



San Bernardino County
Department of Behavioral Health
Mental Health Services Act

**Capital Facilities and Technological
Needs Component Proposal**

November 12, 2008

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

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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: San Bernardino Date: December 18, 2008

County Mental Health Director:

Allan Rawland
Printed Name

Signature

Date: December 18, 2008

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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 San Bernardino 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.

San Bernardino 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:

Component Exhibit 2**COMPONENT PROPOSAL NARRATIVE****1. Framework and Goal Support**

Briefly describe: 1) How San Bernardino 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>10,741,140</u>	or	<u>45</u>	%
Technological Needs	\$	<u>13,128,060</u>	or	<u>55</u>	%

1) The Mental Health Services Act (MHSA) provides funding 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 and their family members. In 2005, the San Bernardino County Department of Behavioral Health (DBH) began an extensive Community Program Planning Process that led to the development of a comprehensive Community Services and Supports (CSS) Plan. The CSS Plan detailed how San Bernardino County would strengthen its mental health system with the delivery of MHSA funded services to individuals with mental illness and their families. State Department of Mental Health (DMH) Notices 08-02, 08-09 and 08-21, describe the most recent opportunity the State has provided for San Bernardino County to receive MHSA funding for Capital Facilities and Technological Needs (CF/TN). CF/TN funding provides a unique opportunity to further strengthen San Bernardino County's mental health system by increasing its infrastructure to promote the implementation and to support the continued delivery of San Bernardino County's MHSA Programs.

Capital Facilities

San Bernardino County DBH intends to use Capital Facilities funds to increase the San Bernardino County's infrastructure to produce long-term impacts with lasting benefits that will move its mental health system toward the goals of wellness, recovery and resiliency. The increased infrastructure will include the development of community-based facilities that will provide expanded opportunities for accessible community-based services. The infrastructure will support integrated service experiences that are culturally and linguistically appropriate as well as less restrictive, to reduce the need for incarceration or institutionalization. The following Capital Facilities Project will not utilize all of the Capital Facilities funding allocated to San Bernardino County.

Therefore, San Bernardino County is continuing with its stakeholder process to identify additional projects that will enhance its mental health system.

One Stop Center/Crisis Residential Program:

San Bernardino County Department of Behavioral Health (DBH) will utilize funds to transform and modernize an existing San Bernardino County-owned facility. This will be accomplished by renovating the property with the goal of increasing client and family empowerment and improving access and appropriateness of care. The 30,000 square foot property is accessible via public transportation with stops located approximately 500 feet from the property. The facility, originally built in 1964, is currently in poor condition and in need of major renovation. The San Bernardino County Architecture and Engineering Department has completed a thorough analysis of the property, including a review of the zoning and building code requirements. It was determined that partial demolition and subsequent reconstruction would be required to renovate the facility for the intended building usage. The demolition and rebuilding plan includes addressing all environmental and safety issues as they relate to the building. Plans include the removal of all interior and exterior asbestos, as part of the removal of all interior walls, doors, flooring, ceilings, mechanical units, rooftops and piping, as well as all required clean up. The landscape of this property is ideal since it already mimics a park-like setting, including trees that are well established. Renovations around the structure will primarily include clean up and creation of additional parking areas.

Renovations of the property will allow DBH to expand its MHSAs programs by allowing for the relocation of services and providing greater accessibility and availability to clients. The facility consists of approximately 20,000 square feet that will serve as the new location for the One Stop Transitional Age Youth (TAY) Center. The TAY Center will offer integrated services to unserved, underserved, and inappropriately served TAY, between 16 and 25 years of age who are emotionally disturbed, high users of acute facilities, homeless, have co-occurring disorders, are incarcerated, institutionalized, and/or recidivists with functional impairments. The expanded facilities will allow greater opportunities for TAY to access an enhanced array of recovery services while pursuing the goal of independence. In addition, a 2,135 square foot multi-purpose room will be accessible to all of DBH's MHSAs programs to assist in the administration of MHSAs services, and may be used as a site to hold future public forums.

The renovation will also provide DBH the opportunity to expand its integrated services by including approximately 10,000 square feet within the Center to support a Crisis Residential Program to reduce hospitalizations and emergency room visits. Frequent hospitalizations and emergency room visits are a priority issue that was previously identified in the CSS Planning Process for San Bernardino County.

The 14-bed Crisis Residential facility will allow DBH to address these issues by providing short-term mental health services, 24 hours a day, seven (7) days a week to voluntary patients experiencing an acute psychotic episode or crisis, thus reducing the need for hospitalization. The non-restrictive setting will allow clients with increased mental health needs, to receive structured intensive services at a more appropriate level of care. This setting will also allow clients to avoid hospitalization and reduce stigma commonly associated with the experience of unnecessary hospitalization.

The Crisis Residential Program will give male and females between 18 and 25 years of age who are experiencing serious mental illness and may have a co-occurring disorder, the opportunity to collaborate with program staff. Program staff will develop, with the TAY clients, a treatment/rehabilitation plan that specifies goals and objectives, and describes their specific responsibilities to recover, achieve a state of wellness and eventually, resiliency. The Crisis Residential Program will be based on the social rehabilitation model and will include multi-disciplinary program staff who are essential in assisting clients to learn and build socialization, community living and interpersonal skills. The social rehabilitation model will be applied in an environment as close to a normal home environment as possible without sacrificing safety or care. Clients will be able to participate in the following structured services:

- Individual and group counseling (which may include members of their families),
- Crisis intervention, and
- Pre-vocational and vocational counseling.

Client education regarding the role of medications and potential side effects will be used to accomplish the goal of enabling the client to become responsible for his or her own medication. San Bernardino County will include a plan for monitoring medications by an individual licensed to prescribe and/or dispense prescription drugs. Screening for medical complications that may contribute to disability will also be conducted by qualified individuals (Physician, nurse practitioner, or physician's assistant).

The planned length of stay in the Crisis Residential Program will be based on the client's assessed needs. However, the length of stay is not intended to exceed thirty (30) days. On occasion, extended services may be required to ensure the successful completion of the treatment plan and appropriate referral. Under no circumstance will the length of stay exceed three (3) months. The average length of stay is anticipated to be approximately seven (7) days.

Technological

Consistent with the MHSa Technology Component guidelines to Modernize and Transform Information Systems and Increase Consumer and Family Empowerment, the following projects are being submitted for consideration. These projects will enable a collaborative decision-making process with service providers, consumers and families in all aspects of the mental health system. The projects will also provide technology solutions to significantly improve quality of care through current and accurate accounting of consumer mental health history. Accurate information will be provided to the service provider, to the consumers and to their families, when appropriate. These projects were defined to meet input gathered from providers and consumers in two technology focus group meetings where the concerns and/or desires were expressed. The concerns and desires were used to define the following nine project objectives:

- Privacy and security of client information
- Real time recording and access of electronic records
- Improve coordination across clinics
- Improve reporting and claiming
- Mental health education
- Access to community resources
- Improve provider and consumer communication
- Improve outreach and interaction
- Improve quality of care

These projects are designed to develop a long-term infrastructure for mental health to facilitate the highest quality, cost-effective services and supports for consumer and family wellness, recovery and resilience.

The **New Integrated Information Management System Project (NIIMSP)** will provide functional case management and billing service and will support the MHSa Plan to meet best practices requirements in providing services and support to the client, family and community partnerships, which is a cornerstone of MHSa. NIIMSP will provide a scalable environment that will enable a collaborative decision-making process with service providers, consumers and families in all aspects of the mental health system. The Information Management System will provide ongoing consumer service-related changes, advances in reporting technology for daily operations, performance improvement plans and outcomes reporting. NIIMSP will provide increased efficiency in the access, reporting and in security for sharing client records. While the Mental Health (MH) application will reside in a stand-alone environment, its raw data will be extracted and deposited into a data warehouse along with data from several collection points. Information analysis software will provide DBH a methodology (Data Mining) to recognize, understand and exploit previously unknown data relationships to meet its nine

defined objectives for implementing the MHA Capital Facilities and Technological Needs components. Data mining will also be used to provide continuous innovation in the presentation of consumer services.

As San Bernardino County prepares for the implementation of a new information system, funds will also be used to upgrade the servers associated with the **Charon-VAX Emulation OTO Project**. The upgrades will more effectively meet current system resource demands and maintain the advancements in data collection, manipulation, and reporting. This will ensure participating consumers are provided with relevant services and allow providers to have unrestricted access to accurate and timely client service records.

The enterprise deployment of **SharePoint** is a project that will use an integrated suite of server capabilities that will help improve organizational effectiveness. The use of SharePoint will provide comprehensive content management and enterprise search, accelerate shared business processes and facilitate information sharing across business boundaries. SharePoint, when fully implemented, will allow providers, consumers, families and the public a single portal into DBH's various data containers. The goal is to empower the user to access data that is relevant to their particular needs. SharePoint will also provide a methodology to streamline business processes and allow for the development of business applications.

The **Audio/Video Conferencing Project** will allow DBH to upgrade various meeting facilities that will have wireless communication, computers available to consumers and their families, expanded video conferencing capabilities to areas of underserved populations. A complex meeting facility will be developed that will contain an audio/video studio, provide video conferencing, and enable live web-casts to consumers and their families, providers, and the general public and to accommodate forums related to Mental Health Services. In addition, a consumer and family Web page will be developed to serve as a resource. The Web page will contain applicable information regarding DBH and community resources, consumer and family surveys, a communication blog designed for consumers to share information, and contain provider local service sites. The Web page will also deploy information kiosks throughout DBH service areas in an effort to broaden effective communication to the consumer, family members and the general community.

The **Virtual Desktop/Server Project** will consist of two separate virtual infrastructures. The first infrastructure is a virtual desktop environment that will support DBH staff in daily business processes while securing patient health information in a data center environment. This infrastructure will also support public access computers for consumers without compromising data integrity and security.

The second infrastructure is a Virtual Desktop/Server, basically a virtual network. The Virtual Desktop/Server will expedite desktop environment functions such as data capture, manipulation and reports of all consumer service activity in addition to the deployment of new technology solutions. The virtual network will also allow for the reduction of infrastructure administrative cost, and ensure participating consumers are provided with relevant services. Providers and teams will have unrestricted access to accurate and timely data.

The **Electronic Health Record (EHR) Project** will immediately record and provide access to important service information, ensuring that services are fully integrated across DBH units and geographic regions. Expedited access to appropriate service records will ensure that client-participants are provided with the most relevant and useful services and that their service providers and teams will have correct, timely information, thereby aiding the decision-making process related to client care. The EHR Project will assist in automating and streamlining service provider workflow and improve communication and response to alleviate delays or gaps in client care. It will also reduce the possibility of medical errors, and eliminate redundant assessments across service locations. While the application will have a direct interface with the DBH consumer episode and service tracking software, its raw data will also be extracted and deposited into a data warehouse along with data from numerous collection points. Information analysis software will provide a methodology (Data Mining) to recognize, understand and exploit previously unknown data relationships to provide continuous innovation in the presentation of consumer services. The EHR Project will compliment and build upon any "Lite EHR" that may be available in any new data collection and billing system and is expected to have a project life cycle of six (6) to eight (8) years. An additional facet that will be a significant project milestone of the EHR Project will be the imaging of client medical records to enable the capability to store, manage, retrieve, and route documentation in a secure electronic environment. An image system will expedite search and retrieval, Internet access of scanned images, space and storage reduction and preserve document integrity.

The final request from DBH is to extend the **OTO Data Mining – Warehouse Project** (SB04) to include additional funding for software development, licensure and training as funding for the original project was underestimated. Specific skill sets required to support the data mining software was also underestimated, and is yet to be purchased. The process has been proceeding on schedule. The process will be used to better analyze the extensive amount of disparate health systems data to assist DBH in making improved operational and/or strategic decisions directly related to consumer plans for wellness, recovery and resiliency.

2) The Capital Facilities and Technology Committees each conducted an evaluation of San Bernardino County Department of Behavioral Health (DBH) infrastructure. After a thorough analysis DBH needs, it was agreed that 55% of the funding would be required for Technological Needs to update DBH Integrated Information Systems Infrastructure. Preliminary estimates for the MHPA funding to be used in acquiring and implementing the technology components referenced above are \$13M, not including annual maintenance costs. MHPA funding will be combined with other DBH funds to ensure a fully functional system is deployed and maintained. The remaining 45% will be utilized to fund the transformation and modernization of the San Bernardino County's Capital Facilities infrastructure. The One Stop Center/Crisis Residential Program Project will not utilize all of the Capital Facilities funding allocated to San Bernardino County. Therefore, San Bernardino County is continuing with its stakeholder process to identify additional projects that will enhance its mental health system.

Component Exhibit 2 (continued)**2. Stakeholder Involvement**

Provide a description of stakeholder involvement in identification of San Bernardino 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.

San Bernardino County Department of Behavioral Health (DBH) has embraced the transformational concepts inherent to the Mental Health Services Act (MHSA). These concepts are to develop a community driven, culturally competent, wellness focused Capital Facilities and Technological Needs Component that targets individuals and families, with special attention to underserved and unserved communities countywide.

In 2005, DBH performed an extensive community planning process for the Community Services and Support (CSS) component where DBH pulled together consumers, family members and community representatives from various geographical locations. The Capital and Information System projects are consistent with the findings of the initial 2005 CSS planning process.

The input received indicated community interest in Capital Facilities and Technological Needs. The participants indicated the need for a short term crisis residential care facility and the need for mental health systems to have the ability to share accurate client healthcare information in a secure and timely manner in order to strengthen the delivery of MHSA services throughout San Bernardino County.

The community planning and stakeholder process has continued, and during the month of September 2008 four (4) regional public forums were held in which overview information regarding Capital Facilities and Technological Needs Component guidelines were provided. For each public forum, staff from the Office of Cultural Competence and Ethnic Services arranged for Spanish and American Sign Language interpretation. In addition, informational materials were prepared for distribution at all public forum events. The materials contained background information regarding MHSA, San Bernardino County's CSS planning and implementation efforts, the current Capital Facilities and Technological Needs program planning process and the importance of stakeholder participation and input. Discussion and feedback was solicited from participants regarding ways in which funding from this component could

address the unmet needs of the community in regard to Capital Facilities and Technological Needs. Some of the comments and suggestions included implementation of electronic health records and development of short term crisis residential care facilities. Both concerns supported the information received earlier in the CSS and in the Prevention and Early Intervention (PEI) stakeholder meetings.

Additional stakeholder involvement will include ongoing meetings of two (2) newly formed Capital Facilities and Technological Needs Steering Committees. Stakeholders will include San Bernardino County and contract agency staff, public agency representatives, as well as the inclusion of community, family and consumer members in the selection and prioritization of projects. These groups will establish the projects and implementation time lines to ensure accountability and consistency with the MHSA vision.

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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
Short Term Crisis Residential	1 (Co-located)	East Valley	Crisis Residential	TAY
TAY One Stop Center	1 (Co-Located)	East Valley	Full Service Partnership, System Development, Outreach and Engagement	TAY

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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 EHER 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 Project
- 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)