

Written comments submitted to the Department of Health Care Services (DHCS)
Regarding the Transfer of the Drug Medi-Cal Program to DHCS, effective July 1, 2012
Comments received August 3 through August 10, 2011

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Proposed Revisions to Drug Medi-Cal

California is currently in the process of transferring Drug Medi-Cal (DMC) from the Department of Alcohol and Drug Programs (DADP), and specialty mental health Medi-Cal from the Department of Mental Health (DMH), to the Department of Health Care Services (DHCS). These transfers will improve the efficiency of invoicing and providing services in the case of mental health, and should hasten the integration of mental health and physical health services. Unfortunately, the same benefits are not likely to accrue for DMC, but they could.

This is a request to remedy the flaws in DMC prior to transferring this function to DHCS. The proposed solution is extremely simple and should neither impede nor delay the transfer. It will not oblige the State or Counties to incur any expense, and will permit the State and any participating County to reduce administrative expenses.

Current Problems with DMC

It is widely acknowledged that there are several problems with DMC. These include the following:

- DMC eligibility has not been modified to conform to the Low Income Health Program (or Medicaid Coverage Expansion). Specialty mental health Medi-Cal eligibility has conformed to these changes brought about by California's 1115 Waiver.
- DMC has very specific regulations found nowhere else in the healthcare field. These include restrictions on the minimum and maximum number of participants in a group and virtual prohibitions on receiving medication and counseling services in the same day.
- DMC does not permit many good and modern medical treatments for Substance Use Disorders (SUD), even if these are more efficacious and efficient than other permitted interventions.

Objectives

1. Reduce bureaucratic waste.
2. Improve access to care.
3. Give flexibility to Counties to serve both existing SUD clients and the realigned (AB 109) SUD clients.
4. Create an integrated process for all of behavioral health, encompassing both SUD and other mental health diagnoses. (Note: This is in conformity with the both the current and the pending Diagnostic and Statistical Manual of Mental Disorders [DSM] classification system.)

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5. Accelerate the integration of behavioral health with physical health by using a system consistent with International Classification of Diseases (ICD) and Institute of Medicine (IOM) systems.

Proposed Solution

The easiest way to achieve the five objectives stated above is to simply add Substance Use Disorder to the accepted mental health diagnoses for Medi-Cal, utilizing standard DSM-IV codes for currently recognized mental health disorders. Diagnostic criteria would be used to determine what services to offer, and existing Statewide Maximum Allowances (SMA) rates would limit the expenses incurred.

Comments

Currently, the State of California does not provide any State General Funds for DMC services. However, the State does use General Funds to provide services that could qualify for Medi-Cal and thus could garner Federal matching funds. This is especially true of services provided to parolees.

Many Counties wish to provide SUD services and could more easily access the Federal matching funds if this reform were to be implemented.

The 109 Public Safety realignment carries very limited funds per offender for treatment services. These offenders will not be parolees post release and the treatment funds could be leveraged to obtain the Federal match if this proposal is accepted.

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The California Rural Indian Health Board and California Consortium for Urban Indian Health recommend the California Health and Human Services Agency, Department of Alcohol and Drug Programs (ADP) and Department of Mental Health (DMH) fund Indian alcohol and other drug prevention/treatment and mental health providers as part of the State-mandated transitions of the departments. These Indian Health providers provide the most cost-effective and culturally appropriate alcohol and other drugs/mental health (AOD/MH) services to the numerous Indian communities throughout the State. Most of the Counties do not fund the Indian Health providers nor provide culturally appropriate services to the Indian communities that exist within the boundaries of the Counties, yet they use Indian people as part of their head counts to justify funding from the State and other sources. Many of the Tribal communities and their governments have resided in the regions that are now within the boundaries of the Counties long before the Counties were recommended for formation by the California constitutional committee beginning in 1850, yet Tribal service delivery systems have rarely been included in funding partnerships with the Counties. Unfortunately, this remains the situation today. In addition, the Federal Indian Health Service only provides 50% of the funding necessary to maintain and operate the Indian Health Clinics in California, with the vast majority of funding being used to provide medical and dental care. Under former Governor Schwarzenegger's administration, the Department of Health Care Services' State Indian

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Health Program was eliminated and as a result the 30+ Indian clinics continue to struggle to maintain health safety net services to Indian communities in local regions. The transition of ADP and DMH presents a unique opportunity for the State to partner with Indian health providers in delivering much needed alcohol and other drug prevention/treatment and mental health services in an in-depth and tailored way to the Indian communities.

The California Rural Indian Health Board (CRIHB) works closely with the following California Tribal Governments and Indian Health Clinics on health service issues of importance to the communities they serve: Benton Paiute Reservation, Benton; Big Lagoon Rancheria, Trinidad; Big Pine Reservation, Big Pine; Bishop Tribe, Bishop; Blue Lake Rancheria, Blue Lake; Bridgeport Rancheria, Bridgeport; Chicken Ranch Rancheria, Jamestown; Cloverdale Rancheria, Cloverdale; Dry Creek Rancheria, Healdsburg; Elk Valley Rancheria, Crescent City; Ft. Bidwell Reservation, Fort Bidwell; Ft. Independence Reservation, Independence; Graton Rancheria, Santa Rosa; Greenville Rancheria, Red Bluff; Lone Band of Miwok, Lone; Jackson Rancheria, Jackson; Karuk Tribe of California, Happy Camp; Kashia-Stewarts Point Rancheria, Santa Rosa; Lone Pine Reservation, Lone Pine; Lytton Rancheria, Santa Rosa; Manchester-Point Arena, Point Arena; Redding Rancheria, Redding; Resighini Rancheria, Klamath; Rohnerville Rancheria, Loleta; Shingle Springs Rancheria, Shingle Springs; Smith River Rancheria, Smith River; Wiyot Tribe, Loleta; Timbisha Band of Shoshone, Bishop; Trinidad Rancheria, Trinidad; Tule River Reservation, Porterville; Yurok Tribe of California, Klamath; Mathieson Memorial Health Clinic, Jamestown; Greenville Rancheria Clinic, Greenville; Karuk Tribal Clinic of California, Happy Camp; MACT Indian Health Program, Shingle Springs; Sonoma County Indian Health Project, Santa Rosa; Toiyabe Indian Health Project, Bishop; Tule River Health Center, Porterville; United Indian Health Services, Arcata; and Warner Mountain Indian Health Project, Fort Bidwell.

The California Consortium for Urban Indian Health (CCUIH) works closely with the following California Urban Indian health organizations on health care issues of importance to the communities they serve: Sacramento Native American Health Center, Sacramento; San Francisco Native American Health Center, San Francisco; East Bay Native American Health Center, Oakland; Friendship House Association of American Indians, San Francisco; Indian Health Center of Santa Clara Valley, San Jose; American Indian Health and Services Corporation, Santa Barbara; and San Diego American Indian Health Center, San Diego.

The mission of DMH is to ensure "...through partnerships the availability and accessibility of effective, efficient, culturally competent services. This is accomplished by advocacy, education, innovation, outreach, understanding, oversight, monitoring, quality improvement, and the provision of direct services." (www.dmh.ca.gov). While a key strategic goal of ADP is to develop and maintain a comprehensive, integrated statewide prevention, treatment and recovery support services accessible and available for all Californians in order to improve the core life domains of alcohol and other drug clients.

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ADP took the lead in working collaboratively with Tribes and Indian entities, specifically Indian Health Clinics (IHC) which provide AOD prevention and services. Current examples of this leadership role include the maintenance of the Native American Technical Assistance program, the Native women's wellness program and the Native American Constituent Committee. Historically, ADP worked with the Department of Social Services to provide the CalWORKS Mental Health and Substance Abuse Services for IHC program. The reason for these initiatives lies in the fact that Tribes, Indian entities and IHC can provide more effective and efficacious service delivery than can the State or County service delivery providers. The State or County service delivery providers do not have a primary focus of serving California's Native American population and have difficulty providing culturally competent and appropriate services to the diverse Native American population in the state. Tax dollars are not well spent when Native American's are targeted for services by non-Indian providers. Recognizing this, ADP redirected funds from traditional service delivery providers to Tribes, Indian entities and IHC to achieve a higher rate of success and more proper alignment with taxpayer expectations for government funded programs. Non-Indian programs are not the proper vehicle for service delivery to Native Americans for several reasons. These programs are wholly incompetent culturally and lack the knowledge to assess and provide AOD services to Native American people because of the unique interplay of culture, historical and generational trauma, and government abuse of Native Americans.

DMH took the lead in sponsoring the Native Vision initiative, an effort to develop a plan to improve mental health and well-being across the diverse regions of tribal, rural and urban Indian populations in California. Native Vision is a statewide project facilitated through the Native American Health Center in Oakland. As a starting point, we hope this project will eventually provide funding to support activities and services identified in this process.

Over 627,000 Native Americans call California home. There are 110 California tribes recognized by the Federal Government with at least 40 additional tribes seeking federal recognition. A major factor to the detrimental health among California's Native American populations is alcoholism and drug abuse compounded by mental health issues. These issues are a severe barrier to healthier Native American people, families and communities, as well as workforce entry and educational attainment. National statistics mirror the high incidence of mental health issues and AOD use among all Native Americans. California's Tribes, Indian entities and IHC are taking an active role in mental health and AOD service delivery for California's Native American people and have become experts in this field. The ADP Native American programs have been a major reason for the new leadership being provided by IHC providers in the mental health, AOD and job services fields.

The ADP provides funding for an array of AOD services and education programs that provide a framework for an effective network of AOD services in Native American communities. In most cases, California counties are not willing or able, because of lack of resources and funding, to provide culturally competent services to Native American and often they do not wish to provide funding to IHC as well. As a result, the Native American programs that ADP provides have been a significant mechanism for the provision of needed services to Native Americans participating in multiple

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services, such as County or Tribal Temporary Assistance for Needy Families (TANF) programs or optional or mandatory AOD services. The ADP Native American Constituent Committee has served as: an ombudsperson(s) on Native American AOD and mental health issues and acted as liaison among ADP, Tribal Governments, federal agencies, other Tribal entities, counties, local governments, and others to promote positive, proactive and workable relationships; and, to provide information, training and facilitation services related to Mental Health and AOD issues affecting California's Native American communities.

The ADP Native American programs work with Tribal Governments, Federal Agencies, County AOD, Mental Health and Social Service Offices, other IHCs and third parties such as the Indian Alcoholism Commission of California, California Rural Indian Health Board, American Indian Training Institute, Tribal TANF providers, Northern California Indian Development Council, etc. to:

- promote and increase Native American wellness, Mental Health, job skills and AOD service capabilities and skills;
- increase the capability and capacity of IHC treatment programs and collaborative efforts with other social service programs;
- enhance the understanding that Mental Health issues and AOD addiction are chronic diseases that can be successfully treated among Native Americans in California with subsequent reentry into the workforce;
- ensure that traditional Indian treatment modalities are recognized and outcomes are documented;
- promote partnerships that provide integrated responses to the needs of Native American Mental Health and AOD populations;
- reduce barriers to treatment services;
- include internal and external stakeholders in strategic planning focusing on increased collaborative partnerships; and
- pursue new funding opportunities available to Tribes and Tribal entities in partnership with other agencies.

The ADP Native American programs have increased the overall health and wellbeing of California Native Americans, including the economic health and wellbeing of California Native Americans. Because the programs are housed in Tribal or Indian Organization administered facilities, an important model for Mental Health and AOD service delivery has resulted. This model is a continuum of care that involves Social Services, AOD services, Mental Health, Medical and Dental Care, Traditional Indian healing services and any other services provided by the Indian clinics to ensure that participant's needs are fully met. The program serves as a model for the various governmental and private/public providers of mental health/AOD services, especially with its linkages to traditional Native American service providers.

The ADP Native American programs have significantly enhanced the development of government to government relationships between ADP, Mental Health and California Tribes. Another impact is the

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documentation of access to and support exemplary model programs for service delivery. Collaborative pursuits between ADP, Mental Health and California Tribes and Indian entities has resulted in an enhanced and expanded service delivery system that benefits both Native Americans and California's population in general. One immediate benefit involves accessing and highlighting the unique treatment protocols used by Native Americans which can serve as model programs using evidence based practices in the delivery of services. The programs also enhance federal government efforts with Mental Health/Homeless Initiatives, and AOD service delivery and have provided important linkage to the Access to Recovery Program. The programs enable the State to enhance its capacity to continue to offer and support cutting edge model programs by and for Native American communities.

A few issues need follow up to ensure continued improvement in service delivery. These included state realignment efforts and the expansion of traditional Indian prevention, treatment and recovery support modalities with increased technical assistance focusing on traditional Indian modalities. Realignment is a critical issue for Tribal and IHC representatives as they are concerned that the ADP Native American programs will be eliminated and this funding will be redirected to the counties. The Tribal and IHC representatives also are concerned that realignment will result in Tribes, Indian entities and IHC being left out of other AOD and MH service delivery partnerships as the Counties will absorb this funding. Most Counties have a long standing history of not partnering with Tribal and IHC facilities in their regions.

The Tribal and IHC representatives see themselves as full partners with the State, Counties, Tribal TANF programs, etc. to remove the barriers impeding AOD service delivery efforts of Native Americans and their families in California. The Tribal and IHC representative are committed to program efficacy, efficiency and improvement. The major obstacle is a severe lack of funding. In this regard, the Tribal and IHC representatives recommend ADP provide additional service partnerships with IHC facilities as part of the realignment process.

IHC are the primary providers of AOD service delivery to Native Americans in California, along with several Native American residential treatment facilities. Together, these entities are the most ready in terms of infrastructure and AOD service delivery to provide AOD services immediately and to the largest number of Native Americans in California due to their locations throughout California. Another important consideration is that IHC can provide AOD services within a continuum of care because they also provide every other health related services needed to Indian people in California. To the extent possible, Tribal and IHC representatives recommend ADP include Indian Health Clinics in the following ADP services currently being provided or being considered for realignment:

YOUTH SERVICES

There are critical differences between youth and adult AOD-related problems that require additional safety precautions, unique strategies, enhanced services, and distinctive staff expertise. Over the last five years, California has worked intensely to establish an appropriate system of care for substance using youth, including outreach, early intervention, low and high intensive outpatient

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treatment, residential treatment (in group home settings and juvenile detention facilities), and continuing care.

WOMEN'S PROGRAMS

In California, over 300 publicly funded perinatal alcohol and drug treatment programs annually serve the needs of over 38,000 pregnant and parenting women. ADP vision is that all women should have access to participant/client-centered, comprehensive, gender-responsive alcohol and other drug services.

DRIVING-UNDER-THE-INFLUENCE

ADP currently licenses 472 driving-under-the-influence (DUI) programs designed to enable participants to consider attitudes and behavior, support positive lifestyle changes, reduce or eliminate the use of alcohol and/or drugs, and prevent repeat DUI offenses.

DRUG MEDI-CAL BILLING

Information for counties and providers contracting with the California Department of Alcohol and Drug Programs regarding Drug Medi-Cal (DMC) billing and the submission of claims for DMC services rendered by certified DMC providers as required by California Health and Safety Code Section 11758.46(c)(1).

CO-OCCURRING DISORDERS

The Departments of Alcohol and Drug Programs and Mental Health are working together to eliminate barriers between the substance abuse and mental health treatment systems at both the state and local levels on behalf of persons with dual diagnoses of serious mental illnesses and substance use disorders, now called co-occurring disorders (COD).

PREVENTION

ADP goal in Prevention Services is to develop and maintain a comprehensive, statewide prevention system that averts and reduces alcohol and other drug-related problems, thereby improving the health, safety and economic conditions of California residents by:

- Modifying social norms and conditions to counter adverse consequences resulting from alcohol, tobacco and other drug availability, manufacturing, distribution, promotion, sale, and use.
- Effectively addressing at-risk and underserved populations and their environments.

Friday Night Live (FNL)

The FNL program was established in 1984 as a high school program to promote a teenage lifestyle free of alcohol and other drugs.

The California Friday Night Live Collaborative (CFNLC) is made up of FNL Coordinators that act as the leadership voice to the CFNLP on behalf of the field. CFNLP provides support to the

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Collaborative in areas such as the Members in Good Standing process that supports local programs in implementing the Standards of Practice for positive youth development.

OFFENDER TREATMENT PROGRAM

The Substance Abuse and Crime Prevention Act of 2000 (SACPA) provided drug treatment rather than incarceration for first- or second-time nonviolent adult drug offenders who use, possess, or transport illegal drugs for personal use. Funding for SACPA was eliminated effective July 1, 2009, but the Office of Criminal Justice Collaboration will maintain a SACPA administrative archive for reference purposes. The Offender Treatment Program (OTP) was established in Fiscal Year (FY) 2006-07 to enhance SACPA outcomes and accountability.

DRUG COURT PROGRAMS

ADP has supported the development of drug courts (DCP – Drug Court Partnership, CDCI - Comprehensive Drug Court Implementation Act, and DDC – Dependency Drug Court) in California since 1998, and in alliance with 53 drug courts located throughout the State, is committed to the concept that alcohol and drug service and treatment are preferable to incarceration of nonviolent drug offenders.

PAROLEE SERVICES NETWORK

The Parolee Services Network provides community alcohol and drug treatment and recovery services to parolees either from the community parole systems or immediately upon release from prison custody. The program operates in 17 counties statewide and provides up to 180 days of alcohol or other drug treatment and recovery services.

FEMALE OFFENDER TREATMENT PROJECT

Currently the Female Offender Treatment Project (FOTP) provides residential and outpatient alcohol and drug treatment and recovery services to female parolees in four counties. FOTP programs provide up to six months (180 days) of alcohol and drug treatment services to each participant.

OFFICE OF APPLIED RESEARCH AND ANALYSIS

The Office of Applied Research and Analysis (OARA) directs, conducts, and supports applied research and evaluation, quantitative estimates and forecasts, and dissemination of alcohol and other drug information to the Department, control agencies, and other government agencies. OARA pursues this mission through its science-based research expertise and active partnerships with program divisions within the Department.

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