



Client Rights Report for Calendar Year 2017

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12 Month Report
January 1, 2017 - December 31, 2017

Special Thanks to:
Thomas Williams, Data Research Specialist &
Jessica Torres, Data Quality Analyst
for their assistance compiling the data from the Lotus system.

About this Report...

- This Client Rights Report represents all data collected by the Client Rights Division for Calendar Year (CY) 2017.
- Data from 44 Substance Use Disorder (SUD) and Mental Health agencies are represented in this report. This represents an increase from 38 agencies that reported client rights data in 2016.
- Each agency self-reports, based upon the services provided at that agency, the number of complaints and grievances received for each service provision.
 - **Please note**, all comparisons made to the CY2016 report should represent additional statistical significance as this report represented 18 months compared with the CY2017 12 month report.

About this Report...

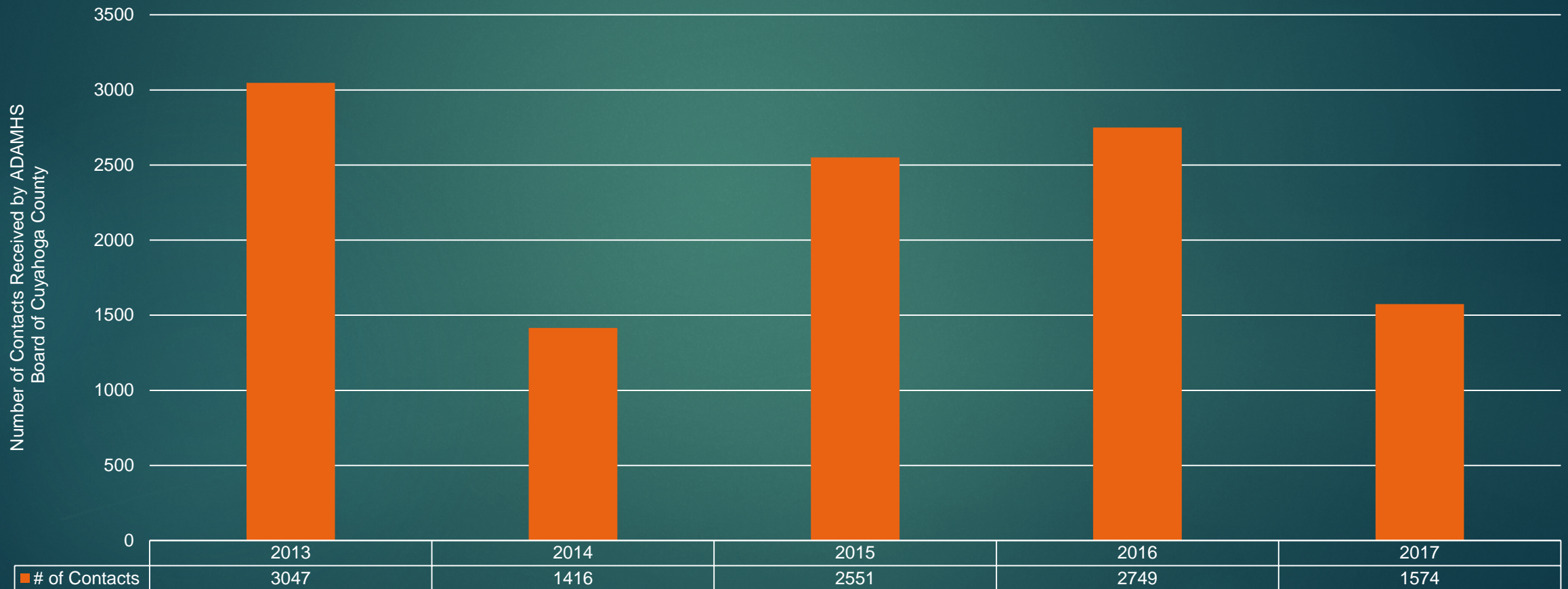
- For the purposes of this report, the definition of a grievance can be found by reviewing OAC 5122-24-01 (35) Certification Definitions.
 - *"Grievance" means a formal request for further review of any unresolved written complaint or a complaint containing allegations of the denial, exercise or violation of the rights of persons served. A grievance may be initiated either verbally or in writing by a person served, client, ex-client, or any other person or agency acting on behalf of a person served.*

About this Report...

- ▶ All allegations communicated to the Board by a client begin as a complaint. It will become a grievance during a formalized process in which the complaint is prepared in writing, either by the client or with the assistance of a representative, and a specific right is alleged to have been violated. These 21 rights are outlined in OAC 5122-26-18 (E). The State of Ohio has a specified process for grievance resolution including a specific time frame (20 business days from the date the grievance is filed) and a requirement that the proposed resolution be provided in writing. The complaint procedure is less formalized.

ADAMHS Board Inquiries and Grievances/Complaints

Contacts (Inquiries/Grievances/Complaints) Received by ADAMHS Board of Cuyahoga County
5 year Trend

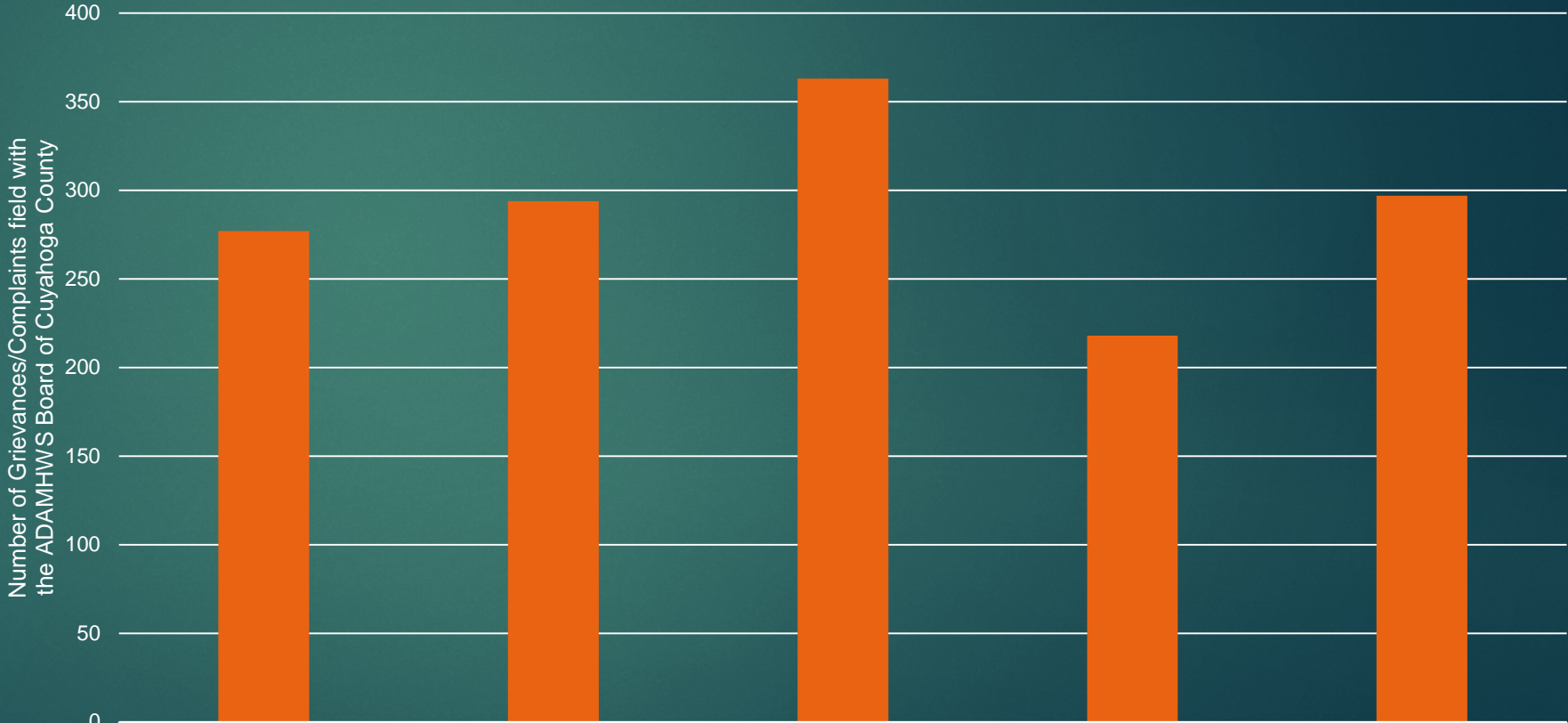


About this Chart...

- The ADAMHS Board received a total of 1,574 calls during CY17.
- 121 of those calls were not categorized.
 - This is due to calls that were returned and the client was not able to be reached.
 - Example: No Voicemail, Invalid Contact Number, No response to returned call

This Chart *Omits Inquires* received by the Board and Illustrates only Complaints and Grievances

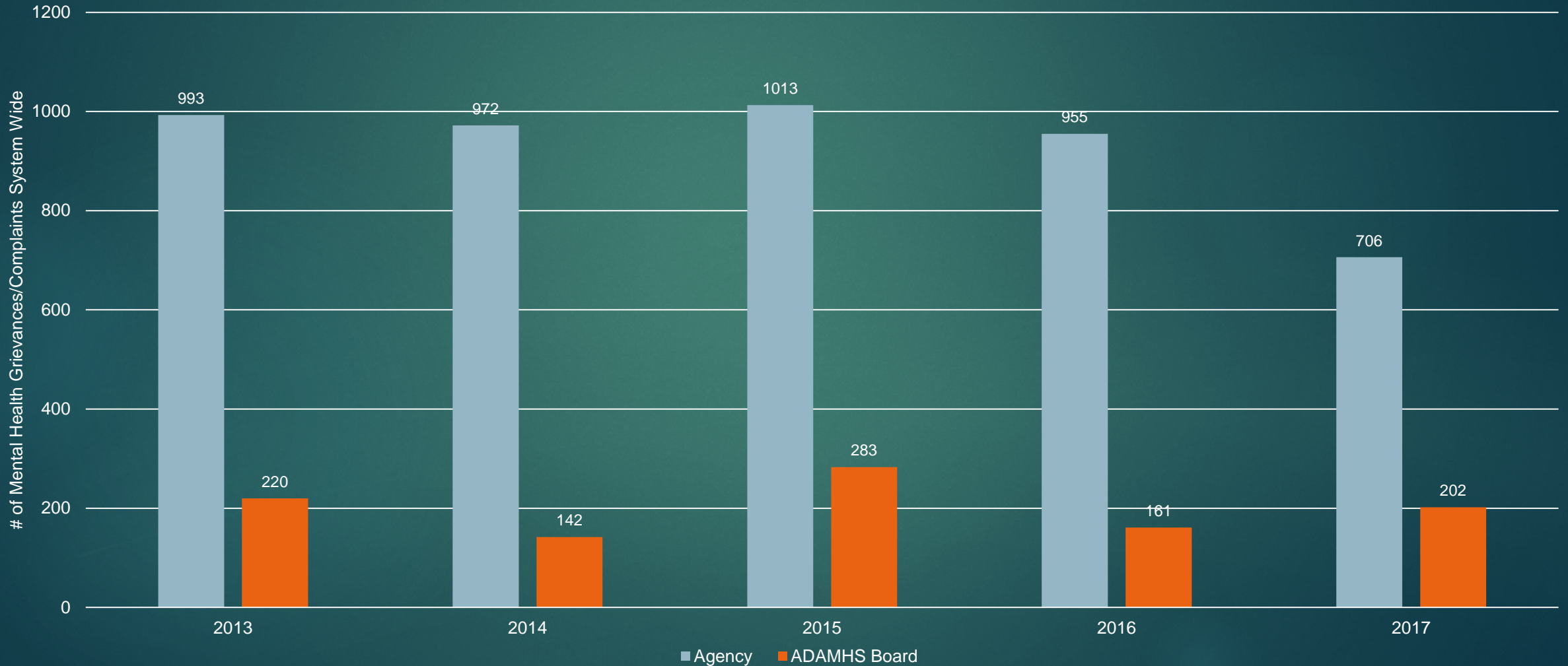
Number of Grievances/Complaints filed with the ADAMHS Board of Cuyahoga County
5 Year Trend



■ Number of Grievances/Complaints filed with the ADAMHS Board of Cuyahoga County	2013	2014	2015	2016	2017
	277	294	363	218	297

Mental Health Grievances/Complaints Received System-wide: 5 year Trend

Number Received by ADAMHS Board Compared with Number Received by Mental Health Agencies



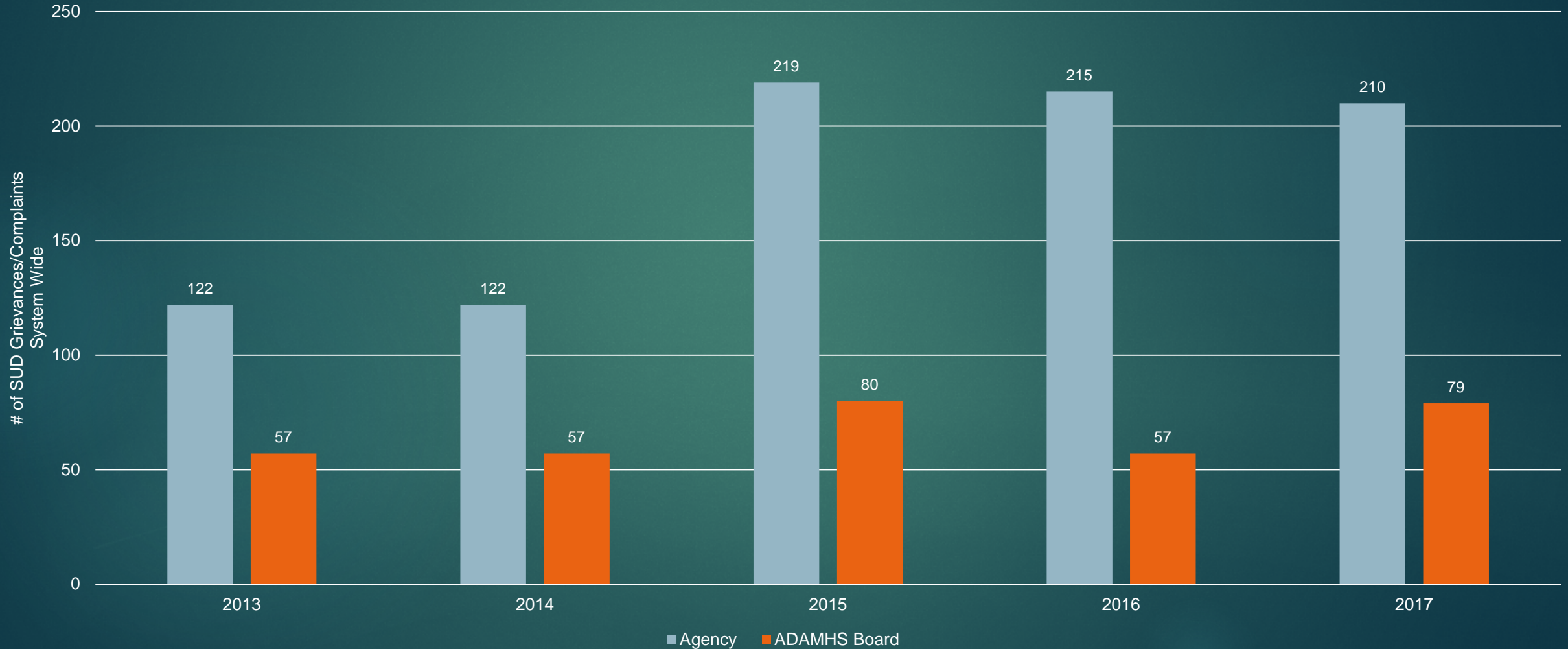
About this Chart...

- 2017 saw a reduction in Mental Health Complaints and Grievances as reported by contract agencies despite the increase in number of agencies reporting.
- The ADAMHS Board saw an increase in Mental Health Complaints and Grievances; the last highest was in 2015.
 - This trend could be due to an increased number of clients filing Complaints and Grievances with the ADAMHS Board rather than with the agency.

SUD Grievances/Complaints Received System-wide: 5 Year Trend

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Number received by ADAMHS Board Compared with Number Received by SUD Agencies



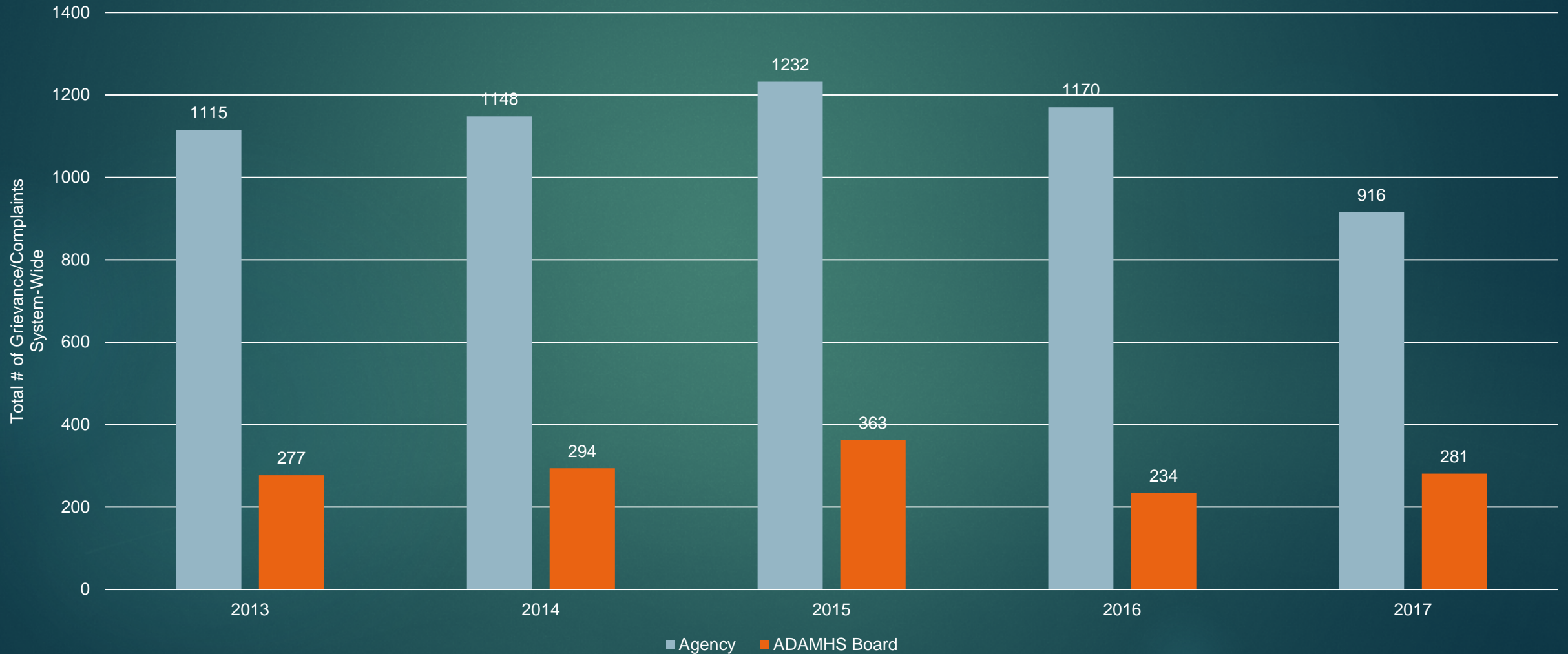
About this Chart...

- Compared with Mental Health agencies, trends for Complaints and Grievances for SUD agencies have stayed relatively consistent.
- SUD agencies saw a slight decrease from CY16 while the ADAMHS Board saw a slight increase.

Combined Mental Health/SUD Total Grievance/Complaint System-wide: 5 Year Trend

12

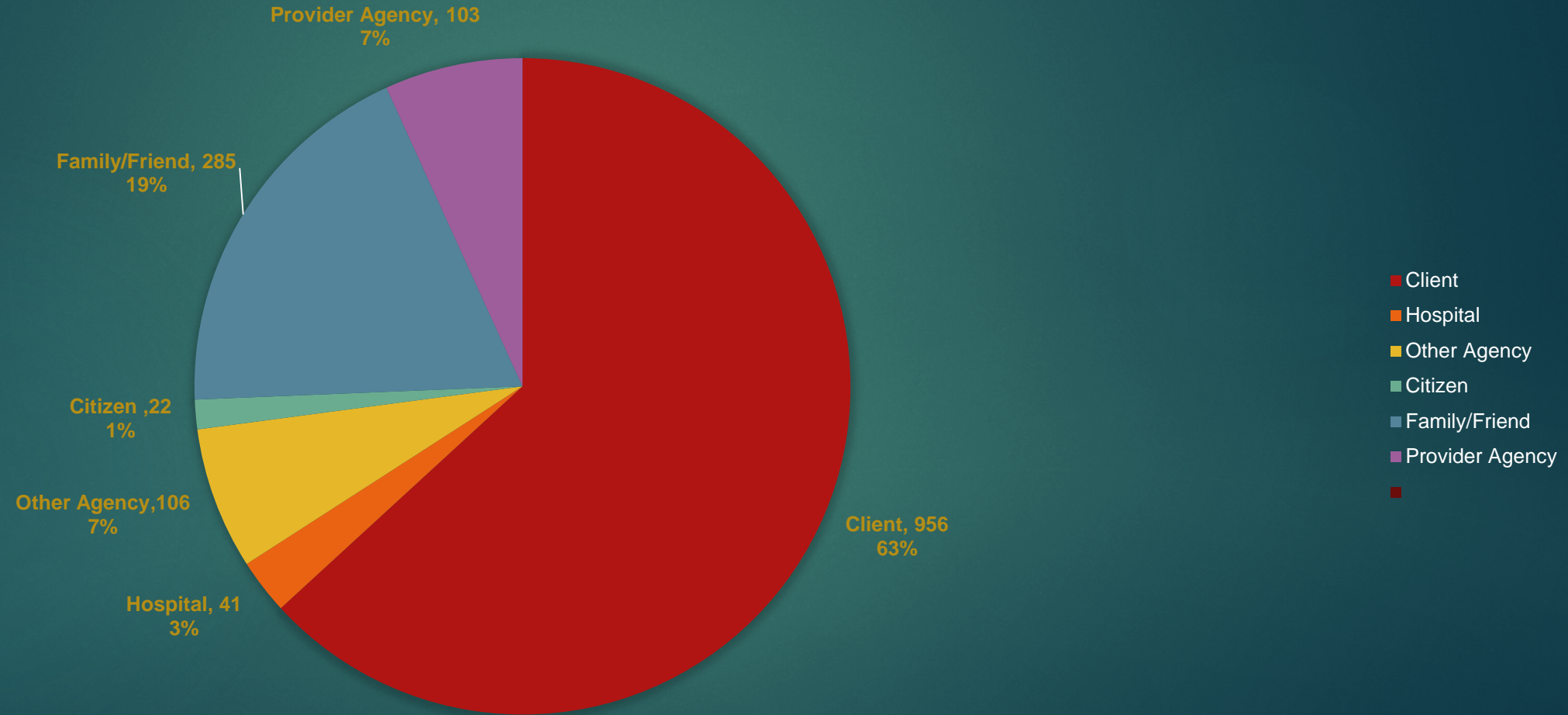
Number Received by ADAMHS Board Compared with Number Received by Agency



About this Chart...

- Complaints and Grievances, as reported by contract agencies, are at a 5-year low.
- Conversely, Complaints and Grievances have increased at the ADAMHS Board since CY16.
 - This could be due to clients reporting concerns directly with the ADAMHS Board rather than the agency.
 - The ADAMHS Board has also seen a dramatic increase in calls from Class 2 facilities in the county.
 - Approximately 75 calls made to the ADAMHS Board were due to concerns and questions regarding Class 2 facilities.

Who is Contacting ADAMHS Board for Clients Rights?

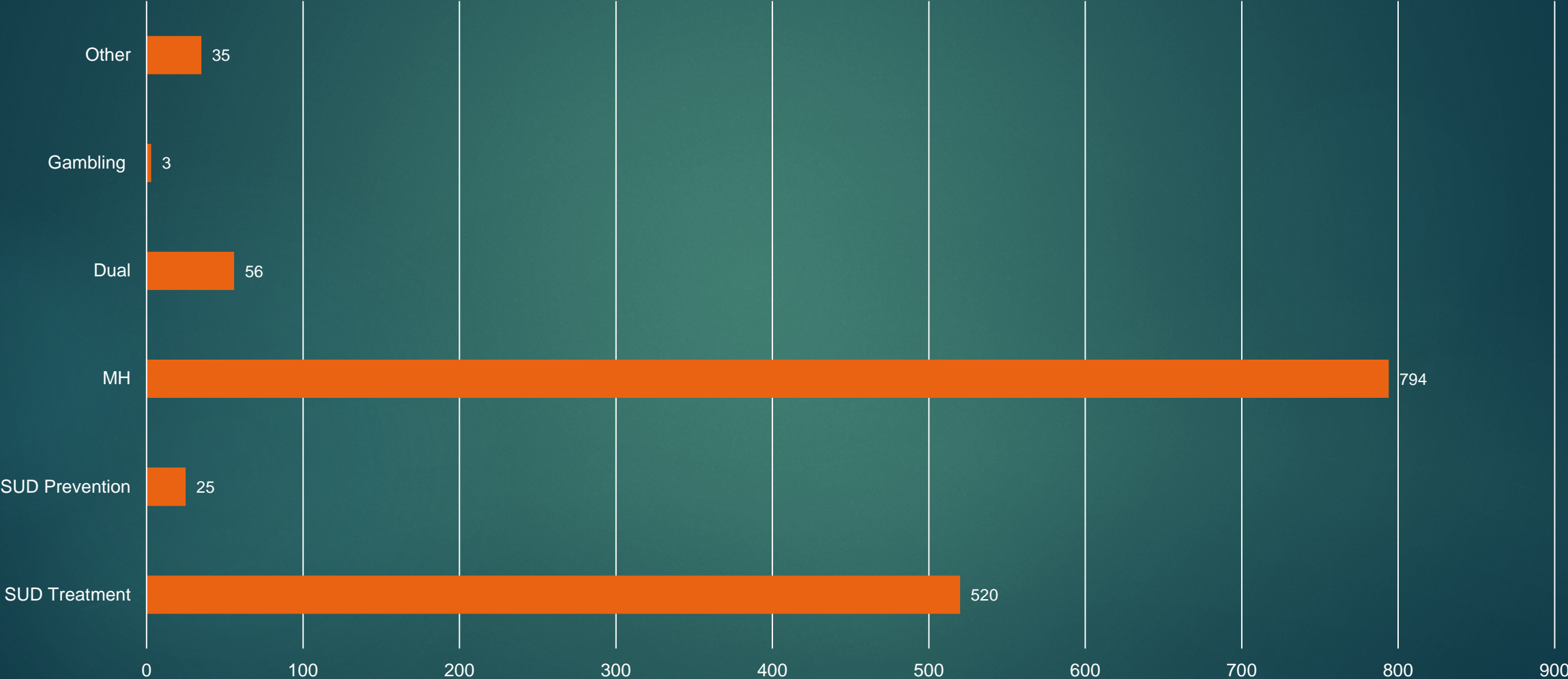


About this Chart...

- As in past years, clients make up the largest group contacting the ADAMHS Board for questions and to file complaints and grievances.
- Also the same as past years, family and friends make up the second largest category.
 - Family and friends contact the ADAMHS Board to inquire about services, laws and policy for probate and compulsory commitment for Mental Health and SUD services, and to file grievances on behalf of clients.

Reasons for Contacting ADAMHS Board Client Rights

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About this Chart...

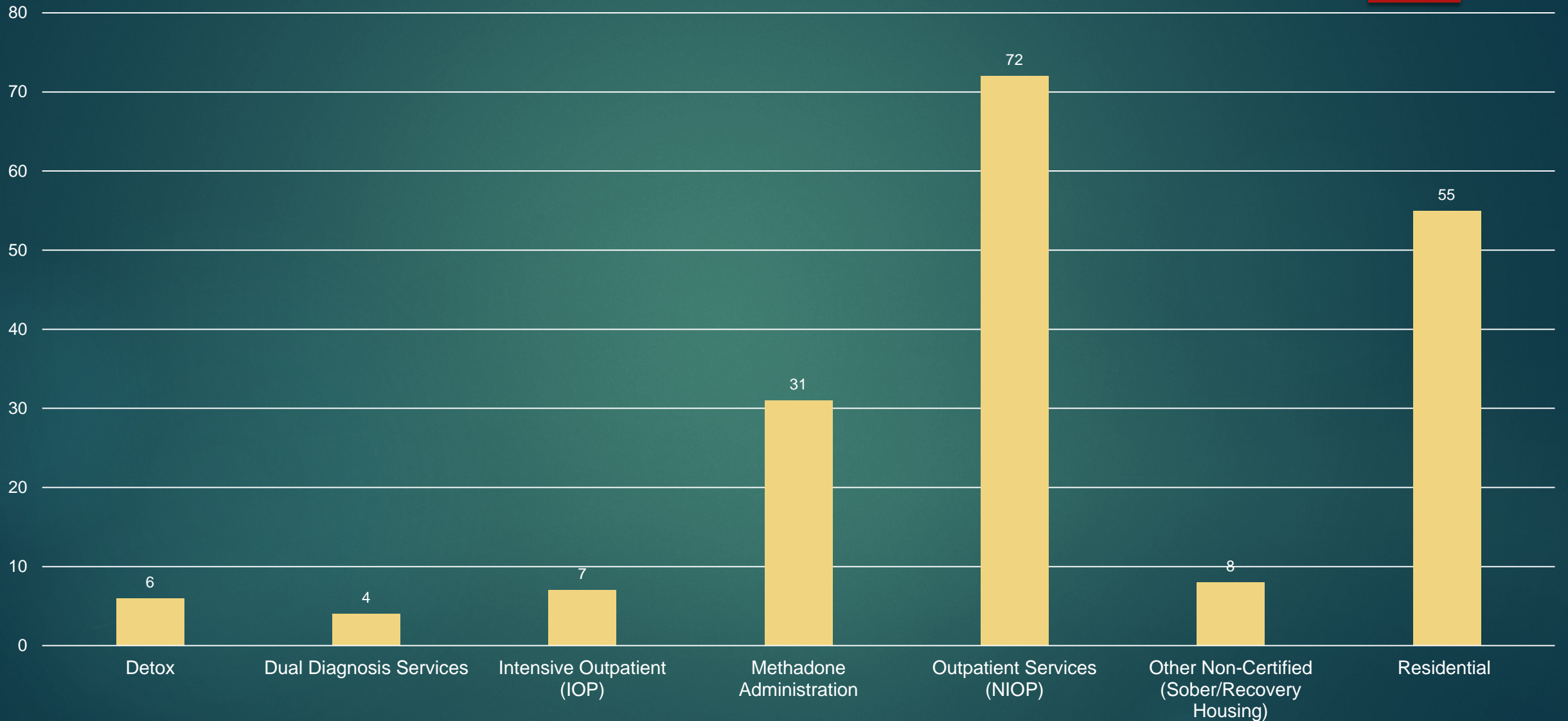
- The primary reasons for contacting the ADAMHS Board are due to mental health needs and SUD Treatment.
 - Compared to CY16, the ADAMHS Board saw an increase of 100 calls requesting SUD treatment for CY17.
- Gambling has statistically made up the smallest portion with the last 3 calendar years only yielding between 3 and 5 calls.
- This chart includes inquiries, complaints, and grievances.

About this Chart...

- The ADAMHS Board logs and tracks all calls based upon the need and are classified by one of the categories illustrated on the chart.
 - For CY17, 141 calls were not classified. This is due to messages being left with clients and not returned, non-working phone numbers, or not enough information provided by the client to provide a classification.

Grievance/Complaint for SUD Services

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About this Chart...

- This chart illustrates the reason for complaints and grievances, as reported by the agencies, for SUD services.
- Outpatient treatment (NIOP) services saw the highest number of complaints and grievances compared with residential treatment which was the highest for CY16. The second highest categories are residential services and methadone administration respectively.
- Each agency self-reports their statistics related to the reason for complaints and grievances.

Grievance/Complaint for Mental Health Services



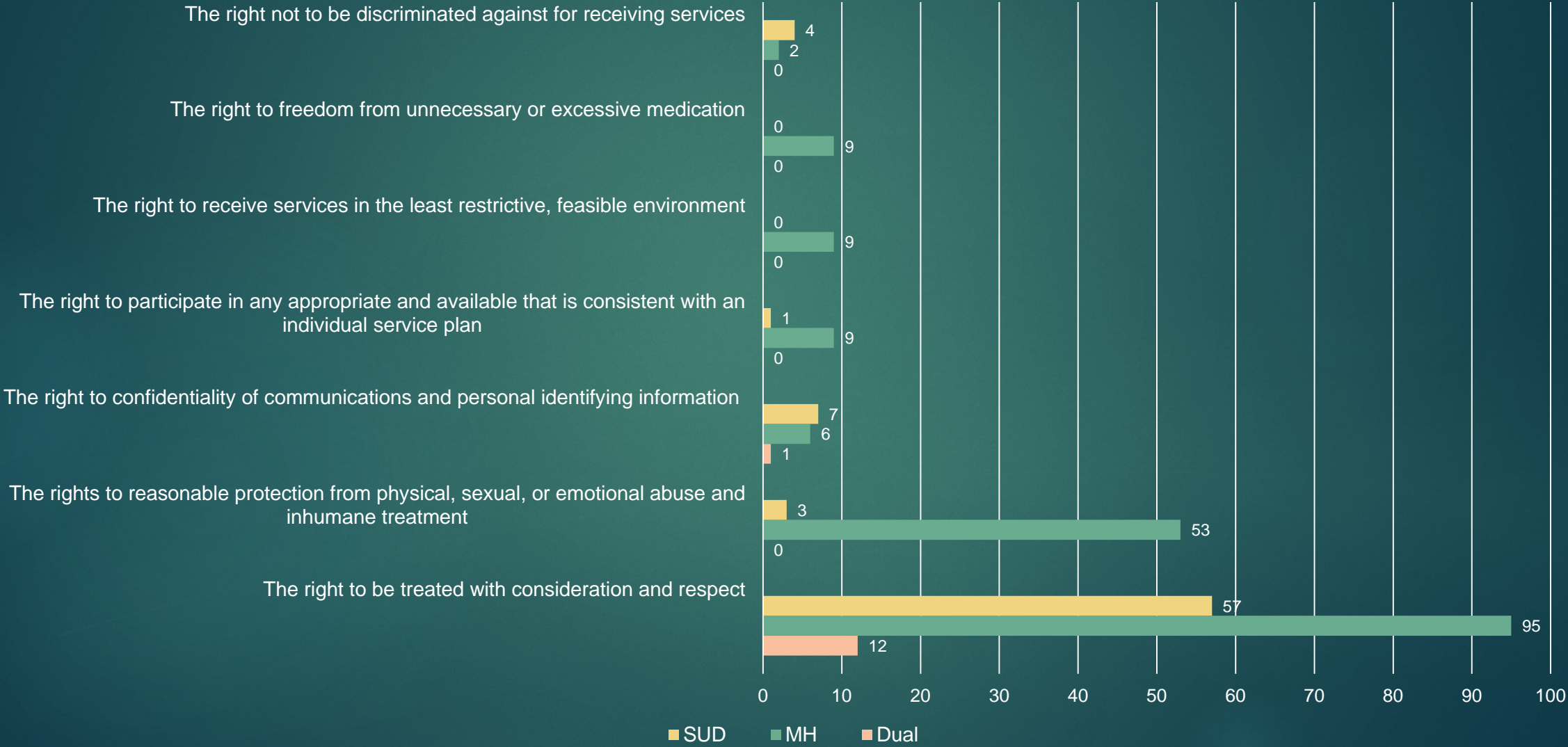
About this Chart...

- This chart illustrates the reason for complaints and grievances, as reported by the agencies, for Mental Health Services.
- As in past years Case Management (CPST) continues to yield the highest number of complaints and grievances. However, CY17 did indicate a reduction in complaints and grievances for CPST services compared with CY16.

About this Chart...

- Pharm management also saw a reduction with the second highest category being residential treatment (RCFs, children's residential, etc.).
 - For CY17, a category was added to the report asking agencies to identify the number of complaints and grievances for Class 2 facilities. This represented a small portion of the agencies reported data with only 2 complaints submitted.
- Each agency self-reports their statistics related to the reason for complaints and grievances.

Grievance Sorted by Client Rights Categories

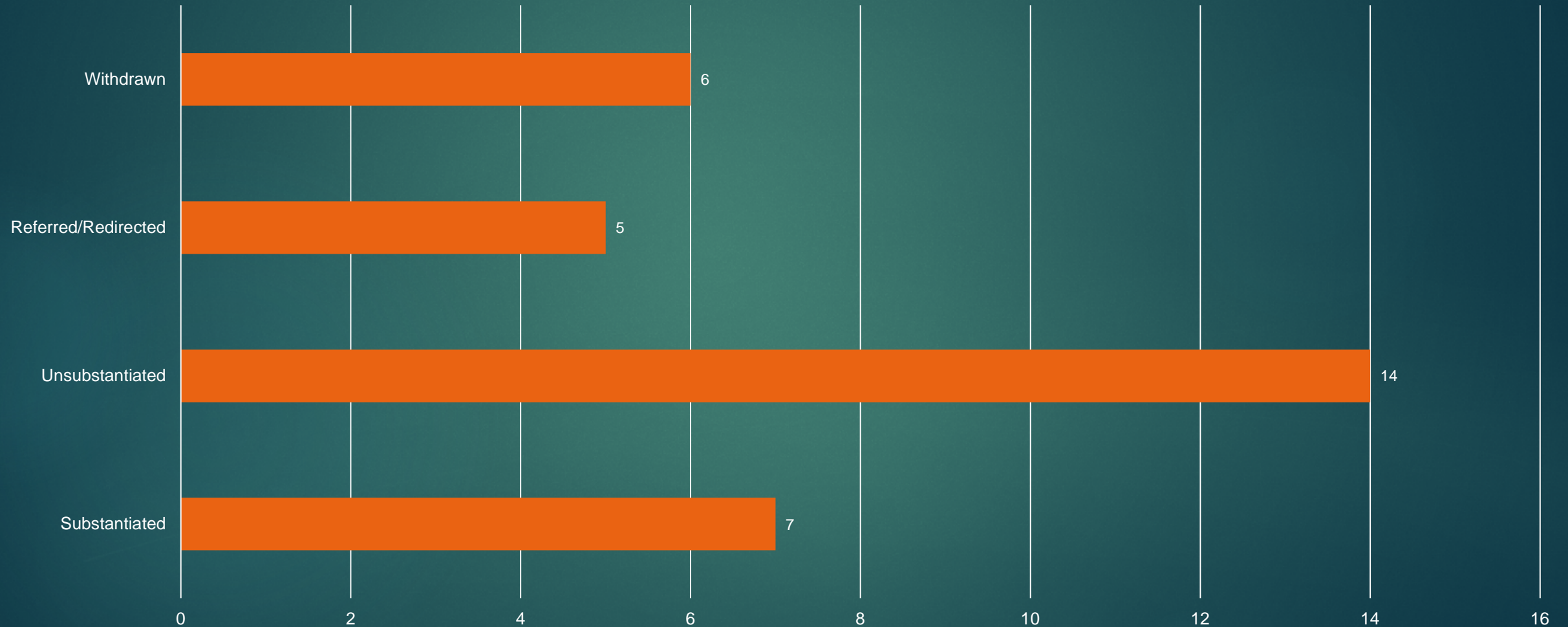


About this Chart...

- As in previous years, the largest category of alleged and substantiated client rights violations involve the right to be treated with consideration and respect.
- The second highest category was alleged violations of client's right to reasonable protection from psychical, emotional, or sexual abuse and inhumane treatment.
 - The increase under this category from CY16 will prompt additional training for agency Client Rights Officers to provide education and training to agency staff members to prevent further violations.
- In order for a complaint to be considered a grievance, it must violate a specific client right outlined in the Ohio Administrative Code.
- These rights are guaranteed by the OAC and ORC and alleged violations are investigated by the ADAMHS Board Client Rights Officer (CRO), the agency CRO, or cooperatively with both CROs.

ADAMHS Board Grievance Resolutions

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About this Chart...

- New for CY17, the ADAMHS Board extracted data to determine how grievances were resolved.
- Of the 32 grievances received by the ADAMHS Board for CY17, the highest category was unsubstantiated grievances.
 - Grievances are unsubstantiated if an investigation reveals that the allegation made by the client could not be verified or found to be untrue.
 - Grievances are substantiated when an investigation determines that the client's allegation was in fact occurring.
 - At times, a portion of the client's grievance may be substantiated while other aspects of the complaint are not.

About this Chart...

- Grievances are referred or redirected when the agency assumes the investigation or if referrals are made to outside entities such as OhioMHAS
- In cases when grievances are withdrawn, this could be due to clients not completing or returning necessary documentation or stating that their issue had been resolved and the ADAMHS Board is not needed to conduct an investigation.

Matrix IV to Record: Allegations of Client Rights Violations in the SUD and MH Systems

Grievances by Client Rights Category (MH and SUD) (5122-26-18-E)	SUD	MH	DUAL	TOTALS
1. The right to be treated with consideration and respect for personal dignity, autonomy, privacy	57	95	12	164
2. The right to reasonable protection from physical, sexual, or emotional abuse and inhumane treatment	3	53		56
3. The right receive services in the least restrictive, feasible environment		9		9
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;	1	9		10
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency		4		4
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it	1	2		3
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others		9		9
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures				
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas				
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations	7	6	1	14
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction		2		2
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary	2	4		6
13. The right to be informed of the reason for denial of a service	1	1		2
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws	4	2		6
15. The right to know the cost of services				
16. The right to be verbally informed of all client rights, and to receive a written copy upon request				
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations				
18. The right to file a grievance		1		1
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested				
20. The right to be informed of one's own condition				
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense		3		3

About this Chart...

- This chart lists each right as guaranteed under the OAC 5122-26-18 (E).
- As of April 1, 2016, all 21 Client Rights for Mental Health and SUD are categorized under OAC 5122-26-18 (E).
 - The Only exceptions when different Client Rights apply are for Driver Intervention Programs (DIP) and forensic evaluations.
 - The only contract agency that provides forensic evaluations is the Court Psychiatric Clinic. These rights are detailed under OAC 5122-26-18 (F). No complaints or grievances were filed for the Court Psychiatric Clinic.
 - DIP Client Rights are detailed under OAC 5122-26-18 (G). No contract agency provides this service.
- Each agency self-reports alleged and substantiated grievance investigations based upon what right violation is alleged to have occurred.

Matrix I to Record SUD Data

<u>SUD Service or Program</u>	<u># of Grievances</u>	<u># of Complaints</u>	<u># of Clients Accepting Resolution</u>	<u># of Grievances resolved within 20 Business days</u>	<u># of Complaints resolved within 30 Calendar days</u>
TREATMENT:					
Assessment		4	3		4
Case Management					
Crisis Intervention					
Detoxification - Acute Hospital					
Detoxification - Sub-acute	5	1	5	2	4
Dual Diagnosis Services		4	2		4
Individual, Group or Family Counseling	1		13	1	
Intensive Outpatient (IOP)	4	3	7	1	6
Medication Assisted Treatment (MAT) (Methadone, Suboxone, Vivitrol)	18	16	31	18	16
Medical/Somatic					
Outpatient Services	17	58	72	13	62
Residential Treatment	37	18	55	35	18
Urinalysis	1		1	1	
Program or Service not listed above:		1			
Specify: Lab Blood Drawn		1	1		1
Specify: Housing		2	2		2
Specify: Front Office	2		2		2
Specify: maintenance	1		1		1
Specify: Rude staff		7		7	7
Specify: coffee shop	1				1
Other (non-certified) (Sober Housing)		2	2	2	
Other (non-certified) (Recovery Housing)	3	3	6	3	3
Other (non-certified)					
Other					
Consultation					
Intervention					
Outreach					
Referral and Information					
Training					
PREVENTION					
Alternatives					
Community-Based Process					
Education					
Information Dissemination					
Mentoring					
Problem ID and Referral					
TOTAL For SUD	90	120	203	83	131

About this Chart...

- This chart illustrates specific ***certified and non-certified*** service provisions for SUD services and the number of complaints and grievances for each.
- This chart assists in illustrating where the majority of complaints and grievances are received for each specific service.

Matrix II to Record MH Data

<u>Certified MH Service</u>	# of Grievances	# of Complaints	# of Consumers Accepting Resolution	# of Grievances resolved within 20 Business days	# of Complaints resolved within 30 Calendar days
Adjunctive Therapy (Art Therapy, Music Therapy, etc.)					
Behavioral Health Counsel/Therapy	12	15	20	11	15
Behavioral Health Hotline Service	1	1		1	1
Comm. Psych Support Tx (CPST)	44	221	112	45	119
Consultation Service					
Consumer Operated Service					
Crisis Intervention MH Service					
Employment Services		1	1		1
Forensic Evaluation					
Inpatient Service		74	74		74
Mental Health Assessment	2	3	4	2	3
Mental Health Educational		1	1		1
Partial Hospitalization	21	6	27	21	6
Pharmacologic Management	21	54	48	19	54
Prevention Service					
Referral and Information		2	2		2
Residential Treatment (OhioMHAS Cert.)	12	97	97	54	101
Self-Help/Peer Support					
Social and Recreational					
Assertive Community Treatment		1	1		1
Intensive Home Based Treatment					
Vocational Services					
(OhioMHAS Cert.) (ACF) (Group Homes)		2	2		2
Other Mental Health (5122-29-27)					
Other Non-certified					
Referral and Information	2	5	6	2	5
Van Driver		2	2		2
Nursing Staff		2	2		2
Clerical	7	9	14	7	9
Entitlements	4	6	8	3	5
Pharmacy	1		1	1	
Path		4			4
Guardianship		5	5		5
Clients Rights	2	3	427	1	3
Total For MH	134	572	473	168	422

About this Chart...

- This chart illustrates specific ***certified and non-certified*** service provisions for Mental Health services and the number of complaints and grievances for each.
- This chart assists in illustrating where the majority of complaints and grievances are received for each specific service.

**Matrix V to Record: Related Topics for Grievances and Complaints Filed
Regarding SUD and MH Systems**

TOPIC	Grievance	Complaint
HOUSING CONDITIONS	1	39
OTHER ENVIRONMENTAL CONCERN	1	12
HOUSING AVAILABILITY	3	9
MONEY/PROPERTY ISSUES	6	50
REPRESENTATIVE PAYEE ISSUES	2	7
SAFETY ISSUES	5	13
NEED FOR SERVICE IMPROVEMENT	14	104
NEED TO INCREASE SERVICE FREQUENCY	3	27
STAFF BEHAVIOR	151	224
RULES/POLICY	19	96
PERSONAL NEEDS	15	43
FAMILY NEEDS AND CONCERNS	4	29
OTHER (Member to input)		
Participation in Plan of Care		6
Physican Communication		12
Lengthy Discharge		37
Medication		41
Psychiatry		5
Medication Dose Administrative Taper-noncompliance	3	6
Timeliness of Staff Response		2
No Transportation for Shopping		3
Nursing Home Placement		1
Scheduling Appointments		4
No Reason Given		2

About this Chart...

- This chart illustrates specific *non-certified* service provisions for Mental Health and SUD services and the number of complaints and grievances for each.
 - As in past years, staff behavior represents the largest category of complaints and grievances.
- This chart assists in illustrating where the majority of complaints and grievances are received for each specific service.

Number of NON-DUPLICATED PERSONS who made a MH and/or SUD complaint or grievance	Grievance	Complaint
Mental Health	93	430
SUD	81	80
Number of Complaints or Grievances that were filed with the ADAMHS Board	Grievance	Complaint
Mental Health	8	31
SUD	14	15

About this Chart...

- New to the CY17 report, agencies were asked to report the number of non-duplicated persons who made complaints and grievances for Mental Health and SUD services.
 - Non-duplicated refers to how many individuals rather than the number of complaints or grievances.
- Also new to the CY17 report, agencies were asked to report the number of complaints and grievances that were resolved with the assistance of the ADAMHS Board.
 - It was determined that most agencies did not track this data leaving the numbers not indicative of the number of complaints and grievances resolved with ADAMHS Board assistance.
 - Agencies were asked to track this data for the CY18 report.

Challenges Collecting Client Rights Data & Remedies CY2016 to CY2017

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Challenge:

- Not all agencies submitted annual clients rights reports; however all agencies with the largest client populations submitted reports.

Solutions:

- Update list of agency CROs.
- Monthly meetings with agency CROs.
- New agency CROs orientation.

UPDATE:

- An additional 6 agencies provided reports for CY17. Monthly CRO meetings are conducted along with quarterly new CRO orientation (2 hour training) are held to continuously update the agency CRO list.
 - New for CY18, agency CROs will work cooperatively with the ADAMHS Board to revise the CRO manual that is distributed to agency CROs to assist with investigations and to ensure State standards are followed.

Challenges Collecting Client Rights Data & Remedies CY2016 to CY2017

40

Challenge:

- Currently no way to determine from the annual client rights report received from individual agencies, how many of the complaints and grievances were also filed with ADAMHS Board.

Solution:

- ADAMHS Board CRO will determine previous client actions to resolve issue.

UPDATE:

- The CY17 report asked agency CROs to indicate how many complaints and grievances were resolved with the assistance of the ADAMHS Board. It was learned that most agencies did not track this data. CROs were asked to track this data for the CY18 report.

Challenges Collecting Client Rights Data & Remedies CY2016 to CY2017

Challenge:

- Possible confusion in agencies completing the clients rights annual report.

Solutions:

- Revision of report to provide a more accurate representation of client rights data.
- Board staff will provide training in completing report to agency CROs.

UPDATE:

- The CY17 report was revised to ensure the ease in completing the report. This included re-phrasing portions and deleting redundant questions. A full training was provided during a monthly CRO meeting to ensure all CROs were able to complete the template fully and accurately. Feedback indicated that agencies found the new template easier to use.
 - For CY18, additional revisions will need to occur to account for the behavioral health re-design.

Challenges Collecting Client Rights Data & Remedies CY2016 to CY2017

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Challenge:

- No method by which to track Adult Care Facilities (ACF) complaints through the agency client rights report.

Solution:

- Revision of report to include ACF complaints.

UPDATE:

- ACF (now Class 2 facilities) complaints and grievances were added to the CRO report for CY17. However, a statistically insignificant number were reported. It appears that the vast majority of Class 2 facility complaints are received directly by the ADAMHS Board rather than the agencies.

Questions about this report?

Please contact:

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