

HOUSE BILL REPORT

2ESSB 5522

As Reported by House Committee On:
Health Care

Title: An act relating to creating an office of mental health ombudsman.

Brief Description: Creating an office of mental health ombudsman.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Kastama, Hargrove, Thibaudeau, Winsley, Kohl-Welles, Long, Costa, Snyder, Deccio, Fraser and Rasmussen).

Brief History:

Committee Activity:

Health Care: 2/22/02, 2/28/02 [DPA].

Brief Summary of Second Engrossed Substitute Bill
(As Amended by House Committee)

- Creates a Mental Health Ombudsman in the Department of Community, Trade, and Economic Development.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 7 members: Representatives Cody, Chair; Schual-Berke, Vice Chair; Campbell, Ranking Minority Member; Conway, Darneille, Edwards and Ruderman.

Minority Report: Do not pass. Signed by 4 members: Representatives Alexander, Ballasiotes, Benson and Skinner.

Staff: Dave Knutson (786-7146).

Background:

The current Mental Health Ombudsman Program is run from within the Regional Support Networks (RSNs) and state psychiatric hospitals. There is also a quality review team process overseen by the Mental Health Division of the Department of Social and Health Services. Ombudsmen are required to be "functionally independent," but are employed

by and often located within the RSNs. Some people have expressed concerns that ombudsmen are not free to act in an independent manner and may not have the authority that other state ombudsman programs have.

Summary of Amended Bill:

An Office of the Mental Health Ombudsman (MHO) is created. Services are provided by a nonprofit organization contracting with the Department of Community, Trade, and Economic Development (CTED). The CTED chooses the contractor through a competitive process, and provides some administrative support.

The Mental Health Ombudsman must investigate and resolve complaints at the lowest level appropriate, and to ensure that quality review teams are established. The MHO must establish a statewide reporting system, engage in outreach activities, establish a toll-free number, and report to the Legislature annually.

The Mental Health Ombudsman must develop and implement a working agreement with the long-term care ombudsman, the children and family services ombudsman, and the Washington Protection and Advocacy System to coordinate services. The MHO also must establish working agreements with each RSN, the state psychiatric hospitals, and the Mental Health Division. The RSNs and state hospitals must cooperate with the MHO and respond in writing to all recommendations, identifying the actions taken to address them.

Mental health ombudsmen are authorized to meet privately with consumers to provide information. All ombudsmen must conform to uniform policies developed by the state office. Ombudsmen are authorized to represent clients before governmental agencies.

The Legislature intends that CTED's state Mental Health Ombudsman Program expend no more than the amount currently expended on RSN and state hospital ombudsman services and quality review teams, and the amount spent by the Mental Health Division on staff support and training for the quality review teams and ombudsman services.

The effective date is moved from July 1, 2002, to July 1, 2003.

Amended Bill Compared to Second Engrossed Substitute Bill:

The ombudsman is authorized to meet privately with mental health consumers and disseminate information to the public about system-wide problems. Confidentiality and release of mental health ombudsman records provisions are clarified. Ombudsmen are authorized to represent consumers before governmental agencies. The effective date is moved from July 1, 2002, to July 1, 2003.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect on July 1, 2003.

Testimony For: Currently, mental health ombudsmen are not independent of regional support networks or the state hospitals. There should be an independent office that functions to protect consumers with a mental illness.

Testimony Against: The existing system works well. There is no need to scrap the entire system because of a few problems in one or two regional support networks.

Testified: (In support) Senator Kastama, prime sponsor; Marie Jubie and Becky Coward, consumer advocates; David Lord, Washington Protection and Advocacy System; Clifford Thurston, New Century Consumer Coalition; Kary Hyre, Long-term Care Ombudsman; and Dan Bilson.

(Oppose) Sherry Storm, King County Mental Health Ombudsman; Denny Naughton, Office of Community Development; Jean Wessman, Washington State Association of Counties; and Karl Brimmer, Mental Health Division, Department of Social and Health Services.

(Concerns) Andrea Stephenson, The Empower Alliance.