

Sutter-Yuba MHSA Capital Facilities & Information Technology Needs Plan Proposal

Executive Summary:

This proposal is one of five project areas addressed for specific dedicated funding within the broad scope of the Mental Health Services Act (MHSA- “The Act”). It is specifically concerned with the need to infrastructurally support the broader programmatic goals of the Act. It addresses these infrastructural areas by providing support for facilities and technology. Of the five funding areas referenced above, the plan requirements of this proposal may be the most restrictive and the most directive issued by the State. Significant preparatory work has been done by the department over a period spanning several years. The department now offers this plan proposal for public comment and approval for submission to the State. It should be noted that the plan proposal follows a very specific set of guidelines that are designed more for use by the State than they are for overarching readability.

The body of the plan proposal is functionally organized into *three distinct sets of enclosures*. Each of these enclosures is capable of being separated from the rest of the document. This engenders a very high level of redundancy in the information being presented and follows a format that specifically addresses State needs at each level of the plan proposal. *Enclosure One* is designed to be a high level summary of the entire submission and to detail how the general funding will be allocated. *Enclosure Two* addresses the specific area of what will meet accomplished by the capital facilities request. *Enclosure Three* addresses the area of Information Technology and is the most prescriptive of all the potential funding areas to date.

Funding for the Capital Facilities and Information Technology (CAP/IT) projects are aggregated together but the department is not required to allocate certain amounts to either set of projects. Like the other project areas specified by the Act, the main requirement of the CAP/IT funding is that it primarily benefit MHSA goals, projects and Full Service Partnership consumers. Sutter and Yuba counties are able to pool their allocations to create a fund of \$1,765,300 for initial implementation. Follow-on funding is projected to provide ongoing annual allocations of \$360,872 once the projects have moved to maintenance status. Departmental analysis has allocated the funding to be split to allow \$170,550 for Capital Facilities and \$1,594,701 for IT related project implementation efforts.

The capital project identified and proposed in *Enclosure Two* is the remodeling and renovation of the “Little White House” at 1965 Live Oak Avenue for use by staff and consumers within the context of the department’s Wellness and Recovery Program which is already funded by MHSA. The proposal additionally integrates the creation of “Smart Media” and computer training facilities into the renovation of this site. These added resources position the Wellness and Recovery Program staff to offer consumer job and technology training. They also position the facility to act as a resource for county and community meetings. The planning that resulted in the writing and design of this proposal came from focus groups conducted with community stake holders, clients and family members, sister agencies and the general public. The final drafting was done with the assistance of Henderson Consulting, a firm expert in the area of MHSA plan proposals.

As mentioned above, the Information Technology projects outlined in *Enclosure Three* are perhaps the most prescriptive of any plan guidelines issued by the State. This is not especially troubling for the department as the primary goal of the State’s guideline requirements meshes 100% with actual departmental needs. It provides significant rarely precedented technology funding at a critical moment for the department in a way that other federal, state and grant funds do not.

Historically, the federal government and in particular the late Bush administration, have been steering healthcare quality improvement efforts toward the use of contemporary Information Technology recent federal healthcare initiatives notwithstanding. These quality improvement areas have been adequately documented nationwide by the work of the Institute of Medicine. They have identified and mandated the national implementation of Electronic Health Records (EHR) and the beginnings of Health Information Exchange (HIE). Accordingly, Enclosure Three guidelines *mandate* the implementation of a *robust and contemporary* EHR system before any other IT needs projects will be considered. Coincidentally, the department has been actively investigating and deciding on specific needs surrounding the acquisition of a new fiscal and clinical IT system since 2004. This dedicated funding could not come at a better juncture since the department is in critical need to replace its current aging system. The proposed plan advises the implementation of supporting infrastructure and an integrated fiscal and EHR system to meet federal, state, clinical, and consumer needs. Due to maturation of the industry's capabilities in this area and to reduce the burden on county resources, the plan proposes to acquire EHR capability through the use of a system implemented in an Application Service Provider (ASP) paradigm. This would house the maintenance and support of the system at a remote, secure location maintained by a firm specializing in California Behavioral software systems. The benefit of these projects would be to provide improved and more cost effective treatment to consumers, meet federal and state quality improvement and reporting requirements, allow the department to continue to receive Medi-Cal revenues, and meet federal and state requirements to engage in HIE via current State lead Health Information Technology (HIT) initiatives. It may also provide the added benefit of allowing the department to take advantage of federal ARRA stimulus incentives for HIE.

As with other MHSA project areas supported by the Act, the CAP/IT plan proposal has significant requirements for partner and stakeholder involvement. These requirements are extensively documented within the plan proposal. All stakeholder and public comment requirements have been exceeded. Development of the Capital Facilities component has been an especial long term focus of the staff and consumers and is heartily anticipated.

The departmental leadership of Sutter-Yuba Mental Health submits this plan proposal to the Board of Supervisors with two specific goals in mind. *First* is the endorsement of the plan proposal concepts so that the plan may be submitted to the Department of Mental Health for approval of funding to allow these multi-year projects to begin. *Second* is attaining a public acknowledgement stating that these projects are worthy of current and future support by the Board. The department specifically asks for the second goal because plan requirements ask how the county intends to ensure future viability for these large scale infrastructural projects. A specific declaration of worthy intent would go a long way to meet documenting this requirement.

On approval by the Board, the department will be submitting the plan proposal to the State for approval. We have been regularly promised a rapid turn-around for this process and expect approval within six weeks of the plan proposal's arrival at DMH. DMH may choose to fund some or all of the requested projects and the department may be required to clarify some of the submitted projects before they are approved. We expect, on approval of funding, to begin the County approved procurement process for the approved projects. Most of the projects are large enough in scope that they will return to the Board for final approval before funding is committed or work commenced.

An Executive Summary

of the

Sutter-Yuba Mental Health Services

Capital Facilities and Information Technology Plan

to be funded by

The Mental Health Services Act

April 20, 2010