

Mental Health Ombuds Services of King County

Ombuds Service Semi-Annual Report
October 2009 through April 2010

Submitted by:

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Introduction

The Mental Health Ombuds Service of King County is provided by Interchange Northwest, LLC through a contract with the King County Mental Health Chemical Abuse and Dependency Services Division (MHCADSD).

We provide support for people who are having difficulties with their mental health services or are having difficulty getting mental health services. We also provide information and referral services to all people in King County.

This is the report of Mental Health Ombuds Service activities from October 2009 through March 2010. This report provides information regarding program management, advocacy, outreach and education, other activities, and next steps.

Program Management

Staffing

The three ombuds staff provided a total of 1,473 hours of service, or an average of about 245 hours per month or 1.5 full time equivalent (FTE) positions, during this reporting period. This is about two percent more than the previous six-month period (1,448 hours) and about five percent more than this period one year ago (1,407 hours). Actual staffing for this period was about 22 percent greater than the contracted service level (200 hours per month).

Month	Hours of Service
October	237.0
November	202.0
December	304.5
January	268.5
February	248.5
March	213.0
Total	1,473.5

Advocacy

We had 709 contacts by phone or in person during this report period, an average of 118 contacts each month. There were 18% fewer contacts than the previous six-month period (868 contacts). There were 8% fewer contacts in this period than during this period last year (771 contacts). Contacts include people requesting information about accessing mental health and other community services, allied

providers, and other individuals and groups who are interested in community mental health services. Many of these people are satisfied with the information and ask for no additional support.

A year ago, we additionally reported contact data adjusted to reflect “unduplicated contacts”, or the number of different individuals that we worked with during the period regardless of how many times they called.

Month	Contacts	Unduplicated Contacts
October	92	84
November	108	85
December	126	78
January	100	71
February	118	79
March	165	110
Total	709	507

We received releases of information from 17 new people seeking assistance during this reporting period. This is about 31% more than the number of new situations during the prior period (13) and about 6% more than this period last year (16). The following summarizes the complaints by type opened during the current reporting period (October 2009 through March 2010) and the prior reporting period (April 2009 through September 2009).

Cases Opened	4/09 – 9/09		10/09 – 3/10	
	Number	Percentage	Number	Percentage
Access	1	7.7	1	7.7
Financial/Admin	2	15.4	2	11.8
Quality/Appropriateness	5	38.4	7	41.2
Dignity & Respect	1	7.7	1	5.9
Physician/Medical	2	15.4	-	-
Housing	1	7.7	6	35.3
Consumer Rights	-	-	-	-
Intensity/Coordination	1	7.7	-	-
Total	13	100.0%	17	100.0%

The following summarizes the issues by type that those people described at the time their case was opened.

The access issue involved a person complaining that her residential provider told her she must move due to her tier ending.

Of the two financial administration issues, one person disputed the expectation to make monthly installments to her provider due to a previous overpayment by the provider. The other person complained that she was given \$50 less in living allowance than she wanted.

There were seven situations related to quality/appropriateness of services, four of which were treatment plan issues. In the first situation, an individual complained about the lack of opportunity to be involved in his treatment plan and service. Another individual complained a personality conflict with her case manager was making it impossible for her to participate in treatment planning activities. One person complained his agency would not allow him to change his treatment plan. Another person complained that staff did not follow through with a portion of his treatment plan related to assisting him in gaining SSI eligibility.

Of the remaining three quality/appropriate of services situations, one individual complained that the staff lied to her about their belief in the veracity of her stories of past incidents in her life. One person complained that staff did not listen to him and that they were harassing him about non-payment of rent and entering his premises without permission. One person complained that her providers are not coordinating services to adequately meet her needs.

One individual had a complaint about being treated with a lack of personal dignity and respect from agency staff working with her on a housing situation.

There were six situations related to housing during this reporting period. One individual complained her case manager would not assist her in accessing her approved housing. Another person's complaint involved a dispute regarding non-payment of rent. One person complained his provider staff was preventing him from moving by blocking him from obtaining a housing voucher. Another person complained that staff said he was required to live at his residential program for two years. An individual complained that he received a twenty-day eviction notice by his housing provider that did not include an explanation of why he was being evicted.

Twelve situations were resolved in this period. The following summarizes the cases closed by type of resolution.

Cases Closed	4/09 – 9/09		10/09 – 3/10	
	Number	Percentage	Number	Percentage
Information/Referral	2	18.2	-	18.2%
Mediation/Conciliation	7	63.8%	8	66.7
Grievance	-	-	1	8.3
Referred to QRT	-	-	1	8.3
Not Pursued	2	18.2	2	16.7
Total	11	100.0%	11	100.0%

We assisted in one grievance during the period. There were five situations that remained unresolved as of the end of this reporting period.

Consumer Feedback On Satisfaction with Ombuds Services

During this reporting period we attempted to contact twelve people about thirty days after their situation had been resolved to determine whether they were still satisfied with the outcome, to rule out retaliation, and ask them about their satisfaction with ombuds services. We were able to communicate with three of those people. No one reported retaliation and they all said they were satisfied with mental health ombuds services.

Access by Groups

The following summarizes data regarding access to special populations during this reporting period.

During this period, there were nine cases involving men and eight involving women. All were enrolled in Medicaid.

Two people, or 12 percent of the total, reported having a chemical dependency. This compares to no one and 19 percent during the last two reporting periods, respectively. No one during this period identified as a gay, lesbian, bi-sexual, or trans-gendered person. None of the people reported having a developmental disability.

The following summarizes the people we supported during this period by their reported ethnicity compared to the prior period.

Identify As	4/09 – 9/09	10/09 – 3/10
Caucasian	83.2%	58.8%
African-American	5.6	41.2
Asian/Pacific Islander	6.7	-
Latino	13.2	-
Native American	6.7	-
Unknown	-	-

Outreach and Education

An important part of mental health ombuds services is meeting with people enrolled in the community mental health system, their service providers, family members, and advocates. We had four outreach and education opportunities during this reporting period.

The purpose of these meetings is to increase awareness of our services and enable access, promote self-advocacy and recovery, and develop positive working relationships with people receiving support, staff, and allied providers.

- We met with five staff at Seattle Children’s Home and spoke about the mental health ombuds services.

- An Associate Ombuds met with members of The Voices of Recovery and spoke about the mental health ombuds services.
- Ombuds staff attended the open house of Brierwood, a new supported living program operated by Community House Mental Health.
- Ombuds staff met staff and residents of Keystone, a supported living program operated by Community Psychiatric Clinic.

Other Activities

We attended the following monthly meetings during this reporting period:

- Five Clinical Directors meetings
- Four Mental Health Advisory Board meetings
- Two Quality Council meetings
- One King County Partners meeting

We attended the two semi-annual statewide meetings of mental health ombuds and QRT members.

An Associate Ombuds provided four hours of advocacy training to prospective certified peer support specialists sponsored by WIMHRT.

We participated in a webinar on networking and developing consumer leadership sponsored by National Mental Health Consumers Self-Help Clearinghouse.

Ombuds staff participated in a half-day diversity training held at the mental health ombuds office. Ginger Kwan, a well-known diversity and cultural competency consultant, provided the training.

We participated in a two-part Webinar Training sponsored by the National Council for Community Behavioral Healthcare: Ten Ways to Take Advantage of Parity Implementation.

An Associate Ombuds attended the King County Cross-Agency Systems Training (CAST) for Children and Youth Services.

We participated in the state ombudsman training provided by WIMHRT and DSHS/Mental Health Division.

Crisis and Commitment staff gave a briefing to ombuds staff on their services and upcoming issues related to budget and legislation.

Rosea Adams, long time Associate Ombuds, in King County has left her present position. She will continue to be affiliated with the mental health ombuds program and provide technical assistance and training for Interchange Northwest, the contracted mental health ombuds provider in King County.

Next Steps

The Mental Health Ombuds Service of King County will continue to provide support for people enrolled in the public mental health service system that are having difficulty with their services, or having a difficult time enrolling for services. We will focus on assisting people to resolve their disputes at the lowest level possible. We will continue to work to provide the highest quality ombuds services and advocate for all of the people in King County experiencing mental illness and their families.

During the next twelve months, we will continue outreach activities by visiting community mental health programs and speaking with people receiving support and staff about ombuds services, client rights, and conflict resolution and how they relate to recovery.

We will continue to collect additional information from people we've worked with about their degree of satisfaction with our support.

We will take advantage of in-service training opportunities to expand our skills and keep current on services and practices in community mental health and allied support systems. We will recruit, hire and orient a new Associate Ombuds.

We will continue to advocate for the transformation of the system of mental health support in King County toward recovery and self-determination.