

SENATE BILL REPORT

SB 6587

As Reported By Senate Committee On:
Human Services & Corrections, February 1, 2006

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

Brief Description: Creating an office of mental health ombudsman.

Sponsors: Senators Kastama, Regala, Keiser, Deccio, Thibaudeau, Rasmussen, McAuliffe, Kohl-Welles and Kline.

Brief History:

Committee Activity: Human Services & Corrections: 1/30/06, 2/1/06 [DPS-WM, w/oRec].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 6587 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Hargrove, Chair; Stevens, Ranking Minority Member; Brandland, Carrell, McAuliffe and Thibaudeau.

Minority Report: That it be referred without recommendation.

Signed by Senator Regala, Vice Chair.

Staff: Indu Thomas (786-7459)

Background: Ombudsman and quality review team services must be provided to mental health consumers by states which use federal managed mental health care waiver funds. Rather than a centralized mental health ombudsman office, Washington's ombudsman services are provided within the Regional Support Networks (RSNs). The ombudsman office in each RSN is required to maximize the use of consumer advocates. A provision in E2SSB 5763, which passed in 2005, requires that each ombudsman office shall be independent of the RSN with whom it contracts.

Summary of Substitute Bill: A centralized, independent Office of Mental Health Ombudsman (OMHO) 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 involving stakeholders, provides some administrative support, and does an annual review to ensure contract compliance.

The OMHO may provide ombudsman and quality review team services directly or by subcontract. The OMHO must investigate and resolve complaints at the lowest level appropriate, and establish a statewide uniform reporting system. Its quality review teams must define, establish, and measure systemic consumer outcomes. The OMHO must report to the

Legislature annually, and include outcome measurements and recommendations to improve service quality.

The OMHO must develop and implement working agreements to coordinate services with other state ombudsman programs and entities. The OMHO also must establish working agreements with each RSN, the state psychiatric hospitals, and the Department of Social and Health Services' Mental Health Division. The RSNs and state hospitals must cooperate with the OMHO and respond in writing to all recommendations, identifying the actions taken to address them.

The centralized ombudsman program is intended to make reasonable efforts to maintain and improve the quality and level of ombudsman and quality review team services, taking into account the transition period. The program is also required to recruit mental health consumers to perform the functions of the office and to encourage its subcontractors to do the same. Finally, the OMHO is required to have an outreach plan which must include regular visits to mental health agencies, facilities, and clubhouses.

Substitute Bill Compared to Original Bill: The requirement that the level of funding should remain at the same level as is now expended by the RSNs is eliminated.

Appropriation: None.

Fiscal Note: Requested on January 20, 2006.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: It is important not only to have an independent ombudsman office, but also a centralized and coordinated statewide program. This proposal is patterned after the Long-Term Ombudsman Office. Ombudsmen lack the visibility that is necessary to make them effective. They are very helpful in training and supporting families who are struggling with members who suffer from mental illness.

Testimony Against: The current system works in some counties. The whole system does not need to be changed to correct the deficiencies of a few. As written, the bill would undermine and financially stress the current system which does work.

Who Testified: PRO: Carole Willey, Holistic Health and Advocacy; Harrison Fisher, National Alliance on Mental Illness; Marie Jubie, citizen; Diane Jaden-Catori, former ombudsman; Kary Hyre, Long Term Care Ombudsman.

CON: Stephanie Keck and Carolyn Glover, Pierce County Ombudsman; Lynne Delano, Washington Department of Corrections; Martha Harden Cesar, Superior Court.