

*Dedicated to the Health
Of the Whole Community*



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From: Nancy Pena, Ph.D. Director, Mental Health Department

Subject: Proposed Capital Facilities and Technological Needs Component Proposal of the
Mental Health Services Act

Dear Stakeholders:

The County Mental Health Department (MHD) is proud to announce the completion of its proposed Capital Facilities and Technological Needs (CFTN) Component Proposal. Please review and comment on the Proposal (Enclosure 1).

In November 2004, California voters passed the Mental Health Services Act (MHSA), which imposed a 1% tax on personal incomes of more than \$1 million. Funds from the MHSA are used for the implementation of transformative, culturally competent and consumer- and family-driven treatment, prevention and early intervention services. As 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. The County's current allocation of CFTN funds is \$21,297,000.

In order to access CFTN funding, the County must submit to the California Department of Mental Health (DMH), individual project proposals for Capital Facilities or Technological Needs. Counties may submit multiple project proposals. However, prior to submitting project proposals the County must submit and obtain approval for a Component Proposal.

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.

The Component Proposal will be posted on the Mental Health Department's MHSA website through December 16, 2008, as part of the required 30-day public comment period. The SLC will review the Component Proposal again on December 19, 2008. Per DMH guidelines, the Mental Health Board will convene public hearing to hear comments. The hearing is tentatively scheduled for January 6, 2008. More information about the hearing will be distributed in the

next few days. The Board of Supervisors will review the Component Proposal in the middle of January 2009. Pending approval by the Board of Supervisors, MHD will submit the Component Proposal to DMH before February 1, 2009.

Please feel free to contact me or Ky Le, MHSA Project Manager, at 408-885-7543 or ky.le@hhs.sccgov.org if you have any questions.

Sincerely,

//Original Signed//
Nancy Pena, Ph.D.
Director
Mental Health Department

Encls:

- 1 – Santa Clara County Draft CFTN Component Proposal
- 2 – Appendix 1 to CFTN Component Proposal

COMPONENT PROPOSAL NARRATIVE (Required Exhibit 2 from DMH Guidelines)

1. Framework and Goal Support

Briefly describe: 1) How the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) How you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities: 35%

Technological Needs: 65%

To support the County's MHSA programs and transformation goals, the County will implement Capital Facilities and Technological Needs (CFTN) projects within the framework of three overarching strategies.

The first strategy is to directly facilitate the implementation of approved Community Services and Supports (CSS) work plans, which were the result of a robust community planning process. Although the "support components" of the MHSA – CFTN and Workforce Education & Training (WET) – are being developed subsequent to CSS, the intent of both components is to support the successful implementation of approved programs and services. This strategy directs the County to develop CFTN project proposals that align with one or more approved programs or services.

The second strategy is to expand self-help and consumer and family empowerment services. This strategy supports a common theme heard in stakeholder processes across all of the County's MHSA components. Stakeholders support and advocate for the expansion of programs, facilities, technologies and trainings that allow consumers and family members to more fully participate in the public mental health system and direct their own recovery. In addition to supporting the implementation of approved Consumer and Family Member Wellness & Recovery Services (originally work plan A-05), this strategy supports the County's overall transformation vision.

The final strategy is to significantly improve the local mental health system's technology infrastructure resulting in improved care coordination, service delivery and access. Although voiced from different vantage points, stakeholders throughout the planning process recognized that operating inadequate systems negatively impacts all consumers and providers. This final strategy supports the CFTN's goal of modernizing and transforming clinical and administrative information systems to ensure quality of care, parity, operational efficiency & effectiveness.

The following table broadly identifies the County's needs that may be addressed with CFTN funds. Within the context of the Component's three strategies, the County will develop CFTN project proposals that address these needs. Some needs align with more than one strategy; moreover, some needs may only be addressed through the implementation of both capital facilities projects and technological needs projects. To the greatest extent possible, CFTN projects will address as many capital facilities and technologies needs as possible.

Identified Needs

An enterprise data warehouse with sophisticated reporting tools as well as ongoing technical support resources	Access to and/or expanded self-help centers are less stigmatizing and culturally competent
A full electronic health record (EHR) that provides staff and consumers with transactional capabilities	Renovations to facilities hosting wellness and recovery services to make them more accommodating, less stigmatizing and more culturally competent
The integration of county health records to improve care coordination and access	Specialized community centers for outreach to underserved populations
The tracking and visibility of County – wide resources	Renovations to existing facilities that allow them to host new programs approved under CSS or PEI
Upgrades and access to computing and online resources for consumers and family members	Smart technologies to address the access and mobility needs of special populations
Access to health education	

The proposed funding distribution recognizes the primacy of technological needs over capital facilities needs. Clinical and administrative technological functions affect nearly every aspect of the local mental health system. The County could ill afford *not to* address EHR and data warehousing needs. The Federal and State governments have mandated fully interoperable EHRs by 2014 (2013 locally); however, local and state budget reductions are projected for at least the next three to five years. It is very unlikely that new resources will be available to meet EHR requirements in the future.

The County also recognizes that it must assist its contract providers during the transition period since the contract agencies serve nearly 50% of consumers in the County. Under allocating financial, training and technical resources to support the entire system would ensure that implementation and ongoing utilization of an EHR would fall way short of expectations.

Furthermore, technological needs projects aimed at increasing consumer empowerment can be implemented relatively quickly with benefits to consumers and family members realized immediately. Overwhelmingly, the stakeholder process reinforced the desire for technology solutions.

Finally, the County has one of the State’s most expensive real estate and construction markets. Acquiring or constructing more than one or two capital facilities would inhibit the County’s ability to meet all of the identified technological needs.

2. Stakeholder Involvement

Description of Stakeholder Involvement:

Stakeholder involvement consisted of surveys, focus groups, interviews, town halls and community forums over a six month period. The County 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, TAY 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. Moreover, throughout the process, the County consulted with its Stakeholder Leadership Committee (SLC), a standing committee of leaders and advocates involved in planning and implementing MHSA programs. The SLC consists of approximately 30 members and all meetings are open to the public.

(Placeholder for results of public posting, public comment and public hearing)

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

(Required Exhibit 3 from DMH Guidelines)

The table below identifies needs that can be addressed through capital facilities projects that are consistent with the Component’s three overarching strategies.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs and Services to be Provided	Target Populations to be Served
Self-Help Centers	3-5	North, South and Multiple Central County Locations	Peer Support, Mentoring & Education, Daily Living Activities, Employment Initiatives	Adults, High End Users
Urgent Care Centers	3	Downtown Core, North County, South County	Mental Health Urgent Care & Crisis Services	All
Training Center	1	Central County	WET activities, Wellness and Recovery Training	All
Administrative Offices (ECCAC)	1	Central County	Offices for ECCAC activities	Underserved Ethnic and Cultural Populations
Renovations to Support Approved CSS and PEI work plans and EHR/PHR implementation	TBD	TBD	Various	All
Renovations to Support Expanded and/or Access to Computing Resources	TBD	TBD	Self-Help / Self-Directed Wellness Services	All with special attention paid to TAY and OA needs
Multicultural Center	1-3	North, South and Central County	Outreach and Engagement, Family Education and Support, Stigma Reduction	Underserved Ethnic and Cultural Populations

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS (Required Exhibit 4 from DMH Guidelines)

➤ **Electronic Health Record (EHR) System Projects (check all that apply)**

- Infrastructure, Security, Privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)

➤ **Client and Family Empowerment Projects**

- Client/Family Access to Computing Resources Projects
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging information sharing services)

➤ **Other Technology Projects That Support MHS Operations**

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome improvement
- Data Warehousing Projects / Decision Support
- Imaging / Paper Conversion Projects
- Other (Briefly Describe)*

See Appendix 1 for descriptions

Appendix 1: IT Projects

Clinical & Administrative IT Projects

These projects will enhance the current capabilities of the County Mental Health Department to improve the quality of care, establish key clinical and administrative metrics, to increase operational efficiency and cost effectiveness.

In addition, these projects will all contribute to bringing the SCVHHS into compliance with the State DMH IISI standards by providing the necessary components and data integration strategies necessary for exchanging client and program data securely with the State DMH and other clinical partners. At a macro level these components will provide the necessary infrastructure to provide online consumer tools and access in the future to facilitate clinician / consumer / family treatment partnerships.

Clinical & Administrative IT Projects		
#	Project Name	Brief Project Description
1	Enterprise Data Warehouse (EDW)	<p>The EDW will serve as a data repository for all of the data that SCVHHS MHD receives.</p> <ul style="list-style-type: none"> • This project will provide tools for cleaning, normalizing and creating the data repository and provide for tools to easily view and extract reports. • This project will provide staffing to support ongoing technical needs and add the Decision Support Unit. • The EDW will support tactical (everyday) and strategic (long-term) decision-making for the department. • The EDW will serve as an integration tool to combine data from other County and State agencies.
2	Full Electronic Health Record (EHR)	<p>This project will entail selecting and implementing a Commercial-off-the-Shelf (COTS) software product that will give SCVHHS an Electronic Health Record for all of its MH clients.</p> <ul style="list-style-type: none"> • The project will identify and select a COTS EHR that will meet the needs of SCVHHS. • The project will encompass planning a phased-in implementation path and include temporary and permanent staffing to ensure success. • This project will bring SCVHHS into compliance with State DMH goals for interoperability and e-prescribing within the stated timelines.
3	County Health Record Integration Initiative	<p>This project will assist SCVHHS MHD in developing the ability to share treatment and outcome information with other county agencies to improve</p>

		<p>coordination of care.</p> <ul style="list-style-type: none"> • The project will include tools, staffing, and organization of a project to securely exchange data with other County facilities, as appropriate. • The project will enable the County to build a Master Patient Index (MPI) that will enable MH providers and PCPs to see all services for a single client.
4	County-wide Resource Tracking	<p>This project will enable SCVHHS MHD the ability to track housing and facility availability for their clients and will provide timely access to appropriate level of service.</p> <ul style="list-style-type: none"> • Contractors will be engage to evaluate current products and implement best solution for tools to track facilities, housing resources and outpatient resource availability. • In the long term, clients will be able to access appropriate information via a secure client portal.

Consumer Empowerment IT Projects

These projects will support wellness activities and offer opportunities for improved understanding of health issues for consumers and their families. The empowerment of consumers will increase the sense of control over health and life issues and strengthen communication with providers.

Consumer Empowerment IT Projects		
#	Project Name	Brief Project Description
1	Consumer Learning Centers	<p>Consumer Computer labs or other venues will be strategically located at or near Wellness Centers. These labs will be staffed and equipped to support Consumer independent living goals.</p> <ul style="list-style-type: none"> • Existing labs will be upgraded and new centers will be developed so that they are accessible from all areas of the County. • This project will provide staffing to train consumers in basic computer skills as well as assist them in finding information. New consumer positions will be created to assist using CSS Funding. • Class scheduled to improve computer skills will be developed.
2	Consumer Portal & Web-site Redesign	<p>The County web-site will be redesigned and rebuilt to provide access and information to consumers and family members that support their treatment and life-goals.</p> <ul style="list-style-type: none"> • The project will begin with the creation of a planning

		<p>committee that will include IT staff, MH staff and consumers and family members.</p> <ul style="list-style-type: none"> • The project will include purchasing the software and hardware required to build and maintain the web-site. • This project will provide staffing and training to ensure success. • Initial applications will include resource links and consumer & family blogs. • Web automated reminders and assistance. • Consumers and family members will constitute an ongoing advisory board that will review the current functionality of the web-site and approve enhancements for the site. • This redesigned web-site will provide the technology platform for a secure client portal that will allow consumers to access their treatment records and control their Personal Health Records. Other possible functionality will include online-appointment scheduling and clinician contact. • To expand utility the content will be translated into threshold languages.
3	Consumer and Family Health Education	<ul style="list-style-type: none"> • Display health education and other learning information in clinic waiting areas to increase awareness.