Executive Summary

The Annual Member Complaint Report is the product of ADHS/DBHS analysis of client complaint data, including client grievances, appeals and problem resolutions for fiscal year 2002 (July 1, 2001 through June 30, 2002). The data was trended and analyzed in light of other client-focused data, including member satisfaction survey, case file review and performance measures.

Complaint data was reviewed and discussed with the ADHS/DBHS Quality Management Committee. The following key issues were identified:

A. Service Accessibility: timeliness of service, denial of service and suspension/reduction/termination of services;
B. Service Quality: case management, service treatment plans, and medications;
C. Administrative Structure: rights violations, confidentiality issues; fees and waivers and Inter-RBHA issues;
D. Mortality and Other issues

Customer complaints included in the grievance, appeal and problem resolution system are consistent with issues identified via other data gathering mechanisms such as consumer surveys, case file reviews, independent quality evaluations and performance measures. ADHS/DBHS performance improvement activities are targeted at three levels of the behavioral health system:

A. Client Level: case specific, requiring the RBHA to further investigate the complaint, review staff responses to the client, and ensure adherence to existing policy and procedures;
B. RBHA Level: systemic analysis of a specific RBHA, that could entail analysis of the adequacy of existing policies and procedures;
C. Statewide Initiatives: case file review and consumer satisfaction survey corrective action plans from all RBHAs

In addition, client feedback obtained from complaints as well as other data gathering mechanisms has informed the ADHS/DBHS strategic plan, which includes:

A. Continue to implement the principles and practices in accordance with the Jason K agreement;
B. Develop and adjust requirements for the assessment process and the assigned clinician's role to maximize use of clinical resources
C. Expand and enhance the statewide network of providers;
D. Integration/service delivery with AHCCCS health plans.

Improvement activities through the strategic plan, coupled with other interventions will address items identified through this and other processes.

I. Trend and Pattern Analysis: Statewide

The succeeding discussion looks at the statewide complaint trends and patterns that were received by the Division through three established resolution mechanisms: problem resolution (PR), grievances, and appeals. Number of cases for each resolution mechanism was aggregated for the year. The following caveats should be observed in reading through the numbers: (1) absolute number of cases was presented, which means the numbers were not adjusted to account for possible duplication across the three complaint resolution mechanisms; (2) the definitions of 'appeals' and 'grievances' were modified in the fourth quarter to align with AHCCCS' definitions; (3) only complaints from TXIX and TXXI clients were reported. Complaints received from NTXIX and NTXXI were omitted; and (5) issues relating to eligibility were omitted from the analysis.

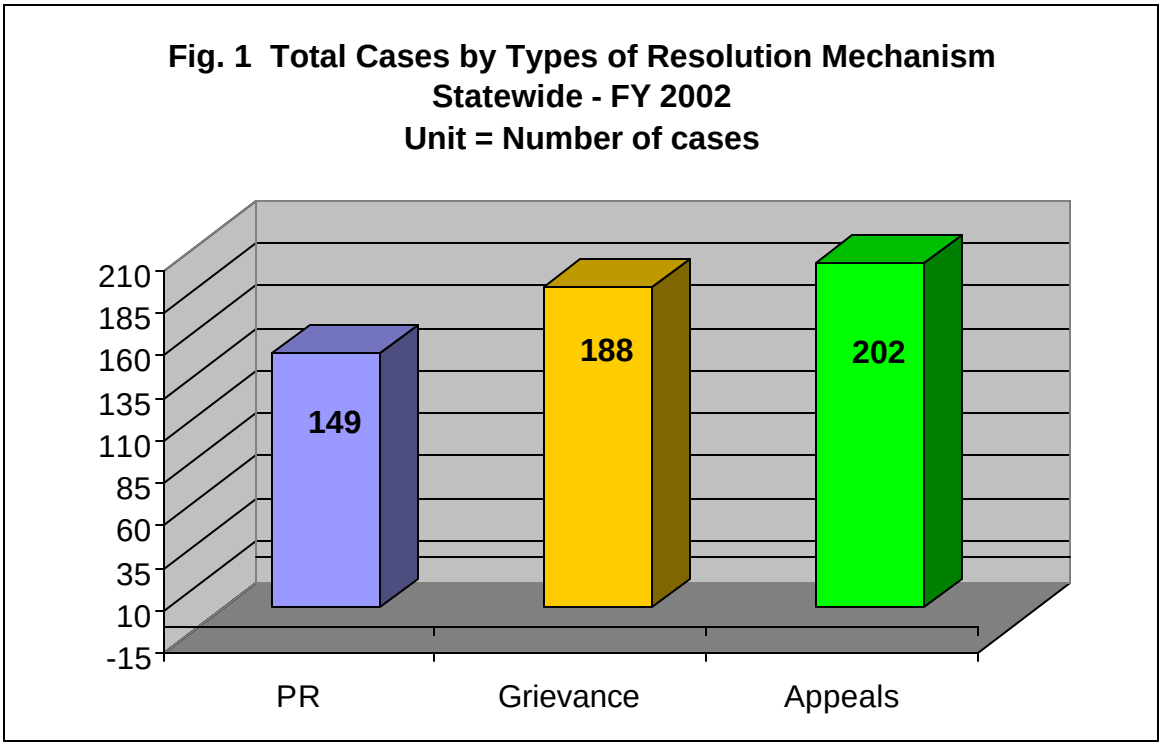
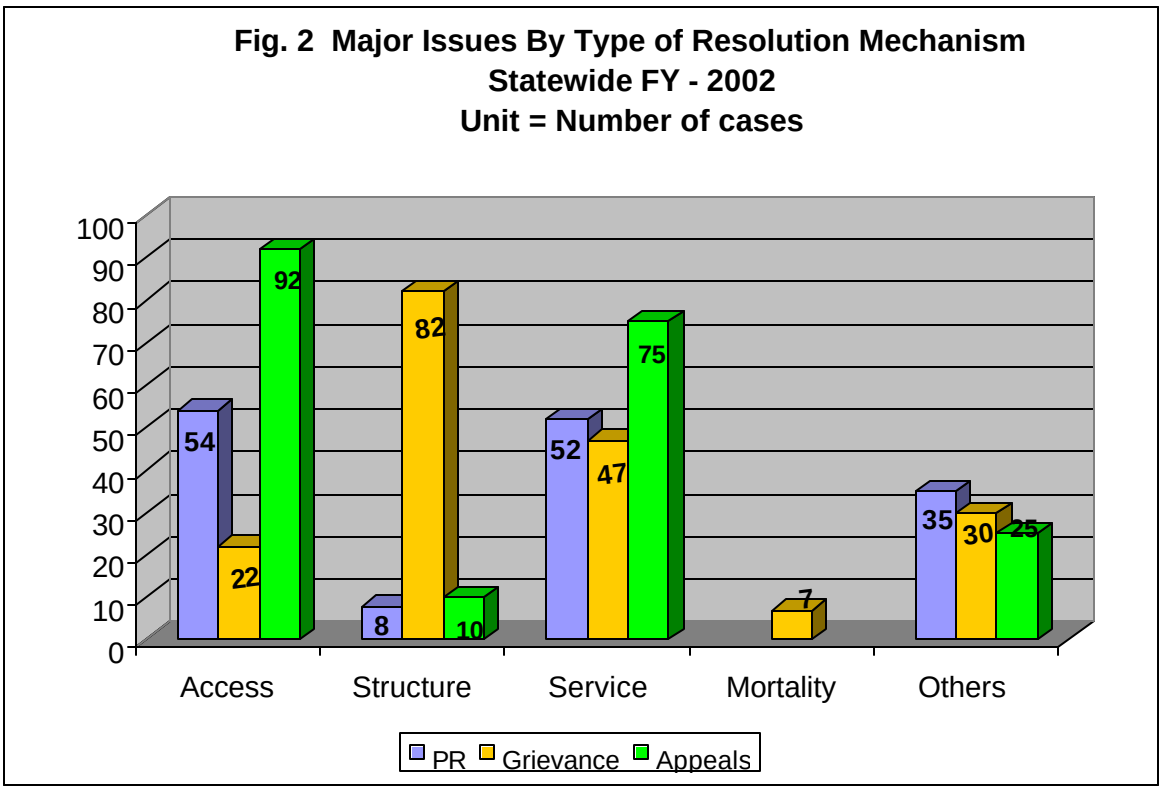


Figure 1 shows the total number of consumer complaints received during the fiscal year through problem resolution (received through formal letters or telephone calls), grievances and appeals. Problem resolution has the least number of cases while appeals have the highest. This higher number (of appeals) may be attributed to the difference in the definitions of grievance and appeals for the first three quarters.

Issues raised by consumers were categorized in each of the three complaint resolution mechanisms. Although the categories across mechanisms were not standardized for this report cycle, they have a number of common categories. Figure 2 represents a collection of the issue categories into five groups: (1) issues related to service accessibility which

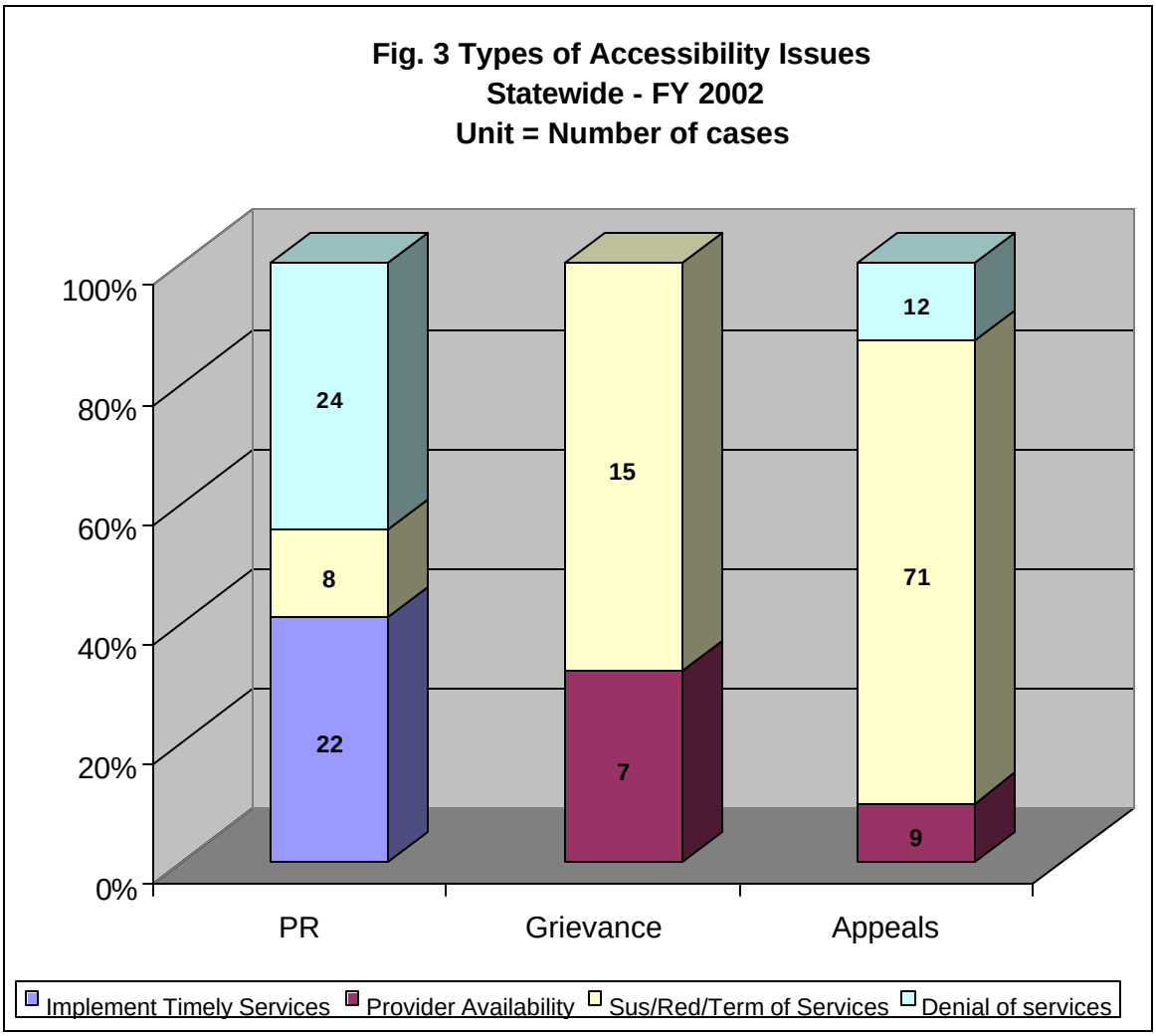
includes provider availability, timeliness of service, denial of service, and suspension/reduction/termination of service; (2) issues related to administrative structure which includes confidentiality issues, rights violation, fees and waivers, RBHA and inter-RBHA issues; (3) issues on service quality which includes problems related to assessments and evaluations, case management, quality of care (which include continuity of care), service treatment plans, and medications; (4) mortality; and (5) others.



It is interesting to note that each type of resolution mechanism showed different dominant problem themes. Complaints brought through the problem resolution weighted more on issues pertaining to accessibility of services, grievances on administrative structure, and appeals on service accessibility. However, across all three mechanisms, issues related to service quality were consistently high, followed closely by service accessibility issues. Seven grievances were filed on issues related to consumer's death (mortality). It may also be noted that a considerable number of complaints were reported under 'Others' for all three mechanisms.

Service accessibility issues comprised about 36% of total problem resolution cases, 46% of total appeals (of which 87% of the data was reported during the first three quarters of the fiscal year), and about 12% of total grievances (of which 82% of the data was reported during the fourth quarter of the fiscal year). Accounting for the change in methodology for grievance and appeals, the data seem to suggest that accessibility issues were mostly coming from non-SMI clients.

The succeeding graphs discuss in detail the breakdown of each of the major issue groups.

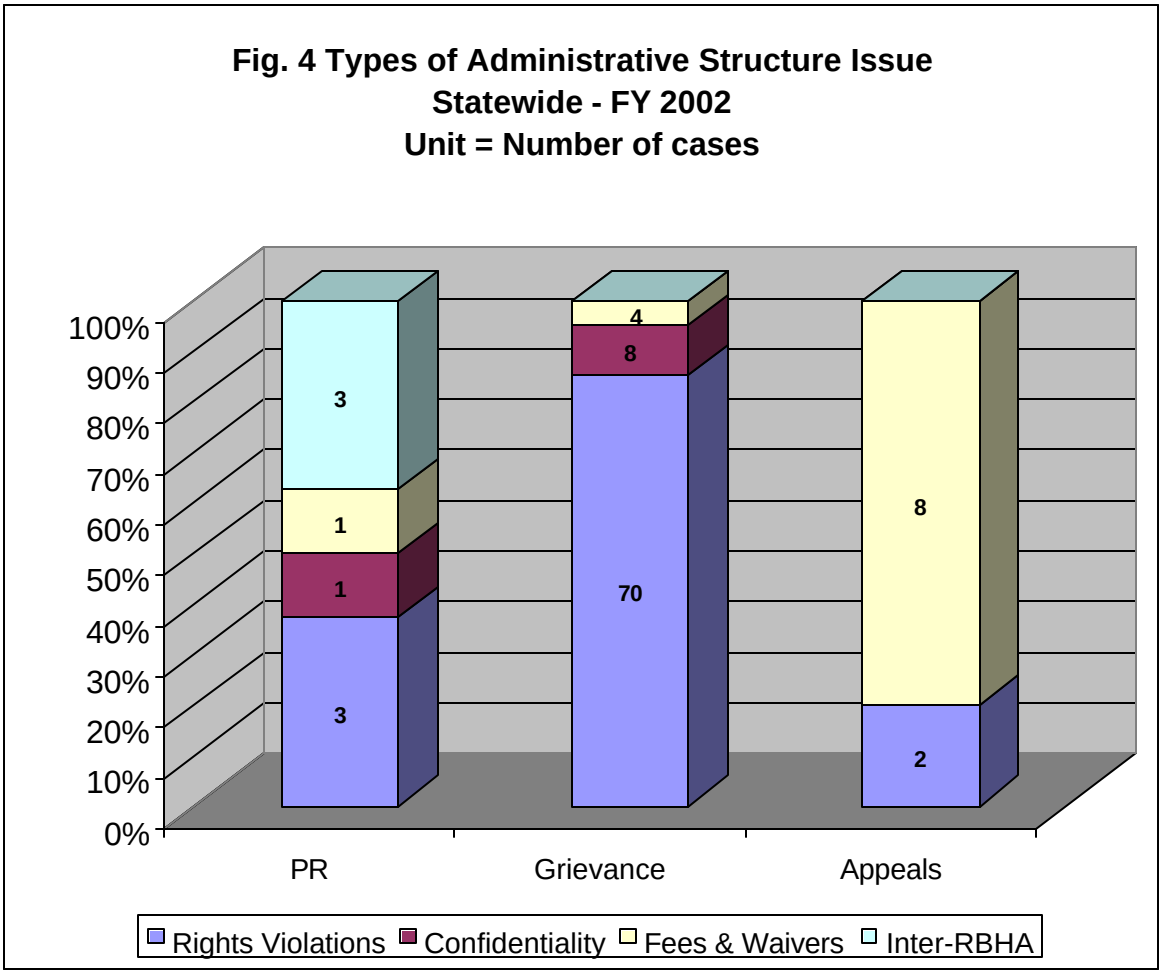


As shown above, there are four problem types that fall under the accessibility issue. They are: (1) timeliness of service; (2) provider availability (i.e. service not provided, provider not available, service location); (3) suspension/reduction/termination of services; and (4) denial of services. Note that for grievance and appeals, timeliness of service was included under provider availability.

Issues related to timeliness of services and issues on denial of services accounted for 41% and 44%, respectively, of total problem resolution accessibility issues during the year. For grievances, about 68% of total grievances on accessibility issues for the year were related to suspension/reduction/termination of service problems. On the other hand, 77% of total appeals during the year that were related to service accessibility were

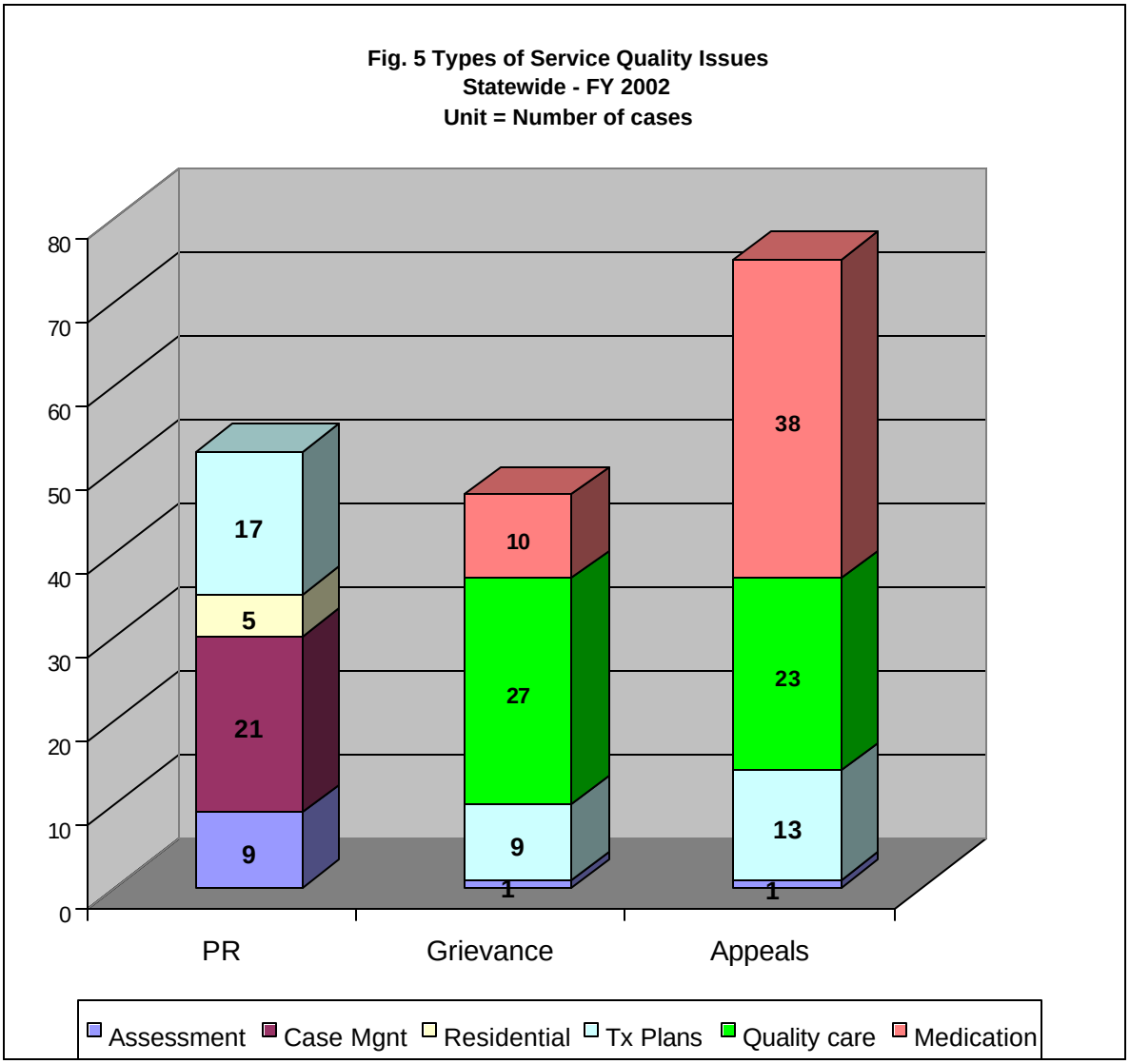
concerning suspension/reduction/termination of services followed closely by denial of services (13%) and provider availability (10%).

Issues related to (administrative) structure include rights violations (i.e. physical abuse, sexual abuse, verbal abuse, inhumane condition), confidentiality, fees and waivers, and Inter-/Intra-RBHA problems. These types of issues were predominantly reported via grievances. Fig. 4 below shows that about 85% of total grievances reported during the year concerning administrative structure were on rights violation. On a much smaller scale, issues on confidentiality as well as issues involving fees and waivers were also reported. These three problem types were reported across all three complaint resolution mechanisms.



As stated earlier, service quality issues were high in all three types of resolution mechanisms. On Fig. 5 below, about 40% of the total problem resolution cases on service quality issues were complaints involving case management. This problem was followed by problems on service treatment plan (33%) and on assessment/evaluation at 17%. Issues on quality of care accounted for 57% of total grievances pertaining to service quality issues, followed closely by medication (21%), and service treatment plan

(19%). It should be noted that 55% of total grievances on service quality issues were reported during the last quarter. On appeals, issues related to medications (51%) and issues on quality of care (31%) were high. Some trailing percentages of appeals were reported for issues related to service treatment plans and assessment/evaluation (enumerated according to the highest frequency of cases reported). Note that service-quality types of appeals were received only during the first three quarters of the year. No issue of this nature was reported during the fourth quarter. The pattern shown above may be explained by the caveat on the recent change in definitions.



II. Trend and Pattern Analysis: By Geographic Service Area (GSA)

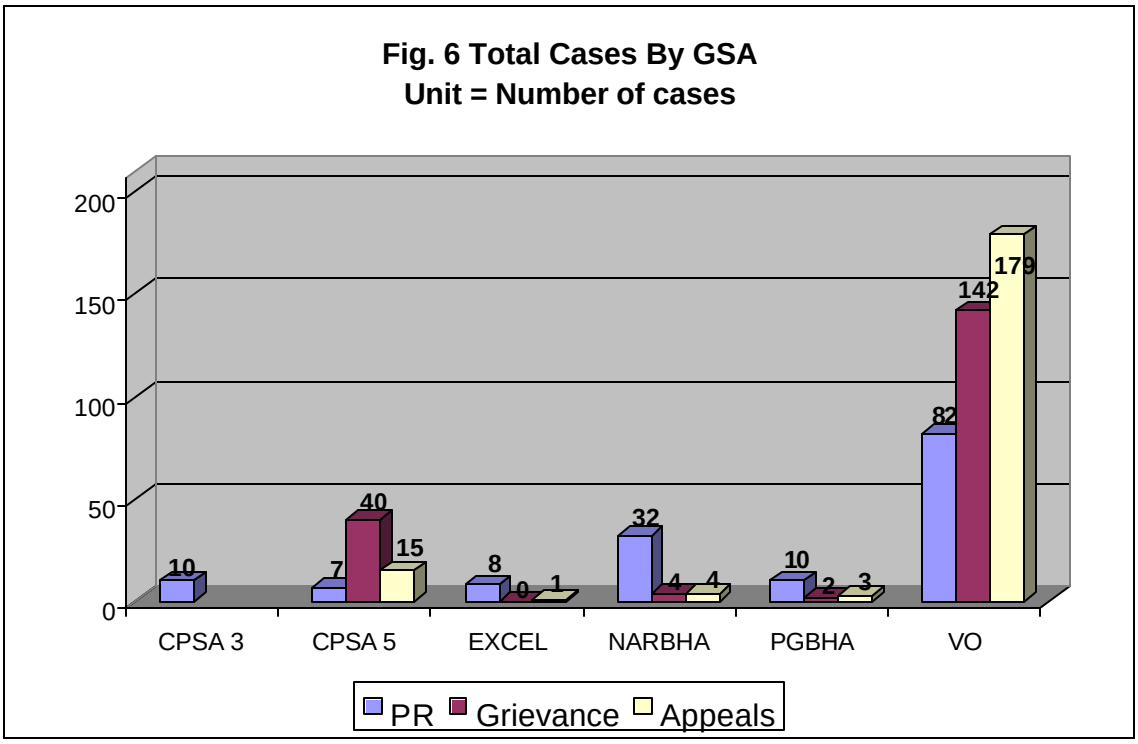
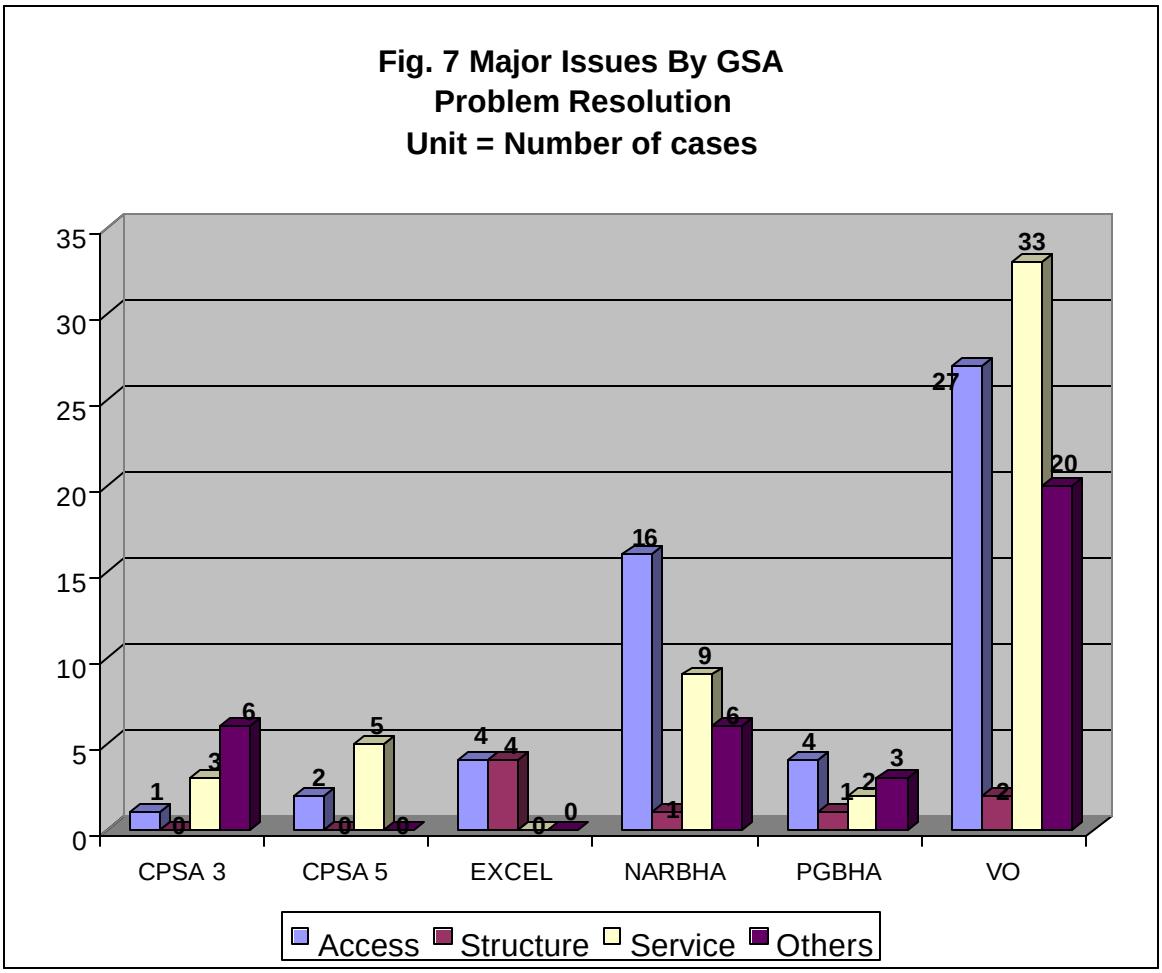


Figure 6 shows all RBHAs have problem resolution cases, four RBHAs have grievances and all RBHAs have appeals reported during the fiscal year. Note that grievance and appeals data were not broken down into the two GSAs covered by CPSA. Data for CPSA (both GSA combined) as shown on Fig. 6 is labeled CPSA 5 for presentation purposes only.

The graph shows that 55% of problem resolution cases were involving ValueOptions, followed by about 21% of cases for NARBHA and the remaining were spread out to CPSA 3, CPSA 5, Excel, and PGBHA. For grievances, about 76% of cases were for ValueOptions and the remaining 24% were involving CPSA, NARBHA, and PGBHA. Similar pattern was shown for appeals where approximately 89% of appeals were involving ValueOptions and the remaining 11% were involving the rest of the state.

In terms of major issues reported through the problem resolution mechanism, Figure 7 below shows the breakdown by GSA.



Data shows that cases concerning accessibility of services were the highest for NARBHA, EXCEL and PGBHA; and second highest for ValueOptions. This type of issue comprised about half of NARBHA's and EXCEL's problem resolution cases for the year and 40% for PGBHA. Denial of services and timeliness of services were the dominant problem types. The second major issue reported was service quality. This was reported as a major issue for ValueOptions and CPSA5; and second highest for NARBHA. More specifically, the issue of service quality pertains to case management, service/treatment plans, and assessments/evaluations. Trailing along the trend are issues categorized under 'Others' which were reported for ValueOptions (23%), NARBHA (19%), CPSA 3 (60%), and PGBHA (30%).

Figure 8 below shows that grievances received during the year primarily involved only two RBHAs – ValueOptions and CPSA. For both RBHAs, the administrative structure issues were the highest (44% of total grievances for the fiscal year). In particular, rights violation was the dominant problem type. Rights violation grievances accounted for approximately 40% of ValueOptions' and 43% of CPSA's total grievances during the year. The second dominant grievance issue was service quality related to problems

involving quality of care. Quality of care includes problems on continuity of services, request for change in staff, etc.

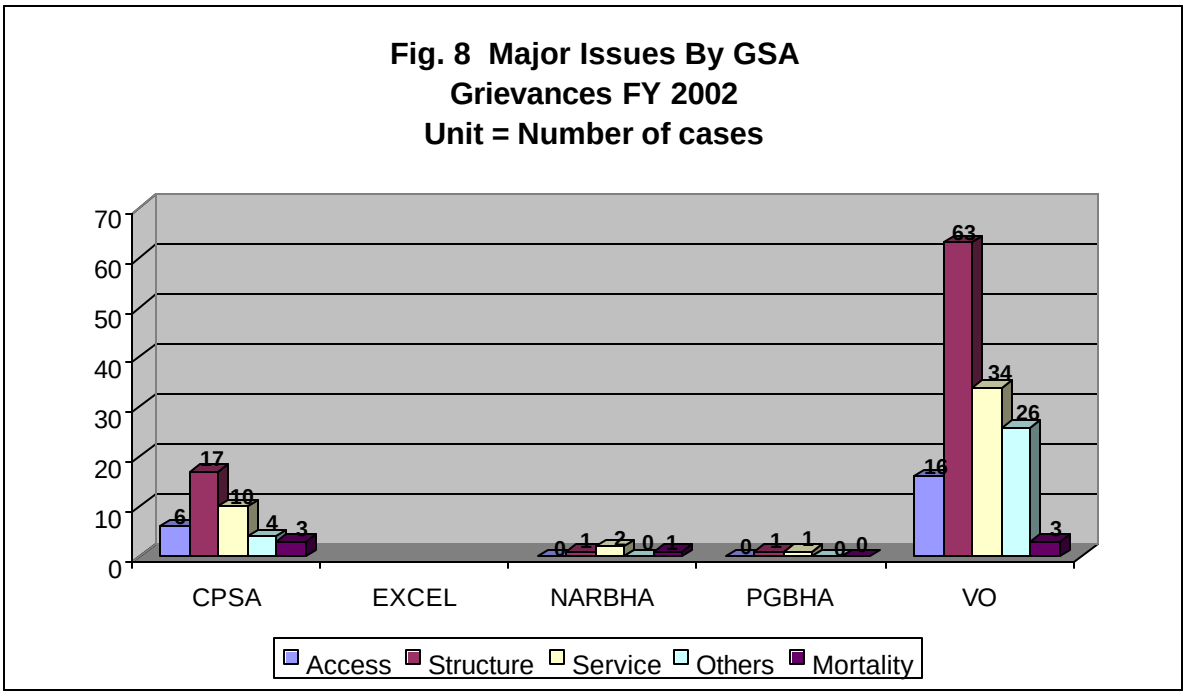
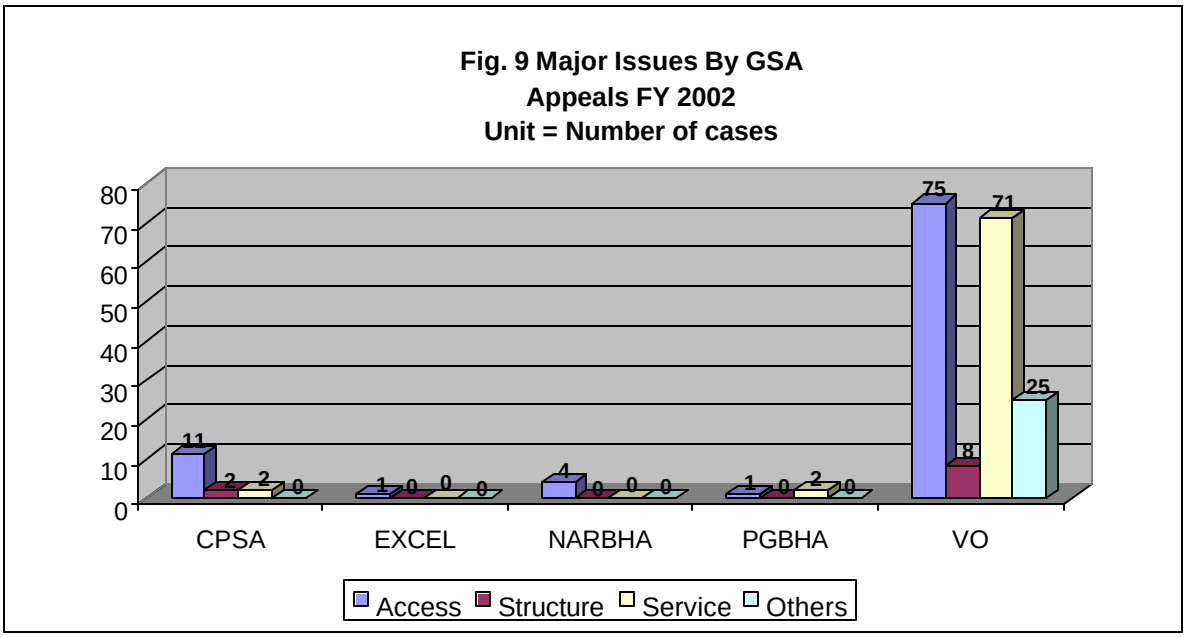


Figure 9 below showed that close to 90% of total appeals during the year involves ValueOptions. The rest of the state has low number of appeals filed during the year. Of the appeals filed against ValueOptions, approximately 42% and 40% were concerning service accessibility and service quality types of issues, respectively. About 76% of service accessibility issues were related to suspension/reduction/termination of services while close to 55% of service quality issues were on medications and about 30% on quality of care. Issues involving other RBHAs clustered mainly on service accessibility issue, more specifically, problems related to suspension/reduction/termination of services.



III. Thematic Analysis: Statewide and by GSA (combined)

This section will pair the findings of the trends and patterns analysis with the synthesis of the Y2000 chart reviews, Y2001 statewide consumer surveys, Y2000 independent evaluation of the quality of care for TXIX and TXXI clients, and the ADHS/DBHS Operational/Financial Review of the RBHAs.

Data gathered from the three established complaint mechanisms showed three predominant systems issues: service quality, service accessibility, and rights violation. Rights violation in a strict sense of the word pertains to problems associated with the quality of service provided to persons with serious mental illness. In the trend analysis, rights violation issues were culled out of the service quality issue to simply give legal perspective to the issue, i.e. the right of an SMI client to file a complaint about the 'appropriateness' of the service/treatment provided to the client. In the next section, however, corrective action for this problem type (other than the investigation conducted by the Office of Grievance and Appeals) is addressed through strategies that involve improvement in service quality.

More specifically, the service quality issues are related to complaints on case management, service treatment plans (e.g. problems associated with the process of identifying goals and outcome of behavioral health services), medication (e.g. relates to medication errors, authorization, prescriptions, side effects), and quality of care (e.g. continuity of services/care, customer service). The dominant problem types within the service accessibility issue are related on denial of services, timeliness of service, and suspension/reduction/termination of services.

Similar themes were apparent in the findings of the synthesis. Below is a discussion of each problem type from the context of the study findings.

Service/treatment plan and case management. The case file review findings identified this area as needing improvement. Specifically, the re-evaluation/adjustment of treatment plan due to lack of client progress (7th in the top 10 areas for improvement) and timely re-evaluation of treatment services (5th) need to be addressed. Several other items that relate to service planning were rated either unsatisfactory or needing improvement: treatment recommendations are based on best practices, and/or acceptable professional standard of care, medically necessary case management are defined in the treatment plan with respect to frequency and goals, treatment plan considered family/individual preferences, and participation of consumer and/or family member.

In terms of the consumer survey, rate of satisfaction for treatment planning involvement and adequacy of information to make informed choices ranged from a low of 47% (youth survey) to a high of 74% (family survey). The adult survey has a rate of satisfaction of only 63%.

Similarly, the Operational/Financial Review findings and Independent Quality Evaluation showed this area as needing improvement.

Similarly, from a sample of grievance and appeals, the investigation found the absence of an Individualized Service Plan (ISP) for a client.

Medication. This is another area consistently identified as needing improvement from the synthesis. IQE rating for medication management when clients discontinue medication was only 62% and medication management when clients show lack of improvement was 69%. Several items in the case file review relating to medication were also identified for improvement: evidence of consent to take psychiatric medication, follow-up and remedy to adverse medication reaction, coordination with PCP with respect to psychotropic medication and adverse reaction (ranked 3rd) and assessment of movement disorder for persons taking medication. Consumer satisfaction was between 72%-83% (from the youth, family and adult surveys) for receiving adequate information about medication side effects.

Quality of care/services. Based on the consumer satisfaction survey, the general satisfaction for adult was 71%, family was 55% and Youth, 53%. Two items in the case file review were scored either as unsatisfactory or needing improvement: delivery of ongoing services per service/treatment plan; and services produce symptomatic and/or functional improvement. Similarly, the Op/Fin Review rated several items below 3 (full compliance): provision of all covered services, engagement of family members in receiving services, provision of individualized services, observance of prioritization criteria in provision of Non TXIX services, and evidence of individual services as well as family services.

Coordination of care between the behavioral health provider and the RBHA was also identified as an issue in a sample of grievance filed with the Division.

Accessibility of services: Contrary to the issues apparent from the data of the three complaint resolution mechanisms and the op/fin review, timeliness of service measured in terms of 'service provision is based on the acuity of clients condition' was ranked satisfactory (88%) in the case file review. Likewise, in the consumer survey, the overall rate of satisfaction for access to services was 71% (adult), 70% (family), and 75% (youth) – second highest rating across the four survey domains.

In terms of issues on provider availability, a statewide survey theme that was identified is the need for psychiatric and therapy/counseling services as well as the need for expertise in the staff providing services. The case file review and op/fin review both identified the need for specialized providers/services, i.e., HIV Early Intervention, services for pregnant women and women with dependent children seeking substance abuse services. From grievance and appeals data, relative paucity of DBT programs and adequate supply of trained, qualified and certified behavioral health clinicians were identified.

The op/fin review identified the need to improve the use of service denial data to target outreach, service provision and coordination of care. It also raised the need to implement a process for continuous provision of services to NTXIX/TXXI clients. Related to the issue of service denial, the op/fin review scored the item on issuance of notices for service denial, reduction, suspension or termination as below compliance.

IV. ADHS/DBHS and RBHA Activities

Analyzing client complaints via grievances, appeals and/or problem resolutions has identified central themes. They include:

a. Service accessibility - provider availability, timeliness of service, denial of service, and suspension/reduction/termination of service;
b. Service quality - case management, service treatment plans, medications, and provision of residential, outpatient and inpatient services (inclusive are SMI Rights Violations categorized under Administrative Structure issues).

The Office of Grievance and Appeals, and the Clinical staff respond to case specific grievances, appeals and/or problem resolutions. Interventions at a case specific level could include requiring the RBHA to further investigate the complaint, review staff responses to the client, and ensure adherence to existing policy and procedures.

Based upon the case specific complaint, the Office of Grievance and Appeals and Clinical staff may also direct their respective corrective action steps at a RBHA system level. Meaning, corrective action is directed toward systemic issues that may have implications throughout the RBHA system. Interventions at a RBHA system level could entail analysis of the adequacy of existing policies and procedures.

Service accessibility and service quality issues are recognized in other ADHS/DBHS monitoring activities, including: Case File Review; Independent Quality Evaluation; Consumer Satisfaction Survey; Operational/Financial Reviews; Network Sufficiency; and Quarterly Quality Management Reports.

Statewide and RBHA specific initiatives have occurred to improve service accessibility and service quality in order to improve client satisfaction and reduce client complaints.

Statewide Activities

- Improve access to care
    - Title XIX/XXI population must receive first treatment service within 30 days of date of referral or request for service
    - Continue outreach to Non-Title XIX persons who may be eligible for Title XIX services
- Improve quality of service
    - Develop therapeutic foster care services
    - Increase respite and substance abuse services
    - Provide services for juvenile offenders
    - Continue implementing the Arizona 12 Principles for Children
    - Examine need for Medical Behavioral Health Day Program
    - Increase crisis service availability, specifically in rural areas of state.
    - Enhance transportation services due to long distance between communities
    - Examine ways to provide incentives to professionals to practice in rural areas.
    - Increase housing programs
    - Increase Vocational Services by partnering with employers
    - Examine need for Medical Behavioral Health Day Program

ADHS/DBHS has identified a series of strategic initiatives to improve the accessibility of service and the quality of service. Those initiatives include:

1. Continue to implement the principles and practices in accordance with the Jason K agreement;
2. Develop and adjust the requirements for the assessment process and assigned clinician role to maximize use of clinical resources;
3. Expand and enhance the statewide network of providers;
4. Integration/service delivery with AHCCCS health plans.

RBHA Activities

While the statewide activities apply to all regions, additional priorities have been identified by the Regional Behavioral Health Authorities in response to feedback from the various monitoring activities: Consumer Satisfaction Survey, Case File Review, Performance Measures, etc.

These priorities and actions are listed below by RBHA.

A. CPSA

- Improve Access to Care
  - Expand substance abuse detoxification services, co-occurring services, specialized services for pregnant substance abusing women, respite, intensive in-home, personal assistance, peer support, family support, supported employment, pre-vocational rehabilitation, mobile crisis services;
  - Educate families and consumers on current standards relating to timeframes for psychiatric appointments;
  - Improve the access to service for children by requiring corrective action plans from the providers.

- Improve Quality of Service
  - Continue to implement standing initiatives related to case management clinician, primary clinician and initial assessment clinician competencies;
  - Improve family involvement by adding a measure of member and family involvement to the QM Provider Profile;
  - Utilization of Member Advocates as a mechanism to resolve member needs;
  - Continuous staff training on the following topics: Grievances/Vulnerable Adults/Special Assistance; Appeals; Provider appeals; Ethics; Advance Directives; Confidentiality; Notice; Closure; Negotiating without Giving In; Fraud & Abuse; and Title XIX Rights of Persons with Serious Mental Illness;
  - Increase in-home, respite, family support (parent mentors), and wrap around service.

B. EXCEL

- Improve Access to Service
  - Additional intake slots have been created in the clinical staffs' schedule for emergency intakes, or for missed first service appointments.
  - Increase substance abuse counseling, family support, peer support, co-occurring services, Level II residential, respite, vocational services.

- Improve Quality of Service
  - Expand day and night out of home respite services, implement therapeutic foster care, Level I Residential, substance abuse;
  - Improved communication between DES and EXCEL.

C. NARBHA

- Improve Access to Service
  - Improved internal tracking of referral to first service, with the requirement of corrective action plans from providers who fail to meet the standard;
  - Recruit for new psychiatric positions;
  - Fill in open positions with locum tenants;
  - Hire outpatient nurse to increase medication management services
  - Investigate creating specialty clinics for SMI members who need to be seen frequently and for members discharged from Subacute facilities.

- Improve Quality of Service
  - Continue to hone the team approach to case management that allows members to contact a different case manager from the same 'team' to assist them with their needs;
  - Continue to implement R.I.S.E Recovery Model training, and educate members on what to expect from treatment;
  - Increase transportation services, Level II and Level III residential; housing support, health promotion, living skills training, supported employment, family support, peer support, day programs, prevention, focus on co-occurring treatment.

D. PGBHA

- Improved Access to Service
  - Correspondence with providers prohibiting the use of waiting lists;
  - Participation in the Rural AZ Behavioral Health Resources Assessment Project, which is looking at recruitment and retainment of qualified, experienced and highly trained staff.
  - To address the problem of accessing psychiatric services: each unit of the six sub regions has a teleconferencing unit, which is used for trainings and tele-psychiatry; and contract with a child psychiatrist based on the need for one.

- Improve Quality of Service

  - Increase respite services, implement therapeutic foster care services, and use flex funds to augment treatment;
  - The clinical Enhancement Committee will explore strategies to improve member outcomes, general satisfaction, and engagement of youth in treatment planning.
  - Continue the Schizophrenia Mentoring Project to improve client outcome through disease self-management.

E. ValueOptions

- Improve Access to Service

  - Submission of corrective action plans by providers out of compliance with services provided within 30 days of referral;
  - Implementation of the Network Report Card, including the referral to first service performance measure;
  - Opening of two additional case management sites;
  - Increase of funding to providers in order to help the providers expansion efforts and to increase the number of clients served;
  - Improved internal reports to monitor accessibility of services.
  - Expand respite, substance abuse outpatient and intensive outpatient services; expand case management and support services staff by 166 FTEs; implement therapeutic foster care services, deliver support and treatment services at schools, and develop child crisis services.

- Improve Quality of Service
  - Improve follow-up after discharge from inpatient settings by requesting a corrective action plan from each case management site;
  - Increase substance abuse Level II residential services, psychiatric services, medication, peer and family support, and supportive services for clients discharged from the Arizona State Hospital; expand co-occurring services, supported employment and case management; add a consumer run drop in center, develop two ACT Teams, examine need to expand Dialectical Behavioral Therapy services.

V. Next Steps

As indicated in this report, there are a number of strategic initiatives undertaken by ADHS/DBHS that will involve systemic change at the state level. In addition to the statewide approach, ADHS/DBHS will work with each GSA in efforts to improve quality. ADHS/DBHS is also in the process of standardization of data collection across the three resolution mechanisms, which will allow more accurate trending of data. Further, consumer complaint data will be reviewed by the QM/UM Committee, then disseminated to the Clinical Coordinators Committee and RBAH Teams at a frequency necessary to promote informed and target performance improvement activities.