

## **MENTAL HEALTH SERVICES ACT (MHSA) IMPLEMENTATION**

### **What Is The Mental Health Services Act (MHSA)?**

In 2004 California passed Proposition 63, known as the Mental Health Services Act. Three components of MHSA focus on direct clinical services (Prevention and Early Intervention, Community Services and Supports, and Innovative Programs), and three focus on infrastructure (Workforce Education and Training, Capital Facilities, and Information Technology). MHSA funds are to be used to establish new services, or to expand services. Direct client services are not allowed in infrastructure components. Below is a list of MHSA services in Santa Cruz County.

### **COMMUNITY SERVICES AND SUPPORTS (CSS) (services)**

This component is to provide services and supports for children and youth who have been diagnosed with or may have serious emotional disorders, and adults and older adults who have been diagnosed with or may have serious and persistent mental illness.

The County hired additional personnel (i.e., jail discharge planner, housing coordinator, additional transition age team staff, children's mental health staff) and was able to create an older adult team. The County contracted with various community based agencies (PVPSA, SCCCC, Family Services, Parent Center, Youth Services, Front Street, Community Connection and MHCAN) to provide additional services. The creation of the Wellness Centers in both North and South County were funded by CSS dollars.

There are eight programs in the County's plan:

#### **CSS Program #1: Community Gate**

The services of this program are designed to create expanded community-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances—but who are not referred from our System of Care public partner agencies (Probation, Child Welfare, Education). Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish.

The Community Gate is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. This is achieved by:

- Improvements in our system so that at-risk youth are identified earlier and can get help before problems get serious
- Increased service capacity for youth with both mental health and substance abuse issues. These services include assessment, individual, group and family therapy with the goal of improved mental health functioning and maintaining youth in the community.

#### **CSS Program #2: Probation Gate**

This program is designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with the Juvenile Probation system, or at risk of involvement. This includes Transition-age youth aging out of the system, with particular attention paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish.

The Probation Gate is designed to address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home, rather than in prolonged stays of residential placement or incarcerated in juvenile hall.

To achieve our goal we have increased dual diagnosis (mental health/substance abuse) services for youth that are:

- Identified by Juvenile Hall screening tools (i.e., MAYSI, California Endowment Grant) with mental health and substance abuse needs that are released back into the community.
- In the community and have multiple risk factors for probation involvement (with a primary focus on Latino youth).

- Transition-age youth (TAY) in the Probation population (particularly as they age out of the juvenile probation system).
- Probation youth with high mental health needs, but low criminality.

#### CSS Program #3: Child Welfare Services Gate

This program is designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish.

The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system. We:

- Have developed consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues.
- Have increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).
- Have increased our service capacity, including expanded services for the 0 to 5 child population. These services include assessment, counseling, family therapy and crisis intervention.
- Provide services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.

#### CSS Program #4: Education Gate

This program is designed to create new school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances. In addition, specific dual diagnosis (mental health/substance abuse) service capacity will be created and targeted to students referred from Santa Cruz County's local schools, particularly those not referred through Special Education. Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served. Services are offered to males and females, and are primarily in English and Spanish.

The Education Gate goal is to address the mental health needs of children/youth in Education system at risk of school failure by

- Providing mental health services to children/youth with serious emotional disturbance (SED) at school sites, particularly at the County Office of Education's alternative schools.
- Providing consultation and training of school staff in mental health issues regarding screening and service needs of students with SED

Note: The Education gate is different from the school treatment team which serves only AB3632 youth - special education identified students who need mental health services to benefit from their education. The Education gate was intended to provide mental health services to mostly non-special education identified youth who were primarily at alternative education sites. In June 2011 the California Senate passed AB98 which transitions the responsibility of educationally related mental health services from counties to schools. Education will contract with the County to provide these services, at least for this fiscal year). Referrals are payer source blind and are a mix of Med-Cal and private pay.

#### CSS Program #5: Special Focus: Family Partnerships

Families and youth involved in our Children's Mental Health System of Care in need of family and youth partnership activities. Services are offered to males and females, and are primarily Caucasian or Latino, and speak English and/or Spanish.

This MHSA contract is designed to expand Family and Youth Partnership activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care. This has increased the capacity of two existing community-based agencies experienced in providing consumer-run and delivered services.

The support, outreach, education, and services include:

- A community-based agency contract to provide parent and youth services in our System of Care, and

- Capacity for youth and family advocacy by contracting for these services with a community based agency. Emphasis is on youth-partnership activities.

CSS Program #6: Enhanced Crisis Response

The priority population for this program are individuals 18 and older at high risk of crisis who are either (1) experiencing significant impact to their level of functioning in their home or community placement that need enhanced 24/7 supports to maintain functioning in their living situation, or (2) in need *or at risk* of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community. The target population for this program is primarily White or Latino, male or female, and speaks English and/or Spanish.

The Santa Cruz County Mental Health and Substance Abuse Program is committed to a person-centered recovery vision as it's guiding principles and values; central to this is the notion that every individual should receive services in the least restrictive setting possible. Every effort will be made to avoid or minimize the disruption and trauma of psychiatric hospitalization and/or incarceration while maintaining consumer safety in a supportive, safe and comfortable environment.

To accomplish the above, we will:

- Maintain a crisis residential program as an alternative to acute psychiatric hospitalization.
- Maintain mobile Enhanced Support Service (ESS) team to provide adult Transition Age Youth, Adult and Older Adult Full Service Partnerships and other System of Care consumers with wrap around services to maintain placement in the least restrictive setting.
- Maintain South County Access services and mobile crisis support.
- Maintain residential treatment beds at the El Dorado Center to be used as step down from locked care. The focus of these beds is to re-integrate individuals back into the community and prepare them to live in the least restrictive setting.
- Maintain Mental Health Client Specialist to focus on heavy utilizers of inpatient and locked care. Emphasis will be placed on supporting individuals in the community and focusing on goals of recovery.

CSS Program #7: Consumer, Peer, & Family Services

The priority population for these services includes transition age youth, adults and older adults, males and females, with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

The Consumer, Peer and Family Service work plan expanded countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services. This plan includes

- The Wellness Center located in Santa Cruz at the Mental Health Client Action Network (MHCAN) self-help center
- The Wellness Center located Watsonville referred to as "Mariposa" and operated by our contractor Community Connection
- Peer supports

CSS Program #8: Community Support Services

The priority population for these services includes transition age youth, adults and older adults, males and females, with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

The services and strategies in this work plan are designed to advance recovery goals for all consumers to live independently and be engaged in meaningful work and learning activities. Participants will be enrolled in Full Service Partnership (FSP) Teams. FSPs are "partnerships" between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff.

To accomplish the above, we will:

- Continue integrated team to provide housing support. Team consists of County Housing Coordinator, Front Street staff (housing case management, OT, RN, and peer counselor), and Community Connection staff (employment specialist and peer counselor).
- Supportive employment and education activities, including development of job options for clients, competitive and non-competitive options, and volunteer opportunities.
- Maintain 8 Dedicated beds at the River Street Shelter for Homeless individuals.
- Maintain 16 beds, 24/7, adult care facility with bi-lingual, bi-cultural services. (Wheelock).
- Benefit support.

### **COMMUNITY SERVICES AND SUPPORTS: HOUSING PROGRAM** (services)

This component is to offer permanent supportive housing to the target population, with no limit on length of stay. The target population is defined as very low-income adults, or older adults, with serious mental illness, and children with severe emotional disorders and their families who are homeless or at risk for homelessness

The County developed housing on Bay Avenue, Capitola. The Bay Avenue project was recently approved in the City of Capitola and will provide five MHSA units for seniors. Meanwhile, staff continues to work with Planning staff to explore non-profit or county ownership of scattered site housing opportunities that could replace supportive housing units currently made available to clients and subsidized through the Redevelopment Agency.

### **PREVENTION & EARLY INTERVENTION - PEI** (services)

The intent of this component is to engage persons **prior** to the development of serious mental illness or serious emotional disturbances, or in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment. The County's PEI Plan has four major projects:

#### **PEI Project #1: Early Intervention Services for Children**

This project area addresses three priority populations: children and youth from stressed families, onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing parental/supervision skills affected by substance use/abuse, and/or are exposed to violence, abuse, and /or neglect. The desire is to decrease the negative impact of these factors by offering mental health services to youth and their families. This project also addresses disparities in access to services by including a focus on the needs of Latino children/families, as well as lesbian, gay, bisexual, transsexual, and questioning (LGBT) youth and their families.

PEI Project #1 has three proposed strategies:

1. 0-5 Screening and Early Intervention
2. County-wide Parent Education and Support
3. School-based Prevention and Early Intervention

#### **PEI Project #2: Culture Specific Parent Education & Support**

The objective of this project is to decrease the risk of violence, suicide, and other traumas that children and youth age 0 – 17 may be exposed to by providing education, skills-based training, early intervention and treatment referrals to parents, families, and children, that are in need of parental/supervision skills, are affected by substance abuse, and/or are exposed to violence, abuse, or neglect. We have chosen Cara Y Corazón and Jóven Noble. Cara Y Corazón is a culturally based family strengthening and community mobilization approach that assists parents and other members of the extended family to raise and educate their children from a positive bicultural base. Jóven Noble is a youth leadership development program.

#### **PEI Project #3: Early Onset Intervention Services for Transition Age Youth & Adults**

This project seeks to provide education, training and treatment by expanding mental health awareness and services through traditional and non-traditional settings, Community Entry Points, (CEP), Professionals and Family members. This will be achieved by developing a network of care for use **prior** to being formally “diagnosed” at the earliest signs of possible serious mental illness. Through consultation, training and direct service delivery, a broad menu of services will be offered by Peer Counselors, Family Advocates, and Licensed counselors and psychiatrists to transition age youth and their families. This program will integrate evidence-based practices that are client-centered. This program addresses transition age youth and adults who are trauma exposed and are experiencing (or at risk of experiencing) the

onset of serious mental illness. This project also addresses disparities in access to mental health services by including a focus on the needs of Latino youth as well as Lesbian, gay, bisexual, transsexual (LGBT) individuals and their families.

PEI Project #3 has five proposed strategies:

1. Identification of signs and early symptoms of Early Onset of Mental Disorders with Family Members, Professionals and Community Entry Points
2. Early Onset Intervention Services Utilizing service “Navigator,” Psychiatry, Peer and Family Advocates, and Employment Services for Individuals and Family Members
3. Monthly Transition Age Youth Provider Roundtable service coordination meetings
4. Veterans advocacy and service coordination
5. Suicide Prevention services

PEI Project #4: Early Intervention Services for Older Adults

This prevention strategy addresses the high rates of depression, isolation and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior’s isolation and challenges in accessing appropriate care.

PEI Project #4 has three proposed strategies:

1. Field Based Mental Health Training and Assessment Services to provide mental health assessment and short-term services to older adults where they reside
2. Senior services and outreach including brief therapy and peer companions
3. Warm line providing quick telephone screening and referrals to senior resources for persons seeking service to older adults at risk of mental illness

**INNOVATIVE PROJECTS** (services)

The intent of this component is to increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; and/or to increase access to services. A requirement of the component is to try a new approach, and to “learn” from it.

The County’s work plan name is “Avenues: Work First for Individuals with co-occurring disorders”.

The target population for this program is transition age youth and adults. This includes persons with severe and chronic mental illness; persons who abuse alcohol and drugs whose mental health issues interfere with their ability to achieve stable recovery and put them at risk of jail and hospitalization or homelessness; and transition age youth with co-occurring disorders of mental illness and substance abuse. Referrals for Avenues: Work First for Individuals with Co-Occurring Disorders come from the jail, court, probation, proposition 36, hospitals, shelters, outreach, and Santa Cruz County Mental Health (Access and “system of care”).

Avenues: Work First for Individuals with Co-Occurring Disorders is a “Work First” approach as a core treatment modality for co-occurring disorders. The innovation is to engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals’ symptoms. It is designed after a philosophy and model known as “Housing First.” The Housing First approach centers on providing homeless people with housing quickly and then providing services as needed. In this proposal we will take a similar approach emphasizing work as a motivating and protective factor. This innovative program expects to have more positive outcomes by offering “natural” activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self described goals.

Staff will include a certified alcohol and drug counselor, licensed therapist, Community Navigators, employment specialists, and a psychiatrist. Adjunct services will include alternative treatments, such as acupuncture, yoga, and mindfulness based stress reduction offered at the Wellness Centers.

Community Navigators will be peers in their own recovery as positive role models and support counselors who have “been there and know what it’s like,” and offer support and guidance. “Casa Nueva” will be a new residential program for those individuals struggling to maintain sobriety and need a supervised setting to stay clean and sober.

Individuals will be referred to appropriate resources, including the mental health “system of care,” substance abuse treatment, or other services, as needed and appropriate. Individuals will be able to continue with “Work First” activities even after referred elsewhere.

### **WORKFORCE EDUCATION & TRAINING - WET** (infrastructure)

This infrastructure component is designed to strengthen the public mental health workforce both by training and educating current staff (including concepts of recovery and resiliency), and to address occupation shortages in the public mental profession by a variety of means.

The County’s Plan has 12 programs:

#### **WET Program #1: Workforce, Education & Training Coordination**

We established a Workforce Education & Training (“WET”) Task Force with representatives from children’s mental health, adult mental health, alcohol & drug services, community based agencies, consumer, family and community college. The WET Task Force oversees the Training Academy, including creating and/or contracting for trainings that are needed, and assessment of the trainings provided. Training evaluation forms (distributed at all trainings we provide) solicit training needs of attendees. Additionally, the County assesses training needs of staff on a bi-annual basis (at minimum).

#### **WET Program #2: Professional Development for Clinical Supervisors**

The WET process revealed that an employee’s relationship with their supervisor significantly determined job satisfaction. The more skilled and engaged the supervisor the greater the job satisfaction reported by the employee. Staff supervisors have been offered on-going training to augment their clinical supervision skills. Emphasis is placed upon exploring ways to create a supportive welcoming environment to all new hires, including consumers and families. Supervisors participate in group consultation with a master clinician; attend required supervision training and specialized trainings, as needed and/or required. The goal is that supervisors be better equipped to provide supportive and constructive guidance to line staff, including consumer and family employees.

#### **WET Program #3: The Training Academy**

In order to increase the quality and success of educating and training the public mental health workforce in order to better serve unserved and underserved populations the Training Academy has offered trainings to multiple audiences. The overarching goal is to increase skills in order to improve public mental health services. Trainings reflect the needs identified in the assessment of paid public mental health (County and Contractor) staff, volunteers, consumers and family members.

The Academy offers workshops and on-going classes of varying sizes, areas of focus and depth and support for pertinent application of knowledge gained. The Workforce Education & Training Task Force (WET-TF) advises the WET Coordinator regarding the assessment tool to be used to evaluate training needs, effectiveness of the trainings, and establishment of priorities based on the five fundamental MHSA concepts (consumer and family driven, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competency). The Training Plan includes family trainings, new hire orientation and classes to establish minimal competency regarding positive customer service attitudes, and specific skills needed for paid staff, interns, and volunteers to accomplish their jobs. Consumers and family members are an integral part of the Training Academy, as participants in trainings, members of the WET-TF, and as trainers and/or co-facilitators, whenever possible.

All training courses will include evaluation, and results will be used to contribute toward decision-making regarding future trainings.

#### **WET Program #4 – Medical Staff (Psychiatrists and Nurse Practitioners) Training**

The goal of this program is to ensure that public mental health psychiatrists and nurse practitioners are equipped with the education and training needed to help transform the public mental health service system towards the new MHSA paradigm.

- Provided 8-week (Mindfulness-Based Stress Reduction) to support psychiatric staff.

- Integrating 5 fundamental concepts of the MHSA model in trainings to support a cultural shift.
- Support “out of Academy” training needs of medical staff.
- Provided trainings on the 5 fundamental MHSA concepts, and opened this up to psychiatrists and nurse practitioners to participate

WET Program #5: Consumer “Culture” Trainings

To support our commitment of creating a public mental health system that truly understands the consumer’s needs and perspectives, the MHSA Coordinator contracts and/or partners with persons and/or organizations to provide educational services to public mental health. This is an integral part of the Training Academy. The goal is to educate providers about the important role that consumers play in their wellness and recovery, and to foster consumer involvement and participation in primary clinical decision-making.

WET Program #6: Family “Culture” Trainings

To support our commitment of creating a public mental health system that truly understands the family’s needs and perspectives, the MHSA Coordinator contracts and/or partners with persons and/or organizations to provide educational services to public mental health. This is an integral part of The Training Academy. The goal is to educate providers about the important role that families can play in wellness and recovery, and to foster family involvement and participation in primary clinical decision-making. We have established a collaborative partnership with NAMI of Santa Cruz to provide an educational program for mental health service providers co-taught by consumers and family members.

WET Program #7: Santa Cruz Career Pathways

The goal of this program was to create an application process and work experience that encourages all potential applicants, including consumers and family members, to work for County Mental Health. To this end we have:

- Had a series of meetings with personnel staff to revise the Mental Health Client Specialist, Senior Mental Health Client Specialist and Community Mental Health Aide Supplemental questions.
- Revised the job announcements for bilingual positions to include the following the statement that bilingual positions “require that the mental health clinician be fully fluent in Spanish and English in order to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English speaking mental health professionals.”
- Adapted the Community Mental Health Aide position to encourage consumer and family members to apply, and revised the application review in order to give "credit" for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer training certificate.
- Changed the training and experience rating form for Mental Health Client Specialist and Senior Mental Health Client Specialist positions to give "credit" to applicants for experience related to county mental health work, rather than solely based on years of experience.

WET Program #8: High School Outreach

The public mental health system needs to conduct targeted ‘outreach’ to high school students to provide information about mental illness, resources and to promote the idea of employment in public mental health. One way to accomplish this is by partnering with existing ROP programs currently in the local high schools. The Workforce Needs Assessment for Santa Cruz County reflects that there is a lack of sufficient mental health providers. Outreach focuses on Spanish speaking communities. Additionally, the local community colleges have been encouraged to target this same population in order to inform the students about the application process and supports available for students interested in pursuing higher education.

WET Program #9: Entry Level Employment Preparation

The goal of this program was to develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector, which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered.

In order to achieve our objectives we have adapted the Community Mental Health Aide position to encourage consumer and family members to apply, and revised the application review in order to give "credit" for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer training certificate. We have a strong collaboration with Cabrillo College certificate program, to support consumers expressing interest in working in public mental health. This program also support the Cabrillo "College Connection" program.

WET Program #10: Public Mental Health Internship Program

The goal of this program was to create a more cohesive internship program for trainees at county mental health, and to foster greater support for registered interns on licensure track. We have established a single point of contact for educational institutions regarding internship placements within the County. We provide and coordinate group supervision for all trainees placed within the public mental health sector. We provide license track education & support to all public mental health registered interns for license examination preparation, and offer funds for public mental health employees for purchase of license exam preparation materials and/or test fees.

WET Program #11: Local Graduate School Initiative: CSUMB MSW Program

The goal of this program was to support the creation of a master of social work program at CSUMB and continue to collaborate with other local institutions of higher learning (such as Bethany, JFK, Santa Clara University, and San Jose State University). The CSUMB School of social work is now accepting applicants for their second cohort.

WET Program #12: Stipends for Clinical Psychologists, Social Worker and Marriage & Family Therapist Graduate Student Trainees

In order to address workforce shortage of critical skills, including under representation of racial/ethnic, persons with family or consumer lived experience, cultural and/or bilingual (Spanish) groups, Santa Cruz County provides (minimal) financial incentives for student interns at public mental health. Stipends will be for interns to complete their education. This will allow public mental health and student interns to determine if future employment in public mental health will be a good match. The student interns are not considered employees and will not be receiving a salary or benefits.

**CAPITAL FACILITIES & INFORMATION TECHNOLOGY** (both infrastructure)

Funds and guidelines for these distinct components are packaged together by the State Department of Mental Health.

The Information Technology funds are to be used to:

- Modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness, and
- Increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.

We have two primary information technology needs:

1. To increase consumer and family empowerment. Access to knowledge is a human right. Every client will be tech literate and have Internet access to increase communication between each other and all the supports that promote recovery, wellness, resiliency, and social inclusion. Our goal is to have computer access for consumers in housing and kiosks at existing clinic sites, and to provide technical support and training (for consumers and staff). We will begin with the addition of six terminals at sites in both Santa Cruz and Watsonville, and available to both children, adult and family members. Security issues will be addressed by posting signs in English and Spanish stating:  
"This is a public computer. For your security we advise that you take these steps: 1. Do not save your logon information. 2. Do not leave the computer unattended with sensitive information on the screen. 3. Delete your temporary files and your history. 4. Do not enter sensitive information on public computers."
2. To modernize and transform clinical administrative systems. Our goal is to improve overall functionality and user-friendliness for both clinical and administrative work processes. We need to have one cohesive system with intuitive functionality where it would only be necessary to enter information one time and have that information populate fields as needed. The system must support fiscal, billing, administrative work processes, and include an electronic health record. Strong billing processes, including automated eligibility and exception reports, are needed to effectively manage accounts payable and accounts receivable, and also provide necessary reporting tools for cost reports and budgeting activities. It also needs to include robust caseload and clinical management tools, as well as



encourage and allow client access, interaction and participation. It should facilitate person-centered treatment planning, and ease of information sharing of documentation.

Briefly, we plan to purchase an upgrade of our existing practice management system. Insyst will be upgraded to the new system Share Care, which includes an electronic health record (EHR). Vendors ECHO and OCHIN are collaborating to coordinate our health record across systems. The first stage of this project is the practice management, including billing, reporting and utilization. The second stage is the development of the electronic health record. The third stage is the collaboration between primary health and behavioral health.

The purpose of Capital Facilities is to acquire, develop or renovate buildings for service delivery for mental health clients or their families, and/or for MHSA administrative offices. Capital Facilities funds cannot be used for housing. We intend to use these funds to renovate county-owned buildings. In South County we are renovating the building that was previously the County Court house. The previous location of mental health services was privately owned, and the rent was steadily increasing. With the re-location of the Court system the County decided to move the mental health service site to the County-owned site. Renovation includes the installation of two counters outside the reception windows for a horizontal barrier for client use. One counter will be at the American Disabilities Act height requirement and the other counter at a higher height. We will also make other ADA changes such as grading the ramp into the building, improving doorway widths, and other changes that may not yet be identified.

In the North County renovation includes upgrading existing reception by expanding existing window opening on existing wall, installing secure fire rated, electronically operated secure window (door) system, and installing new counters.