ISSUE RESOLUTION PROCESS

Feedback as of 4-14-09

My thoughts on the issue resolution process:

- The state issue resolution process should not be created in a vacuum but as part of a local-to-state level process integrated throughout the public mental health system that is user-friendly, seamless, transparent and timely.
- It needs to make clear what the OAC's oversight role is. Right now, many of our NAMI constituents think "oversight and accountability" means the commission is where you go when you want to file a grievance at the state level.
- Resolution/grievance procedures need to be tailored to the different issues of process, substance, policy, services, individuals, families, organizations, public mental health employees, etc.
- It needs to provide protections against retaliation and retribution at local and state levels.
- It needs an independent body – not county or state mental health – to manage issue resolution processes at all levels.
- It needs to have well defined and expedient timelines for processes at the local and state levels.
- An 800 phone number should be posted in all public mental health delivery areas that anyone can call to get instruction on how to proceed with the grievance process beginning at the local level.
- It needs to capture outcomes and share those outcomes with all interested parties.

Feedback from NAMI CA members on the issues resolution process:

- The primary problem with a "grievance Process" that relies heavily on a network of local community members that sit on boards, committees and commissions is that the threat of labeling, seclusion and/or retribution (even in its most subtle forms) is enough of a threat to prevent other community members, especially those seeking services to refrain from bringing forward their concerns and misgivings.
- County/local grievance processes need to be published for the OAC and for the community where they are implemented.
- While I do think that beginning at the local level is desirable, the process needs to be vetted to an independent group that is not affiliated with the county or county mental health service delivery. This is critically important in communities where the county might be the primary provider of employment.

- Patient's rights advocates are hired by the county. They are not appropriate for bringing forward concerns about a plan that will bring money to their employer.
- County mental health boards, in my experience, do not "review or make recommendations for revisions" regarding mental health plans. They sign off on the plans, usually without comment and sometimes without familiarity of the document they are reviewing.
- In our county, if you take issue with a plan, you meet with the Director of Mental Health. This is an obvious imbalance of power (even if only by perception) for most community members. There is no notification of the outcome.
- Recommendations for changes to a plan have never been tracked. Recommendations are made and it is reported that they have been addressed. But how would community members ever really know?
- It is appropriate for the OAC to direct the Board of Supervisors, the Mental Health Directors, the MHSA Directors and local Mental Health Commissions of their oversight and accountability responsibilities for ensuring that the plans are being followed and performed, as DMH or the OAC authorized and funded. There has been no clear direction, training or communication in my county.
- Right now, the local process is fragmented and without teeth. It is dependent on people who have waited years for services to take a stand against those who are perceived to have total power over their housing, services and freedom.
- Most consumers and family members are not comfortable filing grievances with their local mental health departments and are fearful of retaliation.
- The local grievance process is too burdensome and frustrating which leaves most t throwing up their hands. This is what the system counts on, in my opinion.
- I know that community members and stakeholders were counting on the OAC to take charge and provide a watchdog service to the consumers and their family members. We have been operating from a position of powerlessness for years and hoped that we would have a seamless process for hearing our concerns and having them resolved.
- Money is being wasted and lives are literally being lost because there is no clear plan for oversight and accountability after four years of MHSA implementation.
- There needs to be a safe forum for complaints, at the local level, similar to a grand jury, where people can come in and talk without their identities being disclosed.
- I must admit that I do not have a clue about any grievance process that is available to someone enrolled in a MHSA program. I just figured that, like other County MH clients, someone with a grievance who was enrolled in a MHSA program would contact the Patient Rights staff for the county. If this is the case, then I would recommend that there be an additional, **INDEPENDENT** person that is readily available to clients and tasked with the job of helping the client

understand the different levels of grievance and helping the client fill out the necessary paperwork and distribute it to the Patient Rights staff.
This **INDEPENDENT** person would play an advocacy role for the client similar to that of a public defender in a court case.

- One of the ineffective, unethical, and conflict of interest process resides with WHO pays the "Patient Advocate" with each county's administered mental health system of care. How can a patient advocate provide support/advocacy taking issue with treatment, etc, against the mental health administration who employs him. I have seen these individuals compromised because of this existing structural relationship.
- Frankly, I am not clear on grievance process. We are protesting an issue. We made a formal appeal by letter to DMH Director with copies to County Supervisors and other DMH staff. We are working with them on the issue as a result where they seemingly forgot about us. This was not a formal process. There is definitely the stakeholder process for the development of the plans which I think has some structural problems but is being used. For the grievance process it seems to be knowing the right persons to contact. I am concerned that processes become too cumbersome and just a way to diffuse the problem.

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