



County of Sonoma
Department of Health Services

**Sonoma County
Department of Health Services
Mental Health Division**

**Mental Health Services Act
Capital Facilities and Technological Needs**

December 24, 2008

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: Sonoma

Date: _____

County Mental Health Director:

Mike Kennedy, MFT

Printed Name

Signature

Date: _____

Mailing Address: Sonoma County DHS/Mental Health Division

3322 Chanate Road

Santa Rosa CA 95404

Phone Number: 707-565-4850 Fax: 707-565-4892

E-mail: mkennedy@sonoma-county.org

Contact Person: Mike Kennedy, MFT

Phone: 707-565-5157

Fax: 707-565-4892

E-mail: mkennedy@sonoma-county.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 Sonoma 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: Santa Rosa, California

**Sonoma County Department of Health Services
Mental Health Services Division**

**Mental Health Services Act
Capital and Technology Component Plan**

Component Exhibit 2: Proposal Narrative

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

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA), intended to expand and enhance community mental health services throughout California. MHSA has six separate components: Community Services and Support (CSS), Housing, Prevention and Early Intervention (PEI), Innovations, Capital Facilities and Technology, and Workforce Education and Training (WET).

The Capital Facilities and Technology funds are to be used to support community-based integrated service experiences for clients and their family members, consistent with the county's CSS plan. This component can be used to acquire and build upon land, acquire buildings, construct buildings, renovate buildings, or establish a capitalized repair/replacement reserve for buildings acquired with Capital Facilities funds. This component can also be used to develop county technology systems that are accessible, interoperable, comprehensive information networks that can facilitate the highest quality, cost-effective services and supports for consumer and family wellness, recovery and resiliency, and can securely capture, exchange, and utilize information.

Community Planning Process

Sonoma County's public planning process for the Mental Health Services Act began in the fall of 2004 and has continued over the last eleven months. Following principles outlined in the Act, planning extended out to the community in a significant effort to be inclusive and representative of mental health stakeholders. Sixty-two planning meetings were held throughout the County, with nearly 280 individuals and 100 community organizations and law enforcement agency representatives participating.

In order to develop new services that truly represented the desires and needs of the Sonoma County community, the Mental Health Services Act (MHSA) planning process was envisioned as an open participatory process that included the perspectives of mental health consumers, family members, and community agencies and providers. The planning process was designed to follow four guiding principles:

- Be inclusive and representative
- Be transparent and easy for all participants to understand
- Be collaborative and in partnership with consumers, families and the community
- Include broad participation from diverse groups throughout Sonoma County

Since November of 2007, the Sonoma County Mental Health Division (SCMHD) has conducted a number of community meetings and focus groups to gather input from stakeholders related to the utilization of the Mental Health Services Act Capital and Information Technology funds, to further the goals of system transformation and improve client outcomes. The identified information technology projects were:

- Modernize, transform and integrate clinical and administrative information systems in support of increased quality of care and operational efficiencies; and,
- Support consumer and family empowerment by providing access to information and facilitating communication.

The need for improvements to existing County-owned buildings occupied by MHSA programs, as well as the need for new Mental Health facilities, was identified as a high priority in all stages of the MHSA planning process. Capital Facilities and Technology funds will be utilized to make improvements to County-owned buildings which are dedicated and used to provide MHSA services to consumers. Possible projects identified in the planning process include:

- West Wing of the Norton Center – currently an abandoned Inpatient Unit. Phase 1: refurbishing of the Norton Center to allow the IP unit to be used for MHSA children's programs.
- Wellness & Advocacy Center – County-owned facility where Consumer-run MHSA services are provided. Facility needs a new heating/cooling system; kitchen upgrades will make a consumer-run food service business possible.
- Chanate Hall Adult Facility – County-owned facility needs a new heating/cooling and system upgrades to the bathrooms and lobby area. Upgrades will allow for more space for MHSA adult services.
- Forensic Assertive Community Treatment (FACT) program: at county-owned facility will provide an outside area where clients can sit at picnic tables while awaiting their appointments, away from local businesses.
- Other potential projects might include a new facility to provide services in an area of Santa Rosa with easy access for ethnic minority and hard to reach individuals and families. Project may include office space and upstairs apartments for consumers (blended MHSA capital & housing funding). Another project might include rehabilitation of an existing healthcare facility into an acute psychiatric inpatient facility. Refurbishing of the Psych Emergency Services area in the Norton Center.

This is not to exclude other projects that may be identified as further input from the community is garnered, or as the needs of MHSA programs develop. Any Capital Facilities projects or expansions will be vetted by General Services and approved by the CAO or Board of Supervisors prior to implementation.

MHSA Planning Process Highlights

The Mental Health Division (MHD) began implementing CSS programs in 2006, and to date has received \$14.6 million in funding for these programs under MHSA. This new funding has enabled the County to begin developing a system of care that does the following:

- Increases the level of participation and involvement of clients and families in all aspects of the public mental health system.
- Increases the number of client- and family-operated services.
- Increases outreach and expansion of services to client populations, to eliminate ethnic disparities and expand access to unserved and underserved individuals.
- Increases in the array of community service options for individuals diagnosed with serious mental illness, and their families, that will allow them to avoid unnecessary institutionalization and out-of-home placements.

MHD recently completed gathering community input on the three newest components of MHSA: PEI, Capital Facilities and Technology, and WET. A plan for each of these components has been prepared for submission to the State for review, approval, and funding.

PEI Component

The purpose of PEI is to make mental health part of wellness for all members of the community. PEI builds capacity for mental health prevention and early intervention services at sites where people go for other routine activities (e.g. health providers, education facilities, and community organizations.) The PEI component of MHSA is intended to develop programs that engage persons prior to the development of serious mental illness or serious emotional disturbances; or, in the case of early intervention, to alleviate the need for additional mental health treatment and/or transition to extended mental health treatment.

The Sonoma County PEI community planning process was designed to be a comprehensive and representative process involving meaningful participation of diverse communities, including potential consumers, their families, and other stakeholders. Additionally, the planning process aimed to promote inclusion and participation of its diverse populations, and to reflect community needs and assets. (Sonoma County's FY 08-09 allocation: \$2,962,800)

Capital Facilities and Technology Component

The Capital Facilities and Technology funds are used to support community-based integrated service experiences for clients and their family members, consistent with the county's CSS plan. This component can be used to acquire and build upon land, acquire buildings, construct buildings, renovate buildings, or establish a capitalized repair/replacement reserve for buildings purchased with Capital Facilities funds. This component can also be used to develop county technology systems that are accessible, interoperable, comprehensive information networks. These can facilitate the highest quality cost-effective services and supports for consumer and family wellness, recovery and resiliency, by securely capturing, exchanging, and utilizing information.

The Capital Facilities and Technology planning process began in 2004 with the original MHA public planning process. Since November 2007, MHD has conducted a number of community meetings and focus groups to gather input from stakeholders related to the utilization of these funds. (Sonoma County's allocation: \$4,917,600).

Identified Needs and Implementation Plan

Several factors are driving SCMHD's need to improve its information technology infrastructure. The current systems represent outdated, antiquated, and increasingly unstable technology. Survival of the service system will to some degree depend on improved, new information technology. The implementation of MHA Community Services and Supports programs/services and the anticipated addition of prevention and early intervention, workforce education and training, and innovative programs will increase the size and complexity of the system. The current information system is inadequate to meet the needs of existing, and anticipated, services. Finally, the financial pressure on SCMHD resulting from the chronic lack of growth in funding, and in some cases, the actual reduction in funding, makes the efficient use of resources essential. We must do what we do differently.

Clearly, SCMHD needs to modernize its information systems. The IT plan calls for the implementation of a system of integrated hardware and software for county-operated programs, community partners, and consumers that will include the following:

- Electronic information capture and distribution
- Resource management capabilities
- Clinical and operation management support
- Performance measurement
- Security and confidentiality measures

The plan also contains components that will support consumer and family empowerment. The SCMHD will expand its use of the Network of Care website. A contract with a consumer-operated organization to maintain and update the website will ensure that the information available is current and accurate. SCMHD intends to use the Network of Care to make a personal health record available to consumers and families.

There is currently a computer lab and training center associated with the consumer-operated Wellness Center. SCMHD intends to contract to add two more such computer resources. In addition, the plan calls for the creation of a "cyber" business (e.g. café) to be operated by consumers.

2) Briefly describe how you derived the proposed distribution of funds below:

Distribution of Capital Facilities and Technology funds

In the Capital Facility and Technology Needs Component proposal to the State, MHD is proposing distribution of funding in the following manner:

Total Capital and Information Technology Funding	\$4,917,600	
Capital Facilities Allocation	2,917,600	59%
Information Technology Allocation	2,000,000	41%

It is the intent of Sonoma County to review the facilities needs identified and pursue the expansion of those services that have proven to be effective. Other programs may still be in the start-up phase or very early in the implementation, which may result in substantive changes and additions to the above list of identified space needs. It is also recognized that capital facilities acquisitions may be driven by the availability of property and unique opportunities which may arise. Each situation will be researched carefully and evaluated for the positive impact to behavioral services provided. The goal is to avoid delaying innovative programs currently in the planning stages, implementation phase, or which are in need of expansion.

In keeping with the core values of the MHSA, collaboration with other agencies will be a primary focus for all facilities, to increase outreach and to work toward the concept of well rounded, integrated services to individuals suffering from mental illness. There are clear proven benefits to this model of treating the whole person, with the goal of self sufficiency for those who might otherwise face homelessness or dependence on the state for years to come. Sonoma County will pursue facilities projects which will include prevention, emphasize client-centered, family focused, and community-based services that are culturally and linguistically competent, and are provided in an integrated services system.

Sonoma County will collaborate with developers and other agencies to support this integrated model as well as to maintain the integrity of this component, to support the Workforce Education and Training, Prevention and Early Intervention and Innovation components, as well as the original Community Services and Supports plan.

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

Stakeholder Involvement – IT

SCMHD conducted eight (8) focus groups. Four (4) were for consumers, including a specific meeting for transition age youth. The other three were sponsored by the Wellness Center, the Interlink Self-Help Center, and the Empowerment Center. Focus groups were also held for community partners and Sonoma County staff. The groups were well attended and all participants were reminded of the goals and requirements of the Mental Health Services Act. A review of the draft Capital Facilities and Information Technology Guidelines was provided. Participants were asked to give input regarding the implementation of an integrated information system that would include an electronic health record, and to identify ideas for projects that would support consumer and family empowerment. These ideas/suggestions were prioritized and form the basis for SCMHD's plan.

**MHSA Information Technology Project
Planning Timeline**

May 20, 2007	Guidelines released by State
October 15, 2007	IT Project Team first meeting
November 6, 2007	IT Project Stakeholder Focus Group – TAY Consumers – Fifth Street, Santa Rosa – 2:30 pm
November 8, 2007	IT Project Stakeholder Focus Group – Consumers – Wellness Center – 12:30 pm
November 8, 2007	IT Project Stakeholder Focus Group – Family Members and Mental Health Board – DHS Rotunda – 5:00 pm
November 13, 2007	IT Project Stakeholder Focus Group – Contractors/CBO's – DHS Rotunda – 2:00 pm
November 14, 2007	IT Project Stakeholder Focus Group – Consumers – Interlink – 1:30 pm
November 19, 2007	IT Project Stakeholder Focus Group – County Staff – DHS Rotunda – 3:00 pm

MHSA Information Technology Planning

Date	Focus	Number Attending	Representing
11.6.07	Transition Age Youth	20	Wellness Center Buckelew Social Advocates for Youth Willow Creek Treatment Center Sonoma County DHS/MH Division Sonoma County DHS/Admin Accounting
11.8.07	Consumers – Wellness Center	22	Wellness Center Empowerment Center Consumers Advisory Council Buckelew Sonoma County DHS/MH Division Individual Consumers
11.8.07	Family Members Mental Health Board	8	Mental Health Board Sonoma County DHS/MH Division
11.13.07	Contractors/CBO's	20	Willow Creek/Victor Alliance Medical Center Drug Abuse Alternatives Center Santa Rosa Memorial Hospital Buckelew Social Advocates for Youth Petaluma Health Center Sonoma County DHS/MH Division Redwood Gospel Mission Redwood Coalition of Health Centers Council on Aging St. Joseph's Health System Sonoma Valley Community Health Center
11.14.97	Consumers – Interlink	18	Homeless Service Center Goodwill Industries Individual Consumers
11.19.07	County Staff		Sonoma County DHS/Mental Health Division Sonoma County DHS/Admin Accounting

COMMUNITY PLANNING OUTCOMES

As a result of this stakeholder input process, the County of Sonoma was able to identify the population in need of services, the types of services, the issues related to access to those services, and the potential locations that might make accessibility easier.

The following were identified:

Access: Increase access to services, reduce long waiting lists for appointments, and expand capacity - **especially to serve children** - more kid- and TAY-friendly space, Spanish-speaking families, the homeless, adults with co-occurring disorders, older adults, and special populations including racial/ethnic minorities, and lesbian, gay, bisexual, and transgender individuals.

Integrated Care: Increase in integrated services for people with co-occurring mental health and substance abuse disorders, and better integration of mental health and physical health services.

Wellness and Recovery: For children and transition age youth, there is need for a safe place for severely emotionally disturbed youth or youth at risk, and a need for a place to develop support groups, youth mentors, meaningful activities, life skills training, and employment help. Wellness Centers will address the needs of TAY and adults by providing peer and family support, life skills training, mentors, jobs/health services, and other services enrichments such as referrals to housing.

Homelessness: Expand capacity to serve homeless mentally ill adults, and supportive housing services for transition age youth, adults, and older adults.

Special Populations: The refurbished sites will offer opportunities to provide culturally competent services. These include racial/ethnic groups - particularly Latinos and those who are monolingual Spanish-speaking or limited English speakers - African Americans, and Asian/Pacific Islanders. Others are gay, lesbian, bisexual, and transgender individuals.

Criminal justice: Provide expanded and enhanced integrated mental health services for persons in the criminal justice system, and improve collaboration with mental health courts for clients who have criminal justice charges.

Following are the **strategies and services** by age group which the plan will implement to address these needs. We propose treatment interventions based on research evidence of effectiveness (evidence-based practices).

Children/Youth

- Access at refurbished site (Norton West Wing)
- Multi-lingual parenting
- Family Reunification Services
- Family Preservation Services
- Adoption Preservation Services
- Co-occurring Disorders – Mental Health and Substance Abuse Services
- School evidence-based practices
- Juvenile Justice Mental Health Services
- Early Childhood Services

Transition Age Youth

- Access at refurbished site (Norton West Wing)
- Intervention for youth 22-25 years old, using TIP model (Transition to Independence Process)

- Wellness Center with supportive employment

Adults

- Access at refurbished sites (Chanate Hall & Wellness Center)
- Expanded capacity
- Medication support and case management
- Integrated care – health, mental health, and co-occurring substance abuse
- Community Partnership: Gay, Lesbian, Bisexual, and Transgender
- Community Partnership: African American and Pacific Islanders
- Supportive Housing – homeless and independent living
- Law enforcement interface – Mental Health Services for Mental Health Court
- Adult Wellness Center

A public hearing will be conducted on December 9th, 2008 at the Unitarian Church in Santa Rosa.

Summary

It is the intent of Sonoma County to review the facilities needs identified and pursue the expansion of those services that have proven to be effective. Other programs might still be in the start-up phase or even early in the implementation, which may result in substantive changes and additions to the above list of identified space needs. It is also recognized that capital facilities acquisitions may be driven by the availability of property and unique opportunities which may arise. Each situation will be researched carefully, reviewed, and evaluated for the positive impact to behavioral services provided. The goal is to avoid delaying innovative programs currently in the planning stages or implementation phase, or which are in need of expansion.

In keeping with the core values of the MHSA, collaboration with other agencies will be a primary focus for all facilities, to increase outreach and work towards the concept of well rounded integrated services to individuals suffering from mental illness. There are clear proven benefits to this model of treating the whole person with the goal of self sufficiency for those who might otherwise face homelessness or dependence on the state for years to come. Sonoma County will pursue facilities projects which will include prevention, and which will emphasize client-centered, family-focused and community-based services that are culturally and linguistically competent and are provided in an integrated services system.

Sonoma County will collaborate with developers and other agencies to support this integrated model as well as to maintain the integrity of this component, which was intended to support the Workforce Education and Training, Prevention and Early Intervention and Innovation components as well as the original Community Services and Supports plan.

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.) See example table below.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs & Services to be Provided	Target Populations to be Served	MHSA Component to be Supported	Integrated Services	Priority
Norton Center West	One	Santa Rosa	MHSA Children's Full Service partnership, TAY Program	Children and Transitional Aged Youth	CSS, PEI, & WET	Yes	1
Wellness Centers	One	Santa Rosa	Consumer – operated integrated services	Adults, Older Adults & TAY	CSS, PEI, & WET	Yes	1
Chanate Hall	One	Santa Rosa	MHSA Full Service Partnership	Adults, Older Adults & TAY	CSS & WET	Yes	1
FACT Complex	One	Santa Rosa	MHSA Full Service Partnership	Adults, Older Adults & TAY	CSS & WET	Yes	1
Community Program	One	Santa Rosa	MHSA Outreach and engagement services	Adults, Older Adults & TAY	CSS, PEI, & WET	Yes	1

ATTACHMENT D – IDENTIFIED FACILITIES NEEDS

Specific Needs	Facility Type	Options
Norton Center West	Existing Facility	An abandoned Inpatient Unit Phase 1: refurbishing of the Norton Center to allow the IP unit to be used for MHSA children's programs. Phase 2: allows more expanded rehabbed space for the TAY program and a new PEI crisis team. Includes handicapped parking space and fence and yard upgrade
Wellness Center	Existing Facility	County-owned facility where Consumer-operated MHSA services are provided. Facility needs a new heating/cooling system; kitchen upgrades will make a consumer run food service business possible.
Chanate Hall	Existing Facility	County-owned facility needs a new heating/cooling system, and upgrades to the bathrooms and Lobby area. Upgrades will allow for more space for MHSA adult services.
FACT Complex	Existing Facility	County-owned facility will provide an outside area where clients can sit at picnic tables away from local businesses, while awaiting their appointments.
Community Program	New Facility and Existing Facility	<ul style="list-style-type: none"> Other potential projects might include a new facility to provide services in an area of Santa Rosa with easy access for ethnic minority and hard to reach individuals and families. Project may include office space and upstairs apartments for consumers (blended MHSA capital & housing funding). Another project might include rehabilitation of an existing healthcare facility into an acute psychiatric inpatient facility. Refurbishing of the Psych Emergency Services area in the Norton Center.

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 MHPA 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)