

MHC/CPAW Capital Facilities Workgroup Meeting

Date: November 16, 2009, 6:15 pm-8:15 pm  
Location: Mental Health Consumer Concerns (MHCC):  
2975 Treat Blvd., Bldg. C, Concord, CA 94518  
Minutes – Approved 12/30/09

**1. CALL TO ORDER/INTRODUCTIONS**

The workgroup meeting was called to order at 6:23 by Chair Annis Pereyra

Mental Health Commissioners Present:

Colette O’Keeffe, MD, District IV  
Annis Pereyra, District II - Chair  
Teresa Pasquini, District I  
Anne Reed, District II

Consolidated Planning Advisory Workgroup  
Members Present:

Tony Sanders

Staff:

Suzanne Tavano, CCMH  
Susan Medlin, CCMH  
Nancy Schott, Executive Assistant to MHC

Attendees:

Veronica Vale, CPAW  
Dave Kahler, NAMI

Absent:

Brenda Crawford, MHCC  
Sherry Bradley, CCMH

At the last CPAW meeting it was announced any member wanting to attend this meeting to see if interested in joining the Workgroup should attend. Susan Medlin is interested in being a member if the Workgroup will continue to meet. New members would need to be appointed at the next CPAW meeting, which may not be until 12/3/09. Tony Sanders asked CPAW members be allowed to attend tonight to discuss progress so far and are there any items that have been agreed upon. He is to bring back his impressions to the next CPAW meeting.

Commissioner Reed asked Chair Pereyra if there is only 1 CPAW member here if this meeting should be a more informal meeting rather than precisely following the agenda. Since there is only 1 CPAW member in attendance tonight, no new agreements can be reached, but the Workgroup can attempt to reach consensus to move forward.

- 2. PUBLIC COMMENT**
- 3. ANNOUNCEMENTS**
- 4. APPROVAL OF THE MINUTES**

- **ACTION:** November 2, 2009 MHC/CPAW Capital Facilities Workgroup meeting – Motion made to delay approval of the minutes until next meeting to allow Commissioner Pasquini (then Chair) time to review them. In addition two items will be corrected: 1) pg. 7 change Reid to Reed and 2) pg. 11 add Commissioner Reed is a “bit” unclear (M-Pereyra/S-O’Keeffe/P-Pereyra, Reed, O’Keeffe, Pasquini, Sanders, 5-0)

5. **REPORT FROM MHA– Suzanne Tavano and Steve Hahn-Smith**

A. Update on 20 Allen St. property and new IT proposal –

20 Allen St.: Suzanne Tavano said as of this afternoon the option is still in place; no action has been taken in reduction in price; no further action taken by County. No discussion taken place on use.

She thinks the County is deciding based on price whether or not to purchase the property, then use will be discussed..

IT Proposal – Steve Hahn-Smith said Contra Costa County and 28 counties began to look for new systems in 2004 based on similar goals. Functions included billing systems, electronic health record, e-prescribing. The counties would do a joint RFP and 15 vendors responded. It winnowed down to 8. Over the years as some counties adopted new systems; the number of vendors who can provide all the services (including personal health record) winnowed down to 3 and 2 who are viable and have enough counties to make it worth CCC to go with them. Late 2008 CCC identified it vendor comfortable with that met MHSA standards. For planning CCC has had a survey, focus groups and IT survey. The component plan went out on the website with 4 parts: electronic health record, e-prescribing, computer resource availability for consumers, personal health record. They had project management resources lined up then the budget reductions hit.

Suzanne Tavano budget reduction: CCC took several large budget reductions: closure of Chris Adams and reduction of allocation to private provider network. Finance asked to reconsider an old vendor who came up with new developments and improvements on what they had shown before. Currently 3 vendors on the list: 1<sup>st</sup> vendor remains first choice, 2<sup>nd</sup> and 3<sup>rd</sup> switch back and forth.

Commissioner Pereyra asked if cost was the differential between the vendors or did different departments prefer one over another. Suzanne Tavano said the new system must be able to balance between processing medi-medi claims as main funding source, patient accounting (tracking revenue and expenditures) and clinical functionality (the part MHA is most interested in). MHA would like to see that part guide staff decision trees, treatment plans, quality improvement and quality assurance flags built in, electronic health record and personal health record for consumers as well as resource piece of it for consumers and families. Looking at all these pieces determined who the top 3 vendors were. The cost differences between the 1<sup>st</sup> and 2<sup>nd</sup> choice vendors are not so great as to make them choose a less desirable product. The costs include purchasing the product and the additional cost of replacing the existing system, writing business rules with the vendor and training of staff on new system. Finance is trying to determine the true cost of replacing the

system. The actual cost of replacement will be the same no matter which vendor is selected. It's a project management and implementation issue; the County must make sure have enough in the budget to convert the existing system to a new one. The current is a claiming oriented system, not a clinically oriented system. MHA wanted a new system that will be more clinically oriented that would allow streamlines access to the data for reports as well. Currently a lot of manpower is required to monitor claims and error correction reports. A new system will recoup the costs.

Commissioner Reed asked what component upgrades does MHSA component require. Steve Hahn-Smith said the electronic health record is the heart of the requirements, but all vendors being considered have a new billing system as part of their basic package.

Commissioner O'Keeffe asked if the non-mandated components will come from MHSA funds or the county. Steve Hahn-Smith did not know. Susanne Tavano said the original MHSA money was 2 million; no way to get an IT system for that amount. What are the additional costs for the product and what are the implementation costs? Commissioner O'Keeffe said other Health Services departments are getting county funds to augment their IT upgrades. Why can't Mental Health as well?

Steve Hahn-Smith said all 3 vendors require purchase of the practice management/billing piece as the core piece. The clinical piece (electronic health record) is added on.

Veronica Vale said Donna Wigand stated at the last CPAW meeting it would take a lot more than the \$2 million that MHA had allocated for IT.

Suzanne: We really don't know what Health Services is thinking of; they are not being evasive. More budget reductions are on the way. She doesn't know much the county has to put in; how much from MHSA; it is still a balancing act. We won't really know until the cost analysis is finalized on what the true cost of replacing the system is. There is another meeting in a few weeks. Then it will be determined how much will come from each pot.

Commissioner Reed asked who is doing the analysis at the Finance level? The group includes Steve Hahn-Smith, Tony Sanders, Suzanne Tavano, Donna Wigand, IT people and Finance people. If MHSA funds are committed for only \$2 million, then it doesn't really matter where the balance of a \$5-6 million project cost comes from. If the total \$10 million MHSA amount is viewed as being an option for funding a \$5-6 million IT project, then it's less money to allocate toward other MHSA programs or facilities.

Suzanne Tavano said after the numbers are finalized, it will be a choice point. How much money total: how much from MHSA, how much from wherever else. The current system is falling apart. Commissioner Reed asked if it is decided to take all \$5-6 million from MHSA funds, to whom do we tell we don't think that's a good use

of the funds. If taking that much money is not supported from MHSA, then we won't get a clinically based program and instead get just a basic, billing piece to keep the revenue coming in.

Commissioner O'Keeffe said it feels like we're being blackmailed if we don't pay the billing portion, we won't get the clinical portion.

Tony Sanders said the use of MHSA in other counties is 80% for IT, 20% clinical. CCC has come in opposite.

Suzanne Tavano said MHA wants to use the majority of the funds for programs which is why only \$2 million was allocated in the first place.

Commissioner Pereyra asked who else will be using the billing package?

Suzanne Tavano said CCRMC uses the Meditech system; MHA and Alcohol/Drugs share a system. The current Meditech system cannot communicate with other systems. She used the example of a consumer in West County calling the Access Line who is then referred to the West County clinic for evaluation. What is communicated electronically on the Info System at the West County clinic is the client demographic information and service/visit history (without any clinical information included unless Tony Sanders puts a flag on the PSP system (a clinician would need to look at the PSP system to see that flag). If the consumer goes to CSU, staff is able to see only the same information as the West County clinic staff. If the consumer is admitted to 4C, staff sees the same information as CSU, but they also have Meditech. They can see the dictated notes from the attending doctor at CSU. All treatment provided during the 4C (hospital stay) is entered on Meditech. Meditech has some clinical information (dictated reports, lab reports) but not equal to an electronic health record with detailed notes where information crosses over. When discharged, must access PSP and Meditech separately. It requires person to person communication with phone calls and people power not electronic power that carries the system.

Primary care health clinics have Meditech. Meditech has been around as long as PSP, programs have been added on to the system, but still not an electronic health record. CCRMC's Meditech is ahead of MHA's system because they have added features on for increased functionality. MHA's PSP system cannot support any additional features at this point.

Steve Hahn-Smith said the new systems the county is considering have the ability to interact with other systems.

Commissioner Pereyra asked what the federal mandate is. Does the entire county system need to be upgraded by 2015. Suzanne Tavano said if we use MHSA money for IT system, the electronic health record must be upgraded. At the federal level, Medicare is driving it; with Medicaid follow suit. Steve Hahn-Smith said it's very hospital/physician oriented based around on reimbursement rewards. He is not sure where the County/Medical billing fits in with that mandate and if the County would

get hit with a penalty. The federal mandates do not correlate with the MHSA requirements.

Commissioner Pasquini said we have heard \$2 million was earmarked for IT from MHSA funds; Sherry Bradley said \$4-\$5 million; then Donna Wigand mentioned \$10-\$12 million in an email. Steve Hahn-Smith said the County is seeing \$5-\$6 mill from vendors, 5 year cost plus implementation costs (project management, training, back-filling of employees while training, licensing)

Veronia Vale asked why there was so much discussion on money when this Workgroup and CPAW are advisory groups. Also, why hadn't the Workgroup looked at the IT survey results. Chair Pererya said there are 2 reasons: 1) we have not had one pot of funds covering 2 issues before (cap fac and IT). Since we have to juggle, it is more complicated and 2) feedback from Sacramento the MHC is empowered to be responsible for oversight of MHSA funds. Once the MHC realized they had that oversight responsibility, it required expanding the Commission's efforts.

Commissioner O'Keeffe said we need to know how much money we have in order to prioritize based on available funds.

Commissioner Reed said regarding the IT survey results that may not have been reviewed yet, this joint commission set up in September; the workgroup is still in the fact gathering stage and are not ready to advise yet. Sherry Bradley said as part of a year-end report, she will compile all the surveys, focus groups, etc. from this year and we will have access to them to make sure we have seen as much information as possible.

Chair Pereyra said the Workgroup originally involved discussions with Donna Wigand about the psychiatric health facility and we didn't know the capital facilities and information technology funds were in 1 pot of funds and that this pot of funds is a one shot deal. There will not be any additional funding coming from MHSA for capital facilities and information technology.

Commissioner Reed suggested moving on to review Workgroup's charge and the viability of the Workgroup.

There was no public comment.

## **6. CHAIR COMMENTS**

A. Review Workgroup goals and expectations: Chair Pereyra asked if we the MHC and CPAW are going to continue to work together or separate. Tony Sanders stated after receiving Kathi McLaughlin's letter, at the end of the last CPAW meeting, there was a discussion. If CPAW decided to leave the Workgroup, Tony Sanders wonders if there could be some closure on items that were agreed upon.

Susan Medlin said if we disband, CPAW would need to have a committee since they are responsible for overseeing the MHSA funds. What is the point of having 2 separate committees working on the same issues?

Commissioner Reed said both groups need to have clear direction and goals to avoid working at cross purposes. Although no decisions will be made tonight, what goals and ideas can be taken back to both MHC and CPAW as recommendations for moving forward.

Chair Pereyra: Both Capital Facilities and IT are in limbo without a clear indication of what will happen with the property and IT. Consult original work group charge and continue to gather information so the Workgroup is ready once direction is given. Commissioner Reed feels the data needs to be gathered before a wish list is compiled.

Susan Medlin asked Steve Hahn and said the issue was too complicated for a survey; focus groups are better to elicit information from consumers.

Chair Pereyra said what Suzanne Tavano said tonight was the first clear indication as to how problematic the medical records system is within the County. She is offended to think MHA is not getting what other departments are getting regarding IT.

Commissioner Pasquini: Department of Mental Health wrote a letter to the MHC that they were pleased to hear about CPAW and MHC working together. They were going to earmark the County so that when a request for funds comes, they will look to see how collaborative it was. Everything is a moving target. She thinks it makes sense to keep going as a workgroup, but not until we know what information we have and not reinventing the wheel.

Commissioner Reed recommends 3 goals:

1. gather all the information available, including survey results.
2. to review what is missing and determine the best way to gather what is missing.
3. go back to MHC, let them know what we have/what is missing and how the Workgroup would like to gather what is missing.

Tony Sanders said one frustration he heard from CPAW was the feeling it was fine to gather information, but time was passing and things are happening. Can some updates or midterm recommendations be provided to CPAW and MHC? For example, he has heard that IT, 20 Allen and the need for a place for children are all priorities. Chair Pereyra feels the Workgroup has been waylaid because various members of the group are sheltering ideas for their favorite items. Commissioner Reed would like to address goals and data gathering for the workgroup, not what we will do with the data yet. Commissioner Kahler asked what the timeline is? Commissioner Reed said Sherry Bradley returns tomorrow and she wants a single list with all the surveys, documentation for members of the Workgroup to access.

Veronica Vale asked if the minutes from the previous Cap Fac Workgroup chaired by Art Honegger been available to the Workgroup? They have been discussing alternatives for 6-9 months.

Commissioner Pasquini said we've already seen the focus for the Workgroup. She has attended most of the meetings since 4/08. There is no needs gap analysis that prioritizes what the County needs for the different geographical sections. Other counties have been working on prioritizing needs for 3-5 years; we don't have years to do this. MHSA gives advisory groups more clout than previously held. She has never seen feedback from CBO staff and county staff on what they think would be good use for capital facilities funds and feels it's important we hear from them as well. We've had some consumer focus groups and community forums. It was clear at the last CPAW meeting that IT is important.

Chair Pereyra: For those not at the last CPAW meeting, they heard from Rubicon; it is extremely difficult to get any info on FSP's without many phone calls and leaving messages. They hoped CBO's were going to be considered when the IT system is designed. It would be better to be able to go to a computer and access the information. After initial funding, never any follow-up by the County to see if CSS funds were being used most effectively and in January 2010, another pot of CSS funds is available and must be distributed without having really resolved previous issues.

Commissioner Reed asked Commissioner Pasquini if the only piece missing is the asking for staff feedback? Teresa said the consumer/family member groups were an attempt at community planning, but mainly focused on presenting the PHF. Commissioner Reed wants to make sure we are moving forward; that the Workgroup doesn't come back in a month, after issuing the survey to staff only, and say the consumer/family member information wasn't valid and still needs to be addressed. She would like to go back to her 3 recommendations and workgroup goals. Do we have the information from all the sources we need and if not, how do we get it? She doesn't want 20 Allen St. to come up in January 2010 as a viable and the Workgroup isn't prepared to address it because we haven't gathered enough information.

Tony Sanders said CPAW might be more prioritizing than MHC; MHC has more of an overall mental health system priority. Tony has heard IT, Children's services, regional services for people in crisis are all priorities. Commissioner Reed said Sherry Bradley's report is due by the end of the year and the compilation of surveys, focus groups is only a part. Maybe if we asked her, she could make the compilation a priority. Unless we know what has been done before, we may wasting time repeating something. Tony Sanders said everywhere IT questions asked, it seems to be important.

Commissioner Pasquini said the difference between CPAW and MHC is CPAW thinking about what to do with the MHSA funds to assist the Mental Health Division. MHSA is supposed to be about transforming the entire system. MHC is supposed to think about transforming the entire system.

Tony Sanders said CPAW is supposed to be composed of stake holders and hope to transform the mental health system not just help the Mental Health system. Do things actively need to be done or are things revealing themselves as we go on? Commissioner Reed said yes, things are revealing themselves, but is that information getting to the Workgroup so that when we are asked to advise the MHC, we will be prepared?

Commissioner Pasquini wants CPAW to know how much work has gone on gathering information. When she met with Dr. Walker last week, she expressed her frustration that everything is a moving target. He would like information, but the information the Workgroup and MHC receives keeps changing.

Commissioner Reed asked how is this discussion getting us toward goals to take back to MHC and CPAW to say "here is our direction" - measurable goals, deliverables. No recommendation to vote on 20 Allen. Moving target.

Chair Pereyra said the Workgroup's goal is to make sure that the proper process was followed in gathering information from the community and whatever decisions we recommend there was a consensus of support for those ideas from the community. Tony Sanders asked if once we receive all the information, will this Workgroup be able to say generally something is a priority (ie. IT) or will it need to say spend a specific amount of money for each priority. Chair Pereyra felt the Workgroup would not need to indicate a specific amount of money. Commissioner Reed reminded the group about her recommendations for gathering information noted on p. 5

Commissioner Pasquini recommended endorsing Commissioner Reed's goals on p.5 and taking them back to CPAW. CPAW doesn't meet until Dec. 3. Commissioner Reed mentioned we could send those goals via email. Susan Medlin suggested CPAW members may want an affirmation of 20 Allen and reserve it for Mental Health, but can decide after all the information is gathered what specifically to do with the property. Commissioner Reed said that is second after gathering data. First we need the information, second is what we do with the information, etc. For example, who is going to contact Sherry Bradley and find out where the list is? Who is going to make sure everyone has copies (or access to them online) on the list? When is the next meeting? What is the expectation from members of the Workgroup (ie. Studying or preparation prior to the next meeting)? When are we going to meet and discuss the gaps in information? When are we going to brainstorm how we get the gaps filled?

Nancy Schott asked how do we gather information at the same time as 20 Allen is ticking away possibly culminating in a vote at the 12/10/09 MHC meeting? Are those 2 processes tied together?

Commissioner Reed said we have a vote if that is what is requested and also say the Workgroup is proceeding in this fashion and on this timeline. Whether or not the 20 Allen option is exercised, the Workgroup's work still proceeds.



Tony Sanders asked if this Workgroup has an interim recommendation he can take back to CPAW. Is it IT, children's crisis and regional sites for crisis. Commissioner Reed suggested the interim recommendation is the Workgroup has attempted to develop goals and objectives that are measurable that are in line with MHC's mission statement and see what CPAW says. CPAW hasn't given a lot of indication what they are looking for; is there a commitment from CPAW they want to continue? The Workgroup is not willing to vote on 20 Allen yet, especially since the services included on the original proposal may not be included now. Susan Medlin felt CPAW would like to know that the 20 Allen property can be reserved for Mental Health.

Chair Pereyra asked if there could be any valid information to be gained from holding consumer focus groups? We are already planning to get information from staff and CBO's. Commissioner Pasquini asked to have Steve's recommendation on whether the survey should be used to gather information from staff.

B. Discuss differences between MHC/CPAW Capital Facilities Workgroup and CPAW: responsibilities and objectives – No discussion.

C. Review issues that arise when funding is linked together for Capital Facilities and IT rather than separate funding for each type of project – No discussion.

D. Public Comment- None.

**7. BRAINSTORM**

A. gaps in system and needs – No discussion

B. Possible alternatives to find solutions within current structure – No discussion

C. Public Comment - None

**8. FORMULATE RECOMMENDATIONS FOR NEXT STEPS**

A. Status of questionnaire/survey draft "fine tuning", proceed with survey, whether consumer groups are required and procedure for distributing survey to staff, CBO's and community.

B. Further actions as directed from the 11/12/09 MHC monthly meeting – No discussion.

C. Public Comment

**9. REVIEW MEETING OUTCOMES/SET NEXT MEETING DATE**

Public Comment: None

**10. ADJOURNMENT**

The meeting was adjourned at 8:15 by Chair Pereyra