



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



EDMUND G. BROWN JR.
Governor

**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.¹

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

¹ 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.