



Issue Resolution Process Workgroup  
**Meeting Minutes**  
**August 19, 2009**  
**9:00 AM – 10:00 AM**  
 Phone Conference

**Chair:** Eduardo Vega,  
**Members present:** Eduardo Vega, Richard Van Horn, Larry Poaster, Patrick Henning, David Pating  
**Members absent:** Darlene Prettyman  
**Staff:** Deborah Lee, Bev Whitcomb, Jose Oseguera, Peter Best

Agenda Item	Discussion
Introductions & Background	<ul style="list-style-type: none"> <li>➤ Attendees and phone participants were introduced</li> <li>➤ During the June 25, 2009 MHSOAC meeting, CFLC recommendations to address the DMH Interim Issue Resolution Process (IRP) was discussed. The recommendations were condensed to address two key issues:               <ul style="list-style-type: none"> <li>○ The Commission convened a workgroup, consisting of designated co-chairs and representative of the CFLC, Services Committee and the Cultural and Linguistic Competency Committee, to develop recommendations regarding the statewide IRP, using the recommendations of the CFLC as a starting point</li> <li>○ The Commission will ask DMH to provide a quarterly summary of issues and their resolutions. CFLC will provide annual reports and recommendations in response to DMH's report.</li> </ul> </li> </ul>

Purpose of call	To orient other Commissioners to what has happened to date. Commissioner Vega will discuss the Work Plan.
Issue Resolution Process History	<ul style="list-style-type: none"> <li>➤ Eduardo Vega presented background on information on the IRP</li> <li>➤ CFLC members addressed the IRP issue from the perspective of the clients and family members on issues related to programs, systems, etc.</li> <li>➤ Clients and family members are coming at the issue from a very particular experience</li> <li>➤ However, there are limits to the client and family member perspective</li> <li>➤ NAMI families know how arduous the process can be and have experience pushing through the barriers</li> <li>➤ In June, MHSOAC decided to create a work group representing the various committees, plus Larry Poaster, to bring broader, more comprehensive recommendations to MHSOAC</li> <li>➤ Originally the workgroup was expected to bring recommendation to MHSOAC in October, but is now on the September agenda</li> <li>➤ Community Partners sent a July 21 letter and REMHDCO sent a July 30 letter to DMH</li> <li>➤ The Work Group would like a written record of comments from other groups, to provide information for our discussion</li> <li>➤ DMH has closed public comment and is moving rapidly toward regulations</li> </ul>
Local vs. Statewide Issue Resolution	<ul style="list-style-type: none"> <li>➤ The initial process that DMH developed and diagrammed focuses on what they are going to do in response to issues that come to their attention</li> <li>➤ The need to ratify this process has sparked considerable discussion. There needs to be an integrated approach to how responses are created at the local level.</li> <li>➤ It is important that these two efforts be seen as complementary parts and not as similar</li> <li>➤ About 70% of DMH's document refers to what happens within DMH</li> <li>➤ The part dealing with stakeholders and MHSOAC is more concerned with a system transparency</li> <li>➤ Stakeholders need to be assured that once an issue gets to a State level, there is a process for communication and accountability that can be relied on</li> <li>➤ Other State entities need to have confidence in to the DMH IRP</li> <li>➤ Providers at the county level are not interested in going through a long process that involves an appeal to State DMH</li> </ul>

	<ul style="list-style-type: none"> <li>➤ People at the local level experience problems with health service and support. Solutions should be available at the local level.</li> <li>➤ There is a need to differentiate what we are recommending for an internal DMH process versus the bigger picture of local resolution what will be the role of the MHSOAC?</li> <li>➤ See separate document: CFLC recommendations to MHSOAC (Powerpoint)</li> </ul>
<p>Questions Answers and Comments</p>	<ul style="list-style-type: none"> <li>➤ <b>Q. RVH:</b> Has DMH provided us with the comments and feedback that they had received?</li> <li>➤ <b>A. BW:</b> They plan to convene the original work group to review all the comments.</li> <li>➤ <b>A. LP:</b> They extended that date for MHSOAC.</li> <li>➤ <b>A. Deborah:</b> The DMH timetable changed and it's not entirely clear. Filomena is following up with DMH.</li> <li>➤ <b>EV:</b> It would be good to let Steve Mayberg know that we intend to comment and we need a framework for the deadline.</li> <li>➤ <b>Larry:</b> We need a work day in early September to discuss recommendations.</li> <li>➤ <b>EV:</b> He will talk separately with David Pating and review today's conversation. The CFLC is a good starting point for the work group. I think there are some things that we can build out of it. My sense is that the CFLC document focused on a couple of different levels of recommendations: statewide, general, local. What MHSOAC wants to do and our group's task is to focus just on statewide, with maybe just a few general points as framework. Generally, this group should leave the local issue resolution aside.</li> <li>➤ <b>RVH:</b> That's fine as long as the connection between local and statewide is clear; we have to understand how things get to the statewide process.</li> <li>➤ <b>Larry:</b> His understanding of the statewide process is that it is going to be deferred to the local level.</li> <li>➤ <b>RVH:</b> His experience is that families and clients say that it's too difficult to get a final decision. The same thing is true in regards to providers.</li> <li>➤ <b>EV:</b> We have to determine where we are going to focus our energies. CFLC made about 10 recommendations about the local process. Your points are well-founded. If we have clarity that we're focusing on when issues move from local to state, timeline, etc. My point is that this issue is beyond the scope.</li> <li>➤ <b>EV:</b> With regard to statewide issue resolution, the DMH proposal has no designated point of contact. To his knowledge, there is no standard form that people can use to raise an issue. People want to know who is accountable and who should be contacted at the OAC.</li> <li>➤ <b>BW:</b> There is no form. When we get a complaint, we forward it to DMH and send the person a letter</li> </ul>

	<p>letting them know that we have forwarded the issue to DMH.</p> <ul style="list-style-type: none"> <li>➤ RVH: Do we know what CMHDA Social Justice Committee has done with regard to local issue resolution?</li> <li>➤ EV: No, he understands that the work is ongoing and has no details.</li> <li>➤ EV: Next steps could be to review the current recommendations, give feedback on what is missing, what needs to be changed, etc. His hope is that recommendations to DMH would be fewer than ten.</li> <li>➤ Deborah: Apparently they are not looking at the latest version. We converted everything to general recommendations.</li> <li>➤ Deborah: Many clients and family members think that OAC is supposed to resolve issues. This might be an opportunity for some education.</li> <li>➤ Larry: We need to devote some time to talking about the whole issue, including people's expectations. We can use the CFLC document as a starting point. This is an opportunity to crosswalk across Committees. Statute is clear that MHSOAC is to refer issues to DMH. Also, OAC has responsibility for oversight of the entire MHSA, local and statewide. We need to sort this out. One of our tasks is to define what our oversight and accountability system is going to look like for the overall process. I don't think it's necessarily our role to design local processes. But if the State is going to rely on local processes, then we can make some general principle recommendations regarding what the minimum standards should be for the local process.</li> <li>➤ Larry: There are several other grievance processes that are in regulation: Medi-Cal, provider appeals, etc. We need to figure out if what we're doing relates to those other processes and help people understand which routes to take. If an individual is receiving Medi-Cal services, there is an existing appeals process.</li> <li>➤ Deborah: This is going to be increasingly important as we move toward a more integrated system. David: He agrees that getting clarification on scope would be very helpful.</li> <li>➤ EV: Several CFLC members are involved in issue resolution from various vantage points. We have some knowledge base. The consensus of the CFLC members is that while there are some statutory requirements, such as Medi-Cal for service-related grievances, some of which are standardized and well established, this is just a piece of the whole picture.</li> <li>➤ EV: It illustrates the whole dynamic of people raising concerns not so much about specific treatment or not treatment, but with regard to MHSA programs: the design, planning, and implementation of them on a somewhat broader level. An example is why is my child who has been bouncing for years through board and cares not be eligible for FSP in my county. The answer is that FSP was designed for new clients with the highest level of need. Likely, the client being denied the service is eligible</li> </ul>
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for Medi-Cal. But the issue is very real. The families feel they supported Prop 63 so their children and people in their situations would be served. There is also a question about whether people in FSPs are eligible for other programs. Some people are saying that FSP clients can't enroll in client-run centers and no one else can bill for services for on their behalf.

- EV: The OAC needs to understand how the MHSA IRP fits into the patchwork of processes that are available and how the questions arise. As MHSA programs interface with others, some issues are effectively resolved. From my perspective, the big question for OAC is, through IRP, to learn how MHSA is implemented effectively across the State.
- Larry: Get two source documents. Get the most recent version of CFLC recommendations and the DMH proposed Draft IRP. We need the latest DMH draft. We need whatever staff can dig up about other issue resolution processes.
- EV: CFLC did some research on this. Patrick can help with this because some of this is the purview of the MH Planning Council, Mental Health Boards, etc.
- Larry: If we could get this background information, it would be ideal. It would be best if people could meet face-to-face with a substantial block of time to wade through this. It's really complicated.
- EV: We in LA have been developing a local issue resolution process. I've learned some things from that.
- EV: Wednesday, September 9<sup>th</sup> was suggested as a meeting date
- Pete: I will send some suggested dates and will gather the background information.
- Richard: Larry raised the issue of what is a process that we can recommend that doesn't drive everyone up a wall.
- Larry: There is a pre-proposed regulation process. There is also opportunity for public comment after regulations are proposed.
- EV: He is concerned with tight timelines. It is a big project to recommend to DMH and to develop a better understanding of what MHSOAC's role in oversight and accountability. We need to separate those two.
- Larry: Whatever process the State develops, we have the authority to get those data and analyze them for our purposes.

<p>Adjournment &amp; Next Steps</p>	<ul style="list-style-type: none"> <li>➤ Next meeting: In person meeting in Sacramento, 10:00 AM – 4:00 PM with telephone option (date to be determined )</li> <li>➤ Locate DMH Draft Interim IRP document</li> <li>➤ Develop response to draft DMH issue resolution process</li> <li>➤ Gather other non-MHSA Issue Resolution/Grievance Processes for review</li> </ul>
<p>Actions</p>	<ul style="list-style-type: none"> <li>➤ Locate DMH Draft Interim IRP document</li> <li>➤ Develop response to draft DMH IRP</li> <li>➤ Gather other non-MHSA IRP/Grievance Processes for review</li> </ul>