

SENATE BILL REPORT

SB 5522

As Reported By Senate Committee On:
Human Services & Corrections, February 22, 2001

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

Brief Description: Creating an office of mental health ombudsman.

Sponsors: Senators Kastama, Hargrove, Thibaudeau, Winsley, Kohl-Welles, Long, Costa, Snyder, Deccio, Fraser and Rasmussen.

Brief History:

Committee Activity: Human Services & Corrections: 2/9/01, 2/22/01 [DPS].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 5522 be substituted therefor, and the substitute bill do pass.

Signed by Senators Hargrove, Chair; Costa, Vice Chair; Carlson, Franklin, Hewitt, Kastama, Kohl-Welles, Long and Stevens.

Staff: Chelsea Buchanan (786-7446)

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. Ombudsmen are required to be functionally independent, but are employed by and often located within the RSNs. Concerns exist 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 Substitute Bill: A Mental Health Ombudsman (MHO) is created. Services are provided by a nonprofit organization contracting with the Department of Community, Trade, and Economic Development (CTED). 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.

The Legislature intends that CTED's state Mental Health Ombudsman Program expend at least 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.

Substitute Bill Compared to Original Bill: The substitute clarifies the role of quality review teams, and requires outcome measures, including consumer satisfaction, be assessed and reported. Stakeholder involvement is provided for in the selection process of the agency contracted to be the state Mental Health Ombudsman. The agency chosen is subjected to an annual review to ensure contract compliance. The substitute clarifies that persons currently working or volunteering as ombudsmen within the state hospitals and RSNs are eligible to apply to be ombudsmen under the new system. The state Mental Health Ombudsman is required to actively recruit from these persons. Volunteers are utilized under the new system, but must not be used instead of employees to provide fundamental functions of the program. Ombudsmen and quality review team members needing access to correctional facilities must pass a criminal background check and give reasonable notice to the Department of Corrections before visiting. The substitute specifies that no new state general fund monies may be spent on the new mental health ombudsman for the first two years of the program, unless additional funds are specifically appropriated by the Legislature. Existing resources from the current ombudsman, quality review team, and support services within the RSNs and the Mental Health Division must be used. The substitute specifies that this includes administrative costs related to the ombudsman and quality review team services within the RSNs. The substitute has a new effective date of July 1, 2002.

Appropriation: None.

Fiscal Note: Available, re-requested on February 22, 2001.

Effective Date: The bill takes effect July 1, 2002.

Testimony For: The Long-Term Care and Family and Children's Ombudsman programs work well, in great part due to their independence. There is a quality difference between the ombudsmen services of each RSN; quality needs to be assured across the state. The original intent was for the ombudsman program to be independent; this never happened and the RSNs have resisted defining and standardizing the meaning of independence. Independent ombudsmen improve accountability, have greater credibility, and can help in observing outcomes and assessing needed systemic changes. Independent ombudsmen make decisions on behalf of the consumer, not as an employee. There is a lot of resistance to providing services under the current system, and consumers suffer as a result. Ombudsmen and quality review team members who have tried to change the system have been penalized.

Testimony Against: Many of the ombudsmen programs in the Regional Support Networks work very well. Some RSNs put more effort into their programs than others, and standardization could drastically reduce the quality in the RSNs that are currently performing well. Standardization also does not allow for the unique needs of each individual RSN. Current ombudsmen should be allowed to retain their jobs under the new system. The transition to a new system could lead to high turnover among staff and could leave people unserved. The bill as written does not create a system that would work well. **Concerns:** Department of Corrections' security needs all visitors, including ombudsmen, to pass criminal

background checks and give adequate notice before visiting. The bill should also provide for current volunteer and employee ombudsmen at state hospitals to apply for new ombudsmen positions. The threat of civil fines is needed as an enforcement against retaliation. The bill needs stronger wording about recruiting consumers as ombudsmen. The role and responsibilities of the quality review teams is not adequately addressed in the bill. There is potential for duplication of services between the Long-Term Care Ombudsman program and the Mental Health Ombudsman program.

Testified: Senator Jim Kastama, sponsor (pro); Peggy Maze Johnson, (pro); Elizabeth Stanhope, Washington Protection and Advocacy (pro); Jean Wessman, Washington Association of Counties (con); Jennifer Dailey Helgestad, Pierce County Ombudsman (con); Stephanie Kerk, Pierce County Regional Support Network (con); Esther Gregg, Chair, Wahkiakum County Commission (pro); Becky Coward, Timberland Regional Support Network (pro); Tom Richardson, National Alliance for the Mentally Ill (pro); Robin Grupper, ombudsman (pro); Marie Jubie, North Sound RSN Advisory Board (pro); Jack Morris, DSHS Mental Health Division (concerns); Sherry Storms, Mental Health Ombuds Service of King County (con); Kary Hyre, Long-Term Care Ombudsman (pro); David Lord, Washington Protection and Advocacy (pro); Denny Naughton, Office of Community Development (concerns); Doreen Geiger, Department of Corrections (concerns); Andrea Stephenson, Empower Alliance (pro with concerns); Carole Willey, Holistic Health and Advocacy (pro).