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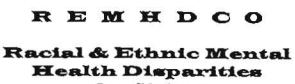


July 31, 2009

Stephen W. Mayberg, Ph.D.
Director
California State Department of Mental Health
1600 – 9th Street, Room 151
Sacramento, CA 95814

Re: MHSA Issue Resolution Process

Dear Dr. Mayberg,

The Community Partners would again like to thank you and the State Department of Mental Health (DMH) for extending the deadline for public comment on the MHSA Issue Resolution Process. We realize that at this time, DMH is addressing the Issue Resolution Process within the framework of the requirements of the MHSA statute and the need to develop regulations around process for MHSA grievance issues at the state level.

We are asking that, beyond this limited purview, DMH work with all other MHSA Partners to include in their currently developing procedure the multiple statewide issues described below. The goal would be to define consistent issue resolution procedures throughout the entire mental health system, beginning at the local level and continuing in a seamless process to the state level when necessary.

The Community Partners have identified the issues that are most important to us as a group and submit them here.

Minimum standards need to be established for local issue resolution processes. DMH or the OAC could facilitate the creation of these standards in collaboration with community stakeholders. These minimum standards would ensure that regardless of the county in which a complaint took place, there would be a uniform process that was simple, easily understood,

and user-friendly, which protected consumers, family members, and individuals from underserved communities.

1. Consumers, family members, and/or anyone making a complaint should not be required to exhaust a local process before bringing the issue to the state level. Currently, there is not enough trust in the local or county processes, and many counties do not have a well-developed or well-publicized issue resolution process in place. We recommend a compromise of a 1 year exception that allows consumers, family members, or providers to bring MHSA issues directly to the state without having to exhaust the local process; to be revisited and evaluated yearly to determine the continued need for the exception. This would give counties time to develop their formal process with adequate community input.

2. Adequate protections against retaliation must be in place for people making a complaint. There continues to be an unacceptable level of fear among consumers, family members, providers, and potential providers that prevents them from speaking freely about concerns they have, including matters about individuals, treatment, processes, policies, etc.

3. Feedback loops to the individuals or organizations filing the grievance should be in place at every point in the process. Upon receiving a complaint, DMH should not just speak to the county staff and make a determination without the opportunity for additional communication by the complainant for rebuttal or additional fact-finding.

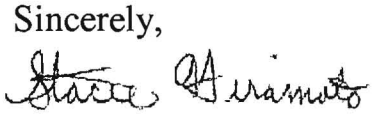
4. A toll free number should be established and publicized statewide for individuals to access information about how to proceed for any/all types of grievances – service, stakeholder processes, policy, etc. This number should be prominently displayed in services areas and be part of intake orientation packets.

5. Timelines should be established, publicized, and adhered to by public parties at all levels and for every point in the process.

6. All information regarding the MHSA Issue Resolution Process should to be available in threshold languages at both the state and county levels.

We appreciate your efforts to develop an effective MHSA issue resolution process at the state level. We look forward to working with you forwarding the future to ensure that the best principles of an effective issue resolution process are integrated throughout the mental health system. We await your response to this invitation.

Sincerely,



For The Community Partners

Rusty Selix, Mental Health Association in California
Harriet Markell, California Coalition of Community Mental Health Agencies
Kathy Trevino, California Network of Mental Health Clients
Dede Ranahan, NAMI California
Diane Shively, United Advocates for Children and Families
Leticia Alejandrez, California Family Resource Association
Beatrice Lee, Racial and Ethnic Mental Health Disparities Coalition

cc: Sophie Cabrerra, California Department of Mental Health
John Lessley, California Department of Mental Health
Andrew Poat, Mental Health Services Oversight and Accountability Commission
Beverly Whitcomb, Mental Health Services Oversight and Accountability Commission
Pat Ryan, California Mental Health Directors Association
Ann Arneill-Py, California Mental Health Planning Council