

MEMORANDUM OF UNDERSTANDING

Between
THE CALIFORNIA DEPARTMENT OF MENTAL HEALTH

And
THE CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

For the
MENTAL HEALTH SERVICES ACT

I. Purpose

This Memorandum of Understanding (MOU) is entered into by, and between, the California Department of Mental Health (DMH) and the California Department of Alcohol and Drug Programs (ADP) to define the relationship between DMH and ADP as it relates to the implementation of the Mental Health Services Act (MHSA) and the use of MHSA funds.

II. Background

The passage of Proposition 63 (MHSA) in November 2004 provides an opportunity to transform the public mental health system in California by addressing a broad continuum of prevention, early intervention, treatment, and infrastructure support. In addition to the funding available to the county mental health departments, the MHSA allows DMH to provide resources to other state entities to enhance their capacity to support the overarching goals of the MHSA and its various components. The MHSA components are Community Services and Support, Prevention and Early Intervention, Workforce Education and Training, Innovation, and Capital Facilities and Technological Needs.

There are five fundamental concepts inherent in MHSA which must be embedded and continuously addressed in both local and state-level collaborations. These concepts are a client/family-driven mental health system, cultural competence, community collaboration, service integration, and a focus on recovery, wellness, and resiliency.

III. Statement of Work

- A. This MOU is based on the activities delineated and approved in the Governor's Budget Act for Fiscal Year 2007-08 supported with MHSA funds. A copy of this Budget Change Proposal (BCP) is attached in Exhibit A.

B. Summary of Proposed Activities

ADP's ongoing activities for implementing the MHSA include the following:

- Participation in state-level meetings, trainings and conferences related to implementation of integrated prevention and treatment services in mental health and alcohol and other drugs (AOD) fields.
- Identify and plan workforce development training needs.
- Respond to public and AOD provider inquiries related to mental health and AOD services.
- Collaborate with constituent groups and participate in various meetings related to Co-Occurring Disorders (COD) and MHSA.
- Provide support to Co-Occurring Joint Action Council (COJAC) which is responsible for implementation of the California COD State Action Plan by:
 - Actively participating in the work of the COJAC.
 - Collaborating with DMH in providing staff leadership and support for COJAC and the State Action Plan for COD.
 - Providing support to COJAC to implement the State Action Plan for COD. Tasks will include, but not be limited to: developing and maintaining a COD website; assisting with the work of the COJAC committees; collecting and disseminating resource information; identifying, promoting, and participating in COD-related training; providing COD-related technical services; and, promoting understanding of COD issues and goals within ADP.
- Provide expertise as needed on matters related to drugs and alcohol.
- Identify and disseminate effective COD prevention, treatment, and recovery strategies.

In addition, staff will administer and manage a \$442,800 Request for Proposal (RFP) and contract process. The contracted services will conduct a scientific validation of the COJAC Screening Tool and will provide recommendations for statewide implementation.

C. Work Plan

See Exhibit B

D. Staffing

In 2006-2007 ADP received MHSA funding for two, three-year, limited term Associate Governmental Program Analyst (AGPA) positions; pending passage of the 2007-08 State Budget these positions became permanent. These positions provide coordination and technical support in the implementation of proven and effective mental health, AOD prevention and treatment advocacy services.

E. ADP Responsibilities

- Collaborate with constituent groups, relevant associations and councils, and governmental entities at all levels.
- Participate in the stakeholder process for appropriate components of the MHSA and any related Advisory Groups.
- Provide continued technical assistance to counties in their "ramp-up" implementation stage.
- Work with counties to implement prevention strategies to address mental health and AOD issues.
- Train and provide technical assistance to county staff in evidence-based practices.
- Work with counties and providers to evaluate the feasibility of developing and implementing automated screening tools and client tracking systems.
- Continue providing technical assistance, workforce development, and cross-training.
- Revise technical assistance and training policies where appropriate.
- Support counties and providers in their efforts to build capacity.
- Support counties and providers in their efforts to coordinate mental health and AOD services.
- Provide ongoing cross-training in evidence-based practices to county AOD and mental health staff, and mental health and AOD prevention and treatment providers.
- Implement screening tools and client tracking systems.
- Provide support to the COJAC Policy Council and the COJAC sub-committees as needed for the implementation of MHSA.
- Disseminate information on Evidence Based Practices, research and other topical issues related to COD.

F. Role of DMH program liaison

1. General Duties

- Be the primary contact for ADP on MHSA implementation in regards to this MOU.
- Provide MHSA updates to ADP as needed.
- Provide other necessary support to ADP in building a collaborative relationship in fulfilling the purpose of this MOU and the overall goals of MHSA.

1. Specific Duties, if applicable

- Customize to reflect DMH program roles and responsibilities pertaining to this MOU.
- Feedback on reports.

G. Subcontracts (if applicable)

In the event that the State entity subcontracts any portion of the MHSA funds to another entity, the State entity shall provide the following to DMH:

- A copy of the RFP or other procurement documents and contractor selection criteria for DMH's review and approval.
- Name and contact information for DMH program liaison on the contractor selection panel.
- Name of contractor, contract amount and terms, and a copy of the signed contract specifying the scope of work, including the proposed deliverables and timeline.

H. Reporting Requirements

1. Department of Alcohol and Drug Programs shall provide, at least annually or more frequently, if specified, the following reports/updates to DMH:
 - a. Contact list updates for both program and fiscal contacts.
Deadline: quarterly, or as needed
 - b. Annual report summarizing activities on related MHSA activities for the previous fiscal year. Format will be provided by DMH. The annual report includes program and fiscal information.
Deadline: July 30.

- c. Mid-year update summarizing activities on related MSHA activities for the current fiscal year and projected budget activities for budget year. Format will be provided by DMH. The mid-year update includes both program and fiscal information.
Deadline: January 31.
 - d. Additional requests for information, as needed, to provide updates to the Administration, Legislature, and stakeholders.
2. DMH may revise the reporting requirements, as needed, and present the proposed changes at the MSHA Interagency meetings.
 3. All reports (see b and c above) must be submitted to the MSHA State Coordinator or his/her designee.
 4. Reports must be submitted electronically.
 5. Information collected from the reports will be published and shared with the public.

I. Department/Program Contacts

Both DMH and ADP will designate the following representatives to act in a liaison capacity throughout the term of this MOU:

Department Representative

DMH Contact	ADP Contact
Name: Denise Arend	Name: dave neilsen
Title: Deputy Director	Title: Deputy Director
Address: 1600 Ninth Street, Room 250	Address: 1700 K Street
City, Zip: Sacramento, 95814	City, Zip: Sacramento 95811
Phone: 916-654-3551	Phone: (916) 322-7012
Email: denise.arend@dmh.ca.gov	Email: dneilsen@adp.ca.gov

Program Liaison

DMH Contact	ADP Contact
Name: Ron Bettencourt	Name: Alice Trujillo
Title: Staff Mental Health Specialist	Title: Supervisor
Address: 1600 Ninth Street, Room 100	Address: 1700 K Street
City, Zip: Sacramento, 95814	City, Zip: Sacramento 95811
Phone: (916) 654-4432	Phone: (916) 324-6260
Email: Ron.Bettencourt@dmh.ca.gov	Email: atrujillo@adp.ca.gov

1.

TERM

The term of this MOU is one year, from July 1, 2008 – June 30, 2009

2.

GENERAL PROVISIONS

- A. The Exhibit B (work plan) must be updated annually by both DMH and ADP. It may also be amended at any time by written mutual consent of both parties.
- B. ADP shall provide copies of the BCP or Spring Finance Letters requesting additional MESA funds to DMH for approval prior to submission to the Health and Human Services Agency or other reporting agency and/or the Department of Finance. When available, a copy of the budget concept paper shall also be forwarded to DMH. Failure to provide DMH with the above documents may prevent DMH from having a timely review and concurrence of the proposed MESA funding requests, and affect ADP's request for funding under the MESA.

Draft budget concept paper, BCP or Spring Finance Letters shall be submitted to Debbie Manas, Community Services Division, 1600 9th Street, Room 140, Sacramento, CA 95814, Debbie.manas@dmh.ca.gov.

- C. It is mutually agreed that if funding for the current year and/or any subsequent years covered under this Agreement is reduced or discontinued for purposes of this program, DMH and ADP will have the option to either cancel this MOU or offer an agreement amendment to reflect the reduced amount. Either party may terminate this MOU by giving 30 days written notice to the other party. The notice of termination should specify the effective date of termination.
- D. Funding for this MOU shall be subject to the provisions set forth in Welfare and Institutions Code 5891 regarding non-supplantation.
- E. This MOU is not effective until signed by both parties.

Dave Neilsen 12/8/08
Signature and Date

Dave Neilsen
Deputy Director
Program Services Division

Denise M. Arend 1/13/09
Signature and Date

DENISE M. AREND
Deputy Director
Community Services Division

ADDENDUM TO MEMORANDUM OF UNDERSTANDING
Between
THE CALIFORNIA DEPARTMENT OF MENTAL HEALTH
And
THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAM
FOR THE MENTAL HEALTH SERVICES ACT

PURPOSE

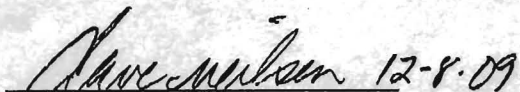
This Addendum amends the current term of the MOU.

TERM

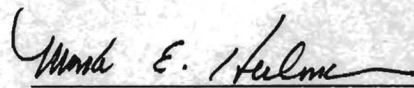
The term of the July 1, 2008- June 30, 2009 MOU shall be extended until June 30, 2011.

GENERAL PROVISIONS

Workplan on file for 2009- 2011, reporting requirements, and budgetary terms will not change.


Signature and Date

dave neilsen
DEPUTY DIRECTOR
Program Services Division


Signature and Date

Mark Heilman
ACTING DEPUTY DIRECTOR
Community Services Division

STATE OF CALIFORNIA
BUDGET CHANGE PROPOSAL - COVER SHEET
 FOR FISCAL YEAR 2007-08
 DF-46 (WORD Version) (REV 07/06)
 Please report dollars in thousands.

Department of Finance
 915 L Street
 Sacramento, CA 95814
 IMS Mail Code: A-15

BCP # 5	PRIORITY NO. 5	ORG. CODE 4200	DEPARTMENT Alcohol and Drug Programs
PROGRAM 15	ELEMENT 30	COMPONENT	

TITLE OF PROPOSED CHANGE
 Integrated Services for Persons with Co-Occurring Disorders

SUMMARY OF PROPOSED CHANGES

The Department of Alcohol and Drug Programs (ADP) requests \$479,000 increased expenditure and position authority to convert two positions from limited-term to permanent to continue work on implementation of the Mental Health Services Act (MHSA); specifically, integrated services for persons with Co-Occurring Disorders (COD). Funding will come from the Mental Health Services Fund (MHSF).

REQUIRES LEGISLATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CODE SECTION(S) TO BE AMENDED/ADDED	BUDGET IMPACT—PROVIDE LIST AND MARK IF APPLICABLE <input type="checkbox"/> ONE-TIME COST <input type="checkbox"/> FUTURE SAVINGS <input checked="" type="checkbox"/> FULL-YEAR COSTS <input type="checkbox"/> REVENUE <input type="checkbox"/> FACILITIES/CAPITAL COSTS	
PREPARED BY	DATE	REVIEWED BY	DATE
DEPARTMENT DIRECTOR	DATE	AGENCY SECRETARY	DATE

DOES THIS BCP CONTAIN INFORMATION TECHNOLOGY (IT) COMPONENTS? YES OR NO
 IF YES, DEPARTMENT CHIEF INFORMATION OFFICER SIGNATURE _____ DATE _____

FOR IT REQUESTS, SPECIFY THE DATE SPECIAL PROJECT REPORT (SPR) OR FEASIBILITY STUDY REPORT (FSR) WAS APPROVED BY THE DEPARTMENT OF FINANCE.

DATE _____ PROJECT # _____ FSR OR SPR

IF PROPOSAL AFFECTS ANOTHER DEPARTMENT, DOES OTHER DEPARTMENT CONCUR WITH PROPOSAL?

YES NO ATTACH COMMENTS OF AFFECTED DEPARTMENT, SIGNED AND DATED BY THE DEPARTMENT DIRECTOR OR DESIGNEE.

**DEPARTMENT OF FINANCE ANALYST USE
 (ADDITIONAL REVIEW)**

CAPITAL OUTLAY OTROS FSCU OSAE CALSTARS

DATE SUBMITTED TO THE LEGISLATURE:

PPBA:

**STATE OF CALIFORNIA
BUDGET CHANGE PROPOSAL--FISCAL DETAIL
STATE OPERATIONS**

DF-46 (WORD/EXCEL) (REV 07/06)

Please report dollars in thousands.

BCP No.:	5	DATE:	11-15-06	TITLE OF PROPOSED CHANGE:		
PROGRAM:	15	ELEMENT:	30	Integrated Services for Persons with Co-Occuring Disorders		
				COMPONENT:		
				PERSONNEL YEARS		
				CY	BY	BY + 1
				DOLLARS		
				CY	BY	BY + 1
TOTAL SALARIES AND WAGES¹					2.0	2.0
SALARY SAVINGS					-0.1	-0.1
NET TOTAL SALARIES AND WAGES				0.0	1.9	1.9
STAFF BENEFITS ²						
TOTAL PERSONAL SERVICES				0.0	1.9	1.9
OPERATING EXPENSES AND EQUIPMENT³						
GENERAL EXPENSE					3	3
PRINTING						
COMMUNICATIONS					2	2
POSTAGE						
TRAVEL-IN STATE					6	6
TRAVEL-OUT OF STATE						
TRAINING					1	1
FACILITIES OPERATIONS					10	10
UTILITIES						
CONSULTING & PROFESSIONAL SERVICES: Interdepartmental ³						
CONSULTING & PROFESSIONAL SERVICES: External ³					240	240
DEPT OF TECHNOLOGY SERVICES CONSOLIDATED DATA CENTER						
DATA PROCESSING						
EQUIPMENT ³						
DEBT SERVICE						
OTHER ITEMS OF EXPENSE: (Specify below)					60	60
TOTAL OPERATING EXPENSES AND EQUIPMENT				\$0	\$322	\$322
SPECIAL ITEMS OF EXPENSE⁴				\$0	\$60	\$60
Indirect Costs @ 35.8% of direct costs, excluding contracts					\$60	\$60
TOTAL STATE OPERATIONS EXPENDITURES				\$0	\$479	\$479
SOURCE OF FUNDS		APPROPRIATION				
		ORG	REF	FUND		
GENERAL FUND						
SPECIAL FUNDS		4200	001	3085	\$479	\$479
FEDERAL FUNDS						
OTHER FUNDS (SPECIFY)						
REIMBURSEMENTS						

Fiscal Detail (Continued)

LOCAL ASSISTANCE AND DETAIL OF STAFF BENEFITS AND PERSONAL SERVICES

DF-46 (WORD/EXCEL) (REV 07/06)

LOCAL ASSISTANCE							
SOURCE OF FUNDS	APPROPRIATION						
	ORG	REF	FUND				
GENERAL FUND							
SPECIAL FUNDS							
FEDERAL FUNDS							
OTHER FUNDS (SPECIFY)							
REIMBURSEMENTS							
DETAIL OF SALARIES AND WAGES							
CLASSIFICATION ⁵	POSITIONS			SALARY/RANGE	AMOUNT (Whole Dollars)		
	CY	BY	BY + 1	(Whole Dollars)	CY	BY	BY + 1
AGPA, Permanent		2.0	2.0	\$4,255 - \$5,172		\$112,584	\$112,584
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
0		0.0	0.0			0	0
TOTAL SALARIES AND WAGES⁷	0.0	2.0	2.0		\$0	\$112,584	\$112,584
STAFF BENEFITS DETAIL (WHOLE DOLLARS)					CY	BY	BY + 1
OASDI						\$8,182	\$8,182
HEALTH INSURANCE						22,663	22,663
RETIREMENT ⁶						15,872	15,872
WORKERS' COMPENSATION						618	618
INDUSTRIAL DISABILITY LEAVE						0	0
NON-INDUSTRIAL DISABILITY LEAVE						86	86
UNEMPLOYMENT INSURANCE						0	0
OTHER						2,518	2,518
TOTAL⁷					\$0	\$49,939	\$49,939

SUPPLEMENTAL INFORMATION
DF-46 (WORD/EXCEL) (REV 07/06)
Please report dollars in thousands.

DEPARTMENT: Alcohol and Drug Programs	BCP No: 5		FISCAL YEAR: 2007-08	
	CURRENT	BUDGET YEAR	BUDGET YEAR + ONE	
PROPOSED EQUIPMENT		0	\$0	
TOTAL	\$0	\$0	\$0	
PROPOSED CONTRACTS (BOTH EXTERNAL				
Consultant Contract		240	240	
TOTAL	\$0	\$240	\$240	
ONE-TIME COSTS (LIST BY ITEM)				
		0		
TOTAL	\$0	\$0	\$0	
FUTURE SAVINGS				
TOTAL	\$0	\$0	\$0	
FULL-YEAR COST ADJUSTMENTS				
TOTAL	\$0	\$0	\$0	
FACILITIES/CAPITAL COSTS⁸				
TOTAL	\$0	\$0	\$0	

ADDITIONAL ADJUSTMENTS OR INFORMATION (Use this space for any other supplemental information.)

- ¹ Itemized detail on page B-2 by classification (as in Salaries and Wages Supplement)
- ² Provide detail on page B-2.
- ³ Provide list on page B-3.
- ⁴ Special Items of Expense must be titled. Please refer to the Uniform Codes Manual for a list of the standardized special items of expense that may be
- ⁵ Use standard abbreviations per the Salaries and Wages Supplement. Use footnotes to reflect any effective date or limited term if position is not proposed
- ⁶ List type of retirement, i.e., miscellaneous, safety, industrial, etc.
- ⁷ Totals must be rounded to the nearest thousand dollars before posting to page B-1.
- ⁸ Indicate one-time or ongoing.

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
BUDGET CHANGE PROPOSAL
INTEGRATED SERVICES FOR PERSONS WITH
CO-OCCURRING DISORDERS
FISCAL YEAR 2007-08**

A. NATURE OF REQUEST

The Department of Alcohol and Drug Programs (ADP) requests \$479,000 in increased expenditure and position authority to convert two limited-term Associate Governmental Program Analyst (AGPA) positions to permanent positions. This request also includes \$240,000 for contractual services to evaluate a standardized Co-Occurring Disorders (COD) screening tool, develop a two-quadrant COD model, and provide recommendations on barriers to services and improvements for statewide implementation. The fund source will be the Mental Health Services Fund (MHSF).

B. BACKGROUND/HISTORY

ADP and the Department of Mental Health (DMH) have collaborated on multiple projects since 1990. The Governor's Budget Act language in Fiscal Year (FY) 1995-96 directed ADP and DMH to develop coordinated services for adults with mental illnesses who also have a substance abuse disorder. In May 1995, ADP and DMH organized the Dual Diagnosis Task Force. In August 1996, both departments entered into a memorandum of understanding (MOU) to develop coordinated services for persons with COD. In 1999, Assembly Bill (AB) 34¹ created a model for the delivery of comprehensive, individualized, and flexible services to adults who are suffering from mental health and substance abuse disorders. In 2003, both departments initiated the COD Workgroup, and in spring 2005, they participated in the national COD Policy Academy. In the summer of 2005, the COD Policy Academy members, along with representatives from the County Alcohol and Drug Program Administrators Association of California and the California Mental Health Directors Association, formed the Co-Occurring Joint Action Council (COJAC) to develop and implement California's COD state-level action plan.

The California Policy Academy COD State Action Plan is published on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Co-Occurring Center For Excellence website.

In November 2004, voters approved Proposition 63, creating the Mental Health Services Act (MHSA). The MHSA permits DMH and ADP to:

- Provide access and linkages to medically necessary care for persons suffering from co-occurring mental health and alcohol and other drug (AOD) disorders.

¹ Chapter 617, Statutes of 1999.

- Ensure that programs include a wraparound component that addresses the individual lives of clients. It usually includes an assessment, treatment/service plan, community/family support, and other therapeutic interventions as necessary.
- Create innovative programs that focus on prevention and treatment for youth and other underserved populations with COD.

DMH is relying on the principles, goals, strategies, data, and other information from nationally recognized documents and sources. The Little Hoover Commission, in its report titled 'Real Lives, Real Reforms: Improving Health and Human Services', found that: 1) California has not developed a mental health system that prioritizes prevention, equips practitioners with the most effective tools, and ensures quality outcomes; and 2) the State has not marshaled its resources into a coordinated strategic effort that makes best use of limited AOD resources. The Commission recommended that California coordinate its systems of care, target resources, improve the quality of treatment, integrate necessary interventions to improve effectiveness, and make the most of available funding for persons with COD; Missouri, Oregon, Texas, Washington, and Arizona currently exemplify such measures.

There are many studies showing a significant portion of population groups with co-occurring mental health and AOD disorders. These population groups are underserved because current systems only minimally address co-occurring mental health and AOD disorders. This research indicates that, for the vast majority of clients suffering from a mental health disorder, AOD services should be included in this continuum of care approach.²

The MHSA declared that California can do a better job saving lives and saving money by making a firm commitment to providing timely and adequate mental health services, including medically necessary psychiatric services, to individuals most severely affected by mental illness. This includes persons with COD. As a result, the MHSA amended the Welfare and Institutions Code, mandating counties to develop plans for innovative programs that:

- increase access to underserved groups
- increase the quality of services, including better outcomes
- promote interagency collaboration
- increase access to services

In FY 2005-06, ADP received authority for two two-year, limited-term AGPA positions to work on implementation of the MHSA. ADP continues to collaborate with DMH to achieve the objectives of the MHSA for persons with COD. Some of the accomplishments of these two positions include:

² National Institute on Drug Abuse, *Principles of drug addiction treatment: A research-based guide*. MD, Rockville: Department of Health and Human Services, 1999; California Department of Alcohol and Drug Programs and California Department of Mental Health, *Final Report: Dual Diagnosis Demonstration Projects*, Sacramento, CA: June 2002.

- MOU with DMH developed and executed.
- ADP has hired and trained two staff to work with the DMH in the implementation and coordination of the MHSA.
- An Office of Co-Occurring Disorders was created with an established mission, duties and responsibilities.
- Quarterly status reports are provided to DMH on the progress of the MOU.

Activities included the following:

- Staff researched COD material, developed and launched a COD website that focuses on statewide and national COD initiatives and provides a link to DMH and MHSA.
- Staff developed a COD Fact Sheet and a list of Frequently Asked Questions that have been placed on ADP's website.
- An informational sheet on COD and COJAC was developed and distributed to providers and external stakeholders interested in learning more about COD and how they can become involved in their local MHSA county plans.

ADP's ongoing objectives for implementing the MHSA include the following:

- Participation in state-level meetings, trainings and conferences related to implementation of integrated prevention and treatment services in mental health and AOD fields.
- Identify and plan workforce development training needs.
- County plan reviews.
- Respond to public and AOD provider inquiries related to integrated mental health and AOD services.
- Collaborate with constituent groups and participate in various meetings related to COD and MHSA.
- Provide liaison duties to COJAC which is responsible for implementation of the California COD State Action Plan.

C. STATE LEVEL CONSIDERATIONS

This proposal advances services and reduces barriers for persons with COD. It supports the strategies and objectives outlined in the Mental Health Services Act, SAMHSA's Strategic Action Plan for COD, and the California State Action Plan for COD. It also supports the efforts of other California state departments that are receiving MHSA funds to implement provisions of the Act. ADP, along with the Departments of Mental Health, Education, Rehabilitation, Social Services, and Health Services, contributes to providing integrated services to persons who are (or are at risk of) becoming mentally ill. These state agencies meet quarterly to collaborate on MHSA-related activities as well as discuss/share innovative ways of maximizing their MHSA funds.

D. FACILITY/CAPITAL OUTLAY CONSIDERATIONS

No impact on current facility/capital outlay.

E. JUSTIFICATION

This Budget Change Proposal (BCP) contains two components. The first component of this request is to convert the current two limited-term AGPA positions approved in FY 2005-06 to permanent positions. Implementation of the MHSA is an ongoing effort that requires permanent staff. Interruption to recruit and train new staff for continuous efforts delays work and is inefficient.

The process to hire and train staff takes approximately eight months, which only allows ADP to realize sixteen months of service from staff in two-year limited-term positions. This contributes to fragmented program implementation and lost resources from the cost of training personnel who must leave after their tenure is over. DMH, which is responsible for implementation of the MHSA, agrees that permanent staff resources are necessary to efficiently implement this proposition.

ADP has invested in the hiring and training of two limited-term staff to work collaboratively with DMH on implementing the MHSA. The skills they are acquiring through training play an integral role in ensuring that local stakeholders develop appropriate service delivery systems for persons with COD. Converting these AGPA positions from limited-term to permanent will ensure staffs' ongoing efforts to help realize the objectives identified in the MOU with DMH, which include assisting local stakeholders in the development of appropriate service delivery systems by providing technical assistance (TA), workforce development, and cross-training as necessary, to enhance county and provider service delivery systems for persons with COD and providing coordination and technical support in the implementation of integrated AOD and mental health prevention and treatment services.

ADP will continue to support counties and direct providers in their efforts to coordinate mental health and AOD prevention and treatment services for persons with COD by participating in meetings and information dissemination on the MHSA, county plan process and workforce development training opportunities. Staff collaborate with constituent groups and relevant associations and councils, and participate in the stakeholder process for appropriate components of the MHSA and any related advisory groups. The first year focus has been on establishing the communication networks such as the websites, and becoming members of various stakeholder groups as well as providing the AOD counties and providers with information on the MHSA and how they can get involved at the local level. All the work of the AGPAs culminate in information that is then shared with counties and providers via the websites, presentations at their association meetings, written correspondence, TA, or training in order to help counties and providers develop or enhance their service delivery systems to be able to serve persons with COD.

ADP will provide TA, workforce development, and cross-training (as resources permit) to enhance provider integrated service delivery systems. While staff is not directly involved in providing TA or training, their focus is on coordinating and facilitating TA or cross-trainings such as workshops on COD, accessing federal or state TA, planning conferences, and facilitating meetings. Staff has been actively involved in the development and coordination of two statewide COD conferences, numerous workshops and dissemination of information on training opportunities.

Approximately 4.6 million individuals in the United States are estimated to be affected by co-occurring mental and substance abuse disorders. However, only a small percentage of these individuals receive treatment that addresses both disorders. The majority of persons with COD who receive predominantly AOD services are diagnosed with either mild or moderate depression and/or anxiety disorders. However, these disorders may not meet the criteria to receive mental health services. Mental health clinicians providing services to clients with substance abuse disorders are typically not trained to treat the client's substance abuse. Conversely, AOD programs do not traditionally accept clients who are taking psychotropic medications or employ mental health clinicians to work with clients who have a mental illness. As a result, many COD clients fall through the gap and do not receive the appropriate services necessary to return to a functional state where they can obtain training, find employment, acquire housing, and lead productive lives.

The federal government currently identifies a four-quadrant classification model for persons with COD:

- I. Low addiction/low mental illness;
- II. Low addiction/high mental illness;
- III. High addiction/low mental illness; and
- IV. High addiction/high mental illness severity.

Since the majority (82%) of persons in California identified as having COD fall within quadrants one through three, ADP would like to take the initiative and explore the utilization of a simpler two-quadrant model: quadrant one for COD persons with severe mental illness and quadrant two for COD persons with less severe mental illness. The four-quadrant model is complicated and does not provide guidelines for the specific populations.

This proposal also requests \$240,000 from the MHSA for contractual services to conduct evaluation and research activities. To meet the outcomes of the approved California State Action Plan for COD, Priority Area Three "Move Toward the Adoption of a Statewide Screening Instrument," COJAC has developed a standardized COD screening instrument which is currently in the final approval process. The consultant will conduct research that will be utilized to evaluate, validate, and support the findings of implementing a standardized screening instrument for the COD population and work with the individual providers selected to test the COD screening instrument. Due to the limited time and specific project scope needed, ADP does not have dedicated staff to conduct the research, intensive study, training, and produce the analysis of the pilot testing. The contractor will 1) conduct research on validation studies and utilize the results of the research to evaluate and validate the standardized screening instrument to be piloted in counties for the COD population and 2) analyze the COD screening data to determine the appropriate placement within a simplified two-quadrant COD classification model. Barriers to services and recommendations for improvement for statewide implementation will be identified for each quadrant. The period of time for the consulting services identified in the BCP will be July 2007 through June 2009. The proposed time frame for the consultant's activities is as follows:

July 2007 – Sept 2007	RFP and Contracting Process time.
Oct 2007 – Jan 2008	Consultant begins working with the COJAC screening subcommittee, conducting research.
Feb 2008	Development of training materials.
Mar 2008 – Sept 2008	Piloting the screening tool, data gathering.
Oct 2008 – Nov 2008	Analysis of data.
Dec 2008 – Feb 2009	Report findings and recommendations for potential statewide implementation.
Mar 2009 – June 2009	Begin statewide training on the screening instrument.

Past practices of treating persons with co-occurring disorders were largely unsuccessful. Ineffective treatment for this population resulted from lack of adequate screening tools and a failure to appropriately diagnose persons with COD. The aforementioned screening tool will identify appropriate courses of treatment for the COD population. Early and appropriate intervention for persons in a quadrant two classification will serve to prevent their substance abuse and mental illness from becoming severe and disabling. This is the goal of the MHSA.

These requests are in line with California's Co-Occurring Disorders State Action Plan as well as SAMHSA's FY 2006-07 Strategic Action Plan for Co-Occurring Disorders which is to "expand and improve prevention, appropriate treatment and other supportive services to individuals with and/or at-risk for co-occurring disorders."

ADP and DMH are committed to working together to meet the mandates of the law and the needs of adults and children with COD. As a result of ongoing collaborative efforts with DMH, including ADP's establishment of the Office of Co-Occurring Disorders, ADP is in a good position to continue assisting counties and providers in developing and implementing programs that are effective in serving populations with co-occurring mental health and AOD disorders. The partnership established between DMH and ADP confirms the commitment from both departments to work cooperatively to ensure that services for persons with COD are implemented in all 58 counties.

The use of existing ADP staff to perform this new workload is not feasible; existing staff are engaged in ongoing functions mandated by statute. With additional and permanent resources, ADP can play an integral role in ensuring that local stakeholders develop appropriate integrated service delivery systems with timely and appropriate access to services for the underserved population with COD. Approval of this proposal would improve ADP's ability to meet these objectives.

F. OUTCOMES AND ACCOUNTABILITY

Outcomes:

The outcome from converting existing limited-term AGPA positions to permanent AGPA positions will be government efficiency and consistent staff dedicated to meet the goals and objectives in the MOU with DMH. Outcomes from contractual services for the evaluation of the COD screening instrument will be the validation of the standardized screening instrument for statewide implementation, research and evaluation of the COD

screening data to develop a simplified two-quadrant model, and identification of service barriers and recommendations for improvement for statewide implementation.

Accountability:

The ADP Office of COD reports quarterly to the DMH on accomplishments, issues, risks, and mitigation efforts towards achieving the objectives identified in the MOU. In addition, all agencies that receive funding from the MHSF meet quarterly to discuss their efforts towards implementing the MHSA. ADP provides a status update on the implementation of the COD State Action Plan to SAMHSA.

ADP will contract with consultant(s) to work with staff on implementing the second component of this BCP. Consultant activities will be accounted for through monthly progress reports, statement of work deliverables, a final report, and ten percent withholding of their contract funds until completion of the tasks and/or end of the contract.

G. ANALYSIS OF FEASIBLE ALTERNATIVES

Alternative 1:

Approve position and expenditure authority to convert two limited-term AGPA positions to permanent AGPA positions and funding for contractual services.

Pros:

- Provides the resources to evaluate and validate the COD standardize screening instrument.
- Provides state leadership and resources to develop a simplified two-quadrant model that will appropriately identify placement.
- Assists in the implementation of the objectives the Mental Health Services Act (with research and evaluation activities), and SAMHSA's Strategic Action Plan for COD.
- Meets the outcomes for the California State Action Plan for COD, Priority Three.
- Provides dedicated resources for the evaluation and data gathering of the screening instrument.
- Recommendations developed on barriers to services for the COD population and recommendations for implementation for the two-quadrant model.
- Provides the opportunity to develop appropriate integrated services for persons with COD.
- Targets resources and integrates necessary interventions to improve effectiveness.
- Provides for the dissemination and implementation of recommendations and best practices.
- Provides an effective way of identifying the treatment needs of persons with COD.
- Consistent program staff retains the necessary knowledge and skills to advance COD/MHSA efforts.
- Provides for government efficiency by reducing workload to recruit, hire and re-train new staff every two years.

- Ensures ongoing collaboration with the Department of Mental Health to implement appropriate services for persons with COD.
- Ensures uniformity in screening for COD for all counties.

Cons:

- Results in a permanent increase in state staff.

Alternative 2:

DMH assumes responsibility for assisting counties and providers in the validation of the integrated services for persons with COD.

Pros:

- Provides for state leadership and coordination.
- Targets resources and makes the most of available funding.
- Expertise to validate instruments may be more readily available within DMH.

Cons:

- DMH resources are limited with the MHSA implementation.
- Time and interest to simplify the existing four-quadrant model may not be a priority project which DMH may wish to explore.
- Results in an increase in state staff at DMH.

Alternative 3:

Continue with limited-term staff dedicated to MHSA, use existing resources to validate the screening instrument, and continue with the existing four-quadrant model for the COD population.

Pros:

- No additional work or resources required to develop a contract for services.
- New model not needed.

Cons:

- Increase workload to recruit, hire, and train staff.
- Lack of resources to evaluate the screening assessment.
- Lack of progress (stop, re-hire and re-train) on goals and objectives for the MHSA MOU.
- Deters the efforts to provide screening for COD populations and SAMHSA's Strategic Action Plan for COD.
- Resources not available to assist in meeting the outcomes for the California State Action Plan for COD, Priority Three.
- Continued confusion on the complicated four-quadrant model.
- Does not provide dedicated resources for the evaluation and data gathering of the screening instrument.

- Screening instrument will not be validated.
- Creates fragmentation in the delivery of services because of the learning curve for staff that must now learn a new program.

Alternative 4:

Continue with limited-term staff dedicated to MHSA.

Pros:

- No additional work or resources required to develop a contract for services.
- New model not needed.
- No new effort.

Cons:

- No efforts dedicated to validate a statewide COD screening tool.
- No efforts dedicated to simplify four-quadrant model.
- Confusion on the four-quadrant model will continue.
- State resources will be redirected to the recruitment, hiring and training of new limited term staff.

H. TIMETABLE

ADP proposes implementing services described in this document as soon as the proposal is approved and with passage of the FY 2007-08 Budget Act. In FY 2007-08, ADP will continue working on tasks to implement integrated services for persons with COD. ADP will develop a contract if funding is approved. Staff will work with the COJAC Screening Subcommittee and consultant(s) to evaluate the validity of the screening tool, and research and document available funding for persons with COD who are not mentally ill.

I. RECOMMENDATION

ADP recommends Alternative 1: Approve position authority and increase expenditure authority for two permanent AGPA positions (converted from limited-term) and provide funding for contractual services.

**Department of Alcohol and Drug Programs
Integrated Services for Persons with Co-Occurring Disorders
Workload Analysis**

Permanent Associate Governmental Program Analyst - Prevention

Task	Hours
Facilitate state-level efforts related to implementation of the prevention services in coordinated mental health and AOD programs by resolving the different approaches DMH and ADP take to prevention services. Provide technical assistance to counties and providers. (3 hours/week x 50 weeks)	150
Research and prepare MHSA-related background papers, data, and briefings for meetings of the California Mental Health Planning Council. (4 hours/week x 50 weeks)	200
Provide interdepartmental collaboration on MHSA prevention strategies and program management information. (5 hours/week x 50 weeks)	250
Collaborate with constituent groups, County Alcohol and Drug Program Administrators Association of California's Youth and COD and Prevention Committees, DMH, California Mental Health Planning Council, Cultural Competence Ethnic Services Coordinators and Managers, AOD and mental health providers, technical assistance contractors, and internal staff regarding implementation of prevention indicators, measurement methods, policies, and data. (3 hours/week x 50 weeks)	150
Collaborate with DMH on the MHSA and on COD. Coordinate with other department staff involved in the provision of services to clients with co-occurring mental health and AOD disorders and provide input and feedback on information received. The result will be a coordinated position on issues related to the target populations of individuals who have co-occurring mental health and AOD disorders. (3 hours/week x 50 weeks)	150
Collaborate with other sections of ADP, such as the California Outcomes Measurement System Branch, Office of Applied Research and Analysis, Budgets, and Contracts, related to MHSA activities. (2 hours/week x 50 weeks)	100
Respond to controlled correspondence, public inquiries, legislative requests, organizational surveys, and federal requests for information; liaison with other states and other internal and external requests; perform bill analyses. Independently manage interagency agreements, ADP contracts, and prepare talking points and briefing documents. (3 hours/week x 50 weeks)	150

**Department of Alcohol and Drug Programs
Integrated Services for Persons with Co-Occurring Disorders
Workload Analysis**

Permanent Associate Governmental Program Analyst – Prevention (Continued)

Represent ADP on work groups, committees, task forces, and other organized gatherings designed to analyze critical and crosscutting issues, form recommendations for internal and external operating improvements. Make recommendations to management. (3 hours/week x 50 weeks)	150
Conduct a wide variety of highly technical analytical activities to include the design and implementation of technical assistance and training programs to address the effects of mental health and AOD disorders, assist in the development of program plans, work plans, and time lines. Develop policy recommendations related to the prevention of co-occurring disorders. (8 hours/week x 50 weeks)	400
Work with DMH, other states, stakeholders, ADP staff, and other interdisciplinary specialists to understand technical and policy issues related to the MHSA. Make recommendations to management and external stakeholders. (2 hours/week x 50 weeks)	100
Total Hours	1800

**Department of Alcohol and Drug Programs
Integrated Services for Persons with Co-Occurring Disorders
Workload Analysis**

Permanent Associate Governmental Program Analyst – Treatment

Task	Hours
Continuously analyze evolving MHSA requirements and devise implementation methods for treatment. Provide policy and program recommendations; maintain understanding of pertinent federal and State requirements regarding MHSA issues; and interpret MHSA information for state, county and provider implementation. Work with counties to incorporate that information in their county plan guidelines. (5 hours/week x 50 weeks)	250
Develop state-level efforts related to implementation of treatment services for collaboration among mental health and alcohol and other drugs (AOD) treatment programs by facilitating the incorporation of mental health and/or AOD screening protocols at the county and provider levels. (3 hours/week x 50 weeks)	150
Provide interdepartmental collaboration on MHSA treatment workforce development and cross-training and program management information. Provide technical assistance to counties and providers based on the information analyzed. (2 hours/week x 50 weeks)	100
Collaborate with constituent groups, County Alcohol and Drug Program Administrators Association of California's Social Service and Youth Committees, DMH, the Mental Health Planning Council, Cultural Competence Ethnic Services Coordinators and Managers, providers, technical assistance contractors, and internal staff regarding implementation of treatment indicators, measurement methods, policies, and data. (3 hours/week x 50 weeks)	150
Continuously refine program policy regarding coordinated mental health and AOD treatment services and make recommendations to management regarding the feasibility of collaboration on the adoption and implementation of mental health and AOD treatment measures. (2 hours/week x 50 weeks)	100
Collaborate with DMH on the MHSA and co-occurring disorders. Coordinate with other department staff involved in the provision of services to clients with co-occurring mental health and AOD disorders and provide input and feedback on information received. The result will be a coordinated position on issues related to the target populations of individuals who have co-occurring mental health and AOD disorders. (3 hours/week x 50 weeks)	150

**Department of Alcohol and Drug Programs
Integrated Services for Persons with Co-Occurring Disorders
Workload Analysis**

Permanent Associate Governmental Program Analyst – Treatment (Continued)

Collaborate with other sections of ADP, such as the California Outcomes Measurement System Branch, Office of Applied Research and Analysis, Budgets, and Contracts, related to MHSA activities. (2 hours/week x 50 weeks)	100
Respond to controlled correspondence, public inquiries, legislative requests, organizational surveys, and federal requests for information; liaison with other states and other internal and external requests; perform bill analyses and complete budget change proposals. Independently manage interagency agreements, ADP contracts, and prepare talking points and briefing documents. (3 hours/week x 50 weeks)	150
Represent ADP in work groups, committees, task forces, and other organized gatherings designed to analyze critical and crosscutting issues, forming recommendations for internal and external operating improvements. Make recommendations to management. (3 hours/week x 50 weeks)	150
Conduct a wide variety of highly technical analytical activities to include the design and implementation of technical assistance and training programs to address the effects of mental health and AOD disorders, assist in the development of program plans, work plans, and timelines. Oversee contractual services to conduct evaluation and research activities which will ultimately lead to developing policy recommendations related to the treatment of co-occurring disorders. (8 hours/week x 50 weeks)	400
Work with DMH, other states, stakeholders, ADP staff and other interdisciplinary specialists to understand technical and policy issues related to the MHSA. Make recommendations to management and external stakeholders. (2 hours/week x 50 weeks)	100
Total Hours	1800

TREATMENT SERVICES BRANCH

**Performance Management Branch/
Office of Co-Occurring
Disorders (411)**

CURRENT/PROPOSED

**PROGRAM SERVICES
DIVISION**

