

CATEGORY	PROCESS			DISPOSITION		
	GRIEVANCE	APPEAL	EXPEDITED APPEAL	COMPLETED	REFERRED OUT	PENDING as of June 30
<b>ACTIONS</b>						
NOTICE OF ACTION - A		1		1		
NOTICE OF ACTION - B		1		1		
NOTICE OF ACTION - C						
NOTICE OF ACTION - D						
NOTICE OF ACTION - E						
ALL OTHER ACTIONS						
<b>TOTAL</b>	<b>N/A</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>ACCESS</b>						
SERVICE NOT AVAILABLE						
SERVICE NOT ACCESSIBLE	1			1		
TIMELINESS OF SERVICES						
24/7 TOLL-FREE ACCESS LINE						
LINGUISTIC SERVICES						
OTHER ACCESS ISSUES						
<b>TOTAL</b>	<b>1</b>	<b>N/A</b>	<b>N/A</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>QUALITY OF CARE</b>						
STAFF BEHAVIOR CONCERNS	12			12		
TREATMENT ISSUES OR CONCERNS	4			4		
MEDICATION CONCERN	4			4		
CULTURAL APPROPRIATENESS	1			1		
OTHER QUALITY OF CARE ISSUES						
<b>TOTAL</b>	<b>21</b>	<b>N/A</b>	<b>N/A</b>	<b>21</b>	<b>0</b>	<b>0</b>
<b>CHANGE OF PROVIDER</b>		<b>N/A</b>	<b>N/A</b>			
<b>CONFIDENTIALITY CONCERN</b>	<b>1</b>	<b>N/A</b>	<b>N/A</b>	<b>1</b>		
<b>OTHER</b>						
FINANCIAL						
LOST PROPERTY	1			1		
OPERATIONAL						
PATIENTS' RIGHTS	1			1		
PEER BEHAVIORS						
PHYSICAL ENVIRONMENT						
OTHER GRIEVANCE NOT LISTED ABOVE						
<b>TOTAL</b>	<b>2</b>	<b>N/A</b>	<b>N/A</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTALS</b>	<b>25</b>	<b>2</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>0</b>
Email this report to the County Support Unit by October 1 of each year. <a href="mailto:CountySupport@DHCS.ca.gov">CountySupport@DHCS.ca.gov</a> Prepared by (name, title, and email address): Careena Robb, IMF Quality Care Management Coordinator				County:	SANTA BARBARA	
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