

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: Trinity County Date: March 16, 2009

County Mental Health Director:

Noel J. O'Neill LMFT, Interim Director
Printed Name

Signature

Date: March 16, 2009

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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 Trinity 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 are 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: March 16, 2009 **Signature** _____
Local Mental Health Director

Executed at:

Weaverville, CA

Component Exhibit 2**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	\$ 373,000	or	48	%
Technological Needs	\$ 415,500	or	54	%

1). A Capital Facilities Resource of \$243,000 will be used to create a short-term respite residential bed service in conjunction with five (5) residential beds funded by Community Services and Support for Full Service Partners at the same location. Each program will pay half of the building purchase, remodeling, and maintenance costs. The total expected cost for the purchase, closing costs, and remodeling is \$486,000. This cost will be shared equally by Capital Facilities and Community Services and Supports. Additionally, Capital Facilities will dedicate \$130,000 to create a 20-year Maintenance Enterprise Fund. Since Capital Facilities is only purchasing one-half of the building and Community Services and Supports is purchasing the other half, during each fiscal year, Community Services and Supports will pay the Enterprise Fund \$7,500 to create \$150,000 over a 20-year period, adding to the Enterprise Maintenance Fund. Capital Facilities will spend \$373,000 for this project. The Enterprise Maintenance Fund will maintain a total of \$280,000, plus any interest it may earn, for the next twenty years to provide for all care, improvements and upkeep on the building, access road, and infrastructure.

This crisis service has long been needed to fill a gap in our continuum of care. When a client is in a psychiatric crisis, and since the County does not maintain a 24hour crisis service except for on-call at the emergency room in the local acute care hospital, there are only two options: a) either the client is hospitalized 2-1/2 hours away in Yuba City or, b) the client may be deemed to be safe enough to return home and participate in outpatient services. This new resource, financed by Capital Facilities, will offer a fragile client an alternative to remain in a less restrictive setting, supporting a client in an atmosphere of Recovery and Empowerment. The long-term goal of the Department is to provide a community-based crisis system that allows more clients to feel supported in times of crisis in their own County without the need for detention in a remote facility.

The Technology Resource will be used to accomplish three (3) related goals. First, the funds will be used to support the implementation of the Anasazi Program from CMHC. By investing in this project now, the County will be on schedule to meet the State Mandate of being a County with a fully realized EHR (Electronic Health Record) by 2014. Secondly, the resource will replace old equipment that is not capable of supporting the new Anasazi Software. Additionally, the resource will be used to purchase new equipment so that the consumer using the public mental health system will be able to easily access both their own EHR and information from the internet. This might prove useful in the diagnosis and treatment of the symptoms of mental illness that the consumer is experiencing. It is important that the Full Service Partners and their family members in our program have full access to the internet and, in the long run, their own medical records.

Component Exhibit 2 (continued)

The third goal to be accomplished is upgrades to the connectivity between the main clinic in Weaverville and the clinic in Hayfork. Currently, the available system is simply not adequate for the Hayfork Clinic to have a secure internet connection with the proper broadband width. The Clinic is not able to connect with the mainframe computer in Fresno, California or the e-mail connection that the Weaverville public mental health system uses. This goal may be easily obtained through a contract with Verizon using the State of California "Cal Net II" system. With this in place it will open the door for us to be able to purchase Telepsychiatry Equipment that will allow not only medication appointments to happen in Hayfork, but also meetings involving both staff and consumers, as well as their families.

2) The Capital Facilities and Technology will be split into two pools of fiscal resource with the Technology investment being slightly larger by 6%. The reason for this spread is due to the implementation of the Anasazi Computer Software Program in our County in which there is a great need to invest in the project to insure our success at obtaining the EHR by 2014. Due to the fact that Trinity County is a frontier county with far reaching geographical communities, updated technology will allow us to communicate in a far more efficient manner, allowing better client participation in the public mental health system. The other reason we are able to split this resource in this manner is because Trinity County opted out on the MHSA Housing Program. We have received that resource via the Community Services and Supports Program which we now have available to match with the Capital Facilities money.

Component Exhibit 2 (continued)

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the 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.

Three focus groups were held altogether in the County to secure input from the community. One was hosted in Hayfork at the Horizon Drop in Center on February 9, 2009 and two were hosted in Weaverville. One of these was held on February 2, held in the Milestones Consumer Drop in Center and one was held on the same day at the main clinic. Flyers were created inviting clients, family members, and interested community members to voice their opinion and give the Department feedback about our goals. A press release was posted in the local paper inviting persons with an interest in the public mental health system to give their input. This article was published in the Trinity Journal on Wednesday January 28, 2009.

The first focus group was held at the Milestones Consumer Drop-in Center. We had six attendees, five of whom identified themselves to be consumers or former consumers of mental health services. The clients were quite encouraging of the intended projects, especially the creation of a short term respite bed residential program. The other focus group, held at the main clinic in Weaverville, had two technology staff persons from the County Information Services Department, and an interested community member who had seen the newspaper ad in the paper. The Behavioral Health Fiscal Manager and a member of the Probation Department also attended. He suggested that, in regard to the Board and Care Facility, it will be important to develop a strong program design so that the facility does engender negativity with either the neighbors or the law enforcement community. He also wondered if the County would be renting beds out to other counties, and it was made clear that this resource is for the Full Service Partners that live in Trinity County. The final focus group was held in Hayfork and was attended by six persons. There was one case manager from the agency, three consumers of services, one agency person the Mental Health Director who facilitated the focus group. This group was quite supported of all of the plans, and primarily expressed the relief that the consumers might soon have this new respite bed resource. The consumers were also eager to have the computer lab in their drop in center for access to the internet.

A Public Hearing was scheduled for March 16, 2009 and was conducted by the Mental Health Board. All three (3) components were posted on the Website for public review 30 days in advance. The public hearing was very well attended for Trinity County. This was the largest Public Hearing ever conducted at the Behavioral Health Agency. 15 persons attended including a quorum of the Mental Health Board, two human service stakeholder agencies, the consultant for the Department from Outlook Associates to present the Technology Plan and the Mental Health Director who presented the Capital Facilities Plan. One Board member spoke of how important and useful both plans would be to the residents of the county, and was in

favor of the projects moving forward. There were many clarifying questions that were answered to the satisfaction of the group. No one opposed the project and no one felt there was a need to change any aspect of the presented plans.

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 targeted 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
Wellness Centers	Two	Northern County	Youth Advocacy	TAY
Crisis Residential	One	Weaverville	FSP	TAY & Adult

Types of Facility and Number of Facilities Needed

In order to develop a Crisis Residential Bed in Weaverville, it will be necessary to combine this effort with resources from Community Services and Supports which will go to support the Full Service Partners with permanent or transitional beds. Trinity County opted out of the Housing Program and those resources have been requested and approved by the State in our 2008/2009 Community Services and Supports Plan. Our intention is to purchase a home that can be licensed as a Board and Care Facility for six (6) residents. We have located such a facility that is currently for sale. The prior use of this facility was as a Board and Care for senior citizens. The five (5) Community Services and Supports beds are located upstairs and the crisis residential bed is located downstairs in a private studio apartment. In this manner, the provider who the County contracts with to operate the Board and Care Home will ensure that the physical and safety needs of all six (6) beds are guaranteed including the crisis client bed. Trinity County Behavioral Health Staff will provide the ongoing counseling and case management to the crisis client. We anticipate that this will be a free service to the client except for whatever case management or psychotherapy is rendered in the course of the stay. This will be billed to Medi-Cal or either UMDAP or MHSA insurances. The Capital Facility money will only be used to pay for the portion of the building dedicated to the crisis activity.

County Location for Needed Facility

It will be important that this facility be located in Weaverville, which is the County Seat of Trinity County. Also, the acute care hospital is located in this community and is the origin of many crisis referrals. Weaverville is where the majority of Trinity County residents live and is where the Trinity County Behavioral Health Staff are anchored.

Component Exhibit 3 (continued)**MHSA Programs & Services to be Provided**

The Crisis Facility will serve as a 24/7 crisis response to Full Service Partners or other community members that are fragile and who need more intensive support for brief periods of up to two weeks. While the client is staying in the crisis bed, case managers will be able to assist the partner in returning to their home or in locating to a new living circumstance.

Target Populations to be Served

This crisis bed program will be able to serve Transitional Age Youth, Adults and Older Adults who are partners in the Community Services and Supports program. The program will also be able to provide support to other clients of the Department, or residents of the community who have an expressed need for such an intervention.

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
 - Other (Briefly Describe)

We are working on establishing connectivity with a satellite clinic in the Hayfork Community. We will be contracting to get broadband to that community with the capacity and security needed for a public mental health system. As part of this project, we will be purchasing Telepsychiatry Equipment for both the Hayfork and Weaverville Clinics. We will also be upgrading and creating new internet work stations for consumers and family members, allowing them to research and communicate online.