Solano County
Health & Social Services

Mental Health Services Act (MHSA)
Capital Facilities and Technology Needs Plan

November 10, 2008

DRAFT FOR PUBLIC COMMENT

Component Exhibit 1
Capital Facilities and Technological Needs Face Sheet

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS
COMPONENT PROPOSAL

County: <u>Solano County</u>   Date: _____

County Mental Health Director

<u>Michael J. Oprendek</u>
Printed Name

_____
Signature

Date: _____

Mailing Address: MS 5-250
                     275 Beck Avenue
                     Fairfield, CA 94533

Phone Number: 707-784-8330   Fax: 707-421-6619

E-mail: MJOprendek@solanocounty.com

Contact Person: Robert Sullens

Phone: 707-784-8374

Fax: 707-421-6619

E-mail: RLSullens@solanocounty.com

2

DRAFT FOR PUBLIC COMMENT

Component Exhibit 1 (continued)

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Solano County and that the following are true and correct:

This Component Proposal is consistent with the Mental Health Services Act.

This Capital Facilities and Technological Needs Component Proposal is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3320.

The County certifies that if proposing technological needs project(s), the Technological Needs Assessment, including the Roadmap for moving toward an Integrated Information Systems Infrastructure will be submitted with the first Technological Needs Project Proposal.

This Component Proposal has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310, and 3315, and with the participation of the public and our contract service providers. The draft local Capital Facilities and Technological Needs Component Proposal was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with Title 9, CCR Section 3410, Non-Supplant.

All documents in the attached Component Proposal for Capital Facilities and Technological Needs are true and correct.

Date: _____   Signature_____
Local Mental Health Director

Executed at: Fairfield, CA

DRAFT FOR PUBLIC COMMENT

Component Exhibit 2 (continued)

COMPONENT PROPOSAL NARRATIVE

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*

The Mental Health Services Act (Proposition 63) was passed by the voters in November 2004. The MHSA provides funds to counties for services and resources that promote wellness, recovery and resiliency for adults and older adults with severe mental illness and for children and youth with serious emotional disturbances.

The Capital Facilities and Technology Needs (CFTN) component of the MHSA was designed to provide the infrastructure to support the expansion of services and staffing to provide additional services to consumers in Solano County.

The Technological Needs element of this component supports efforts to modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness and/or increase consumer and family empowerment by providing tools for secure access to health information.

The Capital Facilities funds can support the implementation the Community Services and Supports (CS&S) and Prevention and Early Intervention (PEI) components of MHSA by helping to ensure that the infrastructure is available to accommodate the programs

Each of the capital facilities projects described below is directly related to supporting specific projects identified in our PEI plan or increasing/improving services to MHSA target populations as identified in our CS&S plan.

Children's Developmental Health Center /Children's Assessment Centers

A key strategy in the PEI Early Childhood Project is screening and assessment for 350 infants and young children and their parents annually who have been identified by home visitors, pediatricians, child care providers, or others as at high risk for negative social/emotional outcomes. Infants and children age birth through 36 months who have risk factors for social, emotional and developmental delays will be given the highest priority for screening/assessment. These risk factors include stressors such as: prenatal substance exposure, premature birth, infants/toddlers who have been exposed to domestic violence, abuse, or neglect, infants/toddlers born to teen parents, infants/toddlers involved in the child welfare system, children of parents with issues of substance abuse, mental health conditions, or developmental delays.

4

DRAFT FOR PUBLIC COMMENT

In Solano County, our Early Childhood Developmental Health Collaborative (ECDHC), composed of over 50 public and private agencies, is working to assure earlier identification and treatment of special needs. The group has further worked toward improved coordination 0-5 children's mental and developmental health services. ECDHC has endorsed the Children's Center concept as a best practice model for multidisciplinary assessment as a second step to planned outreach and identification of children at risk through the joint funding plan of the MHSA PEI ad First 5 Solano Early Childhood Mental Health Initiative funding plan which will commence in 2009.

To implement this model in Solano County requires a strategic comprehensive collaborative approach to both the capital facilities needs as well as service provision. The ECDH Collaborative has taken this idea into the planning process for the MHSA PEI and First 5 Solano 0-5 projects. The new Center would house central services to be provided under the 0-5 MHSA PEI/First 5 plan in the areas of screening, assessment, and intervention, and act as a conduit to linkage with other needed community based and home based services for young infants and children and their families. In addition, services may be covered by MediCal through EPSDT or other health coverage plans as eligible. As best practice in the 0-5 mental health field encompasses a multidisciplinary approach to assessment and intervention, the following services/disciplines must be available and housed at the Children's Center: 0-5 mental health programs, Early Start, (North Bay Regional Center), Occupational, Speech and Physical therapy Evaluations (all of which relate to 0-5 mental heath), Family Support and Parenting programs, and linkages to Public Health Nursing, Child Welfare, CHDP, WIC, and other programs directly or indirectly affecting child mental health.

The County is in the process of establishing the PEI Early Childhood Program. As the contracts are awarded and the collaborative structures created the need for the assessment center described above will become clearly defined

Modular Buildings to Support Mental Health Services at School Sites.

The PEI program for school aged children is a School-Based Targeted Student Assistance Program. This new school based program will provide short-term selective early intervention services to children who have been identified as at risk of school failure due to social/emotional issues such as loss of a parent, exposure. Although the County expects that facilities will be provided by the schools, not all targeted schools may have appropriate facilities.

This project would support PEI programs for school age youth. It would provide a standard size modular classroom at one or more schools. The building could be configured to provide a group room, several private interview rooms and reception space. Sites would be selected on the basis of need as defined in the PEI plan.

DRAFT FOR PUBLIC COMMENT

Facilities for Cornerstone at Loma Vista School –modular building.

The Cornerstone program at Loma Vista School serves children with serious emotional issues. The program operates on a year round basis and is open longer than the standard school day. Currently the staff at this site has no access to restrooms after school hours or when the school is closed. The additional facilities would also provide an option for students who have issues with using the school restrooms. This modest project would increase staff effectiveness and moral as well as addressing the needs of some of the students.

Rio Vista: A multi-purpose (Clinic, wellness/recovery center) building to deliver mental health services.

In each community planning process (CS&S, PEI, and CFTN), residents of Rio Vista have been passionate about the lack of mental health services in their community. The County has made efforts to reach Rio Vista residents by providing limited services in shared space and crating a family support group. A combined clinic and wellness and recovery center would provide a location for delivery of improved services and community outreach. Other county programs could use the facility to provide services (i.e. Public Health, Substance Abuse). Costs would be split with other users since MHSA can only fund the portion of the facility used to provide MHSA services. The City of Rio Vista has approached the County

Vallejo –Crisis Residential Facility

Crisis services were identified in the CS&S as a key need in the initial CS&S plan. It remains an on-going concern. As part of the County's Mental Health System Redesign effort, two process action teams are conducting feasibility studies of creating additional crisis residential facilities. The process action teams include consumer representatives, providers, and county staff. One team is considering the need for a crisis residential facility for children. The other is examining the need for an additional crisis residential facility for adults. Solano County has one adult crisis residential facility that is usually full. The availability of additional crisis residential facilities would strengthen the County's continuum of care. The process action teams may determine that there is a need for new county owned facilities or that any need is best met by a contract provider that would own or lease a facility.

Vallejo: Crisis Prevention Facility.

The comments from consumers participating in the community meets focused on the need for new and different approaches to serving consumers who may be approaching crises on their road to recovery. This concern is consistent with the needs recognized in the CS&S plan. This project would provide a place for consumers to go when they feel like they might be approaching a crisis. It could be considered a more intensive wellness and

DRAFT FOR PUBLIC COMMENT

recovery program that does not replace the County's crisis program but provides a facility and program for consumers to address issues before they require a full crisis intervention.

2) *How you derived the proposed distribution of funds below.*

Proposed distribution of funds:

Total Capital Facilities and Technology Needs Funding **$ 4,491,300**

- ☐ Capital Facilities **$1,541,300** or **34%**
- ☐ Technological Needs $**2,950,000** or **66%**

FUNDING DISTRIBUTION

Solano County did not include any specific references for its need for Electronic Health Record Management application in the original CSS plan. However, the County has been exploring the possibility of implementing an EHR system for several years. Solano County created a study group in 2005 that included finance staff, clinicians, managers, internal IT staff and others within the Solano County Health and Social Services Department –who are responsible for and contribute to the various stages of data reporting, billing, client data access, and funding stream management. The group reviewed and documented work processes and developed a requirements analysis package for an integrated EHR system that would serve the needs of the Public Health, Substance Abuse and Mental Health Divisions. A request for one-time MHSA information technology funds was prepared in January 2006. The request was not submitted because funds were not available for the non-mental health components of the system.

Subsequently, the Mental Health Division staff continued to refine system requirements and costs for an EHR system for the Division. Based on this on-going work, the current estimate of the cost of the initial county-wide EHR purchase and implementation would be between $2,500,000 and $2,700,000.

As the County continued planning for an EHR system, it recognized the importance of updating the workflow analyses that had been completed in 2005. It also recognized a need to engage in activities that would prepare the County and contractor workforce for the implementation of an EHR System. The history of software implementation projects provides many examples of system implementations that were made more difficult or even failed because of users were not adequately involved or prepared for implementation. The County developed a Request for Proposals (RFP) for consulting services to address the needs. The consultant would:

- ❖ Document work rules and processes using Joint Application Development techniques for two critical workflows.
  - o Access to Care process
  - o Long Term Care process

7

- ❖ Identify improvements in processes
- ❖ Assess MH and Contractor staff readiness for an EMR system
    - o Technical skills
    - o General acceptance/resistance to change
    - o Realization of impact on daily work
- ❖ Prepare and Provide orientation to staff

In June 2008, a one-time request for MHSA IT funds to support the EHR Preparation Project was submitted. The request was denied and the County was instructed to submit the project as the MHSA CFTN Component Plan.

The $3,000,000 allocation consists of the projected cost of the EHR Preparation Project, The EHR Acquisition and Implementation Project, and the cost of a telemedicine pilot project. The allocation was driven by the known costs of the technology projects.

3) Briefly describe the stakeholder process used to derive the distribution and use of funds:

Solano County relied on stakeholder participation to define the requirements for an EHR system. These requirements are the basis of the allocation of CFTN funds to technology needs. The County intends to continue the stakeholder input process and will actively involve stakeholders in the EHR acquisition and implementation process. The EHR Preparation Project will involve stakeholders including program managers, fiscal staff, administrative staff, clinicians, psychiatrists, and contractors in the process of defining and redesigning workflows. The EHR Preparation Project will also survey and assess the readiness of the County and contractor staff for the implementation of an EHR system.

The EHR Implementation Project and EHR Preparation Projects were presented at each of the community meetings and staff presentations described in the next session. The MHSA CFTN Advisory Committee evaluated the results of the community meetings and staff briefings, and determined the final allocation.

The Community Meetings and staff surveys generated 27 project ideas in addition to the EHR Readiness and Implementation Projects. The Advisory Committee discussed each project individually. The Advisory Committee agreed to work on a consensus basis whenever possible. Individual projects were discussed until the group understood the project and agreed on the disposition of the project. Ultimately, the committee agreed on the six capital facilities projects to be included in the plan without needing to take a vote. The allocation of funds to Capital Facilities is not adequate to fund all of the identified projects. However, each project is dependent on a number of policy, practical, and financial variables that must be determined before a project funding request can be submitted. Collaborative arrangements must be developed. For example, locating modular buildings on school grounds will require site selection, negotiation of memoranda of understanding with various school boards. Creating the children's assessment center will be dependent on securing funding for the non-MHSA components of the project. It is

8

DRAFT FOR PUBLIC COMMENT

possible that not all of the projects will require MHSA Capital Facilities funding to be completed. Some projects may be accomplished by contracting with a service provider who will be responsible for obtaining the necessary space to provide the contracted services. The CFTN Advisory committee will remain available and expand, as needed, to review specific project requests as they develop.

2. *Stakeholder Involvement*

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

The planning for the Capital Facilities and Technology Needs (CFTN) component builds on the planning processes for the County's Community Services and Support (CS&S) and Prevention and Early Intervention (PEI) plans.

The Community Services and Support planning process included community meetings, focus groups, and steering committee meetings over a one year period that identified needs and priorities that were reflected in the County's CS&S plan. The CS&S planning process involved more than 70 focus groups, surveys conducted by family members and consumers, analysis of demographic data, and identification of un-served and underserved populations.

The PEI Community Planning Process included broad general outreach, community forums in all 7 cities, targeted outreach (to ethnic minorities and underserved populations), a public stakeholder process, creation of community-based workgroups, and the mobilization of existing mental health staff and advisory groups. Over 90 people attended the forums, ranging from six in Fairfield to 22 in Vallejo. Attendees represented every segment of the community, from residents and consumers to cities, schools, libraries, churches, and non-profit and county employees. A series of workgroups developed specific proposals

In addition to the information derived from a review of the CS&S and PEI plans, the County implemented a similar planning process focused on the CFTN component.

Information on CFTN and the CFTN Community Planning Process was provided through e-mail and mailing lists to more than 100 community organizations, contractors, consumers, school districts, law enforcement and social service agencies, and associations such as Health Access, the Clinic Alliance, the Early Childhood Mental Health Collaborative, and the Solano County Continuum of Care. Flyers inviting all community members to attend local CFTN Community Forums were posted in public libraries, Wellness and Recovery centers, and county offices. The PEI participant's list

9

DRAFT FOR PUBLIC COMMENT

was used as a starting point for inviting individuals and organizations to participate in community meetings.

Special effort was made to reach key stakeholders and underrepresented groups. Meeting notices were submitted to local media and announcements appeared in several newspapers. Personal e-mails and telephone calls were made to encourage participation by stakeholders who were expected to have a special interest in the plan or were members of groups representing underserved populations.

During August and September 2008, seven community meetings were held in Dixon, Fairfield, Rio Vista, Suisun, Vacaville, and Vallejo (2 meetings). In addition to the community meetings a focus group was held for Transition Age Youth enrolled in the County's Youth to Adult Program. A total of 40 people participated in these meetings. The participants included interested citizens, county staff, service providers, community organizations, consumers and family members.

In each of these meetings, a description of the CFTN program was presented. The description included guidance on the acceptable uses for the capital facilities funds. The presentation also included a description of the MHSA goals for technology projects and an explanation of the benefits of an Electronic Health Records (EHR) system and a description of possible uses of technology to empower consumers. After the presentation, the attendees were invited to suggest project ideas. The key elements of each project were described on a flip chart and evaluated in terms of the projects potential impact on service, the urgency of the project, and whether the project served the County as a whole or had only local impact.   At each meeting, the facilitator introduced two technology projects proposed by the County. Participants were invited to use a multi-voting technique to prioritize the projects, including the two County proposed technology projects, presented at each meeting. A total of 18 distinct projects were generated by the community meetings and focus group.

Since County Mental Health Division employees, are key stakeholders, an additional effort was made to inform them about the CFTN and solicit their input on the project suggestions that came out of the community meetings. During regular staff meetings, the staff was given a brief summary of the MHSA CFTN component and a description of the projects suggested in the community meetings. The attendees were asked to select and prioritize five projects from the list of 16. They were also invited to add and prioritize any additional projects they want considered.

An Ad Hoc CFTN Advisory Committee was formed to review the results of the community meetings and prioritize projects for inclusion in this Component Plan. This committee consisted of volunteers who had attended one of the community meetings and individuals representing various stakeholder groups. The Advisory committee consisted of:
- ❖ A representative of a community clinic consortium
- ❖ The local Community Action Program Executive Director
- ❖ A transitional Age Youth Service Provider
- ❖ A children's service provider consortium

DRAFT FOR PUBLIC COMMENT

❖ The county medical records staff manager
❖ A County children's clinician
❖ An adult contract service provider
❖ The County Consumer Affairs Liaison
❖ The County Cultural Competence Coordinator.

A representative of an older adult's service organization responded to the invitation to join the committee but was not able to attend.

The committee was facilitated by a County Project Manager trained in participatory decision making techniques.

DRAFT FOR PUBLIC COMMENT

Component Exhibit 3

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

Please list Capital Facility needs (ex: types and numbers of facilities needed, possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.)

Type of Facility	Number needed	Location	MHSA Programs and Services provided	Target Populations to be served
Multi-purpose Service Center	1	Rio Vista	CS&S, PEI Assessment/treatment, Wellness and Recovery	Adults, Families, Children, TAY Older Adults
Children's Assessment Center	1	Fairfield	PEI - Assessment and treatment	Children 0-5
Crisis Residential Facility	1 or 2	TBD	CS&S Stabilization, life skills, community integration	Children, TAY, Adults, Alder Adults
Crisis Prevention	1	Vallejo	CS&S – treatment stabilization	TAY, Adults, Older Adults
Facilities for MH Services at schools	2	TBD	PEI - Assessment and treatment	School Age Children, TAY
Facilities Improvement School Based Program	1	Vallejo	CS&S –Treatment	SED Children

DRAFT FOR PUBLIC COMMENT

Component Exhibit 4

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS

Please check-off one or more of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed below and described in further detail in Enclosure 3. If no technological needs are identified, please write "None" in the box below and include the related rationale in Exhibit 1.

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

Form

☐ 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 MHSA 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)

The County intends to contract for consulting services for the preparation of the Mental Health Division for the implementation of an Electronic Health Record (EHR) system. The primary services to be acquired are developing streamlined and standardized business

DRAFT FOR PUBLIC COMMENT

processes. Improving the processes prior to embarking on an EHR project is a critical part of preparation for design and acquisition of a new system.

Additionally, the consultant will develop and deliver staff orientation and education to the cultural change experienced by moving to an EHR. The consultant will also
 collect and document concerns related to staff readiness for an electronic medical record environment.

DRAFT FOR PUBLIC COMMENT