

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

APRIL 1, 2008 THROUGH SEPTEMBER 30, 2008

### INTRODUCTION

NSMHA continues to report quarterly grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division's reporting templates and requirements.

NSMHA continues to collect complaint data in a separate format, on a semiannual basis, as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. NSMHA also aggregates complaint, grievance, fair hearing, denial, and appeal data on a semiannual basis.

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*

For this quarterly reporting period of July through September 2008 the NSMHA will report grievances, fair hearings, appeals, and denials. The NSMHA will also review aggregate data including complaint data for the semiannual period of April through September 2008 for quality management purposes.

### QUARTERLY GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA

#### July through September 2008

There were 6 grievance or fair hearing cases and 26 occurrences, 53 denials, and one consumer appeal reported for July through September 2008.

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

#### April through September 2008

The number of overall complaint, grievance, or fair hearing occurrences reported has remained relatively steady over the last four semiannual reporting periods, while the number of cases reported 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 was an increase in reported grievance or fair hearing cases and occurrences as compared to previous semiannual periods.

The categories that accounted for the most reported complaints during the current semiannual reporting period are: **Other** 54 (15%), **Consumer Rights** 49 (14%), **Service-Intensity, not available, coordination** 45 (12%), **Dignity and Respect** 41 (11%), **Physicians and Medications** 41 (11%), and **Emergency Services** 41 (11%).

**Consumer Rights** 107 (15%), **Emergency Services** 91 (13%), **Other** 91 (13%) **Physicians and Medications** 84 (12%), **Dignity and Respect**, 72 (10%) and **Service-Intensity, not available, coordination** 63 (9%) accounted for the most reported complaints over the past year.

When combined, **Dignity and Respect and Consumer Rights** accounted for 25% of the reported occurrences over the latest semiannual period and over the past year (*Dignity and Respect* is one of the consumer rights).

The category of **Other** has shown an increase in reporting. NSMHA continues to collapse the newer state categories of violation of confidentiality, participation in treatment, and access to inpatient into the category of "other". We will separate out these 3 categories in future tables so we can track them over time.

The majority of reported complaints, grievances, and fair hearings filed continue to be for **Medicaid consumers**.

The number of denials reported remains lower over the past two semiannual periods (October 2007 through September 2008) than for previous periods. Denials for children/youth were lower than for adults, which is a departure from most prior reporting periods.

NSMHA has been restructuring the notice process in response to Mental Health Division changes of the definition of "Denial" and anticipates decreases in Notices of Action once implementation is complete.

There were two consumer appeals. The NSMHA has processed 36 consumer appeals since implementation of the authorization process in June of 2004. (In addition to the consumer appeals process the NSMHA maintains inpatient provider appeal and dispute processes. Inpatient provider appeals and disputes are not included in this appeal data).

### **BROAD and CONSISTENT REPORTING**

The NSMHA continues to work towards broad and consistent reporting of complaints 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.

For April through September 2008 providers reported 32% of the cases and 21% of the occurrences and Ombuds reported 67% of the cases and 78% of the occurrences.

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

### **QUALITY MANAGEMENT PROCESSES**

NSMHA is the process of restructuring the quality management committee process and will provide information about the new structure in future reports.

NSMHA 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 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.

One new recommendation for quality improvement or further study and review was generated through the quality management committee process during the last semiannual and quarterly reporting cycle, and two grievances resulted in a corrective action process. The recommendation was to follow up with Compass Health to determine whether the shortage of case management services during the transition to modified fee for service contracts has been resolved.

The corrective action processes involve continuation of services during the grievance process, delivery and authorization of services following the assessment process, and discussion of funding with consumers.

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 *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 ***region wide access process*** from the initial call to access through the assessment process.
- ✓ Corrective action processes involve the scope of services provided and the hours of operation at a ***Drop- In Center***.

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

- ✓ Developing a clinical practice guideline for ***Adult Attention Deficit Hyperactivity Disorder (ADHD)***.
- ✓ Increasing ***Flex Funds***
- ✓ Providing ***trauma based services***
- ✓ Providing region wide training regarding treatment of ***eating disorders***
- ✓ 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  
SEMIANNUAL REPORT  
APRIL 1, 2008 through SEPTEMBER, 2008**

## **I. INTRODUCTION**

The NSMHA continues to report quarterly grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division's reporting templates and requirements. The NSMHA also continues to collect complaint data in a separate format, on a semiannual basis, as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities. NSMHA also aggregates complaint, grievance, fair hearing, denial, and appeal data on a semiannual basis.

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).

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.

*The NSMHA also 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 a brief overview of quarterly grievance, denial, appeal and fair hearing, data for July through September 2008
- Provide semiannual data for complaints, grievances, denials, appeals and fair hearings, for April through September 2008
- Provide follow-up from previous quality management activities or recommendations that involve complaints, grievances, appeals, denials or fair hearings
- 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 JULY 2008 THROUGH SEPTEMBER 2008**

There were 6 grievance or fair hearing cases and 26 occurrences, 53 denials, and one consumer appeal reported for July through September 2008. (*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 APRIL 2008 THROUGH SEPTEMBER 2008**

### **A. Grievance and Fair Hearing Data**

There was an increase in reported grievance or fair hearing cases and occurrences as compared to previous periods. Nineteen (19) grievance or fair hearing cases and 63 occurrences were reported for April 2008 through September

2008 as compared to 9 cases and 25 occurrences, 13 cases and 39 occurrences, 17 cases and 40 occurrences, 7 cases and 7 occurrences, and 12 cases and 20 occurrences for the previous five semiannual reporting periods.

## **B. Denial and Appeal Data**

### **1. Denials**

The number of denials reported remains lower over the past two semiannual periods (October 2007 through September 2008) than for previous periods. There were 115 denials reported for April through September 2008, one hundred and ten were for outpatient services and five were for inpatient services.

Denials for children/youth were lower than for adults, which is a departure from most prior reporting periods. Fifty-five (55) reported denials were for children/youth and 60 were for adults.

NSMHA has been restructuring the notice process in response to Mental Health Division changes of the definition of “Denial” and anticipates decreases in Notices of Action once implementation is complete.

### **2. Appeals**

There were two consumer appeals reported for April 2008 through September 2008. NSMHA has processed 36 consumer appeals since implementation of the authorization process in June of 2004. In addition to the consumer appeals process, the NSMHA maintains inpatient provider appeal and dispute processes. Inpatient provider appeals and disputes are not included in this appeal data.

The NSMHA has developed a table to track the number of reported denials and consumer 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 reported has remained relatively steady over the last four semiannual reporting periods, while the number of cases reported 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.

215 cases and 361 occurrences were reported for April through September 2008. The majority of complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Eighty seven percent of the cases and eighty nine percent of the occurrences reported were for Medicaid consumers.

The categories that accounted for the most reported complaints for April 2008 through September 2008 are: ***Other*** 54 (15%), ***Consumer Rights*** 49 (14 %), ***Service-Intensity, not available, coordination*** 45 (12%), ***Dignity and Respect*** 41 (11%), ***Physicians and Medications*** 41 (11%), and ***Emergency Services*** 41 (11%).

***Consumer Rights*** 107 (15%), ***Emergency Services*** 91 (13%), ***Other*** 91 (13%), ***Physicians and Medications*** 84 (12%), and ***Dignity and Respect*** 72 (10%), and ***Service-Intensity, not available, coordination*** 63 (9%) accounted for the most reported complaints over the past year.

The category of ***Other*** has shown an increase in reporting over the past year. The NSMHA continues to collapse the newer state categories of violation of confidentiality, participation in treatment, and access to inpatient into the category of “other”. We will separate out these 3 categories in future tables so we can track them over time.

Fourteen (26%) of the occurrences reported as ***Other*** for April through September 2008 were reported in these 3 categories. For this reporting period there were 3 occurrences reported for violation of confidentiality, 9 for participation in treatment, and 2 for access to inpatient. NSMHA will work with Ombuds Services and other reporters to review how the category of “other” is being used for the remaining occurrences.

When combined, ***Dignity and Respect and Consumer Rights*** accounted for 90 (25%) of the reported occurrences for April through September 2008 and 179 (25%) for the past year. (*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. The data in these tables includes complaints, grievances, and fair hearings for both Medicaid and state-funded consumers. *(See Attachments C – Table 1-Complaints, Grievances, and Fair Hearings Filed 4-2000-9-2008, Table 2-Complaints, Grievances, and Fair Hearings Filed-Past 6 months, Past Year, Since 4-2000, and Charts-Complaints, Grievances, and Fair Hearings Filed).*

#### **D. 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.

For April through September 2008 providers reported 32% of the cases 21% of the occurrences and Ombuds reported 67% of the cases and 78% of the occurrences. Ombuds services reported more occurrences per case than providers. *(See Attachment E-Table 4-Percentage of Cases and Occurrences by Reporting Source 4-2003-9-2008 for additional information about cases and occurrences over time).*

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.

Results for the latest semiannual reporting period show that there were no emergency services complaints reported by providers other than VOA. *(See Attachment F-Table 5 Emergency Services Complaints by Reporting Source 4-2003-9-2008 for additional information about emergency services reporting over time.)*

The number of cases and occurrences reported that involve children remains low (17% of the cases and 14% of the occurrences) *(See Attachment C—Table 1 Kids--Complaints, Grievances, and Fair Hearings Filed 4-2000-9-2008 for information about complaint reporting for children over time.)*

#### **IV. QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES from PREVIOUS SEMIANNUAL 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 providers' quality management processes. NSMHA is the process of restructuring the quality management committee process and will provide information about the new structure in future reports.

Complaint, grievance, appeal, denial, and fair hearing data and reports are reviewed in the NSMHA Internal Quality Management Committee (IQMC), 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.

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. In addition, complaint data has become increasingly more central to individual providers' internal quality management processes.

The Complaint, Grievance, Appeal, Denial, and Fair Hearing Semiannual Report for October 2008 through March 2008 (and quarterly report for April through June 2008) were reviewed by IQMC and QMOC. There was one new recommendation for further study and review generated through the quality management committee process. In addition two grievances during this period resulted in a corrective action process. A brief summary is presented below.

**A. Case Management Services During Transition** (Recommendation to follow up with Compass Health to determine whether the shortage of case management services during the transition to modified fee for service contracts has been resolved).

Through complaint and grievance information Compass Health, Ombuds services, and NSMHA noted that there was a shortage of case management services during the transition to modified fee for service contracts. Compass Health has been addressing this issue in their internal quality management process and is monitoring the number of complaints related to this issue.

Compass Health reports that the number of complaints regarding availability of case management services has decreased and that efforts to stabilize the situation and provide adequate coverage appear to have resulted in a smaller than anticipated number of complaints. In addition, Ombuds services have not indicated that this issue continues to be an area of concern in their April through September 2008 semiannual report to the NSMHA. The NSMHA will follow up with Compass Health (see section V below-Provider Quality Management Activities and Ombuds Recommendations).

**B. Corrective Action Processes**

Two grievances resulted in a corrective action process with providers. Issues addressed in these corrective action processes include continuation of services during the grievance process and delivery and authorization of services following the assessment process (Sea Mar) and discussion of funding with consumers (Compass Health).

**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. Drop-In Center Program-Corrective Action Process** NSMHA had received and approved Compass Health's corrective action plan regarding the scope of services provided and the hours of operation at their Drop-In Center. Compass Health's CEO also provided a presentation about their corrective action plan and addressed concerns to the NSMHA Advisory Board Committee.

*Update: NSMHA will continue to monitor implementation of this plan.*

**B. Dignity and Respect** (Recommendation for further study and review of dignity and respect in the region).

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. This plan was reviewed and approved by and QMOC.

The system-wide effort will include the identification of objectives and an action plan designed to achieve those objectives. 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. The NSMHA also identified Dignity and Respect as the theme of the 2008 region wide Recovery Conference.

In part due to concerns raised by consumers, Dignity and Respect remains a topic of required training on the NSMHA Regional Training Plan.

*Update: The NSMHA 2008 Recovery Conference was held in October 2008. Dignity and Respect was the theme for the 2008 Recovery Conference. NSMHA has not yet begun the system wide partnership/workgroup.*

**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, NSMHA identified research-based treatments for eating disorders through

a work group process that included providers, consumers, advocates, and NSMHA staff. The research-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 arranged for additional region wide training with an eating disorder expert and dietician with eating disorder expertise. NSMHA also continues to contract for and arrange a clinical consultation group for providers with the eating disorder expert. The NSMHA also anticipates providing a third region wide training and has completed and adopted region wide practice guidelines for Adult Anorexia and Bulimia.*

#### **D. 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. We have also discussed that NSMHA and providers established a trauma disorder workgroup and although the workgroup has ended, the Regional Quality Management Committee (RQMC) would 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 initial 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 of Directors)*
- 2. Trauma Screening Tool:** *(A trauma screening tool was developed for use when trauma is suspected or reported. NSMHA reviewed the status of implementation of the trauma screening tool-Some providers have implemented use of the trauma screening tool while others have not)*
- 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:** *Compass Health provided their “Quality in Action” presentation to QMOC, completing the presentations.*

**Update:** *The four original recommendations have been completed.*

#### **E. 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 concerns complaint data were one factor leading to further study and review of access to medication management services.)

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

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 fourth most reported complaints in the current semiannual reporting period and 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 or capacity of 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.

NSMHA will review and summarize IS data regarding medication management services and review next steps to complete the study of medication management capacity in NSMHA.

*Update: None*

**F. 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. This recommendation had been postponed due to the restructuring of the region wide access and authorization process.

*Update: NSMHA has reviewed current access practices with VOA. VOA asks callers to bring any information that might be helpful to their assessment appointment and suggests callers bring a friend or family member to the assessment.*

**G. Inpatient Capacity** (Recommendation was for further study and review of inpatient capacity, Ombuds services concerns were one factor leading to further study and review of inpatient capacity.)

As outlined in previous reports, 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.

NSMHA had also discussed this recommendation in IQMC and revised the recommendation to be consolidation of efforts towards review of inpatient capacity, inpatient reduction, and diversion as efforts had already begun towards hospital reduction and diversion. NSMHA had completed a Hospital Reduction work group and inpatient reduction was prioritized as one of six statewide performance indicators. The plan was for NSMHA to review the results of the Hospital Reduction work group and bring recommendation and action steps forward to RQMC and QMOC.

In addition, NSMHA and providers had 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. NSMHA anticipated that the new process would allow for better management of inpatient resources.

NSMHA in partnership with the Children's Administration and Snohomish County had also 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.

NSMHA had been planning to review inpatient objectives, provide a summary of recommendations in the context of the results of the original Hospital Reduction Workgroup, and provide a summary of the changes that have occurred in the inpatient process.

*Update: There have been multiple changes to the inpatient system since the original Hospitalization Reduction Workgroup met. NSMHA recommends not proceeding with efforts to review the results of the original Hospital Reduction work group. Inpatient*

reduction has been prioritized as one of six statewide performance indicators, remains a goal on the NSMHA Quality Management Plan, and will be monitored through the Quality Management Plan Report Process. NSMHA will revisit this area in the future if consumer concerns related to lack of inpatient capacity arise.

**H. 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.

#### 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 over time towards:

- ✓ Developing a clinical practice guideline for **Adult Attention Deficit Hyperactivity Disorder (ADHD)**
- ✓ 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** utilized in determining eligibility for services

#### 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 and recommendations 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 report they continued to address the shortage of case management services during the transition to modified fee for service contracts in their internal quality management process and are monitoring the number of complaints related to this issue. Compass Health reports that the number of complaints has decreased since the last several reporting periods and that efforts to stabilize the situation and provide adequate coverage appear to have resulted in a smaller than anticipated number of complaints. Compass Health further reports that complaints for the primary site involved are the lowest since Fall of 2006.
- Compass Health had also focused on complaints related to physicians and medications and report that the number of complaints related to physicians and medications has stabilized and has been lower over the last several reporting periods than for previous periods.
- Catholic Community Services report that their QI Committee will review the main themes of this period's complaints. One area for discussion will be the value of focusing on therapeutic alliance in the early engagement process with new client families, e.g., giving clear and repeated invitations to clients to let CCS know of any problems or concerns they are having with their services, clinician, or the agency.

- Whatcom Counseling and Psychiatric Clinic (WCPC) provided training regarding involuntary treatment procedures. In addition WCPC report they provided training to clinical staff and crisis services staff about treatment for Dissociative Identity Disorder. WCPC has requested NSMHA consider region wide training for treatment of Dissociative Identity Disorder.
- Lake Whatcom Center (LWC) report they continues to address Dignity and Respect and reports that due to the number of ongoing complaints regarding Respect and Dignity, they have developed a QI Plan to focus on training and other Respect and Dignity materials. LWC has involved two consumers in the development of a Respect and Dignity presentation and continues to develop a Respect and Dignity training module. This module will be incorporated in the Agency Training Plan for all new employees.
- Volunteers of Americas (VOA) report they continue to train existing and incoming staff on their customer service philosophy to ensure best practice service delivery. VOA also continues to work on the ongoing goals to decrease inpatient hospitalization rates and decrease initial assessment appointments where consumers do not attend the appointments. VOA has also instituted silent monitoring of phone calls.
- Sea Mar report they addressed the NSMHA requirement that consumers have the right to continue services during the complaint or grievance process. Sea Mar reports they addressed this through supervision at all sites.
- bridgeways report that feedback regarding group services led to a revamping of group services content. The lack of consumer feedback in general has been a concern identified by *bridgeways*. *Bridgeways* will continue to evaluate consumer feedback via complaints and consumer satisfaction surveys for input, which may be incorporated into their Quality Management Plan.
- Sunrise Services, Inc. report that some consumers who transferred services needed more intensive services and Sunrise worked to secure Intensive Outpatient Program “IOP” services for these individuals.

## **B. Ombuds Services Recommendations**

Regional 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 have been integrated into NSMHA quality improvement processes as outlined above. Ombuds and NSMHA will work to prioritize areas for further study and review or quality improvement. Ombuds services recommendations for quality improvement focus during this period include:

- Provider Transfer Process-Ombuds services recommends NSMHA work with providers to smooth out the transfer process between providers.
- Coordination with Home and Community Services (HCS) - Ombuds services recommends NSMHA, HCS, and the Long Term Care community work together to develop community service plans for consumers with a primary diagnosis of dementia who no longer have the option of going to Western State Hospital (WSH) or who discharge from WSH. In addition Ombuds recommends increased coordination for consumers with Developmental Disabilities and Mental Illness while in Evaluation and Treatment Facilities.
- Hospital and Evaluation & Treatment Facility Procedures for Assaultive/Violent Behavior- Ombuds services recommends NSMHA urge hospitals and E & T facilities to develop measures to physically protect staff members.
- Emergency Medication Management Services- Ombuds services recommends NSMHA ensure crisis policies and crisis lines facilitate clients in obtaining medications upon discharge from hospitals and jails prior to going through withdrawal symptoms—especially consumers without current prescribers.
- Authorization Letters-Ombuds services recommends NSMHA look into possibility of sending authorization letters to clinicians rather than consumers, if this is an option, so that clinicians can explain the meaning of the letters.
- Statewide Access to Care standards-Ombuds services recommend expansion of Statewide Access to Care Standards so that more childhood disorders and Traumatic Brain Injury (TBI) are included as Category A covered diagnoses.

- Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) - Ombuds services recommends development of services in these areas and advocacy for increased funding in these areas.

## VI. FUTURE PLANS

- (1). 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). NSMHA 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 QMOC.
- (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). NSMHA will also continue the practice of reviewing grievances or appeals that result in the reversal of the original authorization decision in order to ensure this process is reliable, adheres to standards, and identifies areas for potential quality improvement.
- (5). NSMHA and providers will continue to collaborate to use information about complaints, grievances, appeals, denials, and fair hearings as opportunities for quality improvement.
- (6) NSMHA has been restructuring the notice process in response to Mental Health Division changes of the definition of “Denial” and anticipates decreases in Notices of Action once implementation is complete
- (7). 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. NSMHA has been in the process of updating the Complaint, Grievance, Appeal, Fair Hearing and Notice Policies to reflect these changes.

07-09 Report - PIHP - Medicaid Services Only

**PIHP Name** North Sound MHA     
 **Contact Name:** Diana Striplin     
 **Reporting Period:** July through September 2008  
**Contact Phone No.** 360 416-7013     
 **(Month and Year)**

**Total Unduplicated Number of Adult Cases**

5
---

**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	1	0	0	0	30
Dignity and Respect	0	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	1	
Consumer Rights	0	2	0	0	
Physicians & Medications	3	2	0	1	
Financial & Admin Svs	1	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	1	2	0	0	0
Access to Inpatient	0	0	0	0	1
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	1	0	0	1	
Other	3	2	0	1	0
<b>Total</b>	<b>11</b>	<b>10</b>	<b>0</b>	<b>4</b>	<b>31</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	0	0	0	0	20
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	2
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</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	3	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	4	0	0	0
Arbitration	0	10	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>7</b>	<b>10</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	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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

07-09 Report -- RSN -- State Funded Services Only

**RSN Name** North Sound MHA **Contact Name:** Diana Striplin **Reporting Period:** July through September 2008  
**Contact Phone #:** 360 416-7013 Ext 240 **(Month and Year)**

**Total Unduplicated Number of Adult Cases** 1

<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	0	0	0	0
Dignity and Respect	0	1	0	1
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	1	0	1
Physicians & Medications	0	0	0	0
Financial & Admin Svs	1	1	0	1
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	1	0	1
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
<b>Total</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>4</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	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
<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	1	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
<b>Total</b>	<b>1</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	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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

PIHP Notice of Action Appeals Report 05-07

ATTACHMENT B

PIHP NSMHA

Report Period July through September 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				
<b>Total</b>	<b>0</b>				

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				
<b>Total</b>	<b>0</b>				

Standard Appeals	ADULTS		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				
<b>Total</b>	<b>0</b>				

Standard Appeals	CHILDREN		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				
<b>Total</b>	<b>1</b>				<b>1</b>

Standard Appeals	ADULTS		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				
<b>Total</b>	<b>0</b>				

Standard Appeals	CHILDREN		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				
<b>Total</b>	<b>0</b>				

**ATTACHMENT C - Totals**  
**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED**  
**REPORTING FROM 4/1/2000 through 9/30/2008**

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 - 9/30/2008		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	Total	% Total																															
Unduplicated Number of Cases								141				162				193				245				214				287				250				234				238				176***				198***				180***				217				215				2,950			
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%	19	5%	49	13%	52	15%	31	9%	41	11%	407	9%	492	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%	41	11%	407	9%	492	11%																													
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%	12	3%	405	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%	7	2%	147	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%	45	12%	391	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%	49	14%	510	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%	41	11%	488	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%	23	6%	330	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%	3	1%	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%	22	6%	306	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%	4	1%	28	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%	41	11%	430	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%	54	15%	266	6%																															
<b>Total</b>	<b>189</b>	<b>100%</b>	<b>170</b>	<b>100%</b>	<b>172</b>	<b>100%</b>	<b>165</b>	<b>100%</b>	<b>169</b>	<b>100%</b>	<b>217</b>	<b>100%</b>	<b>286</b>	<b>100%</b>	<b>243</b>	<b>100%</b>	<b>326</b>	<b>100%</b>	<b>300</b>	<b>100%</b>	<b>288</b>	<b>100%</b>	<b>368</b>	<b>100%</b>	<b>275</b>	<b>100%</b>	<b>367</b>	<b>100%</b>	<b>358</b>	<b>100%</b>	<b>360</b>	<b>100%</b>	<b>361</b>	<b>100%</b>	<b>4,305</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.

\*\*\* The NSMHA further defined the definition of care to mean the person once during the reporting period  
 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.

<sup>1</sup> The NSMHA redefined the definition of case.





**ATTACHMENT C - Kids**  
**TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED**  
**REPORTING FROM 4/1/2000 though 9/30/2008**

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 - 9/30/2008		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	Total	% Total				
Unduplicated Number of Cases	9	33%	2	17%	0	0%	4	0%	3	0%	13	0%	20	8%	21	19%	36	11%	35	8%	58	20%	53	11%	46***	17%	38***	18%	26***	10%	28 <sup>1</sup>	13%	36	7%	417	13%	82	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%	1	2%	47	8%				
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%	8	15%	101	17%				
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%	1	2%	44	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%	8	15%	68	12%				
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%	5	10%	43	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%	3	5%	0	0%	3	8%	5	10%	61	10%		
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%	1	2%	17	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%	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%	2	4%	11	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%	1	3%	1	2%	5	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%	3	6%	23	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%	10	19%	64	11%				
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%	52	100%	581	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 period<sup>4</sup>

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.

<sup>1</sup> 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\*****Past Six Months  
4/1/2008 through 9/30/2008**

Type	Total	%
Other	54	15%
Consumer Rights	49	14%
Service Intensity	45	12%
dignity/respect	41	11%
Phys/meds	41	11%
Emer Service	41	11%
Financial	23	6%
Housing	22	6%
Access	19	5%
Quality	12	3%
Phone calls	7	2%
Transportation	4	1%
Residential	3	1%
Total	361	100%

**Past Year  
10/1/2007 through 9/30/2008**

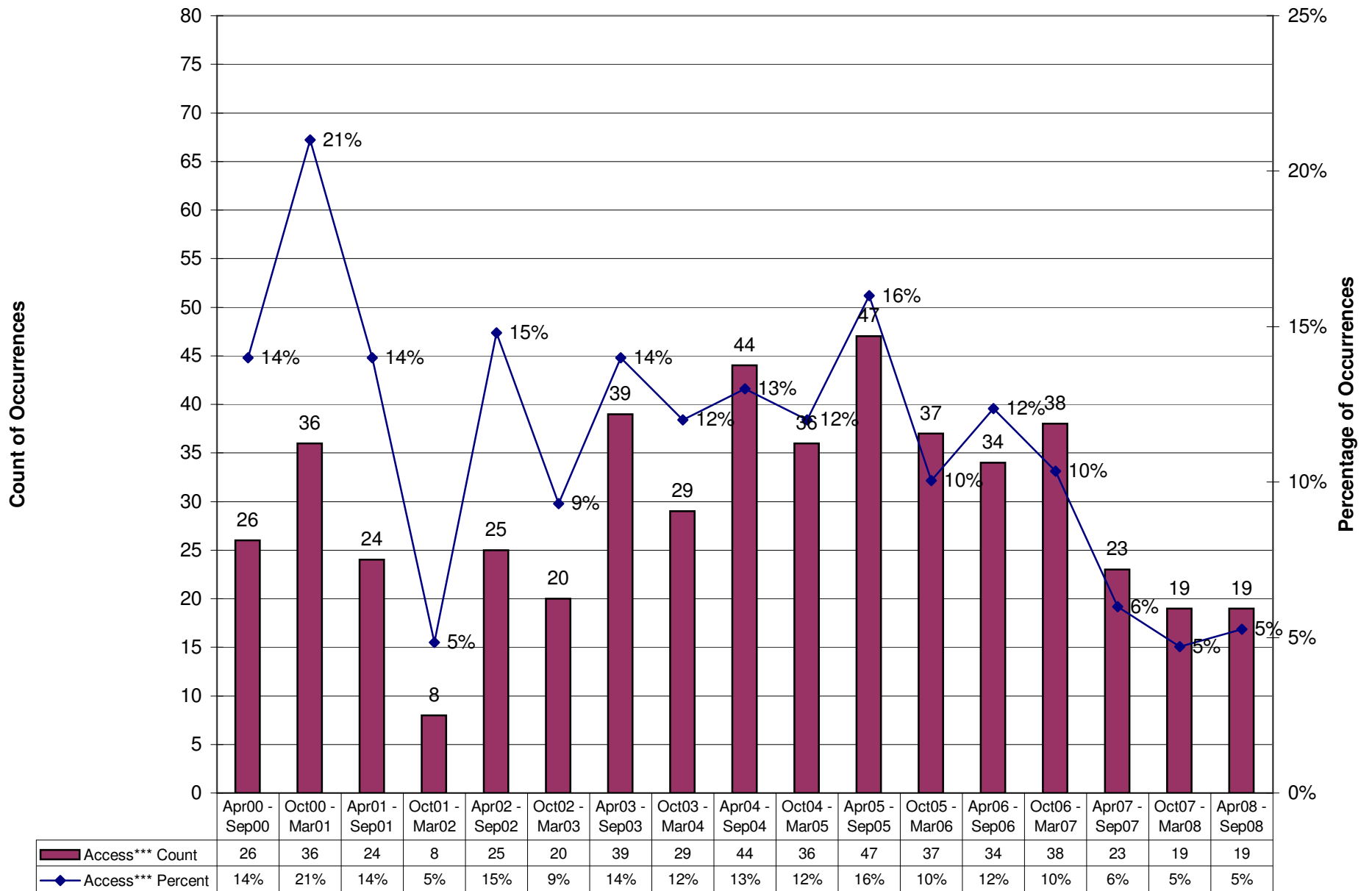
Type	Total	%
Consumer Rights	107	15%
Emer Service	91	13%
Other	91	13%
Phys/meds	84	12%
dignity/respect	72	10%
Service Intensity	63	9%
Housing	46	6%
Financial	45	6%
Quality	43	6%
Access	38	5%
Phone calls	22	3%
Residential	12	2%
Transportation	7	1%
Total	721	100%

**Since 4/1/2000  
4/1/2000 through 9/30/2008**

Type	Total	%
Consumer Rights	554	12%
Phys/meds	524	11%
Emer Service	504	11%
Access	468	10%
dignity/respect	447	10%
Service Intensity	428	9%
Financial	409	9%
Housing	352	8%
Quality	326	7%
Other	310	7%
Phone calls	153	3%
Residential	108	2%
Transportation	31	1%
Total	4614	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**

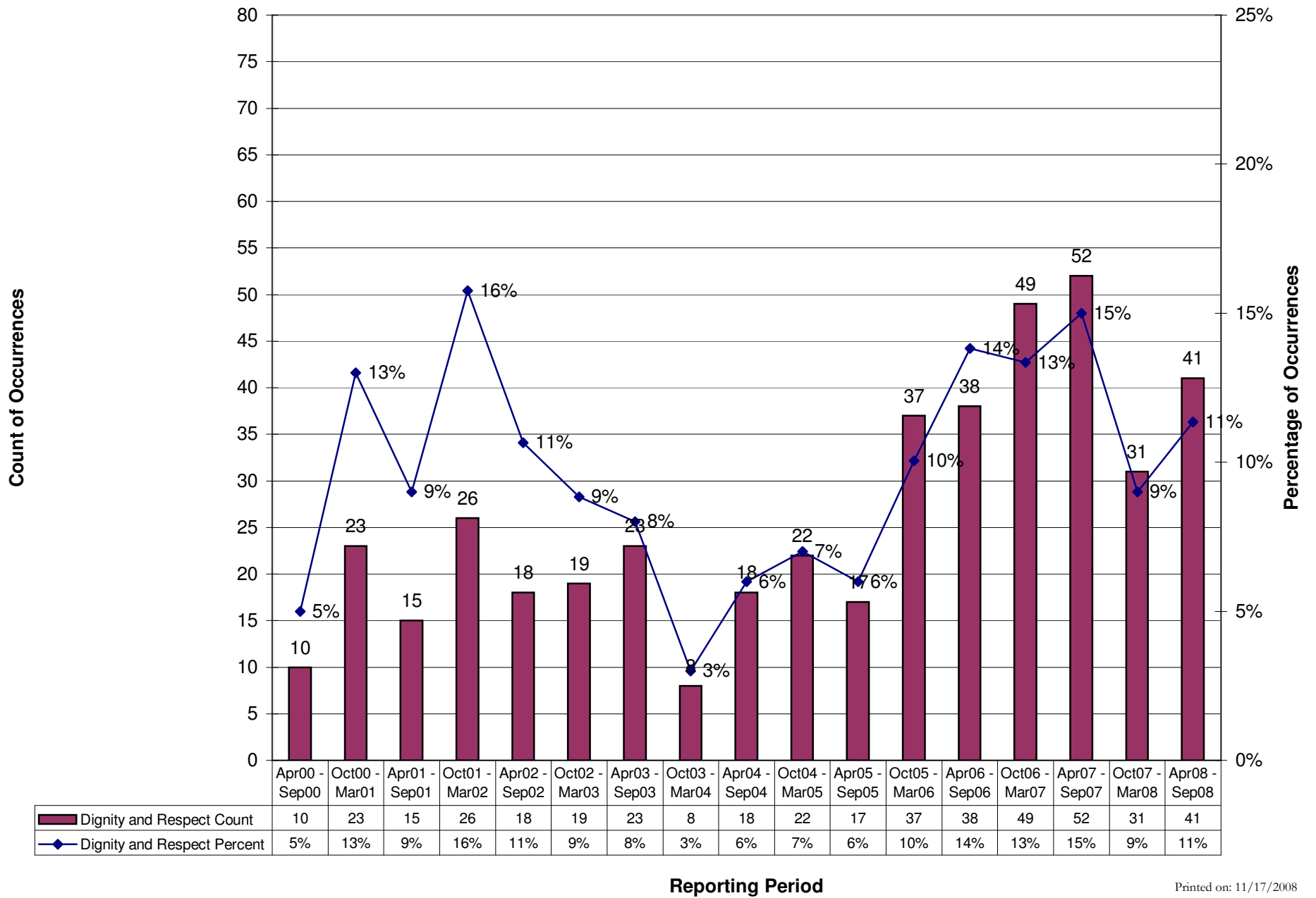


Chart 4 -  
**Quality/Appropriateness**

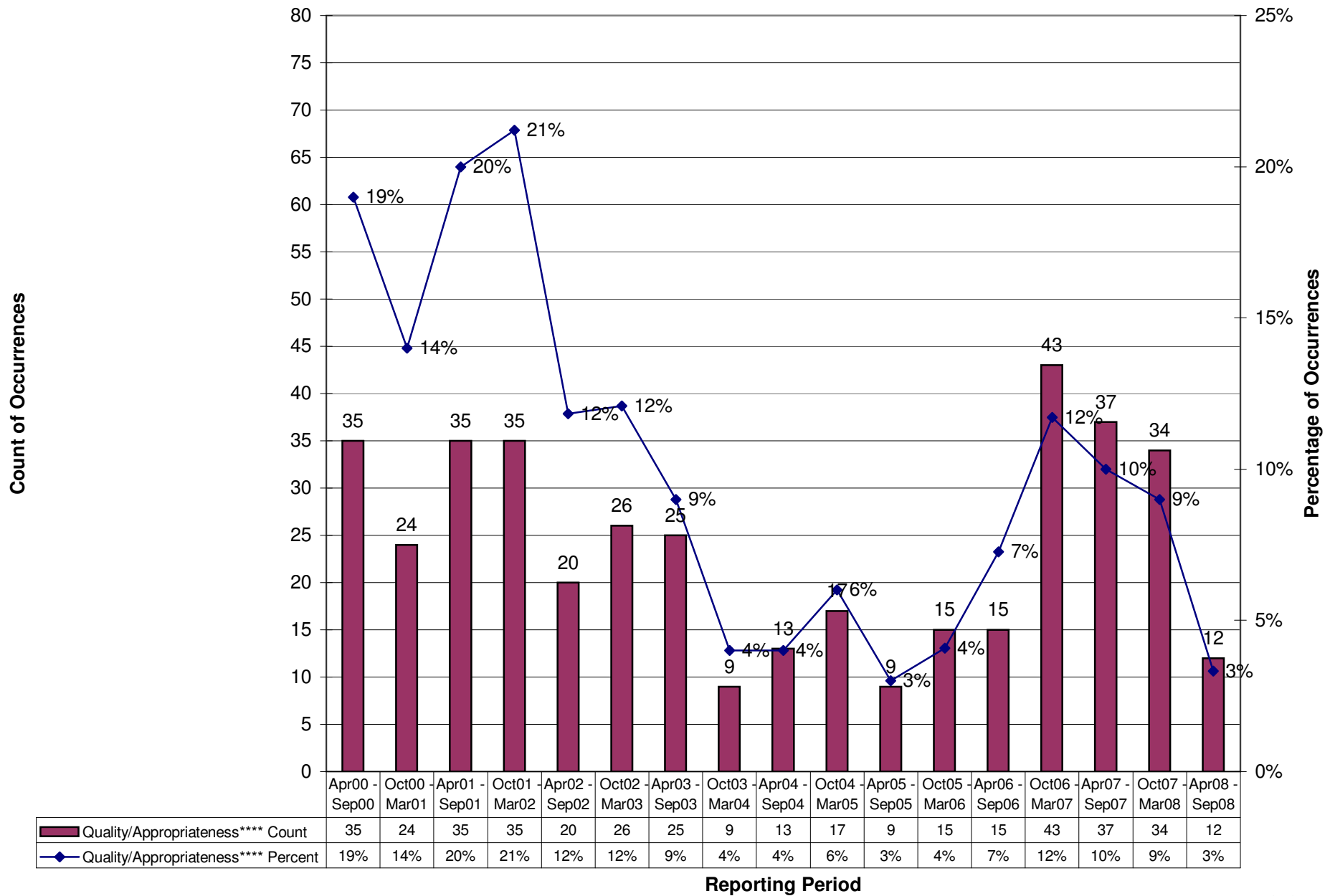


Chart 4 -  
**Phone Calls**

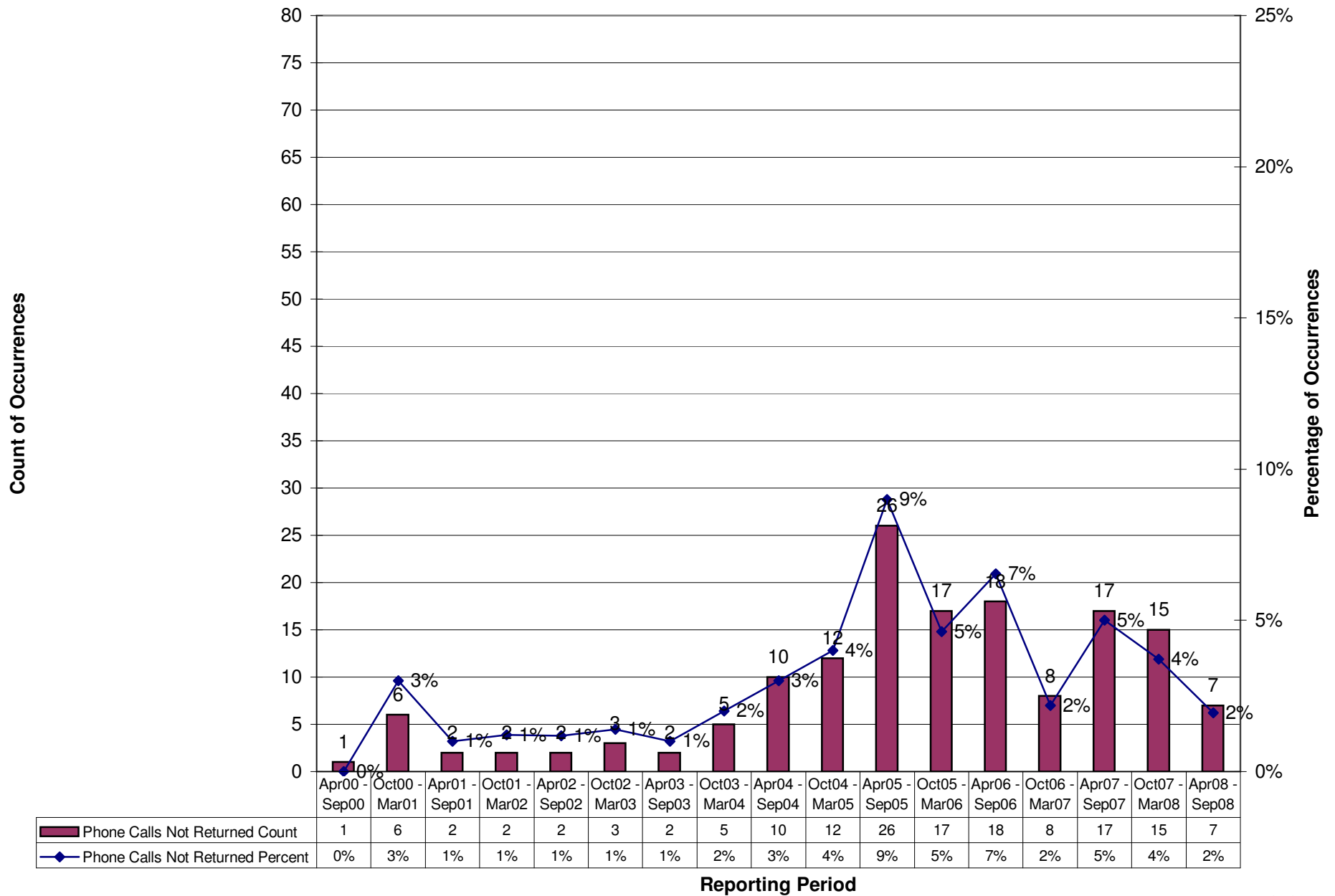


Chart 4 -

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

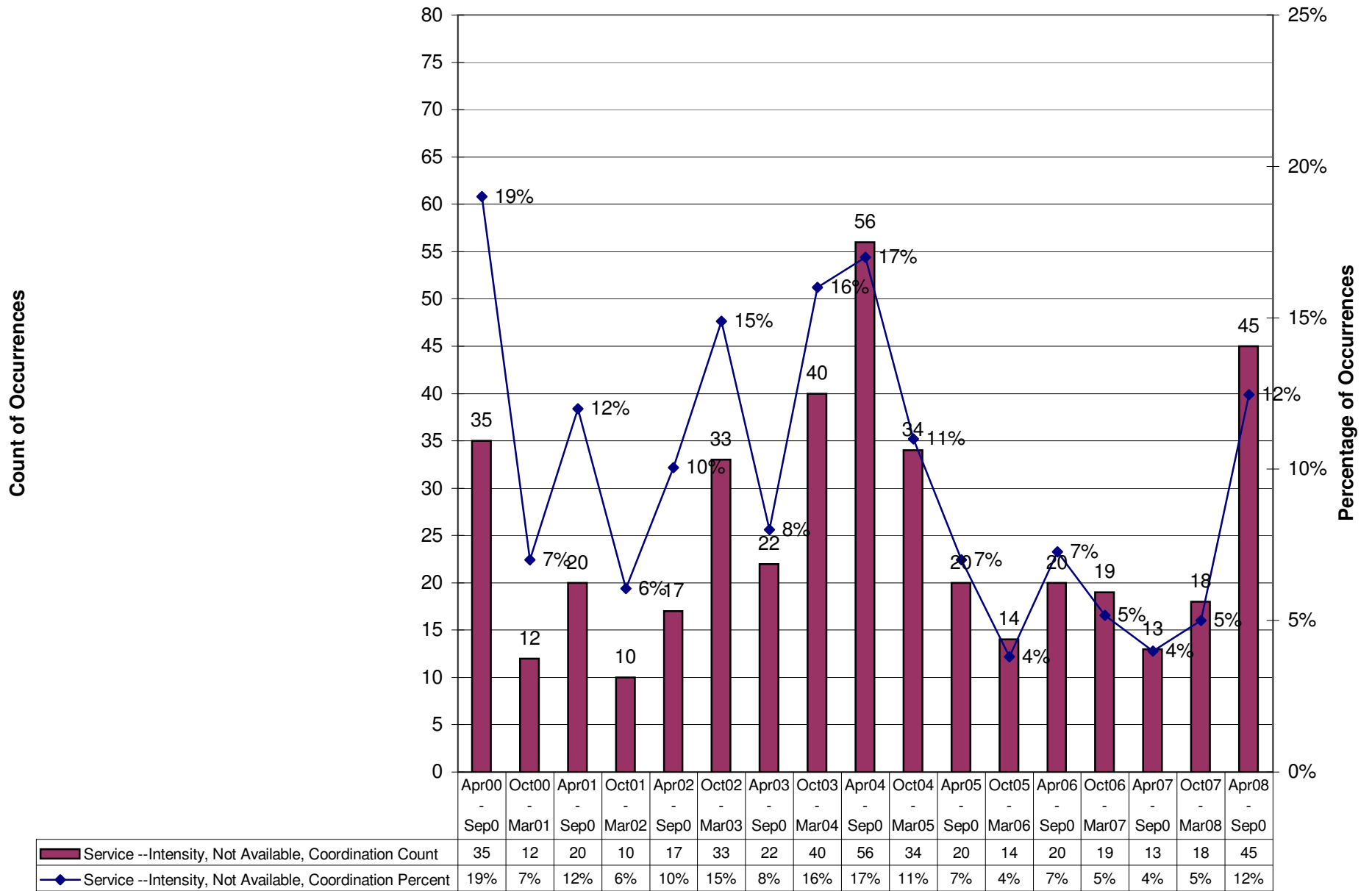
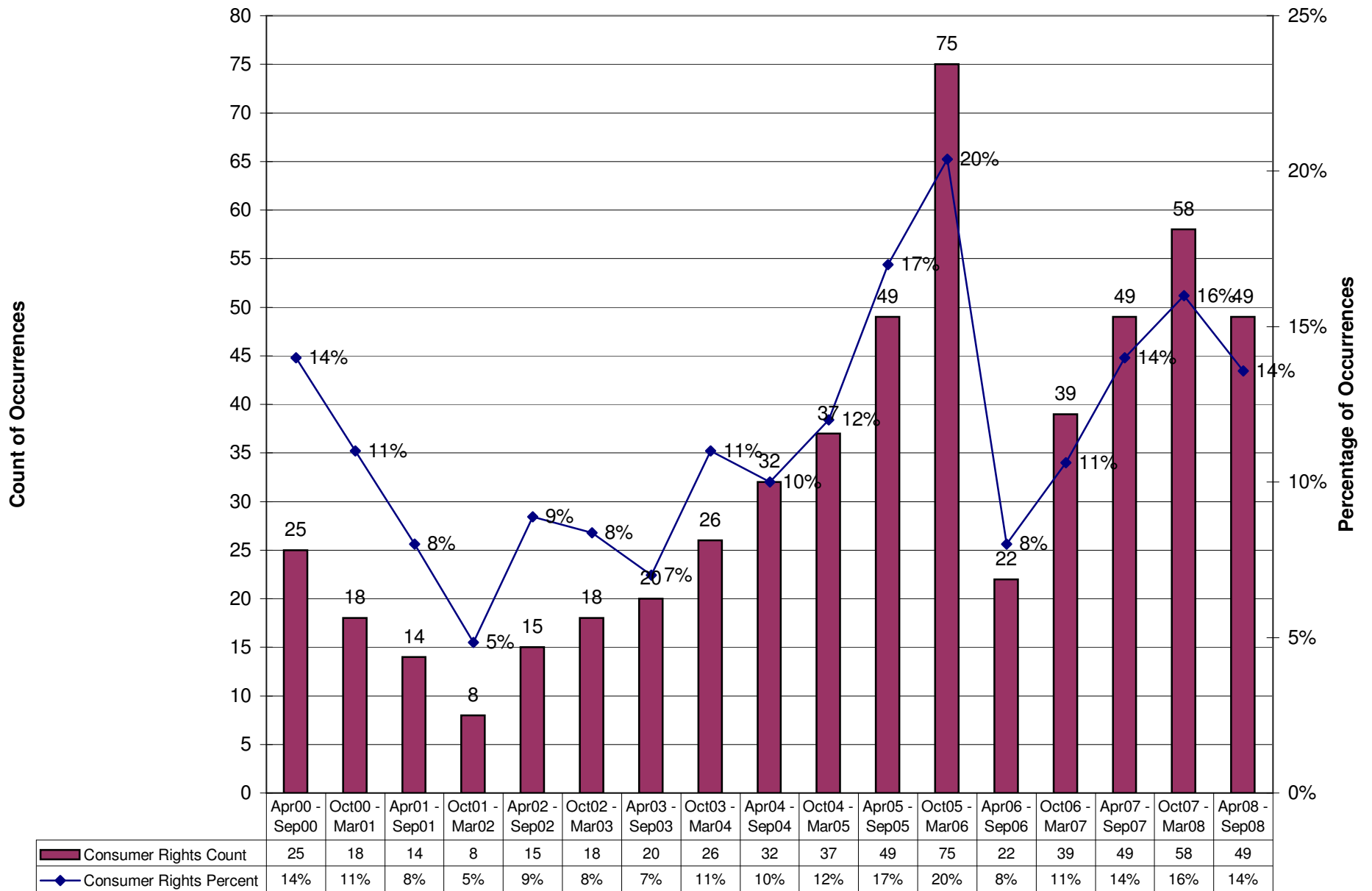




Chart 4 -  
**Consumer Rights**



Reporting Period

Chart 4 -  
**Physicians & Medications**

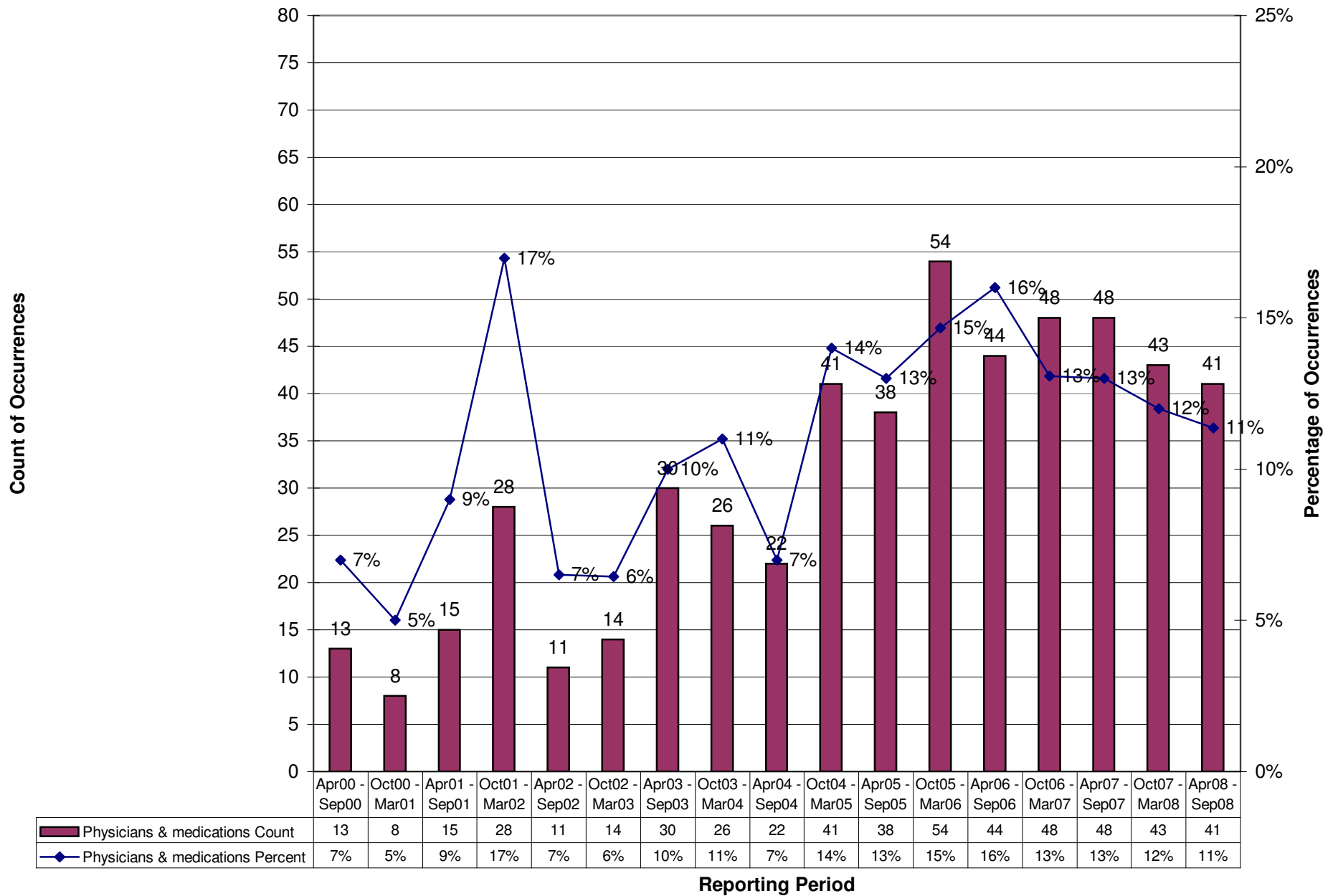
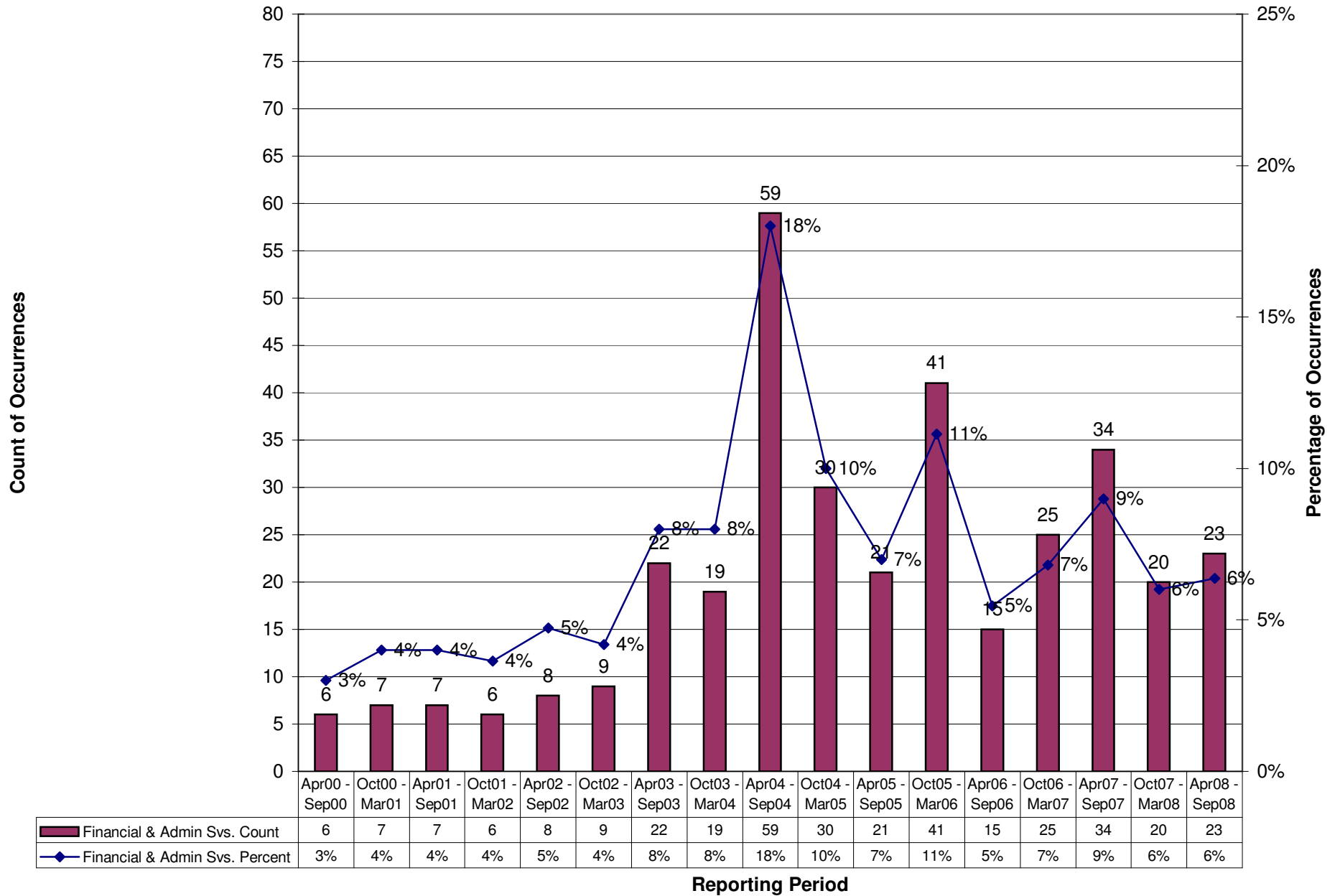
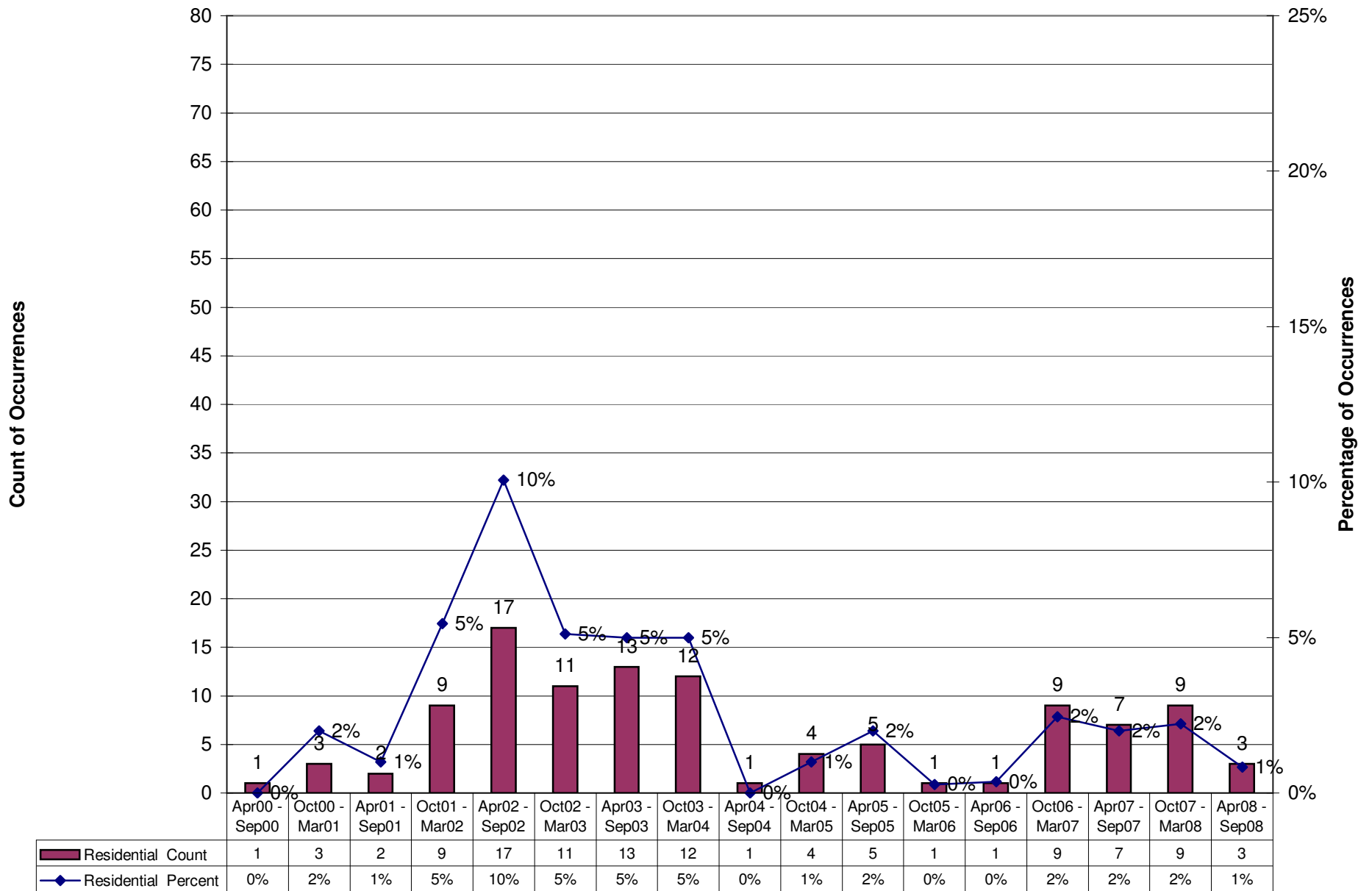


Chart 4 -  
**Financial & Admin. Services**



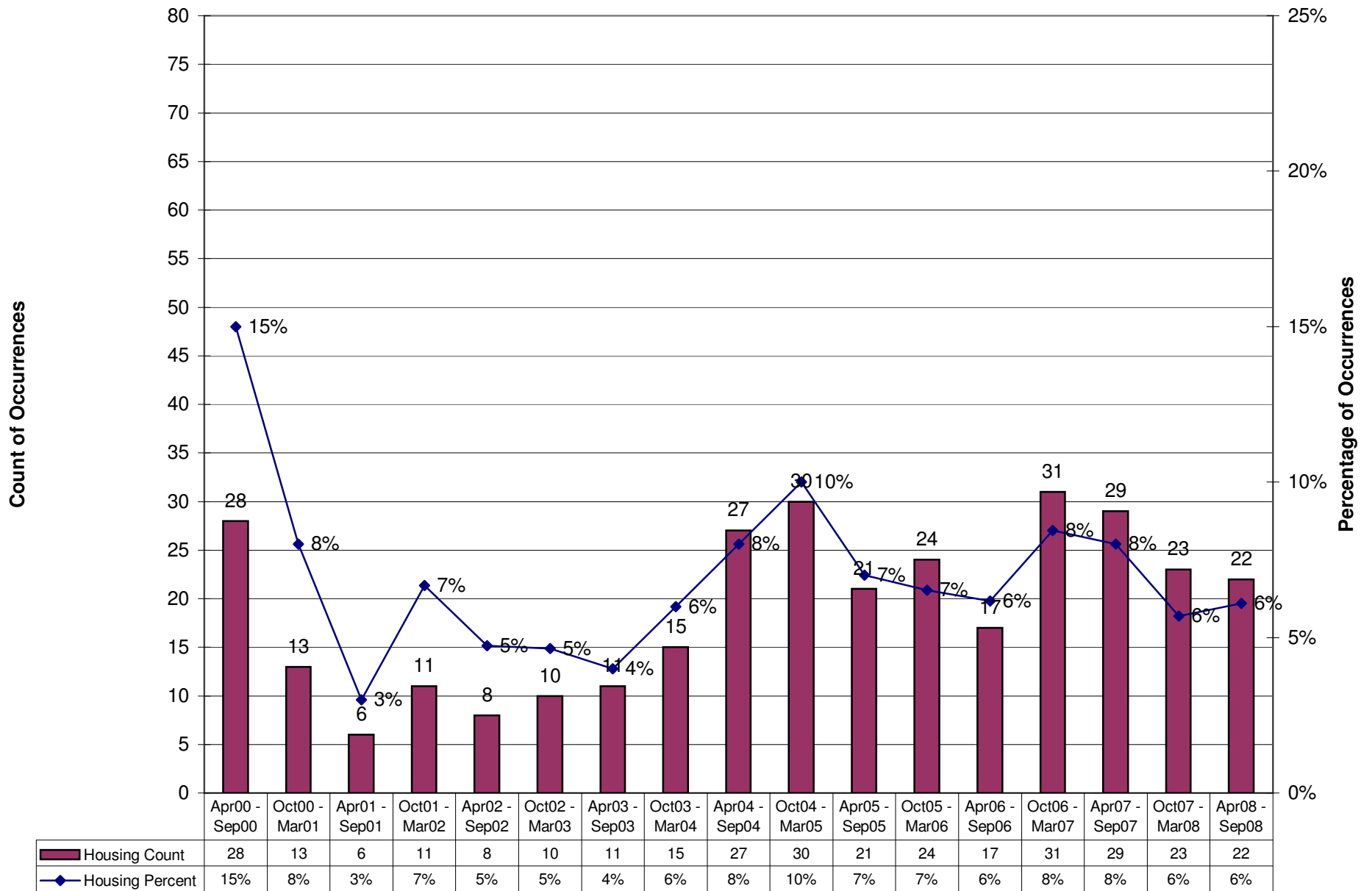
Attachment C-Charts  
Complaints, Grievances,  
and Fair Hearings Filed

Chart 4 -  
**Residential**



Reporting Period

Chart 4 -  
**Housing**



Reporting Period

Chart 4 -  
**Transportation**

