

May 8, 2009

To whom it may Concern:

I am involved in a Grievance following a serious suicide attempt by my son, on February 25, 2009. I have gone through the so called Grievance Resolution process and am currently waiting for some kind of formal response from DMH. I attempted the local process, but got nowhere. It is a joke! I waited six weeks to be told that they could not tell me anything. I called the Mental Health Director. I submitted a letter to the Mental Health Commission, of which I am the Vice Chair. All I wanted was a corrective Action Plan that would show me how they would provide the necessary community support, to prevent my son from being at risk, again. No response, so I went to Patient's Rights. No help. They are funded by county MH and are under funded to provide their mandated services.

Next, I tried the State Ombudsman. She didn't know who to refer me to because of the Permanent Conservatorship. She said that I needed to go to the courts, not DMH. Even when I told her that the Deputy Conservator reports to the MH Director, she said that I was wrong. I contacted both the County Counsel and the Public Defender who handled the case. They were sympathetic, but no direction. Then, I went to DMH. The contact was extremely kind and supportive, but can give no final direction or clear plan until her boss returns from a 3 week vacation.

My son's placement history for the past ten years paints a picture of failure that is deep and wide and unacceptable. He is at serious risk and the system prevents solutions for him. The issue resolution process, as it currently exists, is not helpful.

I have shared my story with the Community Partners and State Advocates in hope of shining a light on the horrors still faced by consumers and families. The public assumes that Prop 63 and Parity have fixed the mental health system, they are wrong. I feel that I have done all that I know how, to help my son, and now I have to make the system do their job. I hope that I will prevail in some way that will allow my son some dignity and independence.

The process must change. I recommend the following:

- Need to define "neutral Party" The appearance is that the county is investigating itself. DMH claims that the State is neutral, stakeholders disagree.
- 800 Number should be in all MH areas to assist confidentiality.
- Anonymity is critical in order for a clear process to occur.
- There needs to be a process that requests information from the Stakeholders, not just the Counties, Providers, et. For example, the OAC

- checked with the County on the MOC, but not the Families. Nobody verified our information, they just checked with MHA.
- Make the OAC more involved in plan content.
 - Attempt to resolve issues locally, talk to the issue filer and summarize the issue in a de-personalized way.
 - Did the county follow their contract with the State?
 - Did the county implement the plan as it was approved? Has it been maintained?
 - Technical assistance needs to be included by OAC and DMH for consumers.
 - User friendly posting of MHSA agreements to the County.
 - Fact Finding-Need to talk to the Community Stakeholders, not just county or Providers.
 - Distinguish between system issues and individual issues.
 - **Check back with the issue filer to guarantee resolution. Don't assume a resolution has been achieved without communicating.**
 - Seamless process from local to state.
 - Expand the Workgroups to include clients, family and providers. NOT JUST GOVERNMENT.
 - Need guiding principles.
 - Protect from retaliation.