STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PETE WILSON, GOVERNOR

DEPARTMENT OF MENTAL HEALTH
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September 30, 1996

JOINT DMH/ADP INFORMATION NOTICE NO: 96-09

TO: COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATORS
ALCOHOL AND DRUG PROGRAM DIRECTOR'S ADVISORY COUNCIL
LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, MENTAL HEALTH ADVISORY BOARDS

SUBJECT: DUAL DIAGNOSIS DEMONSTRATION PROJECTS

The Departments of Mental Health (DMH) and Alcohol and Drug Programs (ADP) are pleased to announce the availability of funding for demonstration projects for persons who have both a substance abuse disorder and a severe mental illness. The projects, which were approved in the Governor's Budget for State Fiscal Year (SFY) 1996-97, will be funded with new Substance Abuse and Mental Health Services Administration (SAMHSA) mental health and substance abuse block grant money.

Profiles of consumers with dual disorders demonstrate that they require coordinated and integrated services. Presently, this population is being treated in a variety of public settings including mental health services, alcohol and drug programs, as well as the health care and criminal justice systems. Lack of integrated services contributes to the ineffective, costly treatment of these individuals. They have higher rates of homelessness and legal and medical problems. They have more frequent and longer hospitalizations and higher acute care utilization rates. For example, among patients with schizophrenia, episodes of violence and suicide are twice as likely to occur among those who abuse street drugs as among those who do not. The Departments of DMH and ADP are actively exploring methods to eliminate any barriers to treatment at the federal, state, and local level. The jointly sponsored Dual Diagnosis Task Force fully endorses the need for dual diagnosis demonstration programs.

It is anticipated that $1.0 million dollars in SAMHSA block grant funds will be available to fund a minimum of four projects. Counties applying for the funds will have to contribute equal matching funds. How activities will qualify as matching funds is currently under review by DMH and ADP. It is vital that the projects are able to demonstrate improved client outcomes and cost savings to the health and criminal justice systems. Consequently, there will be an evaluation component to the demonstration projects. Counties that submit applications for these funds will

have to agree to participate in the evaluation in order to qualify for an award. The awards will be made on a competitive basis with the intention that at least one award will go to a small county. Consideration will also be given to a geographical distribution of awards. Applications must be signed by both the county mental health authority and the county substance abuse authority for those counties with separate departments to signify endorsement and collaboration.

While the request for application (RFA) is still in development, DMH and ADP want to give counties early notice so that program staff can begin to develop ideas for integrated programs. In addition, we want to assure counties that the RFA requirements will be as simple as possible to minimize staff time to complete the bid, but will allow the State Departments to rate the applications on a competitive basis. When the RFA is published, there will be limited time to develop proposals and implement the programs. Enclosed is the state's Policy Statement to assist you in your preliminary planning should you decide to submit a proposal.

It is anticipated that the RFA will be published in October 1996, and counties will be requested to submit applications in December 1996. The projects are expected to run for three years based on the availability of federal SAMHSA funds. It is anticipated that there will be a pre-bidders conference once the RFA is published.

The state is seeking to eliminate federal barriers to integrated programs. Discussions have begun with SAMHSA in the hope that federal mental health funds can be blended with drug and alcohol funds to avoid separate case records and audit trails in the demonstration projects.

General information about the Dual Diagnosis Initiative can be obtained by contacting Susanne Hughes, Assistant Deputy Director, Department of Mental Health, at (916) 327-9281, or Paul Wyatt, Assistant Deputy Director, Alcohol and Drug Programs, at (916) 327-7226.

STEPHEN W. MAYBERG, Ph.D.
Director
Department of Mental Health

ANDREW J. MECCA, Dr. P.H.
Director
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Enclosure

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HEALTH
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

POLICY ON CLIENTS WITH DUAL DIAGNOSIS
September 96

California's public mental health and substance abuse systems face many challenges in their efforts to serve persons living with both a serious mental illness (SMI) and substance abuse disorder. This includes both adults with serious mental illness and children with serious emotional disorders. Persons with dual diagnoses require coordinated and integrated services. They have higher rates of homelessness, legal and medical problems; they have more frequent and longer hospitalizations; and overall higher and more costly service utilization rates. In addition, people with serious mental illness and substance abuse disorders present a significant burden in terms of cost to the criminal justice system. In recognition of these facts, the 1995-96 Governor's Budget Language set forth the following message to the Departments of Mental Health (DMH) and Alcohol and Drug Programs (ADP) regarding the service/treatment of persons with dual diagnosis.

The Governor's Budget Language:

"The Department of Mental Health estimates that approximately 60 percent of the adults with serious mental illness also have an untreated substance abuse problem. Coordinated and integrated substance abuse services are essential to the proper treatment of this population. The Departments of Mental Health and Alcohol and Drug Programs will be actively exploring methods to eliminate any barriers between the two systems at both the state and local levels."

{In addition to the 60% of the Department of Mental Health population referenced as having untreated substance abuse problems, a portion of the Alcohol and Drug Program population have an untreated mental illness.}

The Dual Diagnosis Task Force

In response to this message, the Department of Mental Health and the Department of Alcohol and Drug Programs formed the Dual Diagnosis Task Force in May 1995. The purpose of the Task Force is to support the development of and promote access to effective programs for clients with dual diagnosis as well as to foster cooperative efforts in the treatment of this group of clients at the local level. In addition, the Task Force has identified objectives, resources, and time frames within which to develop and implement comprehensive, integrated systems of care for clients with dual diagnosis. The

Task Force is composed of key staff from the two Departments, as well as representatives from the California Mental Health Directors' Association (CMHDA) and the County Alcohol and Drug Program Administrators Association of California (CADPAAC). Consultation with representatives from the criminal justice system will also be obtained at appropriate junctures in the planning process. In addition, consumers and service providers from both systems are represented. Working in close cooperation with all the stakeholders is recognized as fundamental to developing effective integrated services.

PRINCIPLES

The following principles will guide the plans and actions of the DMH and ADP in the development of systems of care for clients with dual diagnosis:

1. The DMH and ADP will seek and employ advice from local mental health agencies, local substance abuse agencies, professional associations, providers, clients, and families in implementing integrated systems for comprehensive services for clients with dual diagnosis.

2. By July 1, 1996, DMH and ADP will execute a Memorandum of Understanding setting forth the obligations and expectations of both departments including each department's commitment of resources in the development of integrated systems for comprehensive services for clients with dual diagnosis.

3. The DMH and ADP commit to implementing the Dual Diagnosis Task Force "Action Plan to Remove Dual Diagnosis Barriers" thereby facilitating development and implementation of integrated systems for comprehensive services for clients with dual diagnosis in California. This includes demonstration and research projects focused on the elimination of barriers arising from state and federal laws, regulations and policies. This also includes assurances that Early Periodic Screening, Diagnosis and Treatment services will be coordinated between mental health and alcohol and drug programs.

4. The DMH and ADP will jointly develop training programs for both state and local staff as well as providers and other involved persons for the purpose of establishing a "Shared Learning Experience" designed to facilitate communication and mutual respect between the two systems and development of integrated systems of comprehensive services for clients with dual diagnosis. This would include para-professionals and community care providers.

5. The DMH and ADP will, to the extent resources are available, promote the development of systems of care at the local level that incorporate the following factors:

- **Client Centered Approach** - All services and programs will be client centered, family focused and recognize the rights of persons to receive services in the most appropriate and least restrictive environment.

- **Priority Target Population** - The target population for these efforts will be defined as adults, children and youth with serious mental illness or serious emotional disturbance who also have a substance abuse disorder.

- **Outreach** - Services will be accessible to all consumers on a 24 hour basis in times of crisis. Assertive outreach will be employed to make services available to individuals who are difficult to reach.

- **Quality of Services** - Qualified individuals will provide effective, age appropriate services based on measurable outcomes.

- **Cultural Competence** - All services and programs will be sensitive to the target population's cultural diversity.

- **Community Support** - Systems of care will incorporate the concept of community support for persons with dual diagnosis.

- **Self-Help** - Programs will promote the development and use of self-help models.

- **Program Effectiveness** - Program effectiveness will be results oriented and evaluated by measurable client outcomes.

- **System Responsibility** - Systems of care will require that providers assume responsibility for the consumer at the initial point of entry into either the mental health or substance abuse system and assure, to the extent possible, that the person receives necessary and coordinated services for both problems.

- **Environmental Prevention**-Strategies will be implemented to change the environments where mentally ill people live, work and receive services to modify social and economic patterns and to promote healthful behaviors, decisions and environments that will reduce, postpone, or eliminate the problematic use of alcohol, prescription, over the counter drugs, and any use of illicit drugs.