

Mental Health Ombuds Services of King County

**Ombuds Service Semi-Annual Report**  
April 2009 through September 2009

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 April through September 2009. 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 1,448 hours of service, or an average of about 234 hours per month or 1.4 full time equivalent (FTE) positions, during this reporting period. This is about three percent more than the previous six-month period (1,407 hours) and about four percent less than this period one year ago (1,501 hours). Actual staffing for this period was about 21 percent greater than the contracted service level (200 hours per month).

Month	Hours of Service
April	258
May	206
June	291
July	250
August	243
September	200
Total	1,448

### Publications

The enhanced mental health ombuds web site was launched during the prior period. Agencies are taking advantage of mental health ombuds brochures available online. We will continue to develop opportunities for our site to provide information and help connect people to resources.

As a result of a request from the Quality Council, in May the monthly report narrative was expanded to more clearly describe the nature of people's issues beyond the descriptions prescribed by the Department of Social and Health Services/Mental Health Division in their grievance reports. Likewise, this expanded narrative is reflected in this six-month report. The purpose is to make the descriptions of our work in reports more meaningful.

## Advocacy

We had 868 contacts by phone or in person during this report period, an average of 145 contacts each month. There were 19% more contacts than the previous six-month period (771 contacts). There were 11% fewer contacts in this period than during this period last year (980 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.

Beginning in October, we additionally reported contact data adjusted to reflect only "unduplicated contacts", or the number of different individuals that we worked with during the period.

Month	Contacts	Unduplicated Contacts
April	177	100
May	120	94
June	134	94
July	137	107
August	145	107
September	155	106
Total	868	608

We worked with 18 people this period and received a signed release of information to support 13 new people during this reporting period. This is about 19% less than the number of new situations during the prior period (16) and about 43% from this period last year (23). This reporting period is more in line with same reporting period from two year ago in which we worked with 15 people. This data suggest that there may be a seasonal decrease in cases during this winter-spring reporting period and an increase during the summer-fall reporting period. The following summarizes the complaints by type opened during the current reporting period (April 2009 through September 2009) and the prior reporting period (October 2008 through March 2009).

Cases Opened	10/08 – 3/09		4/09 – 9/09	
	Number	Percentage	Number	Percentage
Access	9	60.0	1	7.7
Financial/Admin	2	13.2	2	15.4
Quality/Appropriateness	1	6.7	5	38.4

Dignity & Respect	1	6.7	1	7.7
Physician/Medical	-	-	2	15.4
Housing	1	6.7	1	7.7
Consumer Rights	-	-	-	-
Intensity/Coordination	1	6.7	1	7.7
Total	15	100.0%	13	100.0%

The access issue involved a person who was having difficulty returning to the agency after participating in a six-month DBT program at another agency.

Of the two financial administration issues, one involved a person who was unhappy with the way the protective payee was paying bills and providing budget information. The other involved a person trying to get copies of payment statements beginning in 1993.

With the five issues related to quality/appropriateness of services, two related to people who wanted to change case managers, one who wanted to eventually change providers. One situation related to complaints about services through PACT. One complaint was from a DSHS/Children and Family Services social worker acting as the guardian from the state representing an enrolled child who thought the child needed a more intensive treatment milieu. One related to a grievance regarding case management and protective payee services.

The issue related to dignity and respect involved an individual who was experiencing conflict with a peer support person and her case manager.

Of the two situations related to physician/medication, one involved a person who wanted more flexibility in his daily medication schedule to allow him to return to work. The other situation related to a person who felt they were not receiving medication in a timely fashion.

The housing issue related to a person in a residential program whose sister wanted her to move to an adult family home and was in conflict with other siblings, and ultimately with the client.

The situation relating to intensity/coordination was a person who wanted to increase their therapy time from once to twice weekly.

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

Cases Closed	10/08 – 3/09		4/09 – 9/09	
	Number	Percentage	Number	Percentage
Mediation/Conciliation	8	77.8%	7	63.6%
Information/Referral	2	11.1	2	18.2
Not Pursued	-	-	2	18.2
Grievance	1	11.1	-	-
Total	11	100.0%	11	100.0%

We assisted in one grievance during the period that remains open. There were four complaints 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 contacted eleven 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 two of those people. Neither reported retaliation and they both 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 an equal number of cases of men and women. All but one person were enrolled in Medicaid and one person was enrolled in the GAU Pilot project.

No one reported having a chemical dependency, compared to nineteen percent and four percent during the last two reporting periods. One of the people 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	10/09 – 3/09	4/09 – 9/09
Caucasian	73.4%	83.2%
African-American	-	5.6
Asian/Pacific Islander	6.7	5.6
Latino	13.2	5.6
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 six 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 about twenty clubhouse participants Sound Mental Health, Auburn. We discussed ombuds services, client rights and options available to people to resolve disputes.
- We met with about twenty residents at the Community Psychiatric Clinic El Rey residence. We discussed ombuds services and options available to people to help resolve disputes.
- We met with about twelve participants and two staff at Community Psychiatric Clinic, Cascade Hall residence and spoke about mental health ombuds services.
- We met with about twelve participants and three staff at Community House Mental Health Agency.
- We met with family members and staff of the Alzheimer's Association in Bellevue. We discussed mental health issues and older adults, advocacy and mental health ombuds services.
- We attended a monthly luncheon at Hero House in Bellevue, an independent certified clubhouse program. We discussed recovery and self-determination.
- We visited the Navos ECS program and attended a birthday party for two residents.

We secured private funding for the printing of twenty training manuals and provided five hours of warm line skills training to the second class of prospective King County Warm Line volunteers. We attended three board meetings.

### Other Activities

We attended the following monthly meetings during this reporting period:

- Five Mental Health Advisory Board meetings
- Four Clinical Directors meetings
- Four Quality Council meetings
- Three King County Partners meetings

We attended an in-service training in criminal justice and mental health services from the Connections Re-entry Program operated by Sound Options.

We attended a weeklong training in mental health first aid sponsored by the Washington Institute for Mental Illness Research and Training (WIMRT).

We attended the annual Behavior Health Conference in Vancouver.

We attended the annual NAMI-Greater Seattle picnic.

We participated in a webinar entitled “Understanding New Technology for Changing Times in the Mental Health Field” sponsored by SAMHSA.

## 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 community mental health programs and speak with people receiving support and staff about ombuds services, client rights, and conflict resolution and how they relate to recovery.

We will continue to expand our monthly and semi-annual reports to increase the narrative content describing the issues people present and the nature of the outcome to make our reports more meaningful and better describe the work that we do.

We will continue to collect additional information from people we’ve worked with about their degree of satisfaction with our support. We now include this additional information in our 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.