

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

OCTOBER 1, 2006 THROUGH MARCH 31, 2007

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, networks, 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.*

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

- The overall number of complaint, grievance and fair hearing cases and occurrences reported increased since the last reporting period.
- The categories that accounted for the most reported complaints during the current reporting period are: ***Dignity and Respect*** 49 (13%), ***Physicians and medications*** 48 (13%), ***Quality/Appropriateness*** 43 (12%), ***Consumer Rights*** 39 (11 %), ***Access*** 38(10%), and ***Emergency Services*** 37 (10%).
- ***Physicians and medications*** 92 (14%) ***Dignity and Respect*** 87 (14%), ***Access*** 72 (11%), ***Emergency Services*** 63(10%), ***Quality Appropriateness*** 63 (10%), and ***Consumer Rights*** 61 (10%) accounted for the most complaints over the past year.
- When combined, ***Dignity and Respect and Consumer Rights*** accounted for 88 (24%) of occurrences
- The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers.
- There was an increase in grievance and fair hearing cases (people) and occurrences (types and Levels) since the last reporting period. Part of the increase in grievance occurrences is due to efforts to capture multiple occurrences at the grievance level and part is due to the increase in grievance cases.
- The overall number of denials for Medicaid consumers has decreased since the last reporting period, but remains higher than earlier reporting periods. There were seven (7) appeals reported for the current period. The NSMHA has processed 30 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.
- Several reporting changes may have accounted for some of the reduction in reporting during the previous reporting period. Ombuds services had revised their reporting to reflect only complaints about publicly funded mental health services. Ombuds services will continue to reflect only complaints about publicly funded Mental Health Services, but their definition of publicly funded mental health services may have expanded since the last reporting period. In addition, the NSMHA had operationalized the term "case" to reflect the number of unduplicated people during a reporting period. This may account for some of the decrease in cases reported over the last 2 reporting periods.

- 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 semi-annual summary of this information to the NSMHA. The NSMHA has also begun to collect information about how this information is integrated into provider Quality Management Plans.
- The NSMHA Ombuds services provide a semi-annual summary of their data and recommendations for quality improvement.
- Quality Management Recommendations approved during the last reporting cycle include:
 - ✓ Further study and review **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.
- PREVIOUS Quality Management Recommendations:
 - ✓ 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.
 - ✓ Increase of **Flex funds**
 - ✓ Ombuds services recommendation that the NSMHA and providers work jointly on issues that are causing **systems frustrations and tensions** for example funding, documentation, time availability, case load sizes, and medication management capacity concerns to decrease system tensions from impacting consumers.
- Complaint, grievance and appeal data has been one factor in quality improvement efforts towards:
 - ✓ Providing **trauma based services**
 - ✓ Assuring staff is trained on **Dignity and Respect and Consumer Rights**
 - ✓ Clarifying policies and procedures regarding the **outpatient discharge process**
 - ✓ The development of a **medication management transfer policy** to ensure seamless transition to primary care physicians
 - ✓ The development of region wide **diagnostic practice standards**

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

OCTOBER 1, 2006 through MARCH 31, 2007

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, networks, 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.

In this report we will:

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

II. COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING DATA OCTOBER 2006 THROUGH MARCH 2007

A. Grievance and Fair Hearing Data

There was an increase in grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported for October 2006 through March 2007 as compared to the last reporting period. There were 17 grievance or fair hearing cases and 40 occurrences as compared to 7 cases and 7 occurrences in the previous reporting period. Eight of the grievance cases and 23 of the occurrences were reported at the NSMHA level and 7 cases and 17 occurrences at the provider level. (*See Attachments A – 05-07 PIHP Medicaid and RSN State Funded Services Reports.*)

As outlined in the last report, review of the grievance files and data for the previous reporting period suggested that multiple occurrences were not reported at the grievance level. The NSMHA and Ombuds services met to review grievance reporting to assure that multiple occurrences (types) are reported consistently at the grievance and fair hearing level. As can be seen from the data, multiple occurrences are now being reported at these levels.

Part of the increase in grievance occurrences is due to this change in reporting and part is due to the increase in grievance cases. Part of this increase may also be due to increasing complexity of grievances. In discussions with

Ombuds services, they report that the number of concerns per consumer and the complexity of concerns have been increasing.

A review of historical data also shows that the number of reported grievance cases was the highest since the NSMHA began collecting this data.

B. Complaint, Grievance, and Fair Hearing Data

There was an increase in overall complaint, grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported for October 2006 through March 2007 as compared to the last reporting period. There were 198 cases (people) and 376 occurrences reported for October 2006 through March 2007 as compared to 176 cases (people) and 275 occurrences for April through September 2006.

As outlined in the last report, several reporting changes may have accounted for some of the reduction in reporting during the previous reporting period. NSMHA Ombuds services had refined their reporting to reflect only complaints about publicly funded Mental Health Services.

The NSMHA and Ombuds services met to refine this aspect of reporting and Ombuds services will continue to reflect only complaints about publicly funded Mental Health Services. Their definition of publicly funded mental health services may, however, have expanded since the last reporting period.

In addition, the NSMHA had operationalized the term “case” to reflect the number of unduplicated people during a reporting period. This may account for some of the decrease in cases reported over the last 2 reporting periods.

The categories that accounted for the most reported complaints during the current reporting period are: ***Dignity and Respect*** 49 (13%), ***Physicians and medications*** 48 (13%), ***Quality/Appropriateness*** 43 (12%), ***Consumer Rights*** 39 (11 %), ***Access*** 38(10%), and ***Emergency Services*** 37 (10%).

A review of the data shows that ***Physicians and medications*** 92 (14%) ***Dignity and Respect*** 87 (14%), ***Access*** 72 (11%), ***Emergency Services*** 63(10%), ***Quality Appropriateness*** 63 (10%), and ***Consumer Rights*** 61 (10%) accounted for the most complaints over the past year.

When combined, ***Dignity and Respect and Consumer Rights*** accounted for 88 (24%) of occurrences as compared to 60 (22%) and 112 (30%) during the previous two reporting period (*Dignity and Respect* is one of the consumer rights).

The NSMHA continues to break out the overall complaint, grievance, and fair hearing data by Medicaid and state-funded consumers. The majority of reported complaints, grievances, and fair hearings filed continue to be for Medicaid consumers. Of the 198 reported cases 166 were for Medicaid consumers and 32 were for state-funded consumers. Of the 367 occurrences reported, 322 were for Medicaid consumers and 45 were for state-funded consumers.

The NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time (*See Attachments C – Table 1-Complaints, Grievances, and Fair Hearings Filed 4-2000-3-2007, 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 new categories of violation of confidentiality and participation in treatment into the category of other. We will separate out these two (2) new categories in future tables so we can

track them over time. (For this reporting period there were five (5) complaints reported for violation of confidentiality and three (3) complaints reported for participation in treatment (Medicaid consumers).

C. Denial and Appeal Data

1. Denials

The overall number of denials for Medicaid consumers has decreased since the last reporting period, but remains higher than earlier reporting periods. There were 165 denials for Medicaid consumers in the current reporting period, as compared to 181, 122, 129, and 128 in the previous four (4) reporting periods. Eight (8) of the 165 reported denials were for inpatient services and 157 were for outpatient services.

Denials for children remain higher than for adults. There were 86 denials for children (85 outpatient and 1 inpatient) and 79 for adults (72 outpatient and 7 inpatient). Fifty-five (55) percent of the outpatient denials over the past year were for children. As outlined in the previous reports the NSMHA has expressed concerns related to the Access to Care criteria for children to the MHD, as we are concerned that the criteria may be too restrictive. The NSMHA understands that the MHD is currently reviewing the Access to Care Standards for Children. The NSMHA is aware that the WA State Legislature may be addressing this concern with proposed Bill 1088 currently under review.

For outpatient services, out of 188 requests to deny from providers, the NSMHA issued 157 denials and 31 authorizations. Four of these authorizations were issued as the result of required timelines being exceeded. For the remaining authorizations, the two primary reasons were that the documentation did not contain an adequate differential diagnosis rationale and/or there was not adequate documentation of consultation or collateral information to deny services (i.e. medication issues, previous history, risk factors with a B diagnosis).

2. Appeals

There were seven (7) appeals reported for the current period. Six (6) appeals involved services for adults and one (1) for a child. For five appeals the original denial decision was overturned and for two appeals it was upheld. (*See Attachment B—05-07 Notice of Action Appeals Report*).

All appeals were handled through the standard appeals process and decided within 45 days. There were no requests for expedited appeals.

The NSMHA has developed a table to track the number of denials and appeals over time (*See Attachment D—Table 3-NSMHA Appeals and Denials over Time*). A review of this data shows the NSMHA has processed 30 appeals since implementation of the authorization process in June of 2004.

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

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

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

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

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

A. Dignity and Respect and Consumer Rights Recommendation for further study and review of dignity and respect in the region. The NSMHA will begin a discussion in IQMC. When combined, Dignity and Respect and Consumer Rights accounted for 88 (24%) occurrences as compared to 60 (22%) and 112 (30%) during the previous two reporting periods (Dignity and Respect is one of the consumer rights). As outlined in previous reports, in part due to concerns raised by consumers, Dignity and Respect has been identified as a training priority on NSMHA Regional Training Plans.

B. Eating Disorders Recommendation for 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.

As outlined in previous reports, the NSMHA has received several grievances related to the treatment for eating disorders over the last several reporting periods.

C. 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 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 Attention Deficit Hyperactivity Disorder were developed and approved by QMC.

D. 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.

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 reported that the NSMHA and providers established a trauma disorder workgroup and that although the workgroup has ended, the Regional Quality Management Committee (RQMC) will continue to work to increase the access to and quality of services for those with trauma-based disorders. We also reported that QMC and QMOC approved four recommendations:

- 1. *Posttraumatic Stress Disorder (PTSD) Clinical Guidelines:*** *(The final revisions to the Posttraumatic Stress Disorder (PTSD) clinical guidelines for adults were completed, and the guidelines were approved by QMC, QMOC, and adopted by the NSMHA Board)*
- 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 is undergoing final revisions and will be presented to QMC 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.)*

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. Inpatient Capacity Recommendation for further study and review of inpatient capacity (Ombuds services raised concerns regarding inpatient capacity). After review in QMC, the recommendation was made to refer inpatient capacity to Management Council and/or the NSMHA Planning Committee. QMC 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.

***Update:** The NSMHA has discussed this recommendation in IQMC. The NSMHA 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 QMC and QMOC.*

In addition, the NSMHA also has begun to review voluntary inpatient authorizations done by our designee the Volunteers of America (VOA) and have plans to continue the development of the care advocacy functions as they relate to inpatient utilization.

B. 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, for the next contracting period, has adopted a modified fee for service model that will purchase an increase in medication management services.

***Update:** A review of the data shows that complaints regarding physicians and medications accounted for the second most reported complaints in the current reporting period and the most complaints over the past year. The NSMHA has not yet begun the study process.*

C. 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. 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 begin to review the access processes used to gather information and records. The first step will be a meeting with VOA to review current practices.*

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

Update: Management Council had a discussion regarding dignity and respect concerns. Chuck Benjamin, the executive director, will follow up with Ombuds services to gather more information regarding their concerns about how system tensions impact consumers.

E. Increased Reliability in the Reporting Process

As outlined in the last report, increased reliability in the reporting process is an area identified for continuous quality improvement. Ombuds services provided training on their use of the complaint type categories and the NSMHA also provided training on reporting.

Update: 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 the grievance reporting process. The NSMHA, Ombuds Services, and providers continue to have the goal of increased reliability in the reporting process.

F. Broad and Consistent Reporting of Complaints

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

As there have been few emergency services complaints reported by some NSMHA providers, broad and consistent reporting of emergency services complaints was identified as an area for quality improvement and addressed through the NSMHA Integrated Crisis Response System (ICRS) Committee. Broad and consistent reporting of complaints that involve children was also identified as an area for quality improvement

Update: The NSMHA continues to track the number and percentages of complaint and grievance occurrences and cases reported by Ombuds services and providers. The percentage of cases and occurrences reported through Ombuds services has increased since the last reporting period when it was the lowest since we began keeping this data in 2003. As we outlined above, Ombuds services had refined their reporting to reflect only complaints about publicly funded mental health services, will continue to do so, but after meeting with the NSMHA may have expanded their definition of publicly funded services. During the current period, Ombuds services reported 67% of the cases and 75% of occurrences.

In addition, the NSMHA has operationalized the term “case” to reflect the number of unduplicated people during a reporting period. This may also impact reporting (See Attachment E-Table 4-Percentage of Cases and Occurrences by Reporting Source 4-2003-3-2007 for additional information about cases and occurrences over time).

The NSMHA also continues to track the number of emergency services complaints reported by each reporting source. Results for the latest reporting period show that emergency services complaints by some provider’s remains low. (See Attachment F-Table 5 Emergency Services Complaints by Reporting Source 4-2003-3-2007 for additional information about emergency services reporting over time).

The number of occurrences and cases reported that involve children showed a decrease since the last reporting period. (See Attachment C—Table 1 Kids--Complaints, Grievances, and Fair Hearings Filed 4-2000-3-2007for information about complaint reporting for children over time).

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

***Update:** NSMHA increased the allocation of flex funds in the new fee for service model by approximately \$75,000. We also tried to realign the incentives to increase the use of flex funds. In addition the NSMHA has allocated approximately \$17,000 in new flex funds to the 2006/2007 federal block grant program for non-Medicaid adults and has included additional separate flex funds for the new PACT programs. These steps were taken to try and increase the use of flex funds in the North Sound Region.*

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

Policies regarding continued stay/authorization criteria, criteria for closing an episode of care/planned discharge from treatment, medication management transfers to primary care physicians, and 30-day written notice of termination to consumers have been completed.

***Update:** The initial work plan objectives regarding the outpatient discharge process have been completed and the NSMHA, providers, and Ombuds services will review whether further evaluation is needed.*

I. Region Wide Diagnostic Practice Standards

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

***Update:** The NSMHA continues to see an increase in the consistency and quality of the diagnostic formulations used in the assessment process, although there are areas that continue to need improvement. The initial work plan objectives regarding practice standards for the diagnostic process have been completed and the NSMHA, providers, and Ombuds services will review whether further evaluation is needed.*

IV. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS

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

A. Provider Quality Improvement Activities

The NSMHA continued to receive 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. For each six month Exhibit N reporting period, providers submit a summary and analysis of their complaint data.

The summary includes analysis of their complaint data, identification of system implications, identification of areas for further study and review or quality improvement, information about how complaint, grievance, appeal, or fair hearing data is used on their quality management plan, and measures that may be taken to address areas identified for quality improvement.

1. Compass Health

Compass health reviews complaint data twice per year in their aggregate Quality Committee. Compass Health is continuing to do further analysis on complaints regarding Physicians and Medications to clarify what sub-categories or types of complaints there are within this category (i.e. respect/dignity issues, service intensity, etc.). They will review their data by program and identify any clusters that need further investigation.

Compass Health will also review the narrative content of their complaint data to investigate numbers of eating disorder clients who are requesting specialized treatment. They will compare this to an overall look at how many clients have an eating disorder diagnosis. Compass Health will also participate with the NSMHA in any activities intended to increase training on eating disorders for clinical staff.

2. Catholic Community Services

Catholic Community Services (CCS) reviews complaint and grievance data on a Quarterly basis as a continuing element of their QM Plan. CCS also completed revisions of their online complaint reporting form and continues to focus attention on reporting to gain consistency across programs.

CCS reports that this analysis and the analysis for their six month complaint summary lead to discussions and beneficial insights for their supervisors and managers. A current example is the reminder that clinicians in a children's provider agency must develop very sophisticated abilities in maintaining therapeutic alliances with multi-person systems, and beyond that, supervisors must have solid abilities to teach and support these skills in clinicians.

Another example concerns complaints related to policies or other bureaucratic limitations that clients/others experience as frustrating. CCS reports success in training support staff and clinicians to more quickly refer policy-related concerns or frustrations to supervisors and will adopt this process at their other site.

In addition, CCS has a goal on their current QM Plan to analyze the last three Exhibit N reporting periods for patterns by topic and program site.

3. Whatcom Counseling and Psychiatric Clinic

Whatcom Counseling and Psychiatric Clinic (WCPC) is addressing complaints concerning access, eligibility for services, and clients remaining in long term treatment when they do not meet continuing stay criteria with an eligible diagnosis. WCPC reports that as providers have transitioned to the NSMHA authorization/re-authorization process, several areas requiring clarification have come to the forefront.

WCPC will continue its efforts to ensure that assessments and eligibility determinations are well documented and that expectations for treatment are clearly provided to clients at the time of assessments. WCPC's Quality Management Plan provides emphasis on internal consistency in evaluating eligibility for services, GAF, assessment and diagnosis. WCPC also has on-going efforts to ensure medically necessary treatments are offered with a reasonable amount of duration to support a client's recovery.

WCPC will continue to perform on-going trainings and audits of assessments during clinical supervision and at the time of assessment. They will also focus on 180 day reviews to clearly document client growth and improvement in treatment and identify the justification for continued need for care.

WCPC also reports that their involvement in one NSMHA level grievance and one provider level grievance were helpful and provided an opportunity to improve services.

4. Lake Whatcom Center

Lake Whatcom Center (LWC) continues to develop and implement its payee/housing program in response to a NSMHA level grievance during the last reporting period and to further define and separate the landlord/tenant program and representative payee program from their clinical services. LWC will also revise its Complaints and Grievances Log to improve quality and effectiveness.

5. Sea Mar

Sea Mar has identified several system improvements in response to consumer complaints and is in the process of implementing those improvements across their three sites in the North Sound Region. Sea Mar received several

complaints due to their phone system. Sea Mar has contracted with a different vendor for phone services, has installed a new phone system, and is developing an organizational plan to resolve phone system issues.

Sea Mar will also maintain, on regular basis a process for physicians peer consultation regarding medications. A system for reporting peer consults is being implemented at this time.

In addition, Sea Mar has designed and implemented a new system for centralized scheduling in which clients can receive immediate assistance in scheduling appointments. Sea Mar will continue to monitor the centralized scheduling system to ascertain the effectiveness of the system and make changes as needed.

B. Ombuds Services Recommendations

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

1. Physicians & Medications Issues

Ombuds Services recommend that the NSMHA continue its plan for further study and review of medication management services and medication management capacity. Ombuds services also continue to report complaints and raise concerns regarding:

- Transition of medication management to primary care physicians
- Medications and prescribers within community mental health agencies
- Lack of uniformity in how medications management is offered, how slow the process is and how routine medications management continues over a client's episode of treatment.

2. Dignity & Respect

Ombuds services recommend the NSMHA continue efforts towards addressing dignity and respect, including the provision of training. Ombuds services recommend that "since dignity and respect are pervasive issues, often underlying other complaints, we urge NSMHA to develop a proactive strategy for dealing with this. Opening up forums for discussing this issue in quality meetings would be a good first step for soliciting ideas to increase the respectful treatment of our clients".

3. Eating Disorders

Ombuds services recommend that the NSMHA develop an effective plan (preferably with resources within the region) for treating clients with eating disorders

4. Performance Improvement Project (PIP)-Mortality

Ombuds services recommend that the NSMHA consider studying how to reduce client deaths through a performance improvement project (PIP) on this issue. This recommendation stems from their ongoing involvement in the critical incident review process.

5. Children's Issues

Ombuds services recommends heightening awareness and focus with the Mental Health Division and Legislature regarding having more services available to children and revising the Clinical Eligibility Care Standards for children.

V. FUTURE PLANS

(1). The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources and will continue to work towards increased reliability in reporting. 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 QMC 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.

PIHP Name NSMHA **Contact Name:** Diana Striplin **Reporting Period:** October 1, 2006 to March 31, 2007
Contact Phone No. (360) 416-7013 **(Month and Year)**

Total Unduplicated Number of Adult Cases 13

Total Unduplicated Children Cases 3

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearings	Outstanding	Denials
Adult (21 Yrs. and over)					
Access to Outpatient	0	0	0	0	72
Dignity and Respect	3	3	0	0	
Quality/ Appropriateness	3	2	0	1	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	1	2	0	0	
Consumer Rights	0	2	0	0	
Physicians & Medications	2	3	0	0	
Financial & Admin Svs	2	1	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	7
Violation of Confidentiality	1	1	0	0	
Participation in Treatment	0	0	0	0	
Other	1	4	0	0	0
Total	13	18	0	1	79

Occurrence					
	CMHA Grievances	PIHP Grievances	Fair Hearing	Outstanding	Denials
Children (0-20 Yrs.)					
Access to Outpatient	0	0	0	0	85
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	0	1	0	0	
Consumer Rights	0	1	0	0	
Physicians & Medications	1	0	0	0	
Financial & Admin Svs	0	1	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	1
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0	0	0	0	0
Total	1	5	0	0	86

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	11	17	0	0
Arbitration	1	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	1	0	0	0
Total	13	17	0	0

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	1	5	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	1	5	0	0

RSN Name NSMHA Diana Striplin
Contact Name: _____
Contact Phone #: (360) 416-7013

Reporting Period: October 1, 2006 to March 31, 2007
 (Month and Year)

Total Unduplicated Number of Adult Cases 1

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	1	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	1	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	1	0	0	0
Total	3	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	3	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	3	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

PIHP North Sound MHA

Report Period October 1, 2006-March 31, 2007

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

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

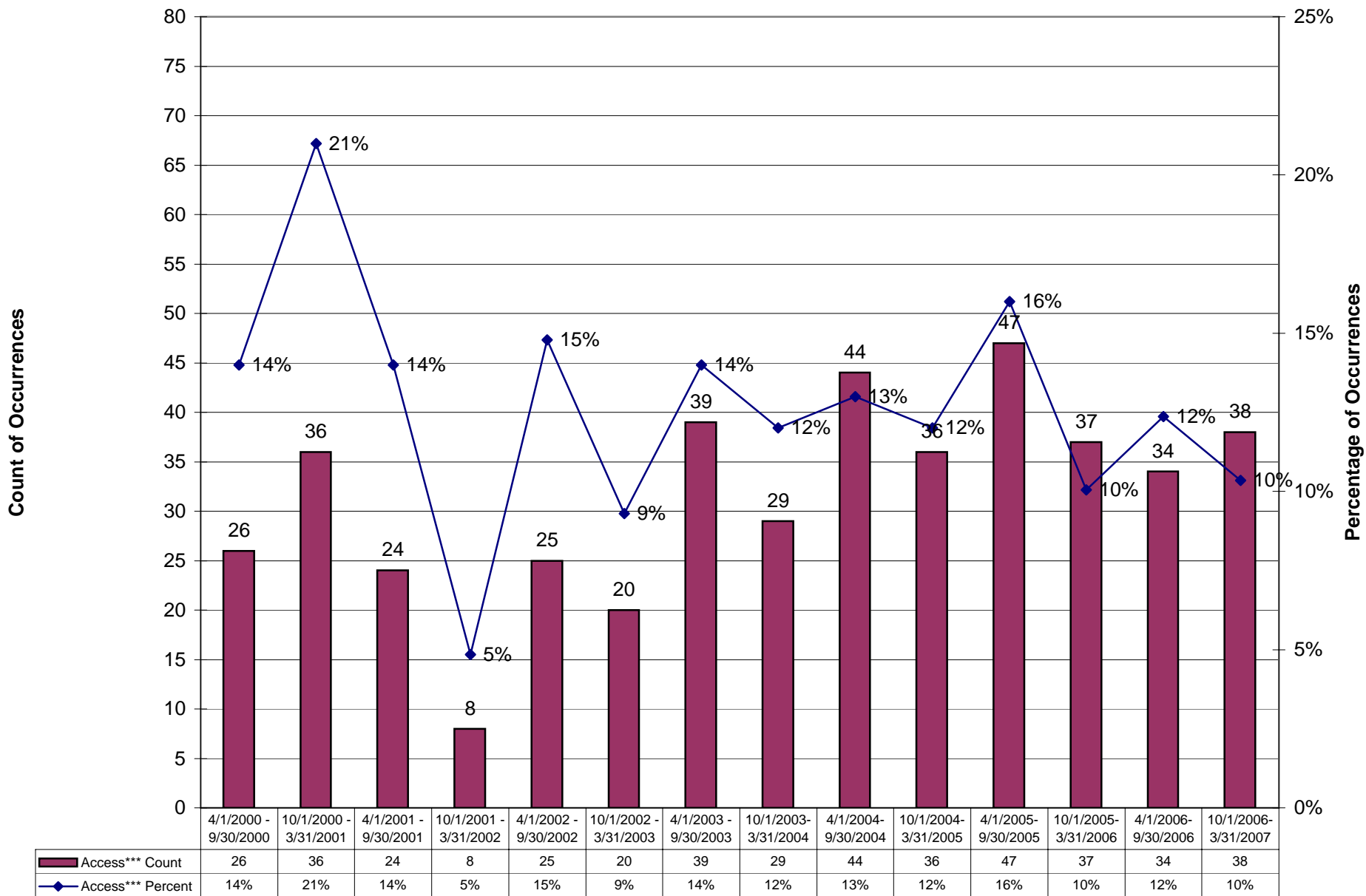
		Resolutions			
		Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied
Denials	6	4		2	
Reduction					
Suspensions					
Terminations					
Total	6	4		2	

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

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

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

Chart 4 -
Access



Reporting Period

Chart 4 -
Dignity and Respect

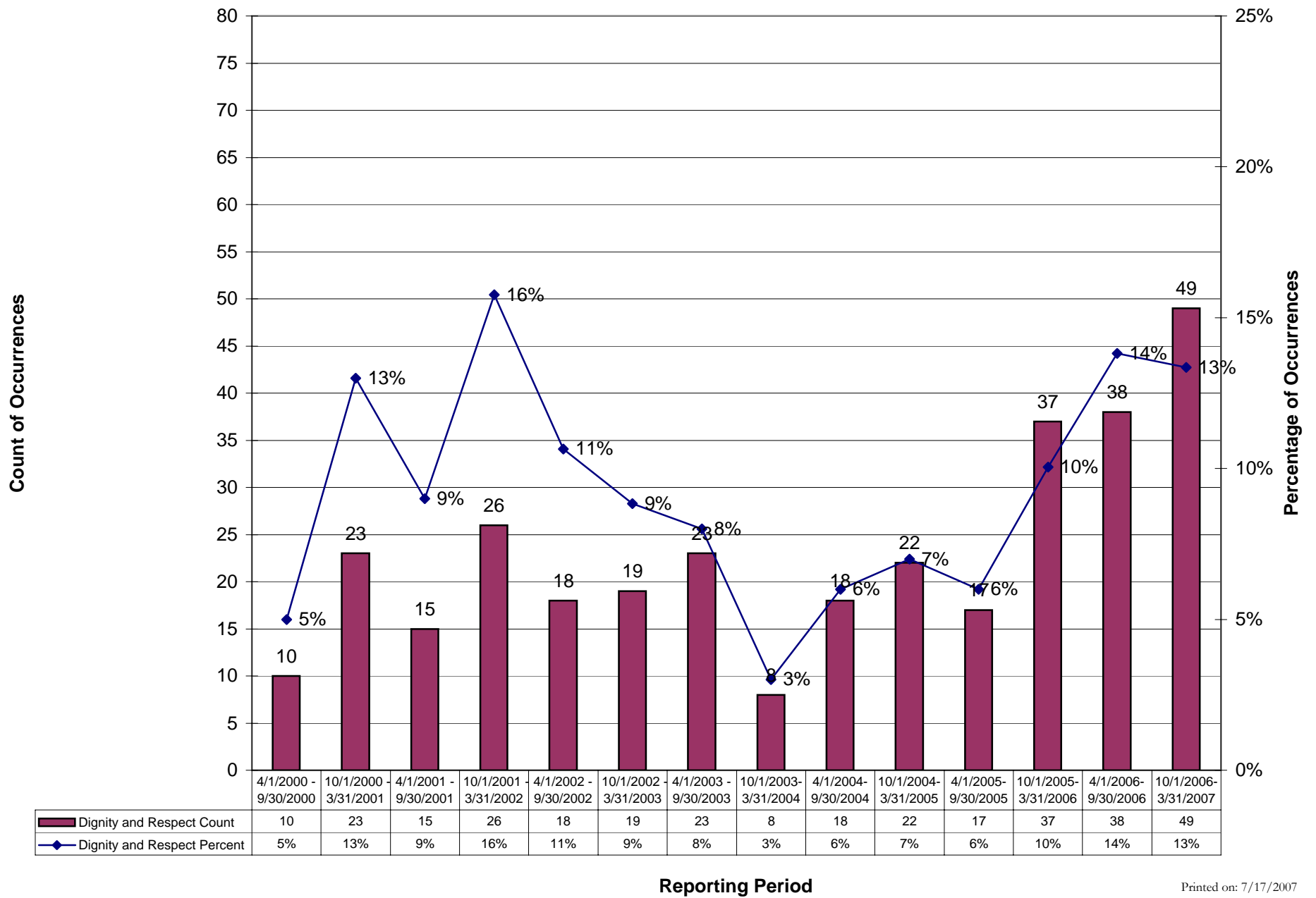


Chart 4 -
Quality/Appropriateness

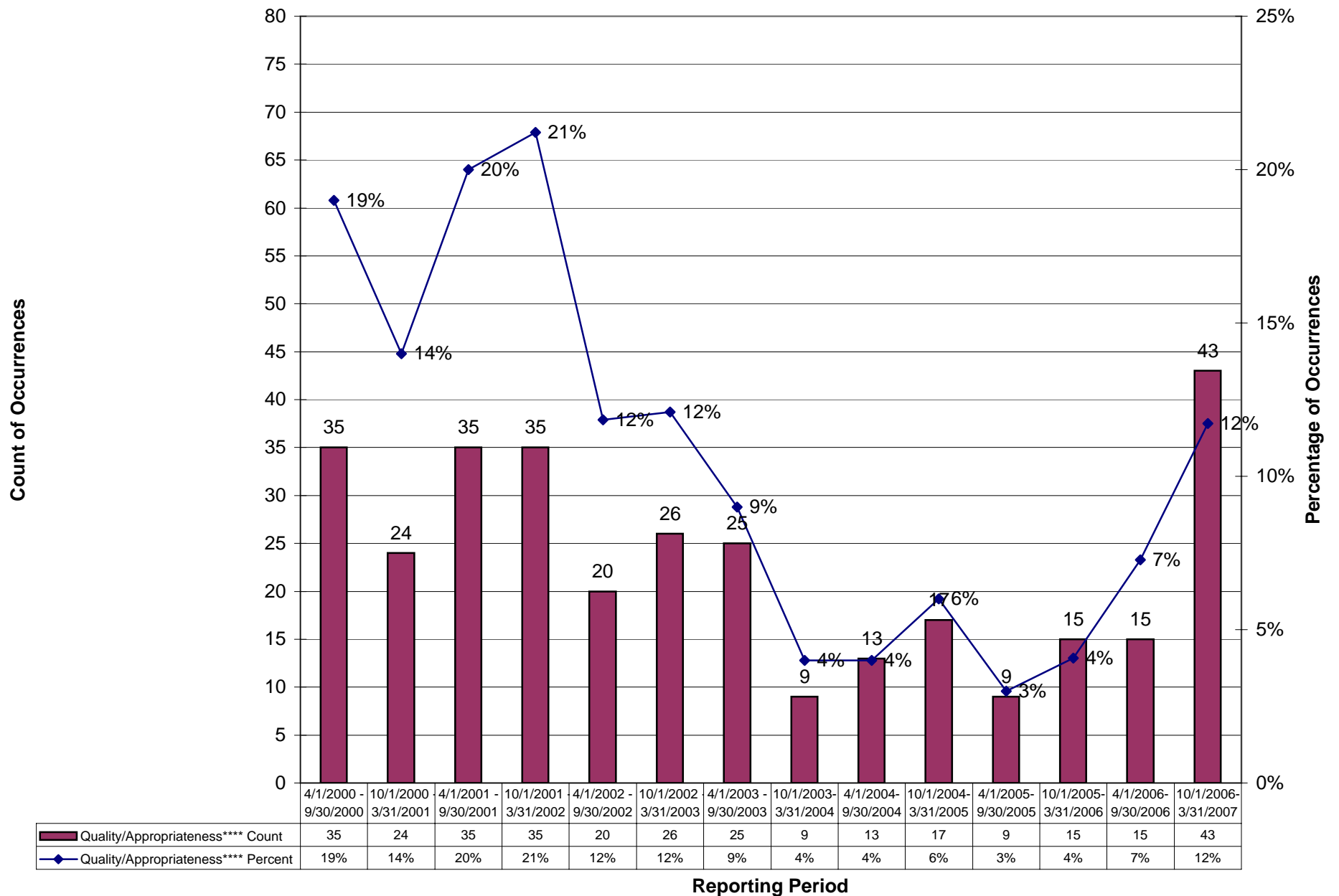


Chart 4 -
Phone Calls

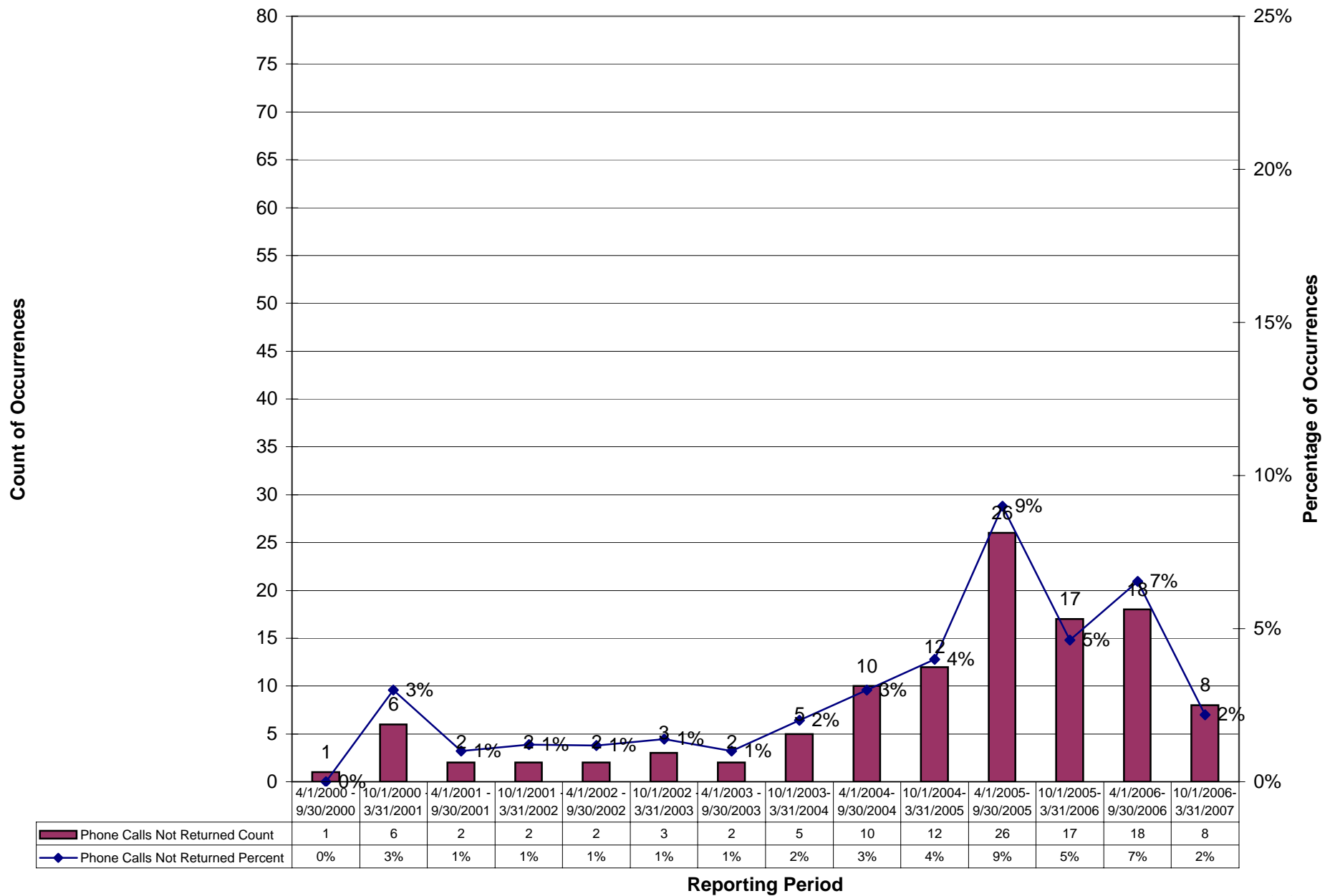


Chart 4 -

Service -- Intensity, Not Available, Coordination

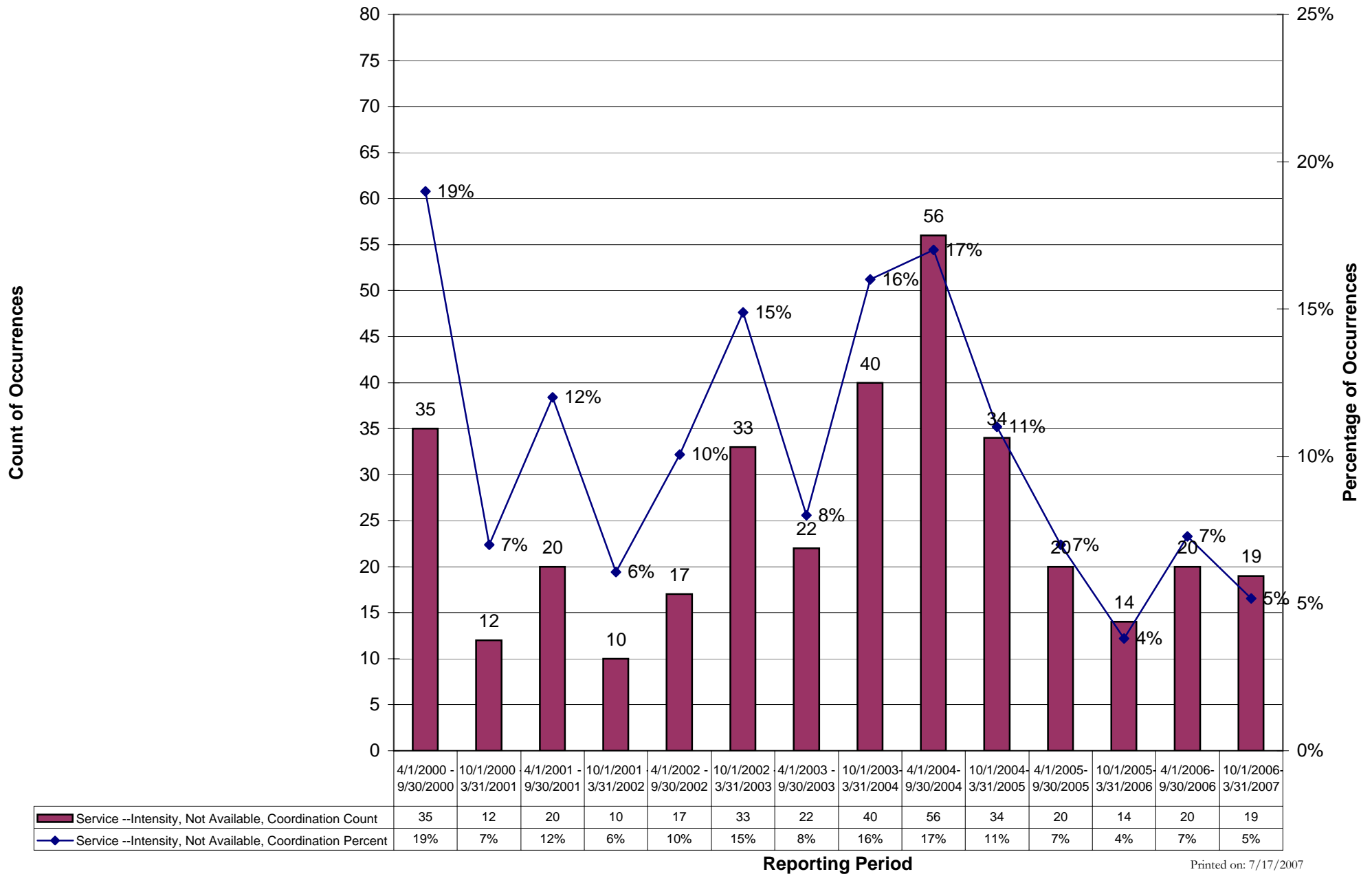


Chart 4 -
Consumer Rights

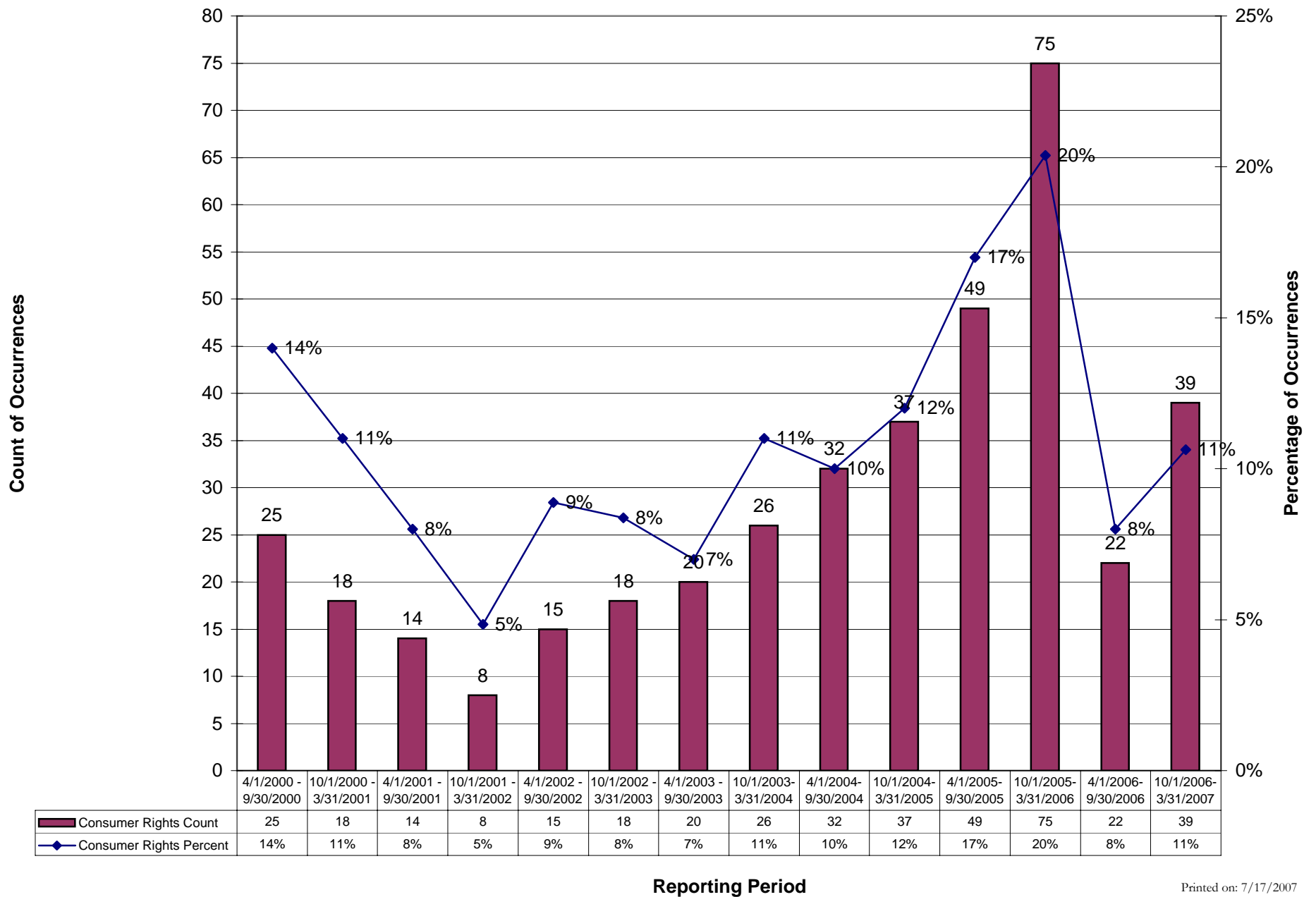


Chart 4 -
Physicians & Medications

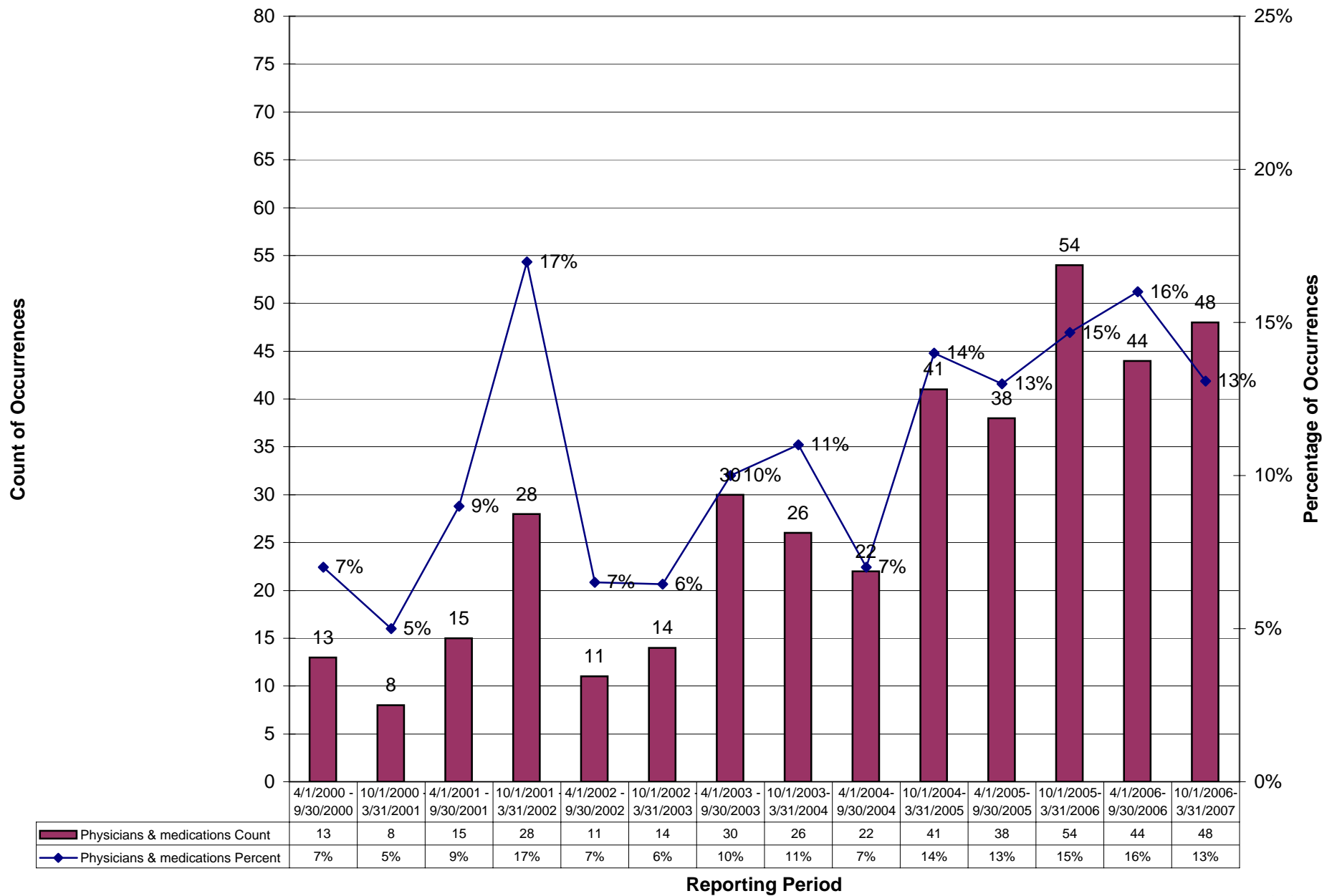


Chart 4 -
Financial & Admin. Services

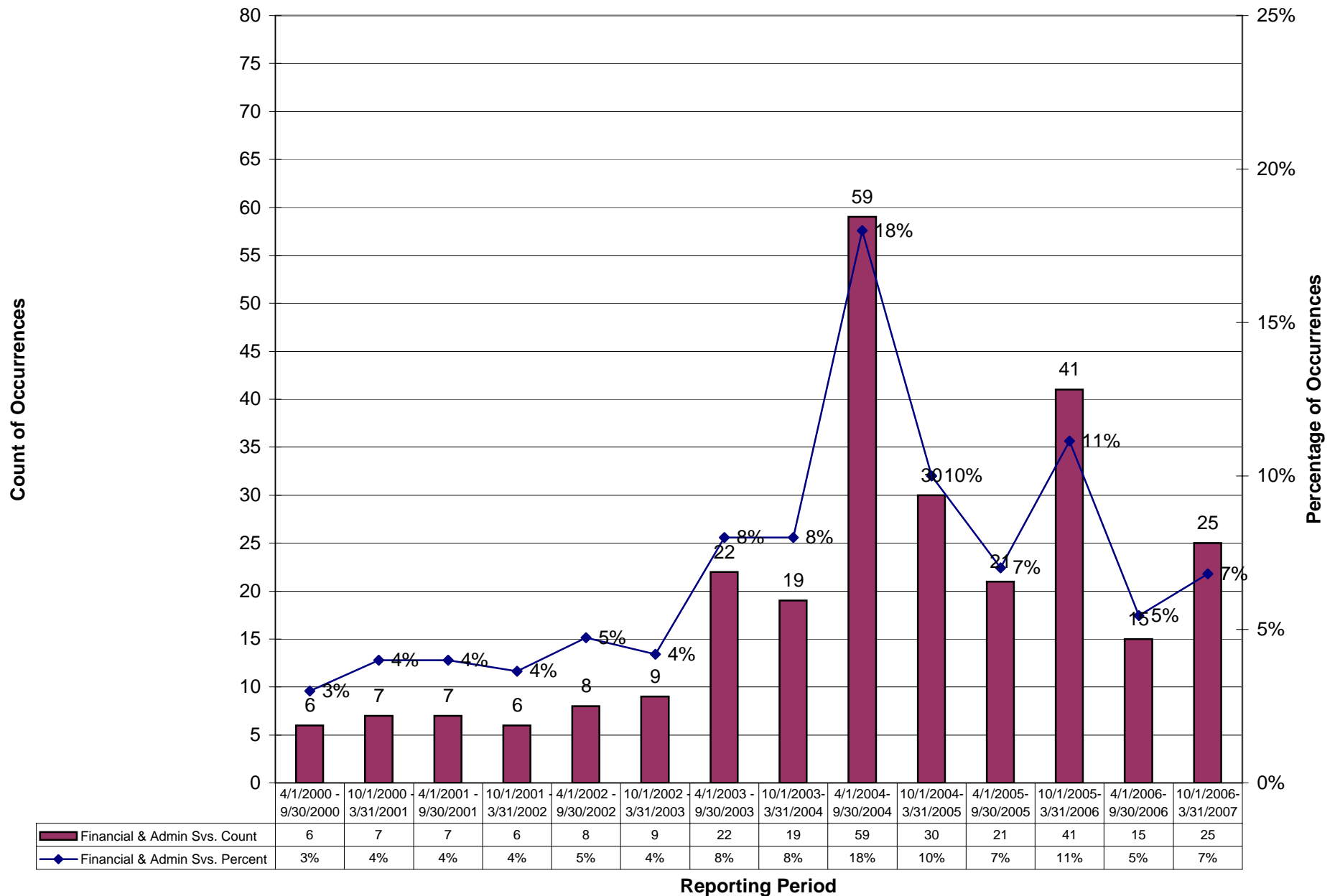


Chart 4 -
Residential

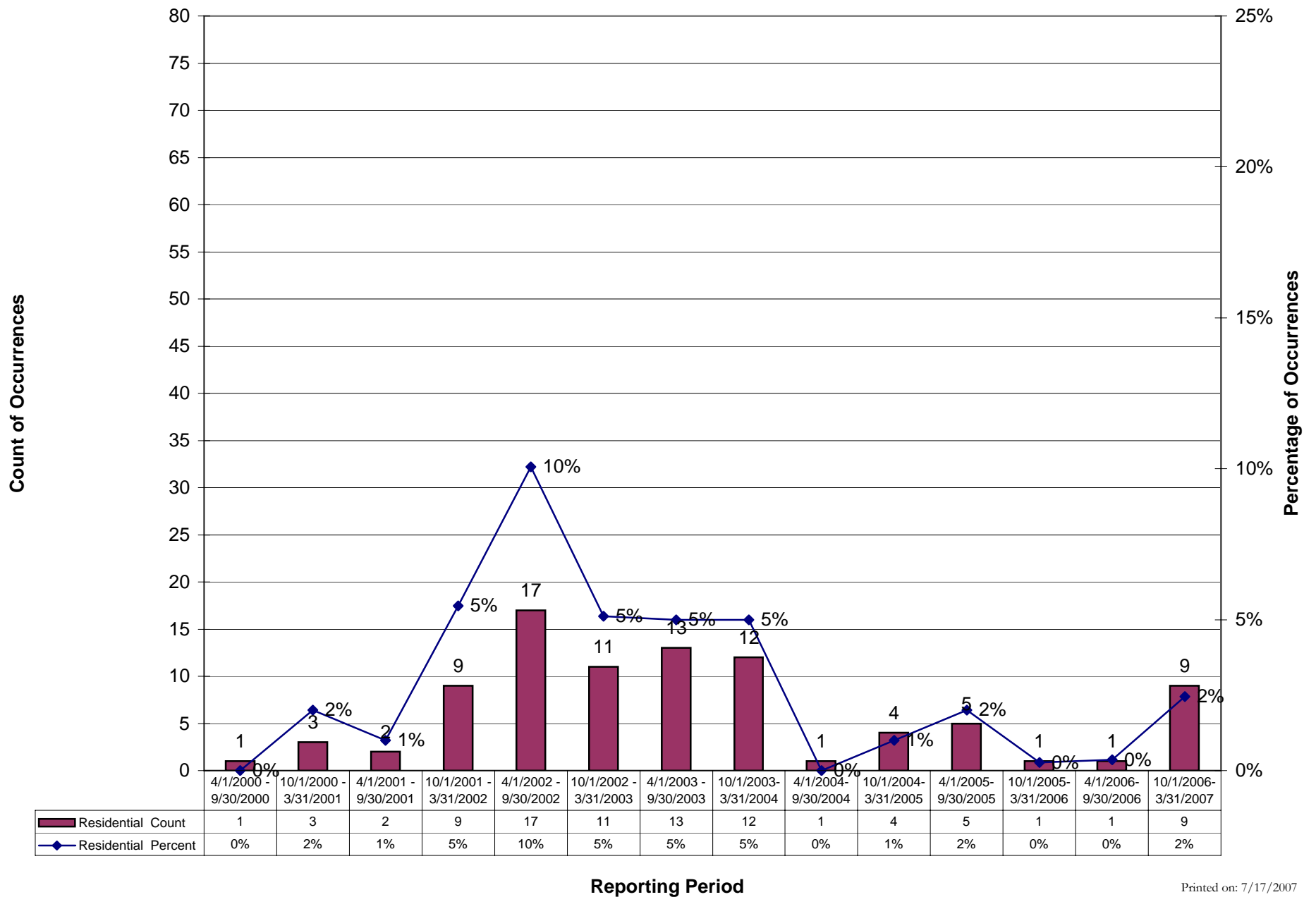


Chart 4 -
Housing

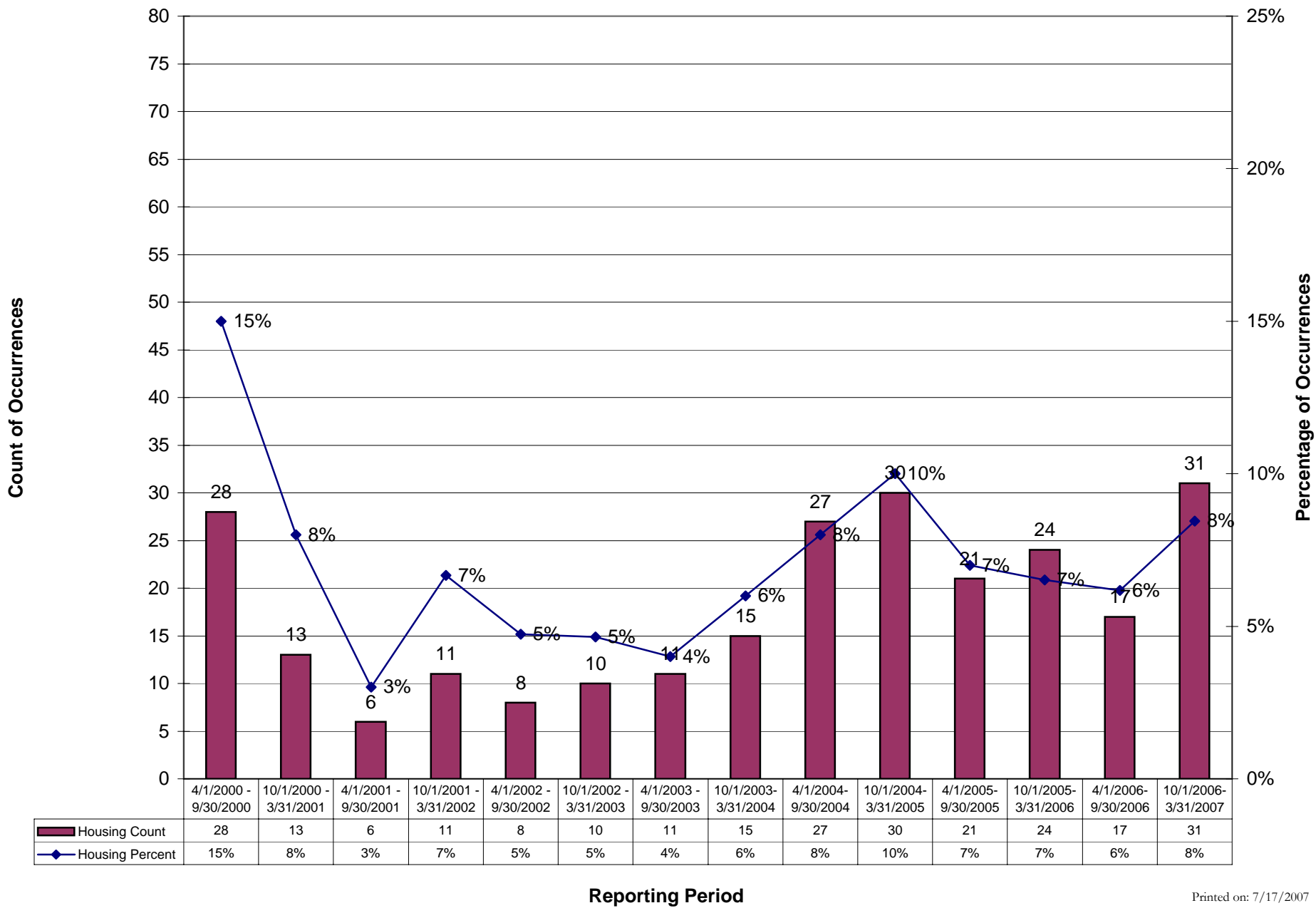


Chart 4 -
Transportation

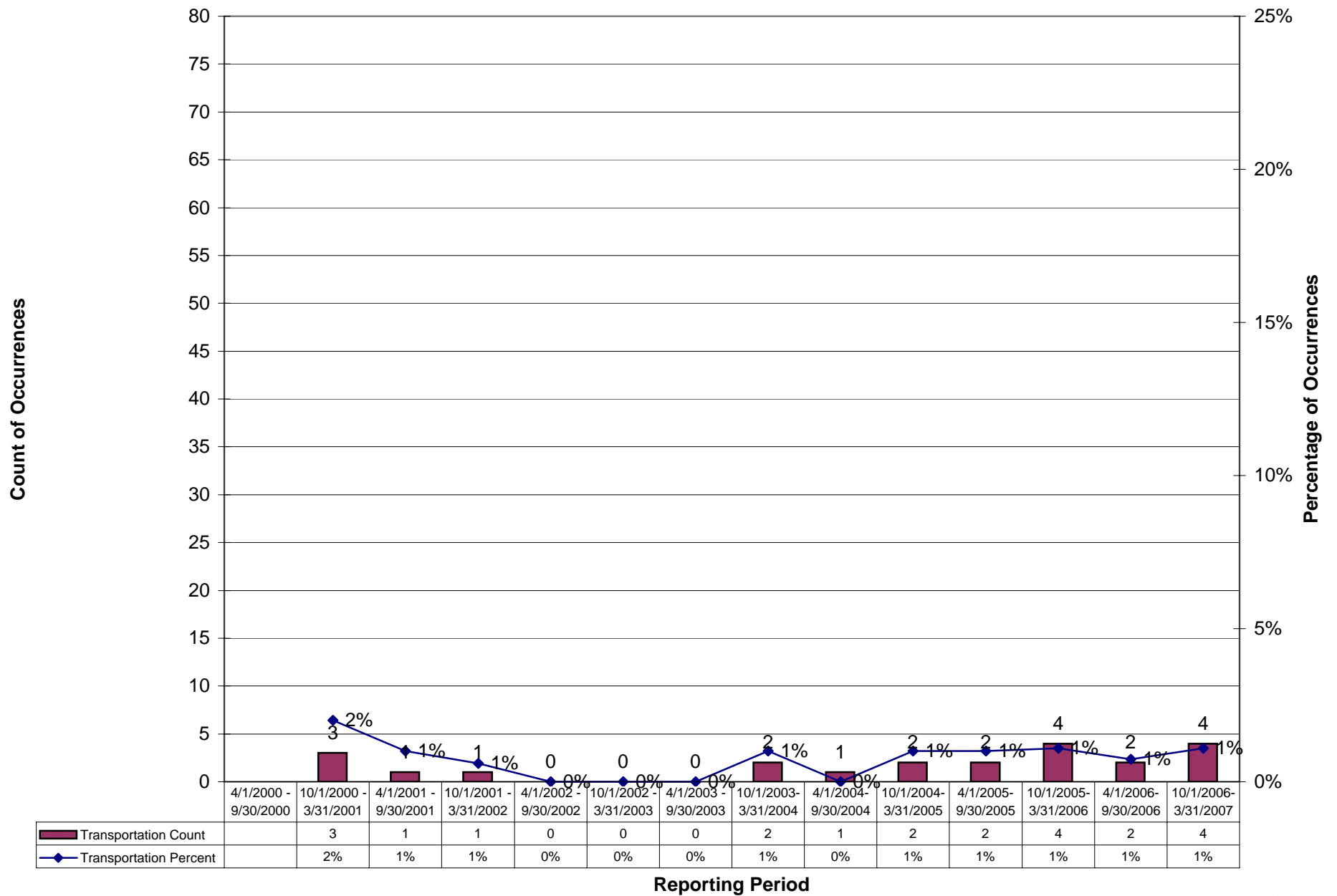
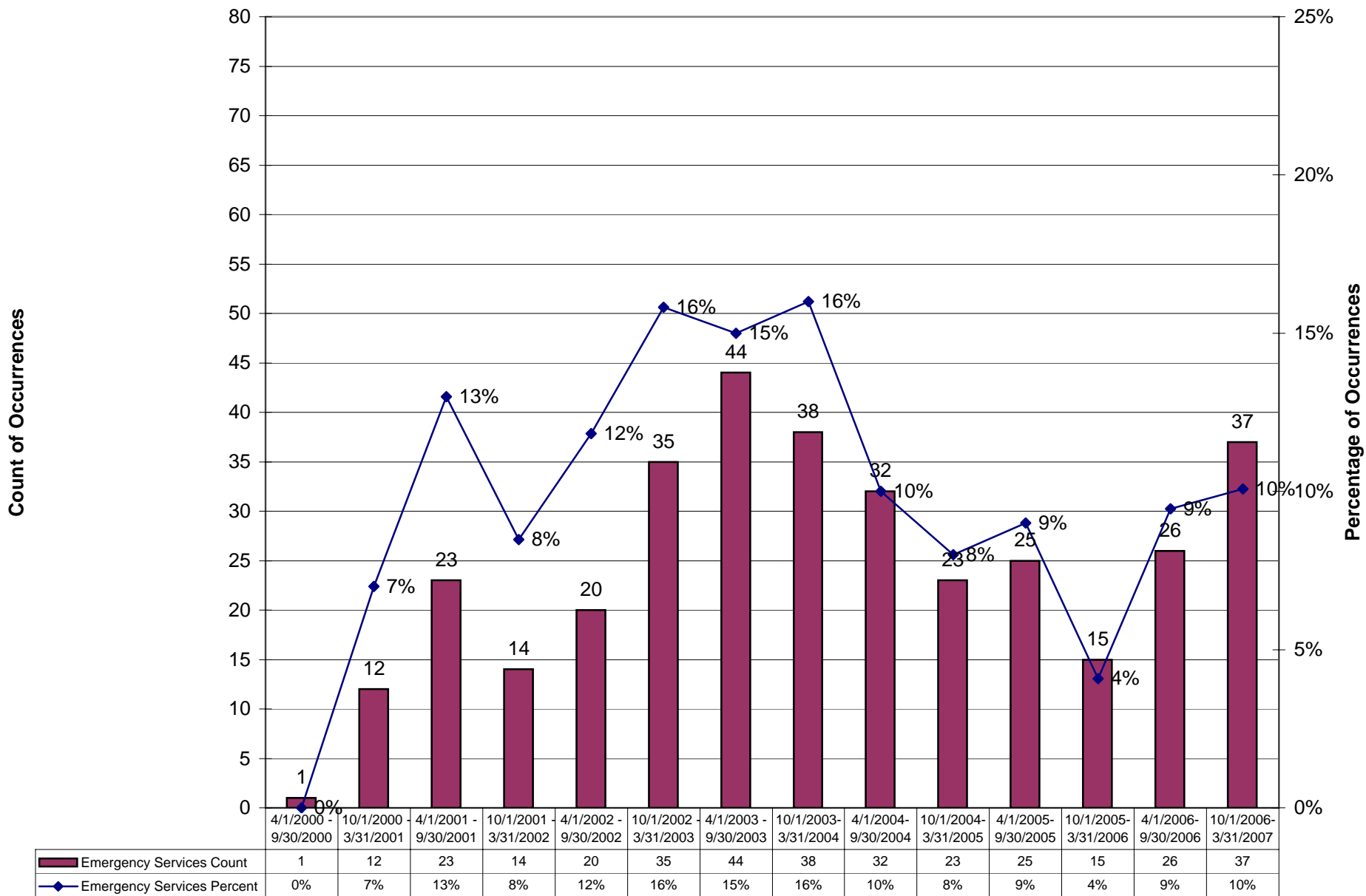


Chart 4 -
Emergency Services



Reporting Period

Chart 4 -
Other

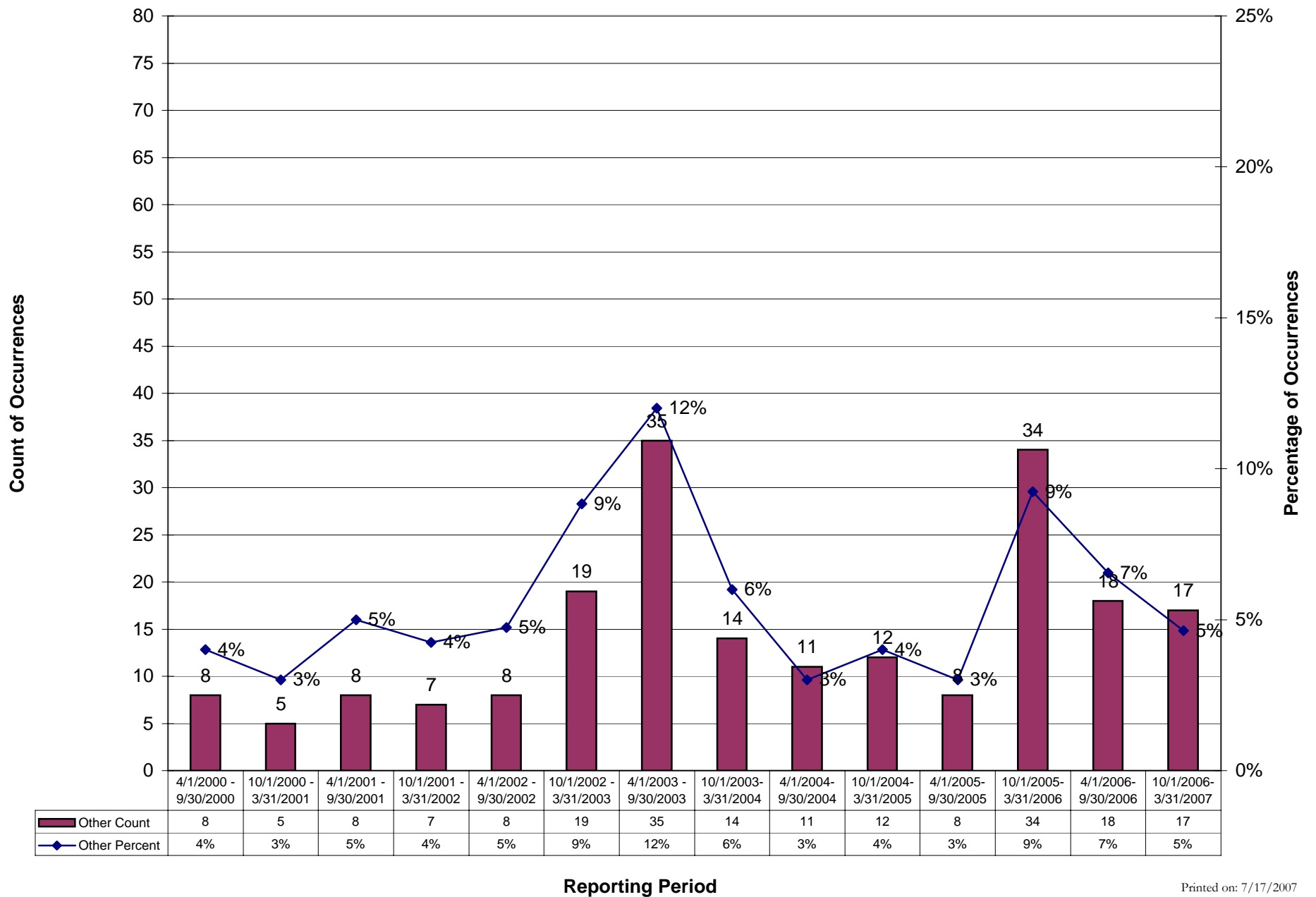
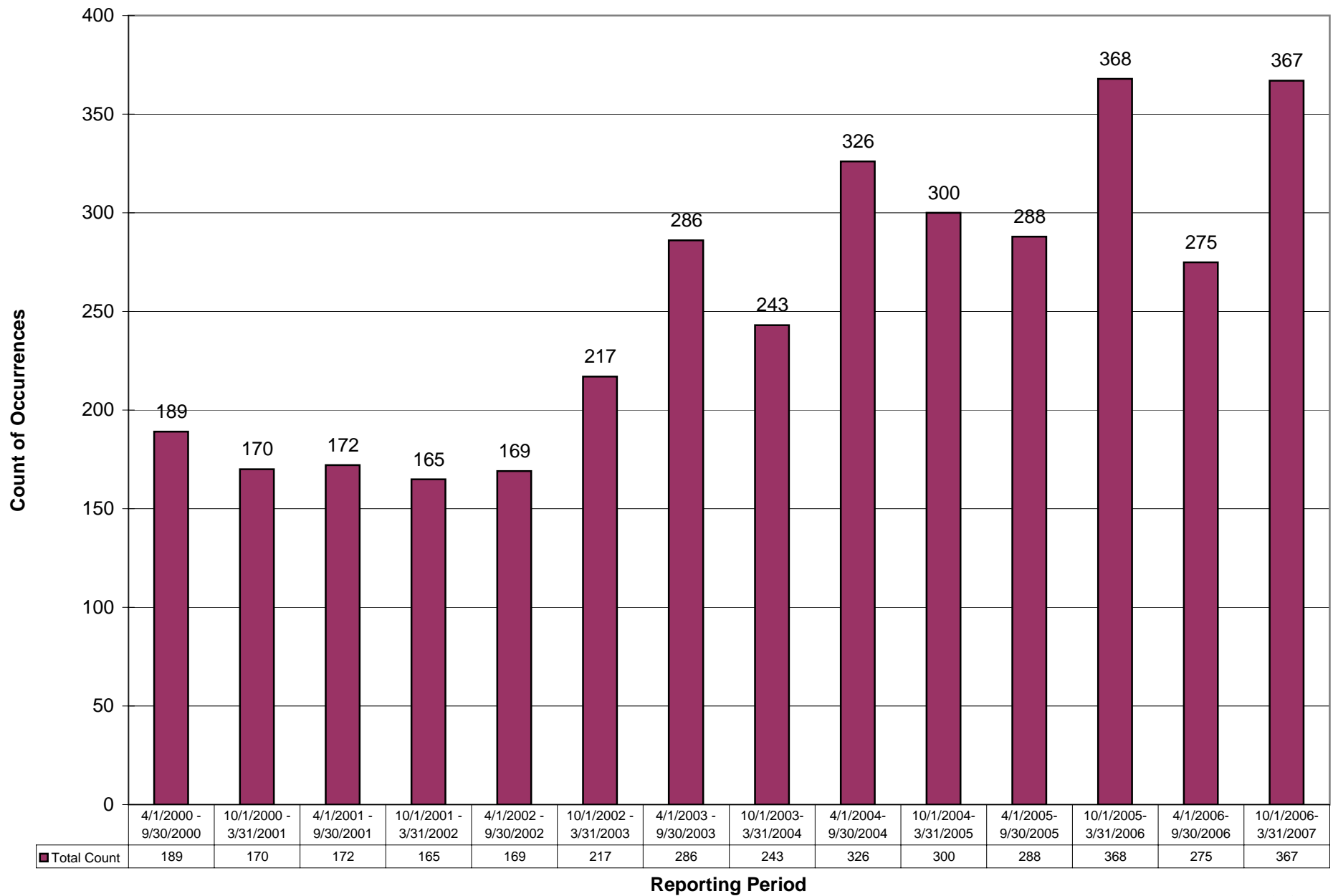


Chart 4 -
Total Occurrences



ATTACHMENT C- Totals
TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 though 3/31/2007

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		4/1/2000 - 3/31/2007		
	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
Unduplicated Number of Cases								141		162		193		245		214		287		250		234		238		176***		198***		2,338	
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%	443	13%	
Dignity and Respect	10	5%	23	14%	15	9%	26	16%	18	11%	19	9%	23	8%	8	3%	18	6%	22	7%	17	6%	37	10%	38	14%	49	13%	323	9%	
Quality/Appropriateness **	35	19%	24	14%	35	20%	35	21%	20	12%	26	12%	25	9%	9	4%	13	4%	17	6%	9	3%	15	4%	20	7%	43	12%	326	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%	114	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%	352	10%	
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%	398	11%	
Physicians & medications	13	7%	8	5%	15	9%	28	17%	11	7%	14	6%	30	10%	26	11%	22	7%	41	14%	38	13%	54	15%	44	16%	48	13%	392	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%	275	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%	89	3%	
Housing	28	15%	13	8%	6	3%	11	7%	8	5%	10	5%	11	4%	15	6%	27	8%	30	10%	21	7%	24	7%	17	6%	31	8%	252	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%	22	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%	345	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%	204	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%	3,535	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 refined the definition of case 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.

ATTACHMENT C - Adults
TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 through 3/31/2007

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		4/1/2000 - 3/31/2007			
	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
Unduplicated Number of Cases								137		159		180		225		193		251		215		176		185		130***		160***		2011		
Access*	17	10%	34	22%	24	15%	8	5%	25	15%	20	10%	37	14%	25	11%	40	14%	33	13%	33	15%	30	10%	23	11%	28	9%	377	12%		
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%	284	9%		
Quality/Appropriateness **	32	20%	21	13%	32	20%	35	22%	18	11%	22	11%	22	8%	5	2%	9	3%	9	3%	3	1%	7	2%	11	5%	29	9%	255	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%	9	3%	15	7%	12	4%	13	6%	5	2%	79	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%	296	10%		
Consumer Rights	24	15%	18	11%	14	9%	7	4%	15	9%	17	8%	19	7%	25	11%	30	10%	32	12%	40	18%	66	22%	22	10%	35	11%	364	12%		
Physicians & medications	11	7%	7	4%	12	7%	24	15%	11	7%	14	7%	29	11%	25	11%	20	7%	35	13%	30	14%	43	14%	33	16%	45	15%	339	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%	259	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%	76	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%	246	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%	19	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%	329	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%	164	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%	3,087	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.

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

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

ATTACHMENT C - Kids
TABLE 1 - COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED
REPORTING FROM 4/1/2000 through 3/31/2007

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		4/1/2000 - 3/31/2007													
	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												
Unduplicated Number of Cases							4			3			13			20			21			36			35			58			53			46***			38***			327		
Access*	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%	66	15%												
Dignity and Respect	0	0%	0	0%	0	0%	0	0%	1	33%	2	13%	4	16%	1	5%	3	8%	1	3%	4	6%	6	9%	9	14%	8	14%	39	9%												
Quality/Appropriateness **	3	11%	3	25%	3	30%	0	0%	2	67%	4	25%	3	12%	4	19%	4	11%	8	22%	6	8%	8	12%	9	14%	14	25%	71	16%												
Phone Calls Not Returned	0	0%	1	8%	1	10%	0	0%	0	0%	1	6%	0	0%	2	10%	3	8%	3	8%	11	15%	5	8%	5	8%	3	5%	35	8%												
Service -- Intensity, Not Available, Coordination	5	19%	3	25%	1	10%	0	0%	0	0%	4	25%	2	8%	5	24%	9	25%	6	16%	7	10%	3	5%	8	13%	3	5%	56	13%												
Consumer Rights	1	4%	0	0%	0	0%	1	20%	0	0%	1	6%	1	4%	1	5%	2	6%	5	14%	9	13%	9	14%	0	0%	4	7%	34	8%												
Physicians & medications	2	7%	1	8%	3	30%	4	80%	0	0%	0	0%	1	4%	1	5%	2	6%	6	16%	8	11%	11	17%	11	17%	3	5%	53	12%												
Financial & Admin Svs.	2	7%	1	8%	0	0%	0	0%	0	0%	0	0%	1	4%	2	10%	4	11%	0	0%	2	3%	2	3%	1	2%	1	2%	16	4%												
Residential	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	6	24%	0	0%	0	0%	1	3%	3	4%	0	0%	1	2%	2	4%	13	3%												
Housing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	2%	2	3%	2	4%	6	1%												
Transportation	0	0%	1	8%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	1%	0	0%	0	0%	0	0%	3	1%												
Emergency Services	1	4%	0	0%	2	20%	0	0%	0	0%	1	6%	0	0%	0	0%	1	3%	2	5%	4	6%	1	2%	3	5%	1	2%	16	4%												
Other	4	15%	0	0%	0	0%	0	0%	0	0%	3	19%	5	20%	1	5%	3	8%	1	3%	2	3%	12	18%	3	5%	6	11%	40	9%												
Total	27	100%	12	100%	10	100%	5	100%	3	100%	16	100%	25	100%	21	100%	36	100%	37	100%	71	100%	65	100%	63	100%	57	100%	448	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 refined the definition of case 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.

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 3/31/2007

Past Six Months 10/1/2006 - 3/31/2007		
Type	Total	Percentage
Dignity and Respect	49	13%
Physicians & medications	48	13%
Quality/Appropriateness **	43	12%
Consumer Rights		
	39	11%
Access*	38	10%
Emergency Services	37	10%
Housing	31	8%
Financial & Admin Svs.	25	7%
Service -- Intensity, Not Available, Coordination		
	19	5%
Other	17	5%
Residential	9	2%
Phone Calls Not Returned	8	2%
Transportation	4	1%
Total	367	100%

Past Year 4/1/2006 through 3/31/2007		
Type	Total	Percentage
Physicians & medications	92	14%
Dignity and Respect	87	14%
Access*	72	11%
Emergency Services		
	63	10%
Quality/Appropriateness **	63	10%
Consumer Rights	61	10%
Housing	48	7%
Financial & Admin Svs.	40	6%
Service -- Intensity, Not Available, Coordination		
	39	6%
Other	35	5%
Phone Calls Not Returned	26	4%
Residential	10	2%
Transportation	6	1%
Total	642	100%

Since 4/1/2000 4/1/2000 through 3/31/2007		
Type	Total	Percentage
Access*	443	13%
Consumer Rights	398	11%
Physicians & medications	392	11%
Service -- Intensity, Not Available, Coordination		
	352	10%
Emergency Services	345	10%
Quality/Appropriateness **	326	9%
Dignity and Respect	323	9%
Financial & Admin Svs.	275	8%
Housing		
	252	7%
Other	204	6%
Phone Calls Not Returned	114	3%
Residential	89	3%
Transportation	22	1%
Total	3,535	100%

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

ATTACHMENT D

TABLE 3 NORTH SOUND MENTAL HEALTH ADMINISTRATION DENIALS AND APPEALS OVER TIME																														
DENIAL TYPE	10/1/2004 through 3/31/2005						4-1-2005 through 9/30/2005						10/1/2005 through 3/31/2006						4/1/2006 through 9/30/2006						10/1/2006 through 3/31/2007					
	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			
Access To Outpatient	59	69	128	5	2	7	62	61	123	4	1	5	47	75	122	2		2	78	99	177	2	2	4	72	85	157	4	1	5
Trans																														
Emergency Services																														
Access to Inpatient	*	*	*				3	3	6										4		4				7	1	8	2		2
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

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.

Table 4 Percentage of Cases and Occurrences by Reporting Source 4-2003 through 3-2007

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	
	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%
#	196	229	165	175	201	238	157	202	162	203	158	273	99	175	133	276
Providers																
%	20%	20%	23%	28%	30%	27%	37%	33%	31%	30%	33%	25%	44%	36%	31%	23%
#	49	57	49	68	86	88	93	98	72	85	79	92	77	100	61	85
NSMHA																
%											<1%	1%			2%	2%
#											1	3			4	6
Total%	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

Data Notes

¹Cases further defined by the NSMHA to represent the person once in a reporting period²Ombuds 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 3-2007									
Reporter	4-3003 through 9-2003	10-2003 through 3-2004	4-2004 through 9-2004	10-2004 through 3-2005	4-2005 through 9-2005	10-2005 through 3-2006	4-2006 through 9-2006	10-2006 through 3-2007	Total
Ombuds Services	31	26	23	13	22	12	22	24	149
Volunteers of America	8	8	5	8	0	1	1	10	31
Snohomish County ITA	5	3	2	2	0	2	0	0	14
Lake Whatcom	0	0	0	0	0	0	0	0	0
Catholic Community Services	0	0	0	0	0	0	0	0	0
Sea Mar	0	0	0	0	0	0	0	0	0
Whatcom Counseling and Psychiatric Clinic	0	1	0	0	1	0	1	0	3
Associated Provider Network	0	0	0	0	0	0	0	0	0
<i>bridgeways</i>	0	0	0	0	0	0	0	0	0
Compass Health	0	0	2	0	2	0	2	2	6
NSMHA	0	0	0	0	0	0	0	1	1
Total	44	38	32	23	25	15	26	37	203

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