

Merced County Mental Health Service Act
Capital Facilities and Technological Needs Component
Executive Summary Draft

Following a nine-month MHSA Community Planning Process, Merced County Department of Mental Health (MCDMH) is pleased to submit this Capital Facilities and Technological Needs Component (CFT) Proposal.

The Planning Process

The Proposed Projects, herein, are the result of a comprehensive, inclusive and accessible community planning process that included:

- *Community outreach:* over 250 individuals were contacted, representing consumers and family members; members of community based organizations, including those representing Southeast Asians and Spanish-speaking individuals; Mental Health and other County department staffs, education, law enforcement and criminal justice and human services.
- *Community education:* All meetings, including Planning Council, Focused Discussion Groups and Prioritization Meetings commenced with a PowerPoint presentation describing the values of MHSA, the goals of the CFT component, the State requirements, available funding, and the planning process. In addition, as the planning process progressed, participants were informed about the needs assessment, proposed strategies and feasibility.
- *Establishment of a long-term vision:* Planning Council members were invited to think broadly about buildings and technology needs, and articulate the types of facilities and technologies that would be used in the future to promote wellness and recovery. Also during this phase, the Wellness Center Advisory Board formally presented a Business Plan for a larger, more welcoming Wellness Center. Though funding is not currently available to realize all our visions, MCDMH remains committed to developing this and the other visions that promote consumer empowerment and modernization.
- *Community needs assessment:* Prior to deeply investigating potential strategies, Planning Team conducted 16 Stakeholder Interviews and 7 Focused Discussion Groups, which helped to identify a broad range of challenges and opportunities. During this phase, due to State and Federal mandates, the Planning Council agreed to dedicate a significant portion of CFT allocation for the development and implementation of Electronic Health Records.
- *Development of strategies:* The Planning Team facilitated two Strategy Roundtables, one to expand upon capital facilities strategies and the other to develop the technology strategies. The Strategy Roundtables resulted in a list of potential technology strategies and potential capital facilities strategies.
- *Prioritization of strategies:* During the Community Prioritization meeting, participants were asked to review the proposed strategies, and in small groups, recommend how to spend the remaining CFT funds. (A large portion of the initial CFT allocation had already been dedicated to funding the development and implementation of Electronic Health Records.) Following this meeting, the Planning Team conducted a feasibility analysis

focusing on budgetary considerations. Based on preliminary cost calculations, the Planning Team recommended the final set of proposed strategies. The following Proposed Strategies reflect community priorities as articulated during this comprehensive planning process.

Proposed Projects: Technological Needs

Project 1: Development and Implementation of an Electronic Health Records (EHR) Application is critical to fulfilling State and Federal mandates, and to accomplishing MHSA goals of *modernization* and *consumer and family member empowerment*. EHRs will enable MCDMH and contract providers to offer mental health services to consumers and family members in a more cost-effective, efficient, and accountable manner.

The need: Currently, MCDMH maintains paper-based client charts, which are available to only one service provider at a time. Paper records must be hand-delivered or faxed, risking loss and/or security breaches. Because paper records can be in only one place at a time, consumers and family members sometimes receive services from providers with little information about treatment plans, medication, and diagnoses. During the MHSA Capital Facilities and Technology Community Planning Process, for example, several family members reported delays in accessing critical health information.

The strategy: The EHR application provided by Anasazi Software, Inc. will offer secure, real-time, point-of-care client information to service providers, and will help strengthen communication between various service providers, and between providers, consumers and family members. EHRs will also support the appropriate use of medications by helping to reduce incidences of overmedication, allergic reactions, and adverse drug interactions. EHRs will reduce costs; duplication of screenings and assessments; and will store a much greater quantity of clinical data that can be used for program and outcome evaluation. Anasazi will provide specialized applications for:

- Collecting, storing and reporting client demographic, financial and service data;
- Prescribing medications and sending prescriptions electronically to the pharmacy;
- Managing revenue, billing and cost accounting;
- Automating payment of claims;
- Scheduling appointments; and
- Automating clinical processes, assessments, treatment plans and progress notes.

The EHR application will help support MCDMH's goal of increasing consumer and family member access to their health information. Via the Statewide Anasazi User Group and Trilogy's Network of Care, MCDMH Automation Services staff will support the development of user-friendly *Personal Health Records*. Our objective is to facilitate secure client and family member access to client-generated service plans and symptom journals, information about medications, diagnoses, available services and appointments.

Through participation in the Statewide Anasazi User Group, MCDMH Automation Systems staff will contribute to the development of a *Health Information Exchange*, which will enable the

transfer of client records between counties. This interoperability will mean that consumers moving from one county to another will not have to fill out duplicate forms, undergo repetitive screenings and continuously demonstrate eligibility. As the first Agency in Merced County to adopt electronic health records, MCDMH hopes to lead the way towards increased data sharing across county and between county service providers.

The budget:

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| Anasazi Software vendor fees | \$1,396,131 |
| Hardware, including servers, scanners, signature pads and PCs | \$317,500 |
| Staff training and extra office support for converting paper charts | \$483,649 |
| Total Costs | \$2,197,280 |

Project 2: Expansion and Improvement of Telemedicine will expand access to psychiatric services for Merced County residents who live in rural or outlying communities.

The need: During the (CFT) Community Planning Process, consumers and family members located in Los Banos, Livingston, and other towns and unincorporated areas reported transportation-related access barriers. In addition, the WET planning process revealed a shortage of qualified psychiatric staff in the County and region.

The strategy: Whenever possible, MCDMH will provide face-to-face communication between psychiatric staff and consumers. Telemedicine, particularly technology that permits video-teleconferencing between providers and consumers/family members, or between multiple providers, is an acceptable alternative when face-to-face communication is not possible. The expansion and improvement of the County’s telemedicine technology will significantly improve audio and visual quality of MCDMH telemedicine services and transmission speed. Improved functioning will:

- Increase access of psychiatric services to clients with transportation barriers;
- Increase the number of rural consumers that a single psychiatrist can see in a day (eliminating travel time);
- Increase the pool of qualified candidates in hard to fill positions by allowing telecommuting;
- Promote cultural competency and empowerment by expanding consumer and family member access to providers with cultural and/or linguistic capacities;
- Enable consultation with experts outside the region who have age-specific (i.e. child or geriatric psychiatrists) or other specialized expertise; and
- Enable staff to engage in interactive distance learning.

The budget:

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| LCD Monitors and Carts | \$9,000 |
| Camcorders, etc | \$1,470 |
| Total Costs | \$10,470 |

Project 3: Development and Implementation of a Virtual Office System will improve and modernize consumer services by enabling a minimum of 8 – 10 mental health workers, operating in the field, to utilize laptop computers and the internet. Such a system will incorporate field services into MCDMH’s Integrated Information Systems Infrastructure plan.

The need: Currently, outreach and field services are limited by the absence of electronic hand-held devices and corresponding internet capacity. Direct service providers cannot electronically log treatment plans or progress notes in the field, nor can they access client records.

The strategy: MCDMH proposes the development of a virtual office system to modernize and transform our field services. The Virtual Office System will allow accurate and real-time consumer-driven treatment planning and information access and portability. Through the purchase of laptop computers, Wi-Fi cards, and monthly data plans, service providers will be able to more efficiently and appropriately serve clients in rural clinics, community centers, in homes, and even on park benches. Through their virtual offices, service providers will be able to use the County’s Virtual Private Network to access Anasazi’s EHR system. New Cisco routers and switches, located at the Los Banos and Livingston Clinics, will increase bandwidth, permitting high-speed access to EHRs and enhancing the performance of high-speed videoconferencing/telemedicine technologies. The virtual office will support consumer empowerment by enabling them to receive services within their own neighborhoods. In addition, the virtual office will enable field staff to develop community partnerships by enabling service provision at community-based medical clinics, community centers, schools, hospital, jails and other service locations.

The budget:

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| 10 laptop computers | \$19,000 |
| Routers and switches for increased bandwidth—Los Banos | \$7,200 |
| Routers and switches for increased bandwidth—Livingston | \$7,200 |
| Wi-Fi cards and data plan | \$6,312 |
| Total Costs | \$39,712 |

Proposed Project: Capital Facilities

Project 1: Purchase a 5-acre lot and building at corner of B and Childs (Church lot):

The need: During the Community Planning Process, stakeholders, including consumers, family members and staff, expressed a sense of disconnection between MCDMH administration, and the programs and participants. While all agreed that MCDMH staff worked exceptionally hard at supporting the core programs, the distance between the administration building and the services restricts face-to-face communication. Such restrictions can impact the development of trust, accountability and information sharing between administration and consumers and family members and between administration and direct service staff. In addition, participants felt that the shortage of a permanent County-owned land and facilities dedicated to MHSA-related

activities impacted administration's ability to plan for future growth. MCDMH wishes to have a single contiguous home from which to develop our future vision.

The strategy: MCDMH proposes the purchase of a 5-acre parcel with an existing facility at 1137 B Street, in the City of Merced. The current asking price for the lot is \$790,000 and the owner has agreed not to exceed this asking price. Once Merced County has secured the funds for purchasing this property, as part of the County's due-diligence, the owners and the County will agree on an independent appraisal to determine market value. The County will not exceed appraised market value.

In addition to the existing building, the parcel has ample parking and infrastructure, including storm drains, pipelines, and power transformers, sufficient for an additional development. (The purchase price also includes architecture plans from Golden Valley Engineering, and approvals, for a 13,000 square foot building.) MCDMH foresees no major renovations necessary for immediate occupancy of this building following purchase. Prior to purchase, however, the County Public Works Department will conduct a full inspection of the property.

The existing building contains:

- A large open office area (approximately 1,700 sq ft)
- 6 offices (approximately 250 sq ft each)
- 2 restrooms
- Breakroom

This proposed project supports MHSA goals by ensuring a permanent location for Mental Health administrative services, co-located next to MCDMH's main campus. By securing these five acres of land, MCDMH will advance its long-term vision of co-located services. As additional funding becomes available, the Church lot will provide ample space for growth, including the development of a large training room/conference room, and a larger Adult Wellness Center.

The budget:

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| Church parcel asking price | \$790,000 |
| Closing costs, appraisal fees, misc. renovation costs | \$97,738 |
| Total Capital Facility Costs | \$887,738 |

Total Capital Facilities and Technology Request

MCDMH is requesting a total of \$2,247,462 (72%) in Technological Needs and \$887,738 (28%) in Capital Facilities funds. The total request is \$3,135,200.