The Director's Action Line at Twenty Years:
Trends, Client Satisfaction and Recommendations

December 2016

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(continued)

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TABLES

ACRONYMS

AAA Area Agency on Aging — Assists Allegheny County residents, 60 years of age and older, to live safe, healthy and, when possible, independent lives

AIMS Administrative and Information Management Services — Provides administrative and information-management support services for DHS and its offices, staff and service providers

CIC County Information Center — Responds to requests for assistance and complaints in Allegheny County

CYF Children, Youth and Families, DHS's child welfare office — Mandated by law to protect children from abuse and neglect. Provides a wide range of preventive, protective and supportive services to work with children and families, with emphasis on family preservation

DAL Director's Action Line — Responds to concerns and complaints or requests for information about any aspect of DHS

DARE [Office of] Data Analysis, Research and Evaluation — Supports and conducts research to produce community-ready information about the work of DHS

DHS [Allegheny County] Department of Human Services — Meets the publicly funded human services needs of Allegheny County residents

IRES Information, Referral and Emergency Services — A 24-hour phone line through which DHS manages and authorizes involuntary mental health commitments

OBH Office of Behavioral Health — Provides supports for services to adults, young adults and children with mental illness and/or substance use disorders

OID Office of Intellectual Disability — Provides services for citizens who have a diagnosis of intellectual disability through assessment, coordination of treatment, rehabilitation and support services

OCS Office of Community Services — Provides services, programs and opportunities that enable low-income and vulnerable individuals and families in Allegheny County to become more self-sufficient

DEFINITIONS

Caller — For the purposes of this report, caller is used to refer to any person who contacted the DAL, regardless of the method of contact

Case — A contact that results in a DAL staff member recording the request or complaint and providing follow-up to resolve the issue

Contact — Communication to the DAL in the form of a phone call, walking into the DAL office, a letter, an email or a fax about a question or concern

DAL specialist — The DAL staff member who works with callers to record their issues and resolve them

INTRODUCTION

In 1996, the Director's Action Line (DAL) hotline was created to increase accessibility to and responsiveness of Allegheny County's child welfare department and to improve its credibility. When child welfare became an office of the newly created Department of Human Services (DHS) in 1997, the DAL was expanded to cover all DHS offices and now fields more than 3,000 inquiries annually.

In addition to providing a platform for clients and the community to resolve issues and get information, the DAL also provides valuable feedback to DHS about client experiences and perceptions. An evaluation of the DAL was conducted in order to evaluate the effectiveness of both of these functions, utilizing a combination of administrative data, surveys of DAL users, and interviews with DAL and DHS program office staff. With twenty years of experience and the implementation of a new system to track its data, this is an opportune time to look at how the DAL can be most effective moving forward.

BACKGROUND

Purpose and Services

The DAL is a staffed hotline and walk-in service designed to:

- Listen to the details of a client's or family member's question or concern, and discuss options to resolve the concern or address the question

- Facilitate communication between clients and DHS or provider agency staff

- Explain and clarify DHS policies and procedures

- Provide information about and referrals to DHS services and community-based resources

- Address problems with DHS-issued payments

- Deal with issues of provider agency non-compliance with mandated regulations

The DAL posts information about its services on the DHS website, distributes informational materials to agencies serving DHS clients, and shares contact information with legislators whose constituents may be in need of its services. Individuals can contact the DAL by phone, email or letter, or in person at the Human Services Building at 1 Smithfield Street in downtown Pittsburgh. Because the majority of contacts are made by phone, for the purposes of this report, anyone who contacts the DAL is referred to as a caller. In addition to these contact methods, the DAL also receives forwarded requests from the County Information Center (CIC) when a caller's concern can be better addressed by DHS.

NON-DHS CALLS

When individuals contact the DAL with questions or concerns that are unrelated to DHS, the DAL will provide referrals to outside resources. Although requests forwarded by the CIC are usually related to DHS, the DAL sometimes must refer them to others. The DAL keeps a list of contacts for frequently contacted outside organizations and agencies, and assists callers in making the connection to the appropriate source.

Case Resolution Process

When a caller contacts the DAL with a DHS-related question or concern, the caller is transferred to a DAL specialist who carefully listens to the issue. If the question or concern requires follow-up, the DAL specialist will contact the appropriate DHS staff person to address the concern. The staff person has three working days from receipt of the concern to get back to the caller with a response, although it may take longer for a case to be completely resolved. Dialtrac, the electronic system in which calls are recorded, automatically notifies DAL staff after three days to ensure that the response is provided. Before closing out the case, the DAL specialist will follow up with the caller to ensure that the issue has been fully resolved. DAL specialists document each received contact in Dialtrac, and meet regularly with the DAL supervisor to review cases.

METHODOLOGY

The findings and recommendations of this evaluation are based upon 1) analysis of administrative data from the DAL's call tracking system, 2) a survey of DAL callers, and 3) interviews with DAL and DHS program office staff.

Administrative data were extracted from Dialtrac, an application that allows DAL staff to record caller data, any follow-up contacts and case resolution information. Analysis was conducted on five years (2011 through 2015) of Dialtrac data.

A 25-item phone **survey** of DAL callers was developed based on customer service survey research and input from DAL staff. A DHS staff person attempted to contact 164 people who had called the DAL between December 1, 2015 and February 22, 2016; 73 (45%) completed the survey.

Staff **interviews** were conducted in both group and individual settings. One group interview was held with six members of the DAL staff, and additional meetings were held with individual DAL specialists to learn about the process through which contacts to the DAL are received, resolved and documented. Seven interviews were subsequently conducted (a combination of in-person and by phone) with DHS program office staff members who are responsible for being the point of contact for the DAL. The purpose of these interviews was to determine the steps that program offices take to resolve cases, and how feedback from the DAL is used to improve program office operations.

FINDINGS

Analysis of Administrative Data

Total Contacts

From 2011 through 2015, the DAL received 22,531 contacts (**Table 1**). The majority (58%) of contacts were for information and referral, which are answered or referred to outside resources immediately.

The remaining 9,497 contacts to the DAL during this period were complaints, requests, issues of non-compliance and other types of calls; complaints and requests were the most common reasons for the contact. Each of these contacts required that a DAL specialist open a case, ensure that a response to the issue was received within three business days, and follow up with the caller.

TABLE 1: **Types of Contacts to the DAL, 2011 through 2015**

DAL CONTACT TYPE	PERCENT OF RECORDS (N)
Information & Referral (I&R)	58% (13,034)
Complaint	26% (5,894)
Request	14% (3,062)
Non-compliance	2% (518)
Other Contact Type	<1% (22)

n = 22,530. One request in the five-year period was labeled "emergency."

During the five-year period, there were shifts in the type of contacts directed to the DAL. While there were slight increases in the number of complaints from 2014 to 2015 and slight decreases in the number of requests during this period, the largest change during the period was the drop in information and referral calls from 2011 to 2012. In 2012, there were 2,104 fewer information and referral calls than in the previous year. Although there is not a clear reason for the drop in recorded calls, changes in tracking methods, such as the move from tracking some calls on paper to tracking everything digitally, may have contributed to some of the changes over time. Another possible explanation might be the increased focus placed on making people aware of the availability of other DHS resource lines, as well as PA SW 211, that occurred around this time. As a result, callers might have been contacting those other resources for certain issues.

FIGURE 1: **Types of Contacts to the DAL, by Year, 2011 through 2015**
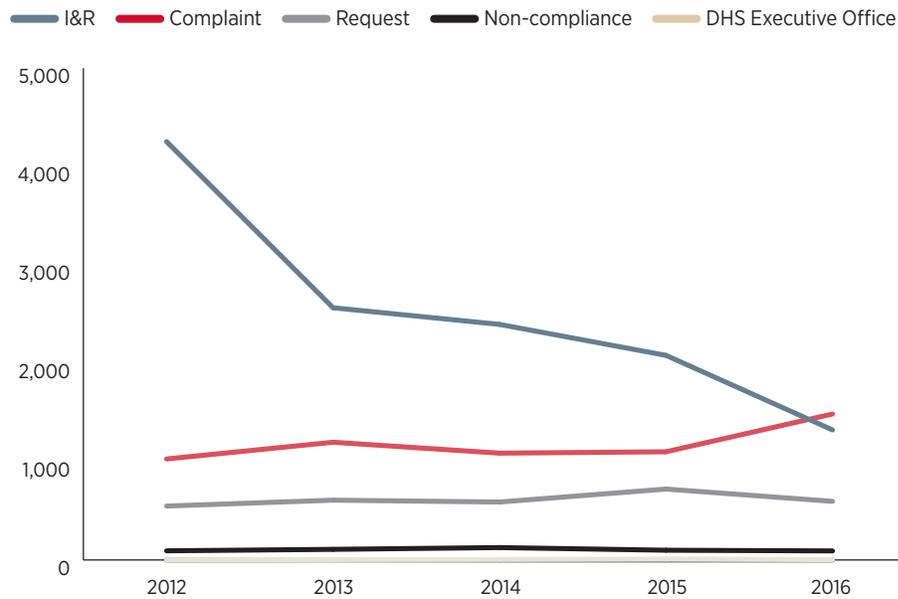
n = 22,114

Note: 417 calls about the CYF Parent Handbook were removed since the DAL stopped making these calls in 2012.

Method of Contact

Calling the DAL by phone was the method of contact 77 percent of the time, followed by forwarded calls from the CIC.

TABLE 2: **Method of Contact to the DAL, 2011 through 2015**

CONTACT METHOD	PERCENT OF RECORDS (N)
Phone	77% (7,319)
CIC	13% (1,256)
Email	5% (460)
Walk-in	3% (247)
Letter	2% (151)

n = 9,433

Fax was used to contact the DAL 14 times, attending a public forum was the method of contact eight times, and 42 had the method of contact listed as "other."

Caller Type

About half of the people who contacted the DAL were a parent, relative or caregiver, while a little fewer than one in five people (18%) were clients (either adult or child). Individuals calling in a professional capacity made up about 13 percent of callers.

TABLE 3: DAL Callers, by Type, 2011 through 2015

CALLER TYPE	PERCENT OF CONTACTS (N)
Parent	39% (3,583)
Client/Adult	18% (1,652)
CIC*	12% (1,084)
Relative	10% (933)
DHS Staff	7% (672)
Caregiver	2% (225)
Community	2% (153)
Health Provider	2% (142)
Law Enforcement	2% (141)
School	1% (130)
Non-Relative	1% (128)
Neighbor	1% (124)
Other	1% (92)
Provider	1% (88)
Client/Child	1% (49)
County Executive/Legislator	1% (58)
Attorney	< 1% (11)

n = 9265, Caller type was not available for 232 contacts.

*Requests labeled as "CIC" are from any type of caller who initially contacted the CIC and was forwarded to the DAL. Therefore, the CIC group is composed of different caller types.

Program Offices and Issue Types

Over half (56%) of the contacts for which a case was opened were related to child welfare. Because child welfare employs the majority of DHS direct service staff, it is logical that the majority of calls would relate to that office.

TABLE 4: DAL Contacts, by Program Office, 2011 through 2015

DHS PROGRAM OFFICE	PERCENT OF CONTACTS (N)
Child Welfare (CYF)	56% (5,349)
Office of Behavioral Health (OBH)	12% (1,102)
Non-DHS Services	8% (784)
Office of Community Services (OCS)	6% (603)
Area Agency on Aging (AAA)	5% (437)
Office of Community Relations (OCR)	4% (424)
Office of Intellectual Disability (OID)	4% (419)
Administration and Information Management Services (AIMS)	2% (156)
DHS-wide	1% (127)
Other	1% (66)
Executive Office	<1% (23)
Office of Data Analysis, Research and Evaluation (DARE)	<1% (7)

n = 9,497

Table 5 shows the type of contacts by program office.

TABLE 5: **Contact Type Within Each Program Office, 2011 through 2015**

PROGRAM OFFICE	COMPLAINTS	REQUESTS	OTHER
Administration Office	(61%) 94	(39%) 60	
Aging	(43%) 190	(57%) 247	
OBH	(73%) 805	(27%) 297	
CYF	(72%) 3,838	(18%) 979	(10%) 532
DHS-wide	(10%) 13	(89%) 113	(1%) 1
Executive Office	(48%) 11	(48%) 11	(4%) 1
Non-DHS Services	(21%) 167	(79%) 617	
OCR	(18%) 78	(81%) 343	(<1%) 3
OCS	(67%) 402	(33%) 197	(<1%) 3
OID	(68%) 284	(32%) 135	
Grand Total	(62%) 5,882	(32%) 2,999	(6%) 540

n = 9,492

The DAL specialist who responds to the contact also categorizes the contact by one of 52 primary issue types. These issue types were consolidated into the types listed below for the sake of analysis, and a reference for how the issue types were combined can be found in the **Appendix** on page 18. Using the consolidated categorizations, the top three issue types were issues with staff, dissatisfaction with services, and requests for information or services.

Issue type varied significantly by program office. **Table 6** lists the top three issue types reported for each program office.

TABLE 6: **Top Three Issue Types, by Program Office, 2011 through 2015**

PROGRAM OFFICE	PERCENTAGE OF CALLS
AIMS	
1. Payment	65%
2. Request for Information/Services	18%
3. Case Management	6%
AAA	
1. Request for Information/Services	27%
2. Health and Safety	19%
3. (tie) Dissatisfaction with Services	10%
3. (tie) Basic Needs	10%
OBH	
1. Dissatisfaction with Services	33%
2. Request for Information/Services	16%
3. Case Management	11%
CHILD WELFARE	
1. Issues with Staff	27%
2. Dissatisfaction with Services	19%
3. Health and Safety	15%
OCR	
1. Request for Information/Services	55%
2. Basic Needs	21%
3. Health and Safety	7%
OCS	
1. Basic Needs	32%
2. Medical Assistance Transportation	20%
3. Dissatisfaction with Services	16%
OID	
1. Request for Information/Services	21%
2. Waiver Program	17%
3. Dissatisfaction with Services	16%

Changes Over Time

Over the five-year period, the Office of Intellectual Disabilities (OID) and the Area Agency on Aging (AAA) saw a fairly consistent number of contacts. OBH, OCR and OCS saw slight increases over the same period, while child welfare saw a large jump in contacts from 2014 to 2015. A closer look at the child welfare data for 2014 to 2015 suggests that the biggest drivers of the increase in contact volume were related to dissatisfaction with the services and staff — a 36 percent increase from the year before. Smaller increases in complaints were seen in payment issues related to families receiving vouchers, visitation and transportation.

FIGURE 2: Contacts to Program Offices, by Year, 2011 through 2015
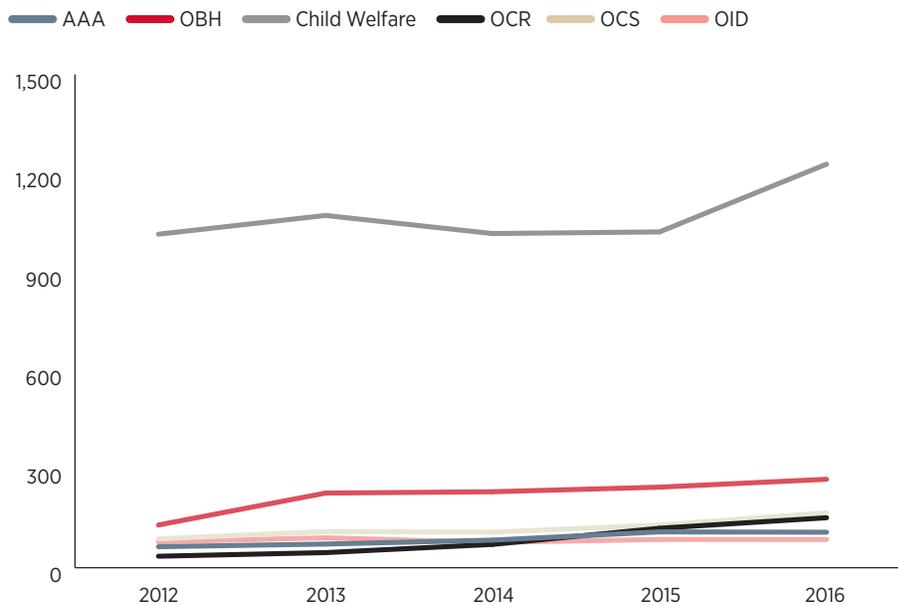
n = 8,344

Time to Resolution

Whereas the DAL policy states that program offices should <u>follow up</u> with cases within three business days, it may take longer to fully <u>resolve</u> the case. After receiving a response from the program office, the DAL will then follow up with the caller to ensure that the case was resolved. The median number of business days between a case opening and closing was four. Less than half (41%) of cases were closed within three business days. On average, cases regarding OCR were closed most quickly — within about three business days. Cases dealing with OBH averaged the longest time to closure — about seven business days. It should be noted that in matters of urgency (e.g., when a family visit is eminent and the caller cannot locate the caseworker, also see text box on page 15), issues are typically resolved in far less than three days.

When comparing the time to close between complaints and requests, it appears that requests are closed more quickly than complaints. While 83 percent of requests were closed within five business days, only 57 percent of complaints were closed within the same amount of time.

FIGURE 3: **Business Days to Close Complaints, 2011 through 2015**

3%
16–20

3%
Over 20

8%
11–15

29%
6–10

57%
1–5
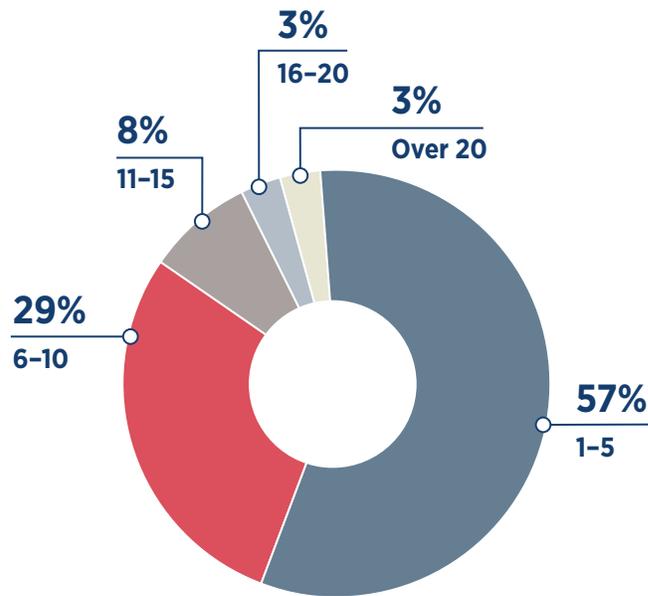
n = 5,892

FIGURE 4: **Business Days to Close Requests, 2011 through 2015**

1%
16–20

2%
11–15

14%
6–10

83%
1–5
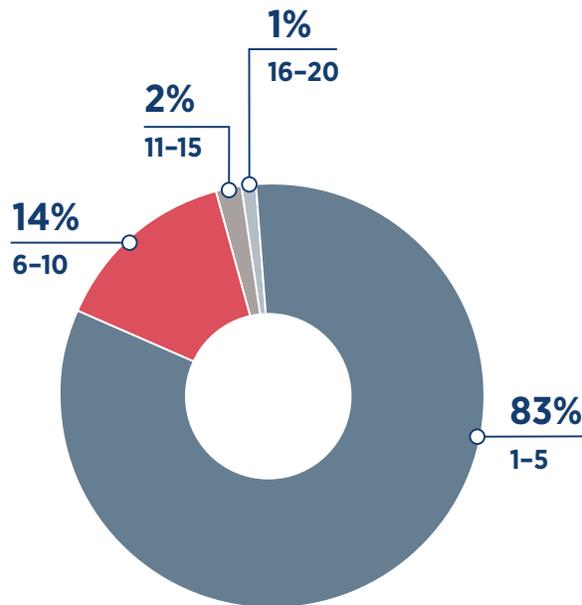
n = 3,061

Frequent Callers

About half of callers contacting the DAL did so only once in the five-year period; however, some individuals contacted the DAL repeatedly. The largest number of contacts received from one caller was 37, and there were 69 callers who contacted the DAL at least ten times.

Among these 69 frequent callers, the vast majority had made contacts over a period longer than one year. This suggests that frequent callers contacted the DAL about multiple issues, rather than continuing to follow up about one case. The majority of frequent callers contacted the DAL about one program office. Of the 69 frequent callers, 42 contacted the DAL with contacts solely about child welfare, seven about OBH, three about OCS and one for OID. The remaining 16 frequent callers contacted the DAL about multiple program offices.

Survey of DAL Callers

DHS contacted 164 individuals who had called the DAL from December 1, 2015 through February 22, 2016. Of the individuals called, 73 (44%) responded to a survey about their experience with the DAL.

The 73 survey respondents were all clients, relatives or caregivers. Community members such as neighbors and professionals who contacted the DAL were not called as a part of this survey so that the respondents would be people who were more likely to have called about a specific DHS service or program with which they had experience. The program offices that the survey respondents had called about were similar to the breakdown of overall contacts to the DAL from 2011 through 2015, with the exception of calls to OID. Calls about OID were over-represented in the survey sample: 14 percent of respondents surveyed had called about OID, while only four percent of the total DAL requests from 2011 through 2015 were about OID.

How did callers find out about the DAL?

The most common way survey respondents found out about the DAL was through a provider or other agency. Over one in four respondents (30%) did not remember how they had found out about the DAL, with many saying that they had known about it after years of being in the system.

TABLE 7: **How Survey Respondents Found Out About the DAL**

HOW CALLERS FOUND OUT ABOUT THE DAL	PERCENT OF CALLERS (N)
Provider/Agency	32% (23)
Don't remember	30% (22)
DHS Staff	18% (13)
Family/Friend	12% (9)
Online/Phone book/PA 2-1-1[1]	7% (5)
Legislator	1% (1)

[1] PA 2-1-1 is a telephone number that provides access and referrals to health, housing and human services information in Southwestern Pennsylvania.

n = 73

How did callers want to be able to contact the DAL?
When respondents were asked if they knew about methods of contacting the DAL other than by phone, most were unaware that the DAL could also be contacted by letter, email or in person. When asked if they would ever use other methods to contact the DAL in the future, 59 percent said that they might get in touch by email, 69 percent said that they might walk into the downtown office, and 54 percent said that they might contact the DAL by mail. Respondents were also asked if there are other methods of contact that they would prefer, and the only new method suggested was through Facebook.

What were callers' experiences during their first call to the DAL?
Respondents were largely satisfied with their first interactions with DAL specialists. Eighty-six percent of respondents felt that the DAL specialist listened and understood why they were calling, and similar rates of respondents agreed that the DAL specialist had expressed concern for their well-being and inquired about what kind of assistance they needed. There was somewhat less agreement that the DAL specialists explained how they would be able to help.

FIGURE 5: **Respondent Agreement with Survey Statements**
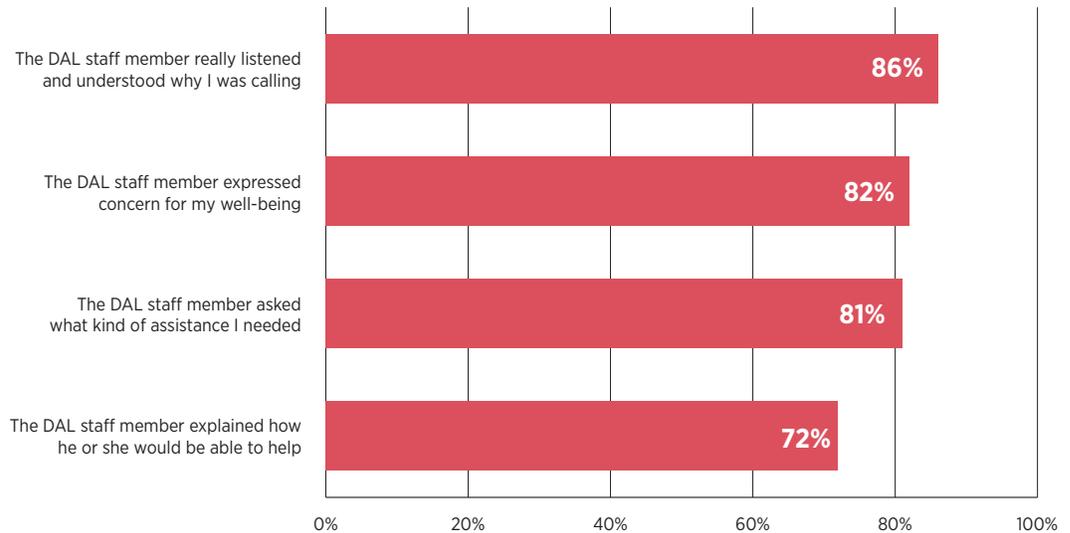
n = 72

How satisfied were callers with the outcomes of their cases?

Respondents were asked to comment on their satisfaction with the outcome of their call. Satisfied respondents described receiving the response that they had hoped for and having action taken by program offices. While some dissatisfied respondents provided general complaints, such as "I didn't feel like they helped me at all," most provided detailed descriptions of the problem that had not been resolved. Some comments indicate frustration with issues that the DAL is not positioned to resolve.

"They basically did everything they could do to help me."

"After I put in the complaint with DAL, [child welfare] started helping me to get the issue resolved until its completion."

Overall, despite the fact that some survey respondents were not satisfied with the outcome of their case, 83 percent said that they would definitely contact the DAL again with a question or concern. A similarly high rate of respondents (80%) said that they would definitely recommend the DAL to someone else. These findings indicate that the DAL is providing a valuable customer service, despite some limitations in its ability to deliver the desired outcome.

Interviews with DAL and DHS Program Office Staff

To conduct a process analysis, interviews were conducted with seven DHS staff members who help to resolve cases from the DAL. The seven staff members work in OID, AAA, OCS, OBH and child welfare.

Communication

Representatives from DHS program offices had largely positive comments about their communication with the DAL. Most program office representatives said that good relationships with the DAL staff enabled the process of resolving cases to be "smooth." While one program representative thought that DAL specialists could sometimes be too quick to take a caller's side against a program office, many representatives appreciated that the DAL specialists were always advocating for clients.

Resolving Cases

The trajectory from receiving a case to resolving the issue is relatively similar among program offices, with some slight variations. The process begins when the program office representative receives a Dialtrac email regarding the case. Each program office has one or more representatives who handle cases. Everyone interviewed felt that the case descriptions were clearly written, and that there was rarely a need to contact the DAL specialist for further information about the case.

Most program office representatives try to immediately respond to the issue or refer it to the appropriate person. Getting a response may require contacting another staff member, a provider or the client. Some program office representatives pass off the case to someone who can respond to it directly, while others prefer to get the information and then respond to the DAL themselves to be sure that the issue gets resolved quickly.

Some program office representatives find it more challenging than others to provide a response to the DAL within the three-day guideline. One program representative said that the timeline was not an issue, since she was knowledgeable about the program office and who within the department or office could answer each request. However, other program representatives said that, while they always took action to get a response as quickly as possible, it was sometimes necessary to contact multiple providers or organize meetings with clients or family members in order to resolve the case. In these more complicated situations, it was considered very difficult to provide a resolution within three business days. The three-day deadline made some program representatives feel pressured to prioritize cases from the DAL over other pressing issues. One representative suggested that rather than having a three-day deadline to resolve the case, program representatives could be able to document the steps that they are taking to resolve the cases, even if the resolution could not be achieved within the deadline. There may be some misunderstanding among program office staff, as the three business day deadline is the time within which they must follow up with the DAL, while full resolution in this time period is not required. More clearly communicating this standard to program staff could help to alleviate some of the stress that program office staff feel about resolving cases.

The pressure to respond quickly may also impact the quality of responses. Some program representatives explained that they had learned that the fastest way to respond to requests was to provide short answers, or focus on pieces of the case that they were confident they could answer. While this strategy is helpful for DAL workflow, it may result in quick answers that clients find unsatisfactory.

Facilitating Communication Between Program Offices

The DAL received a call from the adoptive mother of a teenager with a complaint that she did not have the youth's medical card. The youth was being released from a psychiatric inpatient facility the next day, and the insurance card was needed to fill prescriptions.

DAL action: The DAL contacted a staff member in the Health Enrollment Unit who was able to arrange for a new card to be issued and for the youth's prescription to be filled at a local pharmacy. During the course of the resolution of the case, the DAL staff person became aware of a dispute between the adoptive mother and the biological sister about who would be taking the youth from the hospital following his discharge. Since the youth had an active child welfare case, the office was informed of the matter and the caseworker became actively involved in assisting with a resolution. The DAL staff spoke to the adoptive mother, the biological sister, hospital staff, child welfare staff and Health Enrollment staff to achieve a resolution.

How Program Offices Use Feedback to Improve Quality

In large part, DHS program office representatives felt that the information they learned from the DAL was helpful to their offices. Contacts from the DAL sometimes help to bring attention to unknown issues, or create a sense of urgency in addressing them. One program office representative likened the DAL to a safety net that catches internal issues. Representatives also found that DAL contacts can identify trends, such as ongoing complaints about a specific provider.

The contacts that were less helpful were from individuals who consistently contact the DAL. Program representatives from OBH, OCS and child welfare reported that they receive some complaints from individuals who repeatedly call, which was confirmed by analyzing the Dialtrac data. Sometimes the program representative has no power to change the caller's issue, or communication between the program office and the caller has broken down. One program representative from child welfare recalled a parent who would call the DAL every single day. While the DAL currently has a system in place to try and resolve the underlying issues of frequent callers, it can be challenging for program offices before that point is reached.

The extent to which DAL requests are used to enact systems-level change varies by office. Some program office representatives describe meeting with colleagues to periodically review DAL cases or writing up their own reports on the requests that they have received. One representative explained that the office occasionally organizes meetings to discuss trends related to a particular provider or to mediate conflicts. This type of approach is more difficult for child welfare, where the large volume of cases is spread among different regional offices; depending upon the request, it may be resolved at any number of levels, from caseworker to regional office director.

Program representatives who have access to Dialtrac are able to generate reports that provide information about their office's contacts, yet some representatives said that it would be more helpful to have a monthly report sent directly to them. Such a report could have relevant information, such as the number of cases, case types, length of time to resolution and how many callers have contacted the DAL in the past.

CONCLUSIONS AND RECOMMENDATIONS

The DAL plays an important role in addressing the concerns of DHS clients and in providing feedback to DHS program offices. A significant function of the DAL, which emerged during the evaluation, was its ability to support program integration by facilitating problem-solving to address the needs of clients who have multi-system involvement, or whose concerns might require action from more than one program office. The scenario in the sidebar at left illustrates how the DAL facilitates communication between program offices.

The following recommendations are based on the findings of the administrative data analysis, caller survey and staff interviews:

Outreach

- Interviews with DHS program office representatives revealed that there continue to be some misconceptions about the DAL. Further outreach and education about the role of the DAL, particularly to child welfare caseworkers, may help to combat the impression of some workers that the DAL is there to judge or find fault in their work. Outreach to program offices can also help the DAL to communicate the kind of assistance that the DAL can provide, convey the limitations of the DAL to change the outcomes of some cases, and clarify the three-day response guideline.

- Another area of outreach could be with provider organizations. By having opportunities to learn more about providers, the DAL staff would have a better understanding of the facilities, programming and staff of organizations that are the frequent subjects of DAL requests.

- There may be ways to better inform clients and community members about the role of the DAL and the areas in which they are and are not able to provide assistance. Some survey responses indicated that dissatisfaction with the outcome was the result of unrealistic expectations of the DAL. For example, one requestor said, "I would have liked to be told their primary purpose — then I would have known if they could help me or not. I started off with a positive, but ended up with a negative, because I felt my time was wasted."

Utilizing Reports

- Although program offices can generate Dialtrac reports, most program office representatives did not report doing so, and some put together their own informal reports. To ensure that program offices receive frequent, relevant feedback about their DAL cases, monthly reports could be sent to each program office. The reports could detail how many requests the office received, what issues they dealt with, how long it took to close cases and how the month compares to trends over time.

- Every program office representative said that they found DAL requests to be helpful in identifying issues, yet not all offices undertake a systemic review of requests over time. Periodic meetings between DAL staff, an analyst and a designated program office representative may enhance program offices' ability to utilize this opportunity to address issues and improve communication and/or quality.

Follow-up

- The large increase in child welfare calls from 2014 to 2015 should be examined to see how it relates to longer-term trends and to the number of child welfare–involved families.

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APPENDIX: DIALTRAC ISSUE TYPES AND CONSOLIDATED ISSUE CATEGORIES

NEW ISSUE TYPE NAME	ISSUE TYPES FROM DIALTRAC
Issues with Staff	Staff Attentiveness/Responsiveness, Staff Conduct, Staff Sensitivity
Dissatisfaction with Services	Dissatisfaction with Services
Request for Information/Outreach/Services	Request for Information, Data, Community Outreach, Counseling/Services, Drug and Alcohol Services, Service Eligibility
Health and Safety/Maltreatment	Health and Safety, Maltreatment/Safety Issue
Visitation/Transportation	Visitation, Transportation
Basic Needs	Utilities, Energy Assistance, Food Assistance, Employment Assistance, Furniture, Housing Issues, Appliances, Community Resources, Education
Treatment Program, Facility or Placement Issue	Treatment Program or Facility, Placement Issue
Payment	Payment/Fiscal, Vouchers
Case Management	Case Management Issues, Service Plan Implementation
Medical Assistance Transportation	Medical Assistance Transportation
Waiver Program	Waiver Program
Client Rights/Policies	Client Rights, Policies/Rights Issues, HIPAA, Appeal Process, Involuntary Commitments
Contract Violation	Contract Violation
Legal	Court Disposition/Legal, Conflicts with Law Enforcement
Healthcare/Medical	Medical Insurance Coverage, Medication
Other/Multiple Issues	Other/Multiple Issues
In Home/Community Services	Home Health Care, Senior Center, Assisted Living