

**Component Exhibit 1**

**Capital Facilities and Technological Needs Face Sheet**

**MENTAL HEALTH SERVICES ACT (MHSa)  
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS  
COMPONENT PROPOSAL**

County: ALAMEDA

Date: **DRAFT**

**County Mental Health Director:**

Marye Thomas, M.D.

Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Mailing Address: 2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606

Phone Number: (510)567-8100

Fax: (510)567-8161

E-mail: mthomas@acbhcs.org

Contact Person: Gary Spicer

Phone: (510) 567-8122

Fax: (510) 567- 8130

E-mail: [gspicer@acbhcs.org](mailto:gspicer@acbhcs.org)

**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 Alameda 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:** Alameda County Behavior Health Care Services – Administration  
2000 Embarcadero Cove Suite 400 Oakland, CA 94606

## Component Exhibit 2: Framework and Goal Support

### 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, and
2. How you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities	\$ <u>8,100,150</u>	or	<u>50%</u>
Technological Needs	\$ <u>8,100,150</u>	or	<u>50%</u>

#### INTRODUCTION

The Mental Health Services Act (Proposition 63, hereinafter “MHSA”) was passed by the California voters in November 2004. The MHSA provides funds to counties to expand mental health services to those who are unserved or underserved. To access these funds, Alameda County engaged multiple stakeholder groups to participate in a variety of planning processes that addressed the early phases of MHSA funding: Community Services and Supports (hereinafter “CSS”), Prevention and Early Intervention (hereinafter “PEI”) and Workforce Education and Training (hereinafter “WET”). Plans for these three MHSA components were completed and submitted to the state between 2006 and 2008. The CSS and PEI plans have already received state approval and approval of the WET plan is pending.

During these early planning phases, staff and stakeholders identified capital facility and technology needs that were linked to MHSA programs. In addition, the California Department of Mental Health has shared the expectation that a fully integrated and interoperable Electronic Health Record (EHR) system will be funded by MHSA Technology funds in each county. Alameda County has made a new EHR system the highest priority of this funding stream and has used cost estimates from vendors and similar county systems to arrive at this estimate.

Alameda County will focus the use of its Capital Facilities funds on three new facilities: two wellness centers located in different regions of the county and one crisis and consultation service center in the central part of the county. Based on costs from two recently established and constructed county-owned behavioral health facilities; \$8.1 million of capital funding is expected to support the acquisition, construction and/or rehabilitation of these facilities. Depending on the location and scope of these facilities, some funds may be available for small expansions or renovations of existing county-owned or controlled facilities to provide space for MHSA programs or activities.

**FUNDING DISTRIBUTION**

ACBHCS seeks approval to utilize all of the MHSA Capital Facility & Technology Needs funding allocated (\$16.2 million) as follows:

- \$8.1 million toward the purchase, installation and maintenance of a new behavioral health information system, to include: electronic health record, personal health record, e-prescribing functions, data interoperability and the necessary support staff during the implementation process, and other projects that provide access and supports to consumers and family members for access to their personal health record and other wellness and recovery supports.
- \$8.1 million to fund the acquisition, construction and/or rehabilitation of at least three large facilities in different regions of the County. These funds will be used to establish an estimated 20-30,000 square feet of additional MHSA program service space. Any funds remaining after the completion of these three projects will be utilized for small expansion or remodeling projects at existing county-owned or controlled facilities. These small projects will only be used to provide space for MHSA programs and activities.

## Component Exhibit 2 (continued)

### 2. Stakeholder Involvement

#### PREVIOUS MHSA PLANNING PROCESSES

The comprehensive planning process, which Alameda County Behavioral Health Care Services (hereinafter “ACBHCS”) undertook for the previous MHSA Component Plans, CSS, PEI, and WET provided the foundation for the stakeholder process for the Capital Facilities & Technology Needs Component Proposal.

In order to gather input from an array of consumers, family members, community-based service providers, and representatives of communities traditionally underserved by the mental health system, ACHBCS implemented a broad outreach effort during the CSS and the PEI stakeholder processes. There were three phases of planning:

##### Planning Phase I: Community Input Process

Community input meetings were conducted in all regions of the county to educate the public on MHSA component guidelines and to gather input on mental health needs in various communities. These meetings engaged a diverse array of individuals and real-time translation was offered at all meetings. In order to solicit information from underserved communities, small focus group discussions of 20 people or less were held throughout the County and amongst a variety of populations. For the PEI planning process, surveys in five threshold languages were also used to gather data on mental health needs in various communities. In addition, community-based organizations were invited to submit reports on needs assessment and recommendations for PEI strategies. For the WET planning process, needs assessment and input was conducted through a survey which was distributed to county staff and contracted service provider partners. A WET coordinating team with diverse representation set up the stakeholder process and recruited a planning panel. The WET planning panel consisted of 45 representatives from mental health consumer groups and community organizations, family members, human resources staff, and ACBHCS staff. The WET planning panel developed WET strategies and prioritized actions for the WET Plan. The public comment meetings for the draft WET Plan were held in eight different public locations throughout the County.

##### Planning Phase II: Strategy Development

In the prior MHSA component planning processes (CSS, PEI, and WET), stakeholder planning panels were convened and included DMH required and recommended sectors for participation. The planning panels reviewed community input and formulated strategies for each plan component. The CSS Planning Panels were formed according to age-groups: older adults, adults, transition age youth, and children. The PEI Plan had a different planning panel structure that included two planning panels: a general planning panel and an underserved ethnic languages and populations panel. Each panel addressed the needs of all age groups. The WET organized a planning panel to develop the preliminary WET Plan. The WET planning panel represented a group of diverse stakeholders, including consumers and family members, field experts and partners, and underserved ethnic and languages populations. Workgroups emerged from the general WET planning panel and addressed topics such as, consumer employment, career pathways and family employment.

### Planning Phase III: Strategy Prioritization

The Alameda County MHSA Ongoing Planning Council (hereinafter, "OPC") is the local MHSA stakeholder group formed after the initial release of CSS funds. The OPC was formed to provide specific feedback to ACBHCS regarding MHSA funding and programs. The OPC membership includes one-third consumers, one-third family members, and one-third providers. A variety of ACBHCS staff members attend OPC meetings as well. The OPC provided extensive feedback and review during the PEI planning process. During this process, the OPC reviewed and prioritized strategies developed by the PEI planning panels to ensure that funding decisions were driven by the combined needs and priorities of a diverse cross-section of stakeholders. By looking at state planning mandates and local priorities, the OPC developed a review tool to help them develop their initial scores of the PEI Strategies. The OPC's process consisted of multiple rounds of prioritization that included both individual and aggregated scoring, as well as a series of in-depth small group and council-wide discussions about the different strategies and overall plan. The OPC also worked with the MHSA Project Management Team and MHSA Planning Staff to assign further programming details and draft budgets to these prioritized strategies.

### **Capital Facilities Planning**

Capital Facilities planning for ACBHCS involves two distinct phases. The first phase included a review of facility priorities from prior planning efforts in consultation with MHSA stakeholder groups. This review led to a recommendation to focus on three core facilities with any remaining funds to be used for small expansion or renovation projects within existing county facilities. This recommendation, with associated documents, was reviewed by members of the MHSA Ongoing Planning Council (OPC) during their February 18, 2009 meeting. Responses to stakeholder feedback have been incorporated into the final version of this document. A summary of stakeholder feedback received during the 30-day public comment period is attached to this Component Plan proposal.

The second phase of the Capital Facilities planning also began at the February 18<sup>th</sup> OPC meeting. At this meeting, members of the OPC were asked to give initial feedback on project-specific proposals for the wellness centers and crisis and consultation service center. Feedback was solicited regarding planning principles, stakeholder involvement, and MHSA program inclusion. Stakeholders also provided input on issues relating to improving service and language access for underserved ethnic populations. This feedback was compiled by MHSA planning staff and will be utilized by project-specific stakeholder groups that will work on the detailed, project-specific plans for each of the three identified facilities. Other project-specific groups may form, as needed and appropriate, to focus on project-specific ideas for the renovation or expansion county facilities for MHSA programs. The project-specific facility stakeholder groups will have diverse representation, including representatives from the underserved ethnic and languages populations, content experts, representatives from MHSA programs likely to be located at the new facility, consumers, family members, and BHCS staff. Subsequent to state approval of this component proposal, stakeholder groups will develop and support the submission of project-specific capital facility proposals to the state.

## **Technology Planning**

ACBHCS has been involved with stakeholders in assessing ongoing technological needs through our support mechanisms for current Information Technology (IT) systems. There is regular communication with our contract provider community, both through meetings and web technology. Information Systems (IS) staff are also active in workgroups at the state level through the California Mental Health Directors Association and have participated in State coalitions to identify and review Behavioral Health Information Systems advancements. In addition, the county participates in an annual Information System Capabilities Assessment (ISCA) in conjunction with the California External Quality Review Activity (CAEQRO), a Department of Mental Health-sponsored initiative.

Throughout the earlier MHSA planning phases for CSS, PEI and WET, technology needs to support MHSA initiatives emerged from stakeholders. The OPC has also reviewed the Technology guidelines as issued by the Department of Mental Health and supports the implementation of a fully interoperable electronic health record and clinical data management system that can exchange data with other key health systems and provide personal health record information for consumers.

A detailed analysis to determine the functional requirements of Alameda County's new system will begin in March 2009. A stakeholder group including county staff, contracted provider staff, primary care clinical staff, consumers, family members, representatives from underserved ethnic populations, and other key partners will provide leadership in developing the requirements for a new system and the appropriate platform for personal health information access. ACBHCS will also meet with provider groups such as the Alameda Council of Community Mental Health Agencies.

## **Component Exhibit 3: Capital Facilities Needs**

### **IDENTIFICATION OF CAPITAL FACILITIES NEEDS**

Alameda County Behavioral Health Care Services staff identified three primary facilities that will be developed with MHSA capital funds by using input from prior MHSA planning efforts and feedback from key internal and external stakeholders. Project categories were identified based on the state guidelines for capital facilities and locally-identified priorities. Based on prior planning processes, BHCS staff established that any capital facility project should:

- 1) Provide opportunities for system-wide access, use, and impact especially for underserved communities;
- 2) Expand opportunities for consumer and family leadership and involvement;
- 3) Increase geographic accessibility to BHCS-sponsored programs;
- 4) Offer space to MHSA programs with funds to cover ongoing facility operating costs.

The proposed facilities will provide space for a variety of MHSA programs and services. Each facility will be located in a different region of the county and will serve system-wide goals. Two of the proposed facilities are Wellness Centers, which will house a variety of consumer and family-directed programs and activities. Consumer and family involvement have been central in all three prior phases of MHSA planning efforts within Alameda County. Wellness Centers will provide an opportunity for the integration of a variety of services, resources and educational opportunities for the BHCS system of care. The third proposed facility will be a crisis and consultation service center that will further support the expansion of crisis and consultation services which was requested in prior MHSA planning efforts. This center will help build on efforts to improve the integration of health services for BHCS consumers. As outreach and education to consumers, families, and underserved ethnic and language groups occur with the implementation of the BHCS PEI plan, these new facilities will play a vital role in linking individuals with ongoing services and resources to meet their needs.

**CAPITAL FACILITIES NEEDS LISTING**

<b>Type of Facility</b>	<b>Number of Facilities Needed</b>	<b>County Location for Facility</b>	<b>MHSA Programs &amp; Services to be Provided</b>	<b>Target Population to be Served</b>
Wellness Center	1	Northern	Wellness & Recovery Hub staff, Recovery Resource and Education Center, Creating Homes, Stigma and Discrimination Reduction Campaign, Consumer-operated program offices, etc.	The center is intended to serve a diverse group of consumers and families including underserved ethnic communities. with a focus on serving individuals and families impacted by serious mental illness or serious emotional disturbances.  Different programs within the facility will target different populations according to their original MHSA plans.
Wellness Center	1	Southern	Same as above.	Same as above (different geographic area)
Crisis and Consultation Service Center (Central County)	1	Central	Crisis Response Program,  Geriatric Assessment Response Team (GART),  Co-Occurring Disorder Consultation, and perhaps others.	<ul style="list-style-type: none"> <li>• The facility will have a variety of target populations to be served.</li> <li>• The crisis response program will serve individuals and families impacted by a mental health crisis.</li> <li>• The GART will provide mobile integrated health services to older adults with mental health issues in a variety of settings.</li> <li>• The Co-Occurring Disorder consultation effort will provide mental health consultation for AOD providers and their consumers.</li> <li>• Other target groups may be included as well if other programs co-locate at this facility.</li> </ul>
Renovation and/or Expansion of County-owned/ County-controlled properties for use by MHSA programs/activities	Based on availability of funding	To Be Determined	To Be Determined	Based on target populations of MHSA program(s) located at the facility.

## Component Exhibit 4: Technology Needs

### IDENTIFICATION OF INFORMATION TECHNOLOGY NEEDS

ACBHCS has participated in statewide initiatives focused on promoting the development of fully integrated, interoperable Electronic Health Records for more than three years. ACBHCS participated with 27 other counties in the California Behavioral Systems (CBS) Coalition to evaluate available products. More recently, ACBHCS participated in the Department of Mental Health's (DMH) Request for Information (RFI) process to evaluate the vendor community according to system components and functionality.

Alameda County has determined that there is a need to significantly upgrade its current technology to achieve the DMH goals for every county to have a fully interoperable Electronic Health Records system and provide consumers access to personal health information. Like many other counties in California, the existing information system is outdated and inadequate and must be upgraded. ACBHCS plans to use the Technological Needs Component funds to support a number of initiatives discussed below.

- Implementation of **electronic health records** based on technology that supports interoperability with other systems to ensure a dynamic data exchange with other entities involved in the care of consumers. Given the vast network of ACBHCS service providers in Alameda County, ACBHCS' seeks to facilitate the use of an electronic health record by both county-owned and operated programs, as well as the contracted provider community. This will allow the most efficient data exchange and coordination of services. In cases where contracting providers already have an electronic health record system in place, standardized data exchange will facilitate the transmittal of data from one system to another to ensure a seamless integration of client data.
- Provision of **computer resources** in locations where consumers and family members gather and receive services to allow consumers to access the internet and other software. Computers will be used for educational purposes, accessing job-related information, public policy materials, accessing/managing personal health information and other tools to promote wellness and recovery such as Patricia Deegan's Common Ground shared decision-making software.
- Development of a **Personal Health Record (PHR)** that will be available to consumers to access important aspects of their Electronic Medical Record, including scheduled appointments, treatment information, options for completing a Wellness and Recovery Action Plan (WRAP) and options for communicating with clinical staff. The specific function of the PHR will be determined by emerging PHR standards, stakeholder processes, clinical care policy, security implications, and other technical and administrative issues that emerge with accessing health information electronically.
- Development of **electronic prescription functionality** that will be available for consumers in Alameda County. E-prescribing improves quality of care and reduces medication errors, including the possibility of a misread prescription by a dispensing pharmacist. E-prescribing applications alert doctors to potential drug-to-drug/food interactions and drug allergies, provide pregnancy and lactation alerts, provide peer medication dosing patterns and provide online access to clinical references.

**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 (already funded through CSS)
- Other (Briefly Describe)