



# Mental Health Services Act Capital Facilities & Technology

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## EXECUTIVE SUMMARY

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### I. BACKGROUND

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, created an opportunity for the California Department of Mental Health (DMH) to provide increased funding and other resources to support county mental health programs. Much of the funding is provided to county mental health departments to fund programs consistent with local plans developed with broad stakeholder input. DMH released funds to counties in a sequential fashion under the six components of the Act: Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Workforce Education and Training (WET); Capital Facilities; Technology; and Innovation. Alameda County Behavioral Health Care Services (BHCS) has already undertaken local planning and implementation efforts under the CSS, PEI, and WET components. BHCS is currently developing plans under the Capital Facilities and Technology (CFT) Components.

BHCS has a *one-time* CFT allocation of \$16,200,300. BHCS must decide how to divide this allocation between capital facility and technology expenditures. The CFT planning process involves two separate phases:

- *Phase I* requires that BHCS submit a general “Component” Plan of how it anticipates using CFT funds on specific projects. This plan is intended to be brief and inclusive of potential projects that BHCS might pursue with these funds. Once this general plan is approved by the state, the CFT funds are committed to the county. BHCS hopes to complete this first phase as quickly as possible to ensure that these funds are secured locally during the state’s ongoing budget crisis.
- *Phase II* involves the submission of detailed “Project-Specific” Plans that describe in more depth specific projects that fit into the categories identified in the “Component” plan. The “Project-Specific” Plans will involve key stakeholder input and must be submitted prior to the release of funds for a specific facility or technology project.

Over the next 1-2 months, BHCS is seeking input on its CFT “Component” proposal from members of the Ongoing Planning Council (OPC) who represent a variety of key

stakeholders and MHSAs program operators and service providers. The CFT “Component” Plan will also be posted for 30-day public review and comment. In order to provide effective feedback, stakeholders need to understand the guidelines for CFT funds, previously identified MHSAs priorities, and proposed next steps for stakeholder input which are all described in greater detail below.

## II. CAPITAL FACILITIES

### A. State Guidelines

California Department of Mental Health (DMH) guidelines stipulate that MHSAs Capital funds may only be used for:

- ❖ County-owned or controlled facilities that will be available for MHSAs-related activities for at least 20 years
- ❖ Facilities that build upon prior local MHSAs planning efforts and priorities
- ❖ Facilities that are consistent with MHSAs principles including, but not limited to, consumer and family involvement in program planning and implementation, reducing racial and ethnic disparities, reducing cultural and linguistic barriers to care, wellness/recovery/resiliency, services integration, and promoting programming in the least restrictive settings possible.
- ❖ Providing space for MHSAs-funded projects, services, and administration

### B. Identified Local Priorities for Phase I

BHCS executive leadership established that capital facility funds support projects that:

1. Provide opportunities for system-wide access, use, and impact.
2. Expand opportunities for consumer and family leadership and involvement.
3. Improve geographic accessibility for MHSAs programs.
4. MHSAs Programs must support operating costs (i.e., rental expenses).

BHCS staff estimate that about half of the CFT funds (\$8-9 million) will be devoted to capital facilities and that this funding amount should be sufficient for 2-3 large projects. In light of these constraints and community input from previous MHSAs planning processes, BHCS staff identified 3 high priority capital facility projects that were consistent with prior planning efforts. A fourth category of projects was identified if adequate funds remained. The three identified priority projects are:

- 1) Wellness Center (North County)
- 2) Wellness Center (South County)
- 3) Crisis and Consultation Service Center (Central County)

The fourth project category involves the use of any remaining funds for the renovation or expansion of existing county-owned or controlled facilities to provide space for MHSAs-funded programs, services, or administration.

The **Wellness Centers** will serve as central locations for MHSA activities and programs focused on services integration, wellness, recovery, resiliency, consumer and family involvement, and the inclusion and welcoming of diverse cultures, languages, and life experiences. At a minimum, these centers will include elements of the following BHCS MHSA programs – Creating Homes, Recovery Education Centers, Wellness and Recovery Resource Hub, Stigma and Discrimination Reduction Campaign, and Workforce Education and Training Initiatives including peer employment.

The **Crisis and Consultation Service Center** will provide office and service space for BHCS crisis services, the Geriatric Assessment Response Team (GART), and the co-occurring disorders consultation team. Additional staff or programs may be located at this facility as well. The site will provide a centralized location for mental health crisis and consultative services.

### C. Suggested Community Input Process for Phase II

Within the capital facility categories identified in Phase I, BHCS is seeking input from OPC members on: 1) Facility location; 2) Facility Design; 3) Program/activity inclusion, and 4) Key stakeholders to involve in project-specific planning for these sites.

A process and associated tools will be developed to solicit input in these areas from OPC members beginning at the February 18, 2009 OPC meeting. Follow-up stakeholder groups will be created to further develop project-specific proposals.

## III. TECHNOLOGY

### A. State Guidelines

California Department of Mental Health (DMH) guidelines stipulate that MHSA Technology *must be used* for the development of an *Electronic Health Record (EHR) System*. Allowable Technology funding categories include:

- ❖ Electronic Health Record (EHR) System Projects, e.g., infrastructure, security, privacy, practice management, clinical data management, computerized provider order entry, interoperability components.
- ❖ Client and Family Empowerment Projects, e.g., client and family access to computing resources, personal health record (PHR) system project, online information resource projects.
- ❖ Other Technology Projects that Support MHSA Operations, e.g., telemedicine and other rural/underserved service access methods, pilot projects to monitor new programs and service outcome improvement, data warehousing projects/decision support, imaging and paper conversion projects.

### B. Identified Local Priorities for Phase I

The priority categories for Technology are dictated by the state. BHCS staff members have begun to identify additional projects that fit into all three of the aforementioned categories. For example, ACBHCS anticipates adding the following:

- i. Capacity of the new system to link with various CBO provider systems; and
- ii. Cultural competency, especially linguistic capacity in any telemedicine projects.

### C. Suggested Community Input Process for Phase II

Within these technology categories, BHCS is seeking input from OPC members on: 1) Key components/elements; 2) Design; 3) Implementation; and 4) Specific projects that should be considered under the aforementioned categories.

A process and associated tools will be developed to solicit input in these areas from OPC members beginning at the February 18, 2009 OPC meeting. Follow-up stakeholder groups will be created to further develop project-specific proposals.

### IV. COUNTY CONTACTS

Please direct your comments or questions to the following individuals:

- *Capital Facilities* – Robert Ratner, (510) 567-8124 or [rratner@acbhcs.org](mailto:rratner@acbhcs.org)
- *Technology* – Sandy Stier, (510) 567-8167 or [sstier@acbhcs.org](mailto:sstier@acbhcs.org)
- *Draft Capital Facilities Plan Comments* – Linda Leung Flores, (510)567-8133 or [lleungflores@acbhcs.org](mailto:lleungflores@acbhcs.org)