

MEMORANDUM

DATE: April 20, 2005
TO: NSMHA Advisory Board
FROM: Chuck Benjamin, Executive Director
RE: May 12, 2005 Board of Director's Agenda

Please find for your review and comment the following that will be discussed with the Board of Directors and brought forth at the May 12, 2005, NSMHA Board of Directors Meeting.

Consent Agenda

Action Items

Motion #05-028 – To approve the NSMHA-APN-04-05 contract, Amendment 2. The purpose of the amendment is to reflect changes made to NSMHA's contract with the state, including providing updated funding information based on decisions of the NSMHA Board.

Action Items Not Yet Reviewed by the Advisory Board

Introduction Items

cc: Charles R. Benjamin
County Coordinators
NSRSN Management Team

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
ADVISORY BOARD MEETING**

**North Sound Mental Health Administration
Conference Room
117 North First St., Suite 8
Mt. Vernon, WA 98273
May 3, 2005
1:00 PM**

Agenda

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of the April 2005 Minutes, Chair – 5 minutes
4. Comments from the Public –5 minutes
5. Correspondence and Comments from the Chair – 5 minutes
6. Monthly Committee Reports
 - a. Executive Director's Report - Chuck Benjamin – 5 minutes
 - b. Finance Committee – Mary Good – 5 minutes
 - c. Executive Committee/Agenda Committee – Tom Richardson – 5 minutes
 - d. QMOC Report – Mary Good – 5 minutes
 - e. Semi-annual Ombuds Report – Chuck Davis – 20 minutes
7. Items To Be Brought Forward To The Board of Directors – Charles Benjamin, Executive Director
 - a. Consent Agenda
8. New Business
9. Comments from County Advisory Board Representatives – 15 minutes
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
10. County Coordinator Report
11. Comments from Public – 5 minutes
12. Other Business
 - a. Request for Agenda Items
13. Adjournment

NOTE: The next Advisory Board meeting will be June 7, 2005 in the NSMHA Conference Room, 117 N. First Street, Suite 8, Mount Vernon.

**North Sound Mental Health Administration
MENTAL HEALTH ADVISORY BOARD**

April 5, 2005

Present: Andrew Davis, Tom Richardson, Marianne Elgart, Laurel Britt, Marie Jubie, Charles Albertson, James Mead, Russell Sapienza, Jim King, Anne Gresham, Chris Walsh, and Joan Lubbe
Absent: Patricia Whitcomb
Excused: Jack Bilsborough and Mary Good
Staff: Chuck Benjamin, Greg Long, Chuck Davis and Rebecca Pate
Guests: Tom Sebastian, Jim Sizemore and Ken Tam

MINUTES

| TOPIC | DISCUSSION | ACTION |
|-------|------------|--------|
|-------|------------|--------|

CALL TO ORDER, INTRODUCTIONS

| | | |
|-------------|---|---------------|
| Chair Jubie | <p>Chair Jubie convened the meeting at 1:00 p.m. and welcomed those present. She asked attendees to turn off cell phones due to distraction and asked individuals to speak into the microphones so Laurel Britt, a new member, could hear everything that was said. James Mead was acknowledged as a new member.</p> <p>Marie distributed a packet of acronyms for members use.</p> <p>Introductions were made and San Juan County informed the Board that Jackie Abell has resigned.</p> <p>The pre-meeting presentation concerning “Older Adults” was given by Tom Sebastian from Compass Health and Ken Tam from Whatcom Counseling and Psychiatric Clinic. Ken Tam will return at the next meeting to inform the group about the Gatekeeper training.</p> | Informational |
|-------------|---|---------------|

REVISIONS TO THE AGENDA

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| Chair Jubie | None noted. | Informational |
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APPROVAL OF MINUTES

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| Chair Jubie | <p>The March 2005 minutes of the Advisory Board meeting were reviewed.</p> <p>A motion was made to approve the minutes as written, seconded and motion carried.</p> | Motion carried |
|-------------|--|----------------|

COMMENTS FROM THE PUBLIC

Charles Albertson The Rainbow Center had a gallery walk Friday. Some NAMI individuals attended and some walked in off the street. The Rainbow Center had fun presenting the gallery walk and it will probably be done again in the future. Informational

CORRESPONDENCE AND COMMENTS FROM THE CHAIR

Marie Jubie Marie has been going to Olympia every week. Marie testified on the 1290 “Cody” Bill (super WMIP bill). She said the HB1005 (consumer run services bill) was chopped up and input into the 1290 to try and make it more palatable and Marie expressed her opinion on that action. Marie expressed how proud she was of the attendance and show of support by consumers/staff for the legislative session. Informational

There will be a Washington Medicaid Integration Project meeting in Snohomish, Thursday, April 7 at 1:30 on the fourth floor of the Courthouse in the Canard Room.

MONTHLY COMMITTEE REPORTS

Executive Director’s Report

Chuck Benjamin
Marie Jubie
Greg Long Chuck began by bringing the Board back to the North Sound Region mission of “Vision of Hope and Path to Recovery”. Chuck thanked all for their efforts of written communication, emails, phone calls and attendance at the legislative session. This effort made our mission visible, vocal and did some good. Informational

Chuck said the Governor and Senate budget has the \$82 million backfill of lost Medicaid dollars. Marie said the House does also but Chuck has not seen it yet. What is unknown is how the Mental Health Division will distribute this money. Chuck hopes it will be spent on the non-Medicaid population because that is the North Sound Region’s largest population over other RSNs. It is critical how the money will be distributed.

The Senate amended the Cody bill that would have taken “counties” out of the Regional Support Networks (RSNs) and that will keep the “counties” in the RSNs. There is a clause in the amended bill by Senator Hargrove that would allow a procurement process in any county with a population of over one million. That will limit procurement process only to King County with that language in the bill. Cody in her Health Care Committee has amended Hargrove SB5763 to include the procurement process. Now the

Senate and House will assign people to committees that will discuss and work out the issues in these bills behind closed doors.

Chuck is pleased with the action the Senate has taken on these issues and says their action was a result of consumer, advocate and provider advocacy during the legislative session.

Chuck encouraged everyone to thank their senators for all their hard work. Some discussion followed.

Tom requested that Chuck inform the Advisory Board of the changes via email and Chuck said he would.

Chuck said the Centers for Medicaid and Medicare Services has given the state of Washington a new deadline of being in compliance with a new contract with new rates by September 1. What they are not granting Washington state is an extension on using Medicaid dollars for any purpose. The Medicaid dollars for Medicaid only deadline is still July 1. Some discussion followed.

Chuck said the region is awaiting the decision on whether Lake Whatcom, a 67-bed facility, will become an Institution for the Mentally Diseased (IMD). Lake Whatcom is trying to avoid becoming an IMD but the results will not be known for a while.

The IMD ruling states that any facility over 16 beds will not be eligible for Medicaid funding and another rule states that if persons who were Medicaid eligible resided in an IMD they would lose their Medicaid funding.

Bridgeways has closed their 48-bed facility and moved consumers out into community settings and are providing services in the community. They also developed a drop in center and provided a van to transport consumers back to the drop in center. Some discussion followed.

The NSMHA will be getting a bridge contract from the Mental Health Division that will be signed if the Advisory Board and Board of Directors recommend it. The major concern is to avoid prosecution/jailing of anyone. The amount of state only money will determine if the North Sound Region will be able to provide the services the state is requiring especially for the non-Medicaid emergency services. The impact on Evaluation and Treatment Centers is still unknown. The less "state only" dollars the Region has will make the decisions more difficult.

Chuck would like to give a pre-meeting presentation in a couple of months on the group working now on "Mapping the Mental Health System". This will outline all the different services provided in all the counties, at what level of funding, how many FTEs for each area and a priority rating depending on the level of funding available.

The WMIP is still going but the NSMHA participation is contingent on the legislature passing some kind of procurement law. The procurement process will open the door for discussion of how the monies will be used. The NSMHA supports integration but opposes Olympia being able to dictate how monies will be spent.

Chuck reminded everyone about the Tribal Conference taking place May 3-4 at the Skagit Resort.

Chuck expressed his thanks to Marie for opening doors in Olympia that otherwise might not have been opened.

Greg stated that it is extremely important for consumers/advocates that are not paid by the system to participate in the legislative session.

Finance Committee Report

Chair Jubie

Marie provided the expenditures report to the Board.

Informational

A motion was made to approve the expenditures, seconded and **motion carried**.

Motion carried

Marie presented the information on the Tribal Conference and stated it was limited to three (3) people. Tom Richardson suggested those interested submit their names to Marie and she would make the decision on who would attend on behalf of the Advisory Board.

The Behavioral Health Conference is June 22-24 in Yakima and the Region has eight (8) scholarships available. If you are interested in attending please let Marie or Rebecca know as soon as possible so arrangements can be made. The registration deadline is May 20 and is limited to 12 attendees. They will be chosen on a first come, first serve basis.

The Partners in Crisis Conference is August 29 – September 1 in Wenatchee. Marie requested that anyone interested please let her know as soon as possible so arrangements can be made.

Chuck Albertson asked if new members could be reimbursed for mileage and claim forms were distributed.

Executive Committee/Agenda Committee

Tom Richardson
Marie Jubie
Charles Albertson

A meeting was held today and the conferences were discussed with limitations made on attendees.

Informational

Marie put the word out for feedback on pre-meeting events for the future. Charles Albertson said Warren Coffman at Whatcom Counseling would be an excellent choice for a pre-meeting speaker to discuss “Co-Occurring and Street Outreach”. He works with chemically addicted mentally ill people on the street. He also works with West Coast Counseling, which is a drug treatment center in Bellingham.

QMOC Report

Chair Jubie

1. Greg Long explained the new formatting and briefed everyone on the Quality Management Committee, Utilization Management Subcommittee, Integrated Crisis Response Committee, Home and Community Services (HCS)/RSN meeting, Mental Health Division, Western State Hospital Liaison, CHAP, staffing, etc.
2. Mike Watson gave a “Quality in Action” Report on Lake Whatcom Residential Treatment Center.
3. Terry McDonough gave a report on the Utilization Management Dashboard. Greg Long informed the Board that this is a monthly report produced on the indicators of how the mental health system is functioning. It shows the following:

Informational

- Number of Medicaid eligible people
- Number of people in services across the Region
- Average hours of service that a consumer is receiving
- Number of crisis appointments
- Number of people hospitalized
- Average census at Western State Hospital

If the committee is interested, the dashboard can be presented and discussed at a future meeting.

4. Greg Long gave a PowerPoint presentation on the “Role of Leadership in Quality Improvement”.
5. Gary Williams gave a report on the ad hoc group that is meeting regarding the Quality Management Oversight Committee Charter.
6. Terry McDonough provided information regarding developing criteria for consumers who remain in treatment beyond their authorization period (continued stay).
7. Greg Long distributed the NSMHA clinical performance improvement projects 2005 document and reviewed it with the committee.

ITEMS TO BE BROUGHT FORWARD TO THE BOARD OF DIRECTORS

Consent Agenda

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| Chuck Benjamin | The Board of Directors will not hold a meeting in April; therefore, there was nothing to present to the Advisory Board. | Informational |
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NEW BUSINESS

| | |
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| None. | Informational |
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COMMENTS FROM COUNTY ADVISORY BOARD MEMBERS

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| Island | No one was present. | Informational |
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| San Juan | The meeting discussed legislative issues facing the region. | Informational |
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| Skagit | They have several issues pending and Jim King will provide more information at the next meeting. | Informational |
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| Snohomish | Marie said Chuck Roxin came and made some announcements about Madison House and renovations for expansion of the Day Treatment Drop-In Center Clubhouse. The Clubhouse project was made possible by the generous donations of labor and paint by community businesses. The center will be open six (6) days a week. Chuck is working with Chris Gland, a member of Snohomish County Mental Health Advisory Board, on providing evaluations, assessments and case management services for individuals coming out of corrections back into the community. Terry Clark announced that after Snohomish County approved the \$30,000 for the drop-in center, Everett Trust donated \$30,000 and the City of Everett gave the remaining \$3,000 needed to re-open the center. The staff position has been posted and as soon as it is filled the center will be opened. An additional \$9,000 to \$10,000 was raised through the “Tribute to Dr. Gene Brooks”. Some discussion followed. | Informational |
|-----------|--|---------------|

Snohomish County Human Services has moved and some meetings are being held in alternate locations. Make yourself aware of meeting locations prior to attending.

The mental health parity bill passed and other legislative issues were discussed. A legislative directory was distributed so consumers could contact their respective representatives.

Town hall meetings were discussed.

Snohomish has the automated access line.

Whatcom

Chuck Albertson said legislative issues were discussed. Russ Sapienza and Andrew Davis said the Rainbow Center sent two letters to Olympia informing them of

Informational

their position on the bill and some individuals also testified at legislative sessions. Tom Richardson informed the group that HB1290 passed the House by a vote of 84-10. Forty percent of the no votes were from the North Sound Region representatives due to being asked to vote against and becoming better informed.

Tom Richardson said the Whatcom County Integration Network (WIN) was discussed. This is **not** a part of Washington Medicaid Integration Project (WMIP). The concept is for provider agencies to be able to integrate their communications and services in a rational fashion in Whatcom County. They are seeking waivers from rules and regulations that prevent consumers from communicating and rationally working in a cooperative fashion. Whatcom County is promoting it to DSHS and to their elected officials as an alternative. The right to privacy concerns is in the forefront. It is unsure how this program will proceed but discussion is ongoing.

Chuck Benjamin said there is a major design difference between Whatcom County's program and WMIP. One major difference is that Whatcom's is community driven and the other is the target population. The target population that DSHS shows in Snohomish County is 20 and older, gravely disabled, aged and blind with no criteria on how much they can use the system. The Whatcom County design is based on all ages (i.e., children, adult and older adult) of high utilizers of the system. The NSMHA can identify those through the data received. Chuck stated that if NSHMA receives the same waivers as Molina is currently receiving this could be accomplished. The RSNs have more

requirements than are being placed on Molina. If the RSN receives the same reduction in requirements and is allowed to do away with two separate records on the same client and merge them into one, it is workable. Some discussion followed.

The contract signed with Mental Health Division and Whatcom County now allows for an outreach coordinator.

Tom acknowledged that Betty Scott received an award/recognition last month for her outreach work. He also said that teen screening is adding Lynden High School to the program and Whatcom is trying to figure out how to expand the budget to include all schools desiring to be a part of the program.

Marie Jubie and Chuck Benjamin acknowledged the participation of Gary Williams at the legislative sessions.

COUNTY COORDINATOR REPORT

No one present.

Informational

COMMENTS FROM PUBLIC

None.

Informational

OTHER BUSINESS

None.

Informational

NEW AGENDA ITEMS

Charles Albertson Make it known that Warren Coffman is the PATH grant person in Whatcom County.

ADJOURNMENT

Chair Jubie Chair Jubie adjourned the meeting at 2:00 pm.

COMPLAINT & RESOLUTION DEFINITIONS

COMPLAINTS:

Access: Can be initial or on going. Deals with having trouble getting into services or having on-going services cut back. May deal with eligibility for services, terminations from services, or taking too long to receive services. A complaint about access is not only about access into services, but perhaps how long it took, or desiring a type of service not available to the consumer, or a discontinuation of services.

Dignity & Respect: Actual or perceived such treatment. How the consumer felt treated by the staff.

Quality Appropriateness: Appropriate type of service needed isn't available. Example #1: client has been in counseling, but also has a problem with anger management, and the court ordered anger management treatment. Provider has no anger management groups. Client can't afford outside help. Example #2: Client has PTSD and is put in an anxiety group. Client questions quality of the therapist, isn't satisfied with Anxiety group counseling, and wants one on one for PTSD. Perhaps the consumer wants individual therapy, and only receives group therapy. It also may involve frequency of visits.

Phone Calls Not Returned: Just what it says--usually client to case manager/therapist. This would be when the consumer is already in services.

Service Intensity or Coordination of Services: Has to do with coordination between provider and another agency or possibly between service providers in the same agency. Example is an alcoholic client where there must be coordination between the person's medical doctor and therapist. May need ancillary providers from an outside agency working with therapist. This could have to do with something like personal care in the home while also in therapy. Could have to do with case manager not coordinating appointments with the right providers. It may involve level of care or a type of therapy not available in that agency (for instance, treatment for eating disorders). Also, if care is being coordinated not only within the mental health agency, but with allied providers, such as a primary physician.

Consumer Rights: These are listed in the WAC and in our Ombuds brochure. This doesn't involve dignity and respect, which is its own category. It has a number of sub-categories. Mental health consumers have specific rights as listed in the WACs; this would involve a complaint that one or more had been violated.

Physicians and Medications: When someone wants another type of medication or different dosage. Perhaps they think their psychiatrist isn't listening to what they say about their medications. Perhaps it has to do with someone being separated from the provider. Someone may want or need to see a regular physician. Usually it involves medication. This is referring to psychiatrists and psychiatric meds. Complaints in this area might be around side effects and the doctor not paying attention to the consumer's concerns about them.

Financial and Administrative Services: Having to do with client funds. Generally deals with payees and pay problems. We would generally seek assistance from the case manager and payee. These complaints might be about SSI eligibility, or the consumer having a payee that controls his or her benefits.

Residential: This deals with any agency-provided housing, sometimes even if a client purchases a house and still receives case management help. It may be an issue concerning supported living, boarding alone, agency-owned housing. Aurora House is an example of agency-owned housing. These complaints would involve supported living situations managed by the agency.

Housing: This deals with regular, independent housing out in the community, or perhaps integrating mental health clients back into the community. It also involves Section 8 applications. A complaint here might be that the agency hasn't done enough to find a consumer independent living.

Transportation: May deal with transportation coupons, bus passes, taxis, obtaining an access bus, or possibly transportation to and from services or places they need to go for normal living. May deal with clients who have agoraphobia and have trouble with public transportation. A complaint here would involve transportation to and from mental health services.

Emergency Services: Has to do with crisis services such as Crisis Clinics, or may involve E & T centers. May involve interaction with CDMHP. This complaint would involve crisis services, either the crisis line, or a CDMHP evaluation, or difficulty in the hospital emergency room during a mental health crisis.

Other: Any other type of complaint.

RESOLUTIONS:

Information or Referral: Simply giving information/names/numbers, or referring to another source.

Referral to QRT: This is done when we see a trend.

Conciliation/Mediation: Working out the issue between Ombuds, the provider and the client. Usually involves meetings, letters, phone calls, etc.

Arbitration: Usually done when turning a complaint into a Grievance.

Fair Hearing: Turning a complaint over to a fair hearing.

Other: Another resolution; perhaps the client moved away or died, is hospitalized, etc.

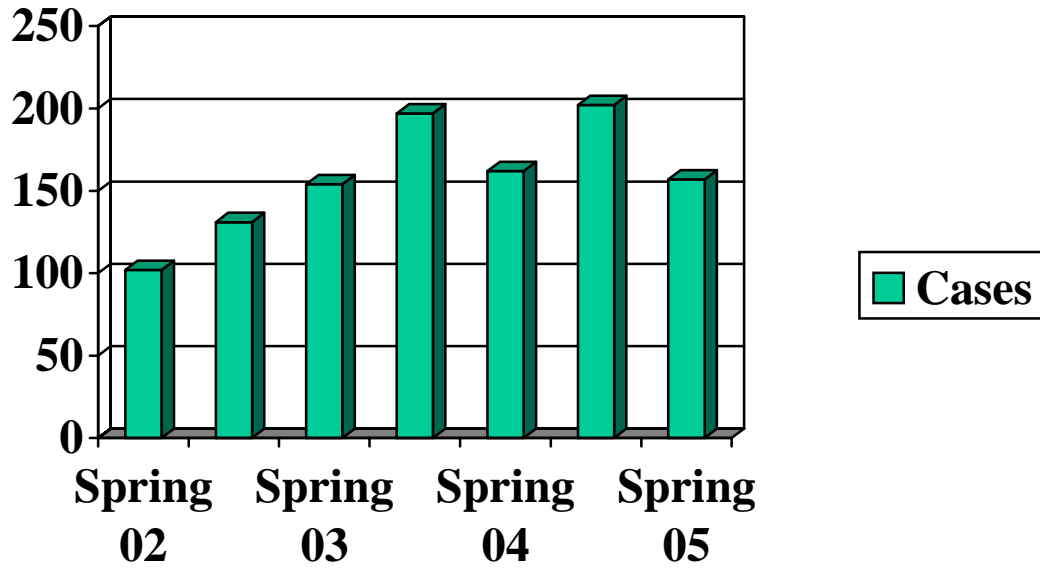
Not pursued: Client dropped the complaint. Perhaps the client didn't understand correct procedures and was OK once they understood the whole situation, or they became satisfied before interaction with the provider, etc.

SEMI-ANNUAL COMPLAINT DATA - PERCENTAGES

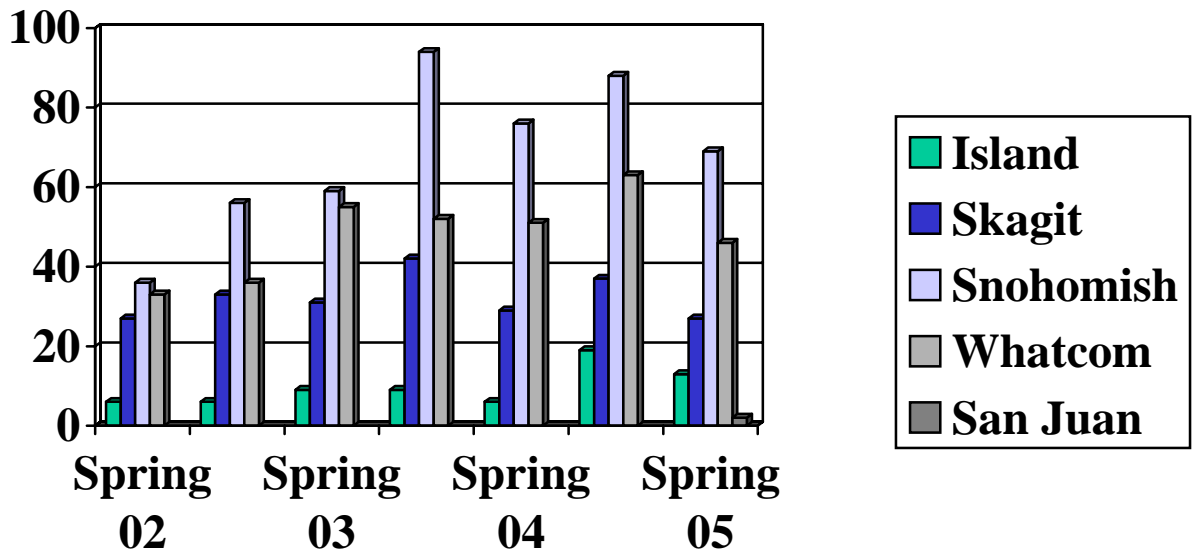
| | Oct 01-Mar 02 | Apr-Sep 02 | Oct 02-Mar 03 | Apr-Sept 03 | Oct 03-Mar 04 | Apr-Sep 04 | Oct 04-Mar 05 | Total |
|-------------------------|---------------|------------|---------------|-------------|---------------|------------|---------------|-------|
| Number of Cases: | 102 | 131 | 154 | 197 | 162 | 202 | 157 | 1105 |
| Source of Cases: | | | | | | | | |
| Self | 85 (83%) | 91 (69%) | 107 (69%) | 129 (84%) | 111 (69%) | 137 (67%) | 103 (65%) | 763 |
| Relative | 12 (12%) | 17 (13%) | 16 (10%) | 41 (21%) | 32 (20%) | 40 (19%) | 28 (17%) | 186 |
| Friend | 1 (1%) | 16 (12%) | 12 (8%) | 13 (7%) | 6 (4%) | 5 (2%) | 7 (4%) | 60 |
| Other | 4 (4%) | 7 (5%) | 19 (12%) | 14 (7%) | 13 (8%) | 20 (9%) | 19 (12%) | 96 |
| Demographics: | | | | | | | | |
| Male | 40 (39%) | 53 (40%) | 60 (39%) | 85 (43%) | 71 (44 %) | 83 (41%) | 80 (50%) | 472 |
| Female | 62 (61%) | 78 (60%) | 94(61%) | 112 (57%) | 91 (56%) | 119 (58%) | 77 (49%) | 633 |
| Seniors 60+ | 0 | 4 (3%) | 4 (3%) | 6 (3%) | 3 (2%) | 1 (1%) | 10 (6%) | 28 |
| Adults 21–59 | 97 (95%) | 127 (97%) | 145 (94%) | 183 (93%) | 151 (93%) | 191 (94%) | 136 (86%) | 1030 |
| Children 0--20 | 5 (5%) | 0 | 5 (3%) | 8 (4%) | 8 (5%) | 10 (4%) | 11 (7%) | 47 |
| Cultural/Ethnic: | | | | | | | | |
| African/American | 1 (1%) | 2 (1%) | 3 (2%) | 2 (1%) | 2 (1%) | 2 (02%) | 3 (1%) | 15 |
| Caucasian | 98 (96%) | 118 (90%) | 138 (90%) | 176 (89%) | 135 (83%) | 174 (86%) | 141 (89%) | 980 |
| Hispanic | 0 | 5 (4%) | 7 (5%) | 5 (3%) | 8 (5%) | 5 (2%) | 3 (1%) | 33 |
| Native American | 2 (2%) | 4 (3%) | 4 (3%) | 12 (6%) | 14 (9%) | 15 (7%) | 7 (4%) | 58 |
| Asian/Pacific Islander | 1 (1%) | 2 (1%) | 2 (1%) | 2 (1%) | 3 (2%) | 6 (2%) | 3 (1%) | 19 |
| Cases by County: | | | | | | | | |
| Island | 6 (6%) | 6 (5%) | 9 (6%) | 9 (5%) | 6 (4%) | 19 (9%) | 13 (8%) | 68 |
| San Juan | 0 | 0 | 0 | 0 | 0 | 0 | 2 (1%) | 2 |
| Skagit | 27 (26%) | 33 (25%) | 31 (20%) | 42 (21%) | 29 (17%) | 36 (17%) | 27 (17%) | 225 |
| Snohomish | 36 (35%) | 56 (43%) | 59 (38%) | 94 (48%) | 76 (47%) | 86 (42%) | 69 (43%) | 476 |
| Whatcom | 33 (32%) | 36 (27%) | 55 (36%) | 52 (26%) | 51 (32%) | 61 (30%) | 46 (29%) | 334 |

| | Oct 01-Mar 02 | Apr-Sep 02 | Oct 02-Mar 03 | Apr – Sept 03 | Oct 03-Mar 04 | Apr-Sep 04 | Oct 04-Mar 05 | Total |
|--|---------------|------------|---------------|---------------|---------------|---------------------------|------------------|-------|
| <u>Complaints:</u> | 114 | 137 | 175 | 225 | 181 | 226 | 192 | 1250 |
| <u>Type Complaints:</u> | | | | | | | | |
| Access | 7 (6%) | 23 (17%) | 22 (13%) | 29 (13%) | 23 (13%) | 24 (10%) | 13 (1%) | 141 |
| Dignity & Respect | 15 (13%) | 13 (9%) | 11 (6%) | 12 (5%) | 4 (2%) | 13 (5%) | 12 (6%) | 80 |
| Quality Appropriate | 23 (20%) | 15 (11%) | 21 (12%) | 19 (8%) | 5 (3%) | 7 (3%) | 6 (3%) | 96 |
| Unreturned calls | 2 (2%) | 2 (1%) | 1 (1%) | 1 (1%) | 1 (1%) | 0 | 0 | 7 |
| Service Intensity | 4 (4%) | 15 (11%) | 26 (15%) | 18 (8%) | 33 (18%) | 44 (20%) | 22 (11%) | 162 |
| Consumer Rights | 8 (7%) | 14 (10%) | 18 (10%) | 18 (8%) | 24 (13%) | 29 (12%) | 33 (17%) | 144 |
| Physicians & Meds | 24 (21%) | 7 (5%) | 11 (6%) | 27 (12%) | 17 (9%) | 19 (8%) | 29 (15%) | 134 |
| Financial/Admin | 5 (4%) | 6 (4%) | 8 (5%) | 19 (8%) | 12 (7%) | 34 (15%) | 25 (13%) | 109 |
| Residential | 6 (5%) | 17 (12%) | 10 (6%) | 12 (5%) | 10 (6%) | 1 (1%) | 3 (2%) | 59 |
| Housing | 7 (6%) | 5 (4%) | 9 (5%) | 10 (4%) | 13 (7%) | 26 (11%) | 26 (13%) | 96 |
| Transportation | 1 (1%) | 0 | 0 | 0 | 1 (1%) | 0 | 2 (1%) | 4 |
| Emergency Services | 8 (7%) | 14 (10%) | 24 (14%) | 31 (14%) | 25 (14%) | 21 (9%) | 12 (6%) | 135 |
| Other | 4 (4%) | 6 (4%) | 14 (8%) | 29 (13%) | 13 (7%) | 8 (3%) | 9 (5%) | 83 |
| <u>Resolutions of Complaints:</u> | | | | | | | | |
| Info/Referral | 22 (19%) | 10 (7%) | 49 (28%) | 51 (23%) | 65 (36%) | 63 (20%) | 50 (26%) | 310 |
| Refer to QRT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Conciliation/Mediation | 74 (65%) | 53 (39%) | 94 (54%) | 139 (62%) | 95 (52%) | 130 (47%) | 115 (61%) | 700 |
| Arbitration | 0 | 1 (1%) | 3 (2%) | 3 (1%) | 3 (2%) | 13 (3%) | 5 (2%) | 28 |
| Fair Hearing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Not Pursued | 12 (11%) | 57 (42%) | 15 (9%) | 17 (8%) | 14 (8%) | 20 (6%) | 6 (3%) | 141 |
| Other | 6 (5%) | 16 (12%) | 14 (8%) | 15 (7%) | 4 (2%) | 0 | 0 | 55 |
| | | | | | | Outstanding Cases: | 16 (8%) | |
| <u>Provider Grievances:</u> | 0 | 0 | 0 | 0 | 0 | 5 | 7 (1 still open) | 12 |
| <u>RSN Grievances:</u> | 10 | 1 | 3 | 3 | 3 | 6 | 3 | 29 |
| <u>Fair Hearings:</u> | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

Semi-Annual Cases

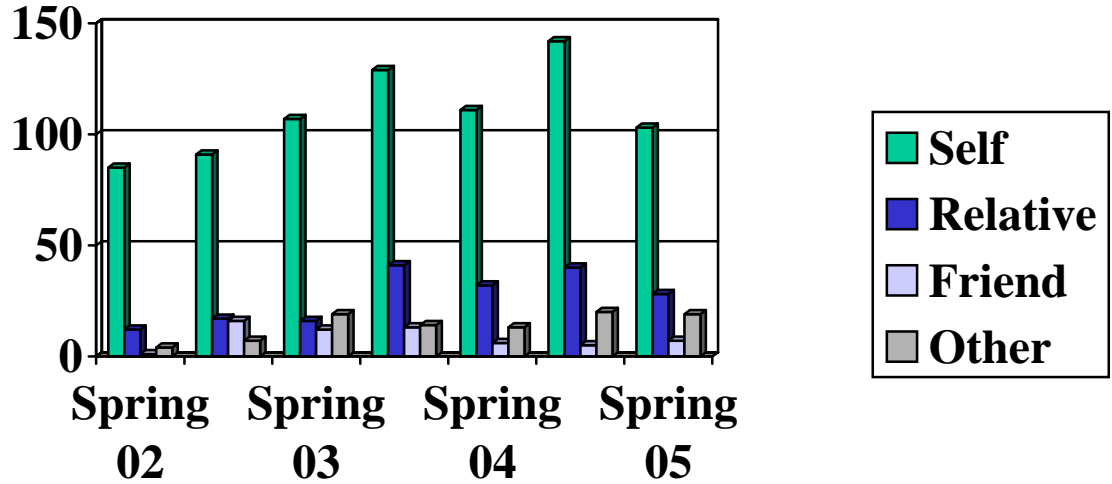


Cases by County

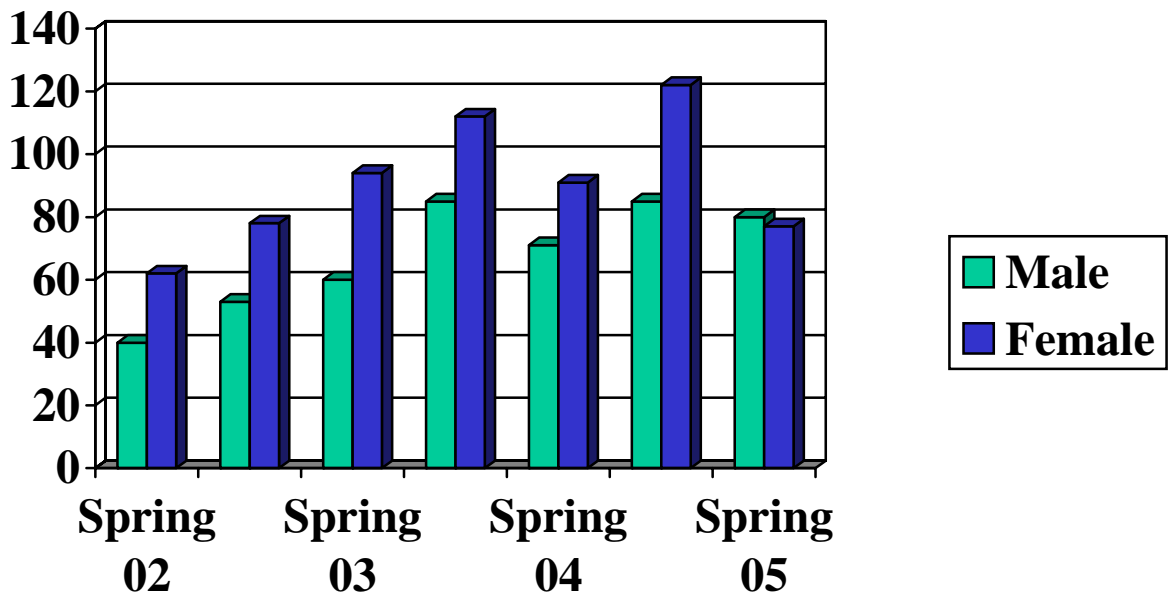


Notice: For Special Disability accommodation needs, please call Rebecca at (360) 416-7013, x233 at least 48 hours in advance, if possible.

Source of Cases

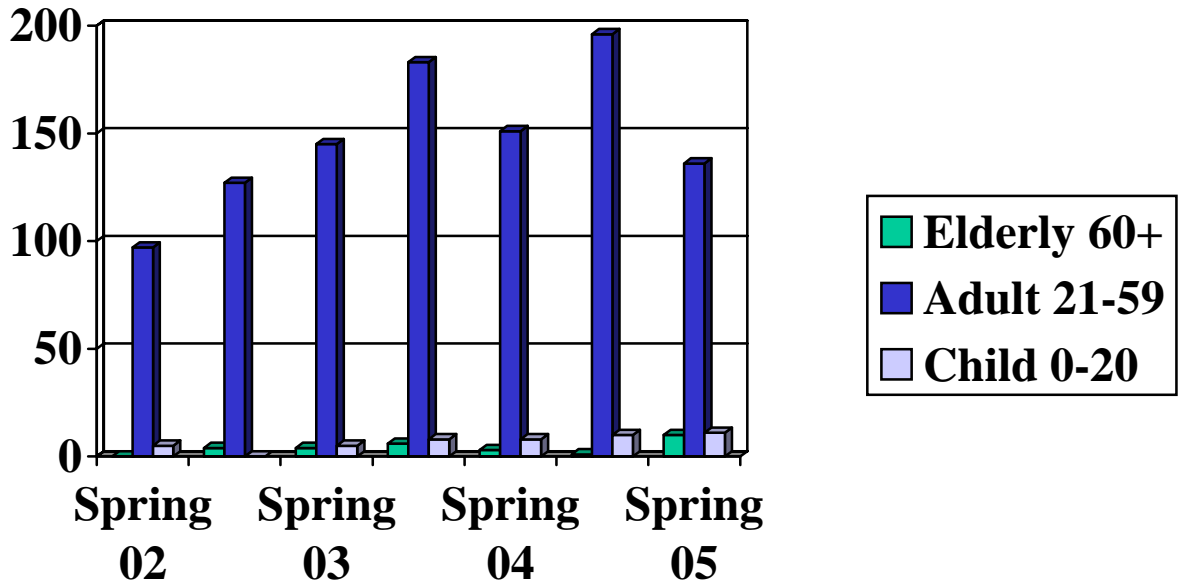


Gender of Client

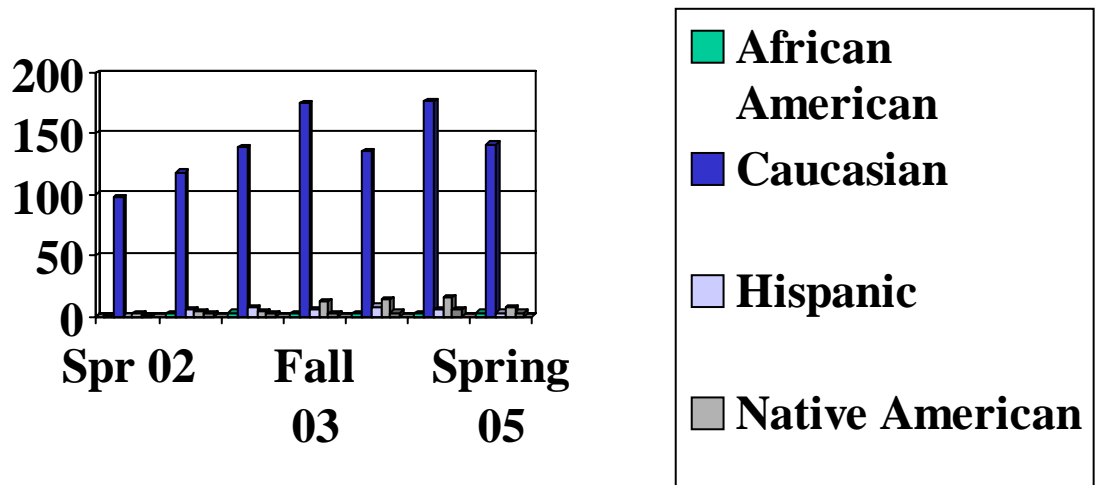


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Age of Client

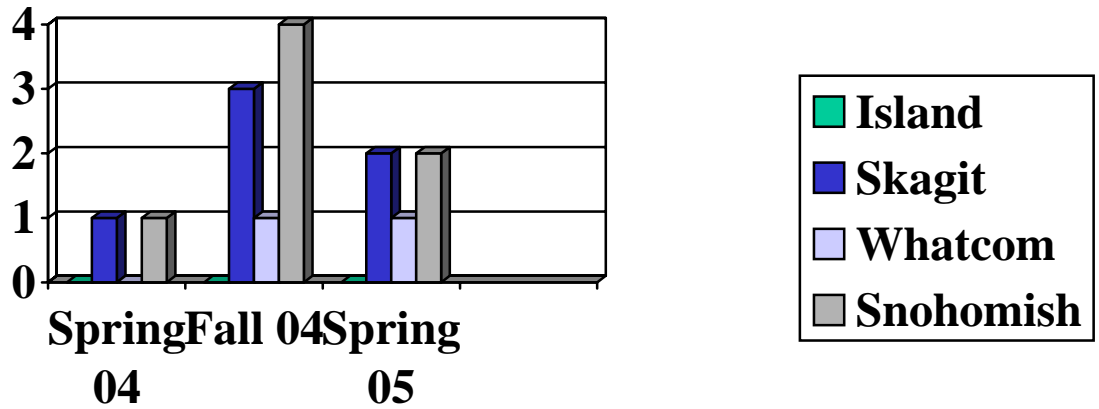


Ethnicity of Client

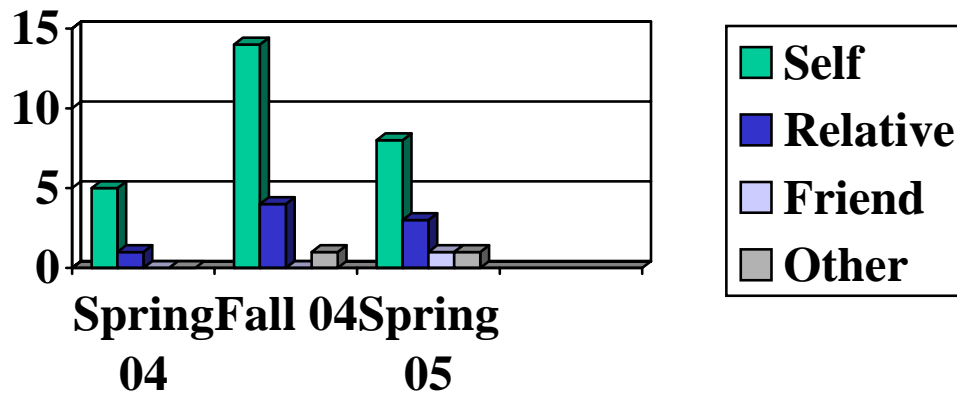


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GLBT Clients

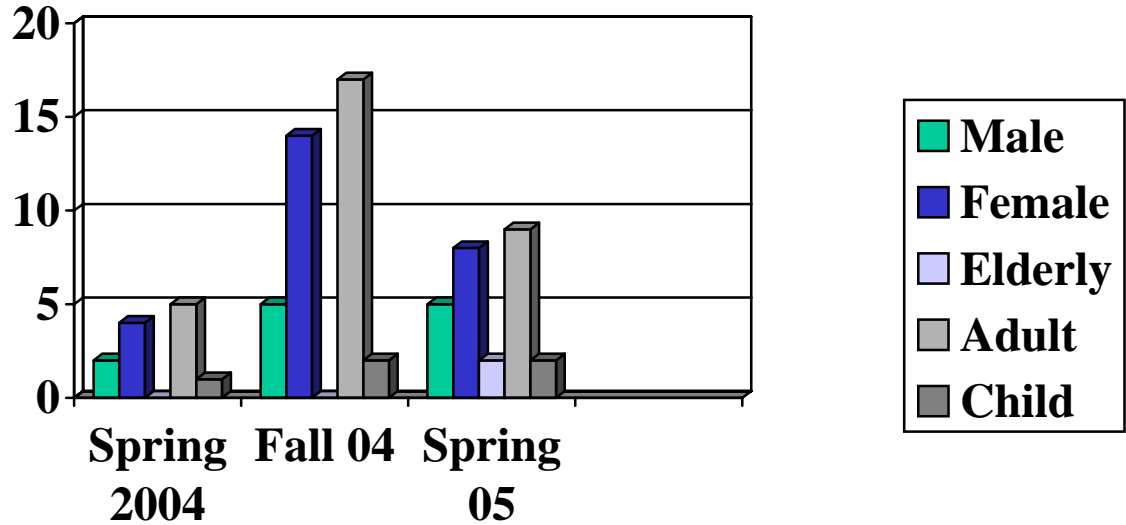


Island County Demographics: Referral Source

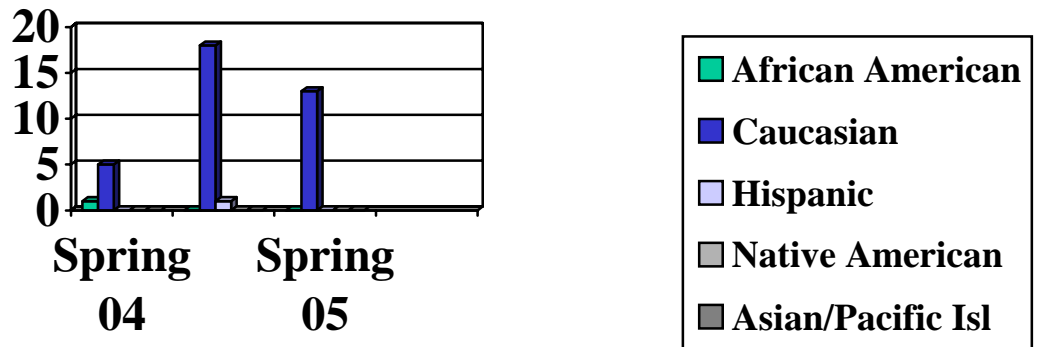


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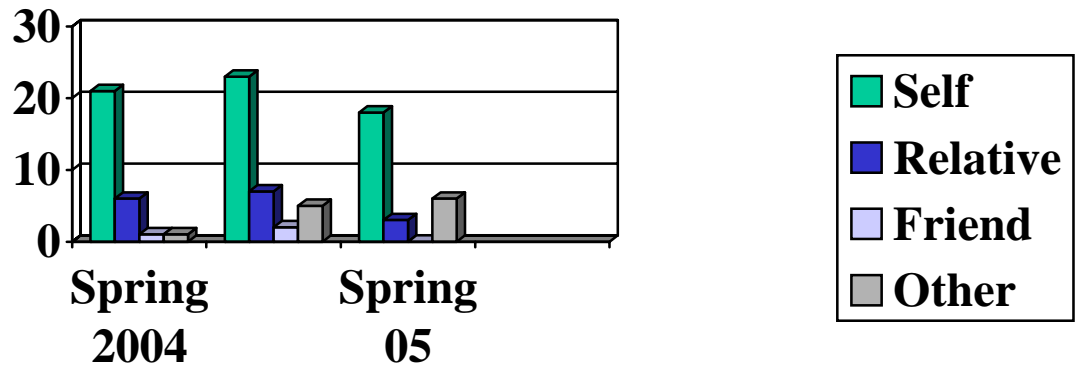
Island County Demographics: Gender and Age



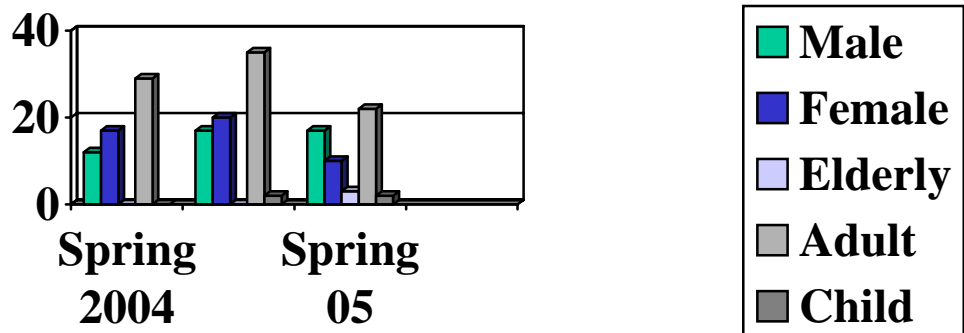
Island County Demographics: Ethnicity



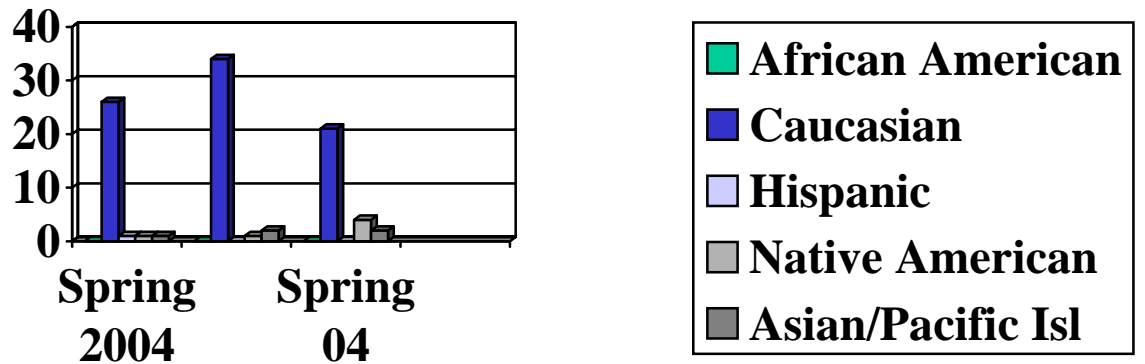
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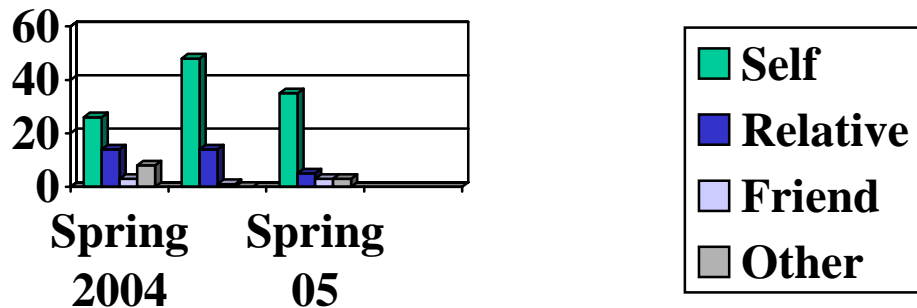
Skagit County Demographics: Gender and Age



Skagit County Demographics: Ethnicity

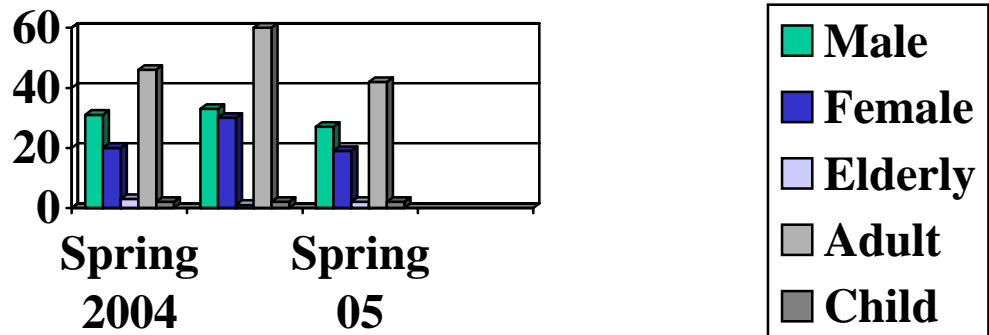


Whatcom County Demographics: Referral Source

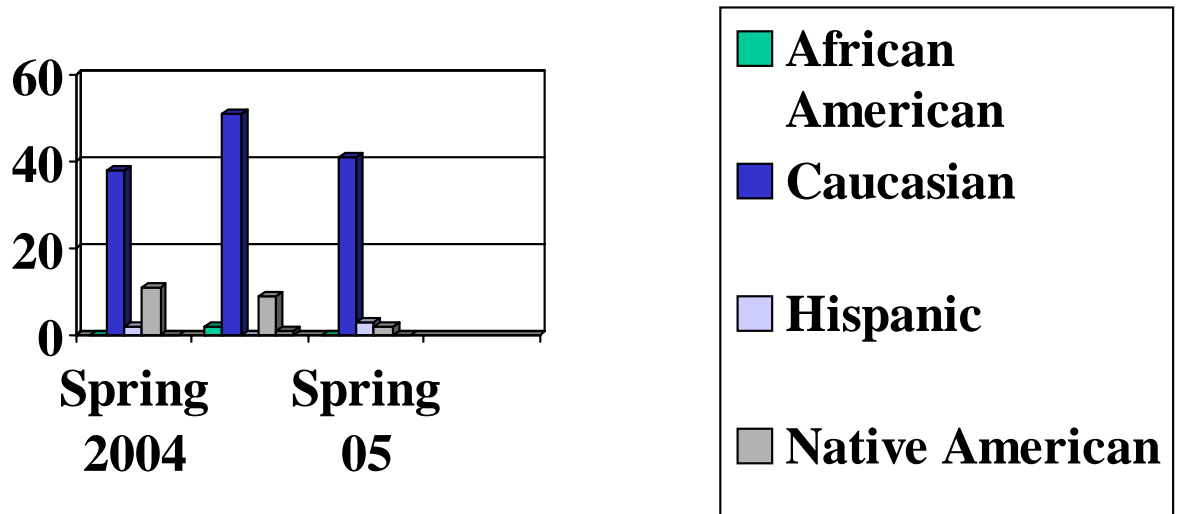


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Whatcom County Demographics: Gender and Age

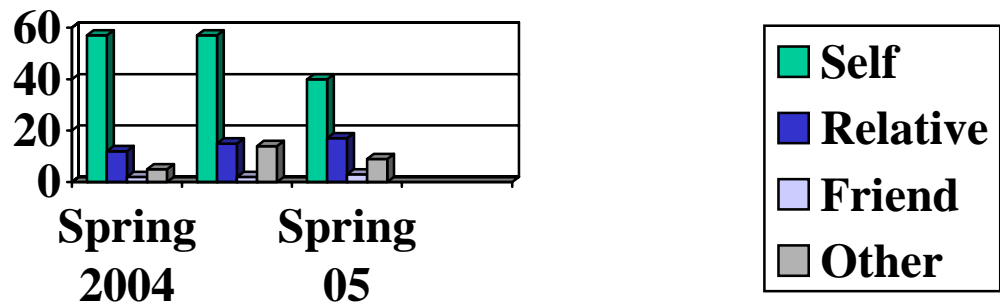


Whatcom County Demographics: Ethnicity

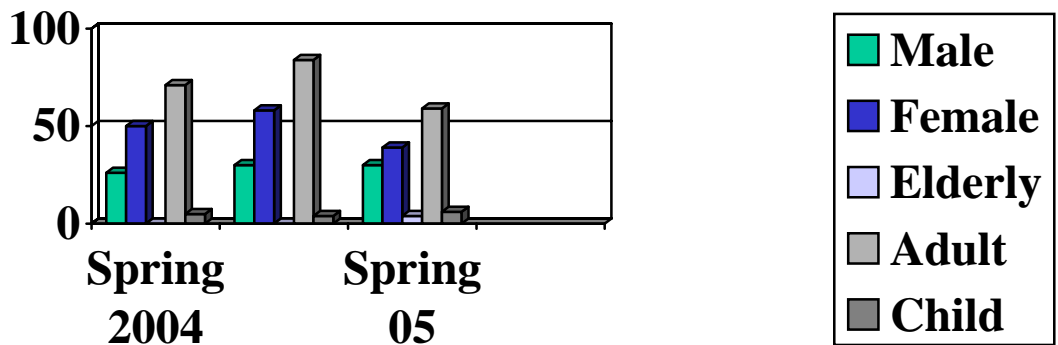


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Snohomish County Demographics: Referral Source

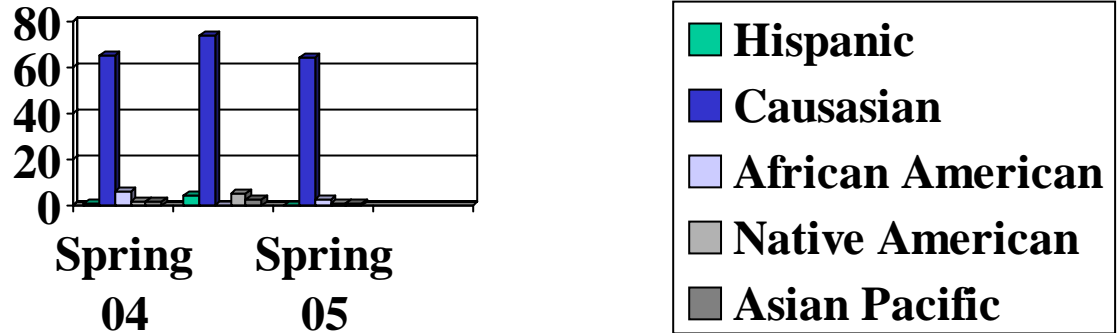


Snohomish County Demographics: Gender and Age

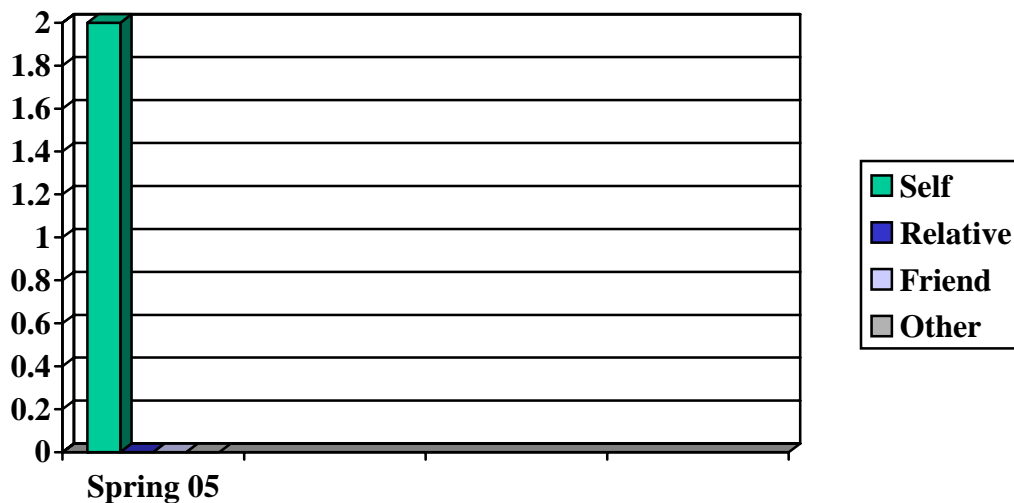


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Snohomish County Demographics: Ethnicity

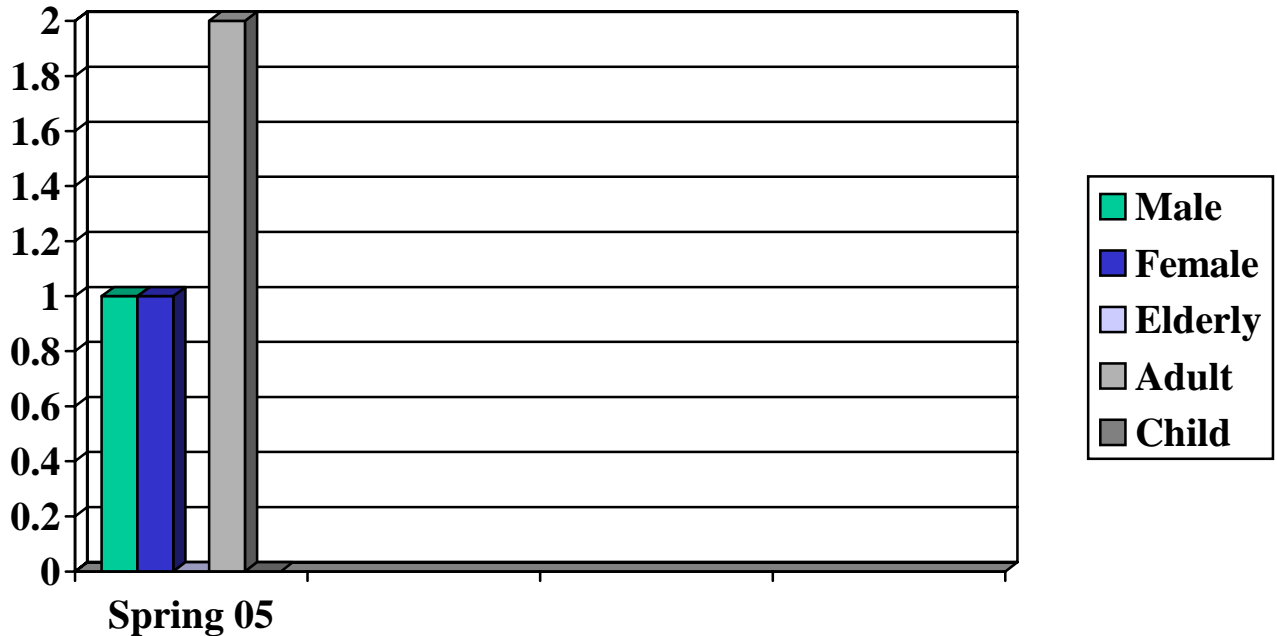


San Juan County Demographics: Referral Source

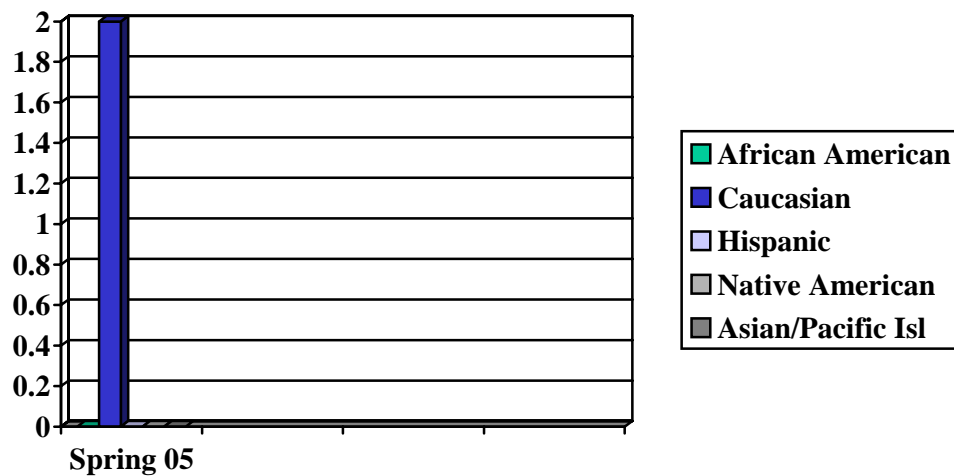


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San Juan County Demographics: Gender and Age

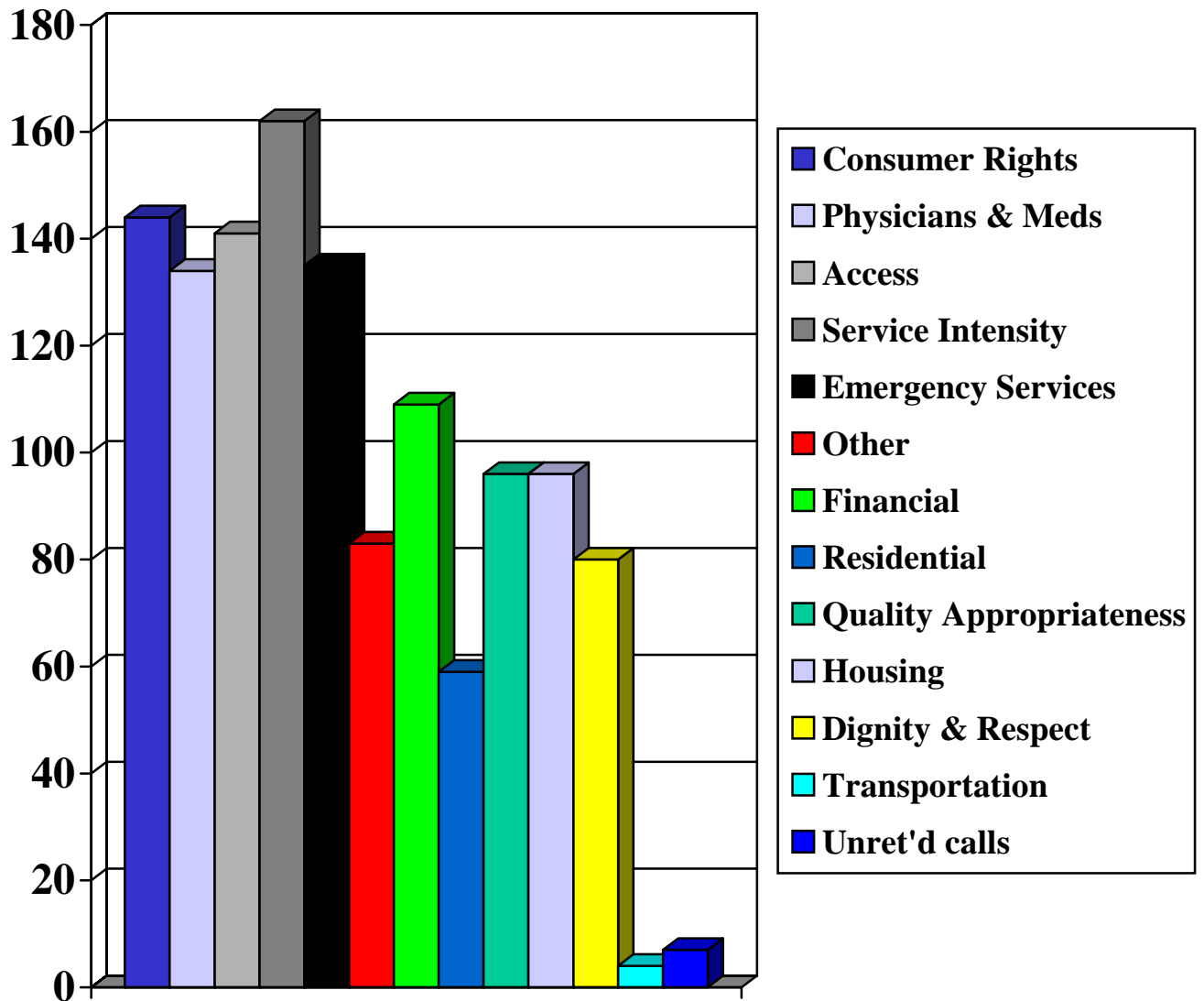


San Juan County Demographics: Ethnicity



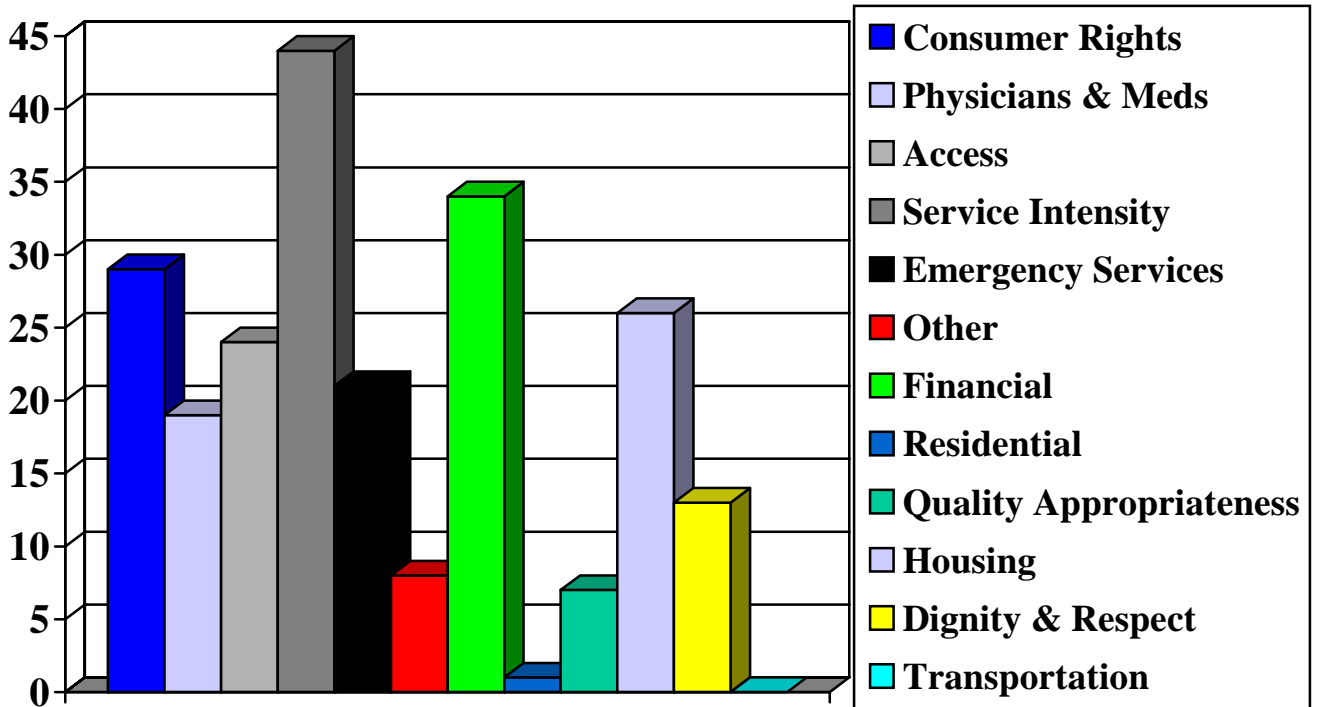
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Overall Ombuds Complaints, Spring 2002 to Spring 2005



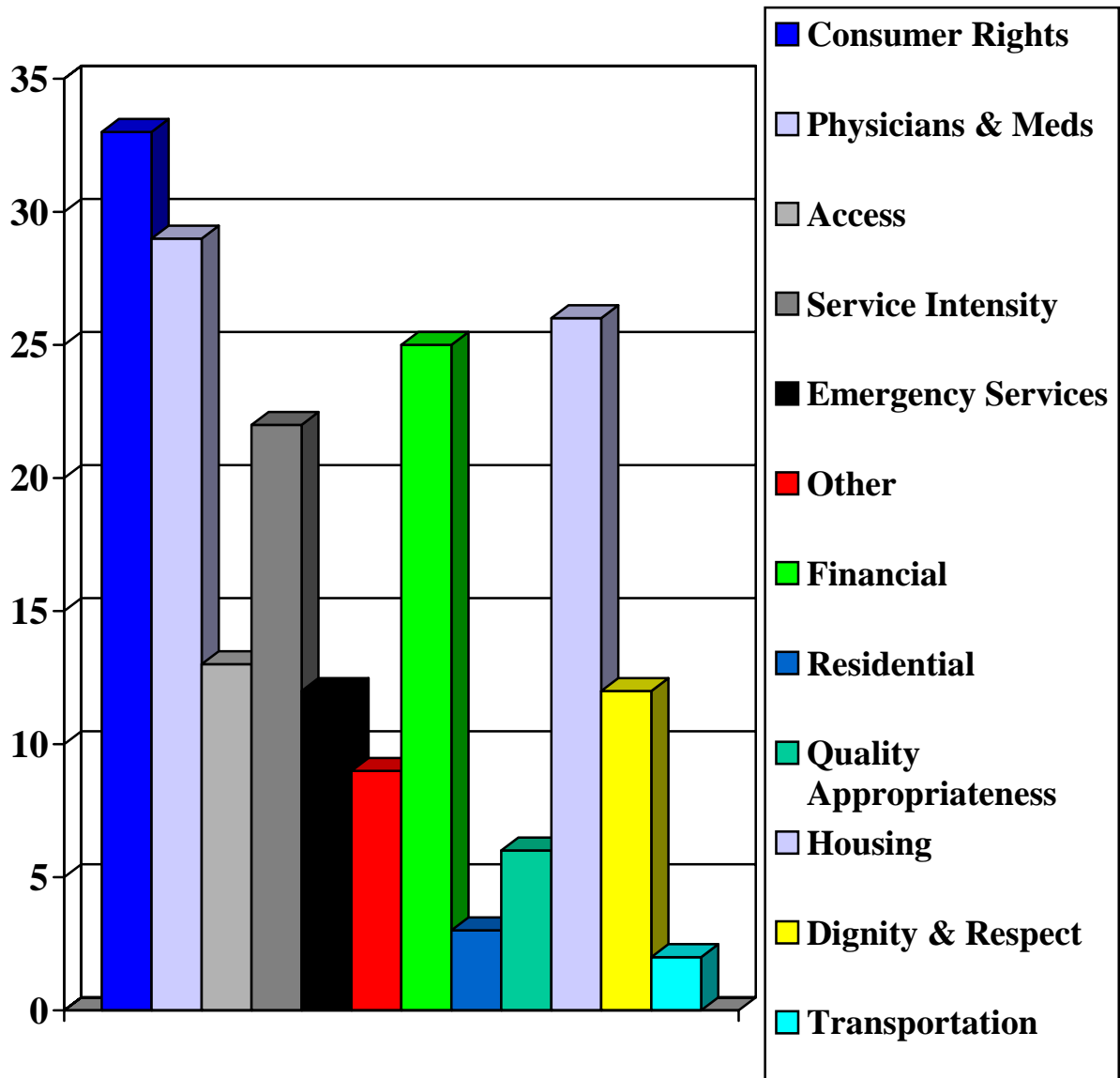
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Ombuds Complaints, Fall 2004



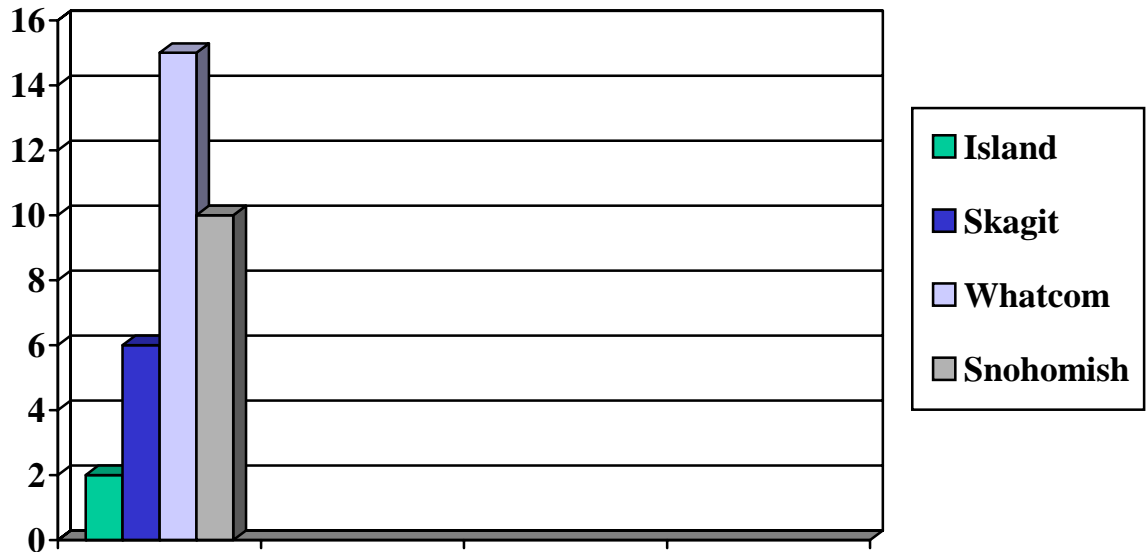
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Ombuds Complaints, Spring 05



Notice: For Special Disability accommodation needs, please call Rebecca at (360) 416-7013, x233 at least 48 hours in advance, if possible.

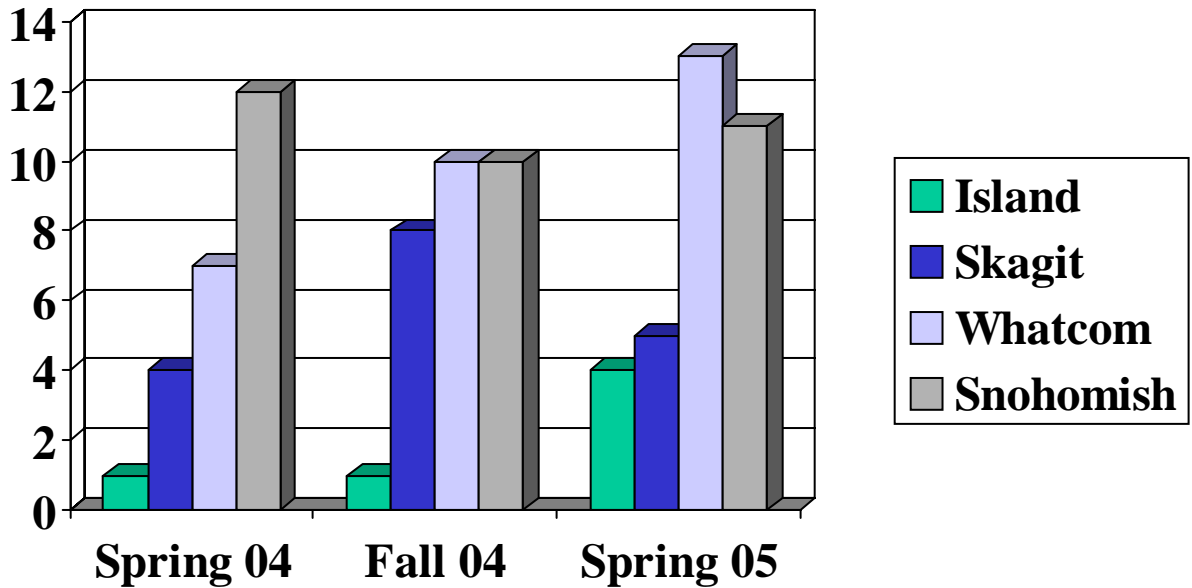
Complaints Not Involving Public Mental Health Provider Agencies



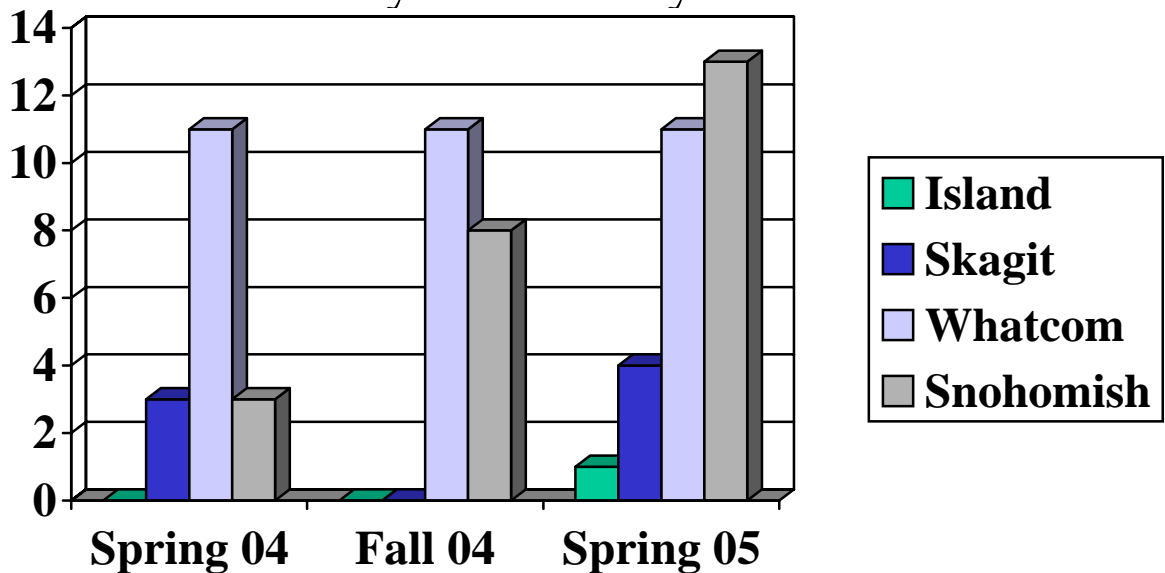
Complaints Not Involving Public Mental Health Providers

- **Island:** Hospital: 1, Jail: 1,
- **Skagit:** SSA: 2, CSO: 2, DDD: 1, PCP: 1,
- **Whatcom:** CSO: 1, Housing Auth: 4, PCP: 2, Hospital: 1, DDD: 1, Payee: 3, Criminal Justice: 2, Medicaid Trans: 1
- **Snohomish:** DDD: 1, Hospital: 4, Jail: 1, CSO: 1, SSA: 1, Housing Auth: 1, Adult Fam Home:

Consumer Rights Complaints by County

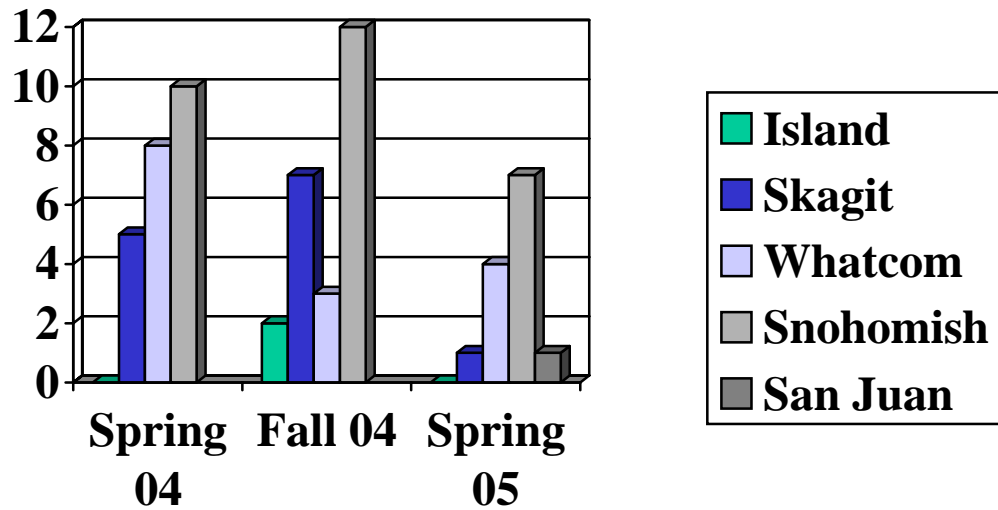


Physicians & Meds Complaints by County

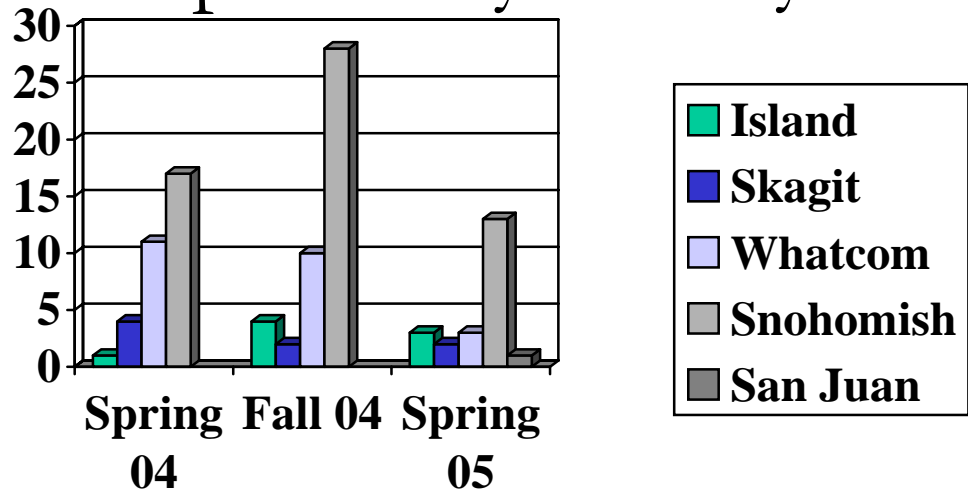


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Access Complaints by County

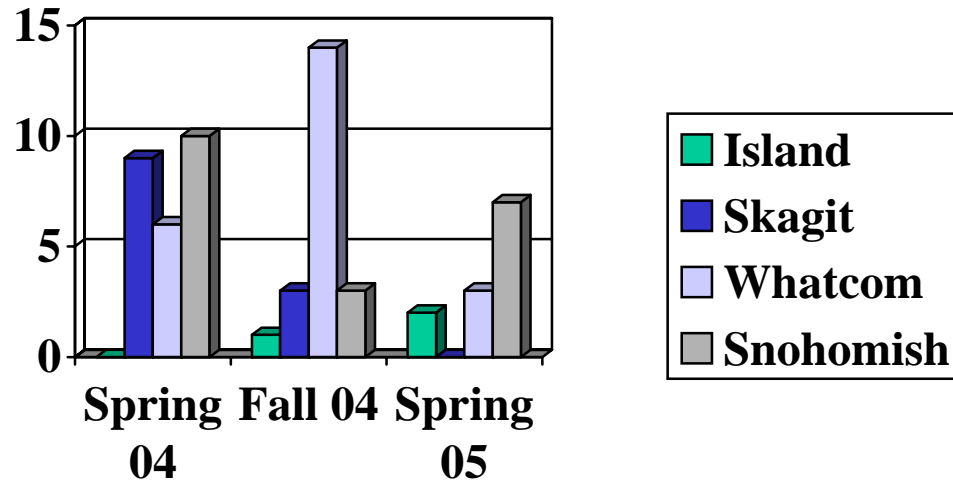


Service Intensity Complaints by County

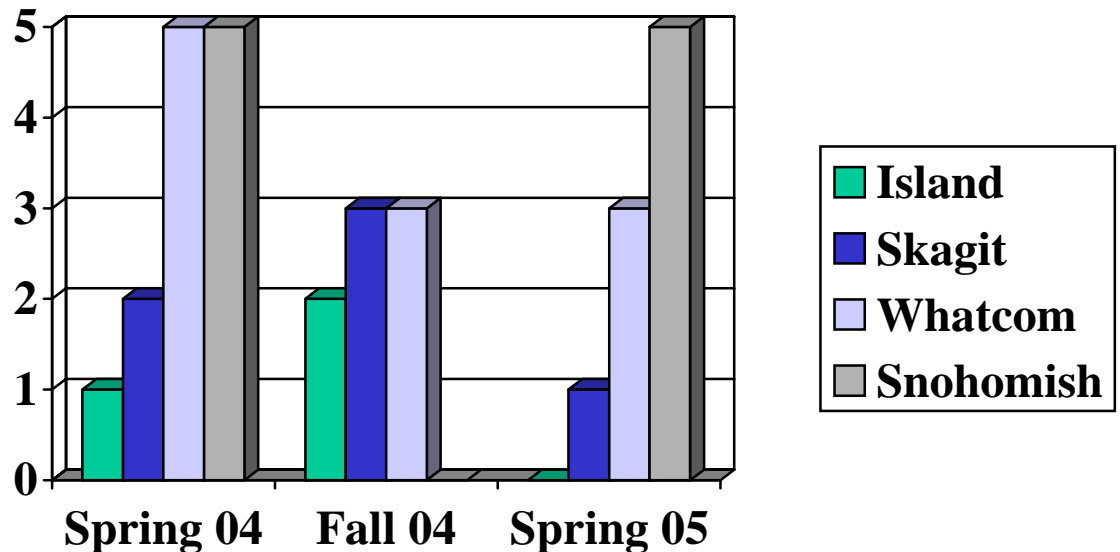


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Emergency Services Complaints by County

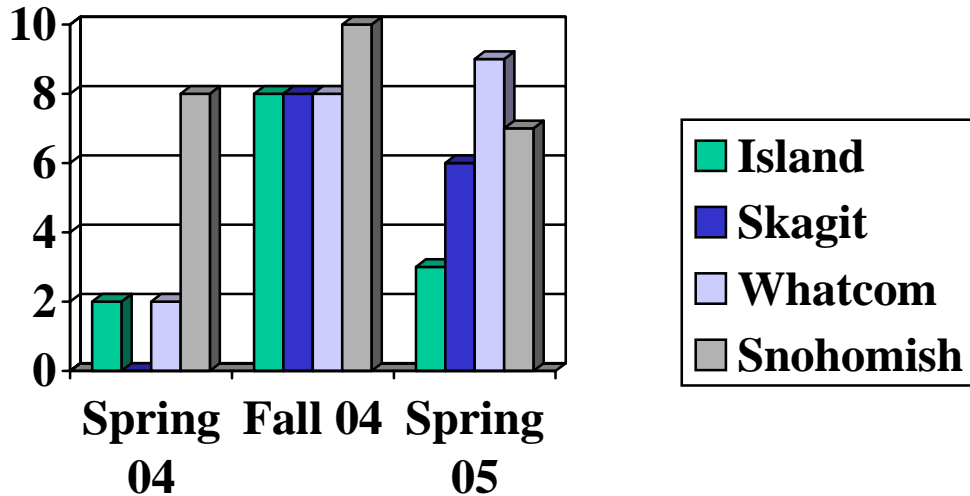


“Other” Complaints by County

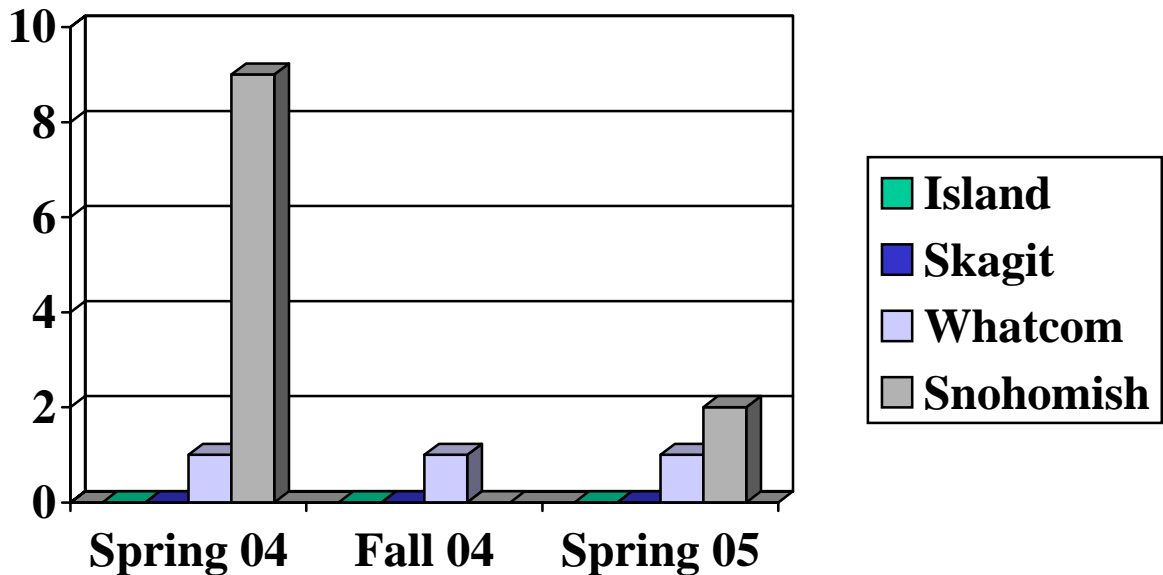


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Financial Complaints by County

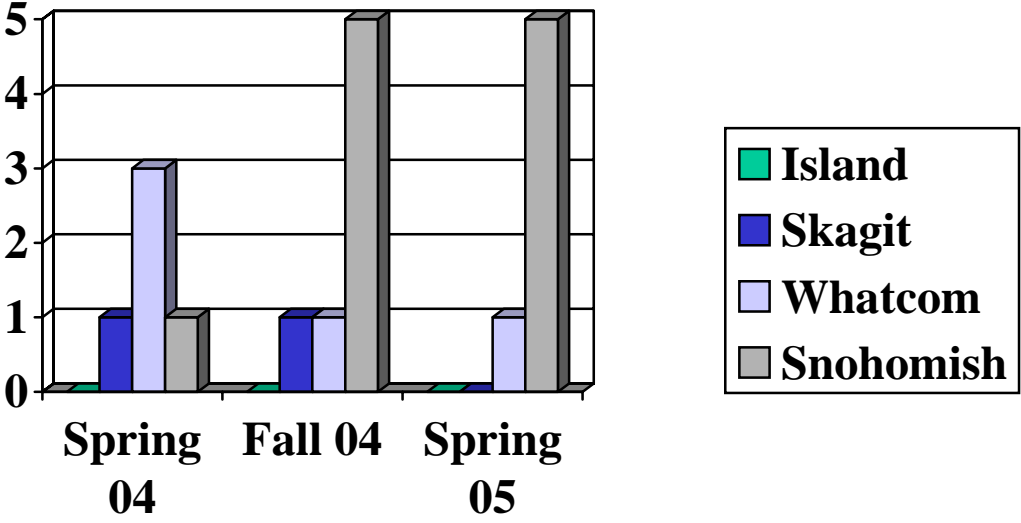


Residential Complaints by County

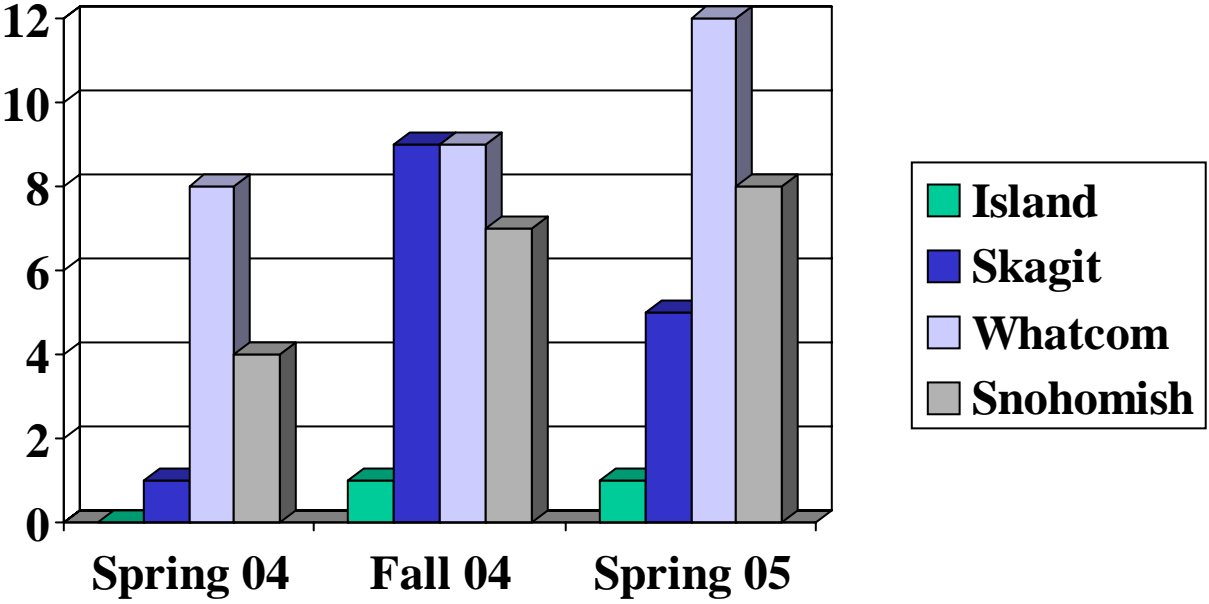


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Quality Appropriateness Complaints by County

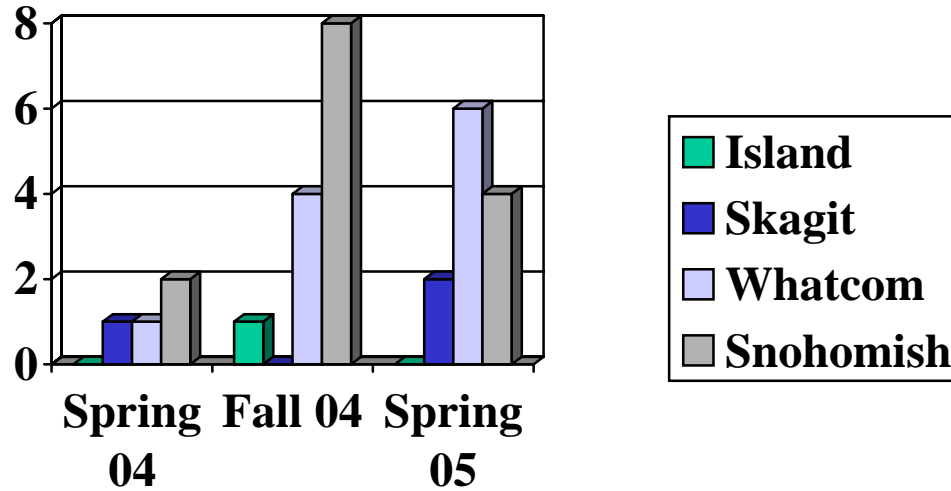


Housing Complaints by County

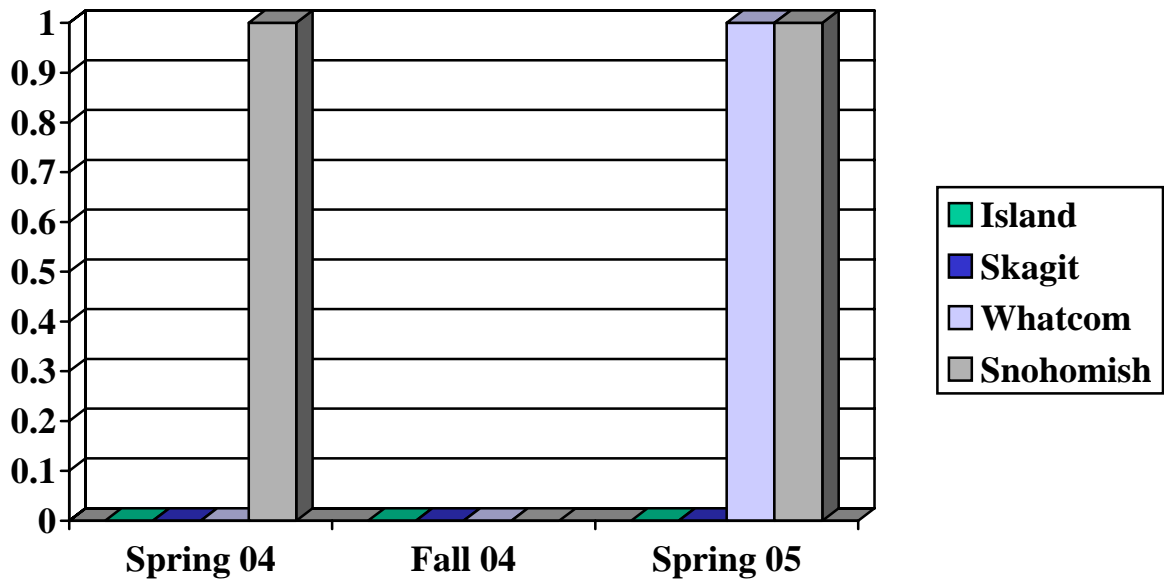


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Dignity & Respect Complaints by County

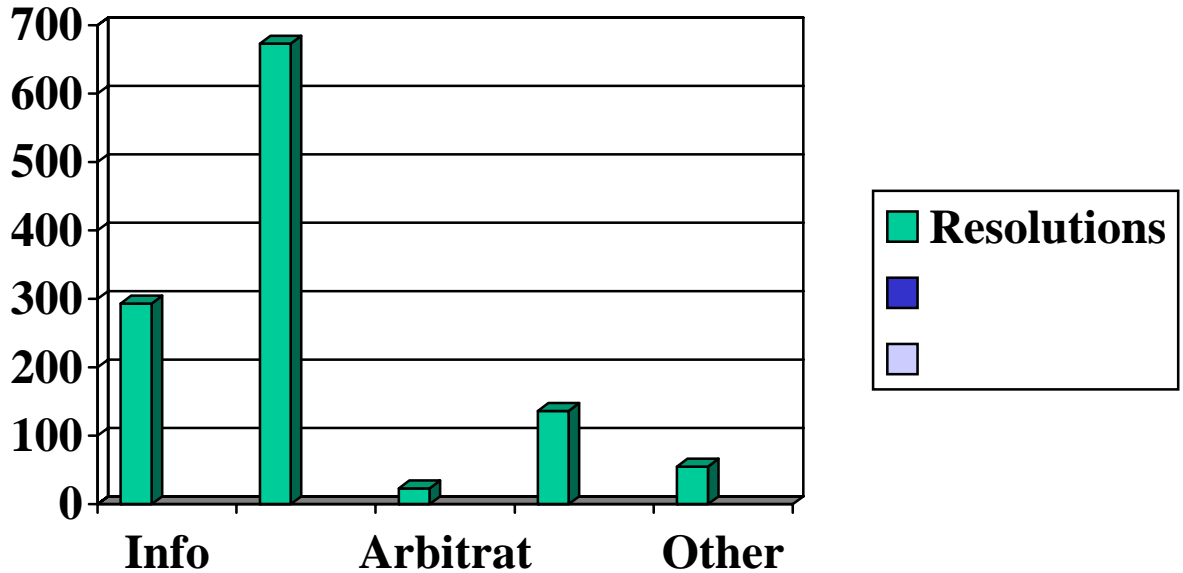


Transportation Complaints by County

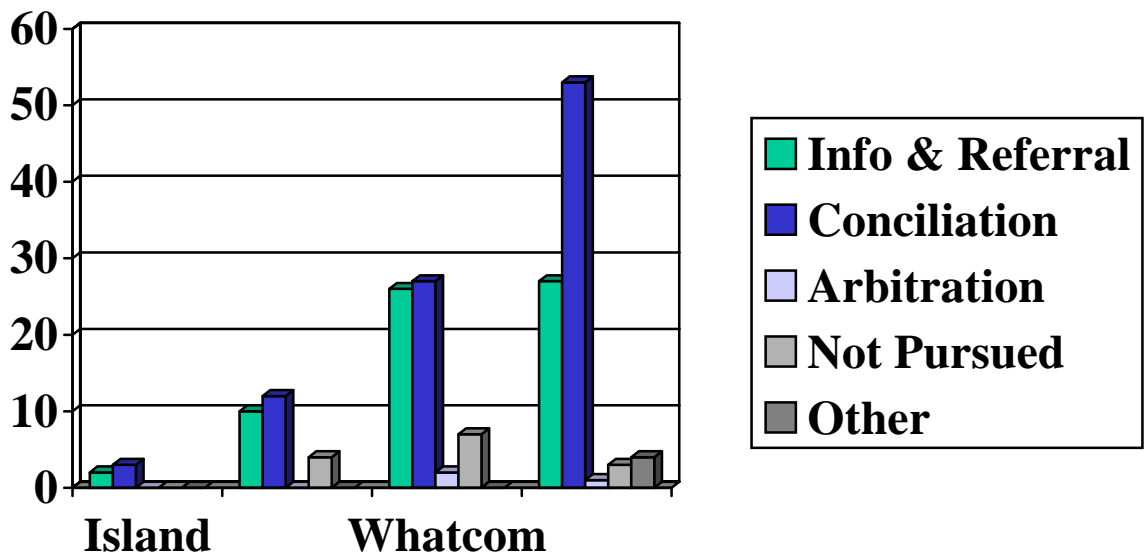


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Overall Types of Resolutions Since Spring 2002

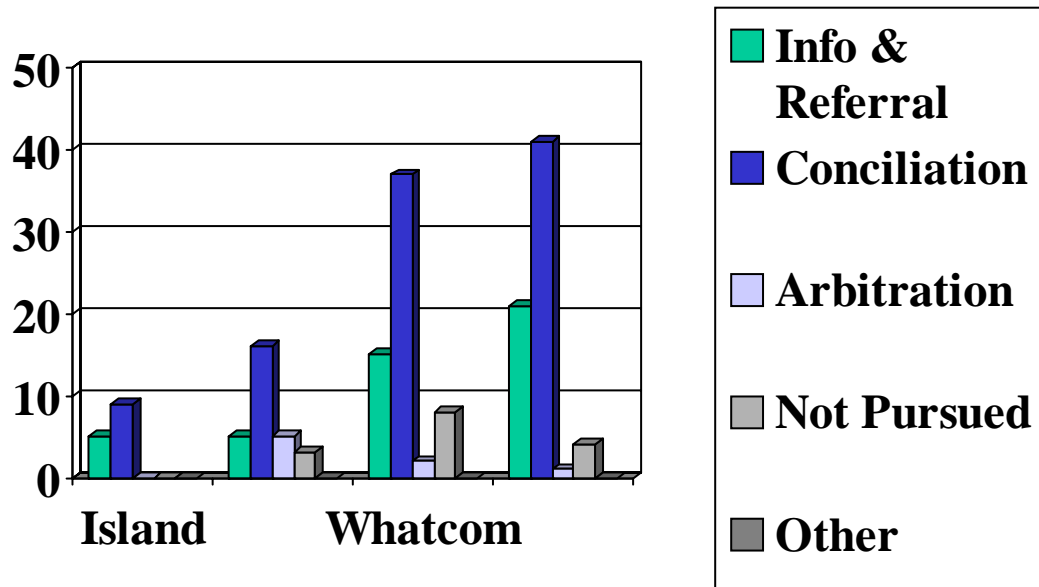


Resolution Types by County, Spring 2004

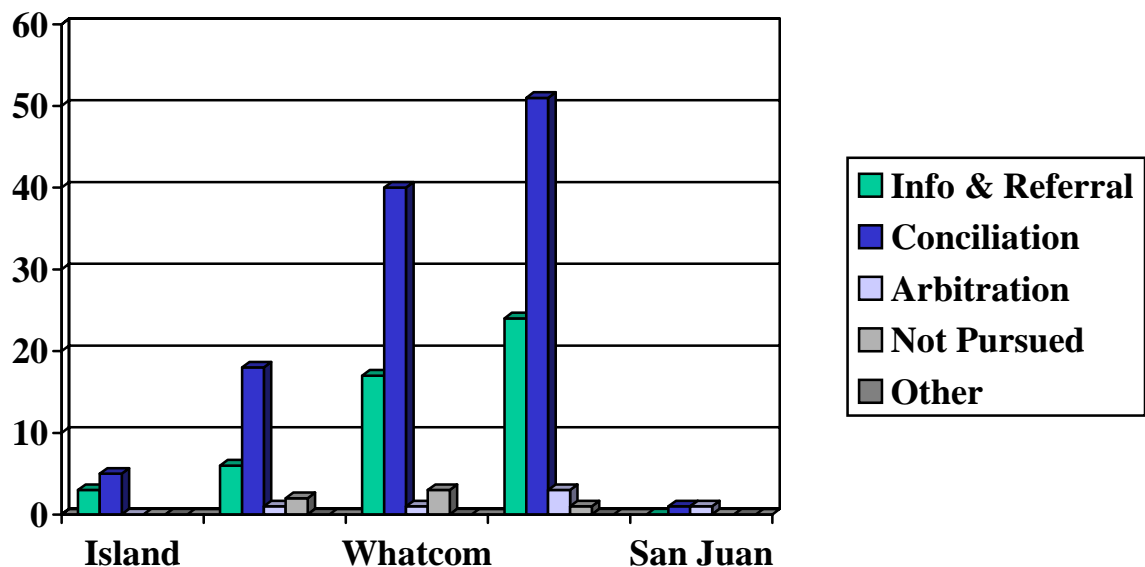


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Resolution Types by County, Fall 2004

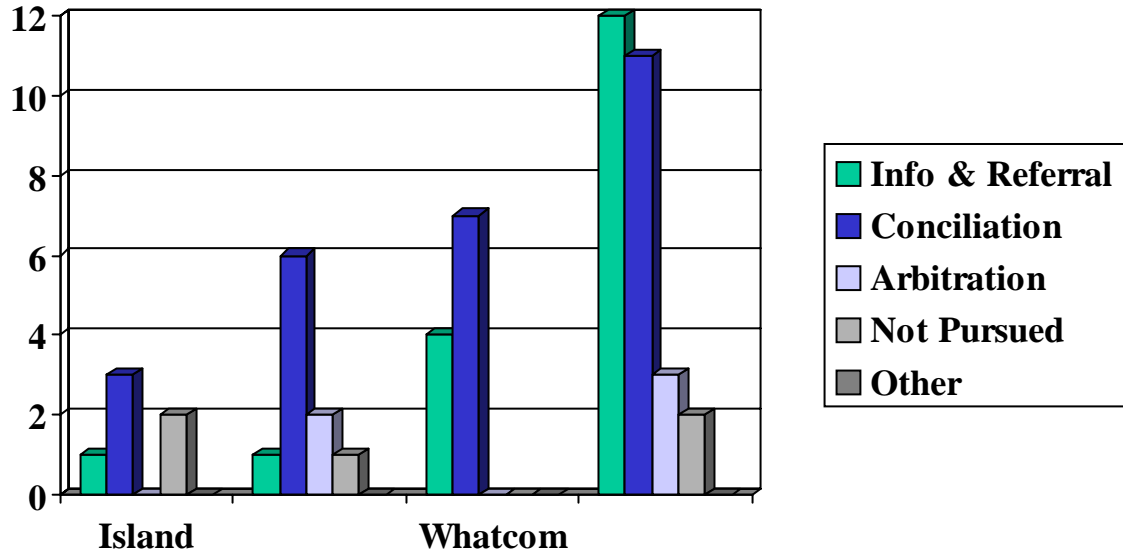


Resolution Types by County, Spring 2005

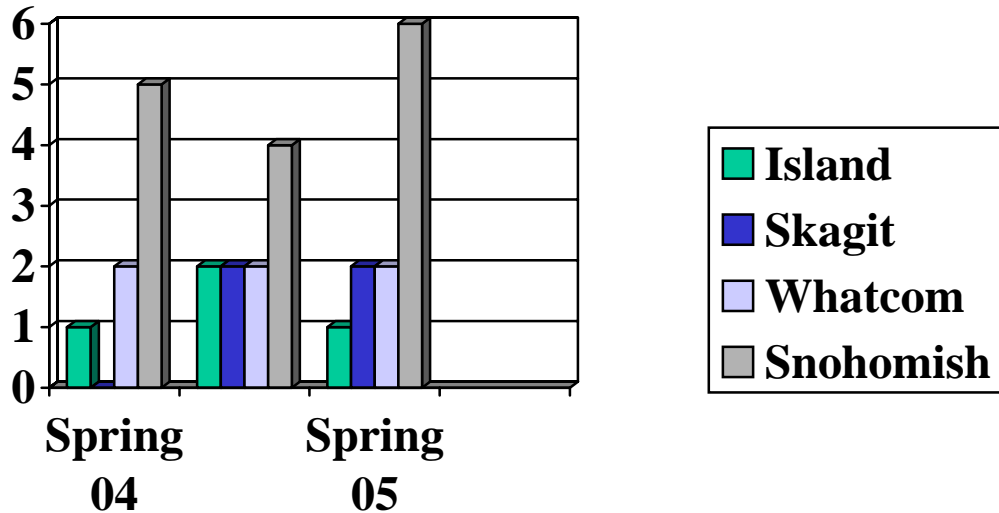


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Resolution of Open Cases from Fall, 2004



Complaints Involving Children

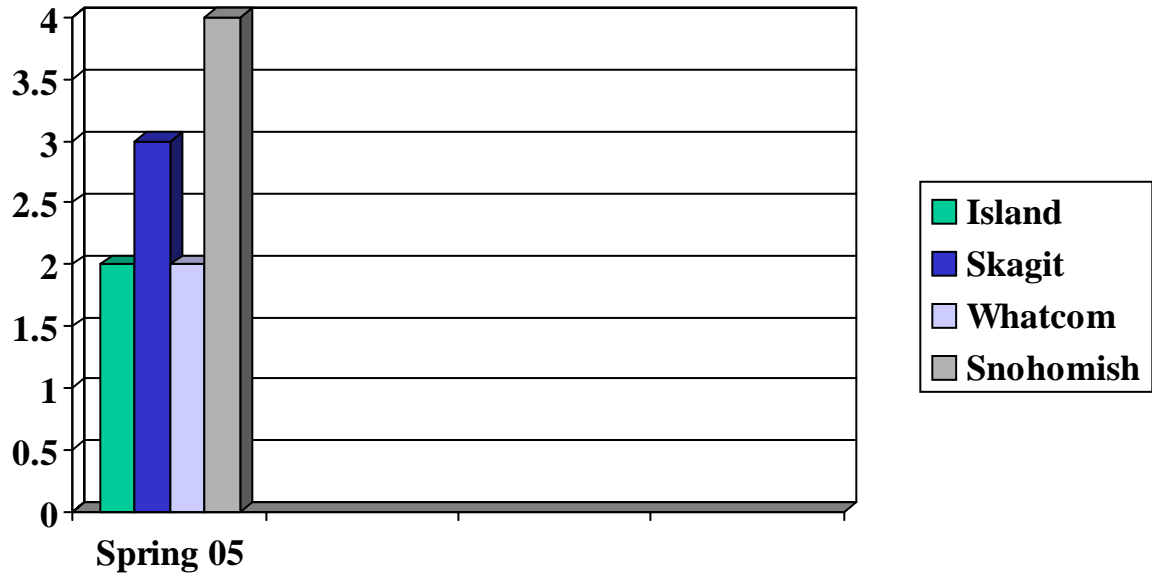


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Complaints Involving Children, Since Spring 2004

- **Island:** Consumer rights: 2, Dignity & respect: 1, Housing: 1
- **Skagit:** Access: 1, Consumer rights: 1, Services Intensity: 1, Consumer Rights: 1
- **Whatcom:** Quality App: 1, Access: 1, Services Intensity: 2, Consumer Rights: 1
Physicians & Meds: 1
- **Snohomish:** Access: 2, Services Intensity: 8, Phys & Meds: 1, Quality appropriateness: 2, Consumer Rights: 1, Residential: 1

Complaints Involving Seniors



Complaints Involving Seniors

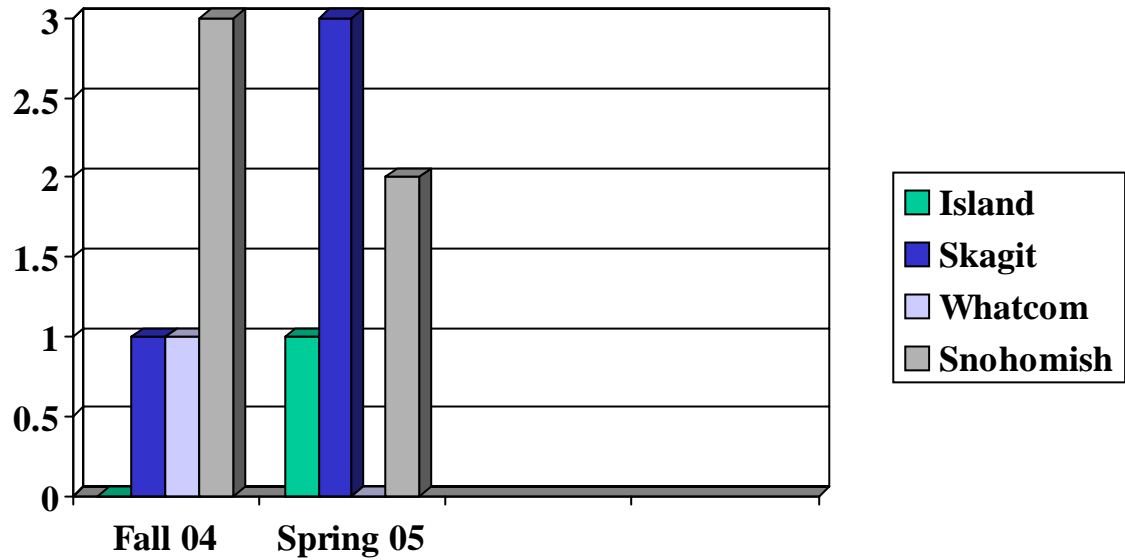
Island: Financial: 1, Emergency Services: 1

Skagit: Financial: 2, Housing: 1

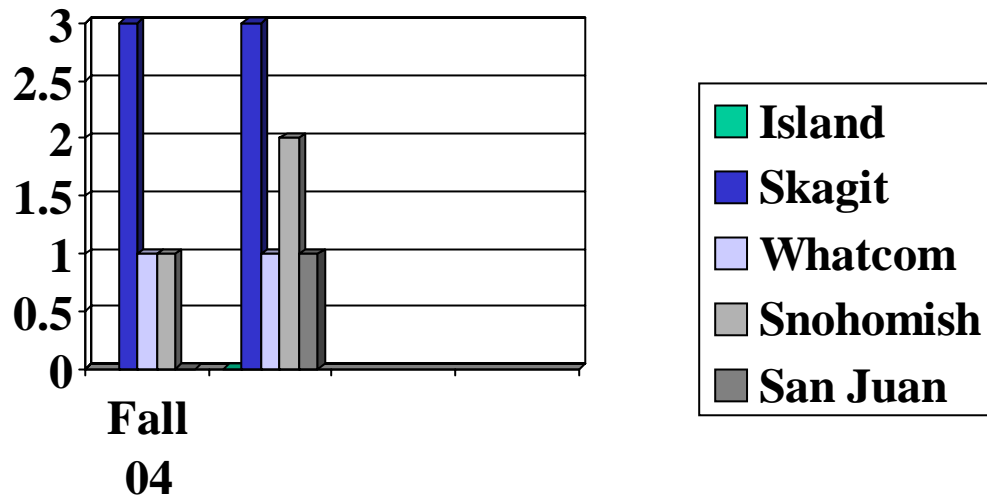
Whatcom: Financial: 1, Housing: 1

Snohomish: Housing: 2, Consumer Rights: 1, Physicians & Meds: 1

APPEALS to denial of Access



Provider Grievances

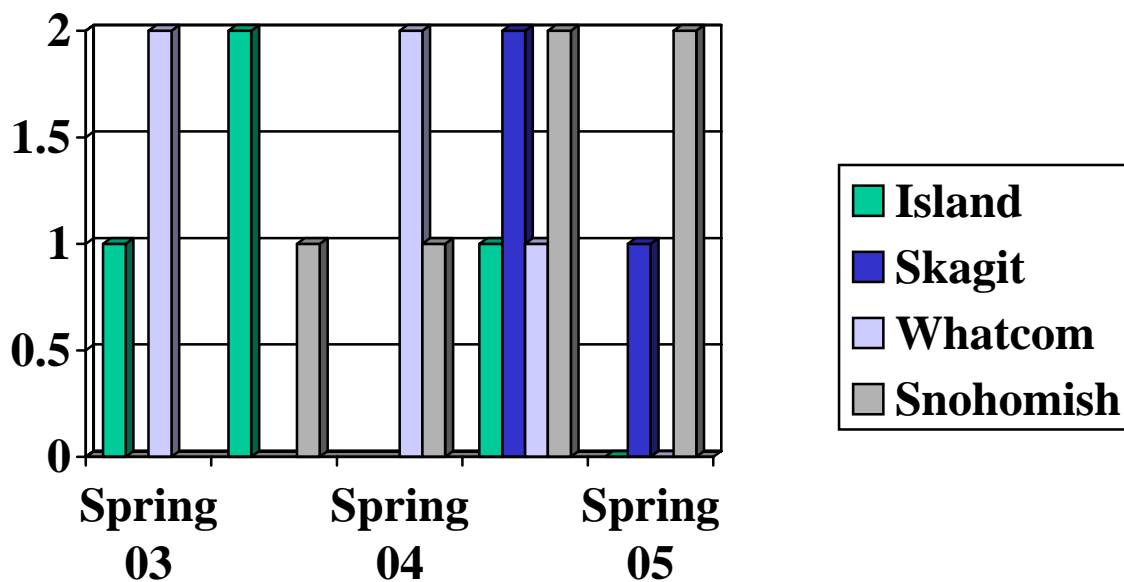


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Provider Grievances, Since Fall 2004

- **Island:** 0
- **Skagit:** Access: 2, Financial: 2,
Consumer Rights: 1, Housing: 1
- **Whatcom:** Dignity/Respect: 1,
Housing: 1
- **Snohomish:** Access: 1, Dignity &
Respect: 1, Physicians & Meds: 1
- **San Juan:** Services Intensity: 1

RSN Grievances



Overall RSN Grievances

- **Fall 02:** Type Unknown: 1
- **Spring 03:** Quality Appropriateness: 1, Consumer Rights: 1, Physicians & Meds: 1
- **Fall 03:** Dignity & Respect: 1, Other: 1, Housing: 1
- **Spring 04:** Financial: 1, Emerg Svs: 1, Residential: 1
- **Fall 04:** Emerg Svs: 1, Svs Intensity: 3, Qual App: 2
- **Spring 05:** Svs Intensity: 1, Emerg Svs: 1, Access: 1

Fair Hearings

- **Fall 2004:** 1, Type: Emergency Services, County: Snohomish, Status: Judge refused to hear.
- **Spring 2005:** None

Organizations Worked With Since Spring 2004

- CPS & Foster Care: 17 cases
- Chemical Dependency Services: 26 cases
- DSHS Community Service Office: 26 cases
- Criminal Justice: 21 cases
- Developmental Disabilities: 22 cases
- Doctors & Hospitals: 40 cases

Organizations Worked With Since Spring 2004 (cont'd)

- Senior Services: 9 cases
- Social Security Administration: 16 cases
- Housing Authority: 18 cases
- Adult Family Homes: 4 cases
- Lawyers and Courts: 6 cases

Organizations Worked With Since Spring 2005 (cont'd)

- Hospice: 1
- Rehab Centers: 2
- Private Protective Payees: 4
- MAA: 5
- Missions: 5
- Schools: 1