

HOUSE BILL REPORT

HB 1629

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: Representatives Conway, Darneille, Cody, Edmonds, Ruderman, Schual-Berke, Keiser, Ballasiotes, Hunt, Lovick, Jackley, Fisher, Linville, Kenney, Miloscia, Edwards and Veloria.

Brief History:

Committee Activity:

Health Care: 2/22/01, 2/27/01 [DPS].

Brief Summary of Substitute Bill

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

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Campbell, Republican Co-Chair; Cody, Democratic Co-Chair; Schual-Berke, Democratic Vice Chair; Ballasiotes, Conway, Darneille, Edmonds, Edwards, Marine, McMorris, Pennington and Ruderman.

Minority Report: Do not pass. Signed by 2 members: Representatives Skinner, Republican Vice Chair; and Alexander.

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. 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). 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.

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.

Substitute Bill Compared to Original Bill:

Mental health ombudsman and quality review team members must have passed criminal history background checks before having access to inmates in correctional facilities. An effective date of July 1, 2002, is established. The Office of Mental Health Ombudsman will recruit people who served as ombudsman through Regional Support Networks or a state hospital.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect on July 1, 2002.

Testimony For: Ombudsmen for mental health clients should operate in an independent

setting, outside the mental health system. Ombudsmen may not be willing or able to advocate for clients if they are employed by Regional Support Networks or in state hospitals.

Testimony Against: There have been a few complaints in a few Regional Support Networks regarding the quality of mental health ombudsman functions. That is not enough justification to create a new state program. This will either require an additional appropriation, or will take existing funding away from ombudsman functions. Mental health ombudsmen should not have access to jails or correctional facilities without a criminal history background check.

Testified: (In support) Jack Morris, Department of Social and Health Services; Kary Hyre, Long-term Care Ombudsman; Tom Richardson, National Alliance for the Mentally Ill Washington; Peggy Maze Johnson; Esther Gregg, Wahkiakum County Commissioner; Robin Grupper; Becky Coward; and David Lord, Washington Protection and Advocacy System.

(Concerns) Harry Steinmetz, Washington Association of Housing and Services for the Aging; and Andrea Stephensen, Empower Alliance.

(Concerns with section 10) Doreen Geiger, Department of Corrections.

(Opposed) Jean Wessman, Association of Counties.