

Mental Health Ombuds Services of King County

**Ombuds Service Semi-Annual Report**  
April 2007 through September 2007

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 that 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 April through September 2007. This report provides information regarding program management, advocacy, outreach and education, other activities, and next steps.

## Program Management

### Office Relocation

On August 31<sup>st</sup>, the Mental Health Ombuds Service office was moved from the Exchange Building to the Yesler Building, Room 402, 400 Yesler Avenue, Seattle 98104. Our email address was changed. The new email address is [ombuds.mhd@kingcounty.gov](mailto:ombuds.mhd@kingcounty.gov). Our phone numbers are unchanged. We are distributing ombuds services brochures to contracted providers and other stakeholders reflecting the new contact information.

## Staffing

The three ombuds staff provided a total of 1,509 hours of service, or an average of about 252 hours per month or 1.6 FTE positions, during this reporting period. This is roughly the same as the previous six-month period (1,532 hours).

Month	Hours of Service
April	244
May	324
June	255
July	238
August	241
September	207
Total	1,509

## Policies and Procedures

We have compiled and retain grievance procedures from each of the contracted mental health providers. This action is in response to the 2007 Site Visit from King County/Mental Health, Chemical Abuse and Dependency Services Division that recommended that these documents be available to people pursuing complaints.

## Advocacy

886 people contacted the ombuds office, by phone or in person, during this report period, nearly 150 contacts each month. This is an increase of four percent over the previous six-month period (850 contacts). The following summarizes hours of service and number of contacts by month. 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.

Month	Contacts
April	130
May	196
June	153
July	143
August	130
September	134
Total	886

In September, we began monitoring the number of people that visited our website, [www.kingcounty.gov/dchs/mhd/ombuds1.html](http://www.kingcounty.gov/dchs/mhd/ombuds1.html). We had 174 "hits" during this first month, nearly 30% more than other types of contacts (134 in September). This first month of data suggests that perhaps as many or more people gain information about our services through the Internet than by telephone, which is how we traditionally have connected with most people. We need to continue to develop a robust web presence. We will report the monthly "hit count" as part of monthly and semi-annual reports.

We received a signed release of information to support 25 people during this reporting period. This is about 31% fewer than the number of situations during the prior period (36). The following summarizes the complaints by type opened during the current reporting period (April 2007 through September 2007) and the prior reporting period (October 2006 through March 2007).

Cases Opened	10/06 – 3/07		4/07 – 9/07	
	Number	Percentage	Number	Percentage
Quality/Appropriateness	17	47.1%	8	32.0%
Access	5	13.9	6	24.0
Financial/Admin	6	16.7	5	20.0
Housing	1	2.8	1	4.0
Dignity & Respect	4	11.1	3	12.0
Physician/Medical	2	5.6	2	8.0
Service Intensity	1	2.8	-	-
Total	36	100.0%	25	100.0%

Twenty-three situations were resolved in the current period, about 28% fewer than the prior period (32). The following summarizes the cases closed by type of resolution.

Cases Closed	Number		Percentage	
	Number	Percentage	Number	Percentage
Mediation/Conciliation	10	31.2%	9	39.1%
Information/Referral	15	46.9	9	39.1
Not Pursued	7	21.9	5	21.8
Total	32	100.0%	23	100.0%

It should be noted that the reduction in the number of cases closed during this period (about 25%) is roughly equivalent to the reduction in the number of new cases during this period (about 28%).

There was one grievance that was filed in the period that was resolved. There were four situations that remained unresolved within the timeframe of this report.

### Access by Groups

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

During this period, 56% of the people seeking support were men and 44% were women. Eighty-eight percent of the people were enrolled in Medicaid.

Thirty-two percent of the people reported having a chemical dependency, significantly more than the prior reporting period (12%). About eight percent of the people reported having a developmental disability. None of the people during this period identified themselves as a gay, lesbian, bi-sexual, or trans-gendered person.

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

Caucasian	81.0%
African-American	19.0
Asian/Pacific Islander	-
Native American	-
Hispanic	-

#### Consumer Feedback On Satisfaction with Ombuds Services

During this reporting period we attempted to contact 23 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 23 people. None of them reported retaliation. All of them were satisfied with the outcome and the support they received from the Mental Health Ombuds Services.

#### Outreach and Education

We distributed the semi-annual Ombuds Services report for the period from October 2006 through March 2007.

Ombuds staff attended the opening of Wallingford House, a day program operated by Community Psychiatric Clinic. We met with people receiving services and staff and distributed mental health ombuds services brochures.

Ombuds staff participated in the disability art festival at Harborview Medical Center as a peer mentor to a young person and five adults.

We met with the Program manager for the DESC Connections program. The Connections program is funded by the City of Seattle and provides employment and other supports for people who are homeless and have low income. We discussed shared issues and the value of supporting people who are not connected to service systems.

We met with the Program manager and staff of the King County Community Corrections Division and discussed issues shared by clients we support.

Two ombuds staff attended the adult Cross Agency Systems Training (CAST).

#### Other Activities

We attended the following monthly meetings during this reporting period:

- Four mental health advisory board meetings
- Three clinical directors meetings

- Three King County Partners meetings

We attended the semi-annual statewide meeting of Ombuds and Quality Review Team members from across the state sponsored by the Washington Institute for Mental Illness Research and Training (WMIRT).

We met with the King County Quality Review Team staff three times as part of a plan to meet regularly to discuss shared issues and potential trends.

At the June mental health advisory board meeting members discussed the value of complaint data as a measure of client satisfaction and quality assurance. We agreed to contact mental health providers to gather complaint data and develop a countywide estimate of complaints. We agreed to evaluate complaint data as a possible method of determining client satisfaction and as a source of information for quality assurance. We gathered complaint data from providers and the ombuds office and developed a countywide estimate of complaints. We provided this data and analysis of its usefulness in determining client satisfaction and quality assurance to the Quality Council. We are scheduled to present the information to the mental health advisory board in October.

We participated in the Behavioral Health conference including one ombuds staff attending the Law and Ethics session.

We participated in the federal ESQO survey of the King County Regional Support Network.

Ombuds staff participated in a trainers training in non-violent communication and mindfulness given by the Freedom Project.

The ombuds office is participating in a work group to develop a proposal to establish a "warm line" in King county. The work group is comprised of advocates and staff from mental health programs. Staff from Highline West Seattle Mental Health Center facilitated the meetings.

The ombuds office sent a letter to the County Executive and members of the County Council expressing our support for the Community Crisis Alternatives Action Plan.

We participated in anti-stigma training sponsored by Substance Abuse and Mental Health Service Administration, Center for Mental Health Services.

We participated in a workshop for consumer-run organizations sponsored by WMIRT, Washington Health Empowerment Network (WHEN), and Self-Help Empowerment and Evaluation Alliance (SHEEHAP).

## 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 to visit each one of the community mental health providers and speak with staff about ombuds services, client rights, and conflict resolution.

During the next twelve months ombuds staff will complete the core staff training as required by the King County/Mental Health and Chemical Abuse and Dependency Services.

We will continue our commitment to a robust web presence to expand our outreach efforts and means by which people can connect with us for information, referral and advocacy. We will report the monthly "hit count" as part of monthly and semi-annual reports.

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