

Component Exhibit 2**Print Form****COMPONENT PROPOSAL NARRATIVE**County El Dorado**1. Framework and Goal Support**

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) how you derived the proposed distribution of funds below.

Proposed distribution of funds:

| | | | | |
|---------------------|---------------------|----|------------|---|
| Capital Facilities | \$ <u>0</u> | or | <u>0</u> | % |
| Technological Needs | \$ <u>1,624,100</u> | or | <u>100</u> | % |

An assessment of the Capital Facilities and Technology Needs to support the efficient implementation of the Mental Health Services Act (MHSA) and transformation to a recovery and resiliency-focused service delivery system in El Dorado County indicates that while there is community interest to use these funds for Capital Facilities expenditures the challenges associated with a Capital Facilities project are not feasible at this time.

El Dorado County Mental Health has identified technological improvements that support the development of an integrated infrastructure that will transform the mental health system and support the the goals of the MHSA. The technology needs are pressing and time sensitive as improvements are necessary to support pending program implementation efforts. El Dorado County will dedicate funding to the development of an integrated information system infrastructure which includes the establishment of an Electronic Health Record (EHR) system; electronic clinical assessment and outcome measurement tools for children and adults, an electronic care pathways system, and related training and administrative/technical support.

Technology funds will be requested for systems development that will improve the quality and coordination of care, establish the means for the effective use of client assessments and measurements data, and provide for the exchange of information between county providers and community health partners through a secure network. El Dorado County will also request funds for the expansion and improvement of telepsychiatry and videoconferencing capabilities.

Clinician Work Station

El Dorado County's Technology plan will propose to fund the implementation of Netsmart's Avatar Clinician Work Station (CWS) as an Electronic Health Record (EHR) system. The Avatar CWS is designed to support the multi-disciplinary electronic record, integrating the clinical tools necessary for an interdisciplinary approach to delivery of services. The use of electronic mental health records will enhance communication between treating health care professionals. El Dorado County is a member of a Joint Powers Authority (JPA) comprised of seven small counties who will be working towards implementation of Electronic Health Records by 2013.

Assessment and Outcome Measurement Tracking

Funds will also be requested for the purchase and implementation of several electronic clinical assessment and measurement tools that will facilitate treatment planning and track client treatment progress. These tools are designed to measure and accurately score client needs, resulting in more appropriate treatment recommendations and improved outcomes that can be measured and documented.

Electronic Care Pathway

Our Technology plan will also include funding requests intended to expand the use of health care information technology by implementing applications that will be used in collaboration with community health partners and referral specialists. This technology will facilitate linkage between behavioral health and primary health care providers for persons with mental illness, chronic diseases issues and/or co-occurring substance abuse.

Telepsychiatry and Videoconferencing Services

Telepsychiatry is an efficient way of serving mental health consumers in rural underserved/unserved areas of the county. El Dorado county has successfully utilized telemedicine and videoconferencing technology as a means to reach and serve underserved

communities. Expansion and improvement of our telemedicine and videoconferencing capabilities will enable the county to provide services to areas which would otherwise remain unserved. Clients who may not have the ability to travel would have access to services in their local areas.

El Dorado County's Technology plan also proposes to fund relevant training for each of these projects, software to support project management and reporting needs, as well as funds for updating/upgrading equipment such as local and remote desktop computers, server equipment, scanning equipment and signature pad devices needed to further the goals of the MHSA components and the expansion of mental health services.

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

In support of the initial CSS component planning process, an extensive community outreach and planning process took place between February and October of 2005 to identify the priority unmet health needs in the community. Over 900 community contacts were made. El Dorado County Mental Health conducted:

- 82 focus groups and MHSA trainings
- 23 interviews
- 6 written surveys resulting in 545 responses

In addition, 104 community representatives were involved in the workgroup planning process, including mental health consumers and their family members. In this comprehensive process, members representing a broad range of service providers were included in the workgroups and on the Advisory Committee and updates were provided regularly to the Mental Health Commission.

Community feedback, collaboration and planning were achieved in a variety of ways. Individual interviews, focus groups, MHSA trainings, and written surveys were used to inform community members and solicit feedback regarding the MHSA. Workgroups and writing teams reviewed the information and data and established recommendations for priority populations, model programs, and effective strategies. An Advisory Committee reviewed these proposals and, based on the community process, made recommendations to the Director of the County Health Services Department.

Targeted outreach (14 focus groups comprising 219 individual contacts) was conducted relative to the Capital Facilities and Technology Needs components. In addition, 80 written surveys were completed and two recent (12/15/10 and 12/16/10) community meetings were conducted.

CAPITAL FACILITIES

| | |
|----------------------|----|
| Total focus groups | 7 |
| Total key Interviews | 2 |
| Surveys | 51 |

Total individuals participated 108

TECHNOLOGY NEEDS

| | |
|----------------------|----|
| Total focus groups | 7 |
| Total key interviews | 5 |
| Surveys | 29 |

Total individuals participated 111

PRIORITY PROJECTS

1. Program Monitoring and Evaluation
2. Data Warehousing
3. Telemedicine
4. Crisis Residential Unit in South Lake Tahoe
5. Wellness Center in Placerville

LOCAL 30 DAY REVIEW PROCESS

This Capital Facilities and Technology Needs component proposal was posted on the El Dorado County Health Services Department, Mental Health Division web site for a 30 day public review and comment period from May 3, 2011 to June 2, 2011. Notification of this posting was sent to the El Dorado County Board of Supervisors, the El Dorado County Chief Administrator's Office, the MHSA Advisory Committee, the Mental Health Commission, Mental Health Division staff, and the MHSA e-mail group.

Questions and feedback were invited via e-mail, mail or phone (see contact information below) and in person at the Mental Health Commission public hearing held from 12:00 - 1:00 P.M. on June 3, 2011. A request for public service announcement regarding this hearing was posted to the two local El Dorado County newspapers (The Mountain Democrat and the Tahoe Tribune).

El Dorado County Health Services Department
Mental Health Division
MHSA Project Management Team
670 Placerville Drive, Suite 1B
Placerville, CA 95667
(530) 621-6340
MHSA@edcgov.us

SUBSTANTIVE COMMENTS RECEIVED DURING THE PUBLIC REVIEW AND HEARING AND MHD RESPONSES:

Comment:

The Technology needs Clinical Workstation (CWS) plan includes costs for contract services, who is the contractor and what services are being provided.

Response:

NetSmart Technologies is the contractor and will provide technical support, guidance, and determination of best practices for El Dorado County's implementation of the Clinical Workstation (CWS) software that includes:

- 1) Creation and/or customization of CWS system screens and documents to meet the individual needs of El Dorado County business processes. This is particularly critical in areas that are unique to EDC in relation to other JPA counties--such as inpatient clinical records.
- 2) Training of county staff to perform modeling and system maintenance of CWS
- 3) Building and creation of county-specific program tables required for CWS functionality.
- 4) Problem troubleshooting during critical go-live phase to ensure continuity of service delivery at point of transition to CWS.
- 5) Training of staff in the use of the new software module.

Comment: In regards to the Joint Powers Authority (JPA), what counties are currently in the JPA? What counties have dropped out? Are we sure that we aren't paying for things that have already been developed by the JPA and are being used by other counties?

Response:

The California Regional Mental Health System Coalition (the Coalition) Counties created the JPA for the purpose of design, development, implementation and on-going operation and maintenance of the automated mental health systems for each county. Through the JPA the Coalition counties collaborate and control the costs for project activities while achieving the benefits of professional project management. Counties currently participating in the JPA include Amador, Colusa (who has expressed an intent to leave the JPA) El Dorado, Glenn, Modoc and Shasta. Counties who have left the JPA include Butte, Del Norte, Inyo, Mono and San Benito and Tehama.

The MHD is appreciative of the costs associated with technology improvements and works corroboratively with the JPA and member counties to efficiently manage those costs. As part of the JPA, El Dorado County is able to fully use resources that have already been created by NetSmart at the request of the JPA. As much as feasible, existing CWS modules, screens, and other elements will be utilized to implement CWS. El Dorado would only request NetSmart to provide support for products or services that do not currently exist, are incompatible with EDC's business process, or need to be modified to accommodate changes such as system upgrades, Medi-Cal regulations, or enhancements to functionality. Due to the differences in the various county systems and operations, some of the work must be tailored to the specific needs of El Dorado County.

Comment:

While acknowledging the importance of Technology Needs, the individual wanted to note for the record their disappointment that some of the Capital Facilities and Technology Funds were not being used on capital facilities projects.

Response:

An assessment of the Capital Facilities and Technology Needs to support the the efficient implementation of the Mental Health Services Act and transformation to a recovery and resiliency-focused service delivery system in El Dorado County indicated that the most pressing need was the development of an integrated infrastructure including the development of a fully HIPAA compliant Electronic Health Records system and associated technology improvements such as Electronic Outcomes measurement tools, enhanced telemedicine capabilities and Electronic Care Pathways. The Mental Health Division acknowledges the community interest in using the funds for capital facilities projects however, the needs identified and funds necessary to successfully implement the technology improvements made the development of capital facilities projects not feasible.

Enclosure 3
Exhibit 3**Technological Needs Project Proposal Description**

County Name: El Dorado

Date: Jun 20, 2011

Project Name: Electronic Health Record (EHR) System Implementation (Project 1)

Check at Least One Box from Each Group that Describes this MHSA Technological Needs Project

- ☐ 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.

Indicate the Type of MHSA Technological Needs Project**> 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 and Family Empowerment Projects

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

> Other Technological Needs Projects that Support MHSA Operations

- ☐ Telemedicine and Other Rural / Underserved Service Access Methods.
- ☐ Pilot Projects to Monitor New Programs and Service Outcome Improvement.
- ☐ Data Warehousing Projects / Decision Support.
- ☒ Imaging / Paper Conversion Projects.
- ☐ Other.

Indicate the Technological Needs Project Implementation Approach☐ **Custom Application**

Name of Consultant or Vendor (if applicable):

☒ **Commercial Off-The -Shelf (COTS) System**

Name of Vendor:

Topaz Systems (Topaz Signature Pad)

☒ **Product Installation**

Name of Consultant or Vendor (if applicable):

Netsmart Technologies

- RADPlus
- Avatar Practice Management (PM)
- Avatar Clinician Workstation (CWS)
- Avatar e-Prescribing / InfoScriber
- Avatar Document Imaging and Archiving
- Avatar Order Entry

☐ **Software Installation**

Name of Vendor:

Project Description and Evaluation Criteria (Detailed Instructions)

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 “*”.

Project Management Overview (Medium-to-High Risk Projects)

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**.

For Projects with Medium to High Risk, the County shall provide information in the following Project management areas.

Independent Project Oversight

N/A

Integration Management

N/A

Scope Management

N/A

Time Management

N/A

Cost Management

N/A

Quality Management

N/A

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

N/A

Communications Management

N/A

Procurement Management

N/A

For Low-Risk Projects, as determined by the Worksheet in Appendix A, the above Project Management Reporting is Not Required.

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.

Based on the worksheet in Enclosure 3, Appendix A, the Electronic Health Record System Implementation project risk score is "Low" (see attached risk assessment).

The California Regional Mental Health Systems Coalition Joint Powers Authority (JPA) has been formed to collaborate and control the costs for project management activities while achieving the benefits of professional project management. Since its inception the JPA, has secured project management consulting services from Linda Hood and Dale Jarvis, CPA and his firm, MCPP Healthcare Consulting, Incorporated. El Dorado County staff Marlena Reese is overseeing the project. She is a member of the Executive Committee overseeing the JPA-wide implementation of the Avatar application. Amanda Earnshaw, Project Manager and IT Analyst is leading the technical implementation of CWS. Kevin Wilson, IT Coordinator is assisting with hardware needs related to the project. Laura Eakin, Quality Improvement Coordinator is responsible for quality control, particularly in regard to clinical issues. Business/Department analysts (extra help staff) will assist with implementation and maintenance. A small team of clinicians to be determined, will pilot the implementation of each component before a complete roll-out occurs.

The "Electronic Health Record (EHR) System Implementation" project is broken down in several components.

Clinician Work Station (CWS) includes the following components:

- Computerized Treatment/Care Planning
- Progress Notes/Note Review
- Diagnosis
- Workflow Notifications
- Assessments
- Expand the use of Avatar PM to include use of Client Scheduling and Pre-Admits

InfoScriber / e-Prescribing:

El Dorado County will implement an e-Prescribing solution to increase the safety of prescription management for consumers.

Avatar Order Entry:

El Dorado County will implement the Order Entry module to assist support staff in the completion of their day-to-day clinical activities. This allows orders to be managed quickly and accurately.

Crystal Reports (additional licenses):

Crystal Reports is a software application that allows for the design of custom reports from virtually any data source, including the Avatar Suite.

Signature Pad:

El Dorado County will purchase electronic signature pads from Topaz Systems. These pads are certified by Netsmart to seamlessly integrate with the Avatar suite. The deployment of electronic signature pads in a secure way will allow the county to consider a complete paperless health record system. Scanned signatures are tied to the specific documents the signature was given for. Any change to the document will render the signature unusable and a new signature has to be obtained.

Avatar Document Imaging and Archiving:

Integrated with the Avatar product, the Document Imaging and Archiving component allows for a streamlined workflow to turn paper documents digital and tie them to the appropriate digital chart.

Project Cost

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.

One Time Costs FY 2011/12:

\$ 50,612 Equipment / Hardware

\$ 5,298 Software

\$ 3,793 Travel - Site Visits

\$ 68,736 Netsmart Consulting

\$ 1,700 Office Supplies

\$ 416,081 Labor - includes project personnel, employee training and super user testing group

Total One Time Costs

\$ 546,220

Recurring Costs

\$ 32,068 Total FY 2011/12 - \$ 8,017 per quarter for contractor Avatar licenses, monthly fees for e-Prescribing and scanning

\$ 89,159 Total FY 2012/13 - \$ 22,290 per quarter for Avatar licenses, monthly fees for e-Prescribing and scanning

\$ 89,159 Total FY 2013/14 - \$ 22,290 per quarter for Avatar licenses, monthly fees for e-Prescribing and scanning

\$ 89,159 Total FY 2014/15 - \$ 22,290 per quarter for Avatar licenses, monthly fees for e-Prescribing and scanning

\$ 89,159 Total FY 2015/16 - \$ 22,290 per quarter for Avatar licenses, monthly fees for e-Prescribing and scanning

\$ 89,159 Total FY 2016/17 - \$ 22,290 per quarter for Avatar licenses, monthly fees for e-Prescribing and scanning

\$ 89,159 Total FY 2017/18 - \$ 22,290 per quarter for Avatar licenses, monthly fees for e-Prescribing and scanning

Total Recurring Costs

\$ 567,023

Nature of the Project

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

El Dorado County sees the implementation of a complete Electronic Health Record crucial to support our efforts to provide the most efficient, comprehensive services to meet the needs of the consumers and families in our communities. The elements that have been included in this proposal are consistent with both the DMH goals and objectives and those of our MHSA plan.

Degree of Centralization or Decentralization Required for this Activity.

El Dorado County provides centralized services at our outpatient facilities in both Placerville and South Lake Tahoe, as well as our inpatient Psychiatric Health Facility and Crisis Residential Treatment Center. In addition, we provide services at a variety of off site locations including Juvenile Hall and Juvenile Treatment Center, many school sites in our communities, as well as crisis services at the local hospitals. Access to the Avatar system will be accessible in the field via portable devices, such as laptops and netbooks. Additionally, we also contract with several service providers and are looking into extending access to the Avatar PM billing system and possibly CWS securely through a VPN connection at the provider locations.

Data Communication Requirements associated with the Activity.

The bandwidth of the County LAN is capable to support the increased demand expected by the increase of user activity related to this project. Our current experience with Avatar PM shows no major issues with slower connectivity and we foresee no complications with the complete roll-out of Avatar CWS. Additionally, Netsmart Technologies has the corporate capacity to support the evolution of this product to meet current and future standards.

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 (CSI) reporting required by the State. This includes patient demographic data, billing information, CSI information, and mental and physical health diagnoses. The sources for this data include the patient, clinicians, medical service providers, Medi-Cal and private insurance. Billing related data is obtained partially from guarantors. At any given point in time, there are between 800 and 1,000 active clients in the system and the data for each client can change daily. Collected data can be shared and distributed between mental health staff, other health care providers and Medi-Cal. There is a high degree of security and confidentiality required for transmission of this data. The systems currently in place are HIPAA compliant to ensure that the data collected and transmitted is protected. Permissions within the database are assigned by management to ensure that only staff needing to access particular client data are allowed to do so. A password policy is enforced to secure access to the County LAN and each employee is prompted to change their password periodically. The individual computers connected to the LAN will also timeout and lock automatically if the system has not been accessed in a specified period of time. Additionally, access to the Avatar applications are also secured by a password.

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

The Netsmart product meets the criteria for interoperability articulated by DMH and as cited in their recent RFI. The Avatar product is certified by the Certification Commission for Healthcare Information Technology. The CCHIT certification demonstrates the high degree of interoperability and security of this system. A rich interoperability is given through the use of Intersystem's Cache database.

Hardware Considerations * (As Applicable)**Compatibility with Existing Hardware, Including Telecommunications Equipment.**

Requirements for signature pads are specified by Netsmart to insure compatibility. As mentioned before, the county LAN and outside connections are well equipped to support the expected load by the system.

Physical Space Requirements Necessary for Proper Operation of the Equipment.

N/A

Hardware Maintenance.

Server maintenance is the responsibility of Netsmart Technologies. Workstation maintenance is provided internally by El Dorado County's Information Technologies Department.

Existing Capacity, Immediate Required Capacity and Future Capacity.

N/A

Backup Processing Capability.

Netsmart Technologies has a detailed procedure set up for on-site backup and off-site mirroring for business continuity.

Software Considerations * (As Applicable)**Compatibility of Computer Languages with Existing and Planned Activities.**

All proposed application components are compatible with the core Avatar suite. The underlying Cache database is SQL based and can be used with Sun Java and other development tools. El Dorado County is confident that the proposed system is flexible enough to account for evolving requirements in the foreseeable future.

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

The JPA has an Application Maintenance Agreement with Netsmart Technologies.

Availability of Complete Documentation of Software Capabilities.

Generic documentation is provided by Netsmart Technologies. For customized options with the Avatar system, documentation is developed either as a joint effort by the JPA or in-house.

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

The Netsmart product suite selected by the JPA meets the security features as defined in Appendix B.

1. Functional Standards

A critical factor in the JPA's selection of Netsmart Technologies is Netsmart's demonstrated commitment to supporting industry standards. Netsmart's EHR was the first and is still the only behavioral health application that is CCHIT certified for Ambulatory EHR. Netsmart's application also complies with HIPAA security and privacy standards. The Netsmart product suite meets all the functional standards listed in Appendix B.

2. Connectivity and Language (Interoperability) Standards

The Netsmart product suite meets all the connectivity and language standards specified in Appendix B.

3. Client Access, Security and Privacy Standards

The Netsmart products suite meets all the privacy, client access and security standards specified in Appendix B.

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

In the RFP phase, the JPA evaluated each respondent's ability to meet technology today and in the future and Netsmart Technologies met the requirement.

Interagency Considerations* (As Applicable)

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.

El Dorado County is reviewing the feasibility of extending access of Avatar PM and possibly CWS to our contract service providers following successful internal roll-out of the Avatar Suite in-house. This would require the County to provide secure VPN connections, licenses and training to staff at the various provider locations.

Training and Implementation * (As Applicable)

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

El Dorado County's current workflow process involves the input of clinical and billing information into Inter-Trac and then importing the billing information into Avatar PM. Our plan for the future is to have all client information, clinical and billing, in one comprehensive system.

Application components will be implemented utilizing the following strategies:

- Extensive testing within a test system
- Pilot testing with a small number of clinicians in the live system prior to roll-out
- Continuous communication with other JPA members to give and receive feedback on successes and lessons learned
- Project monitoring with reporting to identify and correct problem areas
- Active participation in the various California Avatar User Group (CAUG) committees, including the technical and billing committees.

Security Strategy * (As Applicable)

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.

A password policy is enforced to secure access to the County LAN and each employee is prompted to change their password periodically. The individual computers connected to the LAN will also timeout and lock automatically if the system has not been accessed in a specified period of time. Additionally, access to the Avatar applications are also secured by a password. Permissions within the database are assigned by management to ensure that only staff needing to access particular client data are allowed to do so. Physical security of the database is provided by NetSmart Technologies.

Operational Recovery Planning.

Provided by Netsmart Technologies

Business Continuity Planning.

Provided by Netsmart Technologies

Emergency Response Planning.

Provided by Netsmart Technologies

Health Information Portability and Accountability Act (HIPAA) Compliance.

Each employee of the department is required to participate in HIPAA training provided by the County upon hire and on an annual basis.

State and Federal Laws and Regulations.

Netsmart Technologies has agreed by contract to remain compliant with all relevant State and Federal Laws and regulations.

Project Sponsor(s) Commitments [Small Counties May Elect to not Complete this Section]**Sponsor(s) Name(s) and Title(s)**

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

N/A

Commitment

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

N/A

Approvals/Contacts

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).

Signatures

Prepared By

Name: Sophie Cabrera

Title: Program Manager

Signature: 

Date: 8/9/11

Phone: (530) 621-6340

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Name: Neda West

Title: Director, Health Services

Signature: 

Date: 8/9/11

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Enclosure 3
Exhibit 3**Technological Needs Project Proposal Description**

County Name: El Dorado

Date: Jun 20, 2011

Project Name: Electronic Care Pathways (Project 4)

Check at Least One Box from Each Group that Describes this MHSA Technological Needs Project

- ☒ 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.

Indicate the Type of MHSA Technological Needs Project**> 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 and Family Empowerment Projects

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

> Other Technological Needs Projects that Support MHSA Operations

- ☐ Telemedicine and Other Rural / Underserved Service Access Methods.
- ☐ Pilot Projects to Monitor New Programs and Service Outcome Improvement.
- ☐ Data Warehousing Projects / Decision Support.
- ☐ Imaging / Paper Conversion Projects.
- ☒ Other.

Indicate the Technological Needs Project Implementation Approach☒ **Custom Application**

Name of Consultant or Vendor (if applicable):

Infocom Systems Services, Inc. (for i-Reach software development and maintenance)

☐ **Commercial Off-The -Shelf (COTS) System**

Name of Vendor:

☐ **Product Installation**

Name of Consultant or Vendor (if applicable):

☐ **Software Installation**

Name of Vendor:

Project Description and Evaluation Criteria (Detailed Instructions)

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 “*”.

Project Management Overview (Medium-to-High Risk Projects)

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**.

For Projects with Medium to High Risk, the County shall provide information in the following Project management areas.

Independent Project Oversight

N/A

Integration Management

N/A

Scope Management

N/A

Time Management

N/A

Cost Management

N/A

Quality Management

N/A

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

N/A

Communications Management

N/A

Procurement Management

N/A

For Low-Risk Projects, as determined by the Worksheet in Appendix A, the above Project Management Reporting is Not Required.

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.

Based on the worksheet in Enclosure 3, Appendix A, the Electronic Health Record System Implementation project risk score is "Low" (see attached risk assessment).

El Dorado County Health Services Department, Mental Health Division (MHD), in collaboration with Access El Dorado (ACCEL) and local Federally Qualified Health Centers (FQHC) are working together on a pilot project (a care pathway) to strengthen the integration and coordination between behavioral health, primary care and natural community supports. A Care Pathway is a set of standardized protocols for inter-agency shared case management that connects patients to health care services, facilitating the sharing of information and clarity in handoffs between agencies. This initial phase, currently in process, is focused on the development, design and implementation of a series of bi-directional, paper-based Care Pathways to facilitate linkage in these areas for adults faced with mental distress and co-occurring substance abuse or chronic disease issues, and/or who are at-risk of homelessness.

The request for funds from MHSA IT will allow us to build upon this initial pilot project by automating the paper-based Care Pathways through the use of a centralized and shared web-based application (i-Reach) and expand the pilot project to other primary care sites within the county. Together, these efforts will enable more efficient data capture and sharing among behavioral health and primary care settings, and create more transparent and structured referral process.

Currently, all ACCEL agencies are using and have specific users at each site trained to use i-Reach. The use of i-Reach allows for real-time efficient communication across agencies and sets in place standardized methods for patient-system navigation. Further, i-Reach enables agencies to more efficiently extract data to inform quality assurance efforts, evaluate the effectiveness of a Care Pathway, and identify barriers to success and community wide trends.

Funding for this project will cover the necessary up-front and ongoing technological, operational, quality assurance and technical support necessary to support this project. We expect the migration of Care Pathways into i-Reach to take place in phases. Multiple and inter-related components are necessary to ensure an effective transition from a paper-based to an electronic system while supporting the systematic spread to other sites.

Project Cost

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.

One Time Costs FY 2011/12:

\$ 30,000 Software - i-Reach Pathway Programming

Total One Time Costs

\$ 30,000

Recurring Costs

\$ 45,304 Total FY 2011/12 - \$ 11,326 per quarter for manager and technical support labor, Infocom i-Reach maintenance, physician champion, evaluation tool, travel and supplies.

\$ 45,304 Total FY 2012/13 - \$ 11,326 per quarter for manager and technical support labor, Infocom i-Reach maintenance, physician champion, evaluation tool, travel and supplies.

\$ 34,001 Total FY 2013/14 - \$ 8,500 per quarter for manager and technical support labor, Infocom i-Reach maintenance, physician champion, travel and supplies.

\$ 34,001 Total FY 2014/15 - \$ 8,500 per quarter for manager and technical support labor, Infocom i-Reach maintenance, physician champion, travel and supplies.

\$ 34,001 Total FY 2015/16 - \$ 8,500 per quarter for manager and technical support labor, Infocom i-Reach maintenance, physician champion, travel and supplies.

\$ 34,001 Total FY 2016/17 - \$ 8,500 per quarter for manager and technical support labor, Infocom i-Reach maintenance, physician champion, travel and supplies.

\$ 34,001 Total FY 2017/18 - \$ 8,500 per quarter for manager and technical support labor, Infocom i-Reach maintenance, physician champion, travel and supplies.

Total Recurring Costs

\$ 260,611

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

El Dorado County sees the implementation of an electronic Care Pathways system as a critical component to support a community wide collaborative of public and private agencies dedicated to improving the health of vulnerable populations in the county. The elements that have been included in this proposal are consistent with the both the DMH goals and objectives and those of our MHSA plan.

Degree of Centralization or Decentralization Required for this Activity.

N/A

Data Communication Requirements associated with the Activity.

N/A

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

N/A

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

N/A

Hardware Considerations * (As Applicable)**Compatibility with Existing Hardware, Including Telecommunications Equipment.**

i-Reach is a web-based application that will be accessible with our existing desktop and laptop computers.

Physical Space Requirements Necessary for Proper Operation of the Equipment.

N/A

Hardware Maintenance.

Workstation maintenance is provided internally by El Dorado County's Information Technologies Department.

Existing Capacity, Immediate Required Capacity and Future Capacity.

N/A

Backup Processing Capability.

N/A

Software Considerations * (As Applicable)**Compatibility of Computer Languages with Existing and Planned Activities.**

N/A

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

Software maintenance, as needed, will provided internally by El Dorado County's Information Technologies Department.

Availability of Complete Documentation of Software Capabilities.

N/A

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

N/A

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

N/A

Interagency Considerations* (As Applicable)

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.

N/A

Training and Implementation * (As Applicable)

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

The current workflow process is a paper-based Care Pathway. El Dorado County Mental Health is looking to convert these paper pathways to electronic Care Pathways. The system that we are proposing to use is i-Reach, which is a web-based application that will be programmed specifically for Mental Health and will be able to communicate effectively with other ACCEL agencies who already use this technology.

Security Strategy * (As Applicable)

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.

A password policy is enforced to secure access to the County LAN and each employee is prompted to change their password periodically. The individual computers connected to the LAN will also timeout and lock automatically if the system has not been accessed in a specified period of time.

Operational Recovery Planning.

N/A

Business Continuity Planning.

N/A

Emergency Response Planning.

N/A

Health Information Portability and Accountability Act (HIPAA) Compliance.

Each employee of the department is required to participate in HIPAA training provided by the County upon hire and on an annual basis.

State and Federal Laws and Regulations.

N/A

Project Sponsor(s) Commitments [Small Counties May Elect to not Complete this Section]**Sponsor(s) Name(s) and Title(s)**

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

N/A

Commitment

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

N/A

Approvals/Contacts

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).

Signatures

Prepared By

Name: Sophie Cabrera

Title: Program Manager

Signature: 

Date: 8/9/11

Phone: (530) 621-6340

Email Address: Sophie.Cabrera@edcgov.us

Name: Neda West

Title: Director, Health Services

Signature: 

Date: 8/9/11

Phone: (530) 621-6156

Email Address: Neda.West@edcgov.us

Enclosure 3
Exhibit 3**Technological Needs Project Proposal Description**

County Name: El Dorado

Date: Jun 20, 2011

Project Name: Electronic Outcome Measurement Tools (Project 3)

Check at Least One Box from Each Group that Describes this MHSA Technological Needs Project

- ☒ 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.

Indicate the Type of MHSA Technological Needs Project**> 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 and Family Empowerment Projects

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

> Other Technological Needs Projects that Support MHSA Operations

- ☐ Telemedicine and Other Rural / Underserved Service Access Methods.
- ☒ Pilot Projects to Monitor New Programs and Service Outcome Improvement.
- ☐ Data Warehousing Projects / Decision Support.
- ☐ Imaging / Paper Conversion Projects.
- ☐ Other.

Indicate the Technological Needs Project Implementation Approach☐ **Custom Application**

Name of Consultant or Vendor (if applicable):

☐ **Commercial Off-The -Shelf (COTS) System**

Name of Vendor:

☐ **Product Installation**

Name of Consultant or Vendor (if applicable):

☒ **Software Installation**

Name of Vendor:

Deerfield Behavioral Health, Inc.
• Web-based dual LOCUS and CALOCUS software

OQ Measures LLC
• Y-OQ® Analyst software

Project Description and Evaluation Criteria (Detailed Instructions)

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 “**”.

Project Management Overview (Medium-to-High Risk Projects)

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**.

For Projects with Medium to High Risk, the County shall provide information in the following Project management areas.

Independent Project Oversight

N/A

Integration Management

N/A

Scope Management

N/A

Time Management

N/A

Cost Management

N/A

Quality Management

N/A

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

N/A

Communications Management

N/A

Procurement Management

N/A

For Low-Risk Projects, as determined by the Worksheet in Appendix A, the above Project Management Reporting is Not Required.

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.

Based on the worksheet in Enclosure 3, Appendix A, the Electronic Health Record System Implementation project risk score is "Low" (see attached risk assessment).

In an effort to improve and standardize client services, El Dorado County intends to pursue two electronic assessment and two electronic outcome measurement tools to further our goal of providing informed quality treatment planning and services and tracking and measuring client outcomes. The assessment tools will enable clinicians to appropriately match assessed level of care needs to treatment plans ultimately resulting in improved client outcomes. It was determined early in the selection process that clinician and client participation was critical to the success of using measurement tools; therefore, El Dorado County chose electronic software that featured simplicity and was sensitive to participant time constraints, but yet returned clear, reliable and consistent measures acknowledged by the industry. The implementation of HIPAA also required adequate security and audit trails on electronic medical records; these selected electronic applications meet those requirements.

The measurement tools that will be utilized are listed below:

Adults: The selected assessment tool is the LOCUS (Level of Care Utilization System) and the outcome measurement tool selected is the CIOM (Clinically Informed Outcomes Management).

Children: The selected assessment tool is the CALOCUS (Child and Adolescent Level of Care Utilization System) and the outcome measurement tool selected is the Y-OQ® software package.

The LOCUS for adults and the CALOCUS for children are quantifiable measures to guide assessment, level of care placement decisions, continued stay criteria and clinical outcomes. These assessment tools provide a common language and establish standards to make judgments and recommendations meaningful and sufficiently sensitive to distinguish appropriate needs and services for each individual client. The collaboration between the clinician and the client to accomplish the input will develop services and processes that will facilitate recovery. These assessment tools are divided into three sections:

Section 1: Defines six evaluation parameters or dimensions:

1) Risk of harm; 2) Functional status; 3) Medical, addictive and psychiatric co-morbidity; 4) Recovery environment; 5) Treatment and recovery history; and 6) Engagement and recovery status

Section 2: Defines six levels of care in terms of care environment, clinical services, support services, and crisis resolution and prevention services.

Section 3: A proposed scoring methodology to facilitate the translation of assessment results into placement level of care determinations.

For adults, the CIOM is client completed and reports their perception of functional progress and service satisfaction. The adult measurement tool currently utilized by El Dorado County requires manual completion and a significant amount of time for manual scoring. At present, an electronic version of the CIOM is not available on the open market; however, El Dorado County Mental Health in conjunction with the County's Information Technologies Department made an effort to develop such an electronic version a couple of years ago that must be updated and tested prior to implementation. Should another suitable, electronic, outcome measure be located, El Dorado County would review and consider the acquisition of such a vendor supported system.

Currently, for children and adolescents, the outcome measures have been postponed until electronic versions of the Y-OQ® software have been implemented in view of the extensive time requirements for scoring, recording and reviewing the CALOCUS scores by staff. This implementation of this software will assist clinicians to track the actual change in the client's functioning based upon normative data.

The LOCUS and CIOM for adults, as well as the CALOCUS for children and adolescents will be administered annually. The child / adolescent Y-OQ® will be conducted quarterly.

Project Cost

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.

One Time Costs FY 2011/12:**LOCUS/CALOCUS:**

\$ 22,000 Web-based dual LOCUS/CALOCUS software product
\$ 16,800 Dual Facility Codes
\$ 1,950 One 6 hour LOCUS Training Program (including 30 training manuals)
\$ 1,950 One 6 hour CALOCUS Training Program (includes 30 training manuals)
\$ 1,460 Travel and Expenses for Trainer

Y-OQ® Analyst Software:

\$ 2,090 License Fee for 11 Clinicians
\$ 175 Installation Fee, Technical Support and Shipping

Total One Time Costs

\$ 46,425

Recurring Costs

\$ 6,260 Total FY 2011/12 - \$ 1,565 per quarter for LOCUS/CALOCUS annual service and support and Y-OQ® hosting fees
\$ 6,260 Total FY 2012/13 - \$ 1,565 per quarter for LOCUS/CALOCUS annual service and support and Y-OQ® hosting fees
\$ 6,260 Total FY 2013/14 - \$ 1,565 per quarter for LOCUS/CALOCUS annual service and support and Y-OQ® hosting fees
\$ 6,260 Total FY 2014/15 - \$ 1,565 per quarter for LOCUS/CALOCUS annual service and support and Y-OQ® hosting fees
\$ 6,260 Total FY 2015/16 - \$ 1,565 per quarter for LOCUS/CALOCUS annual service and support and Y-OQ® hosting fees
\$ 6,260 Total FY 2016/17 - \$ 1,565 per quarter for LOCUS/CALOCUS annual service and support and Y-OQ® hosting fees
\$ 6,260 Total FY 2017/18 - \$ 1,565 per quarter for LOCUS/CALOCUS annual service and support and Y-OQ® hosting fees

Total Recurring Costs

\$ 43,820

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

The Electronic Outcome Measurement Tools project is critical to the accomplishment of the County MHSA and DMH goals as it supports our goal to provide the most efficient, comprehensive services to meet the needs of the consumers and families in our communities. The use of electronic outcome measurements ensures the provision of the appropriate services resulting in improved treatment outcomes for consumers.

Degree of Centralization or Decentralization Required for this Activity.

N/A

Data Communication Requirements associated with the Activity.

N/A

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

N/A

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

N/A

Hardware Considerations * (As Applicable)**Compatibility with Existing Hardware, Including Telecommunications Equipment.**

These software programs will be run on existing desktops and laptops.

Physical Space Requirements Necessary for Proper Operation of the Equipment.

N/A

Hardware Maintenance.

Workstation maintenance is provided internally by El Dorado County's Information Technologies Department.

Existing Capacity, Immediate Required Capacity and Future Capacity.

N/A

Backup Processing Capability.

N/A

Software Considerations * (As Applicable)**Compatibility of Computer Languages with Existing and Planned Activities.**

N/A

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

Software maintenance, as needed, will be provided internally by El Dorado County's Information Technologies Department.

Availability of Complete Documentation of Software Capabilities.

N/A

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

N/A

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

N/A

Interagency Considerations* (As Applicable)

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.

N/A

Training and Implementation * (As Applicable)

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

El Dorado County's current workflow process involves administering a paper version of the LOCUS to adult clients and the CALOCUS to children. The scores are calculated manually and documented in the subject line of the assessment note in our current electronic system (Inter-Trac). All clinicians who will be using the new software will be provided training by each of the vendors.

Security Strategy * (As Applicable)

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.

A password policy is enforced to secure access to the County LAN and each employee is prompted to change their password periodically. The individual computers connected to the LAN will also timeout and lock automatically if the system has not been accessed in a specified period of time.

Operational Recovery Planning.

N/A

Business Continuity Planning.

N/A

Emergency Response Planning.

N/A

Health Information Portability and Accountability Act (HIPAA) Compliance.

Each employee of the department is required to participate in HIPAA training provided by the County upon hire and on an annual basis.

State and Federal Laws and Regulations.

N/A

Project Sponsor(s) Commitments [Small Counties May Elect to not Complete this Section]**Sponsor(s) Name(s) and Title(s)**

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

N/A

Commitment

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

N/A

Approvals/Contacts

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

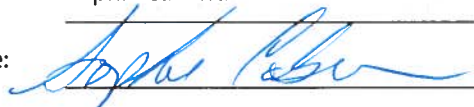
Individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).

Signatures

Prepared By

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Title: Program Manager

Signature: 


Date: 8/9/11

Phone: (530) 621-6340

Email Address: Spohie.Cabrera@edcgov.us

Name: Neda West

Title: Director, Health Services

Signature: 

Date: 8/9/11

Phone: 530-621-6156

Email Address: Neda.West@edcgov.us

Enclosure 3
Exhibit 3**Technological Needs Project Proposal Description**

County Name: El Dorado

Date: Jun 20, 2011

Project Name: Telemedicine (Project 2)

Check at Least One Box from Each Group that Describes this MHSA Technological Needs Project

- ☒ 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.

Indicate the Type of MHSA Technological Needs Project**> 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 and Family Empowerment Projects

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

> Other Technological Needs Projects that Support MHSA Operations

- ☒ Telemedicine and Other Rural / Underserved Service Access Methods.
- ☐ Pilot Projects to Monitor New Programs and Service Outcome Improvement.
- ☐ Data Warehousing Projects / Decision Support.
- ☐ Imaging / Paper Conversion Projects.
- ☐ Other.

Indicate the Technological Needs Project Implementation Approach☐ **Custom Application**

Name of Consultant or Vendor (if applicable):

☒ **Commercial Off-The -Shelf (COTS) System**

Name of Vendor:

Polycom (2 video conferencing systems and 2 telepresence systems)

☐ **Product Installation**

Name of Consultant or Vendor (if applicable):

☐ **Software Installation**

Name of Vendor:

Project Description and Evaluation Criteria (Detailed Instructions)

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 “**”.

Project Management Overview (Medium-to-High Risk Projects)

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**.

For Projects with Medium to High Risk, the County shall provide information in the following Project management areas.

Independent Project Oversight

N/A

Integration Management

N/A

Scope Management

N/A

Time Management

N/A

Cost Management

N/A

Quality Management

N/A

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

N/A

Communications Management

N/A

Procurement Management

N/A

For Low-Risk Projects, as determined by the Worksheet in Appendix A, the above Project Management Reporting is Not Required.

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.

Based on the worksheet in Enclosure 3, Appendix A, the Electronic Health Record System Implementation project risk score is "Low" (see attached risk assessment).

Telepsychiatry is an effective and efficient way to serve mental health consumers especially in rural underserved/unserved areas of the county. El Dorado county has successfully utilized telemedicine and video conferencing technology as a means to reach and serve underserved communities. Expansion and improvement of our telemedicine and video conferencing capabilities will enable the county to provide services to areas which would otherwise remain unserved. Clients who may not have the ability to travel would have access to services in their local areas. Additionally, telepsychiatry allows our psychiatrists the flexibility to provide service to a range of clients in many areas without having to travel. A reduction in the time that would have been spent traveling, can be spent providing client services. El Dorado county also contracts with an outside vendor for psychiatric services for our patients both in Placerville and South Lake Tahoe. It is critically important that we have the appropriate equipment in place to ensure that services can be provided consistently and with the highest possible quality.

Project Cost

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.

One Time Costs FY 2011/12:

Hardware:

- 2 Polycom HDX 8000-720 video conference systems (Mental Health offices)
- 2 Polycom HDX 4000 telepresence systems (Mental Health offices)
- 2 fax machines (Mental Health offices)
- 1 Headset for use by psychiatrist while providing services to Juvenile Hall
- 1 blood pressure / vitals machine with instant transmission capability
- 4 Logitech web cams (back-ups for Mental Health offices, Juvenile Hall, and Juvenile Treatment Center)

Total One Time Costs
\$ 130,000

Nature of the Project

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

To ensure that the goals of providing comprehensive services to the rural consumers and families in our communities, it is important that staff have the tools to assist with the implementation of our telemedicine program. The telemedicine project component is critical to the accomplishment of the County MHSA and DMH goals as it successfully enables the County to provide services to areas which would remain unserved. Telemedicine is both cost and time efficient as the County is able to serve clients at multiple locations while saving travel time. Both the client and the service provider are able to receive and provide services respectively without the need to travel out of their local areas. Clients who may not have the ability to travel are afforded the opportunity to access services in their community.

Degree of Centralization or Decentralization Required for this Activity.

N/A

Data Communication Requirements associated with the Activity.

N/A

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

N/A

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

N/A

Hardware Considerations * (As Applicable)**Compatibility with Existing Hardware, Including Telecommunications Equipment.**

Polycom video conferencing and telepresence equipment is compatible with existing systems in the Public Health Division of the Health Services Department, as well as the county LAN.

Physical Space Requirements Necessary for Proper Operation of the Equipment.

N/A

Hardware Maintenance.

Workstation maintenance is provided internally by El Dorado County's Information Technologies Department.

Existing Capacity, Immediate Required Capacity and Future Capacity.

N/A

Backup Processing Capability.

N/A

Software Considerations * (As Applicable)**Compatibility of Computer Languages with Existing and Planned Activities.**

N/A

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

Software maintenance, as needed will be provided internally by El Dorado County's Information Technologies Department.

Availability of Complete Documentation of Software Capabilities.

N/A

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

N/A

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

N/A

Interagency Considerations* (As Applicable)

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.

N/A

Training and Implementation * (As Applicable)

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

Telepsychiatry services are currently being provided via a web cam attached to a laptop. Upon implementation of the upgraded video conferencing and telepresence systems, staff will receive training by county IT staff.

Security Strategy * (As Applicable)

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.

A password policy is enforced to secure access to the County LAN and each employee is prompted to change their password periodically. The individual computers connected to the LAN will also timeout and lock automatically if the system has not been accessed in a specified period of time.

Operational Recovery Planning.

N/A

Business Continuity Planning.

N/A

Emergency Response Planning.

N/A

Health Information Portability and Accountability Act (HIPAA) Compliance.

Each employee of the department is required to participate in HIPAA training provided by the County upon hire and on an annual basis.

State and Federal Laws and Regulations.

N/A

Project Sponsor(s) Commitments [Small Counties May Elect to not Complete this Section]**Sponsor(s) Name(s) and Title(s)**

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

N/A

Commitment

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

N/A

Approvals/Contacts

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).

Signatures

Prepared By

Name: Spohie Cabrera

Title: Program Manager

Signature: 

Date: 8/9/11

Phone: (530) 621-6340

Email Address: Sophie.Cabrera@edcgov.us

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Title: Director, Health Services

Signature: 

Date: 8-9-11

Phone: (530) 621-6156

Email Address: Neda.West@edcgov.us

Enclosure 3

Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: El Dorado

Project Name: Electronic Health Record (EHR) System Implementation (Project 1)

(List Dollars in Thousands)

| Category | (1) 08/09 | (2) 09/10 | (3) 10/11 | (4) Future Years | (5) Total One-time Costs (1+2+3+4) | (6) Estimated Annual Ongoing Costs* |
|---|--------------|--------------|--------------|---------------------|---|--|
| Personnel | 0 | 0 | 0 | 337,173 | 337,173 | |
| Employee Training | 0 | 0 | 0 | 56,713 | 56,713 | |
| Super User Testing Group | 0 | 0 | 0 | 22,196 | 22,196 | |
| Total Staff (Salaries and Benefits) | 0 | 0 | 0 | 416,082 | | |
| Hardware | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 50,612 | 50,612 | |
| | | | | | | |
| Total Hardware | 0 | 0 | 0 | 50,612 | 50,612 | |
| Software | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 572,321 | 572,321 | 89,159 |
| | | | | | | |
| Total Software | 0 | 0 | 0 | 572,321 | 572,321 | 89,159 |
| Contract Services (list services to be provided) | | | | | | |
| Netsmart Consulting | 0 | 0 | 0 | 68,736 | 68,736 | |
| | | | | | | |
| Total Contract Services | 0 | 0 | 0 | 68,736 | 68,736 | |
| Administrative Overhead | 0 | 0 | 0 | 0 | 0 | |
| Other Expenses (Describe) | | | | | | |
| Office Supplies | 0 | 0 | 0 | 1,700 | 1,700 | |
| Travel - Site Visits | 0 | 0 | 0 | 3,793 | 3,793 | |
| | | | | | | |
| Total Costs (A) | 0 | 0 | 0 | 1,113,244 | 1,113,244 | 89,159 |
| Total Offsetting Revenues (B) ** | | | | | | |
| MHSA Funding Requirements (A-B) | 0 | 0 | 0 | 1,113,244 | 1,113,244 | 89,159 |
| <p>* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.</p> <p>** 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.</p> | | | | | | |

Notes:

Enclosure 3
Exhibit 2

Technological Needs Assessment

County Name: El Dorado

Project Name: Electronic Health Record (EHR) System Implementation

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

1. InterTrac for HealthCare:

InterTrac for HealthCare was provided by Computer Works, Inc. but has been highly customized to meet the needs of El Dorado County. It is a tracking and management system software product necessary for tracking, reporting and forms management. This system is Lotus Notes based and is used by clinical and support staff to input, process, track, store and retrieve client demographic data, assessments, client plans, and progress notes.

2. Avatar RADplus:

Avatar RADplus is the platform on which all other Avatar products are based on and builds the user interface with the Cache database in the background. System administration and security is managed through Avatar RADplus as well as its configuration and system design. On this level, case loads are defined and individual user sessions are managed.

Avatar Practice Management (PM):

Avatar PM is comprised of several modules including:

- Client Management:

Client admission, account management, treatment services and client discharge are included in this module. A historic record is created for each episode of care, containing all service, diagnosis, treatment and billing information.

- Practitioner/Staff Management:

Staff and contract provider records are maintained in this module.

- Billing and Reports:

This module manages both the billing and accounts receivable functions of the system. It records all subscriber and plan coverage information, including charge input, bill preparation, payment posting, client ledger and electronic claims submission and remittance. Major billing formats (including HIPAA transaction sets), CMS1500, UB04, and client statements are available. This module provides management and accounting reports to control the patient revenue/managed care contracts. The reports available in PM include Aged Accounts Report, Report of Charges, Payment/Adjustment Report, Daily Transaction Report, Active Receivables, and Detail Trial Balance.

Currently El Dorado County contracts with Netsmart's ASP Plus service for Medi-Cal electronic claim creation, 837 submission, and electronic payment posting (835).

Other County mainframe systems used by El Dorado County include:

HCAS - Health Cost Accounting System

BPREP - Budget Application

FAMIS - Financial Accounting Management Information System

ADPICS - Purchasing Application

EDCAT - Accounting Reporting

Legistar - used for Board of Supervisors items and agendas

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

1.2 Hardware

84 - Desktop Computers (7 Dell OptiPlex 780, 13 Dell OptiPlex 755, 9 Dell OptiPlex 745, 30 Dell OptiPlex GX520, and 26 Dell OptiPlex GX280)

25 - Laptops (1 Dell Latitude D820, 10 Dell Latitude D630, 13 Dell Latitude D520, and 1 Dell Latitude D510)

12 - Printers (7 Xerox Work Centre, 4 HP LaserJet, and 1 HP OfficeJet Pro)

6 - Dell PowerEdge Servers

2 - Scanners (1 Dell 960 and 1 Fuji 5500)

2 - Tandberg 550 Video-conferencing Equipment

2 - Polycom HDX 8000 Series Telepsychiatry Cameras Equipment

1.3 Software

The operating system in place for all desktops and laptops is Windows XP Professional.

The following software applications are used by El Dorado County:

Adobe Acrobat Reader - version 7.0 or higher

Lotus Notes - version 6.5

Microsoft Access - version 2003 or higher

Microsoft Word - version 2003 or higher

Microsoft Excel - version 2003 or higher

Microsoft Project Management - version 2003 or higher

Microsoft PowerPoint - version 2003 or higher

Sun Java - version 5.0 or 6.31

Internet Explorer - version 7.0 or higher

SQL - version 2005

Crystal Reports Professional - version XI release 2

Cache - maintained by Netsmart Technologies for Avatar (not hosted by County IT)

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

El Dorado County has a centralized Information Technologies Department providing a Help Desk for all general computer issues including an in house designated IT Coordinator who handles most department computer and network problems. The IT department also provides reports for the department using Crystal Reports and also provides technical assistance for Avatar PM. We expect that they will also continue to provide support once CWS is implemented. These services are billed to the department at an hourly rate.

El Dorado County has a perpetual agreement in place with Computer Works, Inc. which includes an annual fee for InterTrac for Healthcare client maintenance per license (not to exceed 112 licenses), an annual fee for server maintenance (not to exceed 2 servers), as well as a consultant to provide El Dorado County with technical support services at no additional cost to the County.

Other Avatar specific problems are currently addressed by the Netsmart implementation team assigned to El Dorado County. Netsmart's Help Desk service is included in the license agreement with the JPA.

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.

Technological improvement projects support the development of an integrated infrastructure that will transform the mental health system and accomplishes the goals set forth in the County MHSA Three-Year Plan. The planned technological improvements will greatly improve the quality, safety and efficiency of care provided to the clients and families that we serve. Electronic Health Records (EHR) will help empower patients to take a more active role in their health and in the health of their families. Having access to service and and personal mental health information is empowering, enabling consumers and families to be informed and make sensible choices within the mental health system.

The use of an EHR provides many benefits to both patients and providers. Modernization and transformation of information systems is a critical component in the process of providing consistently great care to our clients. The conversion from paper medical charts to electronic charts increases staff productivity and reduced medical errors, and ultimately allows for more time with patients. EHR's can make a patient's health information available when and where it is needed, too often care has been delayed because the chart is in one place and needed in another. EHR's will allow information to be shared more easily among doctors' offices, hospitals, and across health systems, leading to better coordination of care.

The development of such an integrated infrastructure will allow immediate sharing of information between care providers across a secure network environment. It allows for complete and accurate information regarding the patient's medical record instantly, from anywhere. EHR's can improve patient and provider convenience. Patients can have their prescriptions ordered quickly and safely through e-Prescribing and have their prescriptions ready before they leave the provider's office. Patient privacy is more secure as records are stored electronically and are only accessible by staff with permissions granted.

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

Avatar Clinician Workstation (CWS)

The Avatar Clinician Workstation (CWS) is the electronic medical record software, integrating clinical tools with the Practice Management (PM) software already implemented. It consists of the following components:

- Computerized Treatment/Care Planning - Each facility can create care planning templates tailored to address the unique needs of all target populations, supporting best practice guidelines. The planner steps the clinician through the process from problem definitions and diagnosis to goals, objectives and interventions. There is also an area to record the staff participating in the plan.
- Progress Notes/Note Review - Progress notes are entered by the clinician for an individual or group. Ambulatory notes are linked to outstanding services, or the clinician may post a service directly from the entry of the note. For a group, a template is used to outline the general group content. Then, for each client, the general outline is individualized. The co-signature feature displays the entire history of notes, particular note types, or specialty area notes for review and signature by authorized personnel.
- Diagnosis - This information is always available and accessed through the use of a DSM-IV look-up table. This table supports searches by partial description or code. Multiple selections are supported for all five axes. All DSM-IV codes are cross-walked to ICD-9. Diagnostic information is linked to the treatment/care planner.
- Workflow Notifications - Avatar CWS has a fully integrated and user-definable Workflow Notification module that informs a clinician when a progress note is required, an assessment requires approval, a progress note requires a co-signature or a treatment plan review date is approaching.
- Assessments - Avatar CWS is delivered with numerous behavioral and mental health assessments. In addition, with the modeling tools included with Avatar CWS, each facility can create an unlimited number of customized assessment forms.
- Scheduling - The Avatar PM scheduling module (part of PM, but not currently utilized by El Dorado County) is tightly integrated with the systems billing components. Patients are scheduled as the appointments are kept and services are rendered, all relevant billing information is sent to the patient's ledger.

InfoScriber / e-Prescribing:

Avatar e-Prescribing, powered by InfoScriber, is a secure, Web-based prescribing and medication management system. The system can be utilized anywhere there is access to the Internet via an Internet Explorer browser. Thus, physicians can instantly have their patients' medication information wherever they are. There are many benefits to using e-Prescribing including; Enhanced patient safety, increased physician productivity, reduction in pharmacy call backs and adherence to security and confidentiality standards. The Avatar e-Prescribing system improves the quality of care and reduces medication errors. The electronic creation and transmission of medication orders from the user's desktop computer to any pharmacy reduces the possibility of a misread prescription by a pharmacist.

Avatar Order Entry:

This module supports staff in the completion of day-to-day clinical activities through an economical, intuitive and efficient user interface. By minimizing key strokes and maximizing single-touch responses, the volume and detail associated with orders is managed quickly and accurately. Avatar Order Entry functions and features include; integration with billing and documentation activities, user-defined reporting (Crystal Reports or ODBC), and real-time validation of order entry functions.

Crystal Reports:

Crystal Reports is a software application that allows for the design of custom reports from virtually any data source, including the Avatar Suite.

Signature Pad:

The Topaz Signature Pad System is integrated with the Avatar Suite. Topaz software captures client and provider electronic signatures and binds them to electronic documents.

Avatar Document Imaging and Archiving:

This module facilitates the electronic collection, transformation, management, and storage of paper documents. This information can include images, insurance forms, orders, lab results, referrals and releases, and system-created legal documents. With document imaging, paper documents or photos can be scanned, organized and linked to Avatar CWS, and retrieved by users.

1.7 - Note the Implementation Resources Currently Available.Oversight Committee: ☒ Yes ☐ NoProject Manager ☒ Yes ☐ NoBudget: ☒ Yes ☐ NoImplementation Staff in Place: ☒ Yes ☐ NoProject Priorities Determined: ☒ Yes ☐ No**1.8 - Describe Plan To Complete Resources Marked "No" Above.**

N/A

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

El Dorado County Health Services Department, Mental Health Division is committed to a fully functional EHR and the associated technology enhancements that will improve services provided to consumers. Section 1.6 describes the new technology systems. The enhance technology enhancements support the MHSA goals and objectives in El Dorado County.

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).

El Dorado County is a member of the California Regional Mental Health Systems Coalition Joint Powers Authority (JPA) and, as such, has developed the following implementation plan to achieve an Integrated Information Systems Infrastructure. The JPA members have selected and are currently implementing the Avatar system, a product of Netsmart Technologies. The timing and order of the implementation of each element of the EHR will be structured to accommodate the local needs of each member county.

February 2000

"EHR" Lite Clinical Notes and History

El Dorado County implemented InterTrac for HealthCare for clinical progress notes, patient tracking and history.

January 2003 - June 2006

Needs Assessment and RFP/Vendor Selection

The JPA engaged in an extensive review of vendors, originally, as a 9-County JPA, selected and contracted with the Netsmart Technologies for the Avatar product.

June 2006 - December 2006

Infrastructure

El Dorado County has subscribed to the ASP Plus Service by Netsmart. This includes hosting the database in a Netsmart facility. Thus no server equipment is necessary.

December 2006 - April 2007

Practice Management

Modules for client registration, admissions, discharge, financial information, and service transactions have all been incorporated. Key billing, primarily Medi-Cal and State reporting (CSI) have also been implemented.

June 2010 - March 2011

Phase I - Business Process Review Planning:

An extensive review of our current business process is being conducted to outline El Dorado County's customized implementation and use of the new EHR. This includes a workflow analysis of the following: Appointments scheduling, West Slope (WS) Adult and WS Child Intake, Registration, Records processing, South Lake Tahoe (SLT) Adult and Child Intake, Assessments, Evaluations, Treatment Plans, Progress Notes, Diagnoses, Error Correction, Authorizations, Admissions, Discharges, Practitioner Updates, Prescription, Transcription, Crisis, Contract Providers, Outcome Measurements, EQRO Reporting, Chart Auditing, Site Certification and TARS. This evaluation is being conducted by a team including management, IT and quality improvement. El Dorado County's IT Project Manager has also researched and documented the modeling requirements that will be needed by the new Avatar EHR system.

April 2011

Phase II - IT Training, Set-Up, Development and Testing:

This phase will include site visits to other Avatar customer counties, CWS development and testing, implementation of other add on products including; Avatar Order Entry, e-Prescribing with InfoScriber, Document Imaging and Archiving, and Topaz signature pads. This phase will also include report development and modifications to existing timecard system to link successfully with Avatar.

May 2011

Phase III - Data Cleanup and Entry:

Reconcile any data discrepancies between InterTrac and Avatar and data entry of client data, diagnoses, treatment plans and assessments from InterTrac into Avatar CWS.

June 2011

Phase IV - Documentation

Paper forms review, process and policy guide of online appointments, pre-admit, intake, client updates, treatment plan, assessments, progress notes, prescription, transcription and crisis.

July 2011 - September 2011

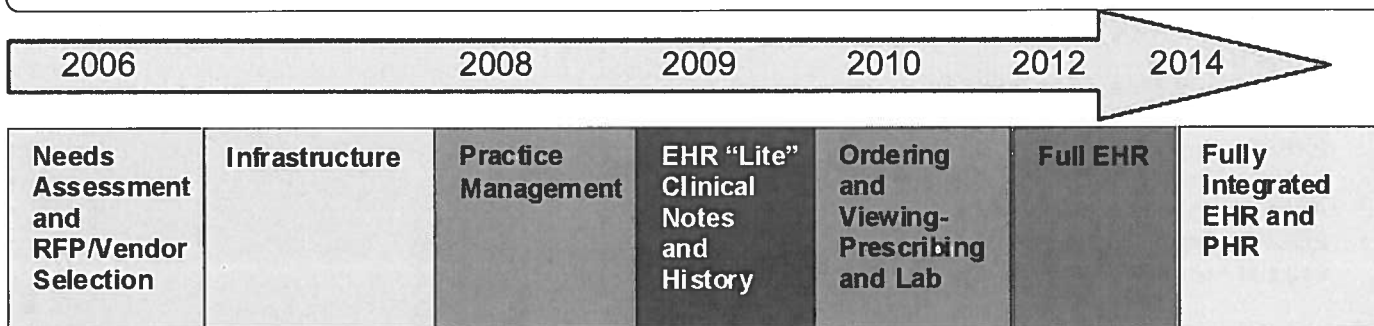
Phase V - Training

Preparation of training materials and training of clinical and support staff on Avatar CWS.

September 2011 - February 2012

Phase VI - Fully Integrated EHR

Full EHR implementation to all staff. The JPA plans to evaluate alternatives that larger counties and the State and Federal government may develop over the next several years. The JPA vendor is preparing software which will support the transfer of information to existing and future PHR solutions.



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

| Training Schedule for 2008 | J a n | F e b | M a r | A p r | M a y | J u n | J u l | A u g | S e p | O c t | N o v | D e c |
|----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Basic System Nav | X | | | | | | | | | | | |
| Admin Staff | X | | | | | | | | | | | |
| Clinicians | | X | | | | | | | | | | |
| Contract Providers | | X | | | | | | | | | | |
| Client Look-up | | | X | | | | | | | | | |

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

Community representatives were involved in the workgroup planning process, including mental health consumers and their family members. In this comprehensive process, members representing a broad range of service providers were included in the workgroups and on the Advisory Committee and updates were provided regularly to the Mental Health Commission.

Community feedback, collaboration and planning were achieved in a variety of ways. Individual interviews, focus groups, MHSA trainings, and written surveys were used to inform community members and solicit feedback regarding the plan. Workgroups and writing teams reviewed the information and data and established recommendations for priority populations, model programs, and effective strategies. An Advisory Committee reviewed these proposals and, based on the community process, made recommendations to the Director of the County Health Services Department.

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

InterTrac for HealthCare
Avatar RADplus
Avatar Practice Management (PM)
HCAS - Health Cost Accounting System
BPREP - Budget Application
FAMIS - Financial Accounting Management Information System
ADPICS - Purchasing Application
EDCAT - Accounting Reporting
Legistar - used for Board of Supervisors items and agendas

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).

As a member of the JPA El Dorado County participated in a series of collaborative shared workflow analyses to prepare for the implementation of the EHR. In addition, workflow analyses will be critical components of the implementation of the proposed software for the various components, i.e. assessments, treatment plan development, e-prescribing as well as imaging and document management.

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

All software products are compatible with the Avatar suite.

Netsmart Software Modules:

- RADPlus
- Avatar Practice Management (PM)
- Avatar Clinician Workstation (CWS)
- Avatar e-Prescribing / Infosciber
- Avatar Document Imaging and Archiving
- Avatar Order Entry

Additional Software/Applications:

- Crystal Reports
- Electronic Signature Software for Signature Pad (Compatible with Avatar Suite)
- Visio 2010
- Altova MapForce 2011 Professional

HARDWARE

- Topaz signature pads
- Point-of-Service Scanner
- Desktop Computers
- Laptop Computer
- Netbooks
- Portable Printers
- USB Drives for patients to download their Electronic Health Records

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

In the JPA's RFP process, several vendors were evaluated, scored and ranked based on the following criteria:

I. RFP Scores (Functionality/Technical)**A. Functional Requirements**

1. access/call center
2. eligibility verification
3. care management
4. payor/provider relations/management
5. administrative workflows
6. billing and accounts receivable
7. electronic clinical records
8. data management and reporting
9. system interfaces

B. Technical Specifications

1. technology
2. software design
3. system and data security

II. Demo Scores

- A. Clinical
- B. Technology
- C. Reporting
- D. Billing
- E. Administrative
- F. Managed care

III. Corporate Capacity

- A. Corporate information
- B. Financial and market information
- C. Leadership, staffing and infrastructure
- D. Ability to service California counties
- E. Quality assurance
- F. Implementation support
- G. Data conversion
- H. Training
- I. Technical support
- J. Documentation
- K. Maintenance and upgrades

IV. Pricing Information**V. Customer Satisfaction Survey****VI. Risk Assessment****VII. Gap Analysis****VII. Match with County Clinical Model****IX. Match with Technology****X. Local Criteria**

- A. Demo overview scores
- B. Confidence in ASP provider
- C. Compatibility of technology with local needs
- D. Match with county clinical model
- E. Benefit of other counties selecting same vendor
- F. Ability to support county compliance policies
- G. Adequacy of California implementation team

2.8 Cost Estimates associated with achieving the Integrated Information Systems Infrastructure.**One Time Costs FY 2011/12:****\$ 50,612 Equipment / Hardware****\$ 5,298 Software****\$ 3,793 Travel - Site Visits****\$ 68,736 Netsmart Consulting****\$ 1,700 Office Supplies****\$ 416,081 Labor Costs - includes project personnel, employee training and super user testing group****Total One Time Costs****\$ 546,220****Recurring Costs:****Annual recurring costs for contractor Avatar licenses, monthly fees for e-Prescribing and scanning****\$ 32,068 Total FY 2011/12****\$ 32,068 Total FY 2012/13****\$ 89,159 Total FY 2013/14****\$ 89,159 Total FY 2014/15****\$ 89,159 Total FY 2015/16****\$ 89,159 Total FY 2016/17****\$ 89,159 Total FY 2017/18****Total Recurring Costs****\$ 567,023**

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

| Major Information Technology Positions | Estimated #FTE Authorized | Position Hard to Fill? 1 = Yes 0 = No | Estimated #FTE Needed in addition to #FTE Authorize |
|---|---------------------------------|--|---|
| A. Information Technology Staff (Direct Service) | | | |
| Chief Technology/Information Officer | | | |
| Hardware Specialist | | | |
| Software Specialist | | | |
| Other Technology Staff | | | |
| Subtotal A | | | |
| B. Project Managerial and Supervisory | | | |
| CEO or Manager Above Direct Supervisor | | | |
| Supervising Project Manager | | | |
| Project Coordinator | | | |
| Other Project Leads | | | |
| Subtotal B | | | |
| C. Technology Support Staff | | | |
| Analysts, Tech Support, Quality Assurance | | | |
| Education and Training | | | |
| Clerical, Secretary, Administrative Assistants | | | |
| Other Support Staff (Non-Direct Services) | | | |
| Subtotal C | | | |
| Total County Technology Workforce (A + B + C) | | | |
| | | | |

Enclosure 3

Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: El Dorado

Project Name: Electronic Outcome Measurement Tools (Project 3)

(List Dollars in Thousands)

| Category | (1) 08/09 | (2) 09/10 | (3) 10/11 | (4) Future Years | (5) Total One-time Costs (1+2+3+4) | (6) Estimated Annual Ongoing Costs* |
|--|--------------|--------------|--------------|---------------------|---|--|
| Personnel | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | |
| Total Staff (Salaries and Benefits) | 0 | 0 | 0 | 0 | | |
| Hardware | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Total Hardware | 0 | 0 | 0 | 0 | 0 | |
| Software | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 46,425 | 46,425 | |
| | | | | | | |
| Total Software | 0 | 0 | 0 | 46,425 | 46,425 | |
| Contract Services (list services to be provided) | | | | | | |
| Deerfield Behavioral Health, Inc. | 0 | 0 | 0 | 40,740 | 40,740 | 5,820 |
| OQ Measures LLC | | | | 3,080 | 3,080 | 440 |
| Total Contract Services | 0 | 0 | 0 | 43,820 | 43,820 | 6,260 |
| Administrative Overhead | 0 | 0 | 0 | 0 | 0 | |
| Other Expenses (Describe) | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Total Costs (A) | 0 | 0 | 0 | 90,245 | 90,245 | 6,260 |
| Total Offsetting Revenues (B) ** | | | | | | |
| MHSA Funding Requirements (A-B) | 0 | 0 | 0 | 90,245 | 90,245 | 6,260 |

* 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:

Enclosure 3

Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: El Dorado

Project Name: Telemedicine (Project 2)

(List Dollars in Thousands)

| Category | (1) 08/09 | (2) 09/10 | (3) 10/11 | (4) Future Years | (5) Total One-time Costs (1+2+3+4) | (6) Estimated Annual Ongoing Costs* |
|--|--------------|--------------|--------------|---------------------|---|--|
| Personnel | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | |
| Total Staff (Salaries and Benefits) | 0 | 0 | 0 | 0 | | |
| Hardware | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 130,000 | 130,000 | |
| | | | | | | |
| Total Hardware | 0 | 0 | 0 | 130,000 | 130,000 | |
| Software | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Total Software | 0 | 0 | 0 | 0 | 0 | |
| Contract Services (list services to be provided) | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Total Contract Services | 0 | 0 | 0 | 0 | 0 | |
| Administrative Overhead | 0 | 0 | 0 | 0 | 0 | |
| Other Expenses (Describe) | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Total Costs (A) | 0 | 0 | 0 | 130,000 | 130,000 | |
| Total Offsetting Revenues (B) ** | | | | | | |
| MHSA Funding Requirements (A-B) | 0 | 0 | 0 | 130,000 | 130,000 | |

* 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:

Enclosure 3

Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: El Dorado

Project Name: Electronic Care Pathways 9Project 4)

(List Dollars in Thousands)

| Category | (1) 08/09 | (2) 09/10 | (3) 10/11 | (4) Future Years | (5) Total One-time Costs (1+2+3+4) | (6) Estimated Annual Ongoing Costs* |
|--|--------------|--------------|--------------|---------------------|---|--|
| Personnel | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 110,654 | 110,654 | 14,443 |
| | 0 | 0 | 0 | 10,615 | 10,615 | 1,062 |
| Total Staff (Salaries and Benefits) | 0 | 0 | 0 | 121,269 | 15,505 | 15,505 |
| | | | | | | |
| Hardware | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Total Hardware | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Software | | | | | | |
| From Exhibit 2 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Total Software | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | |
| Contract Services (list services to be provided) | | | | | | |
| Infocom Systems Services, Inc | 0 | 0 | 0 | 126,362 | 126,362 | 13,766 |
| Annual Program Evaluation | 0 | 0 | 0 | 5,000 | 5,000 | 0 |
| Total Contract Services | 0 | 0 | 0 | 131,362 | 131,362 | 13,766 |
| Administrative Overhead | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Expenses (Describe) | | | | | | |
| Physician Champion | 0 | 0 | 0 | 30,000 | 30,000 | 3,600 |
| Travel, Supplies, Misc. | 0 | 0 | 0 | 7,980 | 7,980 | 1,140 |
| | | | | | | |
| | | | | | | |
| Total Costs (A) | 0 | 0 | 0 | 290,611 | 290,611 | 34,011 |
| Total Offsetting Revenues (B) ** | | | | | | |
| MHSA Funding Requirements (A-B) | 0 | 0 | 0 | 290,611 | 290,611 | 34,011 |

* 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:

Component Exhibit 4[Print Form](#)**COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS LISTING****County:** El Dorado

Please check-off or more of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed below and described in further detail in Enclosure 3. If no technological needs are identified, please write "None" in the box below and include the related rationale in Exhibit 1.

Electronic Health Record (EHR) System Projects (check all that apply)

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

Client and Family Empowerment Projects

- ☐ Client/Family Access to Computing Resources Projects
- ☐ Personal Health Record (PHR) System Projects
- ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)

Other Technology Projects That Support MHSA Operations

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

Capacity to establish EHR integrated assessment and outcome measures.

Capacity to establish Care Pathways supporting collaboration of community health partners and integration of behavioral health and primary care.

Expansion and improvement of telemedicine and videoconferencing capabilities.

Component Exhibit 1

Print Form

Capital Facilities and Technological Needs Face Sheet

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS COMPONENT
PROPOSAL**County: El DoradoDate: Jun 20, 2011**County Mental Health Director:**Printed Name: Neda WestSignature: Date: 8-9-11Mailing Address: El Dorado County Health Services Department, Mental Health Division931 Spring StreetCity PlacervilleState CaliforniaZip code: 95667Phone Number: +1 (530) 621-6156Fax: +1 (530) 626-4713Email: neda.west@edcgov.usContact Person: Sophie CabreraPhone: +1 (530) 621-6340Fax: +1 (530) 622-1293Email: sophie.cabrera@edcgov.us

Component Exhibit 1 (continued)**COUNTY CERTIFICATION**

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

El Dorado **County and that the following are true and correct:**

This Component Proposal is consistent with the Mental Health Services Act.

This Capital Facilities and Technological Needs Component Proposal is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3320.

The County certifies that if proposing technological needs project(s), the Technological Needs Assessment, including the Roadmap for moving toward an Integrated Information Systems Infrastructure, will be submitted with the first Technological Needs Project Proposal.

This Component Proposal has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310, and 3315, and with the participation of the public and our contract service providers. The draft local Capital Facilities and Technological Needs Component Proposal was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with Title 9, CCR Section 3410, Non-Supplant.

All documents in the attached Component Proposal for Capital Facilities and Technological Needs are true and correct.

Date: 8-9-11

Local Mental Health Director's Signature: 

Executed at: Placerville, CA