

**Written comments submitted to the Department of Health Care Services (DHCS)
Regarding the Transfer of the Drug Medi-Cal Treatment Program to DHCS
effective July 1, 2012**

Comments received September 10 to September 21, 2011

Note: In some cases, DHCS has edited the responses to explain the acronym used by the writer, or to remove personally-identifying information; spelling, grammar, and punctuation have not been edited. Specific references to the writer's organization have not been removed.

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Within the draft report it is identified that 1) our entities do not like Cost Reports and 2) Paradox needs to be upgraded/replaced. Paradox is used only for Cost Reports. Cost Reports are required by law at this time.

I strongly suggest looking at the law and determining if Cost Reports can be eliminated through a change in the law before spending the time, effort, and money to address Paradox. If Cost Reports can be eliminated then Paradox is not needed in any format. If Cost Reports will continue, then upgrade/replace Paradox.

If Paradox is upgraded/replaced, please look at the whole process before doing so and communicate well with all the users. The users are aware of the problems with the current system which can be fixed with a better system. Simply replacing it with another structured query language (SQL) program may not be the best option.

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As I understand it, the long-term goal is to have all of the Department of Alcohol and Drug Programs (ADP) and Mental Health moved to the Department of Health Care Services (DHCS) over time. Why not set up both ADP and the Mental Health offices as field offices to eliminate the expenses required for a physical move?

As for the organizational changes, the current director positions can be transferred as the proposed Career Executive Appointee (CEA) positions under the new deputy director and keep the internal organizational structures of the two current departments the same for now. For the current directors, this will 1) keep the jobs for the individuals should they be willing to accept the job at that level (will probably be a cut in pay based on my understanding), 2) keep the expertise if they choose to accept the jobs, and 3) eliminate the need and expense for recruitment. For other employees this will 1) ensure their job in the short term, 2) reduce the changes needed for the transition, and 3) enable a slower, more methodical change from the current way to the newer way the job is performed. For the stakeholders this will 1) keep their contacts intact, 2) reduce the worry about whether their needs for the individual programs will be met, and 3) ensure that changes to the programs are well-thought out prior to implementation (I have seen a LOT of problems with the HIPAA implementation due to rushing to meet specific due dates).

Doing the above will make the realignment itself quicker. The computer issues and other "infrastructure" would be the only things that will need to be addressed in the short-term to satisfy the realignment requirement. Once the realignment is done the other issues can be addressed more systematically to improve the overall operations, programs, etc. If staff need to move to consolidate

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functions (such as admin functions), the move can happen as the need is identified. On the other hand, the staff in each current department can be satellites of the related unit at DHCS if feasible.

In reading the draft report it seems like the realignment is being made much more difficult than it needs to be and resulting in costs which can be avoided. I feel it should be kept as simple as possible. As for the programs and other functions of all department, improvements will always be needed, even after the current process is complete. Taking a systematic approach to the improvement process, using baby-steps whenever possible, will result in a better product in the end. The report implies that major steps are being taken in many areas for improvement (computers, laws, etc.) and that big changes may occur quickly – as soon as the realignment occurs. If care is not taken we are likely to end up with a big mess to fix (like the current Short-Doyle system) instead of a better product.

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On page 26 of the Draft Transition Plan there is a statement of intent to hire IT consultants to help in the transition process. **PLEASE DON'T!!!**

I have been told that consultants were hired for the Short-Doyle system installed in January of 2010. It is still not working. Claims from the end of July are just now being processed (note it is September 16th). I have documented that it has taken me 3 HOURS and 48 minutes to do 3 MINUTES worth of work in Short-Doyle due to it not working properly. Some days the only thing I can get done in Short-Doyle is logging in and out of the system all day long with nothing being accomplished. The system is cumbersome and very poorly thought out. The list of fixes needed is so long I seriously doubt they will ever be fixed. This outcome is typical of every consultant I have ever encountered in state work since 1982 when I started with the state. (The functions on Short-Doyle are the most critical functions on my desk.)

PLEASE create the positions necessary and hire state employees to do the work or have it completed by existing staff. A benefit would be that the state employees can then be available to fully support the system in the future. If necessary, invest in training for the new and/or existing staff so that whatever systems are being used are understood. Hiring consultants, in my experience, is asking for trouble -- asking for failure of a smooth transition.

I am not IT and never will be. This is not an effort to save or enhance my job. However, it would be really nice to have a working system when the transition occurs.