

Mental Health Ombuds Services of King County

Ombuds Service Semi-Annual Report
May 2010 through September 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 April through September 2010. This report provides information regarding program management, advocacy, outreach and education, other activities, and next steps.

Program Management

Staffing

The two ombuds staff provided a total of 1,260 hours of service, or an average of about 210 hours per month or 1.2 full time equivalent (FTE) positions, during this reporting period. This is about 14 percent less than the previous six-month period (1,473 hours) and about 13 percent less than this period one year ago (1,448 hours). Staffing for this period was about five percent greater than the contracted service level (200 hours per month).

Month	Hours of Service
April	206.0
May	202.0
June	232.0
July	213.5
August	205.0
September	205.0
Total	1,260.0

Advocacy

We had 809 contacts by phone or in person during this report period, an average of 135 contacts each month. There were 14% more contacts than the previous six-month period (709 contacts). There were 7% fewer contacts in this period than during this period last year (868 contacts). This represents the second consecutive

report of reduced contacts from the same period in the preceding year, which would take into account seasonal differences in workload.

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.

Also included is 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
April	103	75
May	92	70
June	169	118
July	124	74
August	149	124
September	172	103
Total	809	564

We received releases of information from 23 new people seeking assistance during this reporting period. This is about 35% more than the number of new situations during the prior period (17) and about 77% more than this period last year (13). 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	10/09 – 3/10		4/10 – 9/10	
	Number	Percentage	Number	Percentage
Access	1	7.7%	4	17.4%
Financial/Admin	2	11.8	-	-
Quality/Appropriateness	7	41.2	10	43.6
Dignity & Respect	1	5.9	2	8.7
Physician/Medical	-	-	1	4.3
Housing	6	35.3	5	21.7
Consumer Rights	-	-	-	-
Intensity/Coordination	-	-	1	4.3
Total	17	100.0%	23	100.0%

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

There were four situations involving access during this reporting period. The first situation involved a person who had not spoken with a case manager and did not know who she has been assigned to see. The second involved an individual who

wanted an ombuds staff to attend a meeting between he and his doctor who told him that he would not permit their sessions to be tape-recorded. The third situation was with an individual who wanted to restart services at an agency she has been to several times in the past, but is seeking a service, acupuncture, the agency does not provide. The fourth access issue involved an individual who complained that his physician would not support his application for HopeLink transportation services.

There were ten situations related to quality/appropriateness of services. The first person was having difficulty obtaining housing and medication that would work for him. He also complained that there was insufficient privacy in the common area that he meets staff to ensure confidentiality. The second client was having difficulty getting an initial appointment and obtaining housing. He also complained that the area he meets with staff did not meet his needs for privacy. The third client stated since being enrolled he has not spoken with a case manager and did not know who he has been assigned to see. The fourth situation involved an individual who wanted to be seen more frequently and by a licensed therapist. The fifth situation involved the same individual who wanted to be seen at a different location within the provider's network so she could have convenient access to a club house program. The next situation was with an individual who was concerned that an error in his police record was creating a barrier to his receiving supported housing. The next individual felt that the agency was not responding promptly enough to his request for records, specifically his diagnosis, treatment plan and copies of notes from the agency from a period during 2006, and from 2008 to present. The next situation involved an individual that requested assistance in changing case managers. The next situation involved an individual who had recently terminated services but was still receiving correspondence from the agency and requested assistance in getting it stopped. The last situation involving the quality and appropriateness of services involved an individual who complained that he was not given an appropriate diagnosis or a treatment plan.

Two people complained about being treated with a lack of dignity and respect. The first person reported reacting badly to what she perceived to be a challenge from her physician. The second person complained that the provider was not supportive enough and misled him about their ability to find him housing following a hospitalization.

There was one situation involving physicians and medication where the person was having difficulty accessing public transportation due to complications with medication yet the prescriber was not supporting his request for Hopelink transportation services.

There were five situations related to housing during this reporting period. Four individuals complained that they were not getting enough staff support to secure appropriate housing. The fifth situation involved an individual complaining about a roommate mismanaging cooperative household supplies.

The last situation this reporting period was an individual who said that her services were not sufficiently intensive to meet her needs and wanted weekly meetings with her therapist.

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%	12	100.0%

We did not participate in a grievance during the period. There were six 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	10/09 – 3/10	4/10 – 9/10
Caucasian	58.8%	69.6%
African-American	41.2	26.1
Asian/Pacific Islander	-	
Latino	-	4.3
Native American	-	
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 ten 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 the Navos PACT staff and talked about ombuds services and how we work with individuals and support staff to resolve disputes.
- We met with staff and people receiving support from Asian Counseling and Referral Services. The discussion was sequentially translated into four languages; Chinese, Vietnamese, Cambodian and Laotian. We discussed ombuds services, self-advocacy and recovery.
- We met with staff from the Muckleshoot Indian Tribe Behavioral Health Program to discuss ombuds services and here an update from the staff on current mental health and chemical dependency services.
- We gave a presentation on ombuds services at the monthly clinical staff meeting at Asian Counseling and Referral services.
- We attended the Recovery Celebration in Auburn.
- We met with DESC clinical supervisors at their regular monthly staff meeting. We discussed how we work with staff to resolve people's issues and our release of information. As a result, we modified the language of our release to clarify the disclosure to include an "exchange" of information.
- We met with the supervisor of the 211 telephone directory of social services and toured their call center.
- We met with the new director of behavioral health and chemical dependency services for the Snoqualmie Tribe. We discussed mental health ombuds services and services provided by the tribe.
- We met with staff from the King County Office of Civil Rights who gave a presentation on their scope of responsibilities. We discussed how to coordinate referral information.
- We attended the Recovery Celebration at Hero House.

Other Activities

We attended the following monthly meetings during this reporting period:

- Four King County Partners meetings

- Two Clinical Directors meetings
- One Mental Health Advisory Board meeting
- Five Quality Council meetings

We met with King County Housing staff and staff from Community Corrections to talk about the Shelter Plus Care program.

The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) offers webinars on a variety of topics. Associate Ombuds participated in the following webinars during this period.

- Understanding Mental Health Conditions
- Medicaid Expansion and Impact on Behavioral Health
- Building an Inclusive Society
- Enhancing Mental Health and Addiction Treatment Capacity
- Supported Employment That Works
- Clinical Feedback Tool to Improve Client Outcomes
- Instrument to Measure Recovery from Mental Health

We attended the tri-annual statewide mental health ombuds/QRT meeting in Olympia. We participated in a focus group on access for diverse groups led by the federal External Quality Review Organization (EQRO) survey team.

We participated were certified in Medic First Aid and CPR training sponsored by 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 meet with allied providers to speak against stigma and provide information on ombuds services, how King County promotes recovery.

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