State of California — Department of Health Services

Memorandum

Date : October 23, 1991

To : MULTICULTURAL LIAISON BOARD MEMBERS

From :

Michael J. B. Colbert MJBC
Contract Consultant
Education and Prevention Unit I
Office of AIDS

Subject :

BOARD CORRESPONDENCE

Attached is the information requested during the October board meeting.

- Budget language requiring the Education and Prevention Section evaluation.
- Travel expense claims.
- The next board meeting will be December 16 & 17 in San Diego at the Embassy Suites. Please continue to follow the travel instructions contained in the logistics information.
- I have inquired with the records management section within the department for the feasibility to create official letter head for the Multicultural Liaison Board (MLB). I will notify Marta directly once this issue is resolved.
- Once I have received confirmation from each of you on the individuals recommended to be included on the MLB, an information packet will be sent to them.

I look forward to seeing you at the evaluation larger working group meeting in San Francisco. To beat the holiday crunch, make your reservations with the Embassy Suites now!

Attachment

Item 4260-001-001—Department of Health Services

1. **Omnibus Budget Reconciliation Act of 1989.** The Health and Welfare Agency (HWA), in consultation with the Departments of Education, Health Services (DHS), Developmental Services, and Mental Health, shall provide information to the fiscal committees by January 2, 1991 on the changes to the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program contained in the federal Omnibus Budget Reconciliation Act of 1989. Specifically, the HWA shall provide information on (a) whether the federal government requires or allows reimbursement of specialty assessments; (b) what limitations the DHS can place on providers reimbursed for specialty assessments; (c) programmatic and fiscal considerations in billing the EPSDT Program for assessments provided by schools, regional centers, and county mental health agencies; and (d) programmatic and fiscal considerations in billing EPSDT for services identified in the screen that the federal government mandates be provided, regardless of whether the service is currently included in the state Medi-Cal plan.

2. **Access to Primary Care Services.** The DHS shall evaluate the increase in access to primary care services in medically underserved areas and by medically underserved populations resulting from the distribution of funds through the Expanded Access to Primary Care Program. The department shall report on the results of the evaluation to the fiscal committees and Joint Legislative Budget Committee by January 1, 1991.

3. **Staffing Levels for AB 75 Related Activities.** The County Health Services Branch shall analyze its staffing levels supported by Ch 1331/89 and shall make the analysis available to the Legislative Analyst upon request.

4. **Clinic SLIAG Reimbursements.** The DHS shall provide the following information, upon request, to the fiscal committees and the Joint Legislative Budget Committee: (a) which clinics were identified during the department's system review process as having received overpayments of SLIAG funds, (b) the amounts of overpayment, and (c) the department's action plan and final resolution of each clinic's SLIAG overpayment.

5. **Statewide Health Plan for Special Populations.** The DHS shall submit its statewide plan for health services for special population groups to the Legislature by August 1, 1990 and develop and issue updates of the plan to the Legislature as required by Section 1180.2(a) of the Health and Safety Code.

6. **Health Care in Rural California.** The Director of Health Services shall direct the Licensing and Certification Program, the Rural and Community Health Division, and the Medi-Cal Program to designate a single point of contact, statewide or

regionally as appropriate, to assist interested rural, farmworker, and rural Indian health care providers in obtaining technical assistance, regulatory relief, or financial relief and assistance. The programs shall keep track of the providers assisted, clients served by these providers, if known, and the type and amount of assistance provided.

The Rural and Community Health Division of the DHS shall develop, publicize, and make available to rural, farmworker, and rural Indian health care providers a listing of single points of contact, statewide or regionally as appropriate, for health programs. This listing shall include, but not be limited to, the following programs: Licensing and Certification, Rural and Community Health, Medi-Cal, the Office of Statewide Health Planning and Development, and the California Health Facilities Financing Authority. The division shall distribute this information on an annual basis to rural, farmworker, and rural Indian health care providers beginning July 31, 1990.

The Director of Health Services shall direct the Medi-Cal Program to (a) review regulations to take into account the problems and needs of rural providers and (b) assist rural providers in establishing contracts with centralized billing services. The program shall keep track of the providers assisted and the type and amount of assistance provided.

7. **Status of Program for HIV-Infected Children.** Beginning September 30, 1990 and quarterly thereafter, the department shall submit to the fiscal committees of the Legislature information on the status of the program for HIV-infected children and its associated expenditures to date. The department shall make this information available to the public.

8. **Providing AIDS Information to Counties.** The Office of AIDS shall distribute copies of the *California AIDS Update* and other reports related to AIDS services and costs to all counties as soon as they are available.

9. **Purchasing AIDS Drugs.** The DHS shall continue to investigate ways of purchasing zidovudine (AZT) and other AIDS drugs more cheaply, including volume, bulk, or direct wholesale purchase.

10. **AIDS Funding Priorities and Contracting Process.** In deciding which education and prevention program contractors to fund for 1991-92, the Department of Health Services shall take into account the past performance of existing contractors and, to the extent feasible, fund those contractors that have demonstrated successful performance. The department shall work with the California Conference of Local Health Officers, the California Association of AIDS Agencies, and other community-based providers including representatives of multi-cultural ethnic groups, and the

California AIDS Leadership Committee to determine funding priorities for fiscal year 1991-92.

11. **Review of County HIV Response Plans.** In reviewing county HIV disease prevention and treatment response plans, prior to distributing funds through the subvention process, the Office of AIDS shall assess each plan against specific guidelines established by the California AIDS Leadership Committee as reflected in *California's Continuing Response to HIV Disease: A Strategic Plan* within 30 days of receiving the plan from the county. In no event shall the review of each county's plan delay allocation of funds beyond 30 days.

12. **Monitoring Early Intervention Projects.** The Office of AIDS shall (a) monitor early intervention projects and (b) provide information to the fiscal committees and the Joint Legislative Budget Committee by January 10, 1991 on the status of early intervention projects, including utilization patterns and any preliminary data from the projects on share-of-cost revenue.

13. **County Administration—Work Measurement Study.** By October 1, 1990, the Department of Social Services (DSS) and the DHS shall complete an analysis of outstanding policy issues concerning the compilation of the data from work measurement studies. The department's analysis will address at least the following areas:

    (a) An analysis of the work measurement results as they relate to the establishment of productivity targets for the Aid to Families with Dependent Children and Nonassistance Food Stamps Programs.

    (b) The status on the completion of work measurement studies for the Medi-Cal Program.

    (c) Identification of outstanding policy issues between the state and the counties that would impede the use of work measurement results in the fiscal year 1991-92 budgeting process, and the steps needed to resolve the issues.

    Additionally, the DSS and DHS will provide information to the Legislature, upon submission of the Governor's Budget, on whether or not work measurement was utilized in the fiscal year 1991-92 budget process and, if so, how such information was utilized and the resultant fiscal impact on federal, state, and county shares of costs and, if not, detailed rationale explaining why it was not used and a detailed description of the productivity targets that were used in preparing the budget.

14. **Medi-Cal Dental Fiscal Intermediary.** The department shall report to the fiscal committees by December 1, 1990 and May 1, 1991 on the dental fiscal intermediary's

general contract compliance, including compliance with the performance requirements and the requirements to implement enhancements.

15. **Populations Served by AIDS Programs.** The Department of Health Services (DHS) shall provide information, upon request, to the fiscal committees and the Joint Legislative Budget Committee, on the populations served by the education and prevention program contractors, including (a) the number of persons served, by sex the ethnic origin, (b) the services provided, and (c) identification of the risk behaviors of those served.

16. **HIV Public Awareness Campaign.** The DHS shall develop and implement a public awareness campaign to educate the populations most at risk for HIV infection about the need to be tested, the availability of treatment and support services, and the importance of beginning treatment before symptoms develop.

17. **Status of County HIV Response Plans.** The DHS shall provide information, upon request, to the fiscal committees and the Joint Legislative Budget Committee, on (a) the status of county efforts to develop comprehensive HIV disease prevention and treatment response plans and (b) steps the department has taken to encourage these efforts in its process for distributing AIDS funds through the subvention process.

18. **Measles Epidemic.** The DHS shall report to the Legislature by November 30, 1990 on how the DHS has responded to the measles epidemic. Specifically, the department shall report on DHS use of Proposition 99 and AB 8 special needs and priorities (SNAP) monies appropriated for dealing with the epidemic. Issues to be addressed will include, but not be limited to, the following: county and community outreach efforts, the amount expended on the outbreak, unmet immunization needs, and the extent to which county and nonprofit primary care clinics participated in the emergency immunization effort. The report shall include recommendations on improving detection and responsiveness to public health epidemics.

19. **Radioactive and Mixed Waste Issues.** The Director shall inform the Joint Legislative Budget Committee each time progress occurs towards the adoption or implementation of an agreement between the DHS and the federal Department of Energy (DOE) relative to the state's role in the following areas:

    - Decisions regarding the feasibility of conducting an epidemiological study of workers employed by the Rockedyne Division of the Rockwell International Corporation in the Simi Hills or San Fernando Valley, and/or an epidemiological study of residents in and around these facilities.
    - Efforts made by the state to obtain funding from the DOE to pay for the epidemiological studies described above, the result of those efforts, and the implementation of such studies.

- Funding and authorization for the DHS to oversee the DOE's cleanup work at all sites where the DOE is a responsible party, including such cleanups involving radioactive wastes, or mixed chemical and radioactive wastes.
- Funding and authorization for the DHS to oversee DOE sites where radioactive materials are used, to ensure compliance with federal and state standards and prevent future contamination problems.
- Funding and authorization for other state agencies, such as the Air Resources Board, the State Water Resources Control Board, or the Office of Emergency Services, to review DOE cleanup operations, and ongoing operations involving the use of radioactive materials.
- Development of internal procedures to ensure coordination between the DHS Toxics Division (which is responsible for chemical contamination) and the DHS Environmental Health Division (responsible for radioactive releases), in overseeing cleanups at sites involving mixed chemical and radioactive wastes.

At a minimum, the first letter providing information on the progress of an agreement with the DOE shall be submitted no later than September 1, 1990.

20. Medi-Cal Services for AIDS Patients. The department will provide information to the fiscal committees by September 1, 1990 on physician and outpatient provider participation in the treatment of Medi-Cal AIDS patients.

Item 4260-011-014—Department of Health Services—Toxics Division

1. Permitting and Enforcement of Hazardous Waste Facilities. The Department of Health Services (DHS), Toxic Substances Control Program, shall submit to the Legislature, by January 10, 1991, a report on the projected workload changes that will affect the permitting and surveillance and enforcement programs in 1991-92 and 1992-93. Specifically, the report shall include the following:

   (a) An estimate of the number of positions and funding needed for permitting and closure activities in 1991-92 and 1992-93, broken out by activity, compared with the number of positions and funding budgeted in 1990-91 for these activities. The activities shall include all phases of permitting and closing land disposal, incineration, and treatment and storage facilities, including all post-closure and surveillance and enforcement activities.

   (b) An explanation of each major factor that is projected to affect the number of positions and funding needed for permitting and closing facilities in 1991-92 and 1992-93 as compared to the amount budgeted in 1990-91, and an estimate

MULTICULTURAL LIAISON BOARD
MAILING LIST

1. Marta Arguello
1400 Manhattan Place
LA , CA 90019
Phone: Home 213-735-1036
Work 213-206-9256
Fax 213-206-1784

UCLA Chicano Studies
180 Haines Hall
405 Hilgard
LA, CA 90024

2. Andre' Cunningham
2134 Longwood Ave.
LA , CA 90016
Phone: Home 213-737-1457
Work 213-671-1222
Fax 213-671-0687

South CA Youth and Family Center
101 North La Brea #100
Inglewood, CA 90301

3. Jesus De La Rosa
2227 Parker St. #2
Berkeley, CA 94704
Phone: Home 510-841-0715
Work 408-299-4151
Fax

Santa Clara Dept. of Health Svcs
HIV/AIDS Program
976 Lanzen Ave
San Jose, CA 95126

4. Matiana Grogan
126 South Canada St.
Santa Barbara, CA 93103
Phone: Home 805-962-4496
Work 805-681-5120
Fax 805-681-5191

Santa Barbara Dept. of Hlth Svcs
300 San Antonio Road
Santa Barbara, CA 93110

5. Viet Hollenberg
4880 Hidalgo Ave
San Diego, CA 92117
Phone: Home 619-272-4325
Work 619-279-9675
Fax 619-

Linda Vista Health Care
6973 Linda Vista Road
San Deigo, CA 92111

6. Yolanda White
P.O. Box 106
Pixely, CA 93256
Phone: Home 209-757-1813
Work 209-685-2535
Fax 209-685-2643

Tulare County Health Dept.
1062 South K Street
Tulare, CA 93274

7. Dorothy Wong
1200 Clayton St. #8
San Francisco, CA 94114
Phone: Home 415-864-8878
Work 415-227-0946
Fax 415-541-9986

Asian AIDS Project
300 Fourth Street #401
San Francisco, CA 94107