

**COUNTY OF SONOMA  
DEPARTMENT OF HEALTH SERVICES  
BEHAVIORAL HEALTH DIVISION: MENTAL HEALTH SERVICES**

ISSUE DATE: 02/05/2018	POLICY NO: MHSA-01
REVISION DATE: 02/05/2018	POLICY NAME: <b>MHSA Issue Resolution</b>
APPROVED BY: _____ Behavioral Health Services Director	REFERENCE/AUTHORITY: 1. Government Code sections 11180-11182; 2. W&I §§ 5614, 5651(c), 5717(b), 14124.2(a)

**POLICY:**

Sonoma County Behavioral Health (SCBH) has adopted the Issue Resolution Process for filing and resolving issues related to:

- Mental Health Services Act (MHSA) Community Planning Processes (CPP);
- Consistency between program implementation and approved plans.

Counties are required to establish an Issue Resolution Process that, to the extent possible, works through procedures already established to avoid duplication of processes. This policy supplements the Consumer Grievance Resolution process that provides detailed guidelines for addressing grievances and appeals regarding services, treatment and care.

The State requires that the local Issue Resolution Process be exhausted before accessing the State venues such as the Mental Health Oversight and Accountability Commission (MHSAOAC), Department of Health Care Services (DHCS), or California Mental Health Planning Council (CMHPC) to seek issue resolution or to file a complaint. For MHSA Issue Resolution Process forms go to: [http://www.sonoma-county.org/health/about/behavioralhealth\\_mhsa.asp](http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp)

**Sonoma County Behavioral Health Division is committed to:**

- The right of individual(s) to bring issues forth
- Addressing issues regarding MHSA in an expedient and appropriate manner
- Providing several avenues for individuals to file an issue
- Ensuring assistance is available, if needed, for anyone who desires to file an issue
- Honoring the Issue Filer's desire for anonymity
- Ensuring an impartial issue resolution process is conducted
- Notifying the Filer, in writing, of outcomes (if contact information was provided by the Filer)

**Types of MHSA Issues to be Resolved in this Process:**

- Inconsistency between approved MHSA Plan and implementation
- Concerns about the Local Community Program Planning Process (CPP)

- Inappropriate use of MHSA funds, such as using MHSA funds to replace funding for programs that existed prior to passage of MHSA on 11/2/04.

## **PROCEDURE:**

- An individual may file an issue at any point or avenue within the system by filling out the attached Mental Health Services Act (MHSA) Issue Resolution Form and submitting it to the MHSA Coordinator.
- The MHSA Coordinator shall provide the Issue Filer a written acknowledgement of receipt of the issue or complaint within three (3) business days and inform them that they will receive a letter with the results of the investigation within sixty (60) days. The Filer will also receive a call during that timeframe inquiring if they are satisfied with the outcome of the investigation (if contact information was provided by the Filer). The Filer will not receive a response if the Filer chooses to remain anonymous.
- The MHSA Coordinator shall investigate the issue and may convene an issue resolution committee whose membership includes individuals who represent diverse perspectives.
- The MHSA issue shall be forwarded to the SCBH Senior Management Team and the SCBH Director for review.
- Upon completion of the investigation, the MHSA Coordinator shall issue a report to the SCBH Senior Management Team which includes the SCBH Director.
- The report shall include a description of the issue, a brief explanation of the investigation, the recommendation and the County resolution to the issue.
- The MHSA Coordinator shall notify the Filer of the issue resolution in writing and provide information regarding the appeal process and State contact information.

## **MENTAL HEALTH SERVICES ACT (MHSA) ISSUE RESOLUTION FORM #MHS-302**

To submit a written complaint:

Fill out and print:

**MENTAL HEALTH SERVICES ACT (MHSA) ISSUE RESOLUTION FORM**

Submit the completed form to:

County of Sonoma  
Department of Health Services  
Behavioral Health Division  
3322 Chanate Road  
Santa Rosa, CA 95404  
Phone number: (707) 565-5053

Please note: Allegations of healthcare fraud, waste, and abuse of funds are excluded from this process. Allegations of this type will be referred directly to the Department of Health Services Compliance Office for investigation.

To register a grievance:

Compliance Officer  
(707) 565-4936

**SCBH FORMS:**

**1. MHA Issue Resolution Form**

**ATTACHMENTS:**

SONOMA COUNTY DEPARTMENT OF HEALTH CARE SERVICES PERFORMANCE CONTRACT  
(Exhibit A, Item 2)

## MENTAL HEALTH SERVICES ACT (MHSA) ISSUE RESOLUTION FORM

CONTACT INFORMATION			
<input type="checkbox"/> I wish to remain anonymous Please note: you will not receive a response if you are anonymous	Name	Telephone Number	
Street Address	City	State	Zip Code
Email Address			
Describe the issue you would like addressed – please be specific.(Attach a separate sheet if more space is needed)			
What do you propose as a solution?			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use ONLY			
Issue Received By (Name)		Date Issue Was Received	
Resolution Status:	<input type="checkbox"/> In Review	<input type="checkbox"/> Referred to Sr. Mgmt./Director	<input type="checkbox"/> Resolved
Date of Status:			
Actions Taken/Comments			
Reason(s) for Decision			

\_\_\_\_\_  
Print Reviewer's Name

\_\_\_\_\_  
Reviewer's Signature

**Submit your form to:**  
 Department of Health Services  
 Behavioral Health Division  
 3322 Chanate Road  
 Phone: (707) 565-5053