

Mental Health Ombuds Services of King County

Ombuds Service Semi-Annual Report
October 2008 through March 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 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 October 2008 through March 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 1,407 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 six percent less than the previous six-month period (1,501 hours). Actual staffing for this period was about 17 percent greater than the contracted service level (200 hours per month).

Month	Hours of Service
October	249
November	205
December	229
January	234
February	219
March	271
Total	1,407

Publications

The enhanced mental health ombuds web site was launched during this period. The site now posts mental health ombuds brochures in each of the nine preferred languages and copies of our most recent six-month reports. We will continue to develop opportunities for our site to provide information and help connect people to resources.

Advocacy

We had 771 contacts by phone or in person during this report period, an average of 128 contacts each month. There were 21 percent fewer contacts than the previous six-month period (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
October	171	129
November	94	73
December	130	80
January	132	90
February	106	90
March	138	106
Total	771	568

We received a signed release of information to support 16 people during this reporting period. This is about 27% less than the number of situations during the prior period (22). This reporting period is consistent with same reporting period from one 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 (October 2008 through March 2009) and the prior reporting period (April 2008 through September 2008).

Cases Opened	4/08 – 9/08		10/08 – 3/09	
	Number	Percentage	Number	Percentage
Access	8	34.9	9	60.0
Financial/Admin	2	8.7	2	13.2
Quality/Appropriateness	5	21.7	1	6.7
Dignity & Respect	1	4.3	1	6.7
Physician/Medical	4	17.4	-	-
Housing	2	8.7	1	6.7
Consumer Rights	1	4.3	-	-
Intensity/Coordination	-	-	1	6.7
Total	23	100.0%	15	100.0%

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

Cases Closed	4/08 – 9/08		10/08 – 3/09	
	Number	Percentage	Number	Percentage
Mediation/Conciliation	19	73.1%	8	77.8%
Information/Referral	2	7.7	2	11.1
Not Pursued	3	11.5	-	
Grievance	2	7.7	1	11.1
Total	26	100.0%	11	100.0%

We assisted in one grievance during the period. There were four 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 contacted nine 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 four of those nine people. None of them reported retaliation and they all reported being 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.

Nineteen percent of the people reported having a chemical dependency, compared to four percent and 22 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	4/08 – 9/08	10/08 – 3/09
Caucasian	52.0%	73.4
African-American	16.0	-
Asian/Pacific Islander	8.0	6.7

Latino	-	13.2
Native American	-	6.7
Unknown	24.0%	-

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 attended a staff meeting of the Catholic Community Services Children’s Treatment Program.
- We visited with residents during a weekly community meeting at the Community Psychiatric Clinic (CPC) Cascade Hall.
- We visited with staff from CPC El Rey another residential program. Next month we are scheduled to meet with residents.
- We met with NAMI-Greater Seattle participants in a parent-to-parent group. We discussed ombuds services, advocacy and current mental health issues.
- We met with staff and residents at Community Psychiatric Clinic (CPC) El Rey residential program.
- We attended a monthly staff meeting Harborview Mental Health Services and discussed mental health ombuds services.

We provided five hours of training on warm line skills to prospective warm line volunteers at their training session at Navos. We also participated in the graduation ceremony of new warm line phone volunteers.

Other Activities

We attended the following monthly meetings during this reporting period:

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

We participated in three meetings with stakeholders interested in implementing a consumer operated “warm line” in King County and participated in three Board meetings of the King County Warm Line which inaugurated its service on April 1.

Trained volunteers are available to people in King County Friday and Saturday nights from 5:00 pm to 10:00 pm.

An Associate Ombuds participated as volunteer in the DSHS/MHD holiday peer phone-tree service.

An Associate Ombuds was appointed to be a mental health advisory board member for Disability Rights Association of Washington, formally the Washington Protection and Advocacy System.

Two Associate Ombuds participated in a webinar workshop presented by SAMHSA entitled "Promoting Acceptance and Social Inclusion for People with Mental Health Problems in the Workplace".

We participated in the town hall meeting held by Representatives Frank Chopp and Jaime Peterson.

We visited the Clark RSN mental health ombuds and warm line offices.

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 and how they relate to recovery.

We will continue to improve our web presence to expand our outreach efforts and means by which people can connect with us for information, referral and advocacy.

We will continue to collect additional clarifying information from individuals who report being unsatisfied with the outcome of their issues and the support they received from the mental health ombuds office. 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.