MHSA Capital Facilities Component

Exhibit 2

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 CSS plan contains several goals for MHSA services. Areas of focus include programs and services across all age groups. One example of a priority area for programs includes creating venues to expand the opportunity to serve the entire family. Programs that support decreasing the need for institutionalization and incarceration were included in the desired goals. From the CSS plan "the Tuolumne County Behavioral Health System will provide an integrated program of System Development and Outreach and Engagement tactics aimed at increasing the community's ability to access services."

Recent decisions regarding existing County operations have precipitated an urgent need to address how psychiatric crises are managed. In April 2008 the Board of Supervisors voted to close the existing Acute Psychiatric Unit, part of the current county medical facility, effective December 31, 2008. A community based team made up of providers, agencies and advocates explored many options and levels of care to provide for those in acute psychiatric crisis after the close of the acute psychiatric unit option. A decision was made to create new services that provide additional levels of triage and care. As an outgrowth of the Mobile Crisis Outreach Team (MCOT), the program continues to provide 24/7 access to evaluation for involuntary hospitalization and crisis intervention during working hours. New components include access to 23 hour crisis stabilization services and augmented walk-in services in afternoons and evenings (3PM to 11PM) seven (7) days per week. There will be field response during these augmented times for Sonora Police Department support. The new components and the existing program have been named the Crisis Assessment/Intervention Program (CAIP). CAIP will be located in an existing County building.

To further support MHSA goals, CAIP will be augmented by moving the rest of the behavioral health adult system of care into an adjoining area of the existing County building. The building will need to be renovated to suit the program needs of the CAIP staff augmentation. The County plans to use Capital Facilities funds to augment the initial program. Plans include creating group use areas, the provision of laundry facilities and showers, and staff offices. Details will be provided in the Project Proposal.

The CAIP program compliments the CSS Plan vision of providing services across age groups, increasing accessibility and providing new services in an integrated format.

Future projects will be selected based on the CSS implementation strategies on the five fundamental concepts inherent in the MHSA:
- Community Collaboration
- Cultural Competence
- Consumer – and family-driven
- Wellness, recovery and resiliency focused
- Integrated service experience for clients and families

Facility needs will be a part of all the components of MHSA. As the component programs for Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) are integrated into the overall CSS plan the County will review facility needs. The prudent use of Capital Facilities and IT funds will help ensure the infrastructure to fulfill these other component plans. The facility needs identified by these components will be the focus of subsequent projects which will come forward as the component implementation plans are created. It is understood that the Capital Facilities and IT plan will be aligned with the other MHSA components to provide the necessary infrastructure support to assure successful implementation.

Technological Needs: The Behavioral Health department has chosen to utilize ANAZASI as their data collection, billing/claiming and EHR system. The implementation was divided into two phases. The initial phase is data collection and billing which began in 2007 and is virtually complete. The EHR phase two is currently scheduled for July 2009. The projected cost of the second phase, including training and data migration/entry will be a proposed Technological Needs project.

The CAIP project will require some IT infrastructure work. As projects are identified we anticipate there may be additional infrastructure needs to accommodate increased data access needs. These needs may include:

- Fiber optic cabling
- Reconfiguration of network equipment and/or upgraded requirements
- Network and communications equipment required to ensure all sites meet the data/network needs of the users

   2) Describe how you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities: $ 550,000
Technological Needs: $ 238,500

The projected distribution is based on targeting funds toward the goal of expanding the infrastructure to support as many program sites as possible. Since the departments EHR project is already partially complete, the technological needs will be driven mainly by new and expanded MHSA component programs and services.

2. Stakeholder Involvement

Background

Tuolumne County's Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan was the result of a comprehensive, broad based, and community-driven planning process. Consistent with the intent of the MHSA, the community planning process was the beginning of local system transformation and going beyond business as usual. Transformational in this community planning process was the promise made and kept by the Tuolumne County Behavioral Health Department to the community that the planning process would be broad and inclusive, include consumers and families, and that what was included in the CSS Plan would be driven by the community—not the Behavioral Health Department.

This comprehensive community planning process resulted in approximately 1,200 individuals participating in the public planning process and providing nearly 5,800 comments regarding mental health needs, impacts, and issues facing Tuolumne County. It was one of the largest and most inclusive community planning processes undertaken in Tuolumne County.

Stakeholder involvement in the implementation and planning for CSS services has continued primarily through the Leadership Council, a sub-committee of the Behavioral Health Advisory Board. The Council meets monthly, with topics related to the MHSA services and other information pertinent to behavioral health services in the community. The Council is comprised of family members, consumers, and service agency representatives. There is regular public involvement and comment in the Leadership Council meetings.
Additionally, a "Community Forum" has continued to be scheduled quarterly, with two sessions; one in the evening and one during the day. An email list of 30 organizations and 147 individuals are notified monthly of Leadership Council meetings and community forums.

Capital Facilities and Technological Needs process

This original CSS Plan including all of the community comments was reviewed. All references or comments related to sites, centers or other terms that could be interpreted as a 'facility' were identified. The review resulted in an analysis of 115 comments or references. The comments have been grouped into categories based on common factors. The result is expressed as the Capital Facilities Needs List (Exhibit 3).

The Capital Facilities Needs List was reviewed by County Staff, the MHSA Leadership Council, the Behavioral Health Advisory Board and those in attendance at the August 2008 Behavioral Health Quarterly Community Forum.

Community members and staff were in agreement that the most pressing need is the implementation of the CAIP program. Two additional needs were added to the list, based on community input, Clubhouse Model and Acute psychiatric facility.

It is appropriate to point out that the CAIP program addresses several of the facilities that are included on the Capital Facilities Needs List

- Extended hour site(s)
- 23 hour unit for evaluation
- 24-hour crisis drop in
- Unit between acute psych & home

Component Exhibit 3

Capital Facilities Needs Listing

The following list was extracted from the original community comments included in the CSS Plan. They have been grouped by common features.

- General community facilities:
    - Recreational center; TAY, persons with mental illness,
    - Day shelter
    - Alano club in another area
    - Temporary housing
    - Men's shelter
- Outpatient Treatment/service facilities:
    - Meth outpatient clinic
    - Methadone clinic
    - Extended hour site(s)
    - Mental health clinic
    - Step down unit
    - 23 hour unit for evaluation:
    - 24-hour crisis drop in
    - Unit between acute psych & home
    - Harm reduction facilities
    - One-on-one drug/alcohol clinic
    - Step down unit between acute psych & discharge
    - Site based treatment (schools, branch offices)
- Residential Treatment/service facilities
    - Detox unit/center:
        - Residential, 28-day
        - Affordable, Medi-Cal, Medicare
        - Drug & Alcohol
    - PHF unit
    - Acute psychiatric facility
    - More extensive inpatient treatment
    - Residential treatment, live-in rehab
    - Work farms; live, work, treatment
    - Half-way house
    - Runaway/safe house (TAY)
    - Safe place for homeless mentally ill (not a tent)
    - Clean & sober living
    - Age specific facilities:
        - TAY shelter with services
        - Teen respite center
        - Psych unit for children & teens

- Geographic facilities:
  - Satellite clinics in outlying areas
  - Place with all case mgmt options – in key geographical areas
  - Sites for services at Columbia College, senior center, casino
- Drop in centers:
  - Homeless
  - Mentally ill
  - Teen center
  - Clubhouse model
  - More centers in more areas

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)
☒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)