

Component Exhibit 1

Print Form

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:

Date:

County Mental Health Director:

Printed Name:

Signature: _____

Date: _____

Mailing Address:

City State Zip code:

Phone Number: Fax:

Email:

Contact Person:

Phone: Fax:

Email:

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

Tulare

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: _____

Local Mental Health Director's Signature: _____

Executed at: Visalia, CA

Component Exhibit 2

Print Form

COMPONENT PROPOSAL NARRATIVE

County Tulare

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	\$ 1,836,000	or	34	%
Technological Needs	\$ 3,500,000	or	66	%

1) How will the County use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA?

Technology

Tulare County intends to utilize the Technology funds to meet both of the goals set forth by the state: to modernize and transform the clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness and to increase client and family empowerment and engagement. Three projects are planned and are described below.

EHR Project

To meet the goal of modernizing and transforming clinical information system Tulare County will continue the journey toward a fully integrated information system that will support ongoing goals of quality care, seamless care coordination and improved access to care. Over the past four years, Tulare County has been actively improving the data quality, optimizing system functionality and preparing staff and providers for the eventual electronic record environment. Through projects funded via MHSA CSS Other One-Time Funding, Tulare County improved data collection for MHSA programs, provided contract providers with direct access to client data to support care coordination and introduced EHR lite functionality to the organization. Tulare County will upgrade the current Practice Management and EHR Lite applications to the most recent application version with more robust California functionality, ARRA defined Meaningful Use functionality and interoperability. The processes in place and lessons learned during the projects over the past few years will assure a smooth transition to a upgraded application from both a technical and change management aspect. In addition to the software, hardware, infrastructure, planning, implementation, training and project oversight costs, this project will include costs for staffing to assure proper resources are assigned to the project and proper resources are available to support the applications after implementation.

Consumer Projects

To meet the goal of increasing client and family empowerment and engagement Tulare County will complete two projects. First is the purchase and implementation of the Personal Health Record that integrates with the EHR, thus allowing client access to predefined portions of their chart and/or to communicate with clinicians electronically for services such as requesting appointments. This project will include the software purchase and implementation, Tulare County staffing to provide application support and funding for a consumer contract to perform outreach and training to the clients wishing to use the PHR.

The second project is to provide basic computer software training to consumers, to support consumer efforts in using the computer for education and research, job and housing searches and locating other important mental health resources. Classes will include word processing, email and internet basics. This project will include funding for a consumer contract to perform the training services.

Capital Facilities

Tulare County has yet to identify capital facilities projects that fit the State parameters for the MHSA Capital Facilities funding. This is largely because virtually all Tulare mental health facilities are not owned but leased by the County. We are submitting a proposal for funding for Information Technology at this time and will defer requesting funds for Capital Facilities until we have identified local projects that fit the State parameters.

2) How did the County derive the proposed distribution of funds.

The proposed funding distribution recognizes the priority of technology over capital facilities at this time. The Federal and State governments have mandated fully interoperable Electronic Health Records by 2014. Tulare County, understanding the importance of electronic records to quality care, efficiency and patient safety, would like to achieve a fully interoperable EHR well before the mandated time frame.

The distribution of funds was discussed at several levels of the organization during the planning period, including with the Mental Health Board during a presentation on 12/07/2010.

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.

Stakeholder involvement consisted of focus groups, interviews and other stakeholder meetings over the past year. As part of the planning for Technological Needs, Tulare County enlisted the help of Outlook Associates to perform a Gap Analysis. During that process, 65 individuals were interviewed to help identify the Technological Needs of the mental health branch. These individuals included Mental Health Services leadership, providers and administrative staff, Tulare County IT leadership and staff, Tulare County Alcohol and Drug Program leadership and staff, Tulare County Health and Human Services Administration leadership and staff, Contract Providers, Consumers and the Mental Health Board.

During these sessions, stakeholders expressed concern about the current technology supporting the mental health branch and excitement about the potential of a full featured, more user friendly IT system to support both administrative and clinical services. Consumers expressed a logical concern about confidentiality and security of an electronic health record, but after providing some education and discussing some of the security features required for these systems, they felt more comfortable. Consumers expressed an interest in learning more about using computers to learn more about mental health issues and as a resource tool for job or housing searches.

The plans were also discussed with the Mental Health Board on 12/7/10 and 01/04/11. The Mental Health Board approved the CFTN plan, requesting assurance that the EHR project address privacy and security concerns. As part of the State's approval of an EHR or PHR project supported by MHSA funds, counties are required to assure that systems and processes adhere to privacy and security standards and that these systems and processes are continuously updated to comply with current Federal and State Laws. Specifically, the language in the request is as follows:

The EHR Project MUST support the application of prevailing California privacy and confidentiality rules. The technology solution must support the restricting of components or sections of the system to authorized users and/or purposes. This restriction should include restrictions at the level of reading, writing, amendment, verification, and transmission or disclosure of data and records.

In accordance with the Welfare and Institutions Code §3300, there was a community planning process conducted. Based on input received, the Plan was drafted, and was posted for a thirty-day public review and comment period (January 5, 2011 through February 5, 2011) during which time the Plan Update was available to the public on the County's Health and Human Services website. A public hearing was held on March 1, 2011, and there were no public comments. The Tulare County Mental Health Board approved the Plan March 1, 2011.

Component Exhibit 3

Print Form

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

County:

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 Serviced
TBD				

Component Exhibit 4

Print Form

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS LISTINGCounty:

Please check-off 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)



Tulare County Health & Human Services Agency

John Davis, Agency Director

Mental Health Department ■ Cheryl L. Duerksen, Ph.D., Director
Mental Health Programs ■ Alcohol and Drug Programs

Appendix A: Summary of Proposed MHSA Technology Needs Projects

Project Name	Project Description	Components
Project #1: Electronic Health Record Project	Upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products.	<ul style="list-style-type: none">• Staff augmentation within the Mental Health Department to support the implementation project and to provide training, support and optimization on an ongoing basis after implementation.• Implementation planning consultation, including workflow analysis, implementation strategic planning, implementation support and project oversight• Software licensing, vendor implementation and training costs, conversion and interface costs, maintenance fees, hosting fees• Hardware and Infrastructure Upgrades
Project #2: Personal Health Record	Purchase and implement the Personal Health Record that integrates with the EHR	<ul style="list-style-type: none">• Software licensing, vendor implementation and training costs• Staffing to provide application support• Funding for consumer contract to perform outreach and training to clients wishing to use the PHR
Project #3: Basic Computer Software Training for Consumers	Provide basic computer training to consumers to support efforts to provider education and research, job and housing searches and locating other important mental health resources.	<ul style="list-style-type: none">• Funding for consumer contract to perform training services



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Appendix B: List of Stakeholders Interviewed for Technology Review

Tulare County MHS

Dr. Cheryl Duerksen	Director – Mental Health
Cheryl Perkins	Deputy Director – Clinical Services
Dr. Timothy Durick	Deputy Director – Managed Care
Dr. Joseph Lebenzon	MH Medical Director
Dr. Alisa Vogel	Clinic Manager
Dr. David Jaffe	Clinic Manager
Tim Inouye	Psychiatric Emergency Team Manager
Dr. Natalie Claussen-Rogers	Lead Psychologist
Christi Lupkes	MHSA Manager
Esmeralda Leon	Criminal Justice Service Manager
Kyla Surratt	Administrative Specialist
Maria Rogers	Office Assistant
Mary Perez	Supervising Office Assistant, VAC
Sarastella Garcia	Office Assistant, PAC
Melanie Larson	Mental Health Technician
Philip Delgado	Staff Services Analyst
Juana Martinez	Office Assistant, VAC
Lisa Lewis	LCSW, PAC
Tammy Gallagher	Office Assistant, VAC
Ryan Shurson	LCSW, VAC
Suzanne Mendoza	Staff Services Analyst, MHSA
Betsy Ellis	Unit Manager, Managed Care
Mary Stine	Administrative Specialist, MHSA
Esmeralda Leon	Criminal Justice Services Manager
Tami Werland	Crisis Services Worker
Gloria Court	LCSW, Managed Care
Maria Montano	LCSW, Managed Care
Tricia Smith	Mental Health Case Manager II
Dr. Melissa Cohen	Inpatient Supervisor, Managed Care
Anna Ruiz	Office Assistant, Managed Care
Raquel Gomez	Office Assistant, Managed Care
Ana Schaefer	Unit Manager, Quality Improvement

Tulare County Alcohol and Drug Programs

Elissa Padilla	Division Manager - Alcohol & Drug Programs
Marcelo Garcia	Unit Manager – Alcohol & Drug Programs
Richard Pais	Prevention Program Supervisor– Alcohol & Drug Programs



Tulare County Health & Human Services Agency

John Davis, Agency Director

Mental Health Department ■ Cheryl L. Duerksen, Ph.D., Director
Mental Health Programs ■ Alcohol and Drug Programs

Steven Murch
Dorothy Lansing

Staff Services Analyst - Alcohol & Drug Programs
LCSW, VAC

Tulare County HHSA

Betty Campbell
Kathy Moore
Judy Correia-Garcia
Danny Rockholt
Michele Boyer
Elaine Taylor
Sameh Boulos

Eligibility Worker, Tulare Works
Unit Manager, Cal WORKS
Sal Supervisor, HHSA Fiscal
Division Manager, Project Management
Accountant, HHSA Fiscal
Patient Account Representative, HHSA Fiscal
RPH, Pharmacy Director

Tulare County IT

Peg Yeates
Cindy Elkins
Darwin Tigulo
Colin Strachan
Valerie Toews

IT Director
IT Manager
IT Business Analyst
IT Project Lead
Senior IT Programmer

Contractors

Cheryl Lennon-Armas
Jeff Fly
Walt Lunsford
Claudia Gonzales
Bud Hudson
Marilyn Bamford
Isa Ribadu
Ramona Robertson
Dr. Arie Whisenhunt

Executive Director, TYSB
CEO, Turning Point
CFO, Turning Point
QI Coordinator, Turning Point
Program Director, Kings View
Director, Families First
Program Director, Visalia Youth Services
Executive Director, CVRS
Telepsychiatrist

Consumers

Roy White
Matthew Kelley
Vanessa Joven
Mike Rivera

Consumer
Consumer
Consumer
Consumer

Mental Health Board

Dr. Ralph Nelson
Kathy Farrell, RN
Janis Lehmann

Mental Health Board Member
Mental Health Board Member
Mental Health Board Member