

County of Santa Clara

Santa Clara Valley Health & Hospital System

Mental Health Services



HHS05 012709


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DATE: January 27, 2009

TO: Board of Supervisors

FROM: 
Kim Roberts
SCVHHS - Chief Executive Officer

SUBJECT: Submission of the County's Mental Health Services Act Capital Facilities and Technological Needs Component Proposal to the California Department of Mental Health

RECOMMENDED ACTION

Authorize the Mental Health Department's submission of the County's Mental Health Services Act Capital Facilities and Technological Needs Component Proposal to the California Department of Mental Health.

FISCAL IMPLICATIONS

There is no impact on the County General Fund as a result of the recommended action.

REASONS FOR RECOMMENDATION

The Mental Health Services Act (MHSA) Capital Facilities and Technological Needs (CFTN) is one of five components of the MHSA. The CFTN component is an opportunity to support the implementation of the County's MHSA goals through projects that address capital facility and technological needs, including the development and implementation of a fully functioning Electronic Health Record.

The County's current allocation of CFTN funds is \$21,297,000. In order to access CFTN funding, the County must submit to DMH individual project proposals for Capital Facilities or Technological Needs. However, prior to submitting these project proposals, the County must submit and obtain approval for a Component Proposal (see attachment). The Component Proposal is not a funding request. The Component Proposal describes the overall framework for how CFTN funds will support the County's MHSA goals; the proposal primarily identifies needs, some of which may not be addressed immediately. Moreover, the Component Proposal can be modified as individual projects are developed and as the County modifies its other MHSA components.

MHD will implement CFTN projects within the framework of three overarching strategies. The first strategy is to directly facilitate the implementation of approved MHSA Community Services and Supports (CSS) work plans. The second strategy is to expand self-help and consumer and family empowerment services. The final strategy is to significantly improve the local mental health system's technology infrastructure resulting in improved care coordination, service delivery and access.

BACKGROUND

The CFTN Component Proposal was developed over a six month planning process. Stakeholder involvement consisted of surveys, focus groups, interviews, town halls and community forums. MHD also convened a small monthly planning work group with providers for four months prior. In developing its Component Proposal, the County received input from consumers and family members across the lifespan (including adults, older adults, transition age youth and family members of children), ethnic communities, mental health contractors and staff, social and medical service providers, and justice system staff. Approximately 200 individuals and groups contributed to identifying CFTN needs.

After a presentation to the MHSA Stakeholder Leadership Committee (SLC) on November 17, 2008, MHD posted the Component Proposal for 30 days for public comment and review. At its December 19, 2008, meeting, the SLC voted unanimously to recommend that the Board of Supervisors authorize MHD to submit the Component Proposal to DMH. As required, the Mental Health Board convened public hearing on January 6, 2009. There were no significant changes made to the Component Proposal as a result of comments from the public. Most stakeholders either requested clarification on the Component's authorized uses or endorsed the strategic framework and needs identified in the Proposal.

The CFTN Component Proposal was submitted to the Health and Hospital Committee on December 10, 2008.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve the recommended action will impact the MHD's ability to submit the required Component Proposal, and may impact the ability to access the County's allocation of CFTN funds.

ATTACHMENTS

- CFTN Component Proposal Enclosures