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*Director*

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
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**California Department of Health Care Services  
Business Plan for Mental Health and Substance Use Disorder Services  
Project Description**

The California Department of Health Care Services (DHCS) has retained the California Institute for Mental Health (CiMH) and the Alcohol and Drug Policy Institute (ADPI) to develop a stakeholder informed business plan for addressing critical mental health and substance use disorder services. This business plan will inform the actions of DHCS and counties in preparing for and responding to myriad changes facing the delivery of mental health and substances use disorder services in California. DHCS has identified the Department of Alcohol and Drug Programs as a critical partner in this process given the current shared responsibility for administering substance use disorder treatment programs in California. <sup>1</sup>

### **Goal**

To identify the critical public policy or funding issues in California's community based mental health (MH) and substance use (SU) disorders system and to develop short and long term goals to guide DHCS and its partner counties in their administration of MH/SU services. DHCS and counties must be familiar with the full array of issues in the field. However, this business plan, recognizing limitations in time and resources, will focus on the top issues in the policy and fiscal arenas. The Business Plan will present an analysis of these issues with regard to their scope and impact and will identify specific actions to address them.

### **The Project**

There will be four phases to the project.

1. Gathering of information and data
2. Establishing priorities
3. Creation of workgroups to review and make recommendations on priority issues
4. Development of the plan

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<sup>1</sup> As of July 1, 2012, the responsibility for administration of the Drug Medi-Cal program has transferred from DADP to DHCS. The California Legislature rejected the FY 2012-13 Governor's Budget proposal to transfer other DADP programs and functions to DHCS as well as the Departments of Social Services and Public Health as of July 1, 2012; however, it approved transfers effective July 1, 2013 with eventual placement subject to the FY 2013-14 Budget Act and implementing legislation.

- 1) The project begins with information and data gathering from across the state. CiMH and ADPI will review and obtain initial consensus on critical issues from DHCS, DADP and other State departments; California Mental Health Directors Association (CMHDA) and County Alcohol and Drug Program Administrators' Association of California (CADPAAC); the Mental Health Services Oversight and Accountability Commission (MHSOAC); provider groups; and family and consumer groups. Examples of such issues include the following.
  - 1115 Waiver and Health Care Reform
  - Parity
  - Public Safety Realignment: mental health and substance use disorders
  - Specialty Mental Health Services, including EPSDT
  - Drug Medi-Cal – 1915 b Waiver
  - Mental Health Services Act
  - Lanterman-Petris-Short Act/Involuntary Care
  - Outcomes and Evaluation
  - Health Information Technology
  - Provider capacity building
  - Workforce
  - Health disparities
  - Consumer satisfaction

At the conclusion of this process, CiMH and ADPI will summarize the thinking of those in the field and their identified priorities.

- 2) In the next phase, CiMH and ADPI will convene and facilitate discussions with DHCS, DADP, CMHDA and CADPAAC to develop concurrence on the initial determination of priorities and obtain approval to proceed.

CiMH and ADPI will prepare a report on the top ranked priorities and distribute it to stakeholders for review and comment. DHCS, DADP, CMHDA, and CADPAAC will review comments received and make changes as needed.

- 3) In the final phase of the project CiMH and ADPI will develop workgroups composed of DHCS, DADP, County, and other relevant staff for each priority policy or fiscal issue. The workgroups will develop recommendations on each issue.
- 4) CiMH and ADPI will prepare a draft report detailing each recommendation. They will provide this report to DHCS, DADP, CMHDA and CADPAAC for input and revise it as needed.

## **The Product**

After completion of the review of the workgroup recommendations, CiMH and ADPI will develop a draft business plan and submit it to DHCS for its review, revision, approval and action. The target completion date is December 2012.

## Project Participants

**Project Team:** Sandra Naylor Goodwin, PhD, MSW (CiMH), Eric Douglas (LRI), Victor Kogler (ADPI), Rama Khalsa, PhD (CiMH), Leslie Tremaine, PhD (CiMH), Don Kingdon, PhD (CiMH).

The Project Team is responsible for conducting all of the tasks for development of the business plan. Project Team contacts are Sandra Naylor Goodwin, Ph.D. (sgoodwin@cimh.org) and Victor Kogler (vkogler@aodpolicy.org).

**DHCS Lead:** Vanessa Baird, Deputy Director of Mental Health and Substance Use Disorder Services.

### Planning Team:

- **CADPAAC County Representatives:** John Viernes, MRC (Los Angeles), Michael Kennedy, MFT (Sonoma), Steve Kaplan, LCSW (San Mateo), Madelyn Schlaepfer, PhD (Stanislaus) and Veronica Kelly, LCSW (San Bernardino), Tom Renfree (Executive Director).
- **CMHDA County Representatives:** Marv Southard, DSW (Los Angeles), Kristi Kelly, MFT (Lake), Jerry Wengerd, LCSW (Riverside), Michael Heggarty, MFT (Nevada), Scott Gruendl (Glenn), Tom Sherry, MFT (Sutter-Yuba), Pat Ryan, MPA (Executive Director).

### State Partners:

- DHCS – Department of Health Care Services
- DADP – Department of Alcohol and Drug Programs
- OAC – Oversight and Accountability Commission for the Mental Health Services Act
- Legislative Staff

### County Partners:

- CADPAAC – County Alcohol and Drug Program Administrators Association of California
- CMHDA - California Mental Health Directors Association

## **Stakeholders will include the following –**

### **Provider Groups:**

- Alliance
- CAARR - California Association of Addiction Recovery Resources
- CAADPE – California Association of Alcohol and Drug Program Executives
- CASRA – California Association of Social Rehabilitation Agencies
- CCCMHA - California Council of Community Mental Health Agencies
- CHA - California Hospital Association
- COMP - California Organization of Methadone Providers
- Crestwood
- Kingsview
- MHA – Mental Health Association
- REMHDCO - Racial and Ethnic Mental Health Disparities Coalition
- Telecare

### **Consumers and Family Groups**

- NAMI - National Alliance on Mental Illness
- MH Consumer Workgroup
- Mental Health Planning Council
- UACF - United Advocates for Children and Families
- Veterans Organization
- Working Well Together
- SUD consumer groups– AWARE, Parolee Services Network Alumni, DADP DAC  
Constituency Committee Chairs

# Comprehensive Business Plan for Mental Health and Substance Use Disorders

July 2012

## Project Goals and Objectives

## Timetable

### Goal I. Information and Data Gathering

Jun - Aug 2012

#### Objectives

1. Develop project overview document for external communication with project participants, stakeholders and interested parties.
2. Develop and obtain initial consensus from state and county partners regarding the general scope of policy and fiscal Issues for review.

#### Tasks

- a. Develop structured Interview instrument and methodology.
  - b. Conduct focus groups using structured Interview instrument. The intent is to identify the critical issues for the MH/SUD field in California. Focus groups, conference calls and individual interviews will be conducted with representatives from the following:
    - DHCS
    - DADP
    - CMHDA
    - CADPAAC
    - OAC
    - Service provider organizations
    - Consumer and family member groups
    - Legislative staff
  - c. To ensure participation from underserved populations, the project team will conduct outreach as needed.
  - d. On the basis of the focus group discussions and interviews, develop and disseminate a web-based survey focusing on the top priorities. The survey link will be broadly distributed to stakeholders across the state.
3. Prepare report of interview and survey findings regarding the most important fiscal and policy priorities for MH and SUD services and systems in California.

## **Project Goals and Objectives**

## **Timetable**

### **Goal II. Priority Setting**

**Aug – Sep 2012**

#### **Objective**

1. Meet with DHCS, CMHDA, CADPAAC for concurrence in priority setting on the basis of focus group and survey findings. Obtain DHCS approval to proceed to next phase.

#### **Tasks**

- a. Planning Team makes recommendations on:
  - the number of workgroups;
  - workgroup focal points;
  - composition of those workgroups;
  - a chronology and structure for those workgroups;
  - facilitation for those workgroups;
  - development of a template for the workgroup deliverables;
  - how the template relates to the overall business plan.
- b. Set up meeting including DHCS, Planning Team and Project Team to establish consensus on workgroup topics.
- c. Prepare listing of priorities and workgroup assignments and distribute to stakeholders for review and comment.
- d. DHCS, CMHDA and CADPAAC review comments, make changes if needed.

### **Goal III. Conduct workgroups; develop recommendations and prepare draft Business Plan**

**Sep – Oct 2012**

#### **Objective**

1. Organize and facilitate workgroups for the development of action plans related to the identified high priority policy or fiscal issues.

#### **Tasks**

- a. Conduct workgroup conference calls.
- b. Summarize workgroup discussions.
- c. Prepare draft Business Plan.
- d. Present draft recommendations to DHCS, CMHDA and CADPAAC for review and comment. Revise as needed.

## **Project Goals and Objectives**

## **Timetable**

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### **Goal IV. Final Review, Production and Distribution of Business Plan**

**Nov – Dec 2012**

#### **Objectives**

1. Present draft Business Plan to stakeholders for final public comment.
2. Review comments with DHCS and Planning Team
3. Revise draft Business Plan as needed.
4. Finalize and disseminate Business Plan