

**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: Tehama

Date: 2/10/2011

**County Mental Health Director:**

Printed Name Valerie Lucero, PHN

Signature

Date:

Mailing Address: P. O. Box 400  
Red Bluff, CA 96080  
Phone Number: (530) 527-8491, ext 3166  
Fax: (530) 527-0232  
E-mail: lucerov@tcha.net

Contact Person: Edith Burnett, LMFT

Phone: (530) 527-8491, ext 3973  
Fax: (530) 527-0232  
E-mail: [burnette@tcha.net](mailto:burnette@tcha.net)

**COUNTY CERTIFICATION**

**I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Tehama 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:**

---

**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 \$ 343,500 or 43.5 %  
Technological Needs \$ 445,000 or 56.5 %

The proposed use of the Capital Facilities and Technological Needs funds will produce long term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups. These efforts will include development of electronic health records, which will increase our ability to fully utilize the Transformational Care Planning process effectively. It will also increase access to needed information for staff to be able to more effectively provide services, and improve cost effectiveness. Included in the technology component are online resources for consumers and family members, and access to computing resource projects for consumers and family members at both drop in centers and the main outpatient facility, which will have significant impact on the attainment of the goals of wellness, recovery, resiliency and cultural competence.

The Capital Facilities Funds will be used for a community-based facility, which will support an increase in peer-support and consumer-run facilities, specifically a consumer-run café. The setting is ideal for such a project. There is currently an outdated and unusable kitchen that is part of a county building that used to be the county hospital and skilled nursing facility. The building has currently been partially remodeled, and the county's primary care clinic, drug and alcohol services, group treatment rooms, and WIC are available there. This building is next to the Mental Health Outpatient Clinic, Community Crisis Response Unit and the Youth Empowerment Services (YES) Center. Other county offices are also in the same area. This project would significantly increase the employment workplan component of the MHSA CSS program, by providing an additional employment opportunity that would enhance existing programs. It would also help to reduce stigma related to individuals with mental health issues, as the community and other county employees would be able to utilize the café and observe how the consumers can be successful with such a venture.

## **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.

Stakeholders participated in a variety of ways. The overall planning and oversight for MHSA is done by the MHSA Steering Committee. This committee is made up of consumers, family members, mental health staff, drug and alcohol staff, public health staff, DSS staff, law enforcement, a local board and care provider, education representatives, Mental Health Advisory Board members, faith community representatives, local hospital representatives and nonprofit providers. This committee meets monthly and addresses all components of MHSA. For the CFT component, the committee developed a computerized survey to obtain input from the community. The surveys were made available at all Mental Health sites for consumers and family members, and emailed to the Health Partnership (a wide reaching group of community providers from health care, social services, education, nonprofit, and law enforcement), Mental Health Advisory Board, and all mental health staff.

The survey was evaluated and the results were discussed at a variety of venues, including the Mental Health Advisory Board meeting, which was held at the Vista Way Recovery Center with a large attendance by consumers and representatives from the Client Council. Input was obtained from all involved. The survey was also discussed at a Mental Health Staff Meeting, the Adult System of Care meeting, and the Health Services Agency Administration meeting. The MHSA Steering Committee then considered all the input and came up with final recommendations.

### 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 and Services to be Provided	Target Populations to be served
Consumer-run Café	1	Red Bluff with convenient access to current MHSA employment activities	Employment training and experience, rehabilitation	TAY, Adults and Older Adults

## **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)**

- XX Infrastructure, Security, Privacy
- XX Practice Management
- XX Clinical Data Management
- XX Computerized Provider Order Entry
- XX Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)

#### **Client and Family Empowerment Projects**

- XX Client/Family Access to Computing Resources Projects
  - Personal Health Record (PHR) System Projects
- XX Online Information Resource Projects (Expansion / Leveraging information sharing services)

#### **Other Technology Projects That Support MHSA Operations**

- XX Telemedicine and other rural/underserved service access methods
  - Pilot projects to monitor new programs and service outcome improvement
  - Data Warehousing Projects / Decision Support
- XX Imaging / Paper Conversion Projects
  - Other (Briefly Describe)