
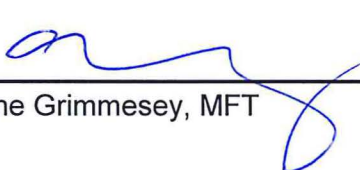




SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Department
Policy and Procedure**

Section	Quality Care Management	Effective:	12/14/16
Sub-section	General		
Policy	MHSA Issue Resolution Process	Last New policy Revised:	
Policy #	4.021		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	<u>12/20/16</u>
Chief Strategy Officer's Approval	 _____ Suzanne Grimesey, MFT	Date	<u>12/28/16</u>
Supersedes:	New policy	Audit Date:	12/14/19

1. PURPOSE/SCOPE

- 1.1. To ensure that community members and stakeholders having issues, concerns or grievances regarding activities of the Mental Health Services Act (MHSA) provided within Santa Barbara County be responded to in a sensitive, timely, appropriate and culturally competent manner.

2. POLICY

- 2.1. Santa Barbara County Department of Behavioral Wellness has a system for community members and stakeholders to resolve concerns or grievances regarding the activities of the Mental Health Services Act (MHSA).
- 2.2. Behavioral Wellness is committed to:
 1. Addressing MHSA-related issues and concerns in an expedient and appropriate manner.
 2. Providing several avenues to file an issue, complaint or grievance.
 3. Ensuring assistance is available, if needed, for the community member to file their issue.
 4. Honoring the issue filer's confidentiality.
- 2.3. Types of MHSA issues to be resolved in this process are:
 1. Appropriateness of the use of MHSA funds.
 2. Inconsistency between the approved MHSA Plan and implementation.
 3. Santa Barbara County Community Program Planning and Processes.
 4. Access to MHSA programs.

3. BACKGROUND

- 3.1. The State of California requires that the local issue resolution process be exhausted before accessing State entities such as the Department of Health Care Services (DHCS), the Mental Health Oversight and Accountability Commission (MHOAC) or the California Mental Health Planning Council (CMHPC) to seek issue resolution or to file a complaint or grievance. Santa Barbara County Department of Behavioral Wellness provides this issue resolution process for filing and resolving issues related to MHSa services, community program planning processes, and consistency between program implementation and approved plans.
- 3.2. This procedure supplements the Department's current "Client Problem Resolution Process" policy and procedure, which provides detailed guidelines for filing grievances and appeals regarding services, treatment and care.

4. ISSUE REGARDING DELIVERY OF SERVICES

- 4.1. If any community member or stakeholder (including consumers/family members, providers, or members of the general public) is dissatisfied with any MHSa activity or process, the individual may file a grievance at any point with the Quality Care Management (QCM) Beneficiary Concerns Coordinator or the MHSa Division Chief.
- 4.2. Issues or concerns submitted to the MHSa Division Chief will be forwarded to the QCM Beneficiary Concerns Coordinator.
- 4.3. Issues are forwarded to the QCM Beneficiary Concerns Coordinator, either orally or in writing, by completing an *MHSa Issue Resolution Form* (see Attachment A) or in a letter.
- 4.4. Within one (1) working day of the QCM Beneficiary Concerns Coordinator's receipt of the grievance, the coordinator determines if the issue is to be addressed through the MHSa Issue Resolution Process or if it is an issue of service to be addressed by the Department's Client Problem Resolution Process. The QCM Beneficiary Concerns Coordinator will acknowledge the receipt of the complaint in writing to the filer within two (2) working days.

5. MHSa RELATED ISSUE (not regarding service delivery)

- 5.1. The Beneficiary Concerns Coordinator notifies the MHSa Division Chief and the Chief of Compliance of the issue received. The Beneficiary Concerns Coordinator communicates with the issue filer regarding the grievance and informs him/her of the resolution to the grievance within 60 days from the date the issue was filed.
- 5.2. The MHSa Division Chief and the Chief of Compliance will attempt to resolve the issue, at which point the Beneficiary Concerns Coordinator is informed and directed to provide a response to the issue filer within 60 days from the date the issue was filed.

- 5.3. In case the MHSa Division Chief and Chief of Compliance cannot resolve the issue, an ad-hoc panel subcommittee of the Behavioral Wellness Commission known as the MHSa Issue Resolution Committee (IRC) (including consumers/family members, community members, and other stakeholders), or any panel designated by the Commission, is convened to address the issue. If needed, the IRC conducts a review of the issue and holds interviews or other investigative actions to determine a pathway to resolution. In this case, the 60-day window for a resolution will be extended and the issue filer will be notified.
- 5.4. Upon completion of the review, the IRC issues a committee report to the Director of Behavioral Wellness. The report includes a description of the issue, brief explanation of the review, and the IRC's recommendations for the County resolution to the issue.
- 5.5. The Beneficiary Concerns Coordinator responds to the issue filer of the resolution in writing and provides information regarding the appeal process and State level opportunities for additional resolution, if desired.
- 5.6. The Director of Behavioral Wellness will provide an MHSa Issue Resolution Report to the Behavioral Wellness Commission as issues arise. Every Commission meeting will have a standing agenda item to address MHSa concerns.

ASSISTANCE

Cuco Rodriguez, MHSa Division Chief

Deana Huddleston, MFT, QCM Program Manager

Suzanne Grimesey, MFT, Chief Quality Care and Strategy Officer

ATTACHMENTS

[Attachment A – MHSa Issue Resolution Form](#)

REFERENCE

California Code of Regulations – Rehabilitative and Developmental Services
Title 9, Chapter 14, Section 529

Assembly Bill (AB) 100
Amendment to Mental Health Services Act (MHSa) on March 14, 2011

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).