

Client Rights Report for Calendar Year 2018

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12 Month Report
January 1, 2018 – December 31, 2018

About This Report...

- ▶ This Client Rights Report represents all data collected by the Client Rights Division for Calendar Year (CY) 2018.
- ▶ Data from 47 Substance Use Disorder (SUD) and Mental Health agencies are represented in this report. This represents an increase from 44 agencies that reported client rights data in 2017.
- ▶ Each agency self-reports, based upon the services provided at that agency, the number of complaints and grievances received for each service provision.

About this Report...

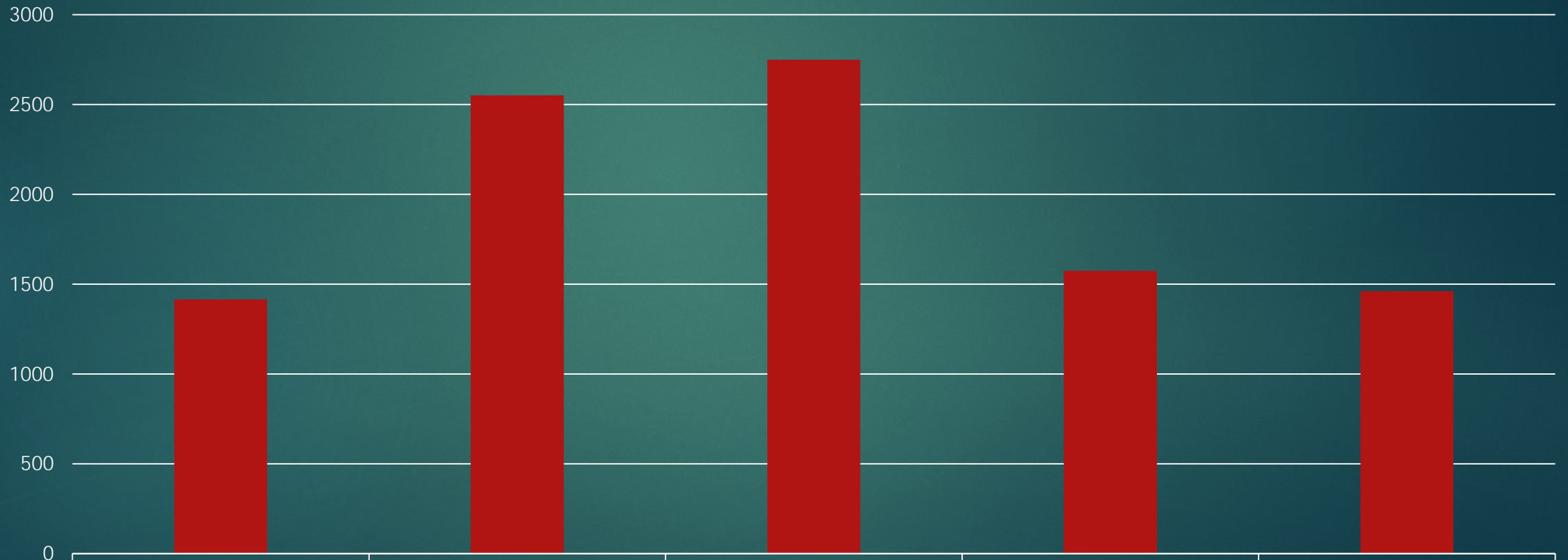
- ▶ All allegations communicated to the Board by a client begin as a complaint.
- ▶ It will become a grievance during a formalized process in which the complaint is prepared in writing, either by the client or with the assistance of a representative, and a specific right is alleged to have been violated.
- ▶ 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.

About this Report...

- ▶ New for CY18, the CRO report was amended to account for the behavioral health redesign.
- ▶ To ensure that each agency could accurately reflect their data based upon specific service provisions, the Client Rights Division adjusted the certification title for each service. In addition, the Ohio Administrative Code (OAC) for each service provision was included for easy reference.

ADAMHS Board Inquiries/Grievances/Complaints

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

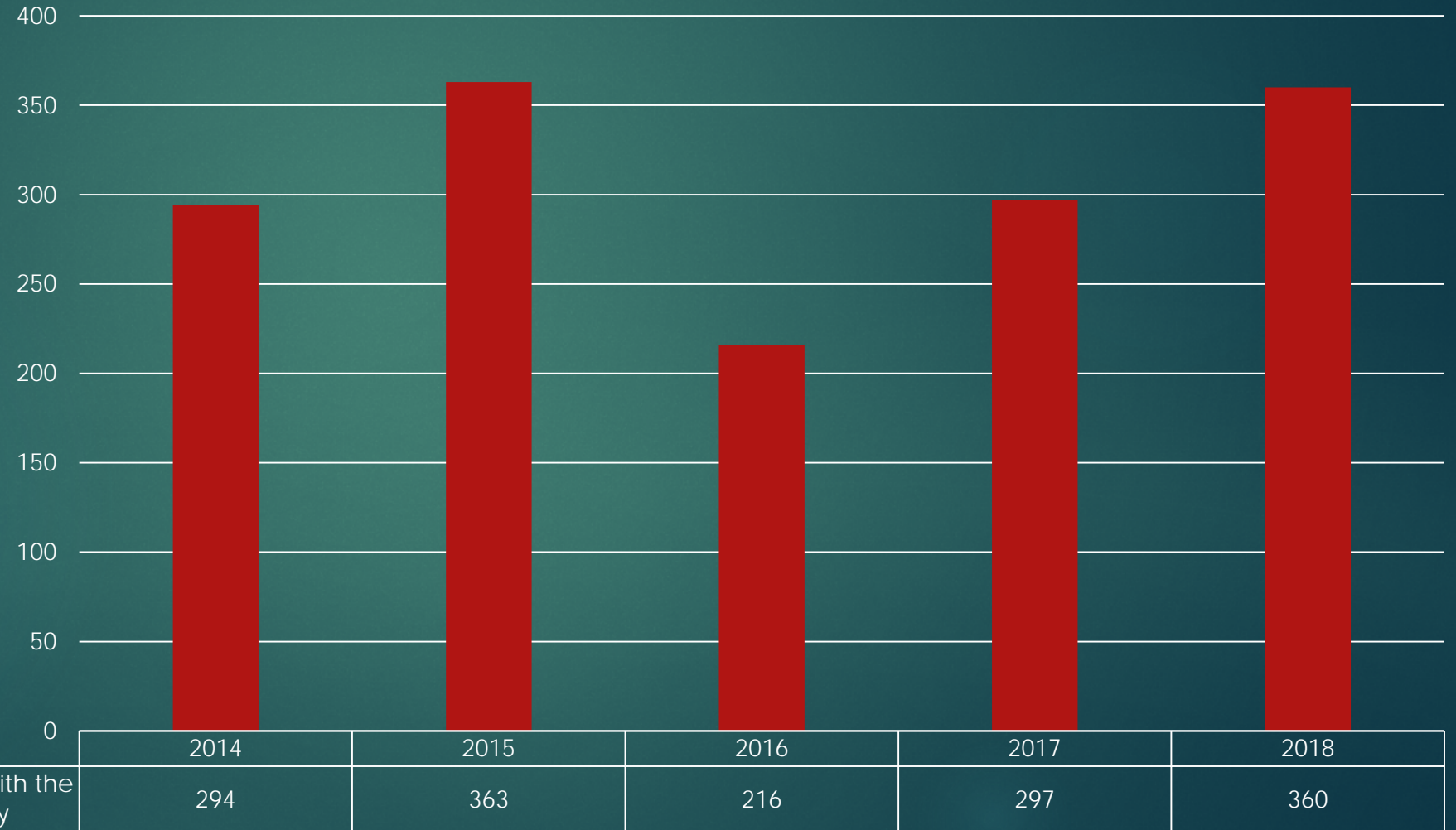


# of Contacts	2014	2015	2016	2017	2018
	1416	2551	2749	1574	1461

About this Chart...

- ▶ The ADAMHS Board received a total of 1,461 calls during CY18.
- ▶ This represents a decrease of 113 calls when compared with CY17.
 - A reason for this decrease is the method by which calls are tracked in the database.
 - For example, resolving a concern or assisting a client may necessitate several calls including to the client, contract agency, or other entity.
 - Rather than creating a separate database page for each call, the Client Rights Division will utilize the same page to make documenting the interaction more effective.
 - This also makes for easier reference when discussing specific cases with supervisors and administrators.

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

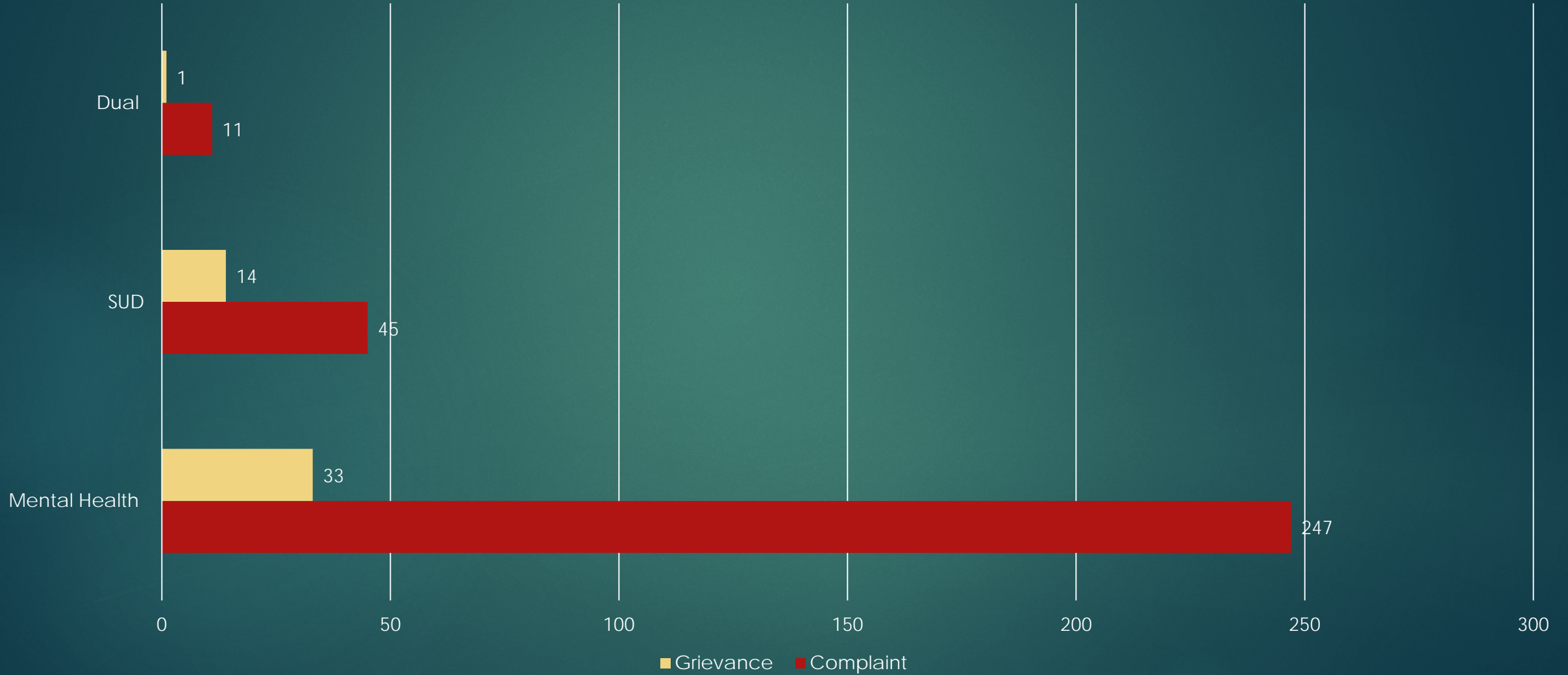


■ Number of Grievances/Complaints filed with the ADAMHS Board of Cuyahoga County

About this Chart...

- ▶ Despite the decrease in calls, the ADAMHS Board saw an increase of Complaints and Grievances for CY18.
 - The ADAMHS Board received 63 more calls for complaints and grievances in CY18 compared with CY17.

Grievances/Complaints for the ADAMHS Board MH and SUD

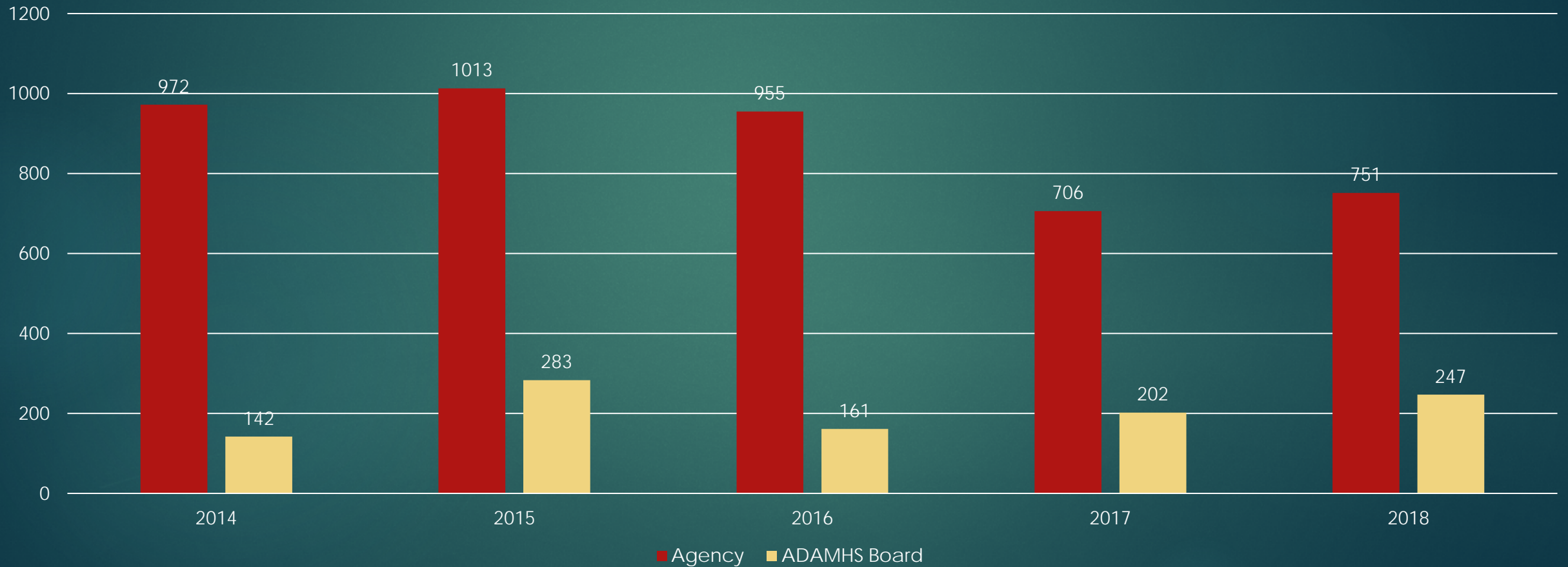


About this Chart...

- ▶ This chart divides grievances and complaints, received by the ADAMHS Board, by Mental Health, SUD, and Dual services.
- ▶ As in past years, Mental Health continues to represent a significantly larger number of complaints and grievances.

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

Number Received by the ADAMHS Board vs. Mental Health Agencies

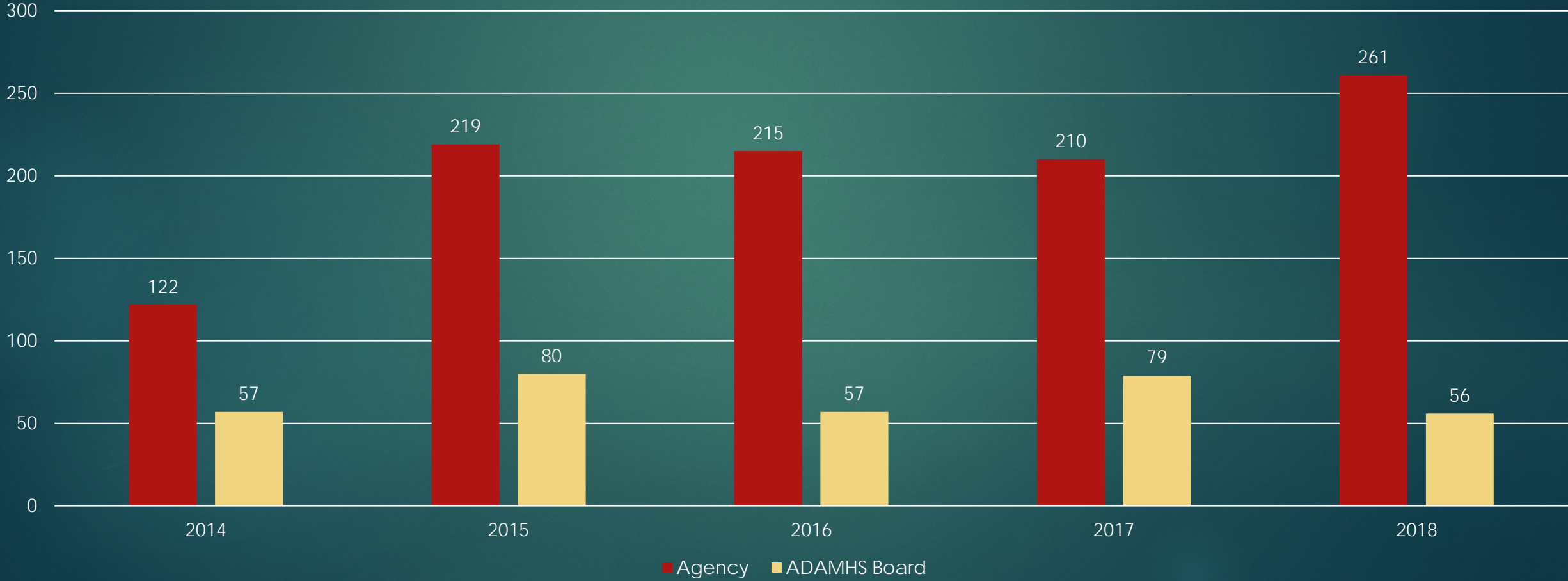


About this Chart...

- ▶ 2018 saw an increase in Mental Health Complaints and Grievances as reported by contract agencies compared with CY17. This is the highest number since 2015.
 - This could be due to increasing client and staff education regarding client rights or the increase in agencies reporting. It could also be indicative of services rendered.
- ▶ The ADAMHS Board saw an increase in Mental Health Complaints and Grievances; the last highest was in 2015. The number of complaints and grievances has been increasing for the last 3 years.
 - 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

Number Received by the ADAMHS Board vs. SUD Agencies



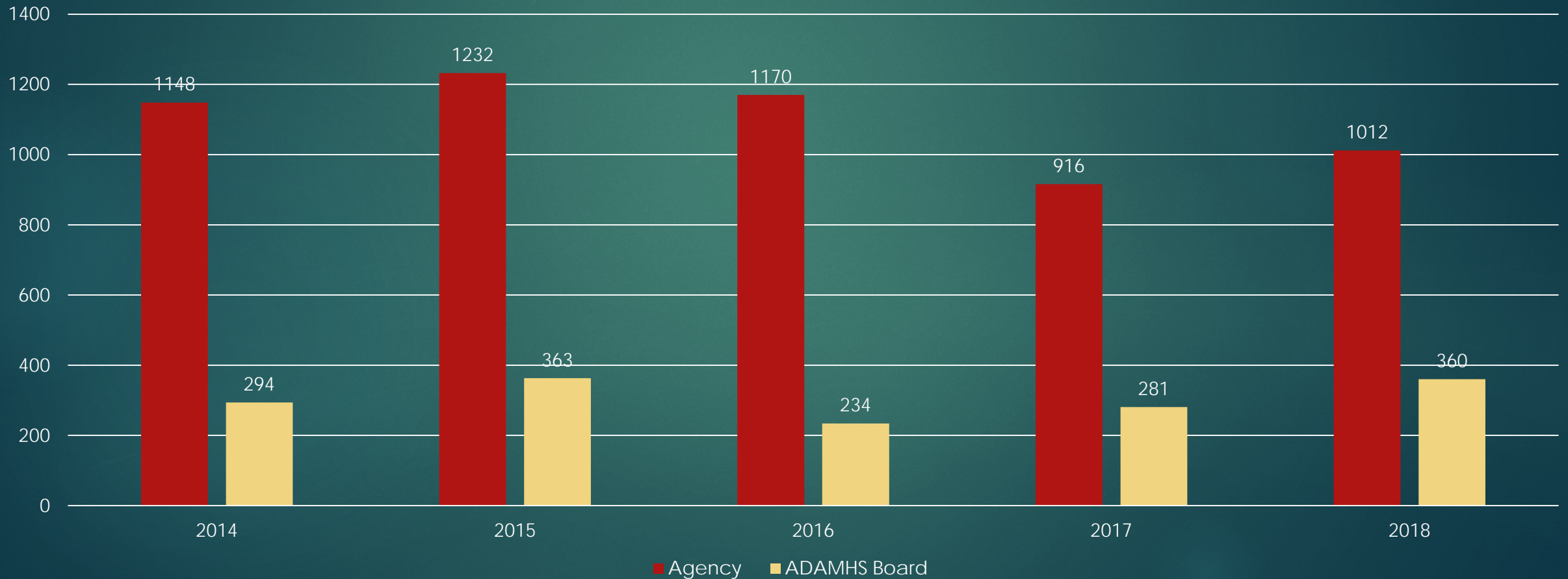
About this Chart...

- ▶ Complaints and Grievances, as reported by SUD agencies, are at the highest level in the past 5 years.
- ▶ The ADAMHS Board saw a decrease in the number of SUD complaints and grievances received in CY18.
 - The ADAMHS Board received 23 fewer calls in CY18 compared with CY17.
 - This could be due to clients filing complaints and grievances directly with the agency rather than the ADAMHS Board.

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

15

Total Number Received by ADAMHS Board vs. Agency

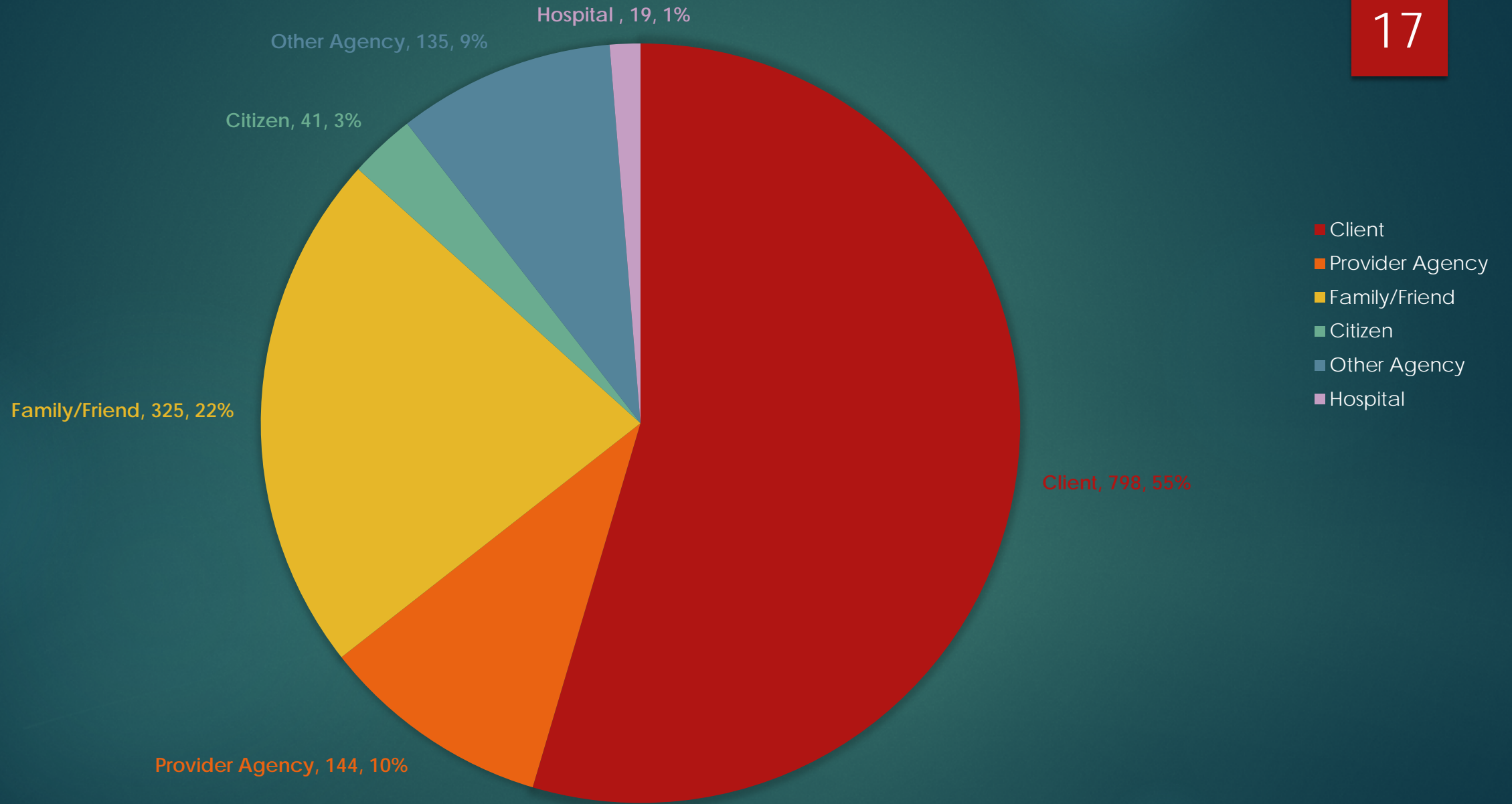


About this Chart...

- ▶ Complaints and Grievances, as reported by contract agencies, have increased since CY17.
- ▶ Additionally, Complaints and Grievances have increased at the ADAMHS Board since CY17.
 - This could be due to increased client rights education or services rendered.
 - The ADAMHS Board has also seen a dramatic increase in calls from Class 2 facilities in the county.
 - Approximately 163 calls made to the ADAMHS Board were due to concerns and questions regarding Class 2 facilities compared with 75 calls in CY17.

WHO IS CONTACTING THE ADAMHS BOARD FOR CLIENT RIGHTS?

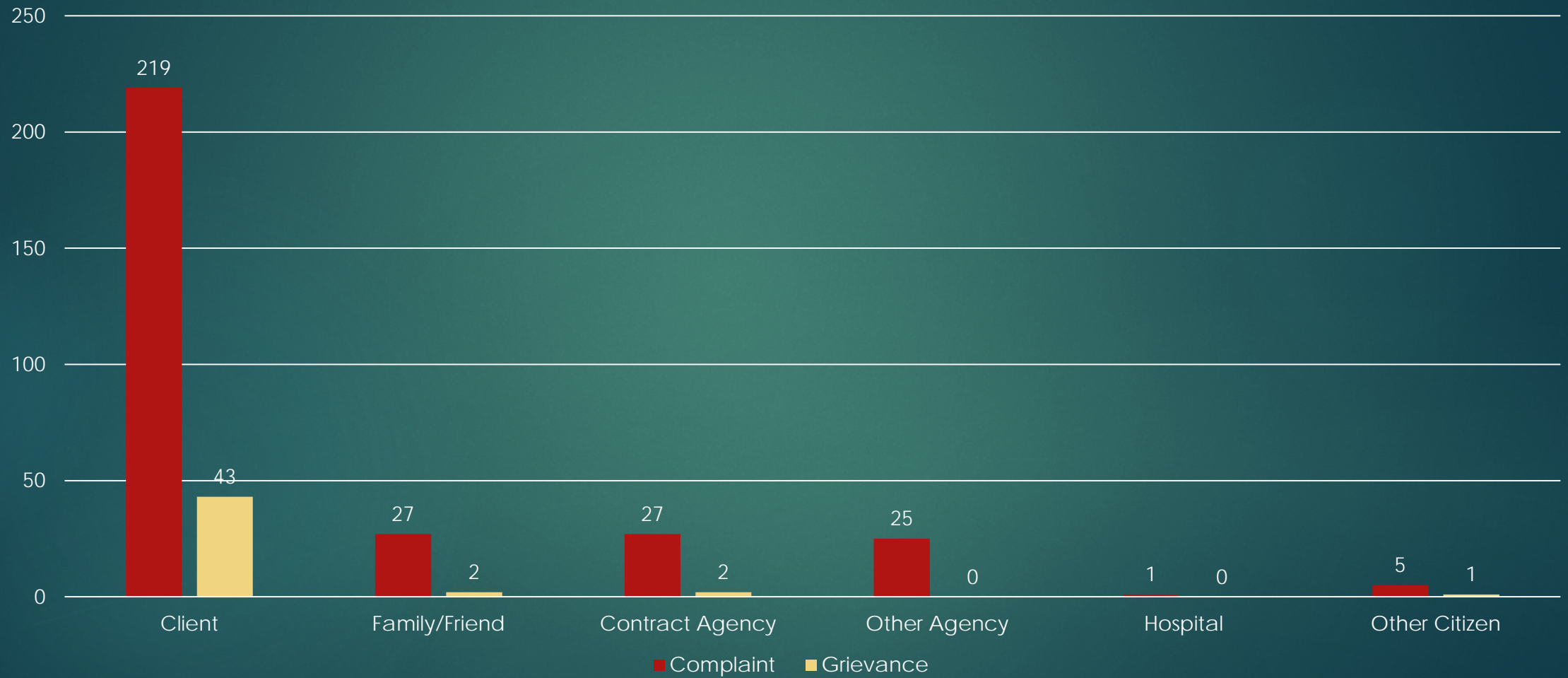
17



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.

Complaint & Grievance Source



About this Chart...

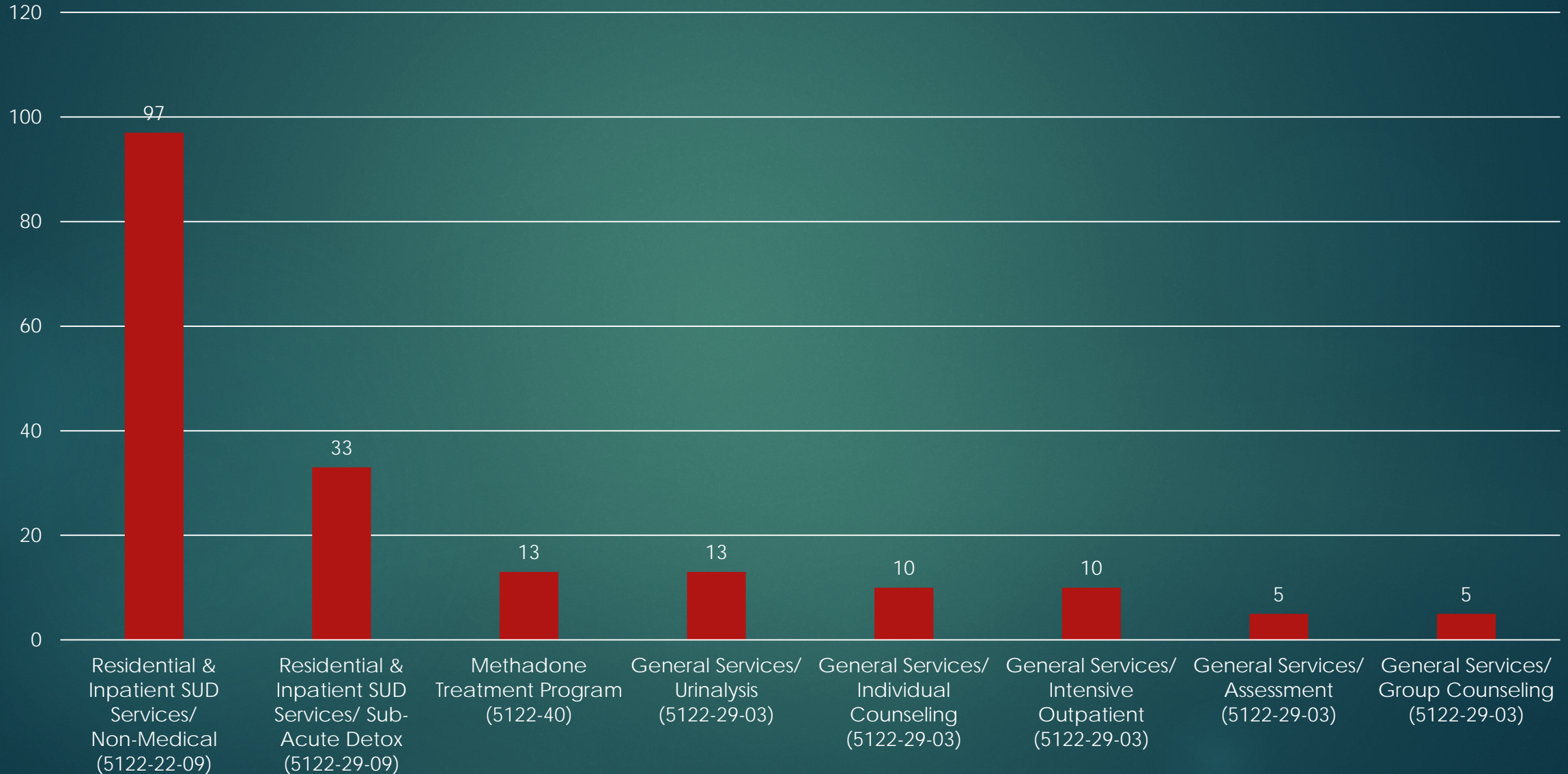
- ▶ This chart illustrates the source through which complaints and grievances originate.
- ▶ The majority of complaints and grievances originate from clients receiving direct service.
- ▶ The next largest categories are from family and friends and contract agencies.
 - Agencies (most often case managers) and family members may file a grievance on behalf of a client. However, the client's signature on a Release of Information form is required to review records and Protected Health Information (PHI) to ensure the confidentiality of the client.
 - Other agencies include non-contract agencies, referrals from Adult Protective Services (APS), or information provided from State organizations (OhioMHAS, DRO, etc.).
 - Other citizens can include neighbors of clients or agency clients whom witness a client rights violation of another while receiving services at their agency.
 - For example, the ADAMHS Board has received complaints from neighbors of RFs.

About this Chart...

- ▶ The primary reasons for contacting the ADAMHS Board are due to mental health needs and SUD Treatment.
 - Compared to CY17, the ADAMHS Board saw an increase of 119 calls for Mental Health needs.
 - However, the ADAMHS Board saw a decrease of 170 calls for SUD Treatment and Prevention.
- ▶ Gambling has statistically made up the smallest portion with the last 3 calendar years only yielding between 1 and 5 calls.
- ▶ This chart includes inquiries, complaints, and grievances.
- ▶ The ADAMHS Board logs and tracks all calls based upon the need and are classified by one of the categories illustrated on the chart.

Grievance/Complaint for SUD Services

23

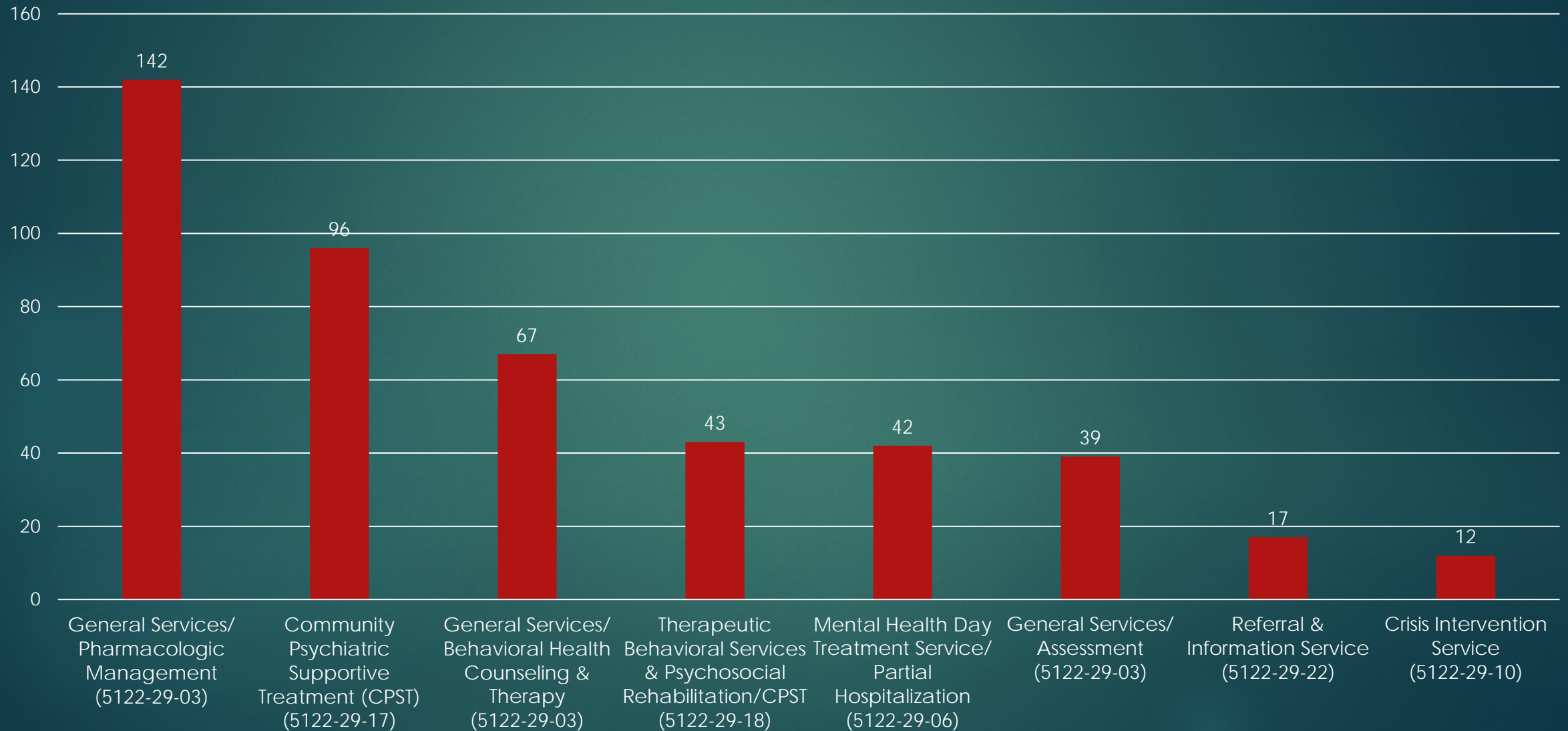


About this Chart...

- ▶ This chart illustrates the reason for complaints and grievances, as reported by the agencies, for SUD services.
- ▶ The largest category this calendar year was for Non-Medical Residential and Inpatient SUD services. The second highest category was for Sub-Acute Detox services
 - For CY17, the largest category of complaint and grievances were for outpatient services (NIOP). For CY18, NIOP was one of the lower categories.
 - This shift may be due to the method by which services are classified under the behavioral health redesign. It could also signify which services were being utilized more frequently this calendar year.
- ▶ Each agency self-reports their statistics related to the reason for complaints and grievances.

Grievance/Complaint for Mental Health Services

25

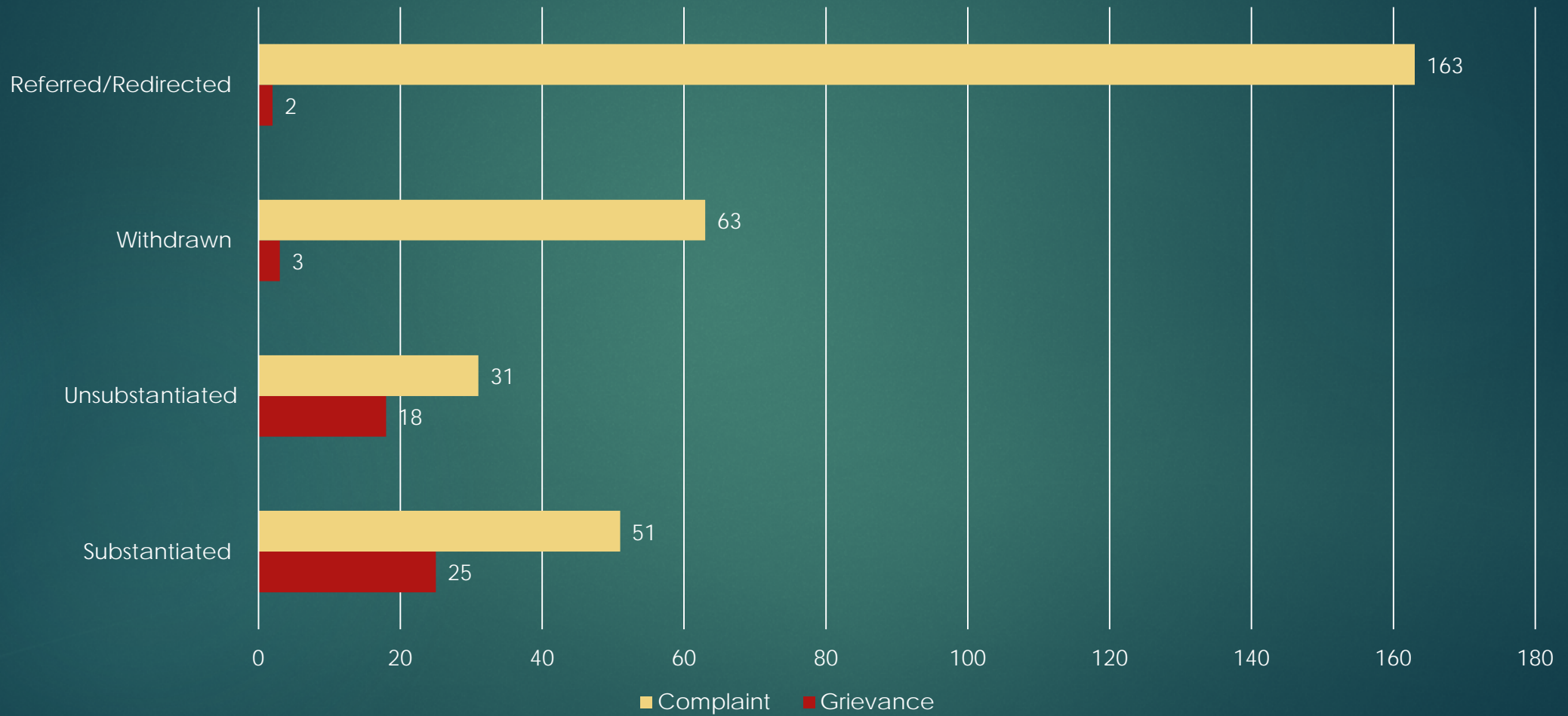


About this Chart...

- ▶ This chart illustrates the reason for complaints and grievances, as reported by the agencies, for Mental Health Services.
- ▶ The largest category of complaints and grievances for this calendar year was Pharmacological management. This represents a shift from CY17 in which Case Management (CPST) was the highest category of complaints and grievances. CPST was the second highest for CY18.
- ▶ This data represents a shift in complaints and grievances from the previous calendar year.
 - A possible explanation could be the method by which certified services are categorized in the behavioral health redesign.
- ▶ Each agency self-reports their statistics related to the reason for complaints and grievances.

Grievance/Compliant Investigation Results

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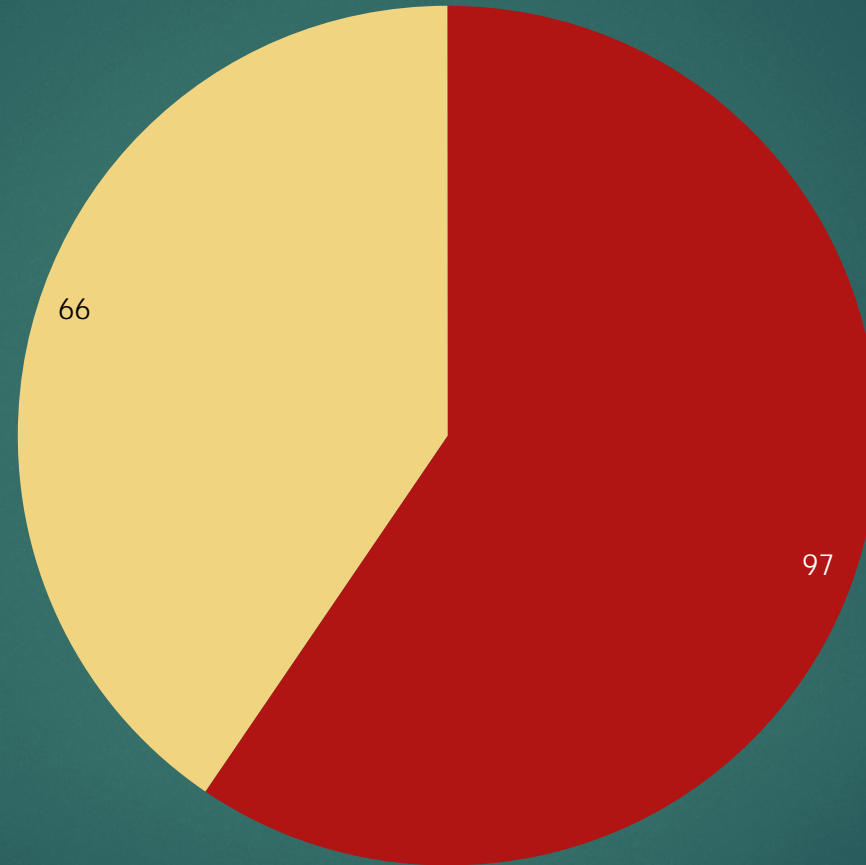
About this Chart...

- ▶ For CY18, just over 52% (25) of the grievances investigated by the ADAMHS Board resulted in at least some aspect of the allegations being substantiated.
 - Substantiated grievances indicate that an investigation revealed that a client's rights had been violated.
 - This is an increase from CY17. The largest category in CY17 was unsubstantiated grievances.
- ▶ While 25 grievances resulted in substantiated client rights violations, only 18 cases were unsubstantiated.
- ▶ In cases where a grievance was referred or redirected, these cases involved clients whom were dissatisfied with the results of the investigation and wished to continue the process with Disability Rights Ohio or Ohio Mental Health and Addiction Services.

About this Chart...

- ▶ 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.
- ▶ Conversely, approximately 53% of complaints were referred or redirected.
 - These cases would include contacting the agency to assume the investigation, referrals to outside entities such as Long Term Care Ombudsman, Ohio Mental Health and Addiction Services, or Disability Rights Ohio, or complaints regarding agencies or entities over which the ADAMHS Board does not have jurisdiction.
 - The ADAMHS Board has the authority to investigate any agency or entity that is certified by Ohio Mental Health and Addiction Services.
- ▶ The second largest category involved withdrawn complaints. In these cases, clients stated that their concerns had been resolved or clients did not return calls to the ADAMHS Board to discuss the complaint.

Residential Facilities



■ Inquiries ■ Complaints/Grievances

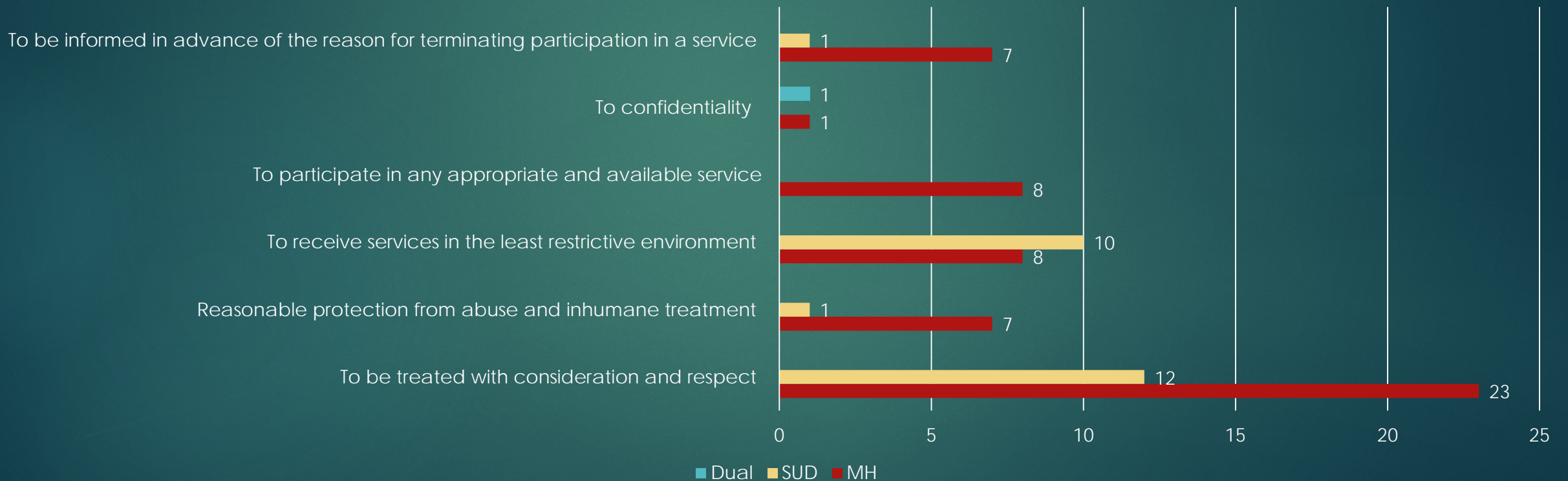
About this Chart...

- ▶ The ADAMHS Board has noticed a significant increase in complaints and grievances regarding Residential Facilities (RF) for CY18.
 - The ADAMHS Board received 163 calls regarding RF in CY18 compared with 73 calls in CY17.
- ▶ The ADAMHS Board investigated 66 complaints and grievances at RF in Cuyahoga County in CY18. Of those investigations, approximately 64% resulted in findings of state rule violations and client rights violations.
 - This is in comparison to 42 complaints and grievances that were received in CY17.
- ▶ The Client Rights Division cooperates with Ohio Mental Health and Addiction Services to investigate complaints and grievances

ADAMHS Board Grievances Sorted by Client Rights Violations

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The Right to...



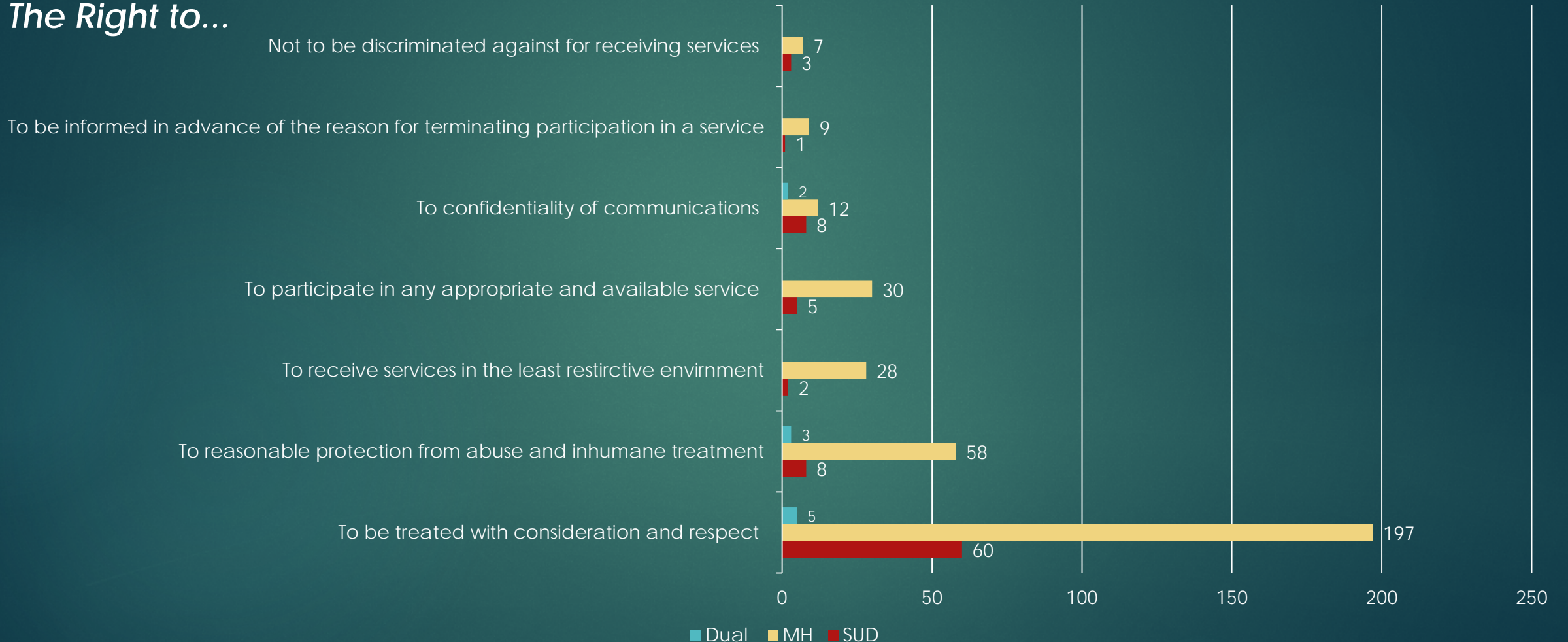
About this Chart...

- ▶ This chart illustrates the grievances received by the ADAMHS Board organized by client right.
- ▶ This chart includes all allegations of rights violations including those that were substantiated and unsubstantiated.
- ▶ The largest category continues to be the right to be treated with consideration and respect.

Grievance Sorted by Client Rights Categories (Agency)

34

The Right to...



About this Chart...

- ▶ This chart illustrates the grievances received by the Contract Agency organized by client right.
- ▶ 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.
 - This is the second CY in which this category of client rights has continued to yield the second highest number of grievances. While this was the 3rd category based upon ADAMHS Board complaints and grievances, a statistically significant number continues to be reported necessitating additional agency training.

About this Chart...

- ▶ 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.

Each Filing may include alleged violation of more than one right

Grievances by Client Rights Category (MH and SUD) (5122-26-18-E)		SUD	MH	DUAL
1	The right to be treated with consideration and respect for personal dignity, autonomy, privacy	60	197	5
2	The right to reasonable protection from physical, sexual, or emotional abuse and inhumane treatment	8	58	3
3	The right receive services in the least restrictive, feasible environment	2	32	
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;	5	30	
5	The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency	2	6	
6	The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it	2	5	
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	1	1	
8	The right to be informed and the right to refuse any unusual or hazardous treatment procedures		1	
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		1	
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	8	12	2
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	1	10	
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	1	9	
13	The right to be informed of the reason for denial of a service	2	4	1
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	3	7	
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	5	2	
18	The right to file a grievance	3	2	1

About this Chart...

- ▶ This chart lists each right as guaranteed under the OAC 5122-26-18 (E) and the number of violations reported for each.
- ▶ 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.

SUD Service or Program	# of Grievances	# of Complaints	# of Clients Accepting Resolution	# of Grievances resolved within 20 Business days	# of Complaints resolved within 30 Calendar days
TREATMENT:					
General Services/Assessment (5122-29-03)		5	5		5
General Services/Individual Counseling (5122-29-03)	5	5	8	6	4
General Services/Group Counseling (5122-29-03)	3	2	5	4	1
General Services/Family Counseling (5122-29-03)					
General Services/Intensive Outpatient (5122-29-03)	3	7	8	3	7
General Services/Urinalysis (5122-29-03)	6	7	8	5	8
General Services/Medical/Somatic (5122-29-03)	3		1	3	
General Services/Ambulatory Detoxification (5122-29-03)					
Residential and Inpatient SUD Services/Medical (5122-29-09)					
Residential and Inpatient SUD Services/Non-Medical (5122-29-09)	29	68	92	29	61
Residential and Inpatient SUD Services/Sub-Acute Detox (5122-29-09)	21	12	28	21	12
Residential and Inpatient SUD Services/Halfway House (5122-29-09)					
Outpatient Treatment Program/NIOP (5122-29-34)					
Crisis Intervention Service (5122-29-10)					
SUD Case Management Services (5122-29-13)	2		2		2
Methadone Treatment Program (5122-40 Chapter)	12	1	6	12	1
Consultation Service (5122-29-19)					
Referral and Information Service (5122-29-22)					
Behavioral Health Hotline Service (5122-29-08)					
Supplemental Behavioral health Services/Outreach (5122-29-27)					
Supplemental Behavioral Health Services/Adjunctive Alcohol &/or Drug Services (5122-29-27)					
Peer Recovery Services (5122-29-15)					
(Non-Certified) Recovery Housing	4	10	13	4	10
Specify: Left AMA		7			7
Specify: Certified Recovery Housing	3	7	10	3	7
Specify: Vending		24	19		24
Specify: Kitchen		3	3		3
Specify: Staff Doing their Job		9	9		9
Specify: Seasons of Hope	1		1	1	
Specify: Sober/Supportive Housing		1	1		1
Specify: Therapeutic Community (Sober Housing)	1		1	1	
PREVENTION: (5122-29-20)					
Alternatives					
Community-Based Process					
Education					
Information Dissemination					
Mentoring					
Problem ID and Referral					
Environmental					
TOTAL	93	168	220	92	162

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.

<u>Certified MH Service</u>	# of Grievances	# of Complaints	# of Clients Accepting Resolution	# of Grievances resolved within 20 Business days	# of Complaints resolved within 30 Calendar days
General Services/Assessment (5122-29-03)		39	38		39
General Services/Behavioral Health Counseling & Therapy (5122-29-03)	8	59	61	4	57
General Services/Pharmacologic Management (5122-29-03)	9	133	111	8	131
Mental Health Day Treatment Service/Partial Hospitalization (5122-29-06)	13	29	41	13	29
Forensic Evaluation (5122-29-07)					
Behavioral Health Hotline (5122-29-08)		1			1
Crisis Intervention Service (5122-29-10)	1	11	6	1	11
Employment Service (5122-29-11)					
Peer Recovery Services (5122-29-15)					
Peer Run Organization/Consumer Operated (5122-29-16)	1	1	2	2	
Community Psychiatric Supportive Treatment (CPST) (5122-29-17)	15	81	72	18	63
Therapeutic Behavioral Services and Psychosocial Rehabilitation/CPST (5122-29-18)	7	36	29	7	36
Consultation Service (5122-29-19)					
Prevention Service (5122-29-20)	1	1	2	1	1
Referral and Information Service (5122-29-22)		17	17		17
Supplemental Behavioral Health Services/Other Mental Health (5122-29-27)	1	4	5	1	4
Intensive Home Based Treatment (IHBT) (5122-29-28)					
Assertive Community Treatment (ACT) (5122-29-29)		8	6		8
Health Home Services for Persons with Serious and Persistent Mental Illness (5122-29-33) (Rescinded; Effective Dates: January 2018 - July 2018)					
Specify: Shelter	1	9	9	1	9
Specify: Justice System Advocacy Program		2	2		2
Specify: Multicultural Education Program		1	1		1
Specify: Residential Treatment	30	49	77	45	64
Specify: Van Driver		2	2		2
Specify: Supportive Housing	6	19	2	6	18
Specify: Safe Haven 1 & 3	1		1	1	
Specify: PATH		3	1		3
Specify: Client Benefits		10	10		9
Specify: Clerical	2	27	20	2	27
Specify: Facilities		3	2		3
Specify: Pharmacy		2	1		2
Specify: Medical Records		11	7		11
Specify: Guardianship		8	8		8
Specify: Housing		24	23		22
TOTAL	96	590	556	110	578

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.

TOPIC	Grievance	Complaint
HOUSING CONDITIONS	2	22
OTHER ENVIRONMENTAL CONCERN	2	18
HOUSING AVAILABILITY	3	18
MONEY/PROPERTY ISSUES	4	51
REPRESENTATIVE PAYEE ISSUES	1	1
SAFETY ISSUES	9	12
NEED FOR SERVICE IMPROVEMENT	17	261
NEED TO INCREASE SERVICE FREQUENCY	2	65
STAFF BEHAVIOR	20	265
RULES/POLICY	18	92
PERSONAL NEEDS	6	114
FAMILY NEEDS AND CONCERNS	10	43
OTHER (Member to input) Transgender client who was not eligible for admission to an ADAMHS network facility for the gender she identified		1
OTHER (Member to input) Visitation		13
OTHER (Member to input) Communication		24
OTHER (Member to input) Discharge		30
OTHER (Member to input) Medications		15
OTHER (Member to input) Involuntary Discharge from Program		4
OTHER (Member to input) Chores		1
OTHER (Member to input) Medical		1
OTHER (Member to input) Client to Client	3	31
Other (Member to input) Taxi company inappropriate driver	1	
Other(Member to input) Medication doses (tapering, loss of take-home privileges) due to non-compliant behavior	5	1
Other(Member to input) Other Agency		5
Other(Member to input) Dissatisfaction/Concerns with CPST Leaving Agency and New CPST Assignment		1
Other(Member to input) Dissatisfaction with not being to transport for shopping		1
Other(Member to input) Timeliness of staff response		1
Other (Member to input) Food Quality		7
OTHER (Member to input) Denied Services		1
TOTAL	103	1099

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 Complalint or Grievance	Grievance	Complaint
Mental Health	85	667
SUD	70	138
TOTAL	155	805
Number of compliants or grievances that were filed with the ADAMHS Board	Grievance	Complaint
Mental Health	10	39
SUD	7	4
TOTAL	17	43

About this Chart...

- ▶ 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.
- ▶ Agencies were also asked to report the number of complaints and grievances that were resolved with the assistance of the ADAMHS Board.
- ▶ This data was tracked for CY18. A total of 41 complaints and 16 grievances were filed with the agency and resolved with the assistance of the ADAMHS Board.

New for CY18

- ▶ During the collection and interpretation of data for CY18, it was discovered that there was some discrepancy between the number of grievances and complaints filed and the number of clients satisfied with the resolution.
- ▶ Based upon data reported from the agencies, 17% of clients were not satisfied with the resolution from SUD agencies and 19% of clients were not satisfied with the resolution from Mental Health agencies.
- ▶ The reason for dissatisfaction could be varied. Possibilities may include, wanting to know specific information about a staff member's discipline, wanting specific medication which could not be prescribed, disputing a positive toxicology screening which had been confirmed, etc.
- ▶ Another possibility could be that the agency did not propose a satisfactory resolution.
 - These statistics indicate the need for training regarding client satisfaction when conducting an investigation while ensuring compliance with agency, local, state, and federal policy.

Challenges Collecting Client Rights Data & Remedies CY2017 to CY2018

48

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.
- ▶ CRO reports are mandatory as stipulated in the agencies' ADAMHS Board Contract.

UPDATE:

- ▶ An additional 9 agencies provided reports for CY18. 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 have been working 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 CY2017 to CY2018

49

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. Data provided by the contract agencies indicate that a statistically significant number of complaints and grievances were resolved with the assistance of the ADAMHS Board. These cases do not include complaints and grievances that were filed directly with the ADAMHS Board

Challenges Collecting Client Rights Data & Remedies CY2017 to CY2018

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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, all changes to certified services from the behavioral health re-design were incorporated in the report. Correlating OACs were provided next to each for reference.

Challenges Collecting Client Rights Data & Remedies CY2017 to CY2018

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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 Residential Facilities [RF] Class 2) complaints and grievances were tracked by the ADAMHS Board. It was learned that RF complaints were referred directly to the ADAMHS Board for investigation.

Questions about this report?

Please contact:

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