



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
PUBLIC HEARING-DRAFT TECHNOLOGICAL NEEDS PROJECT PROPOSAL
Thursday • March 11, 2010 • 6:30-7:30 p.m.
651 Pine Street • Martinez • Room 101**

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.

AGENDA

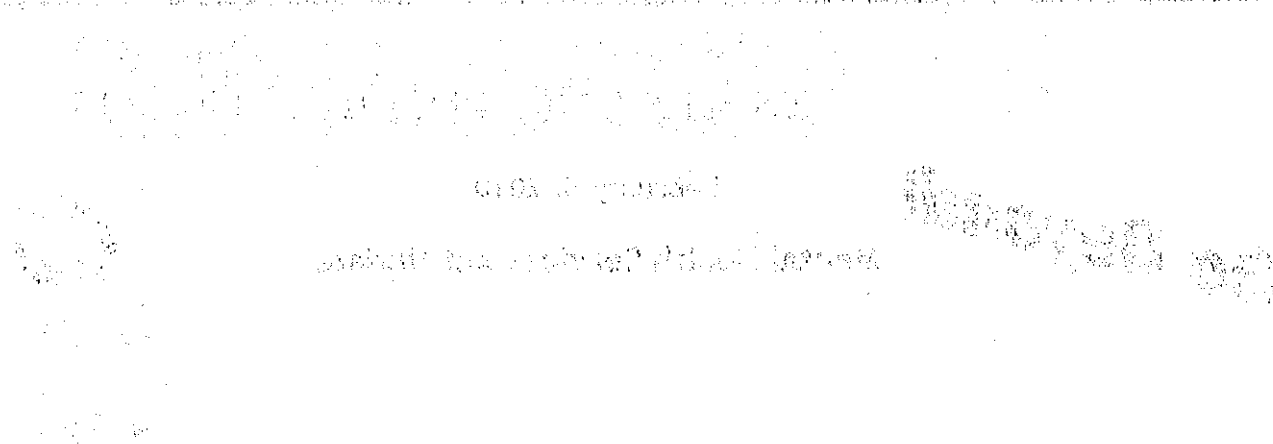
Public Comment on items listed on the Agenda will be taken when the item is discussed.

1. 6:30 **CALL TO ORDER / INTRODUCTIONS**
2. 6:45 **MHSA DRAFT TECHNOLOGICAL NEEDS PROJECT PROPOSAL PRESENTATION BY MENTAL HEALTH DIRECTOR DONNA WIGAND AND MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM MANAGER SHERRY BRADLEY.** The executive summary of the project proposal is available for review at:
http://www.cchealth.org/services/mental_health/prop63/pdf/cfit_2010_proposal_exec_summary.pdf
The complete project proposal is available for review at:
http://www.cchealth.org/services/mental_health/prop63/pdf/cfit_2010_proposal.pdf
3. 7:00 **PUBLIC COMMENT ON PLAN**
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
4. 7:10 **CLOSE PUBLIC COMMENT ON PLAN**
5. 7:10 **MHC COMMENT ON THE PLAN**
6. 7:25 **MHC ACTION – DEVELOP LIST OF SUBSTANTIVE COMMENTS AND RECOMMENDATIONS TO THE COUNTY MENTAL HEALTH ADMINISTRATION (MHA) AND TO THE BOARD OF SUPERVISORS (BOS)**
NOTE: The MHA does not have to follow the MHC's recommendations. However, the MHA must incorporate MHC recommendations as part of the adopted plan along with appropriate analysis.
7. 7:30 **CLOSE PUBLIC HEARING**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, 200, Martinez during normal business hours



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.



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Contra Costa County MHA IT Proposal Executive Summary

The Contra Costa County MHA IT Proposal includes four primary components: 1) Implementation of an Electronic Health Record (EHR) to replace its current paper-based charting of clinical records, including shared decision-making functionality; 2) Implementation of e-prescribing to replace its current paper-based pharmacy orders; 3) Implementation of a Personal Health Record (PHR) system to allow clients to access parts of their medical record, make appointments and communicate with providers; and 4) Implementation of computer resources in the different regions of the county to allow consumers access to their PHR, and other resources available through the Internet.

The first priority of the proposal is the Electronic Health Record. The Electronic Health Record will transform the current method of clinical charting that is paper-based, inefficient, and inconvenient to clients because it is tied to the physical location of sites. The paper-based system is also clinically inferior to an electronic system where clinical documentation can be centralized and made accessible to all members of a consumer's treatment team. In addition to the standard EHR, our goal is to also include shared decision-making functionality.

The EHR is a major overhaul to the system of care for a number of reasons: 1) The existing claims system will need to be replaced because the services in the EHR are tied to a different practice management application; 2) Providers on the fee-for-service managed care network will be part of the system so that clients served by network providers are better integrated into the overall system of care; 3) Provisions for integration with contract providers will need to be made to allow for exchange of their clinical and billing information with our system. Each of these components will be integrated into the project work plan for the 21-month duration of the project.

The e-prescribing component of the IT proposal will allow doctors to submit their pharmacy orders electronically rather than the current method of paper to fax. E-prescribing has several advantages over paper-based systems, many of which are the same as the Electronic Health Record: 1) increased efficiencies through the use of electronic pharmacy orders; 2) reduction in possible medical errors (e.g., faulty faxes, difficult to read orders); and 3) the ability for physicians to make better decisions about their prescriptions (e.g., with knowledge of existing health conditions, flagging drug-drug interactions, etc.). Under the Contra Costa IT plan, e-prescribing is integrated with the

EHR, thereby making pharmacy information available to individuals who are involved with the consumer's ongoing clinical care.

The PHR component of the IT proposal involves the ability for clients to access part of their medical record, to make appointments, and to communicate with their treatment providers in a secure environment. Additional clinical documents, such as WRAP plans, would be accessible to clients who choose to use this tool as part of their recovery goals. Given the tie-in with the clinical documentation and ongoing care of the consumer, the PHR is considered an integral part of the consumer's Electronic Health Record.

Since many consumers may not have access to computers and this is essential for the utilization of the Personal Health Record, the Contra Costa IT plan calls for making computers and Internet access available to clients in each of the regions across the county. The availability of computer resources and Internet access will have many benefits to clients in addition to accessing their PHR, including access to health-related information on the Web, finding resources in the community that can be of benefit, and accessing other resources that can positively impact the consumers' well-being in other areas such as vocational training, enhanced education, and increasing computer literacy skills.

In summary, the proposed MHSA IT plan for Contra Costa County will fundamentally change the way clinical data is obtained, stored, and accessed for consumers. Clinical information will be centralized and accessible to care providers involved in a client's care. Consumers will be able to access part of their clinical record and communicate more directly with their providers, fostering more engagement in their recovery goals.

The overall cost over a 5-year term for the project is projected to be roughly \$6.7 million. The high level project plan calls for a 21-month implementation process that will begin by May 1, 2010.

The Budget Worksheet in the attachment is based on initial estimates provided by the preferred vendor. Contra Costa has not formally negotiated with this vendor and thus the budget is an estimated budget, a starting point for the contract negotiations. The county's IT approach to large software implementation projects is to budget for a 5-year term. This approach allows ample time for one-time project implementation costs and for understanding the budgeting on an ongoing basis.

Enclosure 3
Exhibit 1

Face Sheet
For Technological Needs Project Proposal

County Name: Contra Costa

Project Name: Behavioral Health System

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives, and proposed actions of the Mental Health Services Act (MHSA) Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency, and cost effectiveness. Our Roadmap for moving toward an Integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognize the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with California Code of Regulations (CCR), Title 9, Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

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Signature: _____

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Date: 02-02-2010

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Date: 02-02-2010

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**Enclosure 3
Exhibit 2**

Technological Needs Assessment

County Name: Contra Costa

Project Name: Behavioral Health Information System (BHS)

Provide A Technological Needs Assessment Which Addresses Each Of The Following Three Elements

1. County Technology Strategic Plan Template

(Small Counties have the Option to Not Complete this Section.)

This section includes assessment of the County's current status of technology solutions, its long-term business plan and the long-term technology plan that will define the ability of County Mental Health to achieve an **Integrated Information Systems Infrastructure** over time.

Current Technology Assessment

List below or attach the current technology Systems In Place.

1.1 Systems Overview

See attachments (ISCA; Contra Costa County Strategic Plan)

Mental Health Systems:

1. PSP/InSyst - Echo Corp. (Functions: Medi-Cal, Medicare, commercial claims; CSI reporting; cost reports)
2. NetPro - In-house developed (Functions: authorizations, referrals, provider profiles, payment file creation for fee-for-service network providers)
- DG AV2500 Model G6840R-E, O/S NT, MS SQL2000, 2GB memory, 170 GB RAID5 DASD
3. Workstations -- ~ 500 for clerical, administration, and clinical staff
4. Mental Health/Substance Use Reporting Server (SQL)

Health Services Systems with possible interface:

1. Meditech e-prescribing (Contra Costa Regional Hospital)
2. Keane (for universal county medical record number)
3. E2Search (for eligibility lookup)

List Or Attach A List Of The Hardware And Software Inventory To Support Current Systems.

1.2 Hardware

See attachments (ISCA)

1. PSP/InSyst: Proliant DL385 G1(HP), Opteron Process252 260MHz, 400GB memory, 639.1GB disk storage, Windows 2003 O/S, running the CHRON-VAX/XL emulator.
2. NetPro: DG AV2500 Model G6840R-E, O/S NT, MS SQL2000, 2GB memory, 170 GB RAID5 DASD
3. Workstations -- ~ 500
4. Mental Health/Substance Use Reporting Server (SQL 2000)
5. County network - T1 or higher bandwidth

1.3 Software

See attachments (ISCA)

1. PSP/InSyst: Windows 2003 O/S, running the CHRON-VAX/XL emulator.
2. NetPro: O/S NT, MS SQL2000
3. Workstations -- ~ 500 (Windows 2000, XP) on county network)
4. Mental Health/Substance Use Reporting Server (SQL 2000)

1.4 Support (i.e., Maintenance and/or Technical Support Agreements)

See attachments (ISCA)

Plan To Achieve An Integrated Information Systems Infrastructure (IISI) To Support MHSA Services

Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISI. (Counties may attach their IT Plans or complete the categories below.)

1.5 Describe how your Technological Needs Projects associated with the Integrated Information System Infrastructure will accomplish the goals of the County MHSA Three-Year Plan.

The technology needs projects directly address some of the basic goals of the County MHSA Three-Year Plan. (See attached Information Technology Plan as a reference). The goal of our project is to make technology improvements to help develop a more integrated information system to foster better efficiencies in clinical care through a robust electronic medical record and to empower consumers with tools to have access to their clinical care through a personal health record.

All four of the projects listed in the component plan complement one another to achieve these goals:

1. The adoption of an electronic medical record to ensure clinical health data is secure, centralized and accessible to individuals involved in consumers' treatment plans.
2. The adoption of a personal health record to allow consumers access to their records, and to facilitate appointments and ongoing communication with their providers.
3. The availability of computers in local communities to ensure that consumers have the hardware, software, and inter-connectivity necessary to access their PHR, learn more about mental health issues, and communicate with others more easily. Part of this project involves training on how to use computers and applications.
4. Implementation of e-prescribing capacity and integration of e-prescribing with the electronic record.

1.6 Describe the new technology system(s) required to achieve an Integrated Information System Infrastructure.

The Contra Costa Mental Health Plan (CCMHP) has completed the search process for a new vendor to support the EHR, PHR, and e-prescribing capacity of the system. CCMHP anticipates the contract negotiation phase with a software vendor beginning in February 2010 with the intent to purchase the a new IT system that supports functionality in practice management, electronic health record, e-prescribing, and the personal health record. The timing for the contract negotiations is subject to state and local budgetary issues. Space, training issues, staffing, and the procurement process required for the regional computer resources are all being considered as a part of the implementation of the Integrated Information System Infrastructure.

1.7 - Note the Implementation Resources Currently Available.

- Oversight Committee: Yes No
- Project Manager Yes No
- Budget: Yes No
- Implementation Staff in Place: Yes No
- Project Priorities Determined: Yes No

1.8 - Describe Plan To Complete Resources Marked "No" Above.

Selection of an overall project manager and associated interviews are now underway and should be completed by February 28, 2010. The project manager position is slated to begin on or before April 1, 2010. Implementation staff have been selected and backfilling of those staff to free up time for implementation is underway. (See attached implementation staff listing).

1.9 - Describe the Technological Needs Project priorities and their relationship to supporting the MHSA Programs in the County.

The priority Technological Needs Project is the implementation of the Electronic Health Record (EHR) to replace the primarily paper-based charting system currently in use. The ability to centralize records and make them available to individuals involved in a consumer's care is central to improving service delivery, coordinating care between providers, and giving consumers more efficient access their their records. Most of the robust behavioral health systems available today for county mental health systems come as tightly packaged systems that integrate billing functions with assessments, treatment plans, and service activity. As such, our first priority is to replace our primary billing application, InSyst, with the new behavioral health system. Because of the tight link to service activity, we would simultaneously implement the electronic health record functionality of the system.

The MHSA programs will be integrated into this implementation model as part of the whole. Full Service Partner clinical and outcome data will be supported by the system. Furthermore, the selected system has the flexibility and capacity to incorporate data collection from programs that are currently not in the InSyst system due its constraints as primarily a billing system. Tracking and outcome measurement for other MHSA components such as Prevention and Early Intervention will be enhanced with the increased flexibility of the new system.

One of the primary priorities as outlined in the component proposal is the adoption of a Personal Health Record (PHR) where clients can go to see part of their medical record, view appointments, communicate with providers, and other activity such as the development of a WRAP plan. The PHR is a client empowerment tool, which lies at the heart of our MSHA philosophy. Since many consumers do not own personal computers or have easy access to the Internet, our MHSA IT plan includes a goal of providing regional computer resources and training for consumers.

Since the Contra Costa Mental Health Plan uses a vast array of contract and network providers throughout the county, we are planning on either providing licenses for contractors to use our system or building an interface with our system through standard protocols such as HL7, XML, or web services. The selected vendor is now actively engaged in the conceptual design for a Health Information Exchange (HIE) that offers another possibility for building a more seamless clinical care system where important health information can be shared with providers involved in the treatment of clients. Similarly, the larger Health Services Department of Contra Costa is engaged in an effort to develop its own HIE incorporating existing data warehousing technologies so that primary health and pharmacy information can be visible to behavioral health providers. Both of these HIE efforts are at preliminary stages and the budgetary, technology, privacy, and security concerns will need to be mapped out before the development of the project.

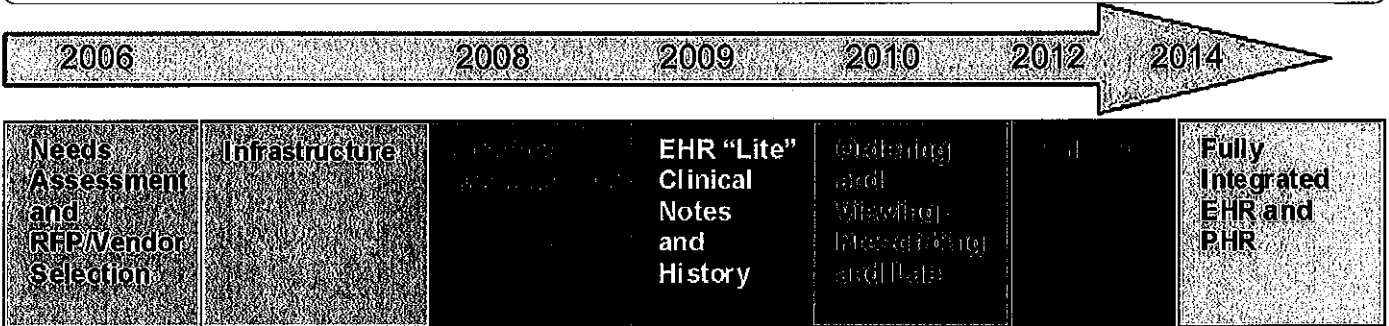
2. Technological Needs Roadmap Template

This section includes a Plan, Schedule, and Approach to achieving an Integrated Information Systems Infrastructure. This Roadmap reflects the County's overall technological needs.

Complete a Proposed Implementation Timeline with the Following Major Milestones.

2.1 List Integrated Information Systems Infrastructure Implementation Plan and Schedule or Attach a Current Roadmap (example below).

See attached High Level Contra Costa County Technology Roadmap



2.2 Training and Schedule (List or provide in Timeline Format...Example Below)

2.3 Describe your communication approach to the Integrated Information Infrastructure with Stakeholders (i.e., Clients and Family Members, Clinicians, and Contract Providers).

Contra Costa County has established multiple forums for communicating our technology plan with stakeholders, including the following:

1. PSP/InSyst User Group. This group is composed of county clinical supervisors, clerical supervisors, clerical line staff, administrative staff, contract provider clerical and administrative staff, and county Information Systems staff. The purpose is to facilitate communication and share information with individuals who use the current system and who have decision-making authority in terms of the information system and related workflows relevant to current system. Roughly 50 individuals attend these meetings on a monthly basis.

2. MHSA IT stakeholder group. This group is primarily composed of county mental health administrators, county IT staff, contract provider administrators, and contract provider IT staff. The group was formed specifically to communicate the county's plan for a new information system and to discuss the impact the new system will have on contract providers. This group was formed as a precursor to the implementation of the new system so providers would both be aware of the county's plan, to discuss the impact of the new system on our relationship with them, and to garner some initial feedback on some of the issues inherent in implementing a new system. The primary focus on the meetings thus far has been on their ability to adopt to a new system, licensing issues, interoperability between their system and our own, the flow of service and billing information, the flow of clinical information, and state reporting requirements. (the meetings are ongoing; see attached minutes from completed meetings).

3. Group site on Yahoo Groups that is available to the public (http://health.groups.yahoo.com/group/CCMHP_Admin/). This is an information sharing site where providers outside the county firewall can access county documents, information related to the new information system, and message to one another on common problems and issues.

4. Focus groups with consumers and consumer family members. These focus groups were organized to solicit input directly from consumers on the impact of the new system on their clinical care, issues they anticipate arising with an electronic medical record, and their level of interest in accessing a personal health record. In addition, the focus groups queried consumers and consumer advocates on their advice regarding the personal health record, how it might improve their clinical care, and issues or problems that might be involved in the use of the personal health record.

5. Public forums. The Contra Costa MHSA IT project has been communicated to the public through a number of channels, including: Community Input Meetings during the month of June 2009 - these meetings were scheduled in each region of the County to obtain public input; Consolidated Planning Advisory Workgroup (CPAW) is open to the public and has sought public input in the development of the proposal; the Mental Health Commission conducted a Public Hearing on the Capital Facility & Technology Needs Component Proposal during January 2009; the MHSA web site (www.cchealth.org).

6. Consolidated Planning Advisory Workgroup (CPAW). CPAW is the primary organizing structure with members from multiple stakeholder groups, including consumers and consumer advocates, Mental Health Commission members, mental health administration staff, and contracting agencies. Members of CPAW also include representatives from other agencies, including Social Services, Schools/Education, the faith-based community, Law Enforcement, and specific target populations including LGBTQ and Native Americans. CPAW helps plan future MHSA efforts and advises the Mental Health Division on how to integrate MHSA principles and practices. This group gives members from the mental health community an opportunity to provide input for system growth and change.

2.4 Inventory of Current Systems (May include System Overview provided in County Technology Strategic Plan).

InSyst -- Echo Corp. System used for submitting claims for Medi-Cal reimbursement and CSI reporting
 NetPro -- In-house developed. System used for authorization and referral process for fee-for-service providers
 Meditech -- System used in Regional Hospital; accessible to some staff in mental health (not integrated)
 E2 Search -- In-house developed. System used for eligibility searches using a variety of sources
 Data Warehouse -- In-house developed. System used to pool data from variety of county health care systems (currently, mental health data not included; plan to include)
 (see draft Technology Plan for further details)

2.5 Please attach your Work Flow Assessment Plan and provide Schedule and List of Staff and Consultants Identified (May complete during the Implementation of the Project or RFP).

A comprehensive work flow assessment plan will be mapped out during the implementation of the project. Staff identified as essential to the project have been identified and efforts to backfill central staff to free them for the project are underway. (See attached staff listing)

2.6 Proposed EHR component purchases [May include information on Project Proposal(s)].

Vendor-specific details are not included prior to completion of contract negotiations.

Components include:

- Electronic Health Record, including functionality for a shared-decision making tool with a recovery orientation
- Personal Health Record
- Managed Care functionality
- E-prescribing

2.7 Vendor Selection Criteria (Such as Request for Proposal).

Contra Costa County participated in the 28-county County Behavioral Health System RFP process. A total of 15 vendors responded to the initial RFP, and a short list of eight were selected for further review. Further analysis included a quantified review of responses, an extensive gap analysis for major functional areas, customer reference ratings, and an analysis of proposed pricing by each vendor.

Contra Costa continued the vendor review process through a lengthy series of site visits, county reference calls, and vendor demonstrations. The focus for the county was to select a vendor that 1) had contracts with multiple counties in California, 2) were successful in revenue cycles with DMH, 3) were implemented in other large counties similar in size to Contra Costa, 4) had implemented products that utilized not only practice management functionality but also electronic medical record functionality, and 5) was flexible enough to incorporate the complexity of behavioral health in California. Though the top-ranked vendor has been selected, the name will be withheld until contract negotiations are completed.

2.8 Cost Estimates associated with achieving the Integrated Information Systems Infrastructure.

\$6.2 million for total cost of ownership for 5-year term. \$3.9 million for one-time costs for roughly two-year implementation.

3. County Personnel Analysis (Management and Staffing)
 (Small Counties have the Option to Not Complete this Section.)

Major Information Technology Positions	Estimated Staff / Authorized	Requested (Yes/No)	Estimated Staff / Authorized
A. Information Technology Staff (Direct Services)			
Technical writer (documentation)/Training	1	1	0
Report writer/analyst	1	1	0
RAD programmer	1	1	0
Subtotal A			
B. Project Management and Supervisory			
CEO or Manager Above Direct Supervisor	0.2	1	0
Supervising Project Manager	1	1	0
Project Coordinator	1	1	0
Other Project Leads	2	1	2
Subtotal B			
C. Information Technology Support Staff			
Analysts, Tech Support, Quality Assurance	1	1	0
Education and Training	1	1	0
Clerical, Secretary, Administrative Assistants	1	1	0
Other Support Staff (Non-Direct Services)	0	0	0
Subtotal C			
Total County Technology Workforce (A + B + C)			

Enclosure 3
Exhibit 3

Technological Needs Project Proposal Description

County Name: Contra Costa Date: Feb 2, 2010

Project Name: Behavioral Health System

General Information

- New System.
- Extend the Number of Users of an Existing System.
- Extend the Functionality of an Existing System.
- Supports Goal of Modernization / Transformation.
- Support Goal of Client and Family Empowerment.

Information Systems

Electronic Health Record (EHR) System Projects (Check/All that Apply)

- Infrastructure, Security, Privacy.
- Practice Management.
- Clinical Data Management.
- Computerized Provider Order Entry.
- Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard Data Exchanges with Other Counties, Contract Providers, Labs, Pharmacies).

Client/Family/Improvement Projects

- Client/Family Access to Computing Resources Projects.
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging Information-Sharing Services)

Other Technological Needs Projects that Support MHS/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.



Custom Application

Name of Consultant or Vendor (if applicable):

Commercial Off-The -Shelf (COTS) System

Name of Vendor:

Withheld until completion of contract negotiations.

Product Installation

Name of Consultant or Vendor (if applicable):

Withheld until completion of contract negotiations

Software Installation

Name of Vendor:

Withheld until completion of contract negotiations



Small County? Yes No

Complete Each Section Listed Below.

Small counties (under 200,000 in population) have the Option of submitting a Reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project.

A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with an “*”.



Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for **Risk Level** using the worksheet in **Appendix A**.



Independent Project Oversight

Based on the Risk Level worksheet in Appendix A, the Contra Costa County BHS project is a medium risk project. The Project Management processes detailed below will be fleshed out as part of the initial project management activities. Currently an independent Project Manager is being selected from outside consulting firm. Once hired, the project manager will document the plan for each of the project management components in this section.

Integration Management

In scope of work for project manager

Scope Management

In scope of work for project manager

Time Management

In scope of work for project manager

Cost Management

In scope of work for project manager

Quality Management

In scope of work for project manager

Human Resource Management (Consultants, Vendors, In-House Staff)

A draft of human resources required for the project are outlined in Enclosure 3, Exhibit 2. The last column (# FTE needed in addition to #FTE authorized) indicates areas where county will need to add additional resources for the project (i.e., by backfilling or temporary assignments for project). The vendor will supply a project manager and subject matter experts for the project as needed.

Communications Management

In scope of work for project manager

Procurement Management

Contract negotiations are a collaborative effort between County Contracts and Grants Division; an independent contract manager, Information Systems staff, and Mental Health staff. Ongoing procurement management will be with the Project Manager and the BHS Steering Committee

Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a Quarterly basis for the life of the Project.

Costs on a Yearly and Total basis will also be required for input on Exhibit 3 - Budget Summary.

\$6.6 million total cost of ownership over 5-year term under the SaaS model, including capital and operating costs. The estimated cost on an annual basis will be \$1.14 million.

Extent to which the Project is Critical to the Accomplishment of the County, MHSA, and DMH Goals and Objectives.

As noted in the Contra Costa County Information Technology Plan (attached in draft form), the county is moving toward an information system that is Person-centered and towards establishing an Integrated Delivery System, one in which systems are integrated with one another with the focus on the overall health of the client. The county information systems are currently a patchwork of various systems serving specific functional requirements, such as billing, appointment scheduling, pharmacy management, and clinical. The vision of the Information Technology Plan is to provide the information technology infrastructure to ensure the coordinated care between departments with a client-centered approach. Moreover, the Technology Plan calls for participation in regional and state health information exchanges (e.g. CalRHIO, E-Health Collaborative). Under this model, patients and clinicians will have more control over the utilization of healthcare services than will payers or regulators. The location of healthcare will continue to move from the inpatient to the outpatient and home settings. The focus of healthcare will shift from the treatment of illnesses to the prevention of illness, disease management, and wellness.

Degree of Centralization or Decentralization Required for this Activity.

The Behavioral Health System project's main objective is to establish an electronic medical record for clients served by the Contra Costa Mental Health Plan. Paper-based clinical charts are now located in various county and contract provider clinics in all regions of the county, a practice that leads to high levels of inefficiencies, redundancy, and difficulties on the part of clinical staff to acquire pertinent information about clients to provide the best clinical care. The EHR will centralize client records so that clinicians in all regions will have access to the information they need to provide optimal care for the client. Moreover, clients will have access to their records and be able to communicate with treatment teams through the use of the PHR. The BHS is web based and will be accessible to all care providers who are involved with a client's services. Thus, the data will be centralized, but the means to access the data will be highly decentralized. Internet access and security permissions are all that are required to access clinical information.

Regarding the BHS project specifically, the project will be highly centralized from a project management standpoint. The project manager and project management team will all be orchestrated out of mental health administration in Martinez. The nature of the project will require implementation in a highly de-centralized manner to reflect over 40 county and contractor sites located throughout the county and roughly 300 providers on the provider network. To that end, the project plan will

require a robust communications and management plan.

Data Communication Requirements associated with the Activity.

The county health services department supports a high-speed network with ample capacity for the implementation of a new behavioral health system. The likely model chosen for the new system is SaaS (ASP), which will enable county and contract providers who have Internet access and proper permissions to access necessary clinical information.

Characteristics of the Data to be Collected and Processed (i.e., source, volume, volatility, distribution, and security or confidentiality).

Data to be collected and processed includes all data elements collected and reported to DMH as part of Medi-Cal billing as well as the client services information reporting (e.g., CSI; CalOMS) required by the State. There is a high degree of security and confidentiality required for transmission of this data through the ITWS system. In addition, the EHR and PHR components add a significant level of data that will be high volume and high transaction, including client progress notes, treatment plans, and assessments. The data will be stored centrally on a secured database hosted by the vendor and will be accessible individuals involved in treatment services in line with existing consent and HIPAA requirements.

Degree to which the Technology can be Integrated with Other Parts of a System in achieving the Integrated Information Systems Infrastructure.

The selected vendor's system supports interoperability standards for integration with other systems using protocols such as HL7, XML, SOAP, and SAML. The vendor has been deeply involved with DMH and other agencies promoting the ability of software applications to integrate with other systems. In addition, the county is making strategic steps toward integration of its disparate systems such that the focus is on the healthcare at the level of the client, including ambulatory care, pharmacy, hospital care, public health, alcohol and drug, and mental health.

Compatibility with Existing Hardware, Including Telecommunications Equipment.

With the plan to use the SaaS model, existing hardware requirements entail workstations and high speed Internet connections, which are available at all county and contractor sites.

Physical Space Requirements Necessary for Proper Operation of the Equipment.

The county has inventoried current workspace and availability of computers and has provided dedicated space and computers for clerical, clinical, and other staff to access the system. Some staff will be working on shared computers, but each is secure through network logon security protocols.

Hardware Maintenance.

Health Services Information Systems staff maintain all computers across the county with a dedicated group of staff to handle work orders, updates and patches, virus protection, and upgrades as needed.

Existing Capacity, Immediate Required Capacity and Future Capacity.

In most cases existing capacity is sufficient for the implementation of the BHS. At some sites, more computers are needed to plan for the increased utilization of computer resources when clinical staff begin using the EHR. These will be purchased and installed through the implementation process.

Backup Processing Capability.

Backup capacity is provided by the servers maintained by the vendor in the SaaS model.

Compatibility of Computer Languages with Existing and Planned Activities.

N/A

Maintenance of the Proposed Software (e.g., vendor-supplied).

N/A

Availability of Complete Documentation of Software Capabilities.

Complete documentation of software capabilities is provided by the vendor after the contract has been finalized.

Availability of Necessary Security Features as defined in DMH Standards noted in Appendix B.

The selected vendor's system is CCHIT certified for ambulatory care and plans to meet the certification requirements once they are finalized for behavioral health. The selected system meets current security standards and is in compliance with current federal and state laws, including HIPAA, W&I Code, and the right to privacy provision under article 1 of the California Constitution. The system is in compliance with access control standards, auditing standards, and authentication standards.

Ability of the Software to meet Current Technology Standards or be Modified to meet them in the future.

The selected vendor's system is a web-based system with an industry standard database back-end. The flexibility of the system and long history of meeting current technology standards ensure confidence that the product and the vendor will be able to modify the product to meet standards as they develop in the future.

Integration of Information Technology

Describe the County's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.

The Contra Costa County system of care is a complicated network of county-owned and operated clinics and a vast array of contracted community based providers. We have had numerous meetings with contract providers to inform them of our plan to implement a new behavioral health system. During these meetings, we have discussed different strategies for handling the exchange of data between our data system and theirs. Some of the providers already have an electronic medical record, some are in the process of finding a new electronic medical record, and others do not have the resources to purchase and implement a new system. Our plan is to provide contractors who do not have an electronic medical record with licenses for their staff and implement the system in their setting. For contract providers who do have an electronic medical record already, our plan is to either a) develop a standard interface option whereby information from their system is viewable or collected by our system, or b) work out standards for a local health information exchange whereby information from their system is viewable by our staff. Contract providers are an integral part of the planning process and are key members of the IT Steering Committee.

Identifying and Implementing New Capabilities

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

The county has established a formal process to review and improve the current workflow process regarding revenue cycles (see attached). As part of the implementation strategy, this process as well as clinical workflow processes will be assessed, reviewed, and documented as part of the scope of work for the project manager. The training strategy consists of vendor training to a set of key staff responsible for particular content areas, followed by training by key staff using a train the trainer model. This is also a key area that will be mapped out by the project manager once the project manager contract has been finalized.

Identifying Policy Requirements

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes.

Protecting Data Security and Privacy.

Existing policies will largely meet the data security and privacy requirements of the new behavioral health system. (See attached security and privacy policies). Currently, virtually all systems are hosted locally. Since the model for the new system is SaaS, existing policies on security safeguards will need to be reviewed and possibly modified to reflect the new business rules. This will be reflected through the normal QI process within the county for approval and implementation. The use of new system software will improve the security of our electronic data. The role based security model used by the selected system allows the County to implement a more granular level of appropriate security than we are able to do with our legacy system.

Operational Recovery Planning.

The county will determine as part of the contract with the vendor the requirements for operational recovery in the case of system downtime.

Business Continuity Planning.

In the case of downtime, the county will implement a system downtime procedure to minimize the impact of downtime on normal clinical and operational business flow. A paper-based downtime procedure will be in place to allow for business continuity, similar to what is in place currently, but extended to the impact system downtime will have on clinical staff.

Emergency Response Planning.

County Health Services IT is currently engaged in the implementation of an emergency response plan (attached), which is mostly focused on emergency response when locally hosted systems are critically impacted. The use of the SaaS model will simplify the planning process for users of the new behavioral health system on a local level. The dependence on the Internet for the SaaS model systems will need to be reviewed by the emergency response

planning committee to determine the system impacts when access to the Internet is limited or eliminated. The vendor host site is a redundant system with extremely low risk for complete failure.

Health Information Portability and Accountability Act (HIPAA) Compliance.

The selected system is fully HIPAA compliant.

State and Federal Laws and Regulations.

The selected system is currently used in over 20 counties throughout California and throughout the United States. The system meets state and federal laws and regulation.

Sponsor(s) Name(s) and Title(s)

Identify the Project Sponsor Name and Title. If multiple Sponsors, identify each separately.

Donna Wigand, LCSW. Mental Health Director.

Commitment

Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.

The Sponsor has been supportive of the acquisition and implementation of a new behavioral health system since initial involvement in the CBS coalition in September, 2003. Following both phases of this project, mental health staff have been actively engaged in the search for a new system that meets the county's financial, managed care, and clinical requirements. Only recently has there been a meaningful confluence of factors that have given the project a green light, including the availability of funding by MHSA, the "test" of the vendor to demonstrate required functionality in other counties, and improvement in the staffing level required for the project. Several key staff persons earmarked for the project have been identified and are in the process of backfilling to free these staff so they can be dedicated to the project. Other staff who are engaged in other work roles will be pulled into the project as needed and will be alleviated from some of their current duties so they can devote necessary time for the project. The Sponsor and other executive management are fully aware of these changes and are supportive of the shift.

Because the project will likely cost more than is available from MHSA funding, mental health has needed to secure support from the health services CFO, who is now firmly behind the project and will allocate the necessary resources to ensure the project's success.



Please include separate signoff sheet with the Names, Titles, Phone, E-mail, Signatures, and Dates for:

Individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).



Prepared By			
Name:	Steve Hahn-Smith	Title:	Coordinator, Research & Evaluation; Project Lead
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Name:	_____	Title:	_____
Signature:	_____	Date:	_____
		Phone:	_____
Email Address:			

Enclosure 3
Exhibit 4

Budget Summary
For Technological Needs Project Proposal

County Name: Contra Costa

Project Name: Behavioral Health System

(List Dollars in Thousands)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Category	03/07	07/07	10/07	10/07 Actual	03/08 Estimate	10/08 Estimate
Personnel						
MH Staff backfill (6 positions)		168,513	674,051	168,513	1,011,077	255,405
IT Staff (3 positions)		80,341	321,365	80,341	482,027	
Total Staff (Full-time and Part-time)		248,854	995,416	248,854	1,493,104	255,405
Hardware						
From Exhibit 2						
Additional Workstations (80)		60,000	60,000		120,000	30,000
Total Hardware		60,000	60,000		120,000	30,000
Software						
From Exhibit 2		261,000	548,100	1,814,400	2,623,100	634,560
InfoScriber (e-prescribing)		23,405	17,841	50,706	91,932	16,902
Total Software		284,405	565,941	1,865,106	2,715,032	651,462
Contract Services (list services to be provided)						
Project Manager		225,662	451,324	225,662	907,613	
Professional Services		246,437	985,750	492,875	1,727,062	
Total Contract Services		472,099	1,437,074	718,537	2,634,675	
Administrative Overhead		50,358	201,434	100,717	382,109	
Other Expenses (Describe)						
Contingency (5%)		220,320			220,320	
Total Costs (A)		1,003,686	3,259,661	2,923,247	7,163,113	936,867
Total Offsetting Revenues (B) **		133,604	325,987	293,321	752,912	93,687
MHSA Budgeted Requirements (A-B)		870,082	2,933,674	2,629,926	6,410,201	843,180

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.
 ** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

* Assumes an 18-month project (for MH and IT staff) and 21-months (for PM engagement)

**Total Offsetting Revenues (B) ** for AOD (ADP) total 10% of MH costs based on AOD budget and current user levels

PERSONNEL

09-10 budget assumes staffing costs begin in April 2010 (to June 2010)

10-11 budget assumes full year staffing costs

future years is for remaining 3 months in FY 11-12

Ongoing MH staff costs are for two staff positions:

MENTAL HEALTH PROJECT MANAGER

ADMINISTRATIVE SERVICES ASSISTANT III

Ongoing IT staff: IT staffing is already in place and the current job functions of the existing seven staff would move from current system to new BHS. IT staff are under the general health services umbrella and are not specifically part of the mental health budget.

Project manager ancillary expenses (e.g., travel) are built into PM budget.

HARDWARE COSTS

Hardware costs are minimal. County has well-developed network and ample PC workstations for both clerical and clinical staff. An estimated 40 workstations are needed for staff. In addition, 40 workstations are included in the budget for computer resources for consumers.

SOFTWARE COSTS

Software costs are for licensing fees on a per user basis under a SaaS model. No additional local software costs are necessary. Future year costs are for additional years in 5-year budget.