

Executive Summary: SFY 2021 Semi-Annual Client Rights Report

This report is a summary of complaints received during the first half of State Fiscal Year 2021, which covers the period from July 1, 2020 to December 31, 2020.

- A total of 36 complaints were received from 36 unique clients during the reporting period. Five inquiries were received, and one grievance filed.
- 44% (16/36) of complaints were related to “Quality of Service” issues, such as insufficient/inappropriate services provided or coordination of care issues.
- One formal written grievance was received for Outpatient counseling in Delaware County. The grievance was resolved.
- 31 complaints were recorded in Franklin County (19 for Long St. Behavioral Health programs), 2 in Belmont/Harrison/Monroe, one in Tuscarawas/Carroll County, and two in Delaware County.
- In terms of race, 50% (18/36) of complainants were White/Caucasian, 42% (15/36) were Black or African American. Two complainants identified as Hispanic (1) and Puerto Rican (1), one complainant identified as Multiracial.
- 61% (22/36) of complainants were female and 39% (14/36) were male.
- Overall, there were more complaints in the first half of SFY21 (36 complaints) compared to the previous six months (last half of SFY20 - 28 complaints). This represents a 29% increase.
- There were no repeat complainants, though one client contacted the Client Rights Officer for one inquiry and one complaint that were not related. In SFY20, 11 clients filed more than one complaint, accounting for 26 of the total complaints for the year.
- Southeast served 11,939 unique clients across all sites and programs during the period 7/1/2020 – 12/31/2020. The 36 complaints received during the same period equates to 3.02 complaints per 1,000 clients served. This is lower than in SFY20 (7/1/2019-6/30/20) when Southeast received 4.21 complaints per 1,000 clients served.

Introduction

Southeast welcomes feedback from clients about quality of services, staff members, facilities, and other aspects of care. When clients have complaints or concerns that have not been resolved, a Client Rights Officer is available to help them work through the issue. Client Rights Officers are assigned to various Southeast program locations to help resolve issues in a timely manner. Southeast's Client Rights Officers track the number and type of complaints and grievances received as well as the resolution or outcome. They also began tracking inquiries that do not rise to the level of a complaint.

This report is a summary of complaints received during the first half of State Fiscal Year 2021 (July 1, 2020 to December 31, 2020).

Client Rights Officers

Franklin, Delaware, and Morrow Counties: Hillari Klynn

Belmont, Harrison, Monroe, Tuscarawas, and Carroll Counties: Ryan Turner

Grievances – One formal written grievance was received during the first half of SFY21.

Complaints - A total of 36 complaints were received during the first half of SFY21 from 36 unique clients. This is an increase from the second half of SFY20 (1/1/2020-6/30/20), when 28 complaints were recorded.

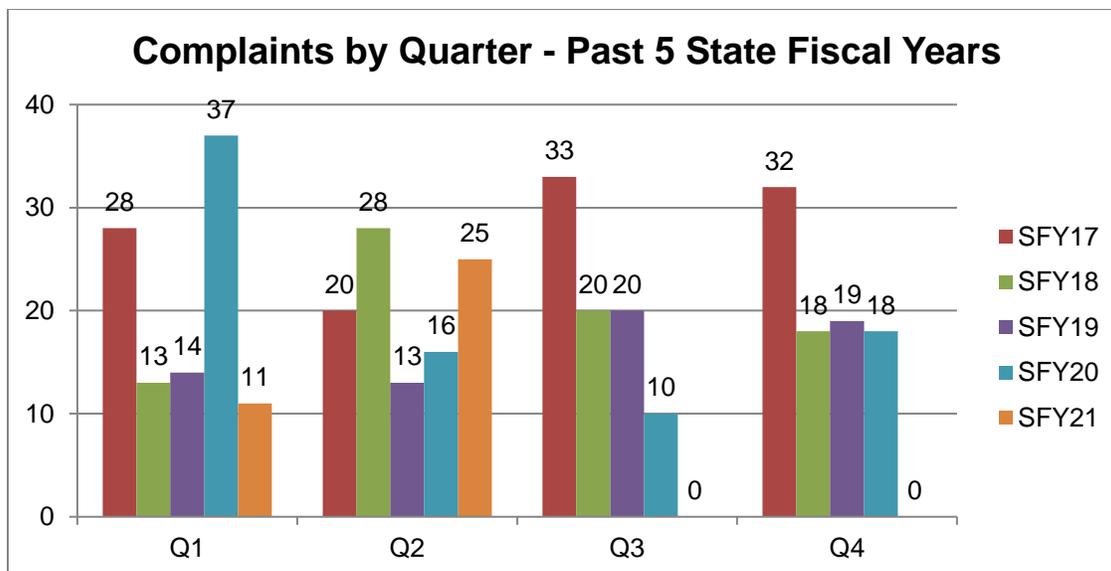
Inquiries – Five inquiries were received during the first half of SFY21. One of these clients also lodged a complaint about a separate issue.

Table 1: Complaints by Quarter and State Fiscal Year – 5-Year Comparison

	Q1	Q2	Q3	Q4	Total
2016	38	35	29	35	137
2017	28	20	33	32	113
2018	13	28	20	18	79
2019	14	13	20	19	66
2020	37	16	10	18	81
2021	11	25	-	-	-

Table 2: Type of Contact

Type of contact	Number
Grievance	1
Complaint	36
Inquiry	5
TOTAL	42



Type of Complaint

The following table shows the types of complaints received. Note the majority of complaints are related to “Quality of Service” issues, which accounted for 44% of total complaints (16 out of 36). The number of each type of complaint that was substantiated is also shown, about one third (12 out of 36) were substantiated by the Client Rights Officer.

Table 3: Type of Complaint

Type of Complaint	Number of Complaints	% of Total Complaints	Number Substantiated
Quality of Service: Inappropriate or Insufficient Service	12	33%	4
Quality of Service: Coordination of Care	2	6%	2
Quality of Service: Customer Service	1	3%	0
Quality of Service: Other	1	3%	0
Medication	5	14%	2
Payeeship/Financial Issues	3	8%	1
Conflict between Consumers	3	8%	2
Consumer/family issue	1	3%	0
Housing	2	6%	1
Access to Records	2	6%	0
Access to Services	2	6%	0
Confidentiality/privacy	1	3%	0
Hospitalization	1	3%	0
TOTAL	36	100%	12

Complaint Status and Outcome

Status - The status of “Substantiated” or “Unsubstantiated” is a determination of whether the complaint has merit or basis in fact. About two thirds (23/36) of the complaints were determined to be “Unsubstantiated” by the Client Rights Officers during the first half of SFY21, and 33% (12/36) were considered “Substantiated”. One complaint was marked as “not applicable” since the client could not be reached to follow up. The client rights officer makes this determination by reviewing available documentation and interviewing staff involved in the complaint. The percentage of substantiated complaints was higher during the first half of SFY21 than in SFY20 when only 11% (9/81) were recorded as substantiated.

Table 4: Status of Complaints

Status	Number	Percent
Substantiated	12	33%
Unsubstantiated	23	64%
N/A	1	3%
TOTAL	36	100%

Outcome – The outcome of a complaint is defined as whether the issue is “Resolved to Client’s Satisfaction” according to the Client Rights Officer. Based on recommendations from Quality Council, Southeast tracks two additional outcomes for each complaint: “Was the complaint resolved according to Southeast agency policies?” and “Is there any indication that Southeast policies have been violated?” This helps us to account for situations where the client remains unsatisfied with the resolution of the complaint, but there is no indication that any agency policies have been violated.

Table 5: Outcome of Complaints

Status	Number	Percent
Resolved to Client’s Satisfaction	17	47%
Not resolved to Client’s Satisfaction	10	28%
Unable to reach client for follow-up	9	25%
TOTAL	36	100%

The percentage of complaints resolved to the client’s satisfaction in the first half of SFY21 (47%) is much lower than the percentage recorded in SFY20 (78%), but the percent that were unable to be reached was also higher than in SFY20 (4%). Of the complaints that the CRO was able to follow up with, 17 out of 27 were resolved (63%).

Table 6: Was the complaint resolved according to Southeast agency policies?

Status	Number	Percent
Yes	31	86%
No	2	6%
N/A	3	8%
TOTAL	35	100%

31 complaints were resolved by client rights officers in accordance with Southeast’s policies and procedures related to client rights and the handling of complaints and grievances. In three complaints the CRO was unable to resolve the complaint due to being unable to engage the client. In one case, the client voluntarily left the program and in another the client ended her case soon after.

Table 7: Is there any indication that Southeast policies have been violated?

Status	Number	Percent
Yes	3	8%
No	33	92%
TOTAL	36	100%

While 12 complaints out of 36 were substantiated by the CRO, Southeast policies had been violated in only three of these incidents. In one case, a client was incorrectly charged but reimbursed, and in two cases clients experienced a lack of communication from their team. Two of three clients were satisfied with the resolution, and one was unable to be contacted.

Race

Clients listing their race as “White or Caucasian” filed more complaints than clients listing their race as “Black or African American.”

Table 8: Comparison of Race – Total Clients Served vs. Complainants across all Southeast locations (unduplicated clients)

Race	Number of Complainants	Percent of Total Complainants	Percent of Total Clients Served – All Locations
Black or African American	15	42%	29%
White or Caucasian	18	50%	64%
Hispanic	2	6%	3%
Multiracial	1	3%	2%
Other	0	0%	3%
TOTAL	36	100%	100%

These data are similar to SFY20, when 38% of complainants were Black or African American and 59% identified as White or Caucasian. African Americans are consistently overrepresented as complainants; however, the overall number of complaints is still very low.

Table 9: Comparison of Race – Total Clients Served vs. Complainants for Franklin County

Race	Number of Complainants	Percent of Total Complainants	Percent of Total Clients Served in Franklin County
Black or African American	15	48%	47%
White or Caucasian	13	42%	44%

Hispanic	2	6%	3%
Multiracial	1	3%	2%
Other	0	0%	4%
TOTAL	31	100%	100%

The percentage of complainants identifying as African American in Franklin County has remained steady from SFY20 when the figure was 46%, however it is difficult to draw any meaningful conclusions from this data due to the very low number of complainants. This figure has been trending downward – in SFY18 56% of Franklin County complainants identified as Black/African American.

During the first half of SFY21, 2 complaints were recorded in Belmont, Harrison, and Monroe Counties, two complaints in Delaware County, and one complaint in Tuscarawas/Carroll County. Detailed breakdowns by race are not provided for these counties due to the low number of complaints, and the fact that there are very low numbers of clients served identifying as races other than White or Caucasian due to overall demographics of these areas. All complainants from counties other than Franklin County identified as White or Caucasian during the first half of SFY21.

Gender

Table 10: Gender of all Complainants

Gender	Total	Percent of Total Complainants	Percent of Total Clients Served
Female	22	61%	49.5%
Male	14	39%	49.9%
Transgender	0	0%	0.4%
Unknown	0	0%	0.0%
TOTAL	36	100%	100%

Of the 36 total individuals who filed complaints during the first half of SFY21, 61% were female and 39% were male. This is different than SFY20 when 44% of complainants were female and 56% male but is very similar to SFY19 figures. Southeast has consistently recorded more male than female complainants.

Team or Program Area of Complaints

Behavioral health programs at Long Street in Columbus had more complaints than other programs (42% of total complaints, or 15 of 36 total). This aligns closely with data from SFY20, when 49% of complaints were related to Long Street behavioral health programs.

Table 11: Complaints by Program Area

Team/Program	Number of Complaints	Total Number of Clients Served 7/1/2019-12/31/2020	Complaints per 1,000 clients served first half SFY21	Complaints per 1,000 clients served SFY20
Behavioral Health – Long St.	20	2,429	8.23	4.40
Behavioral Health – S. Fourth Street	2	879	2.28	2.31
Primary Care – Franklin County	0	4,058	0	0.26
SE Vocational Services / Project Work	0	1,224	0	0.78
Housing Outreach Programs*	1	364	2.75	1.40
Residential Housing Programs**	5	471	10.62	4.94
Belmont / Harrison / Monroe - Behavioral Health Programs	0	3,447	0	1.81
Belmont / Harrison / Monroe – Primary Care Programs	1	1,020	0.98	1.63
Tuscarawas / Carroll	1	486	2.06	1.27
Delaware / Morrow	1	1,389	0.72	0.48
Administration, Payee, Support	5***	N/A	N/A	N/A

*Housing Outreach Programs includes PATH, CHN Supportive Housing Program.

** Residential Housing Programs includes Friends of the Homeless, Bridge to Success, Redmond House, Carpenter House, and Four Oaks.

*** Includes all locations: one complaint to the BHM Billing Department and one for Delaware Medical Records.

Table 12: Substantiated Complaints by Program Area

Team/Program	Number of Substantiated Complaints	Total Number of Clients Served 7/1/2019-12/31/2020	Substantiated Complaints per 1,000 clients served first half SFY21	Substantiated Complaints per 1,000 clients served SFY20
Behavioral Health – Long St.	4	2,429	1.65	0.55
Behavioral Health – S. 4 th St.	1	879	1.14	0
Primary Care – Franklin County	0	4,058	0	0.13
SE Vocational Services / Project Work	0	1,224	0	0
Housing Outreach Programs*	1	364	2.75	0
Residential Housing Programs**	3	471	6.37	1.01
Belmont / Harrison / Monroe - Behavioral Health Programs	0	3,447	0	0.13

Belmont / Harrison / Monroe – Primary Care Programs	1	1,020	0.98	0
Tuscarawas / Carroll	1	486	2.06	0
Delaware / Morrow	0	1,389	0	0
Administration, Payee, Support	1	N/A	N/A	N/A

*Housing Outreach Programs includes PATH, CHN Supportive Housing Program

** Residential Housing Programs includes Friends of the Homeless, Bridge to Success, Redmond House, Carpenter House, and Four Oaks.

Trends and Patterns

- We saw a 29% increase in complaints received during the first half of SFY21 compared to the last half of SFY20. Despite this increase, it is challenging to draw any meaningful conclusions regarding trends and patterns due to the low number of overall complaints. Southeast will continue to monitor complaints throughout SFY21 to determine if this trend continues.
- Quality of Service complaints accounted for 44% of all complaints (16 of 36) during the first half of SFY21. Ten of these complaints were not substantiated, with documentation and consultation with staff often indicating a lack of client follow-through with treatment or services.
 - Five of these “Quality of Service” focused complaints specifically cited a lack of assistance by the case manager in finding housing or addressing housing related issues on behalf of the client.
- There was a greater number of complaints compared to the previous six months (1/1/20-6/30/20), and a higher percentage were substantiated during the first half of SFY21 (33% vs. 11% in SFY20).
- There were no repeat complainants, though one client contacted the Client Rights Officer for one inquiry and one complaint that were not related. In SFY20, 11 clients filed more than one complaint, accounting for 26 of the total complaints for the year.
- Of the 10 complaints that could not be resolved to the satisfaction of the client, 3 were related to Quality of Service issues, 2 to conflict between consumers, and one each to access to records, access to services, housing, medication, and payeeship/financial issues.
- The one formal written grievance received related to Access to Services in Delaware County:
 - Client went in for face-to-face outpatient counseling services at the Delaware County site and was asked to put a mask on to enter. The client declined to wear a mask and offered telehealth services instead, but client declined telehealth services as well. This client elected to file a formal written grievance with the CRO. This was not filed as a complaint and is not included in the complaint totals in this report.

Prior Recommendations and Current Progress

SFY19 Recommendations	SFY20 Progress
<p>Due to the significantly lower number of complaints recorded during the first half of SFY19, ensure that staff understand that any client who has a complaint must be told that he/she can contact the client rights officer. Ensure that we are doing the best job we can to give clients the opportunity to be heard and raise concerns. Make sure that staff members are distributing client rights information and the client rights officer's contact information to all clients.</p>	<p>In progress – Southeast made an effort during the first half of SFY20 to ensure that up-to-date and accurate client rights officer contact information was available at all sites. We also worked to ensure that all clients are aware that the client rights officer exists as a resource when are dissatisfied with the services they have received. This emphasis may have contributed to the larger number of complaints recorded during the first half of SFY20.</p>
<p>Analyze complaints by gender to see if there are any trends or patterns. During the first half of SFY19 we saw more female than male complainants, which is a shift from what we typically have recorded in previous years.</p>	<p>Complete – There was not a significant difference in the types of complaints filed by males vs. females. Regardless of the gender of the complainant, Quality of Service related issues (and in particular Quality of Service: Inappropriate/Insufficient) are the most common complaint categories. This was likely an outlier as we saw a 50%/50% split between male and female complainants during the first half of SFY20.</p>
<p>Because it is consistently the program area with the largest number of complaints, analyze complaints received for behavioral health treatment teams to see if there are trends or patterns tied to diagnosis.</p>	<p>Complete - Reviewed complaints from SFY20 by diagnosis. Nothing significant to note. Will continue to monitor.</p>
New SFY20 Recommendations	SFY21 Progress
<p>In response to the number of complaints related to insufficient case management and assistance around housing related issues, ensure that we are making an effort to explain to our clients what we can/cannot do regarding assistance with housing issues. Ensure that clients understand that we do not have housing available, housing vouchers, etc. This will help to reduce the number of complaints related to clients misunderstanding the nature of the assistance we can provide.</p>	<p>In progress Intake staff inform potential patient about housing limitations as part of the prescreening process. Team Leaders are focusing on reports that track last date seen as part of supervision process.</p>
<p>Add number of substantiated complaints per 1,000 clients served to client rights report</p>	<p>Complete</p>
New SFY21 Recommendations	SFY22 Progress
<p>Investigate substantiated complaints in Franklin County for accuracy.</p>	<p>COO reviewed substantiated complaints with the CRO for Franklin County to clarify classification, this report was updated with new data.</p>

Examine client demographics for substantiated compared to demographics of complaints overall and Southeast client demographics.	In process. Will review as part of SFY 2021 overall data.
Examine complaints about frequency of contact including where in the episode of care lack of contact occurred. Communicate expectations about client contact to team leads/staff.	Reviewed in Team Leader meeting.