Recommendation for further study and review of dignity and respect in the region). There was a decrease in occurrences reported about ***Dignity and Respect*** in the latest semiannual period. ***Dignity and Respect*** accounted for 31 (9%) of the reported occurrences from October 2007 through March 2008. When combined, ***Dignity and Respect and Consumer Rights*** accounted for 89 (25%) of the reported occurrences, as compared to 101 (29%), 88 (24%), 60 (22%), and 112 (30%) during the four previous 6 month periods (***Dignity and Respect*** is one of the consumer rights).

As outlined in previous reports, the NSMHA plan is to develop a system-wide partnership with consumers, advocates, providers and other stakeholders to explore how dignity and respect is experienced and perceived within

our system of care. The system-wide effort will include the identification of objectives and an action plan designed to achieve those objectives.

As also outlined in previous reports, in part due to concerns raised by consumers, Dignity and Respect has been identified as a topic of required training on the NSMHA Regional Training Plan.

Update: *The NSMHA recommendation to develop a system-wide partnership with consumers, advocates, providers and other stakeholders was reviewed and approved by RQMC and QMOC. The NSMHA has also identified Dignity and Respect as the theme of the 2008 region wide Recovery Conference. Two areas that have been identified to explore are: 1). An evaluation of indicators that bring tension and frustration into the system of care (as recommended by Ombuds services) and 2). The consumer-clinician therapeutic alliance.*

C. Eating Disorders (Recommendation for evaluation of best practices related to eating disorders, clarification of RSN responsibility for eating disorders, and identification and development of a continuum of care for eating disorders within the network and/or out of the network.)

As outlined in previous reports, the NSMHA had received several grievances related to the treatment for eating disorders. In response to the grievances, the NSMHA identified research-based treatments for eating disorders through a work group process that included providers, consumers, advocates, and NSMHA staff. The researched based treatments identified were 1). Cognitive –Behavioral Therapy, 2). Dialectical Behavior Therapy, and 3). The Maudsley Model. The NSMHA also provided region wide training through Federal Block Grant funding. In addition, the NSMHA convened a workgroup to identify and facilitate solutions to barriers identified in the training.

Update: *The NSMHA has arranged for the University of California at San Diego to provide clinical consultation and follow up from their training through September 2008. The NSMHA also anticipates providing another region wide training and will be developing region wide practice guidelines for Adult Anorexia and Bulimia.*

The NSMHA will provide a follow up report to QMOC regarding their original recommendation for evaluation of best practices related to eating disorders, clarification of RSN responsibility for eating disorders, and identification and development of a continuum of care for eating disorders within the network and/or out of the network

D. Adult Attention Deficit Hyperactivity Disorder (Recommendation to develop a process to review Clinical Practice Guidelines for Adult ADHD to see that they address client concerns.)

As outlined in previous reports, the NSMHA had received several grievances related to the treatment for Adult Attention Deficit Hyperactivity Disorder (ADHD) over the last several reporting periods. Clinical Practice Guidelines for Adult ADHD were developed and approved by RQMC.

The NSMHA discussed the impact of the Clinical Practice Guidelines for Adult ADHD in the Regional Medical Director's Meeting. No specific impact on treatment practices was identified and the NSMHA planned to discuss this area further in IQMC.

Update: *The initial work plan objectives to develop Clinical Practice Guidelines for Adult ADHD have been completed. The NSMHA reviewed this area and will recommend that this objective be considered complete.*

E. Trauma Services (Recommendation for review of current status of the trauma project in the region.)

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 discussed 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:

- 1. Post Traumatic Stress Disorder (PTSD) Clinical Guidelines:** *(The final revisions to the Post Traumatic Stress Disorder (PTSD) clinical guidelines for adults were completed, and the guidelines were approved by QMC, QMOC, and adopted by the NSMHA Board)*
- 2. Trauma Screening Tool:** *(A trauma screening tool was developed for use when trauma is suspected or reported. The NSMHA will review the status of implementation.)*
- 3. Trauma Training:** *(The NSMHA Regional Training Plan module for PTSD was completed and approved by RQMC and QMOC).*
- 4. “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. The Region is interested in hearing status reports regarding trauma services currently being provided by Compass Health.)*

Update: *The NSMHA reviewed the status of the trauma project in the region. The four approved recommendations have been completed, with the exception that Compass Health has not yet provided a “Quality in Action” presentation to QMOC and the NSMHA has not yet reviewed the use of the trauma screening tool by all providers. The NSMHA will follow up with Compass Health regarding their presentation and review the use of the trauma screening tool by providers.*

F. Inpatient Capacity (Recommendation for further study and review of inpatient capacity as 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.

As outlined in previous reports, the NSMHA has discussed this recommendation in IQMC and has revised the recommendation to be consolidating efforts towards review of inpatient capacity, inpatient reduction, and diversion as efforts have already begun towards hospital reduction and diversion. The NSMHA has completed a Hospital Reduction work group and inpatient reduction has been prioritized as one of six statewide performance indicators. The NSMHA will review the results of the Hospital Reduction work group and bring recommendation and action steps forward to RQMC and QMOC.

In addition, the NSMHA and providers have been implementing programs to strengthen the continuum of care in the region. The NSMHA and providers began PACT in Snohomish and Whatcom Counties as well as Children’s Wraparound programs in all five counties.

Beginning August 1, 2007, the Mental Health Division and Health and Recovery Services Administration implemented state wide changes to the inpatient utilization management process. The NSMHA anticipated that the new process would allow us to better manage inpatient resources.

Update: *The NSMHA in partnership with the Children’s Administration and Snohomish County implemented the Children’s Short Term High Intensity Program, which is one of the programs designed to assist in diverting children from needing to be hospitalized. The NSMHA reviewed our inpatient objectives and will provide a summary of recommendations in the context of the results of the original workgroup and the changes that have occurred in the inpatient process.*

G. Medication Management Services (Recommendation for further study and review of access to 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.)

As also outlined in the last report, the NSMHA completed a plan to study medication management services and the NSMHA and providers has adopted a modified fee for service model that purchases an increase in medication management services. The NSMHA also began the process to study medication management services by requesting copies of provider medication management triage policies and procedures for review.

Update: *The NSMHA met to review the status of this objective and recommends continued work to complete the medication management study. A review of the data shows that complaints regarding physicians and medications accounted for the third most reported complaints in the current semiannual reporting period and the second most complaints over the past year.*

The overall number of complaints reported about physicians and medications has remained relatively stable over the last four semiannual reporting periods. It should be noted that not all complaints reported about physicians and medications concern the issue of access to medication management services. Ombuds services report that they have seen a shift in the types of complaints reported in this category and a decrease in those that concern access to medication management services.

H. Region Wide Access Process (Recommendation for further study and review of the processes used to information and records during the 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.

As also outlined in previous reports, the region wide Access system had been undergoing a process of transition from Compass Health to the Volunteers of America (VOA). The NSMHA had also been restructuring the process for Authorization of Outpatient Services. The NSMHA had postponed this objective due to these system transitions.

Update: *The NSMHA will review current access practices with VOA.*

I. Database for Complaints, Grievances, and Fair Hearings (Recommendation to develop a regional database for complaints, grievances and fair hearings to track, monitor and analyze data related to complaints, grievances and fair hearings and unduplicate cases.)

Update: *The NSMHA has not yet begun to develop a regional database for complaints.*

J. Broad and Consistent Reporting of Complaints (Recommendation for broad and consistent reporting of complaints across multiple reporting sources.)

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. During the latest 6 month period of October 2007 through March 2008, providers reported 31% of the cases and 23% of occurrences and Ombuds services reported 68% of the cases and 76% of occurrences. Ombuds services report more occurrences per case than do providers. (See Attachment E-Table 4-Percentage of Cases and Occurrences by Reporting Source 4-2003-3-2008 for additional information about cases and occurrences over time).

The NSMHA also continues to track the number of emergency services complaint or grievance occurrences reported by each reporting source. Although there was an increase in the overall reporting of emergency services occurrences, results for the latest semiannual reporting period show that emergency services complaints reported by some provider's remains low. (See Attachment F-Table 5 Emergency Services Complaints by Reporting Source 4-2003-3-2008 for additional information about emergency services reporting over time.)

The number of occurrences reported that involve children has shown a decrease over the last six reporting periods. The number of cases reported increased slightly since the last reporting period, but had shown a decrease over the previous five reporting periods. As outlined above the number of cases reported may be impacted by the continuing efforts to refine the definition of case by the NSMHA. (See Attachment C—Table 1 Kids--Complaints, Grievances, and Fair Hearings Filed 4-2000-3-2008 for information about complaint reporting for children over time.)

IV. COMPLETED QUALITY IMPROVEMENT INITIATIVES

The NSMHA continues to track areas for further study and review or quality improvement related to complaint, grievance, fair hearing, denial, and appeal data. Information about complaints, grievances, fair hearings, or denials has been one factor in quality improvement efforts towards:

- : ✓ Increasing **Flex Funds**
- ✓ Ongoing efforts to provide **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**

V. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS

As outlined in previous reports, providers and designees continue to provide semiannual information to the NSMHA about how they use complaint, grievance, fair hearing, denial, and appeal 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. Ombuds services also provide semiannual information to the NSMHA.

A. Provider Quality Improvement Activities

The NSMHA continued to receive many 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 positive examples from providers are presented below:

- Compass Health reported two primary areas of focus this period. The first is the continuing issue of case management capacity during the transition plan to the new contract. Compass Health reports several factors that have compounded the problem: 1. Unexpectedly large numbers of consumers chose to stay with

Compass Health and wait for a new clinician, and 2. Some new consumers requested Compass Health as a provider despite the transition plan that would have routed them to other providers. Compass Health also reports that they continue to have plans in place to help mitigate the challenges, including using assessors from other departments, offering clubhouse and drop-in services, using case-manager-of-the-day coverage to assist clients with urgent issues, and using supervisory staff from other units to carry caseloads on a temporary basis. Compass Health expects this cluster of complaints to continue into the next reporting period, as they have yet to fill all open positions. The NSMHA will work collaboratively with Compass to resolve this issue.

- Another area of focus for Compass Health includes the cluster of complaints about physicians and meds that involve access to prescriber services. Based both on internal conversations and meetings with the local Community Health Clinic, Compass Health reports they were able to determine a site-specific problem, and work to clarify referral processes. During this reporting period, Compass Health reports that accessing prescriber services was less of an issue, and they hope to see this sub-set of complaints reduce further over time. Compass Health also reports they have made an effort going into the new contract period to increase the ratio of prescribers to consumers and have in their 2008 Areas of Focus, a goal related to improve communication with primary care providers.
- Catholic Community Services reports that their QI Committee will review their main themes of this period's complaints. One of their themes involves the continuing challenge of maintaining therapeutic alliances, especially when there are multiple "stakeholders" involved in child and family work. A second theme involves reinforcing the value of complaints as critical feedback that fosters learning and provides the opportunity for building even stronger relationships with all their customers.
- Whatcom Counseling reports that one theme of complaints this period involves consumers who become non-Medicaid eligible, and are expected to provide payments for services. Whatcom Counseling and Psychiatric Clinic (WCPC) reports they will continue their efforts to ensure that they are educated in terms of their funding sources for NSMHA clients.
- As outlined in the last report, Lake Whatcom Center (LWC) Quality Management/Human Resources Program reported they were going to develop and administer a dignity and respect self study training and would seek the participation of consumers in the development of the training. LWC has engaged two consumers in the development of a "Consumer Rights/Respect & Dignity" training module, to be included in the LWC Training Plan.
- Volunteers of Americas (VOA) has been working to implement the statewide changes to the Inpatient Authorization and Certification system that went into effect on August 1, 2007. VOA has also enhanced their utilization management capabilities with the addition of new staff. VOA also reports they include the ongoing goal of providing sound customer service on their Quality Management Plan.
- Sea Mar reports that they will be providing training to counselors in regards to consumers' rights to access their records.
- *bridgenways* reported they developed a plan to measure consumer satisfaction. This plan includes Re-training of clinical staff regarding complaint reporting procedures

B. Ombuds Services Recommendations

The NSMHA Ombuds services also provide a semi-annual summary of their data and recommendations for quality improvement. Many of the Ombuds recommendations for further study and review or quality improvement are being addressed as outlined above. Some Ombuds services recommendations for quality improvement focus during this period include:

- Dignity & Respect-Ombuds services recommend the NSMHA continue efforts towards addressing dignity and respect, including implementation of the system-wide partnership.
- Case management Capacity-Ombuds services recommend that the region work with providers who have consumers without case management
- Housing Development- Ombuds services recommend that the NSMHA rigorously support housing development plans.
- Medications-Best Practice Standards-Ombuds services recommend that the NSMHA ensure prescribers follow best practice standards that judge the effectiveness of medications
- Communication with Inpatient Facilities Regarding Crisis Services-Ombuds services recommend that the NSMHA work on the relationship between the community mental health program and hospitals and that we communicate to establish standards for complaints and grievances so that we can better represent consumers who present emergency services complaints.
- Resources and Capacity for Medicare Recipients-Ombuds services recommend that the NSMHA find a way to procure more funding for those on Medicare with significant mental health issues
- Education and Awareness Regarding the Use of Consumer Names by Advocacy Groups and Family in Email Communication-Ombuds services noted that advocacy groups, and friends and family of consumers email information about consumers that is protected health information.
- Provider to Consumer Communication-Ombuds services recommend that clinicians' work problems and information regarding their personal lives not be communicated to consumers.

VI. 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. Creating a database to collect complaint information may assist with the increased reliability of the reporting process.
- (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 RQMC and OMOC.
- (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. In addition the NSMHA will continue to report grievance, fair hearing, appeal, and denial data on a quarterly basis as required in Mental Health Division contracts.

PIHP Name NSMHA **Contact Name:** Diana Striplin **Reporting Period:** January 2008 through March 2008
Contact Phone No. (360) 416-7013 **(Month and Year)**

Total Unduplicated Number of Adult Cases 5

Total Unduplicated Children Cases 0

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding	Denials
Adult (21 Yrs. and over)					
Access to Outpatient	0	0	0	0	22
Dignity and Respect	1	1	0	0	
Quality/ Appropriateness	0	1	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	1	0	0	0	
Consumer Rights	1	0	1	1	
Physicians & Medications	0	0	1	1	
Financial & Admin Svs	1	0	0	1	
Transportation	0	0	0	0	0
Emergency Services	2	0	0	1	0
Access to Inpatient	0	0	0	0	1
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	1	1	1	
Other	0	2	0	0	0
Total	6	5	3	5	23

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding	Denials
Children (0-20 Yrs.)					
Access to Outpatient	0	0	0	0	33
Dignity and Respect	0	0	0	0	
Quality/ Appropriateness	0	0	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	0	0	0	0	
Consumer Rights	0	0	0	0	
Physicians & Medications	0	0	0	0	
Financial & Admin Svs	0	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	0
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	0	0	0	0
Total	0	0	0	0	33

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

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

RSN Name NSMHA

Contact Name: Diana Striplin

Reporting Period: January 2008 through March 2008
(Month and Year)

Contact Phone #: (360) 416-7013 Ext 240

Total Unduplicated Number of Adult Cases 0

Total Unduplicated Number of Children Cases 0

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

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

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

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

PIHP Notice of Action Appeals Report 05-07

ATTACHMENT B

PIHP NSMHA

Report Period January through March 2008

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

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

Standard Appeals			Resolutions		
	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
Denials	1				1
Reduction	0				
Suspensions	0				
Terminations	0				
Total	1				1

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

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

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

ATTACHMENT C - Totals

TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 through 3/31/2008

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		10/1/2006 - 3/31/2007		4/1/2007 - 9/30/2007		10/1/2007 - 3/31/2008		4/1/2000 - 9/30/2007		
	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	Total	% Total	Total	% Total	
Unduplicated Number of Cases								141		162		193		245		214		287		250		234		238		176***		198***		180***		217 ¹		2,518	
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%	38	10%	23	6%	19	5%	485	11%	
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%	49	13%	52	15%	31	9%	406	10%	
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%	43	12%	37	10%	34	9%	397	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%	8	2%	17	5%	15	4%	146	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%	19	5%	13	4%	18	5%	383	9%	
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%	39	11%	49	14%	58	16%	505	12%	
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%	48	13%	48	13%	43	12%	483	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%	25	7%	34	9%	20	6%	329	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%	9	2%	7	2%	9	3%	105	2%	
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%	31	8%	29	8%	23	6%	304	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%	4	1%	2	1%	3	1%	27	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%	37	10%	32	9%	50	14%	427	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%	17	5%	15	4%	37	10%	256	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	100%	367	100%	358	100%	360	100%	4,253	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.

*** The NSMHA further defined the definition of care to mean the person once during the reporting period⁴

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.

Violation of Confidentiality and participation in Treatment are rolled into Other.

¹ The NSMHA redefined the definition of case.

ATTACHMENT C - Adults
TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 through 3/31/2008

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		10/1/2006 - 3/31/2007		4/1/2007 - 9/30/2007		10/1/2006 - 3/31/2007		4/1/2000 - 3/31/2008	
	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	Total	% Total	Total	% Total
Unduplicated Number of Cases	17	10%	34	22%	24	15%	8	5%	159	15%	180	10%	225	14%	193	11%	251	14%	215	13%	176	15%	185	10%	130***	11%	160***	9%	154***	6%	189 [†]	4%	2,165	11%
Access*	17	10%	34	22%	24	15%	8	5%	159	15%	180	10%	225	14%	193	11%	251	14%	215	13%	176	15%	185	10%	130***	11%	160***	9%	154***	6%	189 [†]	4%	2,165	11%
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%	41	13%	50	16%	26	8%	360	10%
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%	29	9%	24	8%	25	8%	304	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%	5	2%	13	4%	11	3%	103	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%	16	5%	10	3%	17	5%	323	9%
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%	35	11%	48	15%	55	17%	467	13%
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%	45	15%	48	15%	40	13%	427	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%	24	8%	34	11%	20	6%	313	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%	7	2%	5	2%	9	3%	90	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%	29	9%	26	8%	23	7%	295	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%	4	1%	2	1%	2	1%	23	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%	36	12%	30	9%	48	15%	407	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%	11	4%	8	3%	30	9%	202	5%
Total	162	100%	158	100%	162	100%	160	100%	166	100%	201	100%	261	100%	222	100%	290	100%	263	100%	217	100%	303	100%	212	100%	310	100%	317	100%	320	100%	3,724	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.

*** The NSMHA further defined the definition of care to mean the person once during the reporting period⁴

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.

Violation of Confidentiality and participation in Treatment are rolled into Other.

[†] The NSMHA redefined the definition of case.

ATTACHMENT C - Kids

TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED REPORTING FROM 4/1/2000 through 3/31/2008

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		10/1/2006 - 3/31/2007		4/1/2007 - 9/30/2007		10/1/2007 - 3/31/2008		4/1/2008 - 3/31/2008	
	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	Total	% Total	Total	% Total
Unduplicated Number of Cases	9	33%	2	17%	0	0%	0	0%	0	0%	0	0%	2	8%	4	19%	4	11%	3	8%	14	20%	7	11%	11	17%	10	18%	4	10%	5	13%	75	14%
Access*	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%	8	14%	2	5%	5	13%	46	9%
Dignity and Respect	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%	14	25%	13	32%	9	23%	93	18%
Quality/Appropriateness **	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%	3	5%	4	10%	4	10%	43	8%
Phone Calls Not Returned	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%	3	5%	3	7%	1	3%	60	11%
Service -- Intensity, Not Available, Coordination	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%	4	7%	1	2%	3	8%	38	7%
Consumer Rights	2	7%	1	8%	3	30%	4	80%	0	0%	0	0%	0	0%	1	4%	1	5%	2	6%	6	16%	8	11%	11	17%	11	17%	0	0%	3	8%	56	11%
Physicians & medications	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%	1	2%	0	0%	0	0%	16	3%
Financial & Admin Svs.	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%	2	4%	2	5%	0	0%	15	3%
Residential	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%	2	4%	3	7%	0	0%	9	2%
Housing	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%	0	0%	0	0%	1	3%	4	1%
Transportation	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%	1	2%	2	5%	2	5%	20	4%
Emergency Services	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%	6	11%	7	17%	7	18%	54	10%
Other	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%	57	100%	41	100%	40	100%	529	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.

*** The NSMHA further defined the definition of care to mean the person once during the reporting period⁴

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.

Violation of Confidentiality and participation in Treatment are rolled into Other.

¹ The NSMHA redefined the definition of case.

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 3/31/2008

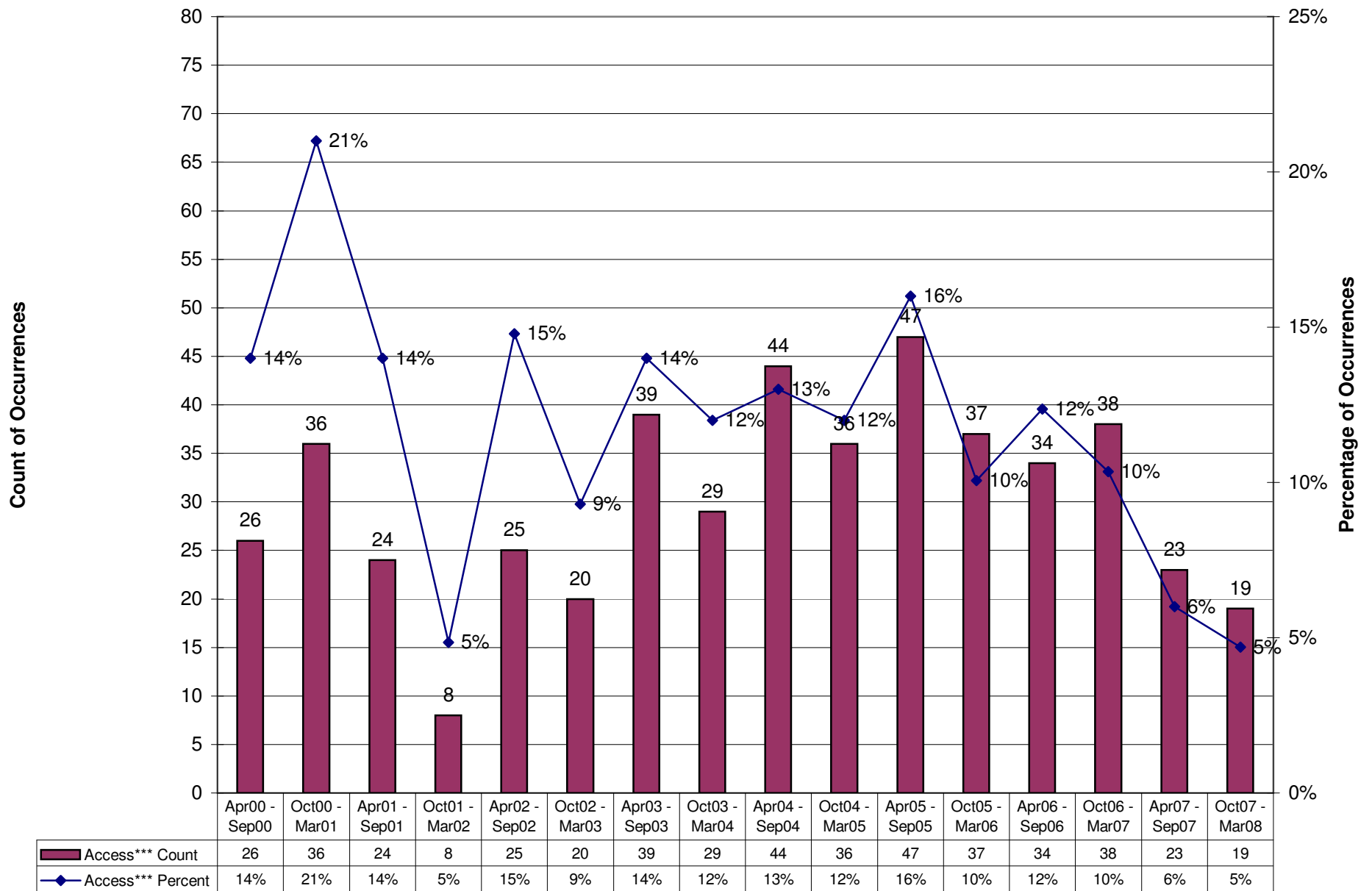
Past Six Months 10/1/2007 through 3/31/2008		
Type	Total	Percentage
Consumer Rights	58	16%
Emergency Services	50	14%
Physicians & medications	43	12%
Other	37	11%
Quality/Appropriateness **	34	9%
Dignity and Respect	31	9%
Housing	23	6%
Financial & Admin Svs.	20	6%
Access*	19	5%
Service -- Intensity, Not Available, Coordination	18	5%
Phone Calls Not Returned	15	4%
Residential	9	2%
Transportation	3	1%
Total	360	100%

Past Year 4/1/2007 through 3/31/2008		
Type	Total	Percentage
Consumer Rights	107	15%
Physicians & medications	91	13%
Dignity and Respect	83	12%
Emergency Services	82	11%
Quality/Appropriateness **	71	10%
Financial & Admin Svs.	54	8%
Other	52	8%
Housing	52	7%
Access*	42	6%
Phone Calls Not Returned	32	4%
Service -- Intensity, Not Available, Coordination	31	4%
Residential	16	2%
Transportation	5	1%
Total	718	100%

Since 4/1/2000 4/1/2000 through 3/31/2008		
Type	Total	Percentage
Consumer Rights	505	12%
Access*	485	11%
Physicians & medications	483	11%
Emergency Services	427	10%
Dignity and Respect	406	10%
Quality/Appropriateness **	397	9%
Service -- Intensity, Not Available, Coordination	383	9%
Financial & Admin Svs.	329	8%
Housing	304	7%
Other	256	6%
Phone Calls Not Returned	146	3%
Residential	105	2%
Transportation	27	1%
Total	4,253	100%

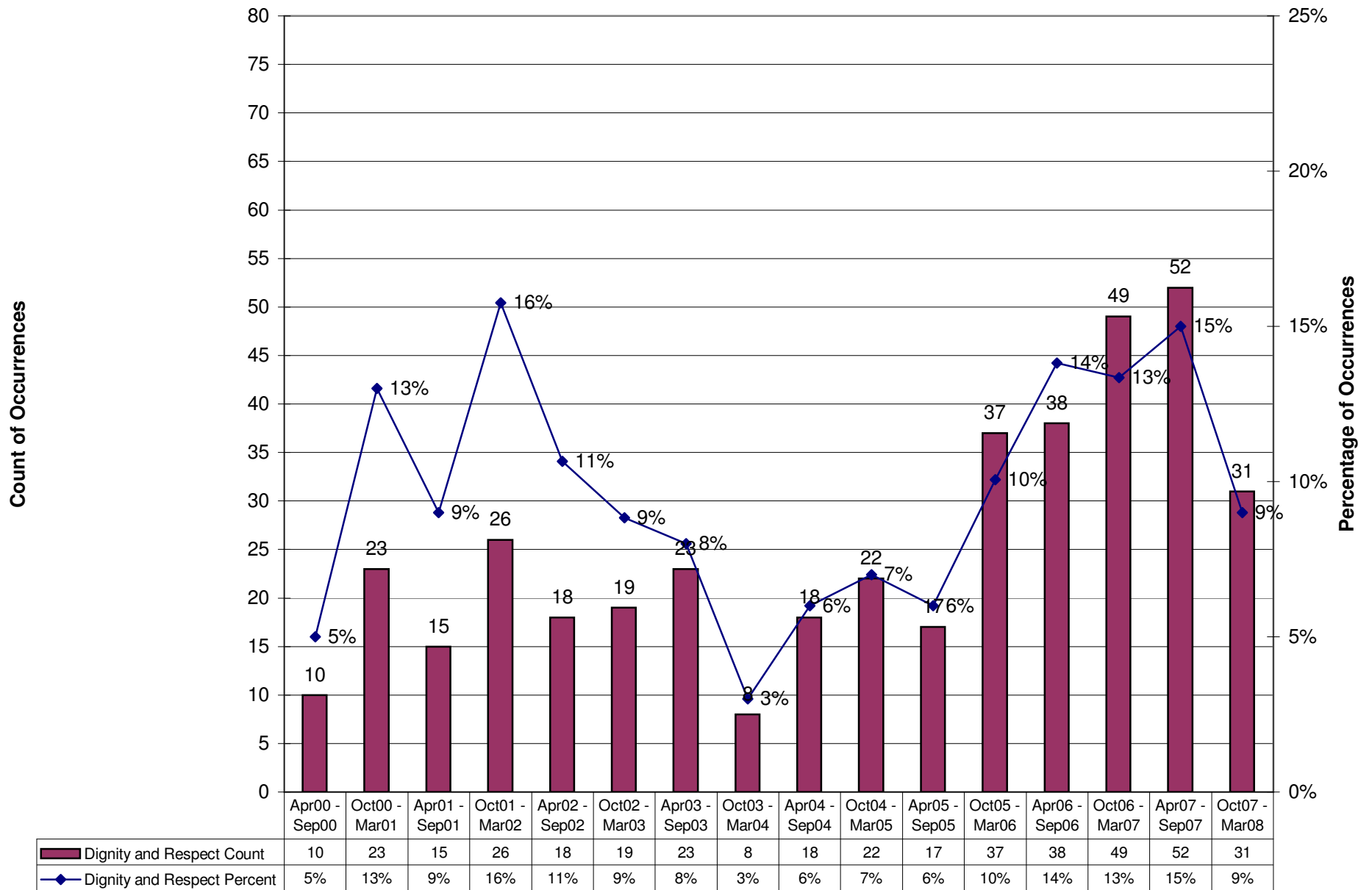
* NSMHA has been collecting Complaint and Grievance data since 4/1/1999. The data for 4/1/1999 through 3/31/2000 is not included in this table, as collection methods were less standardized at that time.

Chart 4 -
Access



Reporting Period

Chart 4 -
Dignity and Respect



Reporting Period

Chart 4 -
Quality/Appropriateness

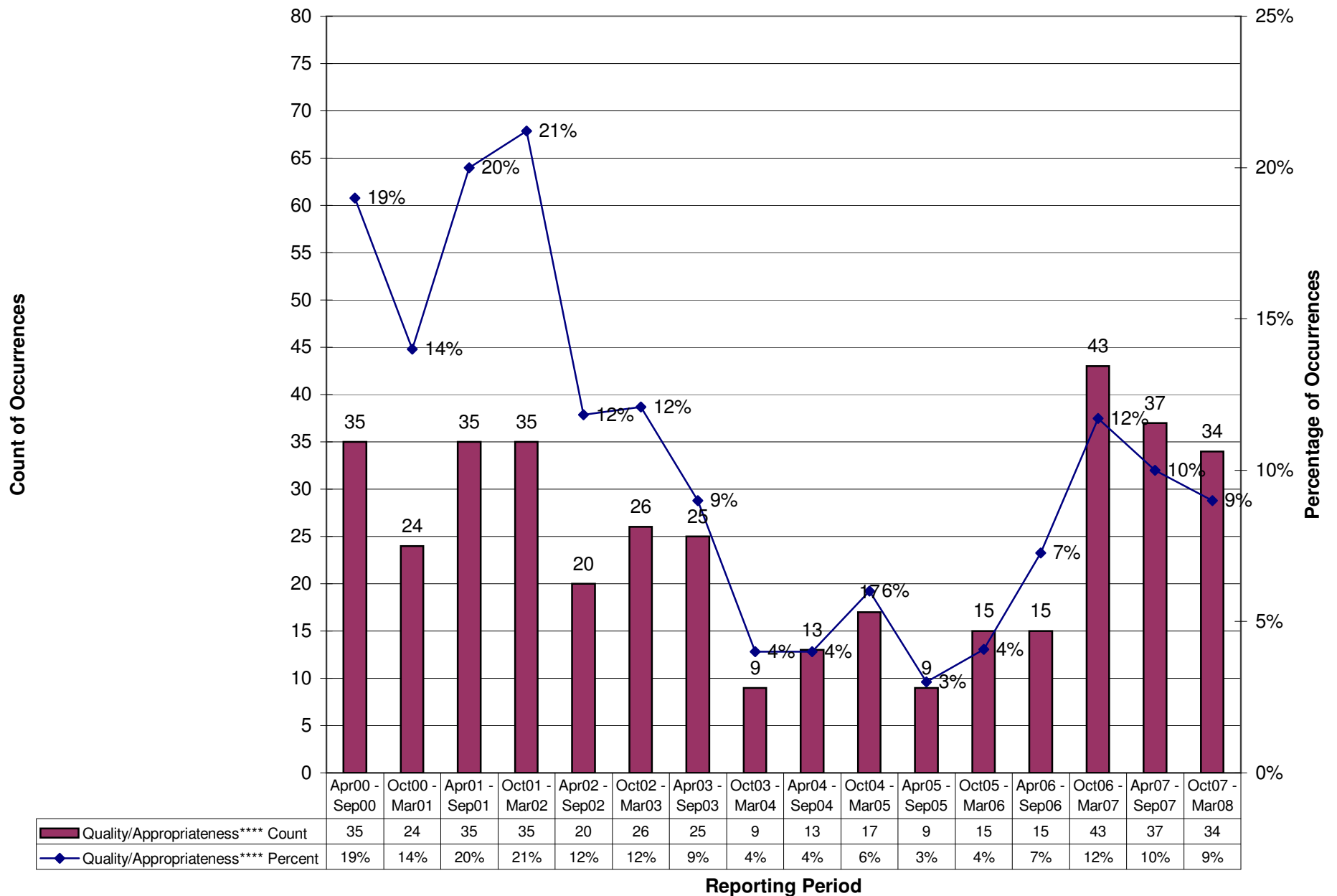


Chart 4 -
Phone Calls

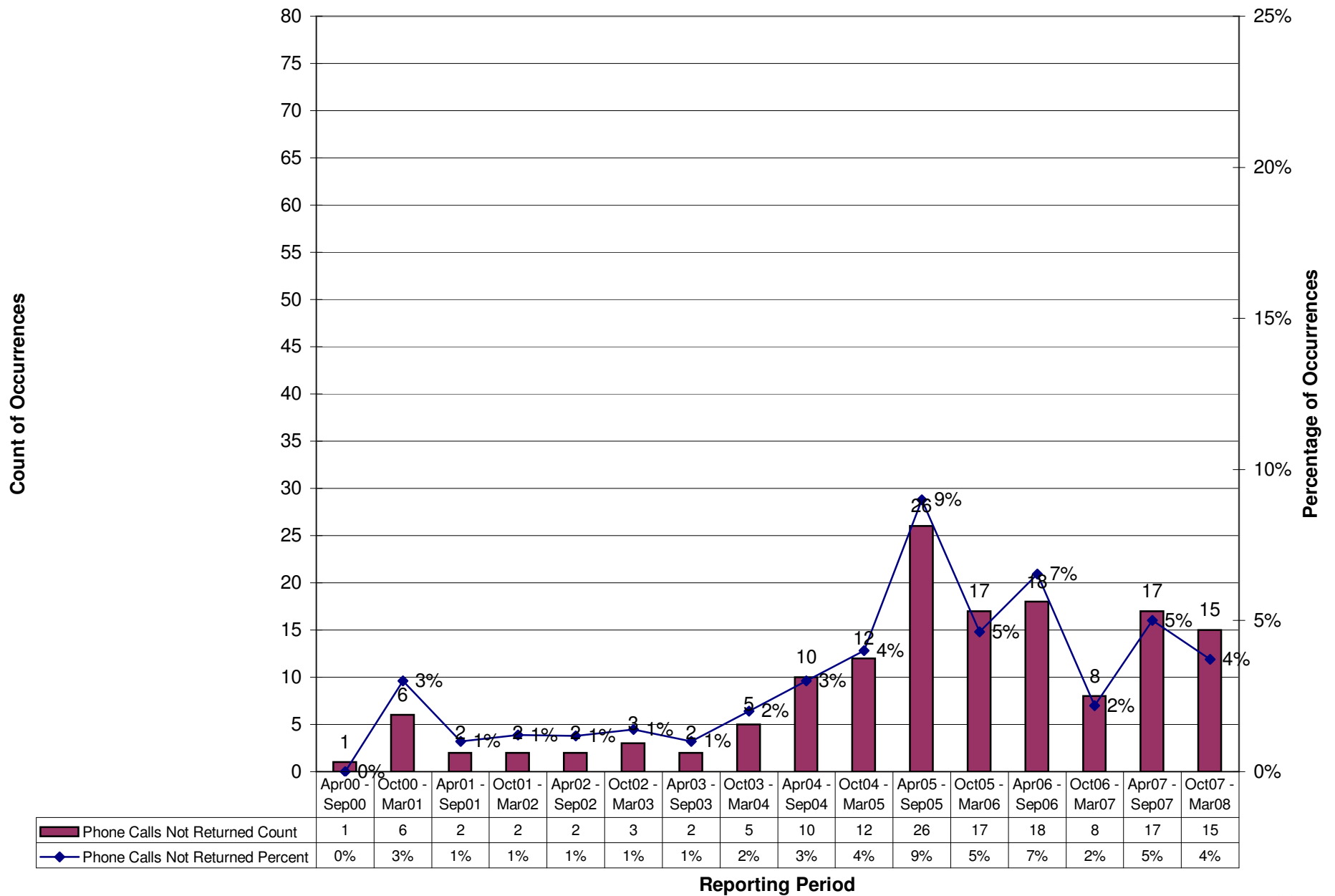


Chart 4 -

Service -- Intensity, Not Available, Coordination

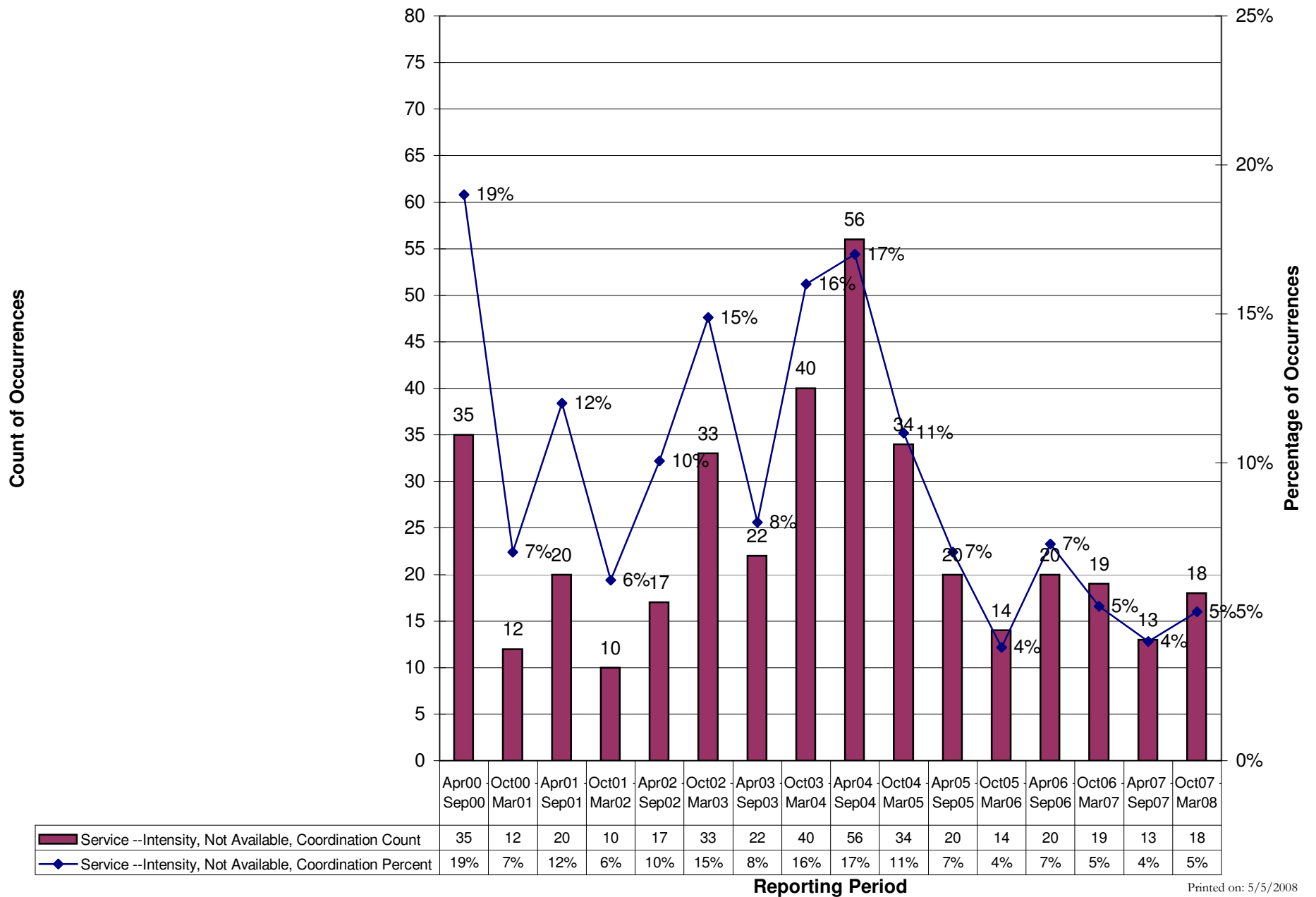
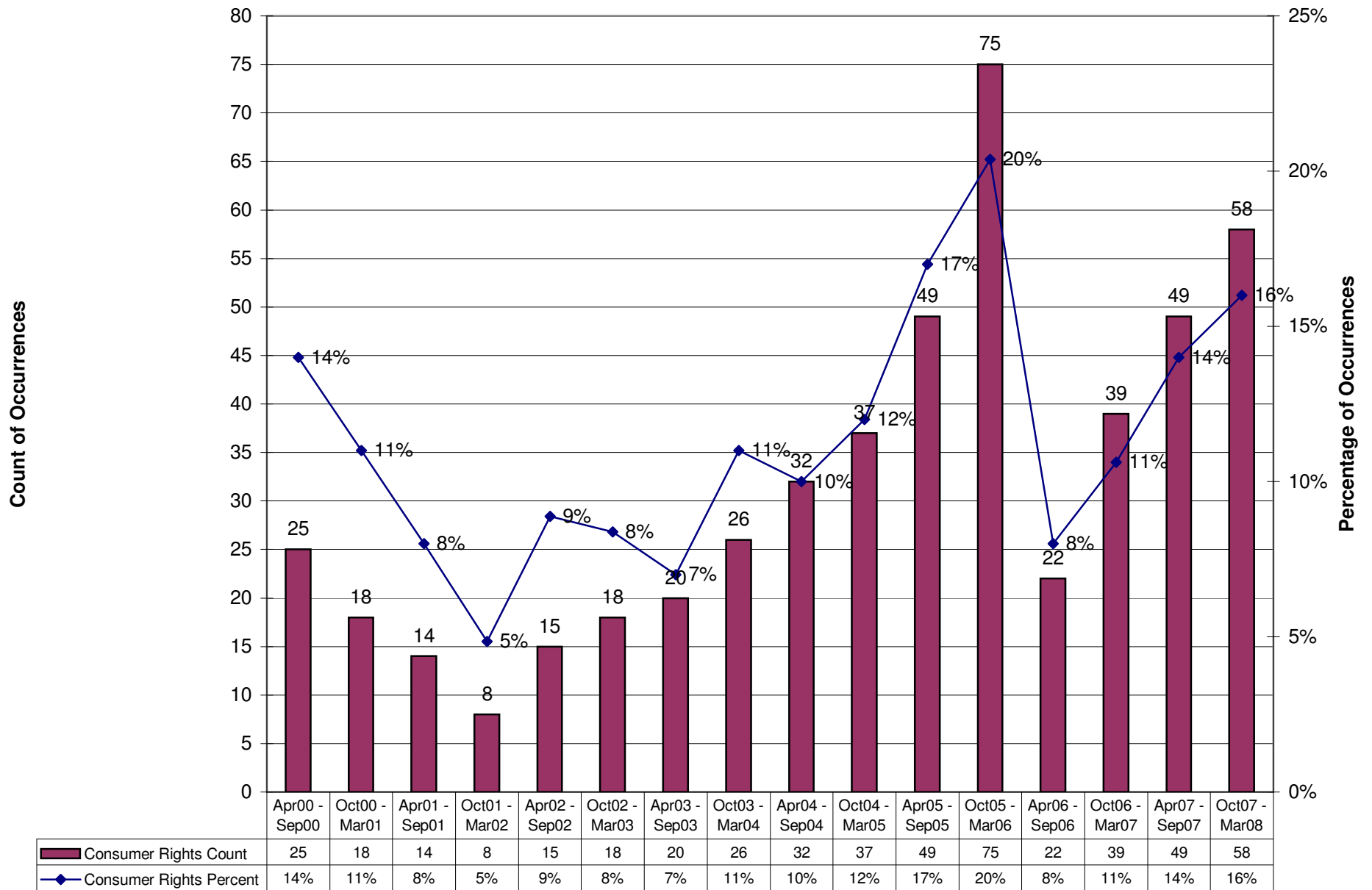


Chart 4 -
Consumer Rights



Reporting Period

Chart 4 -
Physicians & Medications

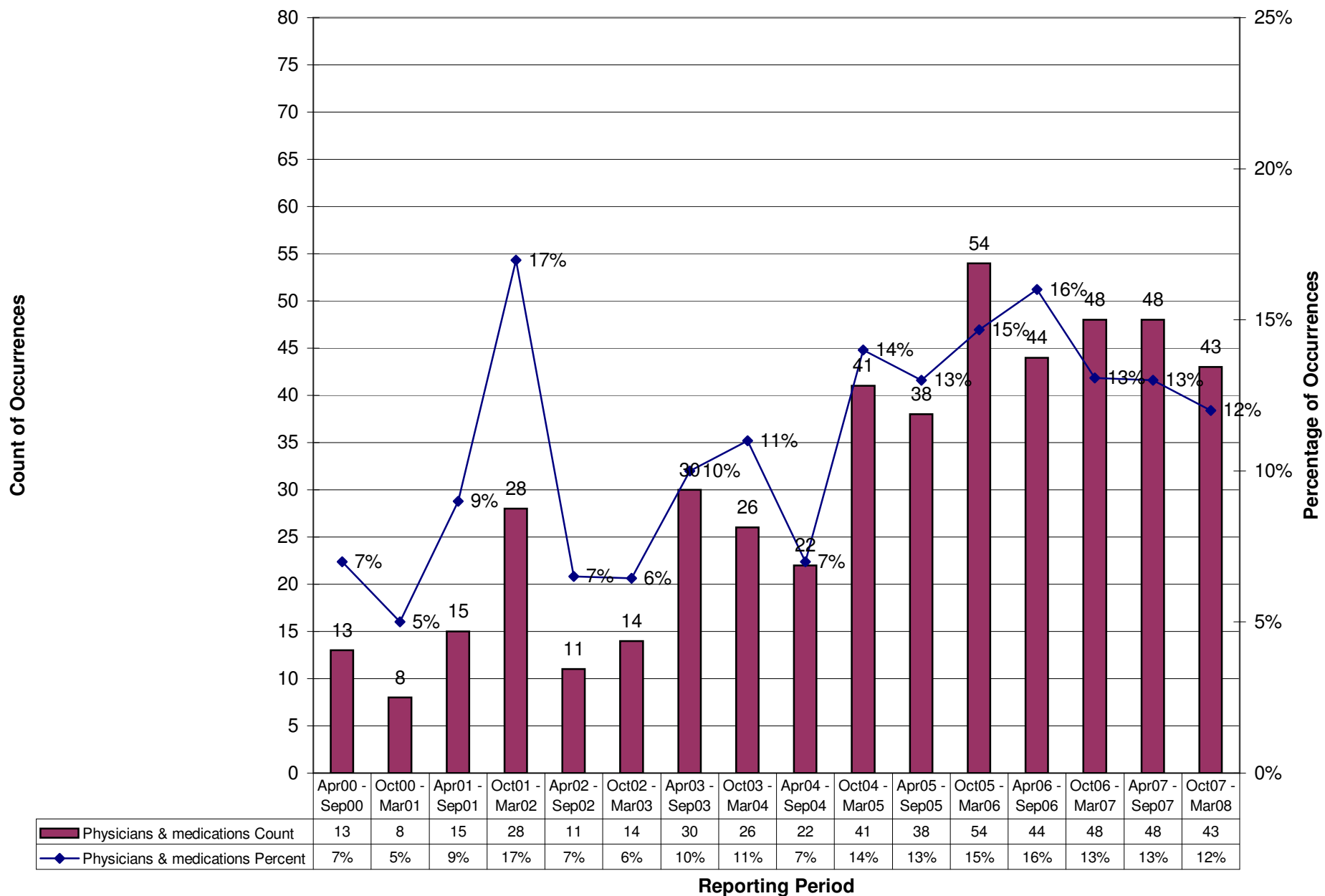


Chart 4 -
Financial & Admin. Services

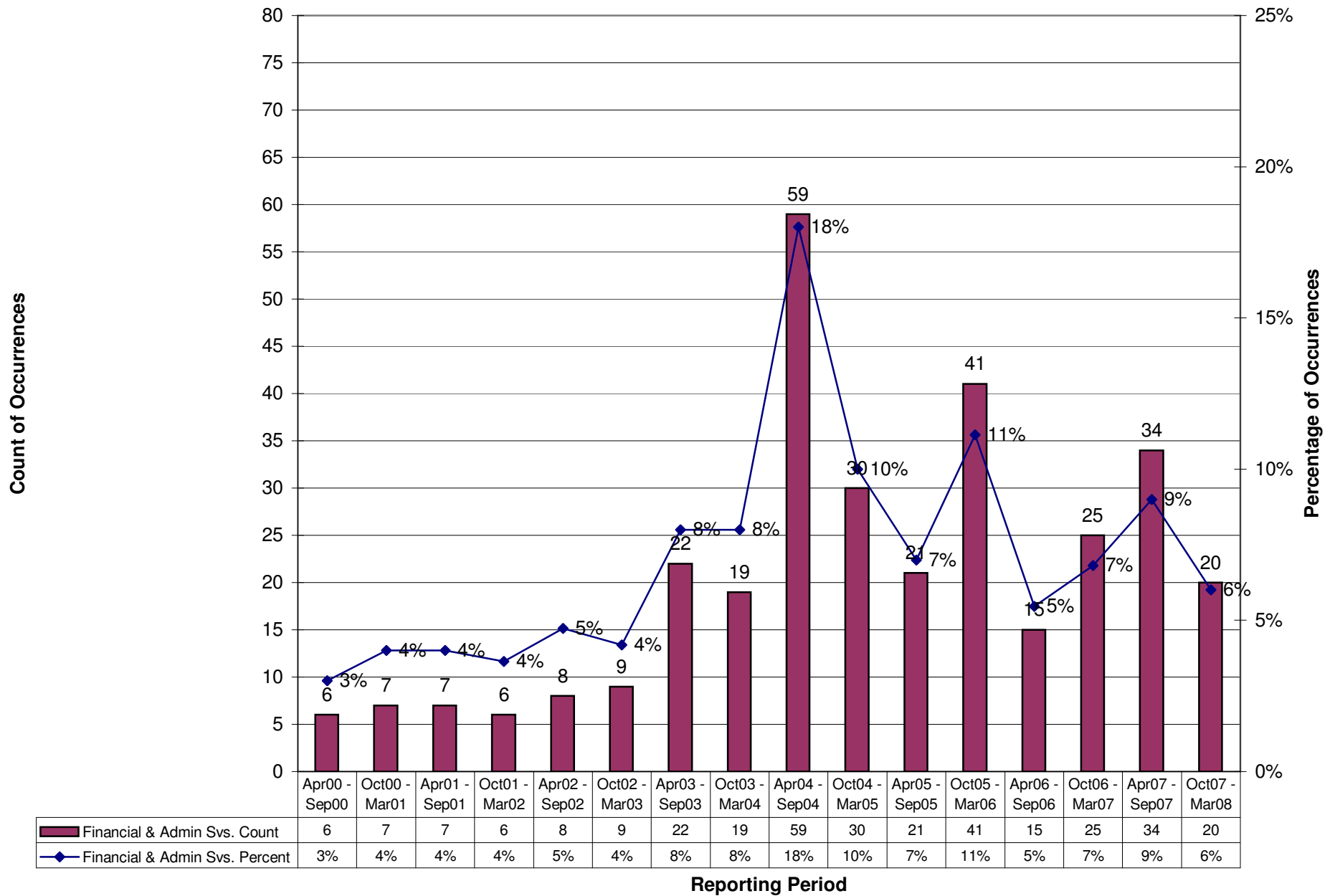


Chart 4 -
Residential

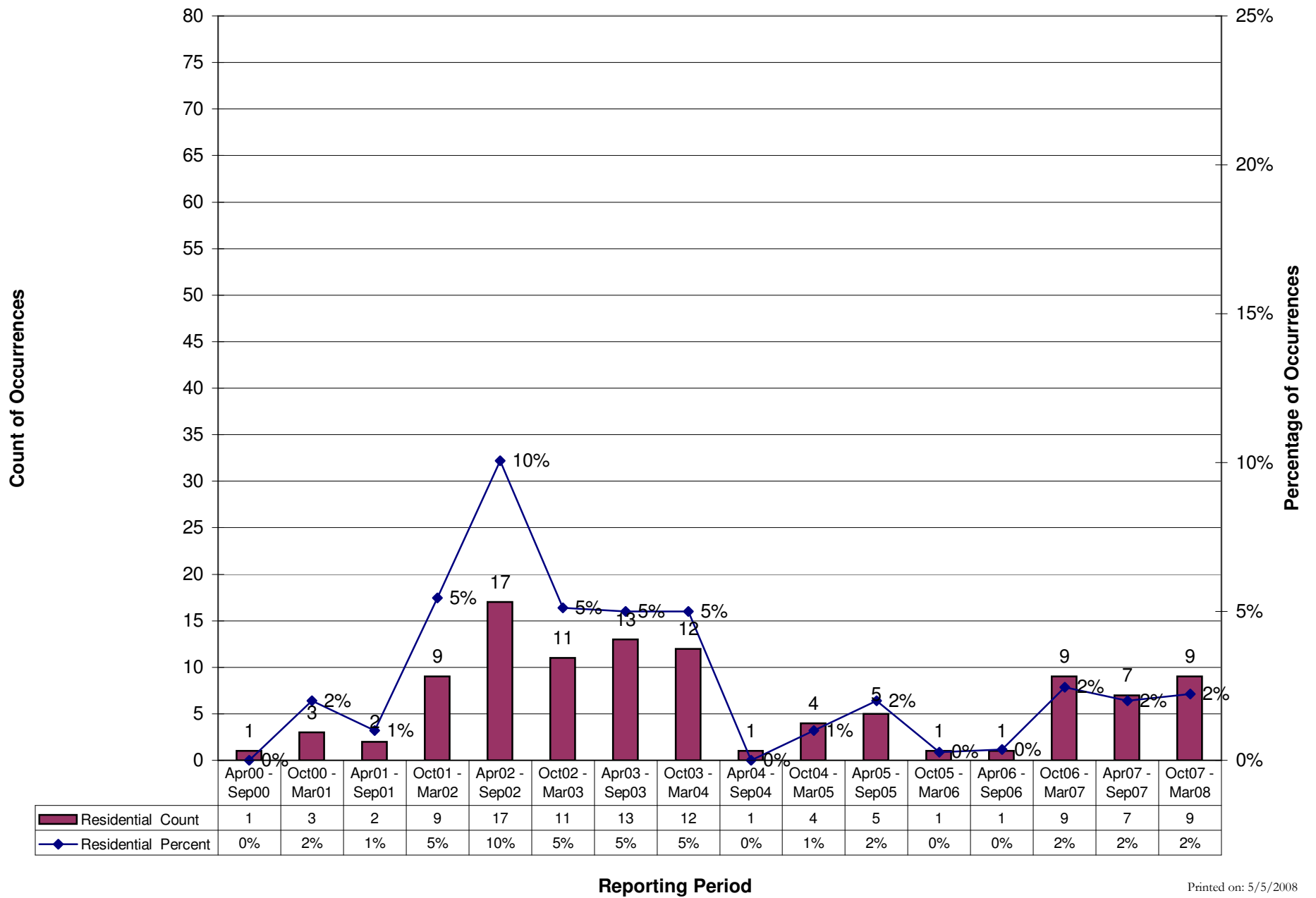


Chart 4 -
Housing

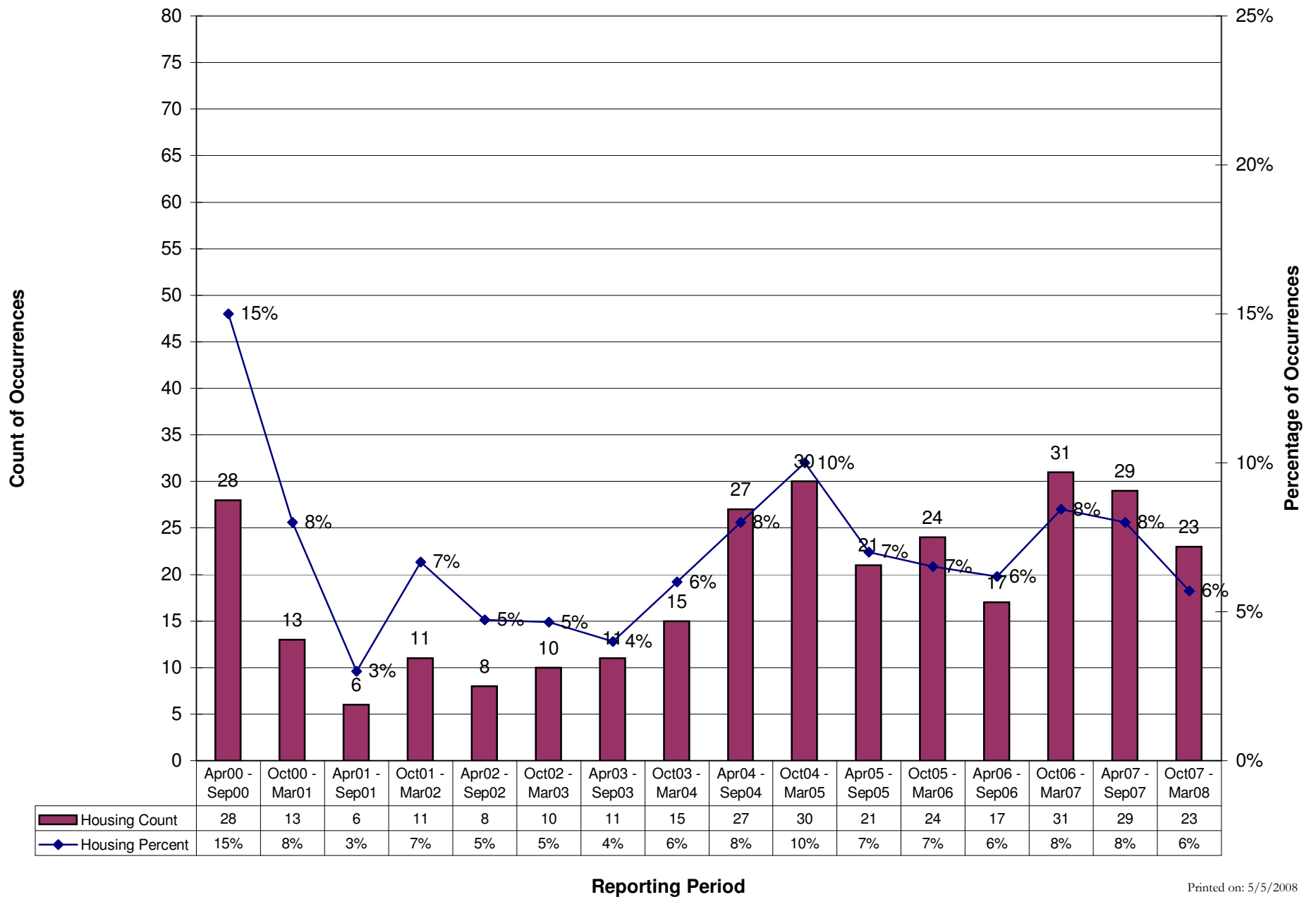


Chart 4 -
Transportation

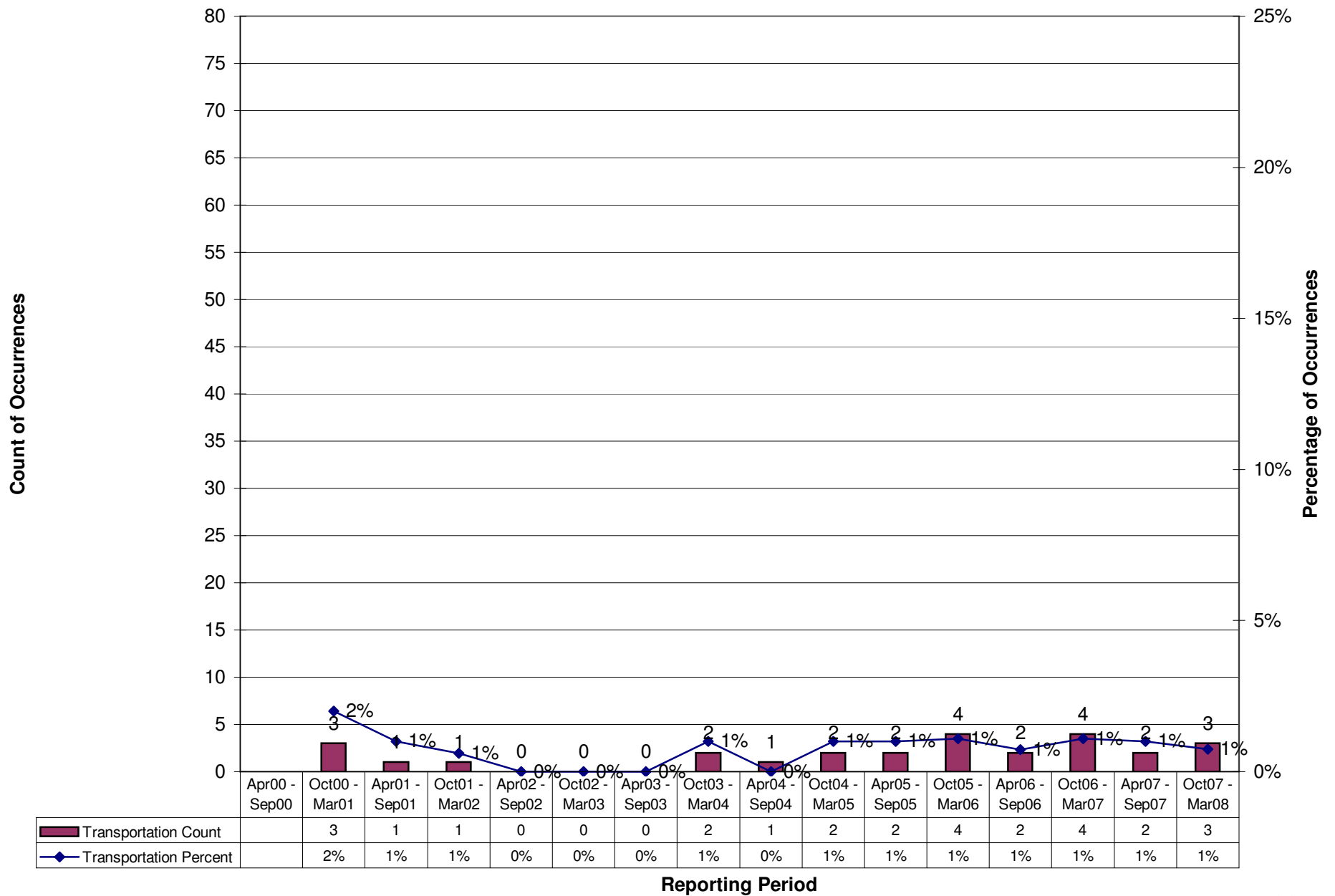


Chart 4 -
Emergency Services

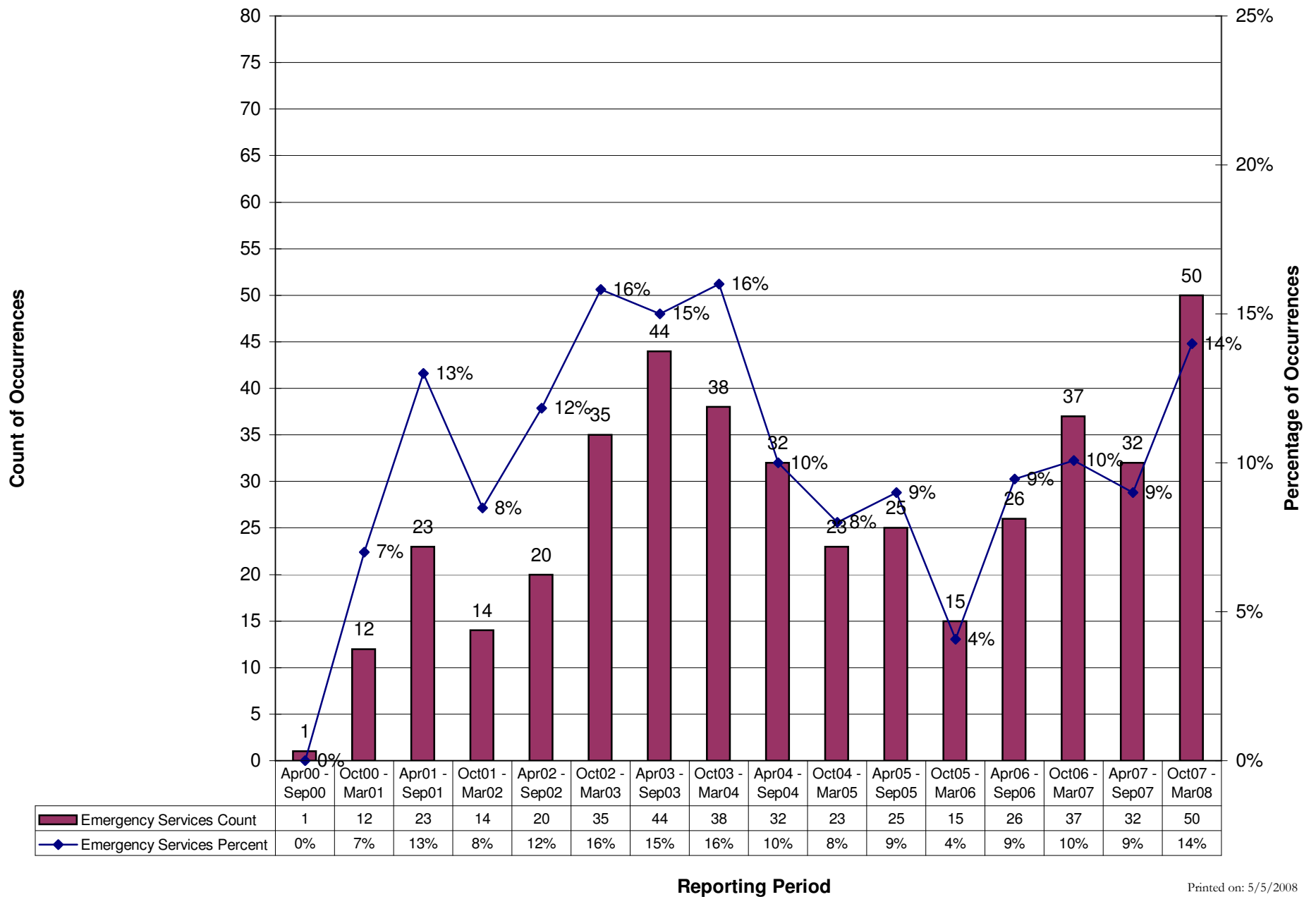


Chart 4 -
Other

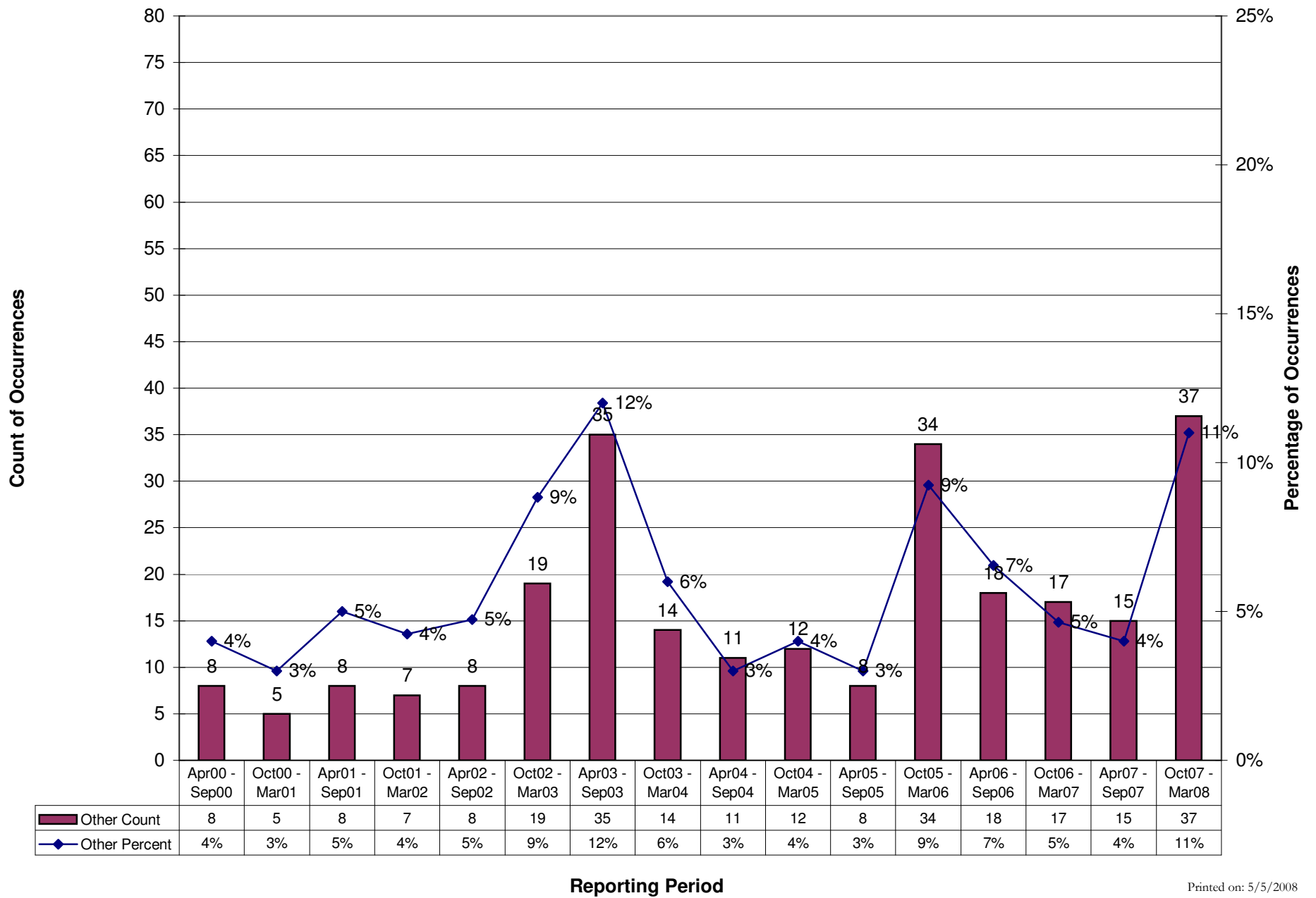
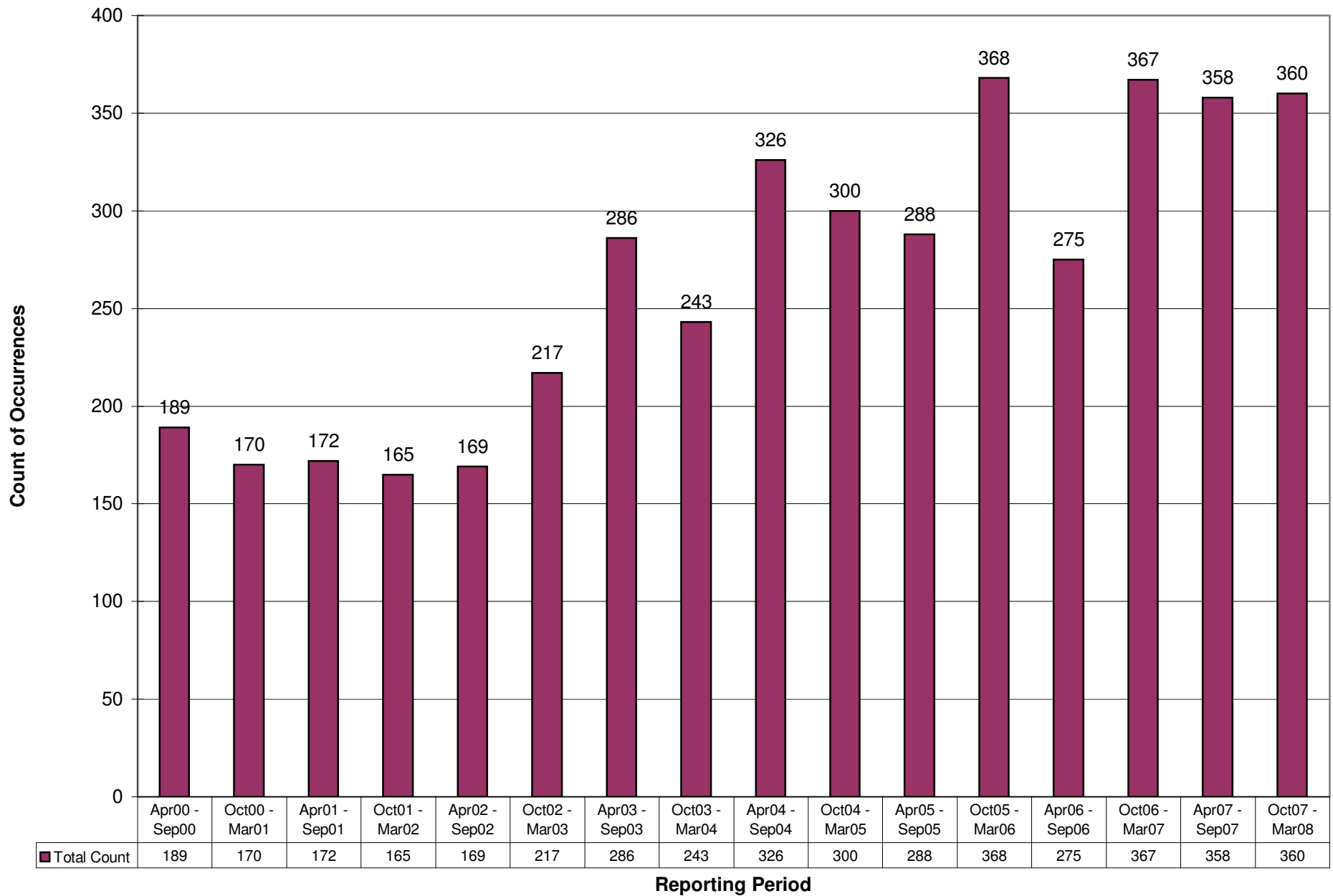


Chart 4 -
Total Occurrences



ATTACHMENT D

TABLE 3 NORTH SOUND MENTAL HEALTH ADMINISTRATION DENIALS AND APPEALS OVER TIME																																										
Denial Types	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						10/1/2006 through 3/31/2007						4/1/2007 through 9/30/2007						10/1/2007 through 3/31/2008					
	Denials			Appeals			Denials			Appeals			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	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total									
Access To Out. Serv.	59	69	128	5	2	7	62	61	123	4	1	5	47	75	122	2		2	78	99	177	2	2	4	72	85	157	4	1	5	56	72	128	1	1	2	40	72	112	1		1
Trans.																																										
Emer. Serv.																																										
Access To Inp. Serv.	*	*	*				3	3	6									4		4				7	1	8	2		2	7		7	1		1	1		1				
Other																																										
Total	59	69	128	5	2	7	65	64	129	4	1	5	47	75	122	2	0	2	82	99	181	2	2	4	79	86	165	6	1	7	63	72	135	2	1	3	41	72	113	1	0	1

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, 2004 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 3-2008

Reporting Unit	Reporting Period	Apr-03 through Sep-03		Oct-03 through Mar-04		Apr-04 through Sep-04		Oct-04 through Mar-05		Apr-05 through Sep-05		Oct-05 through Mar-06		Apr-06 through Sep-06		Oct-06 through Mar-07		Apr-07 through Sep-07		Oct-07 through Mar-08	
		Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ	Cases	Occ
Ombuds	%	80%	80%	77%	72%	70%	73%	63%	67%	69%	70%	66%	74%	56%	64%	67%	75%	75%	84%	68%	76%
	#	196	229	165	175	201	238	157	202	162	203	158	273	99	175	133	276	135	301	147	272
Providers	%	20%	20%	23%	28%	30%	27%	37%	33%	31%	30%	33%	25%	44%	36%	31%	23%	24%	14%	31%	23%
	#	49	57	49	68	86	88	93	98	72	85	79	92	77	100	61	85	43	51	67	84
NSMHA	%											<1%	1%			2%	2%	1%	2%	1%	1%
	#											1	3			4	6	2	6	3	4
Total	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	#	245	286	214	243	287	326	250	300	234	288	238	368	176 ¹	275 ²	198 ^{1 2}	367 ²	180 ^{1 2}	358 ²	217 ^{1 2}	360 ²

Data Notes

¹Cases further defined by the NSMHA to represent the person once in a reporting period

²Ombuds Services changed their reporting to include only complaints about public mental health services

Attachment F

Table 5 Reported Emergency Services Complaints by Reporting Source*

4-2003 through 3-2008

Reporter	Apr-03 through Sep-03	Oct-03 through Mar-04	Apr-04 through Sep-04	Oct-04 through Mar-05	Apr-05 through Sep-05	Oct-05 through Mar-06	Apr-06 through Sep-06	Oct-07 through Mar-07	Apr-07 through Sep-07	Oct-07 through Mar-08
Ombuds Services	31	26	23	13	22	12	22	24	25	31
Volunteers of America	8	8	5	8	0	1	1	10	5	13
Snohomish County ITA	5	3	2	2	0	2	0	0	0	0
Lake Whatcom	0	0	0	0	0	0	0	0	0	0
Catholic Community Services	0	0	0	0	0	0	0	0	0	0
Sea Mar	0	0	0	0	0	0	0	0	0	0
Whatcom Counseling and Psychiatric Clinic	0	1	0	0	1	0	1	0	1	1
Volunteers of America Inpatient	**	**	**	**	**	0	0	0	0	0
<i>bridgeways</i>	0	0	0	0	0	0	0	0	0	0
Compass Health	0	0	2	0	2	0	2	2	1	4
NSMHA	0	0	0	0	0	0	0	1	0	1
Sunrise Services	**	**	**	**	**	**	**	**	**	0
Interfaith	**	**	**	**	**	**	**	**	**	0
Total	44	38	32	23	25	15	26	37	32	50

*Complaint, grievance and fair hearing occurrences have been collapsed into one category.

**Not collected from this reporting unit during period