

**Crisis calls\_Direct call**  
**SWWA EWS Data report SAMPLE**

**SWWA Crisis Line- Clark and Skamania County Direct Call Utilization Data**

<i>Month</i>	<i>Total Number of Incoming Calls</i>	<i>Total Number of Calls Answered</i>	<b>Speed of Service</b>		<b>Accessibility</b>
			<i>Number of Calls Answered within 30 seconds</i>	<i>Percentage of Calls Answered within 30 seconds</i>	<i>Abandonment Rate*</i>
<i>May 2016</i>					
<i>Jun 2016</i>					
<i>Jul 2016</i>					
<i>Aug 2016</i>					
<i>Sept 2016</i>					
<i>Oct 2016</i>					
<i>Nov 2016</i>					
<i>Dec 2016</i>					
<i>Jan 2017</i>					
<i>Feb 2017</i>					
<i>Mar 2017</i>					
<i>Apr 2017</i>					
<i>Past 12 mo's</i>					

# Crisis Calls\_Skam. phone tree

## SWWA EWS Data report SAMPLE

### SWWA Crisis Line- Skamania County Utilization Data for phone tree line

<i>Month</i>	<i>Total Number of Incoming Calls</i>	<i>Total Number of Calls Answered</i>	<b>Speed of Service</b>		<b>Accessibility</b>
			<i>Number of Calls Answered within 30 seconds</i>	<i>Percentage of Calls Answered within 30 seconds</i>	<i>Abandonment Rate*</i>
<i>May 2016</i>					
<i>Jun 2016</i>					
<i>Jul 2016</i>					
<i>Aug 2016</i>					
<i>Sept 2016</i>					
<i>Oct 2016</i>					
<i>Nov 2016</i>					
<i>Dec 2016</i>					
<i>Jan 2017</i>					
<i>Feb 2017</i>					
<i>Mar 2017</i>					
<i>Apr 2017</i>					
<i>Past 12 mo's</i>					

# Ombuds

## SWWA EWS Data report SAMPLE

### SWWA Ombuds- Utilization data

Reporting period:

**Total served:**

Demographics		
Gender	Age	Ethnicity
Male	Child 0-20	African American
Female	Adult 21+	Asian/Pacific Islander
unknown	unknown	Caucasian
		Hispanic
		Native American
		Other

Source of call	Type of assistance	Insurance
Consumer	Appeal	Medicaid- CHPW
Family	Grievance	Medicaid- Molina
Friend	Fair hearing	Medicare
Staff	Info and referral	Private
Other	Allied agency complaint	Uninsured
Unknown	Access	Unknown
	Other	Veteran Admin

Grievance Type (duplicated)
Access to inpatient
Access to outpatient
Consumer rights
Dignity and Respect
Emergency Services
Financial and Admin Services
Participation in Treatment
Phone calls not returned
Physicians and Medication
Quality and Appropriateness
Service Intensity, not available, coordination
Transportation
Violation of Confidentiality
Other

Resolution	
Arbitration	Grievance Type
Conciliation/Mediation	MH
Fair Hearing	SUD
Information and Referral	Both MH and SUD
Not Pursued	Unknown
Referral to QRT	None
Other	Primary Care
Unresolved/pending	

Average days to resolve

**Ombuds definitions**  
**SWWA EWS Data report SAMPLE**

**Definitions\***

Grievances	
Access to inpatient or outpatient	Concerns about ability to receive intake appointments, timeliness of referrals and appointments, or other issues with the intake or referral process. Inability to access services due to language barriers. Denials, terminations, suspensions or reduction of services for Non-Medicaid clients. (A denial or termination of services for a Medicaid client is not a grievance, it is an Action and the RSN must provide a Notice of Action. Notices of Actions may then be appealed.)
Consumer rights	These are listed in the WAC and in our NSMHA brochure. 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. (Remember that "dignity and respect" is its own category).
Dignity and Respect	Issues regarding courtesy, tone of voice, language or other treatment seen as disrespectful.
Emergency Services	These grievances would always involve an additional category, to clarify the nature of the problem. Grievances generally relate to services the RSN provides, including crisis lines, E&T centers, hospital alternative programs, or detentions. A person may file a RSN grievance about a DMHP or detention services. The <u>result</u> of the detention process is under the jurisdiction of a Superior Court and is not grievable. RSNs should note any trends in detentions. Examples of grievances might be dignity and respect issues, privacy, lack of timeliness, or lack of due process. Grievances from RSN-enrolled clients regarding an authorized sta in a community hospital are also accepted, as well as encouraging clients to use hospital-specific complaint processes. The intention is to maintain dialogue with hospitals to ensure quality service for RSN clients.
Financial and Admin Services	Generally deals with payees employed by the CMHA and funded by the RSN, or incorrect paperwork or billing issues. An individual may not file a grievance regarding eligibility for SSI or regarding private payees.
Participation in Treatment	A grievance might be an individual's voice and viewpoint is not being included in treatment planning, or apparent is dissatisfied with their level of participation or requested other supports are not in involved in treatment planning.
Phone calls not returned	May involve calls made to multiple clinicians or supervisors.
Physicians, ARNPs, and Medication	Problems with communication or scheduling issues. Disagreement with medications ins an Action for Medicaid clients and required providing a Notice of Action. A person may also request a 2nd opinion.
Quality and Appropriateness	Issues regarding poor quality treatment or treatment errors.
Service Intensity, not available, coordination	Generally issues in this category would be Actions (disagreement with treatment plan), except for Non-Medicaid clients. May include problems with coordination between providers, peer support services, health care providers or others involved in the treatment plan.
Transportation	Issues related to transportation that are RSN-related
Violation of Confidentiality	Any information regarding a client that is inappropriately disclosed, including name, diagnoses, treatment of providers.
Residential	Any issue with RSN-related services. These should primarily concern mental health treatment activities, noise, or privacy. An individual may, however, file a grievance with other issues including food, health or safety. These issues should be investigated by the RSN as well as be referred to the Department of Health.
Housing	Issues related to effectiveness in assisting clients to obtain and maintain housing. This does not include Landlord/Tenant issues
Other Rights Violations	Violation of any consumer rights that are not covered in other categories (such as dignity and respect and confidentiality). These could include issues involving interpreters, cultural differences, or Advance Directives
Other	A rarely used category for hard to categorize issues.
Resolutions	
Arbitration	Grievance or Fair Hearing ruling by a higher authority.
Conciliation/Mediation	A resolution agreed to mutually.
Fair Hearing	Normally filed with an administrative law judge when an RSN's grievance ruling is unsatisfactory to a client.
Information and Referral	A grievance is resolved mutually through providing additional information or referral to other services. An example would be a person believing their rights had been violated but was satisfied by being directed to WAC.
Not Pursued	Client requested to end grievance, discontinued participation in grievance process, moved away, was hospitalized, died, etc. A letter of resolution should be sent whenever possible, using discretion and sensitivity.
Referral to QRT	Need to determine new structure- Referral to Beacon? MCO's?
Other	An RSN resolution without mutual agreement. Other hard to categorize resolutions. (A Fair Hearing is not a resolution. The grievance resolution letter is sent with its explanation - That is the resolution. The filing of Fair Hearing is a separate decision.)
Unresolved/pending	At the time of the report, the matter is still pending or unresolved.

\* definitions provided by DSHS Grievance System Reporting Instructions July 31, 2013 (Updates currently being made to reflect changes in RSN's).

