



**COUNTY OF ORANGE
HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES**

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June 6, 2008

Dear Mental Health Stakeholders and Interested Community Members:

The Mental Health Services Act Office is pleased to present you with a draft of the Capital Facilities and Technological Needs Component Proposal. Executive Summaries of the Proposal in English, Spanish, and Vietnamese will also soon be available on the website, www.ochca.com/mhca and by email at MHSA@ochca.com.

On July 10, 2008 at 9:00 am, the Mental Health Board will hold a Public Hearing on this Proposal. The Public Hearing will be held at the Orange County Hall of Administration, 333 W. Santa Ana Blvd. Santa Ana, CA 92701. It is especially important that members of the Steering Committee and the Consumer Action Advisory Committee attend this Public Hearing.

Below is a timeline of the events/activities that must take place for the Proposal to be approved.

Capital Facilities and Technological Needs Timeline

Activity	Date
30-Day Public Comment Period	June 6 – July 6, 2008
Mental Health Board/ Public Hearing	July 10, 2008
Board of Supervisors Meeting	July 22, 2008
Send Proposal to Department of Mental Health	End of July, 2008
Department of Mental Health Approval	August – September, 2008

Thank you for your participation in the process of completing the Capital Facilities and Technological Needs Component Proposal. Implementation of the proposal will allow Orange County to increase much needed public mental health services that focus on recovery and resiliency.

I look forward to seeing you at the Public Hearing.

Sincerely,

Kate Pavich
Mental Health Services Act Coordinator
Behavioral Health Services

C: Mark Refowitz
Deputy Agency Director
Behavioral Health Services



**County of Orange
Health Care Agency**

**Behavioral Health Services
Mental Health Services Act**

**Capital Facilities and Technological Needs
Component Proposal**

**Draft for Public Comment
June 6, 2008**



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Executive Summary

Background

Proposition 63 was a clear mandate by voters to go beyond “business as usual” and create transformation in the mental health system. In Orange County we have used Mental Health Services Act (MHSA) funds to develop services and programs that have moved our mental health system towards the goals of wellness, recovery, resiliency, and cultural competence. We have had an extensive MHSA stakeholder process that involved a diverse cross-section of the community in our process of transformation. The Orange County Health Care Agency (HCA) conducted numerous stakeholder meetings for our Three-Year Community Services and Supports (CSS), CSS Growth Funds, and Workforce Education and Training (WET) Plans. In this process the needs for a Crisis Residential Program, a Wellness/Peer Support Center, and a Vocational Training Program were recognized.

Planning Process

Orange County contacted a variety of local and national experts in the field of mental health transformation to participate in our planning process. Training and workshops were conducted on system transformation, recovery-based planning (presented to over 100 Orange County stakeholders) and creating a recovery culture that is consumer centered and empowering. In addition, Orange County consulted with executive directors and program staff to collect information about recovery based services and system transformation, specifically, crisis residential programs, wellness centers, and consumer training programs. Tours were conducted for MHSA staff, consumers, and family members to observe programs and receive on-site training. These site visits included: Choices Recovery Services in Long Beach, The Mental Health Association Wellness Center and Village in Long Beach, Jefferson Transitional Programs in Riverside, Turning Point Crisis Center in Oceanside, Community Service Programs, Inc. Youth Shelter in Laguna Beach, the Vista Balboa Crisis Center in San Diego and Halcyon Center in El Cajon. Orange County also visited Recovery Innovations, Inc. in Maricopa County, Arizona to participate in their “METAmersion Training: A Learning Centered Experience in Recovery” and tour their crisis residential program, Recovery Opportunity Center, and housing services. Recovery Innovations, Inc. also provided a one day training on recovery and transformation to over 100 Orange County employees, consumers, and family members.

An additional stakeholder process was created through the development of a Wellness Center Planning Committee. Subject matter experts presented information on wellness and recovery centers located throughout California, as well as programs in New York and Massachusetts. They also shared how their centers promoted the Mental Health Services Act (MHSA) concepts of recovery for individuals with mental illness including: hope, personal empowerment, respect, social connections, self-responsibility and self determination. These program specialists actively participated in the planning process and explored ways to promote consumer-operated services that reflect the cultural, ethnic, and racial diversity of the mental health consumers and plan for each consumer’s individual needs.

Proposal Funding

Funds for Capital Facilities will allow Orange County to create an infrastructure dedicated to the mental health needs of consumers, increase the number of consumer-run facilities, and develop a community-based less restrictive setting that will reduce the need for hospitalization and incarceration. The funds will also provide much-needed programs that have been identified as priorities by our stakeholders. Developing a Crisis Residential Program, Wellness/Peer Support Center, and Vocational Training Program supports MHPA goals, produces long-term impacts with lasting benefits, and expands accessible community-based services for consumers and their families. A County-owned property was selected to house these three programs and stakeholders supported using a majority of the Capital Facilities funds to develop a campus to provide MHPA services. The project will use a portion of the allocated Capital Facilities funds and stakeholders will meet at a later time to decide on how the remainder of the funds will be spent.

Regular meetings were conducted with our 62 member Steering Committee, Community Action Advisory Committee, Wellness Center Planning Committee, Capital Facilities and Technology Advisory Committee, and Mental Health Board to discuss locating the recommended programs at the identified site. The property is 42,000 square feet, is centrally located, and has specific Conditional Use Permits necessary for the proposed programs. However, the condition of the buildings was poor due to mold caused by flooding, termite damage, and problems with roofing and seismic conditions. An Architect-Engineering firm was hired to assess the site and it was determined that it would be “highly impractical” to remodel the existing facility. The architects recommended new construction which included: 1.) a 7,500 square foot Crisis Residential Program to serve as an alternative to hospitalization for acute and chronic mentally ill persons. This would be a voluntary program offering services 24 hours a day, seven days a week. This facility would house 15 beds for both male and female adults and would be designed for short-term crisis intervention; 2.) a 7,500 square foot consumer-run Wellness/Peer Support Center to offer assistance with benefits, employment, socialization, and self-reliance. This would fill the gap in the service system by supporting relatively stable consumers with their recovery, and 3.) a 7,500 square foot Vocational Training Program, which would provide support to consumers and their families who aspire to a career in mental health. The program will offer education and training to develop the skills needed to work in the public mental health system. All of the stakeholder groups supported the development of the property for these programs.

Stakeholders were also involved through the Workforce Education and Training planning process, and discussed how to utilize the property for a Recovery Education Institute and house MHPA Training Program staff, especially the consumer employment advocate and benefits training specialists. A stakeholder meeting was also conducted to specifically address locating a Vocational Training Program at the site and this was unanimously approved. In addition, consumers, family members, and staff toured the site to look at the condition of the property, review possibilities for programming, and make recommendations.

A Capital Facilities and Technology Advisory Committee also met for several months regarding programs that would be housed on the identified property, constructing a “green” facility, developing a timeline, Requests for Proposals, ways to involve stakeholders, and finally to determine the percentage of funds to be allocated for Capital Facilities and Technological Needs.

Component Proposal Requirements

Since Orange County has already implemented registration and billing within our Integrated Records Information System (IRIS) (built in partnership with Cerner Corporation) it was determined that 20% of our Capital Facilities and Technological Needs funds would be sufficient to move forward with development of an interoperable Electronic Health Record. Stakeholders agreed that the majority of funds would be needed to complete capital facilities projects and supported an allocation of 80% percent for Capital Facilities and 20% for Technological Needs.

MHSA staff developed the Capital Facilities and Technological Needs Component Proposal and submitted the document for the internal review process. The proposal was forwarded to stakeholders, the Steering Committee, Community Action Advisory Committee and Mental Health Board members, and the community for review during a thirty-day public comment period (June 6th-July 6th). A copy of the draft Component Proposal was also posted on the Orange County MHSA website and the Orange County Network of Care. In addition, information was provided on how to obtain hard copies. Copies of the proposal were made available at local libraries and a number of governmental offices. The Executive Summary was also translated into Spanish and Vietnamese, the threshold languages in Orange County, and was then posted on the MHSA website and Network of Care.

Summary

Through an extensive stakeholder process, Orange County identified the need for a Crisis Residential Program to provide an alternative to hospitalization for chronic mentally ill persons, a Wellness/Peer Support Center to offer support for socialization and recovery, and a Vocational Training Program to provide education and employment support for consumers and family members seeking a career in the mental health field. Each of these programs are examples of costs for which the Department of Mental Health has stated that Capital Facilities funds may be used. A County-owned property was selected and stakeholders agreed on the programs that would be located at the site to deliver recovery based services and ensure transformation, and made recommendations for development of the project. Consensus was also reached to assign 80% of the funds for Capital Facilities and Technological Needs to capital facilities projects and 20% of the funds for technology.

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: Orange County Date: _____

County Mental Health Director:

Mark Refowitz
Printed Name

Signature

Date: _____

Mailing Address: 405 W. 5th St.
Santa Ana CA 92701

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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 Orange 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: 405 W. 5th St. Santa Ana, CA 92701

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	\$ 22,646,640	or	80	%
Technological Needs	\$ 5,661,660	or	20	%

1) Funds for Capital Facilities will allow Orange County to create an infrastructure dedicated to the mental health needs of consumers, increase the number of consumer-run facilities, and develop a community-based less restrictive setting that will reduce the need for hospitalization and incarceration. The County plans to use Capital Facilities funds to develop a 42,000 square foot, County-owned property. The property is centrally located with easy access for public transportation and has the necessary Conditional Use Permits to allow community based services and a residential program on site. However, the condition of the existing buildings is poor. An Architect-Engineering firm selected by the Orange County Board of Supervisors reviewed the condition of the buildings and code/ordinance requirements. It was determined that it would be “highly impractical” to remodel the existing facility due to mold conditions caused by flooding, termite damage, and problems with roofing and seismic conditions.

Therefore, new construction will be required and will include facilities to support a Crisis Residential Program to serve as an alternative to hospitalization for acute and chronic mentally ill persons, a consumer-run Wellness/Peer Support Center to offer assistance with benefits, employment, socialization, and self-reliance, and a Vocational Training Program to provide support to consumers and their families who aspire to a career in mental health. A campus will be developed with green belts, walkways, and outdoor activity areas, and each program will be housed in a 7,500 square foot facility. Construction of site improvements will also include surface parking, underground utilities, sidewalks, landscaping, landscape irrigation, fire lanes, recreation areas, area lighting, building security, signage, and perimeter fencing.

MHSA Programs

This proposed Capital Facilities project will create long-term impacts with lasting benefits for consumers and their family members, will expand opportunities for accessible community based services, and provide much needed programs that have been identified as priorities by our stakeholders. Each program will incorporate the recovery model to encourage personal responsibility and resiliency and reduce hospitalization, incarceration, and recidivism within our mental health system.

These programs are also examples of costs for which the Department of Mental Health (DMH) has stated Capital Facilities Funds may be used. In the guidelines for the

“Capital Facilities Project Proposal (March 18, 2008) DMH lists the following as allowable costs: “to purchase a building for use as a wellness and recovery center, and office space, to purchase a building where vocational, educational and recreational services are provided to individuals and families to support MHSA services where the County is the owner of record (p. 3) and to purchase a building for “short-term crisis residential care to avoid hospitalization and allow for a quick return to the family/community” (p.9).

Crisis Residential Services

The need for Crisis Residential Services was identified in Orange County’s initial Three-Year Community Services and Supports Plan. The 15-bed facility will provide services twenty-four hours a day, seven days a week and will serve as an alternative to hospitalization for acute and chronic mentally ill persons. This will be a voluntary program for consumers who are experiencing a mental health crisis of such magnitude that they are unable to function without this type of intensive non-hospital intervention. The program will function as a step-up level of care as it is an appropriate alternative to acute psychiatric inpatient hospitalization.

Individuals eligible for admission will be males and females between 18 and 60 years of age who are seriously mentally ill and who may have a co-occurring disorder. Priority will be given to referrals that have high acuity and high risk for acute hospitalization. Referrals to this residential program will come through the mobile Centralized Assessment Team and crisis stabilization unit.

The program will be based upon a social rehabilitation model, focusing on the efforts of staff to build supportive relationships with consumers. The goal is to utilize the interactions between individuals to stabilize the psychiatric crisis, to learn and practice interpersonal and daily living skills and to begin the process of building healthy support systems in the community.

The staff will consist of consumers trained as Peer Support Crisis Specialists as well as nurses, and psychiatrists. Peer Support Crisis Specialists will be the first point of contact for someone who is admitted into a Crisis Residential Program. The staff will provide consumers with activities that develop their strengths and give them the hope that is needed to fully engage in recovery.

The length of stay in a Crisis Residential Program will be based on the consumer’s assessed needs, the successful completion of the treatment plan, and appropriate referral. However, because the program is designed for short-term crisis intervention, the average length of stay is expected to be approximately nine days. When necessary, extensions can be granted up to 30 days. The consumers who will utilize these services will have otherwise required acute hospitalization.

The program advances the goals of the Mental Health Services Act (MHSA) by providing culturally competent services with the following components:

- A consumer-directed approach to treatment that empowers consumers to become advocates on their own behalf
- Staff attitudes that foster consumer hope and an expectation of recovery from mental illness
- Emphasis on helping consumers develop the skills necessary to successfully live independently

Consumers are expected to participate in the development and evaluations of their own service plans, with the support and consultation of staff and Peer Support Crisis Specialists. Strategies to achieve the treatment plan goals include crisis intervention, individual and group therapy, family and significant other involvement, psychiatric medications, food and housing, linkage to medical care and other social supports in the community, and discharge planning. Linkage to resources will provide the residents with the means to avoid future homelessness and potential hospitalization.

Wellness/Peer Support Center

In the fall of 2006, another planning process was conducted to develop a proposal for additional Community Services and Supports (CSS) Growth Funding. A consumer-run Wellness Center was one of the new programs identified for use of these funds. Wellness/Peer Support Center will fill the gap in the service system by supporting relatively stable consumers with personalized socialization, relationship building, assistance with maintaining benefits, employment and educational opportunities, educational support sessions provided by community volunteers and a range of weekend, evening and holiday social activities. The ultimate goal is to reduce dependence on the mental health system and increase self-reliance by building a healthy network of support systems.

A key element of the program is the engagement and support offered by recovered consumers. These “Peer Coordinators” are not case managers. Their role is to support consumers’ efforts in pursuing/maintaining benefits, applying for housing, and setting goals for employment or reengagement of educational goals. Staff will participate in trainings to develop peer empowerment and employment. There will be ongoing training and support in wellness and recovery philosophy and methodology to ensure successful consumer relationships. Management and supervision staff will also be responsible for educating, cultivating, supporting, and role modeling the values of recovery.

Substance abuse relapse prevention and recovery support groups will also be offered. These self-help groups will meet as often as necessary to provide for full recovery. The Wellness/Peer Support Center will offer ongoing 12-step groups geared towards consumers maintaining their sobriety. Other community self-help groups will be invited to conduct meetings at the Wellness/Peer Support Center.

The Wellness Center Planning Committee identified additional key components for this program including Wellness/Advocacy classes (life skills, money management, self-assessment tools, listening skills, nutrition, etc), Indoor Recreation activities (arts center,

theatre, music), Job Training (computers, culinary arts, clerical skills, etc.), a Garden (therapeutic use of time, job skills, food supply), Meditation/Relaxation areas (exercise, spiritual resources, self-care, etc.) and a Resource Center (books, videos, internet access, employment support).

The Wellness/Peer Support Center program will be based on a recovery model that is designed to do “whatever it takes” to assist consumers in achieving their hopes and dreams while remaining active in the community. Recovery interventions will be consumer-directed and embedded within the service array to include: individualized wellness recovery action plans, peer supports, and social and recreational activities. This program will move our mental health system towards the goal of expanding opportunities for accessible community-based services for consumers and their families and for consumer-run facilities and programs.

Vocational Training Program

The need for a Vocational Training Program was identified in Orange County’s planning process for the Workforce Education and Training Three-Year Plan. Stakeholders strongly recommended developing a Recovery Education Institute. The institute would provide services to consumers and family members who aspire to a career in mental health, but are not yet ready to either directly join the workforce or pursue educational opportunities through the public post-secondary educational system. Training of consumers and family members to work within the mental health services system will encompass a variety of methods of training and employment practices that will prepare consumers and family members to be employed in services such as club-houses, housing services, educational programs, outreach, and employment support services.

Training will also include preparing consumers and family members for positions as case managers and peer coordinators. Some of this training will be pre-employment training for individuals who will work within the system and other training will be in creating businesses for those who develop consumer and family member-operated programs, as well as, outreach and engagement services.

Training of consumers and family members will be rooted in empirically supported interventions that will create an effective collaboration between consumer, staff, and family. Specific content areas of pre-vocational training that will prepare consumers so that they may be ready to enter the workforce or further their education may include: medication management, problem solving, communication skills, resource awareness and development to include life skills training (e.g. dealing with SSI/SSDI requirements, securing medical benefits, and housing), physical fitness training, and vocational training (e.g. computer skills and workplace conduct). Training will also include basic recovery and engagement skills to ensure staff, consumer, and family share a common treatment strategy and vision of recovery.

Training of consumers and family members will also include developing core competencies in screening, assessing, applying for, obtaining, utilizing, and maintaining those benefit services to which consumers are entitled and training in how to balance such benefits against earned salaries. Such services will facilitate progress toward

recovery, access to healthcare, improved residential options, increased independent functioning, facilitated education and training, and promotion of employment and other meaningful uses of one's time. Additional, specialized training of selected staff will increase efficiency and effectiveness of benefits acquisition services.

In addition to the Recovery Education Institute, stakeholders supported locating MHS Training Department staff at the facility. Consumer employee support services would be provided by the MHS Consumer Employee Advocate, benefits trainers, a liaison to the Regional Workforce Education and Training Partnership, and Intern Supervision Coordinator, as well as a psychologist and the MHS Training Coordinator. These staff would work in close collaboration with the Recovery Education Institute and would be on hand to provide coaching, employment assistance, and support for recovery.

All proposed education, training and workforce development programs and activities will contribute to developing and maintaining a culturally competent workforce, to include individuals with consumer and family experience that are capable of providing consumer- and family-driven services that promote wellness, recovery, and resiliency.

Split of Funds

2) The Capital Facilities and Technology Advisory Committee reached a decision on the split of Capital Facilities and Technology funds at their meeting on October 1, 2007. Since Orange County has already implemented registration and billing within our Integrated Records Information System (IRIS) (built in partnership with Cerner Corporation) and is working on developing an interoperable Electronic Health Record or EHR-“Lite”, it was determined that 20% of the funds would be sufficient to move forward on the technology “Roadmap” required by the Department of Mental Health. It was agreed that a majority of the funds (80%) would be needed to complete capital facilities projects considering the costs of architecture and engineering, environmental compliance, and construction. This information was shared at the Consumer Action Advisory Committee on October 2, 2007. On October 12, 2007, the MHS Steering Committee viewed a presentation on Capital Facilities and Technology and reached consensus on this 80/20% split of funds.

Information Notice 08-02 indicated Orange County would receive a significantly higher allocation for Capital Facilities and Technological Needs. On February 4, 2008 the new Planning Estimates were shared with the MHS Steering Committee and members were asked to reach consensus again on the split of funds. The Committee decided to maintain an allocation of 80% for capital facilities and 20% for technological needs.

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.

Proposition 63 was a clear mandate by voters to go beyond “business as usual” and create transformation in the mental health system. Orange County has used Mental

Health Services Act (MHSA) funds to develop services and programs that have moved our mental health system towards the goals of wellness, recovery, resiliency, and cultural competence. The County has had an extensive MHSA stakeholder process that involved a diverse cross-section of the community in the process of transformation. The Orange County Health Care Agency (HCA) conducted numerous stakeholder meetings for our Three-Year Community Services and Supports (CSS) Plan, CSS Growth Funding Plan, and Workforce Education and Training (WET) Plan. In these planning processes the needs for a Crisis Residential Program, a Wellness/Peer Support Center, and a Vocational Training Program were recognized.

In 2005, a countywide community planning process was implemented to develop a plan to utilize Mental Health Services Act/Proposition 63 funds. Orange County contacted a variety of local and national experts in the field of mental health transformation to participate in our planning process. Training and workshops were conducted on: "System Transformation" by Pat Risser, a nationally recognized mental health consultant, "Recovery-Based Planning" (presented to over 100 Orange County stakeholders) by Dr. Mark Ragins of the National Mental Health Association of Los Angeles, "Creating a Recovery Culture Through Empowerment" by Dr. Dan Fisher of the National Empowerment Center, and "Life in Order: A Mental Health Wellness Presentation" by author and consumer, Tom Wooton.

In addition, Orange County consulted with executive directors and program staff to collect information about recovery based services and system transformation, specifically, crisis residential programs, wellness centers, and consumer training programs. Tours were conducted for MHSA staff, consumers, and family members to observe programs and receive on-site training. These site visits included: Choices Recovery Services in Long Beach, The Mental Health Association Wellness Center and Village in Long Beach, Jefferson Transitional Programs in Riverside, Turning Point Crisis Center in Oceanside, Community Service Programs, Inc. Youth Shelter in Laguna Beach, the Vista Balboa Crisis Center in San Diego and Halcyon Center in El Cajon. Orange County also visited Recovery Innovations, Inc. in Maricopa County, Arizona to participate in their "METAmersion Training: A Learning Centered Experience in Recovery" and tour their crisis residential program, recovery opportunity center, and housing services. Recovery Innovations, Inc. also provided a one day training on recovery and transformation to over 100 Orange County employees, consumers, and family members.

Early on in the CSS planning process there was also a recognized need to have a committee of consumers to represent the consumer voice in Orange County. A Consumer Action Advisory Committee (CAAC) of approximately 30 consumers was formed in 2006 to assist the Orange County Behavioral Health Services staff in implementing Mental Health Services Act (MHSA) funds. CAAC's main role is to advise the Health Care Agency (HCA) Behavioral Health Services staff on issues related to the delivery of MHSA-funded services in Orange County. CAAC supports HCA in ensuring that the services are high quality, accessible, culturally competent, consumer-driven, consumer and family-centered, recovery and resiliency-based, and cost-effective. CAAC meetings are currently held twice a month at the MHSA Offices. In addition, an

agenda planning meeting is held once a month for MHSA staff and the CAAC executive members.

The CAAC meetings are open to the public and have been used on a regular basis to collect community input so that Orange County is better equipped to serve its consumers. The CAAC members have taken part in tours of the MHSA-funded Full Service Partnership programs and the mental health clinics in Orange County. Based on CAAC member's experiences and perceptions of the facilities they toured, the committee developed recommendations for improving services. Committee members have also shared their findings and recommendations with the Behavioral Health Services executive team.

CAAC has been actively involved in discussions regarding the use of Capital Facilities funds. Orange County staff have presented information, answered questions and taken recommendations regarding Capital Facilities funds at the September 4, September 18, October 2, October 16, November 6, December 4, 2007 CAAC meetings and at the January 15, February 5, March 4, April 1, May 6, and June 3, 2008 CAAC meetings. Members of the CAAC also participated in a tour of the facility at the 401 S. Tustin Avenue site on August 22, 2007 and unanimously supported the development of the site for MHSA programs, especially a wellness/peer support center.

In the fall of 2006, another planning process was conducted to develop the proposal for \$9 million in additional CSS Growth Funding. A consumer-run Wellness Center was one of the new programs identified for use of these funds. An additional stakeholder process was created through the development of a Wellness Center Planning Committee. Subject matter experts presented information on wellness and recovery centers and actively participated in the planning process. These included Richard Krzyzanowski, from the Los Angeles County Department of Mental Health, Catherine Bond, Acting Director of Project Return, Peer Support Network, Bill Slocum, Associate Director of the consumer run Discovery Wellness Center, John Travers, Executive Director of the Wellness Center, Long Beach, Ken Dudek, Executive Director of Fountain House, Jim Hurley, Coordinator of the Stanislaus County Wellness Recovery Center, Dr. Daniel Fisher, Executive Director of the National Empowerment Center, and Patti Pettit, Program Director for Orange County Opportunity Knocks.

The Wellness Center Planning Committee identified a comprehensive list of components that should be included in a wellness recovery center. These included a nourishing culture, a "green" facility, a safe place, non-discriminatory organizational structure, a non-hierarchical staffing, and a wellness center advisory board made up of at least 51% consumers. Recommendations were also developed on core services, specialized services, membership, funding, facility design, and ways to achieve a culturally competent Wellness/Peer Support Center that is consumer-directed, supports recovery and resiliency, produces desired outcomes, and is accountable to the community. The Wellness Center Planning Committee met in 2007 on June 6, June 25, June 27, July 10, July 11, August 6, and August 16. There were additional stakeholder meetings to further explore the wellness center. On July 11, 2007 Dr. Dan Fisher conducted a workshop on "Recovery: From Dream to Reality" and shared ideas on

developing a lasting culture of recovery. Stakeholders also met on August 29, 2007 to review the final recommendations of the Wellness Center Planning Committee and secure information from County contract staff on the Request for Proposal process and the timelines for the MHSA funding components. Over 200 stakeholders attended this meeting.

As the planning process for CSS funds began, Orange County formed a MHSA Steering Committee. This 62-member committee is composed of community members, consumers, and family members and represents a diverse cross-section of the community. Members are from law enforcement, education, health care, substance abuse and recovery services, employment, ethnic services, and housing and serve a range of ages from children to older adults. The Committee receives information about the status of MHSA funding availability, component requirements, and the status of Orange County MHSA program implementation and is asked to make timely, effective decisions that maximize the amount of funding secured by Orange County. The Steering Committee has reviewed presentations specifically on Capital Facilities and Technology at meetings held on October 12, 2007 and on February 4, March 6, April 7, May 5, and June 2, 2008.

Stakeholders were also involved throughout the planning process for Workforce Education and Training (WET). At the February 14, 2008 WET meeting staff discussed utilizing the property for a Recovery Education Institute and housing MHSA Training Program staff, especially the consumer employment advocate and benefits specialist at the site. A stakeholder meeting was also conducted on April 22, 2008 in which over 130 stakeholders attended. The meeting addressed locating a Vocational Training Program at the site in the third building proposed by the architects. This was unanimously approved. In addition, consumers, family members, and staff participated in tours of the site to look at the conditions of the property, review possibilities for programming, and make recommendations.

A Capital Facilities and Technology Advisory Committee also met August 14, 2007 to October 15, 2007. Staff from MHSA, Behavioral Health Services, Information Technology, Public Works, Contracts, and consumer consultants participated in these meetings. The committee met regarding programs that would be housed on the identified property, constructing a “green” facility, developing a timeline, Requests for Proposals, ways to involve stakeholders, and finally, determining the percentage of funds to be allocated for Capital Facilities and Technology. Workgroups were subsequently held to focus on specific issues, (e.g. facility repairs, contracts, architectural design, etc.).

The use of Capital Facilities funds was also presented to the Orange County Mental Health Board (MHB) on August 22, and September 26, 2007 and on January 23, and February 20, 2008. Updates have given been given at monthly meetings when requested. The MHB is scheduled to conduct a Public Hearing to approve the Capital Facilities and Technological Needs Component Proposal on July 10, 2008.

Orange County has conducted an extensive stakeholder process to ensure that the Component Proposal has been developed with participation of the public and with contract service providers in accordance with section 3300, 3310, and 3315 of the California Code of Regulations.

DRAFT

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.).

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs & Services to be Provided	Target Populations to be Served
Short Term Crisis Residential	Two	North and South County	Crisis Residential	TAY & Adults
Program Building	Two	North and South County	Wellness/Peer Support	TAY, Adult, & OA
Offices/ Classrooms/ Training Rooms	Two	North and South County	Vocational Education Center	TAY, Adult, & OA

In the northern region of Orange County, three facilities will be needed to provide the Mental Health Services Act (MHSA) programs and services identified by the stakeholders. The County plans to use Capital Facilities Funds to develop a 42,000 square foot, County-owned property located at 401 S. Tustin Avenue, Orange. The property is centrally located with easy access for public transportation and has the necessary Conditional Use Permits to allow community based services and a residential program on site. A campus will be developed with green belts, walkways, and outdoor activity areas, and each program will be housed in a 7,500 square foot facility. A maintenance building will be added to the property and construction of site improvements will also include surface parking, underground utilities, sidewalks, landscaping, landscape irrigation, fire lanes, recreation areas, area lighting, building security, signage, and perimeter fencing.

A Crisis Residential Program will be constructed to provide services for males and females between 18 and 60 years of age who are seriously mentally ill and who may have a co-occurring disorder. This 7,500 square foot 15-bed facility will serve as an alternative to hospitalization for acute and chronic mentally ill persons. This would be a voluntary program offering services 24 hours a day, seven days a week and would be designed for short-term crisis intervention. The facility will include sleeping rooms, bathrooms, a kitchen, recreational and exercise areas and group rooms. The second building will be a consumer-run Wellness/Peer Support Center that will offer assistance with benefits, employment, socialization, self-reliance, and personal development. This would fill the gap in the service system by supporting relatively stable consumers with their recovery. The center will have approximately 7,500 square feet for activity rooms (art, exercise, computers) dining area and kitchen, meeting rooms and classrooms, and offices. The third building will house a Vocational Education Program to provide support to consumers and their families who aspire to a career in mental health. The program

will offer education and training to develop the skills needed to work in the public mental health system. The facility will also be 7,500 square feet and will have classrooms, large training rooms, computer and resource room, and will house offices for MHSA Training department staff.

The property has been vacant for the last several years and the buildings were originally constructed in late 1960. There have been no structural improvements since that time. An Architect-Engineer firm selected by the Orange County Board of Supervisors reviewed the conditions of the buildings and code/ordinance requirements. It was determined that it would be “highly impractical” to remodel the existing facility due to mold conditions caused by flooding, termite damage, and problems with roofing and seismic conditions. The existing buildings will therefore require demolition and the site will need renovation and new construction.

After the completion of the 401 S. Tustin Avenue Facility there will be additional funds remaining from the amount that has been allocated to Orange County. The use of these funds will require another stakeholder process in which our consumers, family members, and stakeholders make recommendations on the programs and services they want to see developed. A number of requests have been received to locate programs in South Orange County, especially a Crisis Residential Program.

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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)

Orange County has yet to fully explore and identify the scope of Technological Needs that fit the State parameters for the MHSA Technology Needs funding. There are preliminary plans to implement an EHR "Lite" system which needs to be evaluated by Orange County staff as well as by the stakeholders who have a vested interest in the Mental Health Services Act.

Orange County Behavioral Health Services (BHS) has completed several steps on the Roadmap towards acquiring a fully functioning and interoperable Electronic Health Record as described by the California Department of Mental Health (DMH). By the end of this calendar year BHS will have accomplished the Practice Management phase of the roadmap with the implementation of scheduling. BHS had previously implemented registration and billing within its IRIS system built in partnership with the Cerner Corporation. This system's infrastructure has already been addressed and security and privacy are integral aspects of it.

Behavioral Health's next goal will be to build the Clinical Data Management component of its system. This will allow clinicians to create clinical assessments, treatment plans, and progress notes on line. BHS will develop an EHR "lite" using the current array of Cerner software which will move us forward on the DMH roadmap. It is believed that this project would give BHS the greatest value added to the current system due to its ability to provide clinical decision support and real time access to the clinical records. The potential benefits of these two aspects of the system on improving quality and coordination of care are significant. Because so much of the BHS system goals have been previously accomplished within the Integrated Records Information System (IRIS), BHS staff, the Steering Committee, as well as other stakeholders are comfortable with dedicating 20% of Orange County's initial Capital Facilities and Technology allocation to Technology and allowing the remainder to go to Capital Facilities projects. Orange County will address its other technological needs after it has implemented a Clinical Data Management component in the current system.

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County of Orange
Health Care Agency, Behavioral Health Services
Mental Health Services Act (MHSA)
Capital Facilities and Technological Needs
Component Proposal
30 Day Public Comment Form
June 6, 2008 – July 6, 2008

PERSONAL INFORMATION

Name: _____
Agency/Organization: _____
Phone Number: _____ e-mail address: _____
Mailing Address: _____

WHAT ORANGE COUNTY MHSA MEETINGS DID YOU ATTEND?

Stakeholder Meeting Steering Committee Both Steering and Stakeholder Meetings

WHAT DO YOU SEE AS THE STRENGTHS OF THE PROPOSAL?

IF YOU HAVE CONCERNS ABOUT THE PROPOSAL, PLEASE EXPLAIN.