

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS
COMPONENT PROPOSAL**

County: Lake

Date: 5/18/09

County Mental Health Director:

Printed Name: Kristy Kelly

Signature: _____

Date: _____

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

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 or additional IT | \$513,500 or 65% |
| Technological Needs | \$275,000 or 35% |

1) Lake County Mental Health's tentative plan is to purchase an office building for the County's mental health offices and the consumer drop-in center in Clearlake with the Capital Facilities funds. The Technological Needs funds will go toward the Lake County Mental Health Electronic Health Record Project.

2) The proposed distribution of funds was based on the estimated costs of the Lake County Mental Health Electronic Health Record Project with the balance of the total Capital Facilities and/or Technological Needs dollars going toward Capital Facilities.

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.

A Community Planning Meeting was held on May 15, 2009 to discuss the Capital Facilities and Technological Needs Component in conjunction with the FY2009-2010 Annual Plan. The Plans will be posted on the Lake County website, with hard copies available upon request at the Lake County Mental Health clinics located in Lakeport and Clearlake. The Public Hearing is scheduled for June 25, 2009. The announcements will be printed in the Lakeport and Clearlake local newspapers in addition to being posted on the Lake County website.

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 Served |
|--|-----------------------------|-------------------------------------|---|---------------------------------|
| Lake County Mental Health administrative offices | 1 | Lake County | FSP/GSD/O&E/PEI/ WET | All |
| Consumer Drop-In Center | 1 | Clearlake | FSP/GSD/O&E/PEI/ WET | Adult/Older Adult |
| | | | | |
| | | | | |

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)**

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

🕒 **Client and Family Empowerment Projects**

- X 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 MHPA Operations**

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