



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, MS, MPH, FACHE
DIRECTOR

ALFREDO AGUIRRE, LCSW
MENTAL HEALTH SERVICES DIRECTOR

JENNIFER SCHAFFER, Ph.D.
BEHAVIORAL HEALTH DIRECTOR

BEHAVIORAL HEALTH DIVISION
3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CALIFORNIA 92108
(619) 563-2700 • FAX (619) 563-2705

SUSAN BOWER, MSW, MPH
ALCOHOL AND DRUG SERVICES DIRECTOR

MARSHALL LEWIS, MD, DFAPA
CLINICAL DIRECTOR

February 18, 2011

Department of Mental Health
Attn: MHSA Plan Review
1600 9th Street, Room 100
Sacramento, CA 95814

Dear Assistant Deputy Director:

The County of San Diego, Health and Human Services Agency, Behavioral Health Services submits the following request to amend our existing Mental Health Services Act (MHSA) Agreement. This amendment takes the form of submitting the Capital Facilities and Technological Needs (CF/TN) Component Technological Needs Project Proposals. This submission is in response to DMH Information Notice No: 10-01, Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year (FY) 2010/2011 Annual Update to the Three-Year Program and Expenditure Plan.

Summary of MHSA Agreement / Funding Request

In accordance with DMH Information Notice No. 10-01, we are requesting an amendment to include Capital Facilities and Technological Needs fund for the new Technological Needs Projects listed in the table below.

Work Plan	TN Project Name	New to Plan	Budget
SD-2	Consumer/Family Empowerment	New	\$4,539,100
SD-3	Personal Health Record	New	\$775,000
SD-4	Appointment Reminder	New	\$300,000
SD-5	Telemedicine Expansion	New	\$4,675,000
SD-6	Management Information System Enhancement	New	\$941,000
SD-7	SpeED Link	New	\$600,000
SD-8	Data Exchange Pilot	New	\$1,000,000
MHSA Administration			\$1,924,515
Operating Reserve			\$578,135
Total			\$15,332,750

The FY 2010/2011 Annual Update was made available for public review and comment for a 30-day period (pursuant to Welfare and Institutions Code §5848(a), from December 2, 2010, to December 31, 2010. It was presented at our Mental Health Board on January 6, 2011, posted electronically on our community access web site, and via e-mail distribution to Council and Board participants.

The attached documents provide all requirements of the Plan Update Process as described in DMH Information Notice No: 10-01. We request your approval of funding for the CFTN – Technological Needs Projects for Fiscal Year 2010/2011. We appreciate your consideration of this request.

Submitted by,

A handwritten signature in blue ink, appearing to read "Alfredo Aguirre". The signature is fluid and cursive, with a large initial "A" and "A".

ALFREDO AGUIRRE, LCSW
Director
Mental Health Services

cc: MHSOAC

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:		San Diego																				
		Exhibits																				
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																				
<input type="checkbox"/> CSS						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> CF	\$						<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						
<input checked="" type="checkbox"/> TN	\$	\$ 15,332,750					<input type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input type="checkbox"/> PEI		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>							<input type="checkbox"/>			
<input type="checkbox"/> INN		\$				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	
Total	\$ -	15,332,750																				
Dates of 30-day public review comment period:		December 2, 2010 through December 31, 2010																				
Date of Public Hearing****:		Not applicable.																				
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:		2/28/2010																				

*Exhibit D1 is only required for program/project elimination.
 **Exhibit F - F5 is only required for new programs/projects.
 ***Exhibit G is only required for assigning funds to the Local Prudent Reserve.
 ****Exhibit H is only required for assigning funds to the MHSA Housing Program.
 *****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: San Diego

County Mental Health Director	Project Lead
Name: Alfredo Aguirre	Name: Karen Ventimiglia
Telephone Number: (619) 563-2700	Telephone Number: (619) 584-3012
E-mail: alfredo.aguirre@sdcounty.ca.gov	E-mail: karen.ventimiglia@sdcounty.ca.gov
Mailing Address: San Diego County Behavioral Health Services 3255 Camino del Rio South, MS: P-531C San Diego, CA 92108	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.¹

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.


The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Alfredo Aguirre, LCSW
Mental Health Director/Designee (PRINT)


Signature 1/26/2011
Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification. Page: 2

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Diego

Date: 2/18/2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>The County of San Diego integrated information from the extensive CSS Planning process, data from the MHSA Gap Analysis, and community input from our stakeholder-led councils (Children’s System of Care Council, Adult System of Care Council, Older Adult System of Care Council, and Mental Health Board) in the development of our Fiscal Year 2010/11 Annual Update.</p> <p>The County of San Diego continually benefits from the meaningful involvement of consumers, youth, and families as full partners from the beginning and throughout the comprehensive planning process for the Mental Health Services Act (MHSA).</p> <p>San Diego County held a 30-day public review and comment period for the CF/TN Component Proposal from January 6 through February 4, 2009. A public hearing was conducted on March 5, 2009. We received no substantive comments on the Component Proposal during this time. However, we received a number of comments relevant to the independent Capital Facilities and Technological Needs Project Proposals. These comments have been carried over and considered during our planning and development of the Technological Projects.</p> <p>Furthermore, specific community planning activities took place specifically for the development of the Technological Needs projects presented in this update. Two county-wide technology surveys were created and posted on our Network of Care website for Technological Needs planning purposes, and extensive data on consumer and family needs has been collected. Results of these surveys have been distributed to entities involved in the planning process in order to ensure that consumer and family technology needs remain the County’s top priority.</p> <p>Six hundred twenty-two (622) responses were received for the first survey. Sixty-two percent (62%) of respondents would like to use the internet to access mental health information. Seventy-six percent (76%) of those surveyed said that it was ‘important’ or ‘very important’ to view mental health service directories, links, resources, legislation, and support and advocacy services through the internet. Seven hundred seven (707) responses were received for the second survey. This survey informed County MHSA Planning Team about technology training needs, places that technology should be used and for what purpose as defined by consumer and families. The Consumer Family Empowerment Project was developed based on the results of this survey and from the input received from numerous consumers and family members that added several focus groups that were held by the Family Youth Roundtable and Recovery Innovations of California, the County’s Consumer and Family Liaison partners. Additionally, three community forums were held throughout San Diego County to review and solicit further input to proposed projects.</p> <p>The draft Update was posted on the County’s Network of Care website and community and stakeholder input</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

was received via telephone (local and toll-free lines), internet, and e-mail using the County’s MHSA Proposition 63 comment/question line.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

Membership within the Children’s, Adult, and Older Adult System of Care Councils includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.

The Mental Health Board is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.

The County’s Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout MHSA planning activities, ADS providers offered essential input on the needs for specialized mental health assistance for clients currently receiving treatment in ADS-contracted programs. ADS input were received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings.

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

N/A

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

This Update to the Fiscal Year 2010-11 Annual Update was publicly posted with the Clerk of the Board of Supervisors, posted on the County’s Network of Care web site, and distributed in hardcopy or electronically to the Mental Health Board, Children’s, Adult, Older Adult, and Housing Councils, the TAY Work Group members and to our Consumer/Family Liaisons for distribution to the mental health community. The County maintains an extensive email distribution list for MHSA related materials and information.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

As a result of comments received, Mental Health Services will be working closely with the Aging and Independence Services department on projects that may impact older adults.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

County: San Diego

Date: 2/18/2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County’s implementation of the MHSa including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

1. Briefly report on how the implementation of the MHSa is progressing: whether implementation activities are generally proceeding as described in the County’s approved Plan, any key differences, and any major challenges.

Community Services and Supports (CSS)

Implementation activities of MHSa Community Services and Supports programs are generally proceeding as described in the County’s approved plan, plan amendments and subsequently adopted MHSa agreement. All programs identified in the initial CSS plan have begun to provide services. On September 18, 2008, the County was approved for additional plan enhancements to augment and expand services in school and home based services (CY-1), child welfare supportive services and treatment (CY-8); integrated services and supportive housing (TAY-1 and OA-1); enhanced outpatient services (TAY-4 and AOA-1); clubhouse enhancement with employment (A-5), patient advocacy for board and care facilities (A-10); interpreter services (ALL-4), Chaldean services (ALL-7); legal aid to clubhouses (TAOA-1) and the North County Walk-in Assessment Center. Additionally, six new programs were funded:

- Juvenile Justice/Probation Services (CY-9) serving children and youth;
- Case Management (CY-10) serving children and youth;
- Intensive Case Management (TA-1) serving transition age youth and adults;
- Strength Based Care Management (OA-4) serving older adults;
- Peer Telephone Support (TAOA-4) serving transition age youth, adults and older adults; and
- Mental Health Calendar (TAOA-5) serving transition age youth, adults and older adults.

As of June 30, 2009, one program had not been implemented – the Mental Health Calendar. The Mental Health Calendar is a coordinated partnership between County Mental Health Services and the Justice and Probation Departments. The planning for the implementation of this program is progressing as planned.

Workforce Education and Training (WET)

By June 30, 2009, the County’s MHSa Workforce Education and Training plan had not been approved. Funds made available for planning and early implementation activities progressed as planned. The Consumer/Family Academy continues to train and support the employment of individuals with mental health client and family member experience to be employed in the public mental health system. The comprehensive, system-wide education and training program initially piloted under the Community Services and Supports component (OT-1) continued to provide quality cultural competence training to all providers and programs in the Adult/Older Adult and Children’s systems. Other topics included, but were not limited to, Roadmap to Recovery, co-occurring disorders, and trauma.

Prevention and Early Intervention (PEI)

The County’s MHSa Prevention and Early Intervention Plan was approved by the State Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. As of June 30, 2009, implementation was proceeding as described in the County’s approved plan. Two programs began providing services in Fiscal Year 2008-09 – DV01 Families as Partners (formerly South Region Point of Engagement) and NA01 Native American Initiative. The challenge in starting up new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

San Diego County Mental Health Services continues to develop and monitor the provision of linguistically and culturally appropriate services for the diverse populations of our County, focusing special attention on unserved/underserved communities. Below are a number of highlights that represent only part of the contribution our programs have made to address ethnic and racial service disparities and system transformation.

Consumer Services and Supports (CSS)

- In our efforts to reach out to San Diego County's large Hispanic community, Mental Health Services composes and edits articles for the *Salud+Health Info* magazine, San Diego's health care English-Spanish magazine. The *Salud+Health Info* provides knowledge of good and healthy living to the communities within the greater San Diego Region. The published stories bring information about the Mental Health Services Act, mental health care, messages of treatment, stories of recovery and information about stigma and discrimination around mental illness to the community as well as invitations to monthly meetings around the county. The program was completed in Fiscal Year 2009-10.
- The North County Walk-in Assessment Center particularly targets their outreach efforts to Latino, Asian and Pacific Islander transitional age youth (18-25), adults and older adults. The program utilizes telepsychiatry to link consumers with psychiatrists via technology and, thereby, increases access to emergency psychiatric evaluations and reduces unnecessary utilization of emergency and inpatient services. In Fiscal Year 2008-09, 884 clients saw a psychiatrist through telepsychiatry. Over 97% of the clients served by telepsychiatry returned to their current residence and did not require emergency room or inpatient services based on their discharge plan.
- Providence Community Services Catalyst implements an Assertive Community Treatment (ACT) program which provides full service partnership services to transitional age youth ages 16 to 24 with a serious mental illness who are high utilizers of the mental health system and/or transitioning from the foster care system and/or homeless or at risk of becoming homeless in our community and/or have criminal justice involvement. In Fiscal Year 2008-09, Catalyst had approximately 151 enrolled clients. This recovery-focused program also includes a consumer-run clubhouse named Oasis, which is also a CSS Program. Both these programs provide a wide range of services designed to help each client lead meaningful, self-sufficient lives, and thereby, enhancing care to the underserved transition age youth in our community.
- San Pasqual Academy is a first-in-the-nation residential education campus designed specifically for foster teens to provide them with a stable, caring home, a quality, individualized education, and the skills needed for independent living. Through MHSA funds, New Alternative provides mental health services and peer-mentorship supplementing and enriching clinical services to San Pasqual Academy residents and students with the goals of returning youth to their family or family-life setting, deterring youth from placement in a higher level of care and stabilizes their current placement. In June 2009, 26 students graduated with a high school diploma with 10 of those students heading to a 4-year university.
- San Diego Deaf Mental Health Services (SDDMHS) operates a specialized, culturally, linguistically and developmentally appropriate outpatient service for emotionally disturbed children and seriously mentally impaired transitional age youth, adult and older adults in our community who are deaf or hard of hearing, including those who may have a co-occurring substance abuse disorder. SDDMHS provides services and staff who are culturally and linguistically competent to work with deaf and hard of hearing clients by using American Sign Language and other forms of communication to meet the client needs.
- In an effort to increase timely access to services and support to Older Adults and family/caregivers, the Heritage Clinic program provides comprehensive housing and mental health services as a full service partnership program. Heritage Clinic is charged to target unserved Latino, Asian/Pacific Islander older adults with a history of repeated emergency mental health or inpatient services during the year prior to program admission, and/or who are at risk for institutionalization, and/or homeless or at risk for homelessness. A key goal of this program is to reduce the disparity in mental health services available to this vulnerable population, by reducing isolation, improving mental health and allowing Older Adults to remain safely in their homes

The County faced new challenges in reporting race/ethnicity data in Fiscal Year 2008-09. First, the County changed Management Information Systems in October, 2008, resulting in FY 08-09 data being combined from two different systems. Additionally, because the State changed the manner in which CSI Race/Ethnicity statistics were to be recorded, San Diego's statistics for services to Hispanics reflect data gathering problems in FY 08-09. Ten percent of the Adult clients served reported their race as "Other/Unknown", an increase from 8% in FY 07-08 and the number of Hispanic clients served decreased by 3%, which is unlikely given program emphasis on expanding such services. Of the clients reporting on "Hispanic by Race" many marked themselves as "Other/Unknown" when choosing among nationalities, so this data was not usable. Among Children, 7% were reported as "Unknown" ethnicity, an increase of 2% from FY 07-08. Of the clients served, 49% were reported as Hispanic, a decrease of 2% from FY 07-08. This is unlikely since the

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

increase of Hispanic participants in MHSAs children's programs was 27% from FY 07-08 to 08-09. Data reporting for Fiscal Year 2009-10 will be much improved as data report forms are being developed and comparable data to the previous management information system reports may now be gathered using a different methodology.

The total number of clients served by Adult /Older Adult specialty mental health programs has continued to increase, rising approximately 6% from FY 07-08 to FY 08-09 and 15% from FY 06-07 (38,124) to FY 08-09 (43,691). The growth rate for the adult mental health population has been spurred by the creation of MHSAs programs between FY 06-07 and FY 08-09, specifically for Transitional Age Youth (TAY) and for Older Adults. Historically, these age groups had been only peripherally involved in adult programming but a lack of available funding greatly limited the mental health providers' ability to tailor programming at their special needs. With the new MHSAs programming, the number of TAY served increased from 26% between FY 06-07 and FY 08-09 (10% growth from 07-08 to FY 08-09) and the number of Older Adults increased by 33% (17% between FY 07-08 and FY 08-09). The growth rate for adults-only in specialty mental health programs was 10% from FY 06-07 to FY 08-09, with 4% of that growth between FY 07-08 and 08-09.

The total number of client served by the Children's programs has shown a smaller increase, rising from approximately 1% from FY 07-08 to FY 08-09 with a total increase of 3% in FY 06-07 (17,253) to FY 08-09 (17,779). This may be partially explained by the types of MHSAs services provided. The percentage of children served in various age groups has remained largely the same between FY 06-07 to FY 08-09, with new service expansion tailored for the comparatively small population of 0-5 year olds with mental health problems. The bulk of MHSAs funding was used to expand existing services to reach out to underserved, including, specific ethnic groups, children without insurance, and children already involved with public services. School-based service expansion constituted approximately a quarter of the MHSAs CSS children's funding and included some funding for the unserved population of uninsured children and special language groups. An additional 30%+ of MHSAs CSS funding went to create more comprehensive services for under-served children already involved with Child Welfare Services and the Court system. In the children's mental health population, 23% of the clients are involved with Child Welfare Services and 18% receive Probation Services. New MHSAs services for CWS and Probation clients include Wraparound Services, Juvenile Justice/ Probation Services, Case Management, Medication Support for Dependents and Wards, Outpatient Court Schools and Outreach. Since youth age out of the Children's system, the capacity of the system to expand may be more limited than the adult system. Approximately 30-37% of the clients, depending on the type of program, have historically been new clients.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) Plan for San Diego County was approved on July 1, 2009. It is focused on increasing the level of linguistically and culturally competent individuals in the public mental health workforce. To address cultural competence issues affecting access to services, an overarching theme that cultural diversity must be incorporated into staff, environment, and service delivery models permeates each training module in the WET Plan. Specifically, the Cultural Competency Academy (CCA) under the Training and Technical Assistance Program would be a large-scale initiative to further the objectives identified by the Cultural Competency Resource Team (CCRT) and will be inclusive of the principles of wellness and recovery for ethnically and diverse populations. The CCA will be skill based trainings that will focus on clinical and recovery interventions applied to a diverse client population. Training would occur as part of a series and at all levels of organizations. Culturally representative trainers would be sought from within the diverse community to develop the menu of modules. Early Childhood and youth specific mental health trainings will be addressed as appropriate by the Children's Mental Health System of Care including skill based training for service providers working with early childhood and youth populations.

The WET Plan also includes multiple programs developed to enhance the public mental health workforce with emphasis on targeting individuals from linguistically and culturally diverse backgrounds. These programs include the Public Mental Health Credential/Certificate Pathway, Consumer/Family Pathways, School-Based Pathways/Academy, Nursing Partnership for Public Mental Health Professions, Community and Child Psychiatry Fellowships and LCSW/MFT Residency/Intern. These programs all include financial incentives that include stipends, scholarship or loan assumptions to assist individuals from culturally underserved, un-served or underrepresented community affiliations to receive training and/or education for a career or career enhancement in public mental health.

Prevention and Early Intervention (PEI)

The County's Prevention and Early Intervention Plan was approved on January 30, 2009. The County's Collaborative Native American Initiative program (NA01) provides culturally competent PEI activities and early intervention services to the large Native American population residing in San Diego County. In the two and one-half months that the program was in operation in Fiscal Year 2008-09, 1,191 Native Americans participated in culturally based prevention activities such as the Elder Navigator program and outreach and prevention education. The program seeks to enhance individual, family

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

and community wellness by promoting and increasing awareness and access to cultural events that are known to support resilience.

Families as Partners (DV01, formerly South Region Point of Engagement) began providing screening and assessments in May 2009 to a region of San Diego County that is largely Hispanic/Latino. The program focuses on the needs of families and the immediate provision of services and engagement with community resources and supports in order to assist families in maintaining a safe home for their children and reduce the effects of trauma exposure.

Our Breaking Down Barriers Program researched, examined and developed the report "Addressing Barriers to Mental Health Services for Military Populations Participating in the Global War on Terror." The report identified that there were several governmental and non-governmental organizations providing outreach to active and retired populations, and that there is no comprehensive plan at the county level to increase outreach to active duty, reservists, National Guard, retired and discharged individuals and their families. Veterans, active duty military, reservists, National Guard and their families were identified by the County of San Diego as one of our priority focus population areas. During the PEI community program planning process, the County held planning meetings, a community forum, and a workgroup to develop the Veterans and Families Outreach and Education PEI program (VF01). Childcare based parenting services are also offered to military families through our Early Childhood Triple P program (EC01). By June 30, 2009, these services were in the process of being procured.

PEI programs were developed to provide various activities and services to the older adult population in the County. Such activities include multicultural outreach, education, advocacy, peer counseling support and transportation services to Hispanics, African refugees, African American and Filipino seniors (PEI OA01). Hispanic older adults with a diagnosis of diabetes and with depression or at risk of developing depressive symptoms will receive screenings and appropriate services (OA05). By June 30, 2009, these services were in the process of being procured.

3. Provide the following information on the number of individuals served:

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	2,552	353	Workforce Staff Support	
Transition Age Youth	1,739	195	Training/Technical Assist.	1,870*
Adult	4,776	542	MH Career Pathway	
Older Adult	954	146	Residency & Internship	
Race/Ethnicity			Financial Incentive	
White	4,258	16		
African/American	934	1	[✓] WET not implemented in 08/09	
Asian	360			
Asian/Pacific Islander	62			
Pacific Islander	27			
Native	114	1191		
Hispanic	3,491	29		
Multi – included in Other				
Other	775			
Other Cultural Groups				
LGBTQ	Not available			
Other	Not applicable			
Primary Language				
Spanish	1,448	6		
Vietnamese	64			
Cantonese	4			
Mandarin	7			
Tagalog	39			
Cambodian	31			
Hmong	1			
Russian	6			
Farsi	20			

Note:
The County's PEI plan was approved January 30, 2009. There were two PEI programs that began serving individuals in Fiscal Year 2008-09. Individuals participating in PEI activities or services provided by DV01 Families as Partners (formerly South Region Point of Engagement) and NA01 Native American Initiative.

*The number of clients served for WET includes only those programs that were approved for early implementation funding. The County's WET plan was not implemented in Fiscal Year 2008-09.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

Arabic	248	
Other	389	
Other – English	7,764	1,231

PEI

4. Please provide the following information for each PEI Project:

- a) **The problems and needs addressed by the Project.**
- b) **The type of services provided.**
- c) **Any outcomes data, if available. (Optional)**
- d) **The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).**

The County's Prevention and Early Intervention Plan (PEI) was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. The County is contracting for all of the services, thus, two PEI programs began providing PEI activities in Fiscal Year 2008/09.

DV01 – Families as Partners (formerly South Region Point of Engagement began providing services May 1, 2009. This program is a partnership between families, Child Welfare Services and community service providers that will establish a community safety net to ensure the safety and well being of South Region children and their families. Twenty-eight percent of the South Region's population is age 17 and younger; approximately 46% of households are at or below 200% of the Federal Poverty Level; 74% of the population is non-white. There is a need in the South Region to reduce the incidence of placement into the Child Welfare System. Research indicates that a child's removal from their home is an additional trauma that places them at risk for emotional difficulties. This program provides an assessment of parent/family needs as well as assesses the children who have been exposed to family violence and/or trauma and who may be at risk of entering the child welfare system. Children determined to be at risk for home removal will be diverted from out of home placement and the family will be provided resources to receive early intervention services available in PEI program DV02 South Region Trauma Exposed Services.

NA01 – Native American Initiative began offering prevention and early intervention activities April 2009. San Diego County has the largest number of American Indian reservations and tribal governments in the nation. Reports have shown that there is a great need in the American Indian (AI) community with 10% of urban AI youth attempted suicide in 2004, child abuse rate of 34%, rate of violent crime victimization of youth ages 12 to 17 is 68%, youth offenders is 15%, teen alcohol use is 47%, and the high school graduation rate is the third lowest in the county at 68.9%. The Dreamweaver PEI Native American Consortium provides an Urban Youth Center, Elder Services/Navigator Program and Outreach and Prevention Education with a focus on suicide prevention. The Consortium delivers services through the use of counselors, outreach educators, case workers and elder navigators.

County: San Diego

Date: 2/18/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate						
2. Transfers						
3. Adjusted Planning Estimates	\$0					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11			\$15,332,750			
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds			\$0			
d. Adjustment for FY 2009/2010						
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$0	\$0	\$15,332,750	\$0	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}			\$15,332,750			
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$15,332,750	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$0	\$0	\$15,332,750	\$0	\$0	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

CFTN BUDGET SUMMARY

County: San Diego

Date: 2/18/2011

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHPA Funding	Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	SD-2	Consumer Family Empowerment	N	\$4,539,100		\$4,539,100
2.	SD-3	Personal Health Record	N	\$775,000		\$775,000
3.	SD-4	Appointment Reminder	N	\$300,000		\$300,000
4.	SD-5	Telemedicine Expansion	N	\$4,675,000		\$4,675,000
5.	SD-6	MH MIS Expansion	E	\$941,000		\$941,000
6.	SD-7	SpeEd Link	N	\$600,000		\$600,000
7.	SD-8	Data Exchange	N	\$1,000,000		\$1,000,000
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans/Projects			\$12,830,100	\$0	\$12,830,100
27.	Plus up to 15% County Administration			\$1,924,515		\$1,924,515
28.	Plus up to 10% Operating Reserve			\$578,135		\$578,135
29.	Total MHPA Funds Requested			\$15,332,750		\$15,332,750

Percentage

15.0%
3.9%

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-2 Consumer Family Empowerment

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services			\$4,539,100	\$4,539,100
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$4,539,100	\$4,539,100
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-2 Consumer Family Empowerment

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$4,539,100	\$4,539,100

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-3 Personal Health Record

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services			\$775,000	\$775,000
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$775,000	\$775,000
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-3 Personal Health Record

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$775,000	\$775,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-4 Appointment Reminder

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services			\$300,000	\$300,000
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$300,000	\$300,000
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-4 Appointment Reminder

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$300,000	\$300,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-5 Telemedicine Expansion

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services			\$4,675,000	\$4,675,000
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$4,675,000	\$4,675,000
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-5 Telemedicine Expansion

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$4,675,000	\$4,675,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-6 MHMIS Expansion

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services			\$941,000	\$941,000
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$941,000	\$941,000
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-6 MHMIS Expansion

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$941,000	\$941,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-7 SpeEd Link

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services			\$600,000	\$600,000
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$600,000	\$600,000
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-7 SpeEd Link

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$600,000	\$600,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-8 Data Exchange

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services			\$1,000,000	\$1,000,000
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$1,000,000	\$1,000,000
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 2/18/2011

Program/Project Name and #: SD-8 Data Exchange

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$1,000,000	\$1,000,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Diego

Select one:

New

Existing

Project Number/Name: SD-2 Consumer/Family Empowerment Project

Date: 2/18/2011

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHPA Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHPA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: Not Applicable

http://www.dmh.ca.gov/Prop_63/MHPA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and 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 or 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 MHPA 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 _____ To be selected
- Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ To be selected
- Software Installation: Name of Vendor _____ To be selected

Technological Needs New Project Description

1. Provide a summary of the TN Project:

San Diego County Mental Health Services (SDCMHS) plans to use MHPA Technological Needs resources to provide tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings. The Mental Health Services planning process has used an extensive series of surveys (Attachment #1) and a series of regional community forums (discussed below) to establish the best strategies to accomplish the goal to make technology tools more accessible to consumers and families.

Building directly from our survey results and community forums, we have established several areas of development. We plan to expand consumer access to appropriate hardware, software and training. Consumer and stakeholder meets have established the need to make technology available across the county in all regions and serving the requirements of consumers in age appropriate and culturally relevant settings. We plan a consumer and family technology project that is driven by our planning process.

This project summary outlines areas that are being considered for future deployment. However, it is vital to note that we

fully anticipate both new technology and new stakeholder input will inform the deployment of technology in service to consumers and families.

SDCMHS intends primarily to outsource the delivery of technology and training services. Through the Request for Proposal process, SDCMHS will select one or more Consumer Technology Providers who can deliver technology to one or more of our regions and age groups. Additionally, we may wish to enter in to a memorandum of understanding (MOU) with one or more county agencies who are similarly engaged in providing technology to consumers. For example, San Diego County Library has an established track record for offering technology to consumers. We may wish to partner with the library or another department such as social services or public health.

The key project elements identified by our planning process include:

Hardware - San Diego County Mental Health Services will select one or more Consumer Technology Providers to install and continuously maintain a variety of hardware for use by consumers and family members. The hardware will be monitored, maintained and kept virus free. All workstations established by this project will include software designed to maintain safe and secure workstations in a public environment.

- H1. Expand and upgrade current workstations available for consumer and family use.
- H2. A pilot project may be conducted to loan technology to consumers who require improved communication with providers, case managers and medical support.
- H3. Technology upgrades for selected conference rooms used for community meetings.

Software – Commercial off the shelf (COTS) products will be made available to consumers in varied settings. The selected Consumer Technology Providers will install and maintain software products that may include:

- S1. Standard software such as the Microsoft Office suite of products.
- S2. Educational software.
- S3. Software to support the operations of consumer/family clubhouses.
- S4. Assistive software for those with disabilities.
- S5. Software to assist consumers and families to support learning about:
 - Life skills management
 - Employment readiness
 - Exercise
 - Health and nutrition
 - Recovery and wellness
 - Vocational/arts training leading to employment
 - GED preparation
 - Preparation for interactions with health care provider

Training - Training programs designed for consumer and family participants is an essential element of the Empowerment project. The selected provider will provide training programs which may include:

- T1. Face to face computer training on software such as Word and Excel.
- T2. Computer basics.
- T3. Learning how to navigate the web with a browser.
- T4. Learning how to identify trustworthy web sites, avoid scams.
- T5. Using video equipment to help train persons for job interviews and other social situations.
- T6. How to use social networking to communicate with family and support groups.
- T7. Resume development.
- T8. Certified Peer Specialist training for help-desk support for consumers and family.

Appropriate Settings – The selected provider(s) will deploy hardware, software and technology training programs throughout San Diego County regions. A key element of this deployment may be using existing space in County Libraries which are currently accessible to consumers and families. Appropriate kiosks in settings at consumer technology access points such as:

- County of San Diego funded consumer and family clubhouses.
- County Libraries.

- Senior and community centers.
- Clinics or other mental health programs
- Board and Care and other community living settings.

Consumer Technology Conference - This project will include two Consumer/Family Technology conferences which will provide information to consumers about how they can best use computer technology to promote health, resilience, wellness and recovery.

2. Describe how this project is critical for accomplishing the County’s and Department’s MHSA goals and objectives.

The Consumer/Family Access to Computer Resources Project is intended to: 1) promote client/family growth and autonomy by increasing access to computer resources and health information; 2) provide basic computer skills training to clients allowing them to effectively utilize the computer resources made available to them; and 3) provide appropriate access to technical assistance resources when needed.

The proposed project will support local MHSA programs in the following ways:

- Provide clients with access to computer resources and tools that can be used to foster more informed interactions with their providers and support more client-driven service delivery.
- Provide clients and their families with knowledge and tools which will help with greater engagement and participation in their local communities by accessing increasingly common tools of communication.
- Provide clients and their families with access to information and other online resources that will promote wellness, recovery, and resiliency.
- Computer skills training will support the acquisition of skills that will promote the well-being of clients by increasing their capacity to make use of the computer resources made available to them and provide greater opportunities for gainful employment.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

Computers and peripheral devices dedicated for consumer/family use will not be connected to the SDMHS computer network. Consequently integration management with the IISI will not be required at this time.

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

SDCMHS received considerable input from stakeholders regarding the software programs that would be the most useful for clients/family. A defined list of products is pre-mature for this project and would be based on proposals submitted as a result of a competitive procurement process and the software, hardware and pricing available at that time.

Stakeholders strongly recommended basic computer software packages such as Microsoft Office® that will allow users to perform word-processing, spreadsheet development, and slide presentations. Stakeholders also recommended learning resource software such as basic computer skills.

5. Attach a detailed project plan for this project.

Anticipated Start Date: [7/1/2011] **Anticipated End Date:** [1/31/2013]

See attached timelines that follow this project plan.

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

Not Applicable

7. If this project’s scope and/or funding deviates from the information presented in the County’s approved Component Proposal, describe the stakeholder involvement and support for the deviation.

The Consumer/Family Empowerment project is in total compliance with the approved Component Proposal which states: *“Consumer and Family Empowerment Project – This is a project to provide consumer and families with improved access to computer technology, tool and resources, allowing individuals to manage their personal health information and make more informed decisions. “*

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.
Not Applicable

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure
An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)
Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)
Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)
Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal
- Lab - External
- Pharmacy - Internal
- Pharmacy – External
- Lab and Pharmacy - Both

Interoperability Components (Data Transfer - Connectivity and Language Standards)
The ability of the system to transfer data outside the County clinic.

- Messaging – Data transfer between different systems with different data standards.
- Record Exchange – Data transfer between two systems that share a common structural design.
- Messaging and Record Exchange – Both

Fully Integrated EHR and PHR
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.

- Fully Integrated EHR and PHR

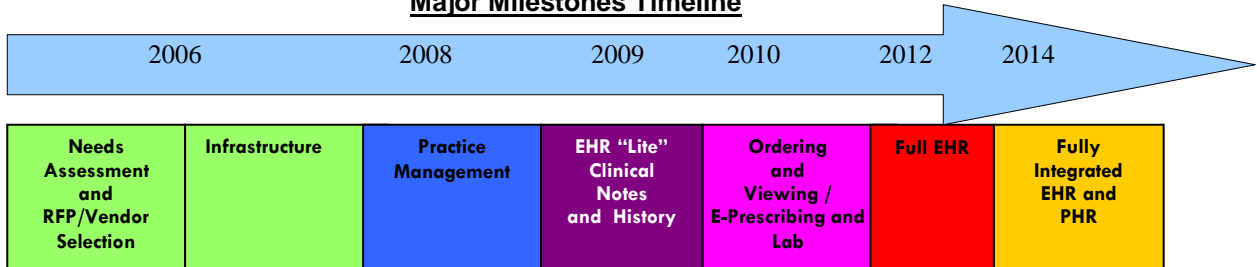
Other

Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:

Note: This project does not alter the San Diego County Timeline as originally submitted.

Major Milestones Timeline



10. Assess the Project's risk rating using the following Project Risk Assessment.

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6	6	
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	1
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	1
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	1
		Modified COTS	3	
	Number of users	Over 1,000	5	5
		Over 100	3	
		Over 20	2	
Under 20		1		
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	1
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input checked="" type="checkbox"/> 16 - 24	Medium
<input type="checkbox"/> 8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

No change required from previous submission.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
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, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

Not applicable

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes [] No []

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

Not applicable.

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost | <ul style="list-style-type: none"> i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other |
|---|--|

Explanation:

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below) | <ul style="list-style-type: none"> g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other |
|---|--|

Explanation:

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope h. <input type="checkbox"/> Project roles and responsibilities i. <input type="checkbox"/> Project monitoring and oversight | <ul style="list-style-type: none"> j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions s. <input type="checkbox"/> None |
|---|---|

Explanation:

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHS Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

Jerald Coleman
Chief Information Officer (Print)

David Nelson
HIPAA Privacy/Security Officer (Print)

Jerald Coleman 2/9/11

Signature Date
David Nelson 2/8/11

Signature Date

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	2012	2013			
							Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
1	Consumer/Family Empowerment Project	415 days	Fri 7/1/11	Thu 1/31/13		SDCMHS					
2	Project Initiation	9 days	Fri 7/1/11	Wed 7/13/11		SDCMHS					
3	Assign Project Manager	2 days	Fri 7/1/11	Mon 7/4/11		SDCMHS					
4	Establish Project Team	2 days	Tue 7/5/11	Wed 7/6/11		SDCMHS					
5	Establish Project Structure	2 days	Thu 7/7/11	Fri 7/8/11		SDCMHS					
6	Develop Communication Plan	2 days	Mon 7/11/11	Tue 7/12/11		SDCMHS					
7	Refine Project Plan	1 day	Wed 7/13/11	Wed 7/13/11		SDCMHS PM					
8	Vendor Selection	290 days	Thu 7/14/11	Wed 8/22/12		SDCMHS					
9	Develop RFP for Consumer Technology Provider	60 days	Thu 7/14/11	Wed 10/5/11		SDCHMS Project Team					
10	Evaluate RFP Responses	110 days	Thu 11/7/11	Wed 4/18/12	9FS,+30 days	SDCHMS Project Team					
11	Select one or more Technology Providers	10 days	Thu 4/19/12	Wed 5/2/12	10	SDCHMS Project Team					
12	Negotiate Contract(s) with Selected Vendor(s)	60 days	Thu 5/3/12	Wed 7/25/12	11	SDCMHS Contracting					
13	Execute Contracts	20 days	Thu 7/26/12	Wed 8/22/12	12	SDCMHS Contracting					
14	Implementation Planning	20 days	Thu 8/23/12	Wed 9/19/12	8	CT Vendor,SDCMHS Project Team					
15	Develop Training Strategy	10 days	Thu 8/23/12	Wed 9/5/12		CT Vendor,SDCMHS Project Team					
16	Develop Deployment Strategy	10 days	Thu 8/23/12	Wed 9/5/12		CT Vendor,SDCMHS Project Team					
17	Develop Consumer Technology Conference Strategy	10 days	Thu 8/23/12	Wed 9/5/12		CT Vendor,SDCMHS Project Team					
18	Identify Hardware Needs	10 days	Thu 9/6/12	Wed 9/19/12	17	CT Vendor,SDCMHS Project Team					
19	Evaluate Existing Workstations for Consumers	10 days	Thu 9/6/12	Wed 9/19/12		CT Vendor,SDCMHS Project Team					
20	Evaluate Conference Rooms Used for Consumer Meetings	10 days	Thu 9/6/12	Wed 9/19/12		CT Vendor,SDCMHS Project Team					
21	Evaluate Option of Technology Loan Program for Consumers	10 days	Thu 9/6/12	Wed 9/19/12		CT Vendor,SDCMHS Project Team					
22	Identify Software Needs	10 days	Thu 9/6/12	Wed 9/19/12	16	CT Vendor,SDCMHS Project Team					
23	Identify Internet Access Needs by Site	10 days	Thu 9/6/12	Wed 9/19/12	16	CT Vendor,SDCMHS Project Team					
24	Installation of Hardware and Software	40 days	Thu 9/20/12	Wed 11/14/12	14	CT Vendor					
25	Purchase Hardware	20 days	Thu 9/20/12	Wed 10/17/12	18	CT Vendor					
26	Purchase Software	20 days	Thu 9/20/12	Wed 10/17/12	22	CT Vendor					
27	Install Internet Access, as needed	10 days	Thu 9/20/12	Wed 10/3/12	23	CT Vendor					
28	Install Hardware	10 days	Thu 10/18/12	Wed 10/31/12	25	CT Vendor					
29	Install Software	10 days	Thu 10/18/12	Wed 10/31/12	25	CT Vendor					
30	Test Hardware	10 days	Thu 11/1/12	Wed 11/14/12	27	CT Vendor					
31	Test Software	10 days	Thu 11/1/12	Wed 11/14/12	29	CT Vendor					
32	Training Program	96 days	Thu 9/20/12	Thu 1/31/13	14	CT Vendor					
33	Develop Curriculum	5 days	Thu 9/20/12	Wed 9/26/12	15	CT Vendor,SDCMHS Project Team					
34	Develop Training Materials	20 days	Thu 9/27/12	Wed 10/24/12	33	CT Vendor					
35	Set up Training Class Schedules	5 days	Thu 10/25/12	Wed 10/31/12	34	CT Vendor					
36	Sign up Consumers	20 days	Thu 11/1/12	Wed 11/28/12	35	CT Vendor					
37	Train Consumers	46 days	Thu 11/29/12	Thu 1/31/13	24,36	CT Vendor					
38	Consumer Technology Conferences	104 days	Thu 9/6/12	Tue 1/29/13	17	CT Vendor					
39	Consumer Technology Conferences #1	42 days	Thu 9/6/12	Fri 11/2/12	17	CT Vendor					
40	Develop Conference Agenda	5 days	Thu 9/6/12	Wed 9/12/12		CT Vendor,SDCMHS Project Team					
41	Develop Conference Materials	5 days	Thu 9/13/12	Wed 9/19/12	40	CT Vendor					
42	Determine Conference Date	2 days	Thu 9/13/12	Fri 9/14/12	40	CT Vendor					
43	Determine Conference Logistics	5 days	Thu 9/13/12	Wed 9/19/12	40	CT Vendor					

Project: Project 2-Consumer/Family E
Date: Thu 2/10/11

Task
Progress
Milestone

Summary
Rolled Up Task
Rolled Up Milestone

Rolled Up Progress
Split
External Tasks

Project Summary
Group By Summary
Deadline

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	2012	2013
							Qtr 1	Qtr 2
44	Schedule Conference	2 days	Thu 9/20/12	Fri 9/21/12 4:30		CT Vendor		
45	Notify Consumers	5 days	Mon 9/24/12	Fri 9/28/12 4:44		CT Vendor,SDCMHS Project Team		
46	Convene Conference	5 days	Mon 10/29/12	Fri 11/2/12 4:55FS+20 days		CT Vendor,SDCMHS Project Team		
47	Consumer Technology Conference #2	42 days	Mon 12/3/12	Tue 1/29/13 3:39FS+20 days		CT Vendor		
48	Develop Conference Agenda	5 days	Mon 12/3/12	Fri 12/7/12		CT Vendor,SDCMHS Project Team		
49	Develop Conference Materials	5 days	Mon 12/10/12	Fri 12/14/12 4:48		CT Vendor		
50	Determine Conference Date	2 days	Mon 12/10/12	Tue 12/11/12 4:48		CT Vendor		
51	Determine Conference Logistics	5 days	Mon 12/10/12	Fri 12/14/12 4:48		CT Vendor		
52	Schedule Conference	2 days	Mon 12/17/12	Tue 12/18/12 5:1		CT Vendor		
53	Notify Consumers	5 days	Wed 12/19/12	Tue 12/25/12 5:2		CT Vendor,SDCMHS Project Team		
54	Convene Conference	5 days	Wed 1/23/13	Tue 1/29/13 5:35FS+20 days		CT Vendor,SDCMHS Project Team		



Project: Project 2-Consumer/Family E
Date: Thu 2/10/11

Task
Progress
Milestone

Summary
Rolloled Up Task
Rolloled Up Milestone

Rolloled Up Progress
Split
External Tasks

Project Summary
Group By Summary
Deadline

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Diego
 Project Number/Name: SD-3 Personal Health Record Project
 Date: 2/18/2011

Select one:
 New
 Existing

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHA Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and 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 or 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 MHA 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) To Be Selected
- Commercial Off-The-Shelf (COTS) System: Name of Vendor _____
- Product Installation: Name of Consultant and/or Vendor (If Applicable) _____
- Software Installation: Name of Vendor _____

Technological Needs New Project Description

1. Provide a summary of the TN Project:

San Diego County Mental Health Services (SDCMHS) understands the value of the Personal Health Record (PHR) which will be controlled by patients themselves. One of the central goals of the MHA is to empower consumers through effective use of technology. Such a goal is consistent with the concept of the PHR. The common element shared by all PHRs is consumers can access their health information through a secure location on the internet. PHR information is either entered by the consumer or, as will be common, selected information from EHRs will flow into a consumer's PHR. What is put in the PHR is under the consumer's control. Who can see the PHR is under the consumer's control.

Like an EHR, the PHR will contain a list of providers, medications, test results as well as treatment plans, advance directives and links to publications and organizations important to the consumer. A PHR has the potential to be a key element in the integration of primary care and behavioral healthcare since it is more likely to contain a comprehensive record of ALL the providers an individual has seen.

SDCMHS is closely watching the evolution of a variety of PHR solutions. Some products, such as those created by Microsoft (Health Vault) and Google (Google Health) and Trilogy (Myfolder), are "untethered." That is, they are independent of any particular EHR and can accept data from multiple provider based EHR's. Other solutions are "tethered." An example of a tethered solution would an application that would reside within the County of San Diego's MHS system.

This project will build directly from the Consumer and Family Project (SD-2). The ability of consumers to use computers and the internet will be enhanced by the services offered by the Consumer Technology Provider array of improved access and training as described in the Consumer and Family Technology project.

Phase I – The first phase of this project will be to carefully review the marketplace of PHR solutions. Each of the examples noted above would be reviewed as well as emerging products which will inevitably be created to address the tremendous need for all consumers to take control of their personal health records. SDCMHS will request that the San Diego County IT vendor conduct a comprehensive review of the features, feasibility, reliability and security of a wide variety of solutions.

The results of the evaluation will be shared by SDCMHS with stakeholder groups before selecting and proceeding to the Phase II Pilot.

Phase II – The second phase of the project will involve the introduction of a pilot project for a well-defined group of consumers within the SDCMHS system of care. The pilot phase cannot be properly defined until the conclusion of the first phase of the project. At that time, the MIS may offer an integrated PHR or the County of San Diego may be requested to create an interface to an “untethered” PHR. This decision will await the conclusion of Phase I.

The key elements of Phase II will be the limited implementation of a PHR and the evaluation of consumer experiences with the PHR. Prior to broadening any implementation, consumer feedback will be critical to determining the value of any potential PHR. It is anticipated that the Phase II implementation of the pilot PHR will be closely coordinated with the Consumer and Family Technology project.

Phase III - The third phase will fully implement PHR services. Phase III will be evaluated and adjustments implemented as appropriate.

2. Describe how this project is critical for accomplishing the County’s and Department’s MHA goals and objectives.

One of the primary goals of the MHA CF/TN component is consumer and family empowerment through the effective use of technology. Consistent with that goal, SDCMHS believes that the evaluating and piloting of a high quality PHR will help to empower clients and families through secure access to health information that is culturally and linguistically competent. The PHR will be linked to the SDCMHS EHR through national interoperability standards furthering the county’s roadmap to a fully implemented EHR which will be integrated with the PHR.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

Depending on the PHR solution selected, the PHR will either be an integrated component of the existing system, or it will use national standard interoperability standards to communicate between the current EHR system and an “untethered” independent, secure PHR solution. In both scenarios, the PHR and EHR will be core elements in the Integrated Information Systems Infrastructure.

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

Phase I of this project will identify an appropriate PHR, software solution. It is not anticipated that this project will require additional hardware.

5. Attach a detailed project plan for this project.

Anticipated Start Date: [7/11/2011]

Anticipated End Date: [7/1/2013]

See attached timeline that follows this project plan which includes key tasks:

Phase I

- Comprehensive inventory of existing PHR solutions.
- Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of each PHR.
- Cost analysis of each PHR.
- Demonstrations of potential PHRs for consumer stakeholder groups.
- Selection of one (1) PHR for pilot implementation.
- Design of Phase II project plan.
- Design of evaluation strategy for pilot.

Phase II

- Implement PHR pilot project
- Evaluate client experiences and feedback
- Troubleshoot issues
- Evaluate efficacy of PHR

Phase III

- Based on evaluation of Phase II, plan full roll-out of PHR
- Evaluate effectiveness of service
- Implement appropriate adjustments based on evaluation

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

Not applicable.

7. If this project’s scope and/or funding deviates from the information presented in the County’s approved Component Proposal, describe the stakeholder involvement and support for the deviation.

The Consumer/Family Empowerment project is in compliance with the approved Component Proposal which states:
“Consumer and Family Empowerment Project – This is a project to provide consumer and families with improved access to computer technology and tools, allowing individuals to manage their personal health information and make more informed decisions. “

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal

- Lab - External
- Pharmacy - Internal
- Pharmacy – External
- Lab and Pharmacy - Both

Interoperability Components (Data Transfer - Connectivity and Language Standards)

The ability of the system to transfer data outside the County clinic.

- Messaging – Data transfer between different systems with different data standards.
- Record Exchange – Data transfer between two systems that share a common structural design.
- Messaging and Record Exchange - Both

Fully Integrated EHR and PHR

Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.

- Fully Integrated EHR and PHR

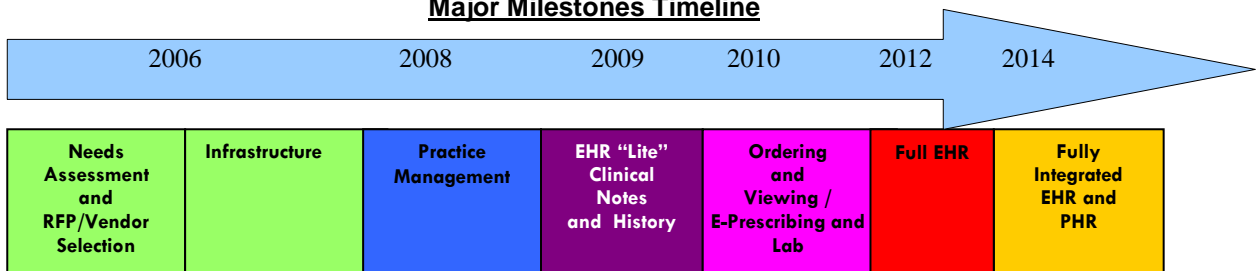
Other

- Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:

Note: This PHR evaluation and pilot project does not alter the previously submitted Major Milestones Timeline.

Major Milestones Timeline



10. Assess the Project's risk rating using the following Project Risk Assessment.

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2	2	
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		

*Commercial Off-The-Shelf Software	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of users	Over 1,000	5	5
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input type="checkbox"/> 16 - 24	Medium
<input checked="" type="checkbox"/> 8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

No change required from previous submission.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
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, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor

(such as RFP).

Not applicable.

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes [] No []

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

Not applicable.

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

Not applicable.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost | <ul style="list-style-type: none"> i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other |
|---|--|

Explanation:

Not applicable.

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below) | <ul style="list-style-type: none"> g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other |
|---|--|

Explanation:

Not applicable.

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope h. <input type="checkbox"/> Project roles and responsibilities i. <input type="checkbox"/> Project monitoring and oversight | <ul style="list-style-type: none"> j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions s. <input type="checkbox"/> None |
|---|---|

Explanation:

Not applicable.

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

Not applicable

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSa Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

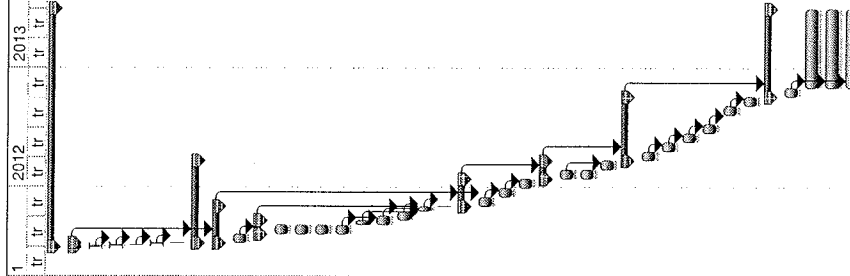
Jerald Coleman
Chief Information Officer (Print)

David Nelson
HIPAA Privacy/Security Officer (Print)

J. A. Cole 2/9/11
Signature Date

David Nelson 2/8/11
Signature Date

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1	PHR					
2	Project Initiation	522 days	Fri 7/1/11	Mon 7/1/13		SDCMHS
3	Assign Project Manager	9 days	Fri 7/1/11	Wed 7/13/11		SDCMHS
4	Establish Project Team	2 days	Fri 7/1/11	Mon 7/4/11		SDCMHS
5	Establish Project Structure	2 days	Tue 7/5/11	Wed 7/6/11 3		SDCMHS
6	Develop Communication Plan	2 days	Thu 7/7/11	Fri 7/8/11 4		SDCMHS
7	Refine Project Plan	2 days	Mon 7/11/11	Tue 7/12/11 5		SDCMHS PM
8	Phase 1 - Analysis, Vendor, Selection and Design Analysis	1 day	Wed 7/13/11	Wed 7/13/11 6		SDCHMS IT Vendor
9	Identify PHR Vendors	81 days	Thu 7/14/11	Thu 3/22/12 2		SDCHMS IT Vendor
10	Conduct Market Analysis of PHR Vendors	20 days	Thu 7/14/11	Wed 8/10/11		SDCHMS IT Vendor
11	Analyze PHR Features	30 days	Thu 8/11/11	Wed 9/21/11 10		SDCHMS IT Vendor
12	Analyze PHR Feasibility	20 days	Thu 8/11/11	Wed 9/7/11		SDCHMS IT Vendor
13	Analyze PHR Reliability	20 days	Thu 8/11/11	Wed 9/7/11		SDCHMS IT Vendor
14	Analyze PHR Security	20 days	Thu 8/11/11	Wed 9/7/11		SDCHMS IT Vendor
15	Document Findings	20 days	Thu 8/11/11	Wed 9/7/11		SDCHMS IT Vendor
16	Conduct SWOT Analysis of Vendors	10 days	Thu 9/8/11	Wed 9/21/11 15		SDCHMS IT Vendor
17	Conduct Cost Analysis of Vendors	20 days	Thu 9/8/11	Wed 10/5/11 15		SDCHMS IT Vendor
18	Prepare Analysis Report	20 days	Thu 9/22/11	Wed 10/19/11 11		SDCHMS IT Vendor
19	Present Analysis to Stakeholders	10 days	Thu 10/20/11	Wed 11/2/11 11,16,17,18		SDCHMS IT Vendor,SDCMHS Project Team
20	Vendor Selection	1 day	Thu 11/3/11	Thu 11/3/11 19		SDCHMS IT Vendor,SDCMHS Project Team
21	Conduct PHR Demonstrations with Stakeholder Groups	60 days	Fri 11/4/11	Thu 1/26/12 9		SDCHMS IT Vendor,SDCMHS Project Team,Potential PHR Vendors
22	Review Status of MIS PHR Development	20 days	Fri 11/4/11	Thu 12/9/11 9		SDCHMS IT Vendor,SDCMHS Project Team,MH MIS Team
23	Select a PHR Vendor	20 days	Fri 12/30/11	Thu 1/26/12 23		SDCHMS IT Vendor,SDCMHS Project Team
24	Design	40 days	Fri 1/27/12	Thu 3/22/12 21		SDCHMS IT Vendor,SDCMHS Project Team
25	Develop Pilot Program Design	20 days	Fri 1/27/12	Thu 2/23/12		SDCHMS IT Vendor,SDCMHS Project Team
26	Identify Consumer Participants	20 days	Fri 1/27/12	Thu 2/23/12		SDCHMS IT Vendor,SDCMHS Project Team
27	Develop Pilot Evaluation Criteria	20 days	Fri 2/24/12	Thu 3/22/12 26		SDCHMS IT Vendor,SDCMHS Project Team
28	Phase 2 - Pilot PHR	140 days	Fri 3/23/12	Thu 10/4/12 25		SDCHMS IT Vendor,SDCMHS Project Team
29	Secure/Procure PHR	20 days	Fri 3/23/12	Thu 4/19/12		SDCHMS IT Vendor,SDCMHS Project Team
30	Install/Configure PHR	20 days	Fri 4/20/12	Thu 5/17/12 30		SDCHMS IT Vendor,SDCMHS Project Team,PHR Vendor
31	Train Consumer Pilot Group on PHR	20 days	Fri 5/18/12	Thu 6/14/12 31		SDCHMS IT Vendor,SDCMHS Project Team
32	Deploy PHR	20 days	Fri 6/15/12	Thu 7/12/12 32		SDCHMS IT Vendor,SDCMHS Project Team
33	Evaluate PHR Pilot Deployment	20 days	Fri 8/10/12	Thu 9/6/12 33FS,+20 days		SDCHMS IT Vendor,SDCMHS Project Team
34	Modify as Needed	20 days	Fri 9/7/12	Thu 10/4/12 34		SDCHMS IT Vendor,SDCMHS Project Team,PHR Vendor
35	Phase 3 - Implement PHR to All Consumers	192 days	Fri 10/5/12	Mon 7/1/13 29		SDCHMS IT Vendor,SDCMHS Project Team,PHR Vendor
36	Configure PHR	20 days	Fri 10/5/12	Thu 11/1/12		SDCHMS IT Vendor,SDCMHS Project Team,PHR Vendor
37	Train Consumers on PHR	172 days	Fri 10/5/12	Mon 7/1/13 37		SDCHMS IT Vendor,SDCMHS Project Team,PHR Vendor
38	Deploy PHR	172 days	Fri 11/2/12	Mon 7/1/13 37		SDCHMS IT Vendor,SDCMHS Project Team,PHR Vendor
39	Evaluate PHR Deployment	172 days	Fri 11/2/12	Mon 7/1/13 37		SDCHMS IT Vendor,SDCMHS Project Team,PHR Vendor
40						



Project: Project 3-PHR
Date: Thu 2/10/11

Task
Progress
Milestone

Summary
Rolled Up Task
Rolled Up Milestone

Rolled Up Progress
Split
External Tasks

Project Summary
Group By Summary
Deadline

Page 1

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Diego

Select one:

New

Existing

Project Number/Name: SD-4 Appointment Reminder Project

Date: 2/18/2011

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHPA Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHPA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHPA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and 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 or 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 MHPA 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 _____ To be selected
- Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ To be selected
- Software Installation: Name of Vendor _____

Technological Needs New Project Description

1. Provide a summary of the TN Project:

San Diego County Mental Health Services (SDCMHS) is currently building out their EHR in accordance with the previously submitted EHR Roadmap. To enhance the overall service delivery system and to build on the data collected in the MIS, SDCMHS plans to use existing Interactive Voice Services (IVS) technology to telephone consumers with appointment reminders. The project will use an existing installed IVS system operated by the San Diego County Health and Human Services Agency. Extensive experience in the general health field has found that automated reminders of appointments are helpful to consumers/families and additionally this system will reduce "no-shows."

The project will use the IVS system currently operated by the Health and Human Services Agency. The IVS Outbound Dialer System will be configured to support the large system of clinics within the San Diego County Mental Health System. The current EHR vendor will collaborate by extracting key consumer data to support calls. The IVS system to be used will be described below as the Outbound Dialer Appointment Reminder solution.

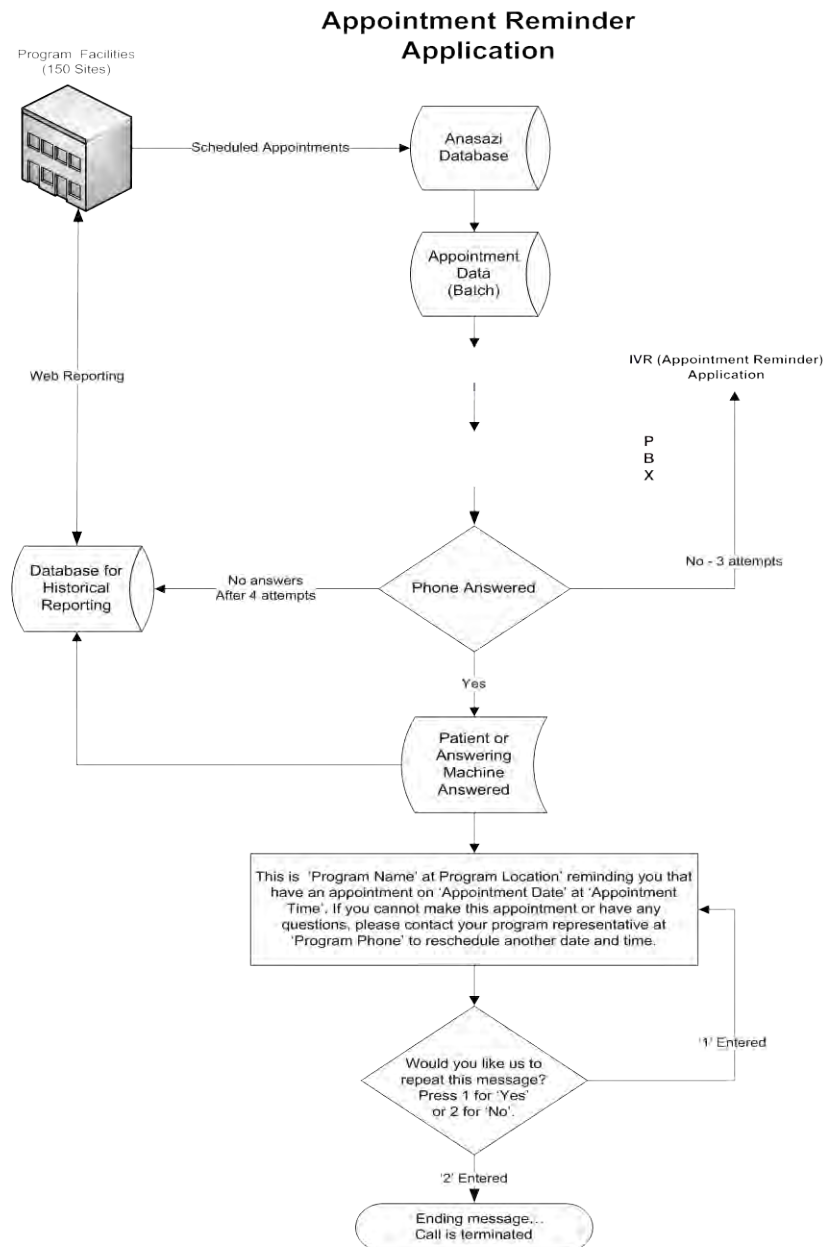
The Outbound Dialer Appointment Reminder solution will send appointment reminders in English, Spanish, Arabic, Vietnamese, and Tagalong. Appointment campaign files (batch runs) will be loaded in a specified directory and will run at

the programmed established times. English "Text-to-Speech" will be used for "call specific fields" such as the program name, facility's name, appointment location, date and time when English, Arabic, Vietnamese, and Tagalog are being used. (Spanish "Text to Speech" may be used for Spanish) abbreviated program names, i.e. "UPAC", pronounced as "U-PACK" can be professionally recorded if "Text-to-Speech" does not pronounce it correctly. An example of a script that may be used would be:

"This is (**Program Name**) at (**Program Location**) reminding that you have an appointment on (**Appointment Date**) at (**Appointment Time**). If you cannot make this appointment, please contact your Program Representative at (**Program Representative Phone**) to reschedule another date and time."

When a call is answered, the program will prompt to validate if it is a live person or an answering machine picking up. This Outbound Dialer Reminder solution will be able to accommodate up to 150 different facility sites with the parameters defined below. One IVS script per language will be used to speak the desired appointment information to the caller (5 total main recordings/scripts). The Outbound Dialer Appointment Reminder solution will be scheduled to run between the hours of 09:00 a.m. and 7:00 P.M., Pacific Time, Monday through Friday. Calls can also be made on Sunday's for Monday appointment reminders. The system is designed to support a maximum of 5000 calls up to 150 facilities per day and each call not to exceed a length of 30 seconds.

A summary flow for the Appointment Reminder Application (Outbound Dialer) follows:



2. Describe how this project is critical for accomplishing the County's and Department's MHA goals and objectives.

This project is consistent with County's and DMH goals to use technology to provide better access to consumers/families in multiple settings. The overarching goal to *modernize and transform* through the use of technology is clearly supported by the use of Interactive Voice Technology to help consumers better connect with providers. MHA goals for greater efficiency are supported both by the use of existing IVS technology within HHA as well as the clear efficiency achieved by using technology to help consumers remember their appointments. Further, State, Federal and County goals to achieve greater interoperability are furthered by the use of the existing IVS technology by interfacing the SDMHS mental health MIS with the HHA IVS system.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

The HHA IVS system, as illustrated in the figure above, will require a small amount of data regarding upcoming appointments from the San Diego EHR. With assistance from incumbent information system, the IVS system will receive data on a regular basis via an electronic interface. Specifications for this interface will be consistent with all privacy and security requirements which are strictly followed by both the HHA system and the SDCMHS system. The IVS system will not require the collection of any new data, but will rely on the integration with the existing SDMHS system which currently tracks appointments.

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

Nuance and TTS/IVS Software Licenses (24 licenses) will be purchased from a selected vendor. This is an expansion of a currently installed HHA system. No additional hardware will be required.

5. Attach a detailed project plan for this project.
Anticipated Start Date: [7/1/2011] Anticipated End Date: [6/30/2012]

The project requirements analysis has been completed. A detailed project plan follows this project plan and includes:

- 2) Creation of implementation teams with multi-lingual skills
- 3) Creation of correct language scripts
- 4) Creation of Anasazi interface, batch file creation following existing interface requirements
- 5) Testing of interface
- 6) Pilot testing of each language script
- 7) Implementation in initial programs
- 8) Evaluation of installed programs
- 9) Modification and correction as needed
- 10) Expansion of pilot programs to countywide implementation

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.

Not applicable

7. If this project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

This project is consistent with the previously approved Component Proposal.

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.
 Not applicable

Needs Assessment and Vendor Selection
<input type="checkbox"/> Needs Assessment
<input type="checkbox"/> Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

Electronic Registration

Electronic Scheduling – This project builds on the current electronic scheduling module within the installed San Diego County Electronic Health Record system.

Billing Interface with State

Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

Assessment and Treatment Plan

Document Imaging

Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

Lab - Internal

Lab - External

Pharmacy - Internal

Pharmacy – External

Lab and Pharmacy - Both

Interoperability Components (Data Transfer - Connectivity and Language Standards)

The ability of the system to transfer data outside the County clinic.

Messaging – Data transfer between different systems with different data standards.

Record Exchange – Data transfer between two systems that share a common structural design.

Messaging and Record Exchange - Both

Fully Integrated EHR and PHR

Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.

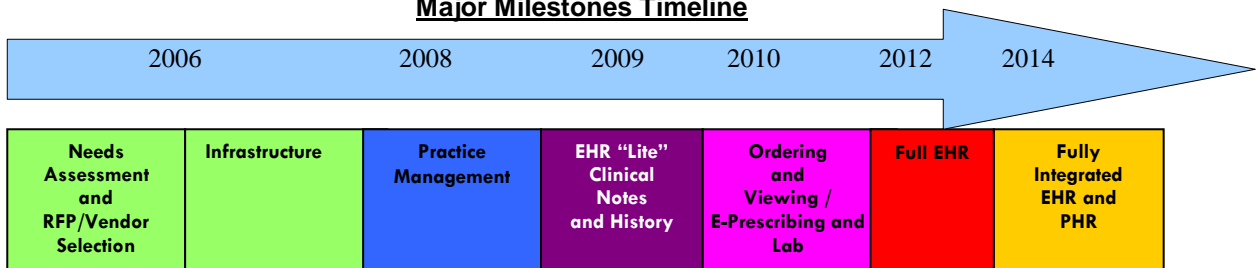
Fully Integrated EHR and PHR

Other

Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones: This project makes no change in the previously submitted major milestones timeline.

Major Milestones Timeline



10. Assess the Project's risk rating using the following Project Risk Assessment.

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1	1	
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		
	Application Service Provider	1		
Commercial Off-The-Shelf Software	COTS Installation	"Off-the-Shelf"	1	1
		Modified COTS	3	
	Number of users	Over 1,000	5	5
		Over 100	3	
Over 20		2		
Architecture	Under 20	1		
	Browser/Thin Client based	1	1	
	Two-Tier (Client / Server)	2		
	Multi-Tier (Client & Web, Database, Application, etc., Servers)	3		

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input type="checkbox"/> 16 - 24	Medium
<input checked="" type="checkbox"/> 8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Note: No changes in County Personnel Analysis required by this project.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
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, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

This project does not require vendor selection since it represents an implementation of an existing IVS system using current vendors working for the San Diego County HHSA. The project will extend licensing and implement the IVS system to achieve the goals of SDCMHS.

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes No

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

Not applicable

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost | <ul style="list-style-type: none"> i. <input type="checkbox"/> Change in cost of materials (hardware,software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other |
|---|---|

Explanation:

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below) | <ul style="list-style-type: none"> g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other |
|---|--|

Explanation:

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope h. <input type="checkbox"/> Project roles and responsibilities i. <input type="checkbox"/> Project monitoring and oversight | <ul style="list-style-type: none"> j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions s. <input type="checkbox"/> None |
|---|---|

Explanation:

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

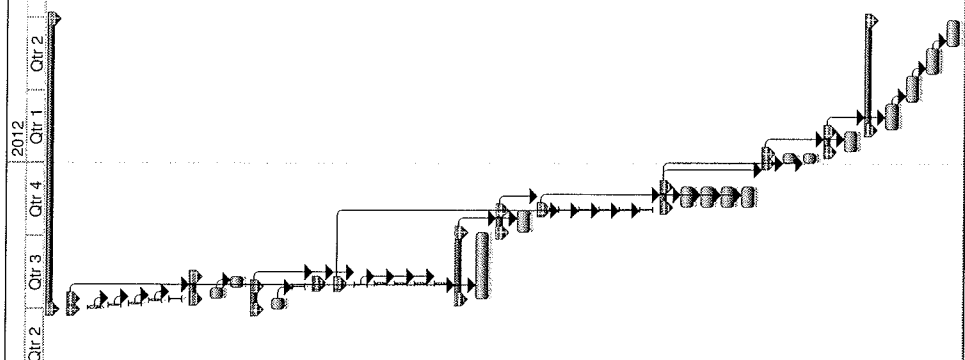
All documents in the funding request are true and correct.

Jerald Coleman
Chief Information Officer (Print)

David Nelson
HIPAA Privacy/Security Officer (Print)

	2/9/11
Signature	Date
	2/10/11
Signature	Date

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	2012
							Qtr 4
							Qtr 3
							Qtr 2
							Qtr 1
							Qtr 3
1	Telemedicine Project						
2	Project Initiation	261 days	Fri 7/7/11	Fri 6/29/12		SDCMHS	
3	Assign Project Manager	9 days	Fri 7/1/11	Wed 7/13/11		SDCMHS	
4	Establish Project Team	2 days	Mon 7/4/11	Mon 7/4/11		SDCMHS	
5	Establish Project Structure	2 days	Tue 7/5/11	Wed 7/6/11		SDCMHS	
6	Develop Communication Plan	2 days	Thu 7/7/11	Fri 7/8/11		SDCMHS	
7	Refine Project Plan	2 days	Mon 7/11/11	Tue 7/12/11		SDCMHS	
8	Select Pilot Provider Agencies	1 day	Wed 7/13/11	Wed 7/13/11		SDCMHS PM	
9	Identify Agencies	20 days	Thu 7/14/11	Wed 8/10/11		SDCMHS Project Team	
10	Identify Baseline No-Show Rates at each Pilot Agency	10 days	Thu 7/14/11	Wed 7/27/11		SDCMHS Project Team	
11	Create Implementation Teams with multi-lingual skills	10 days	Thu 7/28/11	Wed 8/10/11		SDCMHS Project Team	
12	Identify Implementation Team Members	21 days	Fri 7/1/11	Fri 7/29/11		SDCMHS Project Team, Implementation Team	
13	Convene an Implementation Team Kickoff Meeting	10 days	Fri 7/1/11	Thu 7/14/11		SDCMHS Project Team	
14	Create Language Scripts	1 day	Fri 7/29/11	Fri 7/29/11	12FS+10 days	SDCMHS Project Team, Implementation Team	
15	Develop Language Scripts	3 days	Mon 8/1/11	Wed 8/3/11		SDCMHS Project Team, Implementation Team	
16	English	1 day	Mon 8/1/11	Mon 8/1/11		SDCMHS Project Team, Implementation Team	
17	Spanish	2 days	Tue 8/2/11	Wed 8/3/11		Implementation Team	
18	Arabic	2 days	Tue 8/2/11	Wed 8/3/11		Implementation Team	
19	Vietnamese	2 days	Tue 8/2/11	Wed 8/3/11		Implementation Team	
20	Tagalog	2 days	Tue 8/2/11	Wed 8/3/11		Implementation Team	
21	Create Interface/Back File from Anasazi	60 days	Thu 7/14/11	Wed 10/5/11		Anasazi Software	
22	Develop Interface	60 days	Thu 7/14/11	Wed 10/5/11		Anasazi Software	
23	Test Interface	60 days	Thu 7/14/11	Wed 10/5/11		Anasazi Software	
24	Test Interface	20 days	Thu 10/6/11	Wed 11/2/11		Anasazi Software, MH MIS Project Team	
25	Pilot Test Each Language Script	2 days	Thu 10/6/11	Wed 11/2/11		Anasazi Software, MH MIS Project Team	
26	English	1 day	Thu 11/3/11	Fri 11/4/11		SDCMHS Project Team, Implementation Team	
27	Spanish	2 days	Thu 11/3/11	Fri 11/4/11		SDCMHS Project Team, Implementation Team	
28	Arabic	2 days	Thu 11/3/11	Fri 11/4/11		SDCMHS Project Team, Implementation Team	
29	Vietnamese	2 days	Thu 11/3/11	Fri 11/4/11		SDCMHS Project Team, Implementation Team	
30	Tagalog	2 days	Thu 11/3/11	Fri 11/4/11		SDCMHS Project Team, Implementation Team	
31	Implement in Pilot Programs	20 days	Mon 11/7/11	Fri 12/2/11		SDCMHS Project Team, Implementation Team	
32	Configure for each Pilot Agency	20 days	Mon 11/7/11	Fri 12/2/11		SDCMHS Project Team, Implementation Team	
33	Test for each Pilot Agency	20 days	Mon 11/7/11	Fri 12/2/11		SDCMHS Project Team, Implementation Team	
34	Train for each Pilot Agency	20 days	Mon 11/7/11	Fri 12/2/11		SDCMHS Project Team, Implementation Team	
35	Deploy for each Pilot Agency	20 days	Mon 11/7/11	Fri 12/2/11		SDCMHS Project Team, Implementation Team	
36	Evaluate Pilots	10 days	Mon 11/7/11	Fri 11/13/11		SDCMHS Project Team, Implementation Team	
37	Assess no. show rates at pilot locations	10 days	Mon 11/7/11	Fri 11/13/11		SDCMHS Project Team, Implementation Team	
38	Survey pilot sites	10 days	Mon 11/7/11	Fri 11/13/11		SDCMHS Project Team, Implementation Team	
39	Modify, as needed	10 days	Mon 11/7/11	Fri 11/13/11		SDCMHS Project Team, Implementation Team	
40	Modify Scripts/Configuration as needed	20 days	Mon 11/16/11	Fri 12/10/11		SDCMHS Project Team, Implementation Team	
41	Expand to Countywide Implementation	20 days	Mon 11/16/11	Fri 12/10/11		SDCMHS Project Team, Implementation Team	
42	Configure for each Agency	100 days	Mon 2/13/12	Fri 6/29/12		SDCMHS Project Team, Implementation Team	
43	Test for each Agency	25 days	Mon 2/13/12	Fri 3/16/12		SDCMHS Project Team, Implementation Team	
44	Train for each Agency	25 days	Mon 3/19/12	Fri 4/20/12		SDCMHS Project Team, Implementation Team	
45	Deploy for each Agency	25 days	Mon 4/23/12	Fri 5/25/12		SDCMHS Project Team, Implementation Team	
		25 days	Mon 5/28/12	Fri 6/29/12		SDCMHS Project Team, Implementation Team	



Summary
 Rollover Progress
 Rollover Task
 Rollover Milestone

Project Summary
 Group By Summary
 Deadline

Split
 External Tasks

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Diego

Select one:

New

Existing

Project Number/Name: SD-5 Telemedicine Expansion Project

Date: 2/18/2011

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHA Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and 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 or 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 MHA 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 To be determined
- Product Installation: Name of Consultant and/or Vendor (If Applicable) To be determined according to County procurement procedures
- Software Installation: Name of Vendor To be determined per county purchasing procedure

Technological Needs New Project Description

1. Provide a summary of the TN Project:

The San Diego County Mental Health Telemedicine project is a new MHA Technology project that will build on the current initial telemedicine effort of permitting video conferencing technology to allow a psychiatrist to communicate with consumers who need urgent psychiatric consultation. By communicating via a video link with a psychiatrist, consumers who might otherwise have been burdened by a lengthy trip into San Diego at the Emergency Psychiatric Unit location are now able to have a rapid psychiatric evaluation without a lengthy trip. Drawing on recent experience, in FY 08-09, of the 884 persons served by telemedicine, a total of 97% of the clients did not require Emergency Room (ER) or inpatient services and were able to return to their residence.

The initial pilot effort was drawn from CSS funding and there are currently six telemedicine sites through the San Diego County regions.

Currently, the County's data collection and evaluation efforts of telemedicine in San Diego County have been limited to consumer satisfaction data. Outcome and effectiveness analyses have not yet been initiated due to limited resources. However, the consumer satisfaction data regarding telemedicine service delivery was highly favorable. For example, 92% of surveyed consumers were willing to receive telemedicine again and 90% felt that their telemedicine session was equivalent to an in-person session with a psychiatrist.

Experience with the County's limited telemedicine program and the high degree of consumer satisfaction suggests that a careful evaluation and expansion of the current program throughout the county is warranted. Stakeholder forums that included consumers, family members and providers have confirmed the priority for the expansion of telemedicine in San Diego County. The expansion of telemedicine services to reach all areas of San Diego County will make psychiatric consultation more accessible in a wide variety of settings where such consultation is an unmet need. For example, existing provider organizations can distribute such consultations to clinics which would otherwise not have adequate coverage. Also, telemedicine may permit greater integration of mental health and primary health services by offering psychiatric consultation for primary care settings.

The positive experience to date and stakeholder support encourages the expansion of telemedicine technology to better distribute limited clinical mental health resources to all areas of San Diego County to reach clients requiring experiencing a mental health event.

Goal 1: Telemedicine Assessment: An assessment of current programs based on the need for more, or more timely access to psychiatric services will be conducted across the San Diego County Mental Health System. Consultants in Telemedicine and telepsychiatry will work with current Mental Health staff to identify potential areas where this technology will be most useful and effective. Such an assessment will include:

- A review of existing data on San Diego's Mental Health Services initial telemedicine efforts, including prior consumer survey work.
- A review and prioritization of current need for telemedicine deployment. The review will include primary care settings needing psychiatric consultation.
- Recommendations for hardware, software and telecommunications solutions for high priority deployment by current providers.
- The development of a deployment plan for priority settings.

Goal 2 :Telemedicine Expansion: Expansion to new locations may support three types of opportunities for telemedicine:

- An expansion of links to a County designated program as a hub for urgent psychiatric consultation:
 - i. Adult system of care currently requires up to 12 or more new locations
 - ii. Children's System of Care currently requires up to 8 or more new locations
 - iii. Additional sites will be identified based on the assessment (Goal 1) and within limits of budget constraints.
- An expansion of the use of telemedicine within existing Mental Health Services programs to make psychiatric consultation more accessible. For example, many programs are unable to have psychiatrists on site whenever needed. Telemedicine can provide the access to psychiatric consultation during period of limited staffing at provider organizations.
- An expansion to one or more primary care settings to pilot the use of telemedicine to offer psychiatric consultation to patients in primary care settings. Initial primary care sites may include Family Qualified Health Centers (FQHC) settings or other appropriate primary care settings.

Goal 3: Telemedicine Training: A University-based training program will be conducted in coordination with the assessment and expansion of the Telemedicine program. Current practice, policies and procedures will be reviewed. Psychiatrists and all staff associated with using the Telemedicine technology will be trained on local San Diego Mental Health Services policies as well as emerging national professional standards for the delivery of telehealth.

- All staff who will be participating in the delivery of telehealth services will be identified by region
- Discipline appropriate training for medical and non-medical staff will be prepared and delivered in classroom and web based settings.
- Training will include the development of a San Diego mental health set of trainers (e.g. training of trainers)

Goal 4: Telemedicine Quality Evaluation and Improvement: The University based telemedicine researchers will develop an evaluation strategy to measure not only consumer satisfaction data, which has been very useful, but also to conduct follow-up analyses to better assess the outcome and effectiveness of Telemedicine. Based on such outcome measures, programs will adjust their use of Telemedicine to provide services of greatest benefit to consumers and families. The analyses will address the following areas of the evaluation:

- Assessment of the Evaluation Measures for the telehealth service population. This may involve the use of existing outcome measures currently collected by San Diego County.
- Effectiveness of the additional locations will be established for the Adult System of care.
- Effectiveness of the additional locations will be established for the Children’s System of Care.
- Identification of measures unique to telehealth
- Analysis by Evaluators of process and outcome measures for feedback to providers and all other stakeholders.
- Modifications to telehealth policy and procedures implemented based on analysis and feedback from surveys.
- Future expansion of telehealth sites will be informed by evaluation, analysis, feedback and discussion with stakeholders.

2. Describe how this project is critical for accomplishing the County’s and Department’s MHPA goals and objectives.

The Telemedicine Project is consistent with the MHPA Technological Needs goal of modernization and transformation of our integrated information system infrastructure (IISI). The Telemedicine Project goals are to reach the underserved areas, expansion of psychiatric services to provider organizations with limited medical resources and the integration of mental health services with primary care services. These goals are all National, State DMH and local goals which will be furthered by the Telemedicine Project.

In addition, this project is consistent with San Diego County’s Strategic Plan’s Key Discipline on Information Management in that it increases operational efficiency by using superior information technology systems to more effectively deliver services to areas with unmet needs.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

The project will build on existing telecommunications technology which has been built out over several years as part of a larger San Diego County initiative. The telehealth technology will not be integrated with the MIS system, since it is primarily a mechanism to enhance provider-consumer communication and the delivery of services. The recording of Electronic Health Record (EHR) information will occur as a routine part of service delivery. Telehealth will serve to enhance this service delivery by allowing psychiatric consultation services without the requirement of travel by the provider or by the consumer.

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

This project is currently budgeted for the addition of 20 new video conferencing systems which will use video conferencing resources established by the county’s IT vendor). The county may expand sites beyond 20 as resources permit, or we may submit a future project to enhance the number of sites. Any such expansion will follow the results of our assessment, training and outcome assessment. The hardware currently planned for purchase is:

- Tanberg Set-top 770MXP
- Tanberg Profile 6000 MXP with 42” Plasma Monitor

**5. Attach a detailed project plan for this project.
Anticipated Start Date: [7/1/2011] Anticipated End Date: [6/30/2012]**

See the timeline and gantt chart located at the end of this project.

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

Workflow analysis for telemedicine will be an element of the assessment phase of this project. We anticipate that each telehealth setting will require site specific assessment. Although policies and procedures for the delivery of telehealth will be consistent across settings there are several elements which must be assessed as part of any work flow analysis.

Consequently such analysis will be performed during our assessment phase of the project. Factors to be considered during this analysis will include: physical space, ambient sound, privacy of space, lighting and appropriateness of setting for video conferencing technology. Additionally analysis will evaluate how consumers will be introduced to the technology, informed and provided with all needed information about the use of telehealth. We anticipate that each setting will present unique requirements and that we will draw on our project consultants to aid in this analysis.

7. If this project’s scope and/or funding deviates from the information presented in the County’s approved Component Proposal, describe the stakeholder involvement and support for the deviation.

The Telemedicine project is consistent with the County’s approved Component Proposal submitted March 1, 2009. Further, telemedicine consumer satisfaction data has been presented in 4 stakeholder forums and the telehealth project concepts have been discussed with stakeholders. Stakeholders have been extremely supportive of current telehealth work and the proposal to expand the use of telehealth technology.

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

The Telemedicine Project is not an EHR Project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal
- Lab - External
- Pharmacy - Internal
- Pharmacy – External
- Lab and Pharmacy - Both

Interoperability Components (Data Transfer - Connectivity and Language Standards)
The ability of the system to transfer data outside the County clinic.
<input type="checkbox"/> Messaging – Data transfer between different systems with different data standards.
<input type="checkbox"/> Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/> Messaging and Record Exchange - Both
Fully Integrated EHR and PHR
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.
<input type="checkbox"/> Fully Integrated EHR and PHR
Other
<input type="checkbox"/> Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:

Note: The Telehealth project will proceed in parallel with the current Major Milestone Timeline as submitted in our October, 2009 MSHA Technological Needs submission:

10. Assess the Project’s risk rating using the following Project Risk Assessment.

Project Risk Assessment					
Category	Factor	Rating	Score		
Estimated Cost of Project	Over \$5 million	6			
	Over \$3 million	4	4		
	Over \$500,000	2			
	Under \$500,000	1			
Project Manager Experience					
Like Projects completed in a “Key Staff” Role	None	3			
	One	2	2		
	Two or More	1			
Team Experience					
Like Projects Completed by at least 75% of Key Staff	None	3			
	One	2	2		
	Two or More	1			
Elements of Project Type					
Hardware	New Install	Local Desktop/Server	1	1	
		Distributed/Enterprise Server	3		
	Update/Upgrade	Local Desktop/Server	1		
		Distributed/Enterprise Server	2		
	Infrastructure	Local Network/Cabling	1		
		Distributed Network	2	1	
	Data Center/Network Operations Center	3			
Software	Custom Development		5		
	Application Service Provider		1		
	COTS* Installation	”Off-the-Shelf”	1	1	
		Modified COTS	3		
	Number of users	Over 1,000	5		
		Over 100	3		
		Over 20	2	2	
Under 20		1			
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	1	
		Two-Tier (Client / Server)	2		
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3		

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input type="checkbox"/> 16 - 24	Medium
<input checked="" type="checkbox"/> 8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Note: There has not been any change since the last plan submission.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
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, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

Not applicable.

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes [] No []

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:	
Not Applicable	
2. Provide a justification how this request is a continuation of a previously approved project and not a new project.	
Not Applicable	
3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each	
Not Applicable	
a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost	i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other
Explanation:	
4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.	
a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below)	g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other
Explanation:	
5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.	
a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope h. <input type="checkbox"/> Project roles and responsibilities i. <input type="checkbox"/> Project monitoring and oversight	j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions s. <input type="checkbox"/> None
Explanation:	
6. Explain how the stakeholders were provided an opportunity to participate in the decision.	
Not applicable.	
This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSa Capital Facilities and Technological Needs Component Proposal and is consistent with the	

County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

Jerald Coleman
Chief Information Officer (Print)

David Nelson
HIPAA Privacy/Security Officer (Print)

<u>J. A. Coleman</u>	<u>2/9/11</u>
Signature	Date
<u>David Nelson</u>	<u>2/8/11</u>
Signature	Date

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	2012	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
1	Telemedicine Project	261 days	Fri 7/1/11	Fri 6/29/12		SDCMHS							
2	Project Initiation	8 days	Fri 7/1/11	Tue 7/12/11		SDCMHS							
3	Assign Project Manager	2 days	Fri 7/1/11	Mon 7/4/11		SDCMHS							
4	Establish Project Team	2 days	Tue 7/5/11	Wed 7/6/11 3		SDCMHS							
5	Establish Project Structure	2 days	Thu 7/7/11	Fri 7/8/11 4		SDCMHS							
6	Develop Communication Plan	1 day	Mon 7/11/11	Mon 7/11/11 5		SDCMHS							
7	Refine Project Plan	1 day	Tue 7/12/11	Tue 7/12/11 6		SDCMHS PM							
8	Assessment	63 days	Wed 7/13/11	Fri 10/7/11		Consultants,SDCMHS Project Team							
9	Review existing data	15 days	Wed 7/13/11	Tue 8/2/11 2		Consultants,SDCMHS Project Team							
10	Assess additional needs for telemedicine	15 days	Wed 8/3/11	Tue 8/23/11 9		Consultants,SDCMHS Project Team							
11	Prioritize needs	10 days	Wed 8/24/11	Tue 9/6/11 10		Consultants,SDCMHS Project Team							
12	Document Findings	3 days	Wed 9/7/11	Fri 9/9/11 11		Consultants,SDCMHS Project Team							
13	Identify needs for high priority providers	10 days	Mon 9/12/11	Fri 9/23/11 12		Consultants,SDCMHS Project Team							
14	Hardware Needs	10 days	Mon 9/12/11	Fri 9/23/11 12		Consultants,SDCMHS Project Team							
15	Software Needs	10 days	Mon 9/12/11	Fri 9/23/11 12		Consultants,SDCMHS Project Team							
16	Telecommunications Needs	10 days	Mon 9/12/11	Fri 9/23/11 12		Consultants,SDCMHS Project Team							
17	Develop Deployment Plan	10 days	Mon 9/26/11	Fri 10/7/11 13		Consultants,SDCMHS Project Team							
18	Expansion	120 days	Mon 10/10/11	Fri 3/23/12		SDCMHS							
19	Purchase Components for all Expansions	20 days	Mon 10/10/11	Fri 11/4/11		SDCMHS							
20	Hardware	20 days	Mon 10/10/11	Fri 11/4/11 17		SDCMHS							
21	Telecommunications	20 days	Mon 10/10/11	Fri 11/4/11 17		SDCMHS							
22	Software	20 days	Mon 10/10/11	Fri 11/4/11 17		SDCMHS							
23	Expand links to County Designated Hub	60 days	Mon 11/7/11	Fri 1/27/12		SDCMHS Project Team,Consultants							
24	Adult System of Care	40 days	Mon 11/7/11	Fri 12/30/11		SDCMHS Project Team,Consultants							
25	Install Components	5 days	Mon 11/7/11	Fri 11/11/11 19		SDCMHS Project Team,Consultants							
26	Hardware	5 days	Mon 11/7/11	Fri 11/11/11 19		SDCMHS Project Team,Consultants							
27	Telecommunications	5 days	Mon 11/7/11	Fri 11/11/11 19		SDCMHS Project Team,Consultants							
28	Software	5 days	Mon 11/7/11	Fri 11/11/11 19		SDCMHS Project Team,Consultants							
29	Test Components	5 days	Mon 11/14/11	Fri 11/18/11		SDCMHS Project Team,Consultants							
30	Hardware	5 days	Mon 11/14/11	Fri 11/18/11 25		SDCMHS Project Team,Consultants							
31	Telecommunications	5 days	Mon 11/14/11	Fri 11/18/11 25		SDCMHS Project Team,Consultants							
32	Software	5 days	Mon 11/14/11	Fri 11/18/11 25		SDCMHS Project Team,Consultants							
33	Train Staff	5 days	Mon 12/9/11	Fri 12/23/11 29,73		SDCMHS Project Team,Consultants							
34	Deploy	5 days	Mon 12/26/11	Fri 12/30/11 33		SDCMHS Project Team,Consultants							
35	Children's System of Care	20 days	Mon 1/2/12	Fri 1/27/12		SDCMHS Project Team,Consultants							
36	Install Components	5 days	Mon 1/2/12	Fri 1/6/12 34		SDCMHS Project Team,Consultants							
37	Hardware	5 days	Mon 1/2/12	Fri 1/6/12 34		SDCMHS Project Team,Consultants							
38	Telecommunications	5 days	Mon 1/2/12	Fri 1/6/12 34		SDCMHS Project Team,Consultants							
39	Software	5 days	Mon 1/2/12	Fri 1/6/12 34		SDCMHS Project Team,Consultants							
40	Test Components	5 days	Mon 1/9/12	Fri 1/13/12		SDCMHS Project Team,Consultants							
41	Hardware	5 days	Mon 1/9/12	Fri 1/13/12 36		SDCMHS Project Team,Consultants							
42	Telecommunications	5 days	Mon 1/9/12	Fri 1/13/12 36		SDCMHS Project Team,Consultants							
43	Software	5 days	Mon 1/9/12	Fri 1/13/12 36		SDCMHS Project Team,Consultants							
44	Train Staff	5 days	Mon 1/16/12	Fri 1/20/12 40		SDCMHS Project Team,Consultants							
45	Deploy	5 days	Mon 1/23/12	Fri 1/27/12 44		SDCMHS Project Team,Consultants							

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	2012	Qtr 1	Qtr 2	Qtr 3	Qtr 4
46	Expand to existing Mental Health Programs	20 days	Mon 1/30/12	Fri 2/24/12		SDCMHS Project Team, Consultants					
47	Install Components	5 days	Mon 1/30/12	Fri 2/3/12 45		SDCMHS Project Team, Consultants					
48	Hardware	5 days	Mon 1/30/12	Fri 2/3/12 45		SDCMHS Project Team, Consultants					
49	Telecommunications	5 days	Mon 1/30/12	Fri 2/3/12 45		SDCMHS Project Team, Consultants					
50	Software	5 days	Mon 1/30/12	Fri 2/3/12 45		SDCMHS Project Team, Consultants					
51	Test Components	5 days	Mon 2/6/12	Fri 2/10/12		SDCMHS Project Team, Consultants					
52	Hardware	5 days	Mon 2/6/12	Fri 2/10/12 47		SDCMHS Project Team, Consultants					
53	Telecommunications	5 days	Mon 2/6/12	Fri 2/10/12 47		SDCMHS Project Team, Consultants					
54	Software	5 days	Mon 2/6/12	Fri 2/10/12 47		SDCMHS Project Team, Consultants					
55	Train Staff	5 days	Mon 2/13/12	Fri 2/17/12 51, 73		SDCMHS Project Team, Consultants					
56	Deploy	5 days	Mon 2/20/12	Fri 2/24/12 55		SDCMHS Project Team, Consultants					
57	Expand to primary care	20 days	Mon 2/27/12	Fri 3/23/12 46		SDCMHS Project Team, Consultants					
58	Install Components	5 days	Mon 2/27/12	Fri 3/2/12		SDCMHS Project Team, Consultants					
59	Hardware	5 days	Mon 2/27/12	Fri 3/2/12 56		SDCMHS Project Team, Consultants					
60	Telecommunications	5 days	Mon 2/27/12	Fri 3/2/12 56		SDCMHS Project Team, Consultants					
61	Software	5 days	Mon 2/27/12	Fri 3/2/12 56		SDCMHS Project Team, Consultants					
62	Test Components	5 days	Mon 3/5/12	Fri 3/9/12		SDCMHS Project Team, Consultants					
63	Hardware	5 days	Mon 3/5/12	Fri 3/9/12 58		SDCMHS Project Team, Consultants					
64	Telecommunications	5 days	Mon 3/5/12	Fri 3/9/12 58		SDCMHS Project Team, Consultants					
65	Software	5 days	Mon 3/5/12	Fri 3/9/12 58		SDCMHS Project Team, Consultants					
66	Train Staff	5 days	Mon 3/12/12	Fri 3/16/12 62, 73		SDCMHS Project Team, Consultants					
67	Deploy	5 days	Mon 3/19/12	Fri 3/23/12 66		SDCMHS Project Team, Consultants					
68	Training	120 days	Mon 10/10/11	Fri 3/23/12		SDCMHS Project Team, Consultants					
69	Identify Training Staff Needs	5 days	Mon 10/10/11	Fri 10/14/11 17		SDCMHS Project Team, Consultants					
70	Engage Trainers	5 days	Mon 10/17/11	Fri 10/21/11 69		SDCMHS Project Team, Consultants					
71	Develop Training Program	40 days	Mon 10/24/11	Fri 12/16/11		Consultants, SDCMHS Project Team					
72	Develop Curriculum	20 days	Mon 10/24/11	Fri 11/18/11 70		SDCMHS Project Team, Consultants					
73	Develop Materials	20 days	Mon 11/21/11	Fri 12/16/11 72		SDCMHS Project Team, Consultants					
74	Identify Participants	10 days	Mon 11/21/11	Fri 12/21/11 72		Consultants, SDCMHS Project Team					
75	Determine Training Logistics	15 days	Mon 12/19/11	Fri 1/6/12		Consultants, SDCMHS Project Team					
76	Identify Space	5 days	Mon 12/19/11	Fri 12/23/11 71		Consultants, SDCMHS Project Team					
77	Set Training Schedules	5 days	Mon 12/26/11	Fri 12/30/11 76		Consultants, SDCMHS Project Team					
78	Sign up Participants	5 days	Mon 1/2/12	Fri 1/6/12 77		Consultants, SDCMHS Project Team					
79	Deliver Training	40 days	Mon 1/30/12	Fri 3/23/12 77FS+20 days		Consultants, SDCMHS Project Team					
80	Quality Evaluation and Improvement	190 days	Mon 10/10/11	Fri 6/29/12		Consultants, SDCMHS Project Team					
81	Assess Evaluation Measures	15 days	Mon 10/10/11	Fri 10/28/11 17		Consultants, SDCMHS Project Team					
82	Assess Effectiveness of Additional Locations	15 days	Mon 10/24/11	Fri 6/8/12 67FS-40 days		Consultants, SDCMHS Project Team					
83	Identify Telehealth Specific Measures	15 days	Mon 5/21/12	Fri 6/8/12 67FS-40 days		Consultants, SDCMHS Project Team					
84	Analyze Process and Outcome Measures	15 days	Mon 10/3/11	Fri 11/18/11 81		Consultants, SDCMHS Project Team					
85	Modify Policies and Procedures based on Analysis	15 days	Mon 11/21/11	Fri 12/9/11 83		Consultants, SDCMHS Project Team					
86	Develop Plan for Future Expansion based on Analysis	15 days	Mon 12/12/11	Fri 12/30/11 84		Consultants, SDCMHS Project Team					
			Mon 6/11/12	Fri 6/29/12 85, 82		Consultants, SDCMHS Project Team					

Task Summary

Progress Summary

Milestone Summary

Project Summary

Group By Summary

Deadline

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Diego

Select one:

New

Existing

Project Number/Name: SD-6 MH MIS Enhancements

Date: 2/18/2011

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

Overview: Implementation of a new MH MIS to replace two legacy systems. The new system will be a single integrated system for client tracking, reporting, billing and managed care functions, and an Electronic Health Record. The new MIS will be used by over 2000 County and contracted providers in over 170 programs. Over 400,000 client records are being converted and the MIS will be used for approximately 65,000 clients on a yearly basis.

Project Phase: Phase 2 - ASO Deployment, Scheduler, Mission Critical Forms, Doctors Home Page and Treatment Plans/Progress Notes

Status: Phase II of the MH MIS project include 5 sub-phases:

- 1) ASO Deployment - Completed
- 2) Scheduler - Completed
- 3) Mission Critical Forms – Completed
- 4) Treatment Plans/Progress Notes – Planning
- 5) Doctors Home Page - Not Started

2. Provide a justification how this request is a continuation of a previously approved project and not a new project. The previously approved project is the MHMIS project.

Rationale: Existing Project Expansion 1. Doctors Home Page: This request represents enhancements to the existing project. Doctors Homepage was part of the original project but is being expanded due to changing work patterns and MHSA program requirements.

Description: Expansion of e-prescribing requires additional software licenses and expanded training requirements are required.

Background: A next step in the full implementation of an electronic health record is the implementation of the Anasazi Doctor’s Home Page. This component provides secure e-prescribing submissions to pharmacies; alerts doctors to potential drug to drug interactions; includes comprehensive, online drug and pharmacy databases; allows doctors to easily read medical history, and presents case load, treatment plan, diagnosis history and notifications all in one place. The County of San Diego has been involved in a major initiative to implement an electronic health record through a behavioral health software vendor, Anasazi. The initial contract with Anasazi called for 100 doctor’s licenses. Due to system expansion as a result of MHSA and changing work patterns with an increase of nurses in programs, additional doctor and nurse Doctor’s Home Page licenses are necessary.

Rationale: Existing Project Expansion 2. Signature Pads. At the time of the original MHMIS project, DMH and Federal requirements for electronic signatures were unclear. With clear guidance at the policy level, we are ready to expand the use of Signature Pad Devices.

Description: Signature Pad Devices for the electronic health record.

Background: The County of San Diego has been involved in a major initiative to implement an electronic health record. A natural next component in the implementation is the ability of clients to sign electronically. All clients, whether seen in clinics, schools, or their residence will have the ability to sign electronically and move the county to a truly paperless medical record. The County will purchase and provide signature pads to approximately 1500 contract and county clinicians.

Rationale: Existing Project Expansion 3 – Document Management: The MHMIS project has always focused on the development of a fully electronic health record. The initial MHMIS project focused on the core elements of the EHR. As the MHMIS phase II is concluded, it is time to address the document management component of the EHR.

Description: The project moves the Mental Health Services (MHS) Electronic Health Record towards a completely electronic record, independent of paper records for County MHS programs.

Background: Local Scanning: County and contracted mental programs will scan documents at local sites using the County's Management Information System provider document management software. The document management software local scanning will accept store and transfer images directly to the client's record.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

- | | |
|---|--|
| a. <input type="checkbox"/> Project manager performance | i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) |
| b. <input type="checkbox"/> Project staffing | j. <input type="checkbox"/> Personnel cost increase |
| c. <input type="checkbox"/> Requirements not completely defined | k. <input type="checkbox"/> Delay in RFP process |
| d. <input checked="" type="checkbox"/> Change in scope | l. <input type="checkbox"/> Insufficient management support |
| e. <input type="checkbox"/> Difficulties in customizing COTS | m. <input type="checkbox"/> Training issues |
| f. <input type="checkbox"/> Delay in project start date | n. <input type="checkbox"/> Other |
| g. <input type="checkbox"/> Completion date has lapsed | |
| h. <input type="checkbox"/> Change in Vendor/contract services cost | |

Explanation:

- Expansion of MHPA programs to meet consumer needs requires and expansion of licenses for additional physicians.
- Clarification of electronic signature policy allows requires that the scope of the project be expanded to include Signature pads.
- Document management software which was purchased as part of the original MHMIS project was deferred until later in the Phase II EHR component of the MHMIS. This expansion of the scope of the project is now possible as the project has advanced.

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

- | | |
|--|---|
| a. <input type="checkbox"/> Hire additional staff or other personnel | g. <input type="checkbox"/> Expand existing software |
| b. <input type="checkbox"/> Acquire new contract services (vendors) | h. <input type="checkbox"/> Acquire other materials |
| c. <input checked="" type="checkbox"/> Expand existing contract scope of work | i. <input checked="" type="checkbox"/> Training costs |
| d. <input checked="" type="checkbox"/> Acquire new hardware (provide list below) | j. <input type="checkbox"/> Other |
| e. <input type="checkbox"/> Expand existing infrastructure | |
| f. <input checked="" type="checkbox"/> Acquire new software (provide list below) | |

Explanation:

- Doctors Home page is an expansion of the number of licenses for physicians.
- Electronic signatures requires the purchase of additional hardware devices.
- Document management requires the purchase of additional scanner devices and training services.

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

- | | |
|---|--|
| a. <input type="checkbox"/> Project organization | j. <input type="checkbox"/> Project phasing |
| b. <input type="checkbox"/> Project management resources | k. <input type="checkbox"/> Change management plan |
| c. <input type="checkbox"/> Support resources | l. <input type="checkbox"/> Risk management plan |
| d. <input type="checkbox"/> Development and maintenance resources | m. <input type="checkbox"/> Contract services costs |
| e. <input type="checkbox"/> Quality assurance testing resources | n. <input checked="" type="checkbox"/> Hardware costs |
| f. <input type="checkbox"/> Project plan dates (schedule) | o. <input checked="" type="checkbox"/> Software costs |
| g. <input checked="" type="checkbox"/> Project scope | p. <input type="checkbox"/> Personnel costs |
| h. <input type="checkbox"/> Project roles and responsibilities | q. <input type="checkbox"/> Other costs |
| i. <input type="checkbox"/> Project monitoring and oversight | r. <input checked="" type="checkbox"/> Training provisions |
| | s. <input type="checkbox"/> None |

Explanation:

Each of the components described above: Doctors Homepage expansion, electronic signature pads and document management – all represent limited expansions of project scope. Additional training will be required for Doctors Home Page

due to additional physician's licenses; Additional training and hardware will be required for document management and electronic signature.

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

Each expansion discussed above has been shared in a wide variety of Technology Stakeholder Forums. The elimination of paperwork and inefficiencies are well established goal of all stakeholders.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MESA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

Jerald Coleman
Chief Information Officer (Print)

Jerald A. Coleman 2/9/11
Signature Date

David Nelson
HIPAA Privacy/Security Officer (Print)

David Nelson 2/8/11
Signature Date

County of San Diego - Mental Health Services
Anasazi 2011 Implementation Tasks

Sub-Phase	Sub-Phase Tasks	Begin	End
DHP	Finalize # of licenses needed	11/20/10	TBD
DHP	Decision re: Training Model for DHP	12/15/10	12/30/10
DHP	Communicate re: collecting MDs info (for system file dev)	12/17/10	01/04/11
DHP	Run updated services report for Med Support services	01/05/11	01/14/11
DHP	Complete form linking MDs to RNs (for system file dev)	01/05/11	01/25/11
DHP	Completion of DHP prescriber info spreadsheet	01/05/11	01/25/11
DHP	Seminar (on site by Anasazi) 3 Days	01/12/11	01/14/11
DHP	Determine trainers doing setup for Admin training	01/18/11	01/26/11
DHP	Determine staff attending Admin training	01/18/11	01/26/11
DHP	Creation of Test COTs, menus, etc for Admin Train	01/18/11	02/21/11
DHP	Modify ARF to include MD info	01/18/11	02/24/11
DHP	Console Planning	01/18/11	04/08/11
DHP	Anasazi provides answers to Seminar questions	01/19/11	01/26/11
DHP	Determine new MD/RN subunits needed	01/24/11	02/04/11
DHP	Decide when to change CHP template to display DHP meds	01/25/11	01/25/11
DHP	Determine selection of pilot programs	01/25/11	02/11/11
DHP	Determine order of roll-out	01/25/11	02/11/11
DHP	Discuss Docs with Multiple IDs, based on Ken's feedback	01/25/11	TBD
DHP	Determine DHP Views for each Menu - Matrix	01/26/11	01/27/11
DHP	System File Entry (in Test) 5 days	01/27/11	02/02/11
DHP	System File Development (CoSD) 8 days	01/27/11	02/06/11
DHP	Determine staff TX Teams, Supervisory Trees	02/01/11	02/03/11
DHP	QA System File Entry (by CoSD in Test) 5 days	02/03/11	02/09/11
DHP	Turn in System Files to Anasazi	02/07/11	02/07/11
DHP	Complete program setup form and ARF for new MD/RNsubunits	02/07/11	02/09/11
DHP	Setup MD/RN subunits in LIVE	02/07/11	02/09/11
DHP	Setup staff within MD/RN subunits in LIVE	02/10/11	02/21/11
DHP	Install Product (remotely by Anasazi in Test, Test3)	02/10/11	02/11/11
DHP	Pilot and Roll-Out Order of Programs Discussion	02/14/11	02/18/11
DHP	Promotion of Test to TP3 (for DHP Admin Training)	02/18/11	02/18/11
DHP	Trainers Staff Maint Setup in Test for Admin Training	02/22/11	02/22/11
DHP	Ensuring functionality of Test environment	02/22/11	03/04/11
DHP	Fake Client Setup in Test for Admin Training	02/23/11	03/07/11
DHP	Staff Maint Setup in Test for Admin Training Attendees	02/23/11	03/07/11
DHP	Registration for DHP Pilots	02/28/11	03/15/11
DHP	Test TP3 promotion in Test3	02/28/11	03/15/11
DHP	ASNA TP3 Training	03/03/11	03/04/11
DHP	Administrator Training (Anasazi on site in Test) 2 days	03/08/11	03/09/11
DHP	Decide how to change CHP template for DHP info	03/10/11	03/10/11
DHP	Continued Testing (by CoSD in Test) 3 days	03/10/11	03/12/11
DHP	Install Product (remotely by Anasazi in Live, Train, Test2)	03/10/11	03/14/11
DHP	Sample Transaction Test Forms for UAT 12 days	03/10/11	03/25/11
DHP	Determine trainers doing setup for UAT	03/10/11	03/25/11
DHP	Secure (encrypted) Live Users List due to Anasazi	03/11/11	03/11/11
DHP	Registration for DHP deployment	03/14/11	04/15/11
DHP	Decision re: Med MEW and forms	03/14/11	05/27/11
DHP	Submit CRCB to promote LIVE to TP3 and LIVE copy to TEST	03/15/11	03/15/11
DHP	Repeat System File Entry (in Live) 5 days	03/15/11	03/21/11
DHP	Promote LIVE to TP3	03/19/11	03/19/11
DHP	Repeat QA of System File Entry (by CoSD in Live) 5 days	03/22/11	03/28/11
DHP	Copy LIVE to Test (for UAT)	03/26/11	03/26/11
DHP	Trainers Staff Maint Setup in Test for UAT	03/28/11	03/30/11
DHP	Staff Maint Setup in Test for UAT Attendees	04/01/11	04/08/11
DHP	Fake Client Setup in Test for UAT	04/04/11	04/08/11
DHP	User Acceptance Testing (Anasazi on site/Test) 4 days	04/11/11	04/14/11

County of San Diego - Mental Health Services
Anasazi 2011 Implementation Tasks

Sub-Phase	Sub-Phase Tasks	Begin	End
DHP	Submit CRCB for LIVE copy to TRAIN	04/12/11	04/12/11
DHP	Develop Deployment Plan (on site by Anasazi) 3 days	04/18/11	04/20/11
DHP	Creation of LIVE COTs, menus, etc for rollout	04/18/11	04/22/11
DHP	Process Re-Engineering and Develop Manuals 27days	04/21/11	05/27/11
DHP	Copy Live to Train	04/23/11	04/23/11
DHP	Trainers Staff Maint Setup in Train for DHP	04/25/11	04/26/11
DHP	Process ARFs in Staff Maintenance for E-Prescribe Pilot	04/27/11	04/29/11
DHP	Fake Client Setup in Train for Pilots	04/27/11	05/05/11
DHP	Process ARFs in Staff Maintenance in pilot programs	05/02/11	05/27/11
DHP	Activate e-Prescribing (in Live remotely by Anasazi)	05/03/11	05/03/11
DHP	E-Prescrib/Console Support Pilot (Anasazi on site) 2 days	05/03/11	05/04/11
DHP	Communicate re: CHP template change for DHP	05/16/11	TBD
DHP	Change CHP template for DHP	05/25/11	TBD
DHP	DHP Pilot Training and Support 2 days (Anasazi on site)	05/31/11	06/01/11
DHP	Revise materials for deployment	06/01/11	06/17/11
DHP	DHP Pilot Training and Support 2 days (Anasazi on site 1)	06/02/11	06/03/11
DHP	Deployment (by CoSD) 45 days	06/20/11	08/19/11
DHP	Creation of LIVE COTs, menus, etc for UAT	03/10/11	03/25/11
DM	Assign Project Manager	10/15/11	10/16/11
DM	Establish Project Team	10/15/11	12/16/11
DM	Establish Project Structure	11/15/11	01/16/12
DM	Vendor Selection	01/01/12	05/31/12
DM	Develop Training Strategy	05/15/12	09/15/12
DM	Develop Deployment Strategy	05/15/12	09/15/12
DM	Purchase Hardware/Software for Test	06/01/12	06/15/12
DM	Install Hardware/Software for Test	07/01/12	07/15/12
DM	Develop Communication Plan	07/15/12	10/16/12
DM	Test Hardware/Software for Test	07/15/12	08/15/12
DM	Develop Training Materials	08/01/12	09/15/12
DM	Develop policy re document scanning procedures & access	08/15/12	11/30/12
DM	Determine How to Purchase Scanners	08/16/12	10/31/12
DM	Evaluate Existing Workstations to Determine Scanners Needed	08/16/12	10/31/12
DM	Communicate Purchasing Decisions	11/01/12	12/15/12
DM	Implement Purchase Decision	12/16/12	03/01/13
DM	Deployment	02/01/13	08/01/13
SP	Assign Project Manager	06/15/11	07/16/11
SP	Establish Project Team	06/15/11	08/16/11
SP	Determine How to Purchase Signature Pads	08/15/11	09/15/11
SP	Establish Project Structure	08/16/11	08/30/11
SP	Vendor Selection	08/17/11	10/05/11
SP	Communicate Purchase Decision	09/15/11	10/30/11
SP	Refine Project Plan - Signature Pads	09/16/11	10/23/11
SP	Develop Training Strategy	10/01/11	01/15/12
SP	Develop Deployment Strategy	10/01/11	01/15/12
SP	Purchase Hardware/Software for Testing	11/01/11	11/15/11
SP	Evaluate Existing Workstations to Determine SP Needed	11/01/11	12/30/11
SP	Install Hardware/Software for Testing	11/16/11	11/30/11
SP	Test Hardware/Software	12/01/11	01/30/12
SP	Develop Communication Plan	12/15/11	01/30/12
SP	Develop Training Materials	12/15/11	02/15/12
SP	Develop e-sign policy for clients	12/15/11	01/30/12
SP	Review e-sign policy for staff	12/15/11	01/30/12
SP	Implement Purchase Decision	01/01/12	03/01/12
SP	Deployment	02/01/12	05/01/12

DHP- Doctors Home Page DM=Document Management SP=Signature Pads

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Diego

Select one:

New

Existing

Project Number/Name: SD-7 SpeEd Link Project

Date: 2/18/2011

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHA Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: Not Applicable
http://www.dmh.ca.gov/Prop_63/MHA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and 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 or 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 MHA 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 and/or Vendor (If Applicable) _____
- Software Installation: Name of Vendor _____ SpeEd Link is a custom database prepared by San Diego County's IT Vendor _____

Technological Needs New Project Description

1. Provide a summary of the TN Project:

SpeEd Link is a unique database that bridges County mental health services with each school district's special education department. This unique collaboration enables both education and mental health to view and track shared clients in one database. The SpeEd Link database has been development to assist with the implementation of the AB 3632 program. The AB3632 program is a program that was created by the State legislature and consequently this program has many timelines and requirements that can now be monitored through the use of the SpeEd Link database.

San Diego Mental Health Services has embarked on effort to modernize and transform its efforts to coordinate and collaborate with the local education system. Current statutes, policies and requirements that mandate and organize mental health / school collaboration are complex, requiring a large flow of documents between referring schools and mental health providers. Historically, the referral process relied exclusively on paper.

The SpeEd Link database provides school users such as clerks, psychologists and support staff members with the ability to submit an AB3632 request for Mental Health Assessment for a particular student via the internet. Once a request is

received and the submitter provides Special Education Services (SES) staff with the required supporting documentation, SES staff can proceed to process the request and record the progress in the SES Web referral system. The system provides access to the information for school and SES users based on their role and data privileges. Therefore, the request submitters or authorized users can electronically retrieve the request and check the progress and status in real-time.

The purpose of this project is to continue to enhance SpeEd Link by enhancing functionality based on the initial pilot experience with the San Diego School District. Enhancements will include programming adjustments, as well as, increased functionality based on the experiences of mental health and school staff. The project also provides resources for continuing training as the web-based solution is rolled-out to more school districts. The goal is to provide this referral system to all school districts in San Diego County.

2. Describe how this project is critical for accomplishing the County's and Department's MHPA goals and objectives.

Improving and expanding the SpeEd Link system is an essential element to improving collaboration between mental health providers and school systems. The overarching goal of MHPA to provide services to children and youth with serious emotional disturbances and their family members is supported by this project. Further the project is consistent with the goal of developing technology uses and strategies which supported the better integration of services. This project will promote efficient access to mental health services for children and youth within the education system. The project allows school personnel to better monitor the mental health referral process, the continuity of services which promote recovery and resiliency. The project further promotes departmental goals to continue to modernize and transform less efficient paper processes into more efficient web based solutions which will provide more immediate information to schools seeking to help children and youth access mental health services.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

The SpeEd Link system is an autonomous tracking system which is not integrated with the San Diego Mental Health EHR. However, mental health and school district personnel may both access the internet based system. The SpeEd Link system tracks students using a State Identification number used for tracking purposes. School personnel may access the system to locate required forms, referral information as well as the status of current referrals.

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

Not applicable. No further software, hardware or licenses are part of this project.

5. Attach a detailed project plan for this project.

Anticipated Start Date: [7/1/2011]

Anticipated End Date: [6/1/2012]

See the timeline and gantt chart following this project plan.

Current Deployment

The SpeEd Link Database was placed on the County website during November of 2009, and six weeks later (12/10/09) was implemented in two pilot sites. The pilot sites were the San Diego Unified School District and a centralized referral point in the Grossmont Union School District. A centralized training was held for the school district staff and users were trained in a test environment. Staff was trained on how to submit referrals in the SpeEd Link database and how to track and monitor clients once a referral has been submitted. The first electronic referral was received from the San Diego Unified School District on 12/14/09, and staff from these two referral sources continues to submit referrals through the SpeEd Link Database. During the three month pilot phase there were frequent meetings to ensure that both the County staff and the end users at the schools were able to access and navigate the database. The three month pilot was ended in mid March of 2010 and the two sites now submit all of their referrals via SpeEd Link database. The SpeEd Link application has been a great success and has addressed the monitoring and tracking needs for both County and school users. The San Diego Unified School District was able dispense with an antiquated tracking database that the school district had developed as a direct result of the successful SpeEd Link application.

Software Revisions/Fixes Since the initial rollout of the application in mid November and, based upon information from the pilot sites, two application revisions have occurred. At present the SpeEd Link is on version 3. .

Countywide Rollout Plans

This project plans to have the SpeEd Link application to be rolled out to the following school districts of San Diego . The plan to roll this out to the remaining school districts is as follows:

- San Diego County Office of Education – July 2011
- North Coastal – September 2011
- South County School District October 2011
- Countywide Makeup Training – January 2012

A dedicated trainer will assist with this implementation and will also able to provide support as additional districts begin to utilize this application. This trainer could assist with further developments and enhancements. As the number of users increase the amount of time, the number of projected enhancement will likely increase. To fully implement the SpeEd Link Program County-wide, additional personnel resources will be needed as a dedicated staff person who has experience in computers and familiarity with training others. Also, additional resources will be needed which include training, computer labs, and a training database environment are needed so that users in training are not able to alter data in the live environment. Each school district has unique requirements; and the training needs and issues will be explored and developed on an individual bases. Further developments and refinement will be needed in the User's Guide and the Help site resources that can provide ongoing support for users.

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.

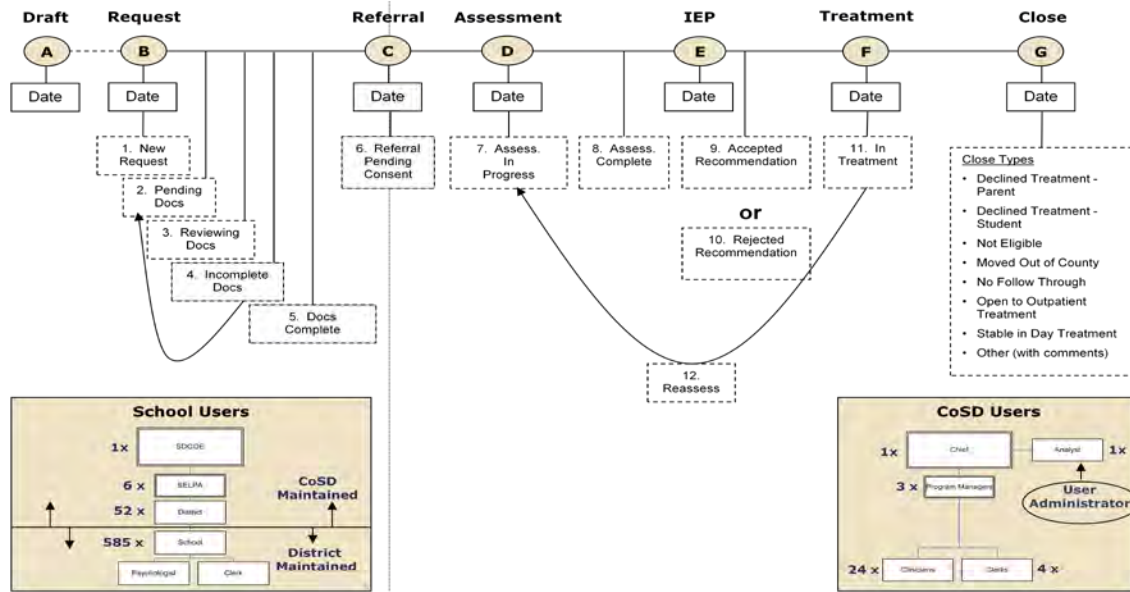
In general, this system is established and operational. School and mental health personnel are granted authorizations to access the web-based system. The system tracks the status of an established collection of documents including:

- Cover Sheet
- Inter-agency Exchange of Information
- Current IEP
- Latest IEP
- Psycho-Educational Assessment
- Student's Cognitive Functioning
- Student's Academic Functioning
- School interventions
- Individual Transition Plan
- Emotional/Behavioral Characteristics
- Child-Youth History Questionnaire (English and Spanish)
- Authorization for Release of Protected Health Information (English and Spanish)
- Student Information Sheet
- Behavioral Support Plan
- Other supporting information

Following submission of the required documentation, the status of the referral may be tracked via the web based system. Status may be Pending, Incomplete Referral or Awaiting Documents. When the child is accepted for mental health services, the clinic or other provider is noted on the system.

A detailed workflow of the current system follows:

County of San Diego
AB2726 Special Education Services
Workflow and User Roles



4

7. If this project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

This project does not deviate from the information presented in the County's approved component proposal.

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.
 This is not an EHR related project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR "Lite" Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)	
Optimizing physician ordering of medications, laboratory tests with interactive decision support system.	
<input type="checkbox"/>	Lab - Internal
<input type="checkbox"/>	Lab - External
<input type="checkbox"/>	Pharmacy - Internal
<input type="checkbox"/>	Pharmacy – External
<input type="checkbox"/>	Lab and Pharmacy - Both

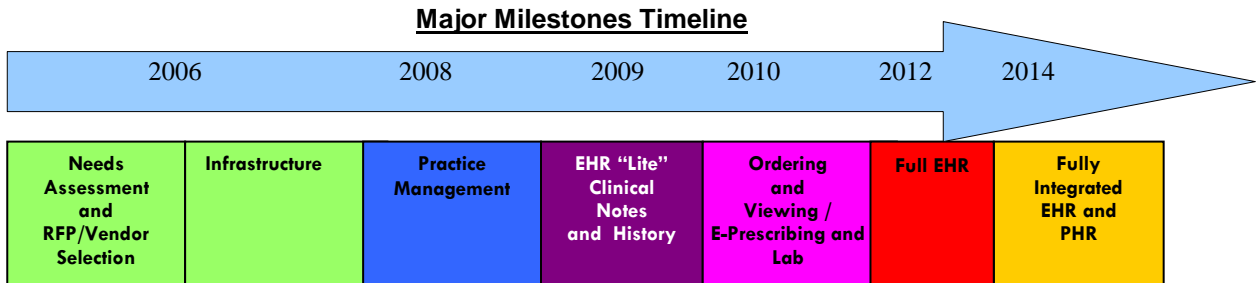
Interoperability Components (Data Transfer - Connectivity and Language Standards)	
The ability of the system to transfer data outside the County clinic.	
<input type="checkbox"/>	Messaging – Data transfer between different systems with different data standards.
<input type="checkbox"/>	Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/>	Messaging and Record Exchange - Both

Fully Integrated EHR and PHR	
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.	
<input type="checkbox"/>	Fully Integrated EHR and PHR

Other	
<input type="checkbox"/>	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:

This project does not alter the previously submitted major milestone timeline. It is not EHR related.



10. Assess the Project's risk rating using the following Project Risk Assessment.

Project Risk Assessment			
Category	Factor	Rating	Score
Estimated Cost of Project	Over \$5 million	6	
	Over \$3 million	4	
	Over \$500,000	2	2
	Under \$500,000	1	
Project Manager Experience			
Like Projects completed in a "Key Staff" Role	None	3	
	One	2	
	Two or More	1	1
Team Experience			
Like Projects Completed by at least 75% of Key Staff	None	3	
	One	2	
	Two or More	1	1
Elements of Project Type			
New Install	Local Desktop/Server	1	
	Distributed/Enterprise Server	3	

Hardware	Update/Upgrade	Local Desktop/Server	1		
		Distributed/Enterprise Server	2		
	Infrastructure	Local Network/Cabling	1		
		Distributed Network	2		
		Data Center/Network Operations Center	3		
Software	Custom Development		5	5	
	Application Service Provider		1		
	COTS* Installation	"Off-the-Shelf"	1		
		Modified COTS	3		
	Number of users	Over 1,000	5		
		Over 100	3	3	
		Over 20	2		
		Under 20	1		
	*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
			Two-Tier (Client / Server)	2	
Multi-Tier (Client & Web, Database, Application, etc., Servers)			3		

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input type="checkbox"/> 16 - 24	Medium
<input checked="" type="checkbox"/> 8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

This project does not alter the previously submitted County Personnel Analysis

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
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, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			

Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

Not Applicable

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes [] No []

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

Not applicable

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

Not applicable

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost | <ul style="list-style-type: none"> i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other |
|---|--|

Explanation:
Not applicable

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below) | <ul style="list-style-type: none"> g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other |
|---|--|

Explanation:
Not applicable.

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources | <ul style="list-style-type: none"> j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan |
|---|---|

d. <input type="checkbox"/> Development and maintenance resources	m. <input type="checkbox"/> Contract services costs
e. <input type="checkbox"/> Quality assurance testing resources	n. <input type="checkbox"/> Hardware costs
f. <input type="checkbox"/> Project plan dates (schedule)	o. <input type="checkbox"/> Software costs
g. <input type="checkbox"/> Project scope	p. <input type="checkbox"/> Personnel costs
h. <input type="checkbox"/> Project roles and responsibilities	q. <input type="checkbox"/> Other costs
i. <input type="checkbox"/> Project monitoring and oversight	r. <input type="checkbox"/> Training provisions
	s. <input type="checkbox"/> None

Explanation:
 Not applicable

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

Not applicable.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSa Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

 Jerald Coleman
 Chief Information Officer (Print)

 David Nelson
 HIPAA Privacy/Security Officer (Print)

J. A. Coleman 2/9/11

 Signature Date

David Nelson 2/8/11

 Signature Date

ID	Task Name	Duration	Start	Finish	Predecessors	2012	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
1	SpeEd Link Project	241 days	Fri 7/1/11	Fri 6/1/12								
2	Pre-Phase 1 - Project Initiation	2 days	Fri 7/1/11	Mon 7/4/11								
3	Assign Project Manager	2 days	Fri 7/1/11	Mon 7/4/11								
4	Establish Project Team	2 days	Fri 7/1/11	Mon 7/4/11								
5	Establish Project Structure	2 days	Fri 7/1/11	Mon 7/4/11								
6	Develop Communication Plan	2 days	Fri 7/1/11	Mon 7/4/11								
7	Refine Project Plan	2 days	Fri 7/1/11	Mon 7/4/11								
8	Rollouts	239 days	Tue 7/5/11	Fri 6/1/12								
9	San Diego County Office of Education - July 2011	45 days	Tue 7/5/11	Mon 9/5/11								
10	Planning	5 days	Tue 7/5/11	Mon 7/11/11								
11	Set Up	5 days	Tue 7/12/11	Mon 7/18/11	10							
12	Training	5 days	Tue 7/19/11	Mon 7/25/11	11							
13	Deployment	30 days	Tue 7/26/11	Mon 9/5/11	12							
14	North Coastal - September 2011	45 days	Tue 7/26/11	Mon 9/26/11								
15	Planning	5 days	Tue 7/26/11	Mon 8/1/11	12							
16	Set Up	5 days	Tue 8/2/11	Mon 8/8/11	15							
17	Training	5 days	Tue 8/9/11	Mon 8/15/11	16							
18	Deployment	30 days	Tue 8/16/11	Mon 9/26/11	17							
19	South County School District October 2011	70 days	Tue 7/5/11	Mon 10/10/11								
20	Planning	5 days	Tue 7/5/11	Mon 7/11/11								
21	Set Up	5 days	Tue 8/16/11	Mon 8/22/11	17							
22	Training	5 days	Tue 8/23/11	Mon 8/29/11	21							
23	Deployment	30 days	Tue 8/30/11	Mon 10/10/11	22							
24	Countywide Makeup Training - January 2012	15 days	Tue 1/3/12	Mon 1/23/12								
25	Planning	5 days	Tue 1/3/12	Mon 1/9/12	19FS+60 days							
26	Set Up	5 days	Tue 1/10/12	Mon 1/16/12	25							
27	Training	5 days	Tue 1/17/12	Mon 1/23/12	26							
28	Monitoring and Optimization	169 days	Tue 10/11/11	Fri 6/1/12								
29	Assess Rollouts	124 days	Tue 10/11/11	Fri 3/30/12	19							
30	Modifications as needed	45 days	Mon 4/2/12	Fri 6/1/12	29							
31	Retraining as needed	45 days	Mon 4/2/12	Fri 6/1/12	29							

Project: Project 7 - SpeEd Link
Date: Wed 2/9/11

Page 1

Task

Progress

Milestone

Summary

Rolled Up Task

Rolled Up Milestone

Rolled Up Progress

Split

External Tasks

Project Summary

Group By Summary

Deadline

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Diego

Select one:

New

Existing

Project Number/Name: SD-8 Data Exchange Pilot Project

Date: 2/18/2011

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHPA Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHPA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHPA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and 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 or 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 MHPA 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) _____ To be selected _____
- Commercial Off-The-Shelf (COTS) System: Name of Vendor _____
- Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ To be selected _____
- Software Installation: Name of Vendor _____ To be selected _____

Technological Needs New Project Description

1. Provide a summary of the TN Project:

San Diego County Mental Health Services (SDCMHS) will work with the current County IT provider, Northrup Grumman, to collaborate to improve data sharing between primary care and behavioral health providers in San Diego County. Through this project, Northrup Grumman and/or an identified subcontractor and SDCMHS will be able to securely identify mutual clients seen in identified community health centers (CHCs) and in County-contracted behavioral health agencies and allow for authorized providers to view and share comprehensive client information at the point of care to increase communication and coordination and to improve efficiencies, continuity, quality of care and patient health outcomes.

Current data sharing efforts in San Diego County have focused largely on physical health care. The proposed project offers a unique opportunity to link behavioral health data with primary care health information to build an integrated community health record (CHR) for clients seen at a CHC or County-contracted behavioral health agency. SDCMHS has an existing contract that involves subcontracted primary care (PC) clinics (or FQHCs, Federally Qualified Health Centers) to link PC clients with mental health services. This contract gives providers access to specialty mental health services for their clients, as well as utilizes the IMPACT model (Improving Mood Promoting Access to Collaborative Care Treatment) in the primary care setting. Identified, eligible clients are linked to Depression Care Managers for case management while

the primary care doctor monitors their medication usage and physical health issues. Building upon these established relationships, with the proposed project, unique clients will be identified through a master patient index (MPI), which will link client data among systems to provide a virtual record to include a summary of health information. Having the information at the point of care, as providers are consulting with the client, will increase efficiencies, reduce adverse effects, and provide a comprehensive view of information specific to that individual so the provider can make an informed decision about the clients' comprehensive care needs. All data sharing will be planned and implemented in compliance with HIPAA privacy and security requirements. Additionally, the proposed solution will follow IHE standards recommended by federal Health Information Technology Standards Panel (HITSP).

Proposed Pilot Project

A brief review was completed of existing Electronic Health Record (EHR) systems in local primary care clinics, mental health clinics, and County Mental Health Services. Potential next steps were identified, as well as short- and long-term strategies. This project focuses on further planning, design, development and implementation of the data sharing project. It will be piloted between the SDCMHS system and two to three pilot CHCs. The project will be developed through the following three phases:

PHASE 1

Work with an established multidisciplinary taskforce of clinical, IT and operations staff from CHCs, mental health agencies, and County MHS to develop data sharing strategies that will enable authorized providers to access comprehensive and reliable information on mutual clients.

- Identify and convene taskforce including key partners, leadership and system users from primary care and behavioral health provider organizations, which may build upon existing infrastructure or HIE forum
- Build on existing partnership to develop and/or link to countywide master person index (MPI) to uniquely identify clients in existing MIS/IT systems
- Review HIPAA, patient consent and other confidentiality requirements and documents required to support data sharing by authorized providers
- Develop business associate and data use agreements with participating organizations
- Identify available information to include in community health record (e.g. history, diagnoses, medication, allergies, etc.)
- Identify matching unique criteria between mental health and primary care clients from CHC and MHS systems
- Select CHC pilot sites
- Identify specific systems of CHC's to develop mutual data sharing on matched clients
- Develop mutual reviewing capacity in community health record, to include at a minimum, diagnosis, medications and lab tests, and additional necessary data as identified by partners.
- Build upon existing relationships to identify and include data sharing components
- Identify pilot sites
- Amend existing Memorandum of Understanding between the pilot sites

PHASE II

In this phase a vendor will be selected to work with the county Mental Health program and IT divisions of each entity to conduct the following:

- Select vendor
- Develop business and functional requirements
- Develop solution design document
- Design System architecture diagram
- Design and develop the HIE system and associated interfaces based on business requirements
- Test system with a couple of pilot sites
- Implement the HIE for 2 pilot sites

PHASE III

- Review processes and assess for inefficiencies and strengths
 - Distribute follow-up survey; collect and analyze outcome data. Outcome data will include but not be limited to: # of clients shared in the HIE
 - # of clinicians from MH and PC who access the shared data
 - Review audit trail data to ensure that HIPAA guidelines are followed
 - Impact on patients health (ex: assess if patients' health have improved by having information available at the point of care)
 - **Provider's work flow impact**
 - Improvement of collaborative care (as reported via survey)
- Expand the system with CHC's by County region

Summary

As more health care organizations move toward health information exchange (HIE), electronic medical records (EMR) and further advanced information technology (IT) systems, it is critical that these organizations and systems can securely share data to best meet the needs of both the clients and the providers serving those clients. Through this project, County MHS will have the opportunity to improve data sharing and care coordination between primary care and mental health providers throughout San Diego County, which will lead to increased efficiency, improved quality and continuity of care and improved health outcomes for mutual clients.

This project will coordinate with existing pilot projects and data sharing initiatives to leverage existing infrastructure and integrate tools and processes where opportunities exist. Potential coordination opportunities to be reviewed as part of this project include Mental Health Services Act (MHSA) pilot projects, Substance Abuse and Mental Health Services Administration (SAMHSA) grant activities, Beacon Project (San Diego regional health information exchange), and other HIE projects and tools as identified by project partners.

2. Describe how this project is critical for accomplishing the County's and Department's MHSA goals and objectives.

- 1) This project is consistent with County, State and National goals to further the integration of behavioral health and primary care health information. In order to achieve the integration of primary care and behavioral health services San Diego County Mental Health Services must further develop interoperable technologies that allow systems to communicate using national standards, such as HL7.
- 2) The county's strategic plan provides for greater operational efficiency by using superior information technology systems to organize and integrate data across systems.
- 3) MHSA goals to modernize and transform integrated information systems are consistent with this pilot effort to achieve data sharing.
- 4) The project is consistent with State and National goals to establish interoperable health information exchanges. Such information exchange will further wellness and recovery efforts which are goals common to all stakeholders.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

The proposed project will link behavioral health data into a master patient index (MPI) to build an integrated community health record (CHR) for all clients seen in the identified CHC or County-contracted behavioral health agency.

Following the two major HIE system architecture, the county will follow the federated data exchange architecture to build the data exchange model amongst PC and MH. Disparate systems will be connected thru the MPI and other services (ex, data stores, document repository and registry) in a way that data remains physically in various source systems, not in a central repository. Each client request for data goes through two stages: 1) a request is made to the Record Locator Service (RLS) which returns the location of relevant records; 2) a second stage, following the messaging standards, a query/retrieval will connect to the source system (or edge servers) to retrieve the actual records.

The RLS accepts queries from authorized entities looking for patient records. The RLS will have a method to determine which patients, match the demographics presented. This is called identity resolution and it could be part of the RLS or an internal service that RLS relies on.

Every request message includes information about the specific user making the request, along with query and response will be logged in the system. Another words, a complete log of "who, what, when, and where" for all of the HIE queries will be stored in the system. All query messages will be HL7 messages.

The detail of the system design and functionality will be determined in Phase II.

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

There will be additional cost for hosting the solution. We will identify software that interfaces with the master patient index. Hardware and other software solutions will be required.

5. Attach a detailed project plan for this project.
Anticipated Start Date: [7/1/11] Anticipated End Date: [4/30/2014]

See attached timelines that follow this project plan.

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.

The Work Flow Analysis will be done as part of Phase I. Should full scale implementation occur, knowledge acquired through the pilot will inform future workflow analysis efforts.

7. If this project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

This project is consistent with the currently approved Component Proposal. The project description has been discussed in six regional stakeholder forums including consumers, family members, community clinics, and mental health providers.

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR "Lite" Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal
- Lab - External
- Pharmacy - Internal
- Pharmacy - External

Lab and Pharmacy - Both

Interoperability Components (Data Transfer - Connectivity and Language Standards)

The ability of the system to transfer data outside the County clinic.

Messaging – Data transfer between different systems with different data standards.

Record Exchange – Data transfer between two systems that share a common structural design.

Messaging and Record Exchange

Fully Integrated EHR and PHR

Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.

Fully Integrated EHR and PHR

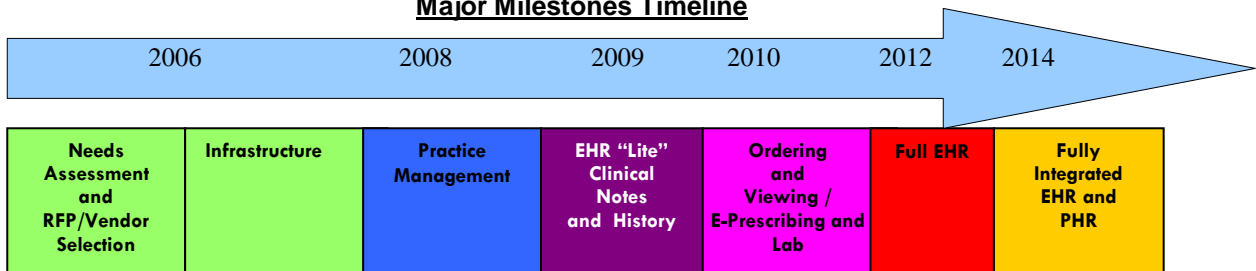
Other

Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:

Note: This pilot project is built on an existing EHR solution and does NOT alter the project time lines previously submitted.

Major Milestones Timeline



10. Assess the Project's risk rating using the following Project Risk Assessment.

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2	2	
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	3
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	2
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	2
	Data Center/Network Operations Center	3	3	

Software	Custom Development		5	5	
	Application Service Provider		1		
	COTS* Installation	"Off-the-Shelf"		1	
		Modified COTS		3	
	Number of facilities participating – CHC's and MH providers	Over 1,000		5	
		Over 100		3	
		Over 20		2	2
		Under 20		1	
	*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
			Two-Tier (Client / Server)	2	
Multi-Tier (Client & Web, Database, Application, etc., Servers)			3		

Total Score 3	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input checked="" type="checkbox"/> 16 - 24	Medium
<input type="checkbox"/> 8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Note: No changes in County Personnel Analysis required by this project.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
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, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your

vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

Not Applicable

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes [] No []

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

Not applicable.

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

Not applicable

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost | <ul style="list-style-type: none"> i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other |
|---|--|

Explanation:

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below) | <ul style="list-style-type: none"> g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other |
|---|--|

Explanation:

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope h. <input type="checkbox"/> Project roles and responsibilities i. <input type="checkbox"/> Project monitoring and oversight | <ul style="list-style-type: none"> j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions s. <input type="checkbox"/> None |
|---|---|

Explanation:

6. Explain how the stakeholders were provided an opportunity to participate in the decision.



Not applicable.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSa Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

Jerald Coleman
Chief Information Officer (Print)

David Nelson
HIPAA Privacy/Security Officer (Print)

	2/2/11
Signature	Date
	2/8/11
Signature	Date

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	2012	2013	2014
1	Data Exchange Pilot	739 days	Fri 7/11/11	Wed 4/30/14			Qtr 2 Qtr 3 Qtr 4 Qtr 1 Qtr 2 Qtr 3 Qtr 4 Qtr 1 Qtr 2 Qtr 3 Qtr 4 Qtr 1 Qtr 2 Qtr 3		
2	Pre-Phase 1 - Project Initiation	35 days	Fri 7/11/11	Thu 8/18/11		SDCMHS			
3	Assign Project Manager	5 days	Fri 7/11/11	Thu 7/7/11		SDCMHS			
4	Establish Project Team	5 days	Fri 7/11/11	Thu 7/14/11		SDCMHS			
5	Establish Project Structure	10 days	Fri 7/15/11	Thu 7/28/11		SDCMHS			
6	Develop Communication Plan	10 days	Fri 7/29/11	Thu 8/11/11		SDCMHS			
7	Refine Project Plan	5 days	Fri 8/12/11	Thu 8/18/11		SDCHMS PM			
8	Phase 1 - Strategic Planning	234 days	Fri 8/19/11	Wed 7/11/12					
9	Establish Multidisciplinary Task Force	20 days	Fri 8/19/11	Thu 9/15/11		SDCMHS			
10	Convene Multidisciplinary Task Force	10 days	Fri 9/16/11	Thu 9/29/11		SDCMHS			
11	Develop Data Sharing Strategy	72 days	Fri 9/30/11	Mon 1/9/12					
12	Develop Data Sharing Strategy	20 days	Fri 9/30/11	Thu 10/27/11		Task Force			
13	Evaluate Confidentiality, Security and Privacy Considerations	20 days	Fri 10/28/11	Thu 11/24/11		Task Force			
14	Identify Data Elements to Share	20 days	Fri 11/25/11	Thu 12/22/11		Task Force			
15	Document Final Data Sharing Strategy	12 days	Fri 12/23/11	Mon 1/9/12		Task Force			
16	Develop Patient Identification Strategy	52 days	Tue 1/10/12	Wed 3/21/12		Task Force			
17	Develop Community Master Patient Index Strategy	20 days	Tue 1/10/12	Mon 2/6/12		Task Force			
18	Determine Patient Matching Criteria	20 days	Tue 2/7/12	Mon 3/5/12		Task Force			
19	Document Final Patient Identification Strategy	12 days	Tue 3/6/12	Wed 3/21/12		Task Force			
20	Identify Community Participants	50 days	Thu 3/22/12	Wed 5/30/12		Task Force			
21	Identify Community Participants	20 days	Thu 3/22/12	Wed 4/18/12		Task Force			
22	Develop Business Partner Agreements	20 days	Thu 4/19/12	Wed 5/16/12		Task Force			
23	Execute Business Partner Agreements	10 days	Thu 5/17/12	Wed 5/30/12		Task Force			
24	Identify Pilot Sites	30 days	Thu 5/31/12	Wed 7/11/12		Task Force			
25	Select Pilot Sites	20 days	Thu 5/31/12	Wed 6/27/12		Task Force			
26	Amend existing MOUs between Pilot sites	10 days	Thu 6/28/12	Wed 7/11/12		Task Force			
27	Phase 2 - Vendor Selection and HIE Implementation	230 days	Thu 7/12/12	Wed 9/29/13		SDCMHS, Task Force			
28	Select a Vendor	20 days	Thu 7/12/12	Wed 8/8/12		Task Force			
29	Select a Vendor	10 days	Thu 7/12/12	Wed 7/25/12		Task Force			
30	Negotiate a Contract	10 days	Thu 7/26/12	Wed 8/8/12		SDCMHS			
31	Design and Build HIE	210 days	Thu 8/9/12	Wed 5/29/13		Task Force, Vendor			
32	Develop business and functional requirements	30 days	Thu 8/9/12	Wed 9/19/12		Task Force, Vendor			
33	Develop solution design document	30 days	Thu 9/20/12	Wed 10/31/12		Task Force, Vendor			
34	Design System architecture diagram	20 days	Thu 11/1/12	Wed 11/28/12		Task Force, Vendor			
35	Design and develop the HIE system and associated interfaces based on business requirements	60 days	Thu 11/29/12	Wed 2/20/13		Task Force, Vendor			
36	Train Pilot Sites	10 days	Thu 2/21/13	Wed 3/6/13		Task Force, Vendor			
37	Test system with a couple of pilot sites	20 days	Thu 3/7/13	Wed 4/3/13		Task Force, Vendor			
38	Implement the HIE for 2 pilot sites	40 days	Thu 4/4/13	Wed 5/29/13		Task Force, Vendor			
39	Phase 3 - Evaluation and Spread	240 days	Thu 5/30/13	Wed 4/30/14		Task Force			
40	Assess outcome of pilots	25 days	Thu 5/30/13	Wed 7/3/13		Task Force			
41	Survey participants	10 days	Thu 5/30/13	Wed 6/12/13		Task Force			
42	Review HIPAA audit trails	10 days	Thu 5/30/13	Wed 6/12/13		Task Force			

Task Progress Summary

Rolled Up Progress Split External Tasks

Summary Rolled Up Task Milestone

Task Progress Milestone

Project: SD-8-Data Exchange Pilot Pr
 Date: Wed 2/9/11

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	2012	2013	2014
							Qtr 2	Qtr 3	Qtr 4
43	Review provider workflow	10 days	Thu 5/30/13	Wed 6/12/13		Task Force			Qtr 1
44	Analyze data collected	10 days	Thu 6/13/13	Wed 6/26/13	41,42,43	Task Force			Qtr 1
45	Document findings	5 days	Thu 6/27/13	Wed 7/3/13	44	Task Force			Qtr 2
46	Modify HIE Design Based on Pilot Findings, if necessary	15 days	Thu 7/4/13	Wed 7/24/13	40	Task Force, Vendor			Qtr 2
47	Modify Design	10 days	Thu 7/4/13	Wed 7/17/13		Task Force, Vendor			Qtr 2
48	Test New Design	5 days	Thu 7/18/13	Wed 7/24/13	47	Task Force, Vendor			Qtr 2
49	Expand the HIE to CHCs by County Region	200 days	Thu 7/25/13	Wed 4/30/14	46	Deployment Team			Qtr 2
50	Region 1	40 days	Thu 7/25/13	Wed 9/18/13	46	Deployment Team			Qtr 2
51	Configure/Connect for Region 1	10 days	Thu 7/25/13	Wed 8/7/13		Deployment Team, Vendor			Qtr 2
52	Test Region 1	10 days	Thu 8/8/13	Wed 8/21/13	51	Deployment Team			Qtr 2
53	Train Region 1	10 days	Thu 8/22/13	Wed 9/4/13	52	Deployment Team			Qtr 2
54	Deploy Region 1	10 days	Thu 9/5/13	Wed 9/18/13	53	Deployment Team			Qtr 2
55	Region 2	40 days	Thu 9/19/13	Wed 11/13/13	54	Deployment Team			Qtr 2
56	Configure/Connect for Region 2	10 days	Thu 9/19/13	Wed 10/2/13		Deployment Team, Vendor			Qtr 2
57	Test Region 2	10 days	Thu 10/3/13	Wed 10/16/13	56	Deployment Team			Qtr 2
58	Train Region 2	10 days	Thu 10/17/13	Wed 10/30/13	57	Deployment Team			Qtr 2
59	Deploy Region 2	10 days	Thu 10/31/13	Wed 11/13/13	58	Deployment Team			Qtr 2
60	Region 3	40 days	Thu 11/14/13	Wed 1/8/14	59	Deployment Team			Qtr 2
61	Configure/Connect for Region 3	10 days	Thu 11/14/13	Wed 11/27/13		Deployment Team, Vendor			Qtr 2
62	Test Region 3	10 days	Thu 11/28/13	Wed 12/11/13	61	Deployment Team			Qtr 2
63	Train Region 3	10 days	Thu 12/12/13	Wed 12/25/13	62	Deployment Team			Qtr 2
64	Deploy Region 3	10 days	Thu 12/26/13	Wed 1/8/14	63	Deployment Team			Qtr 2
65	Region 4	40 days	Thu 1/9/14	Wed 3/5/14	60	Deployment Team			Qtr 2
66	Configure/Connect for Region 4	10 days	Thu 1/9/14	Wed 1/22/14		Deployment Team, Vendor			Qtr 2
67	Test Region 4	10 days	Thu 1/23/14	Wed 2/5/14	66	Deployment Team			Qtr 2
68	Train Region 4	10 days	Thu 2/6/14	Wed 2/19/14	67	Deployment Team			Qtr 2
69	Deploy Region 4	10 days	Thu 2/20/14	Wed 3/5/14	68	Deployment Team			Qtr 2
70	Region 5	40 days	Thu 3/6/14	Wed 4/30/14	65	Deployment Team			Qtr 2
71	Configure/Connect for Region 5	10 days	Thu 3/6/14	Wed 3/19/14		Deployment Team, Vendor			Qtr 2
72	Test Region 5	10 days	Thu 3/20/14	Wed 4/2/14	71	Deployment Team			Qtr 2
73	Train Region 5	10 days	Thu 4/3/14	Wed 4/16/14	72	Deployment Team			Qtr 2
74	Deploy Region 5	10 days	Thu 4/17/14	Wed 4/30/14	73	Deployment Team			Qtr 2

Project Summary
Group By Summary
Deadline

Rolled Up Progress
Split
External Tasks

Summary
Rolled Up Task
Rolled Up Milestone

Task
Progress
Milestone

Project: SD-8-Data Exchange Pilot Pr
Date: Wed 2/9/11

ENCLOSURE 3
APPENDIX B

EHR AND PHR STANDARDS AND REQUIREMENTS

The minimum standards listed below are applicable to the individual parts of the County’s proposed EHR system. As Counties implement specific parts of an EHR, they must assure compliance with all minimum standards related to the implemented part of the EHR. PHR Projects may also have applicable standards as noted below.

If the project includes an EHR or PHR, the following Standards and Requirements are applicable to the Project Proposal and MUST be evaluated.

No EHR/PHR = Appendix B Not Applicable

Please determine whether or not the EHR project(s) MEET the following criteria.

For the “Move Towards” functionality, the County may include information, but this is not a required item. See Appendix B for “Move Towards” details.

1. Functional Standards

County projects **MUST MOVE TOWARDS** an Integrated Information Systems Infrastructure. The foundation for an Integrated Information Systems Infrastructure is a comprehensive Electronic Health Record (EHR) system, which is a secure, real-time, point-of-care, client-centric, information resource for service providers. The applicable functional requirements a comprehensive EHR **MUST** meet are outlined in the **CCHIT Functionality Criteria 2007** (www.CCHIT.org). A summary of the attributes of a comprehensive EHR is **Definitional Model Version. 1.1.** (www.HIMSS.org).

Functional Standards that Must be met

1.1 Does the Project include components of a comprehensive EHR? If Yes, does it specifically:

- Provide secure, reliable, real-time access to client health record information where and when it is needed to support care.
- Function as a centralized and integrated information resource for clinicians during the provision of client care.
- Assist with the work of planning and delivering evidence-based care to individuals and groups of clients.
- Capture data used for continuous quality improvement, utilization review, risk management, resource planning, and performance measurement.
- Support clinical applications such as computerized order entry and decision support tools.
- Summarize via electronic prescribing, prescribed medications from all providers for quality management, coordination of care and for uses in the Personal Health Record.
- Provide compatibility with scheduling, billing and reporting applications as well as personal health record technologies.
- Capture and report California mental health specific cost reporting and performance outcome data.

- Yes (Complete)
- No (Info Needed)
- N/A

1.2 If this is a comprehensive EHR, then does it meet the CCHIT Functionality Criteria 2007 (www.CCHIT.org)?

- Yes (Complete)
 No (Info Needed)
 N/A

User-Friendly Interface Standard

The EHR Project MUST Meet the Following

- Provide a useful and easy to understand interface, making it easy for clinicians and administrative personnel to operate.
- Address competency and literacy in the use of technology
- Comply with current Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act requirements. Section 508 requires that individuals with disabilities, including Federal employees, have access to and use of information and data that is comparable to those without disabilities. To learn more about the regulations governing the accessibility of Federal electronic information, please see www.hhs.gov/Accessibility.html.
- Address cultural and language issues to facilitate access and sharing of data. Many cultures do not support the idea of sharing client information. Others share information and decision making on health matters at the level of the extended family or larger group. Counties must ensure that language translation using technology supports cultural competency and linguistic objectives.

1.3 Is there a User-Friendly Interface? Specifically does it:

- Provide ease of operations for the clinician?
- Comply with American Disability Act (ADA), Section 508 of the Rehabilitation Act requirements?
- Address cultural competency and language issues?

- Yes (Complete)
 No (Info Needed)
 N/A

The EHR Project MUST MOVE TOWARDS the Following

- Be Internet-based, available from any standard web browser, so that consumers or family members may access their PHRs.
- Be able to transmit an approved form of a Continuity of Care Record as applicable.
- Provide ability of the client and family to communicate with the clinician and service provider, especially in the multi-lingual environment.

Vendor Commitment Standard

The EHR Project vendor **MUST** meet Current Industry and Government Standards.

At a minimum, the technology must Support Current Basic Standards and the Vendor must provide a Written Agreement to Continually Upgrade the Technology to Meet Future Standards as they become available.

The Vendor **MUST**

1.4 Do the Vendors proposed for the project:

- Include implementation plans that meet minimum staffing criteria for planning, implementation, conversion/migration, oversight, risk management and quality assurance of the technology.
- Specify how their product meets or is planning to address all State and federal regulations including but not limited to HIPAA Regulations.
- Provide the necessary plan for the product to have application interfaces as necessary to meet California mental health reporting and claiming requirements.
- Meet the CCHIT behavioral health criteria within One Year of the availability of final CCHIT behavioral health certification criteria.

- Yes (Complete)
 No (Info Needed)
 N/A

2. Connectivity and Language (Interoperability) Standards

In addition to the functional requirements, the EHR Project must address the ability of the system to transfer data outside the County clinic. There are two types of data transfer: messaging and record exchange. Messaging is necessary when data is transferred between different systems with different data standards. Messaging requires the use of standardized protocols such as Health Level 7 (HL7). Health Level 7 (www.hl7.org) is one of several [American National Standards Institute](http://www.hl7.org) (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena. Most SDOs produce standards (sometimes called specifications or protocols) for a particular healthcare domain such as pharmacy, medical devices, imaging or insurance (claims processing) transactions. Health Level 7's domain is clinical and administrative data. The format and method of data distribution should be standardized wherever possible. Record exchange can occur where data is transferred between two systems that share a common structural design. Detailed requirements are shown below:

Connectivity Standard

The EHR Project **MUST MOVE TOWARDS** the Following

- Be compatible with modern Local- and Wide-Area Network technology supporting Internet and intranet communication.
- Be distributed, with "ownership" of the data remaining at both the sending and the receiving ends.
- Use standard protocols that include:
- Extensible Markup Language (XML), a markup language for documents containing structured information (www.XML.com).
- Simple Object Access Protocol (SOAP) - a protocol for exchanging XML-based messages over computer networks, normally using HTTP. (See the World Wide Web Consortium (W3C) at www.w3.org.)

- Security Assertion Markup Language (SAML) - an XML document standard for exchanging Authentication and Authorization data between an identity provider and a service provider. (See the Organization for the Advancement of Structural Information Standards (OASIS) at www.oasis-open.org.)
- Web Services used for Application Programming Interfaces.
- Message-Oriented Middleware (or software that connects two or more software applications so that they can exchange data).
- Other fully-documented and highly-supported Application Programming Interfaces as applicable and developed over time.

2.1 Does the EHR Project meet the following:

Use Industry-Standard Coding and Classification Systems, such as International Classification of Disease ICD-9 and Current Procedural Terminology (CPT)?

- Yes (Complete)
 No (Info Needed)
 N/A

2.2 Can it capture and report California Department of Mental Health cost and performance outcome data?

- Yes (Complete)
 No (Info Needed)
 N/A

Language Standard

The EHR Project **MUST** use Industry-Standard Coding and Classification Systems Such As

- International Classification of Diseases (ICD-9).
- Common Procedural Terminology (CPT) or the various nursing terminologies, which set up hierarchical models for specific descriptions of diagnoses, procedures, activities, etc.

The EHR Project **MUST** be Able to Capture and Report

- California specific cost reporting and performance outcome data.

Additionally, the EHR Project **MUST MOVE TOWARDS**

- Standardized clinical nomenclature within structured messages (reference terminologies such as SNOMED (Standardized Nomenclature of Medicine).
- HL7 2.X (with vendor commitment to migrate to HL7 RIM).
- Logical Observation Identifiers Names and Codes (LOINC) as applicable.
- Having a cross-mapping of terms from one formal terminology or classification to another consistent with federal, state and DMH standard languages.

3. Client Access, Security and Privacy Standards

Technology solutions must also address the need for client access and security. The system must support the ethical and legal use of personal information, in accordance with established privacy principles and frameworks, which may be culturally or ethnically specific. The basis of the relationship between service provider and clients and family is the delivery of high quality care with the highest respect for client self-reliance. This can only be achieved with the knowledge that information is secure and confidential. Detailed requirements are shown below.

Privacy

Government Compliance Standard

The EHR Project MUST be continuously updated to comply with current Federal and State Laws.

These include but are not limited to:

- The United States Department of Health and Human Services (DHHS) Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.
- The Information Practices Act of 1977 (Civil Code 1798 et. seq.).
- The patient confidentiality provisions of section 5328 of the Welfare and Institutions Code.
- The Confidentiality of Medical Information Act (Civ. Code 56 et seq.).
- The right to privacy under Article 1, Section 1 of the California Constitution.
- All applicable privileges and rules of professional responsibility.
- Any other applicable State and Federal Laws and Regulations.
- All California rules and regulations pertaining to the privacy and security of mental health and substance abuse information.

Vendor proposals for technology solutions must specify how their product meets or plans to address all State and Federal Laws including, but not limited to, HIPAA regulations, Clinical Laboratory Improvement Amendments (CLIA), 42 CFR9 (Code of Federal Regulations), Information Practices Act (IPA), California Medical Information Act (CMIA), California Family Code 6920-6929, Title VI of the Civil Rights Act, and the Patient's Access to Health Records Act.

Privacy Standard

The EHR Project MUST support the application of prevailing California privacy and confidentiality rules. The technology solution must support the restricting of components or sections of the system to authorized users and/or purposes. This restriction should include restrictions at the level of reading, writing, amendment, verification, and transmission or disclosure of data and records.

- Support privacy and confidentiality restrictions at the level of both data sets and discrete data attributes.
- Support recording of informed consent for the creation of a client record.

Client Access

The EHR Project MUST

- Address competency and literacy in the use of technology.
- Comply with current Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act requirements. Section 508 requires that individuals with disabilities, including Federal employees, have access to and use of information and data that is comparable to those without disabilities. To learn more about the regulations governing the accessibility of Federal electronic information, please see: www.hhs.gov/Accessibility.html.
- Address cultural and language issues to facilitate access and sharing of data. Many cultures do not support the idea of sharing client information. Others share information and decision making on health matters at the level of the extended family or larger group. Counties must ensure that language translation using technology supports cultural competency and linguistic objectives.

Security

The EHR Project **MUST** follow the security criteria outlined in the CCHIT Ambulatory Security Criteria 2007, as applicable. The criteria includes Access Control, Audit, and Authentication. The general security standards are noted in the sample from International Standards Organization (www.iso.org) which is listed below:

- ISO 17799 – Code of Practice for information security.
- ISO 27799 – Security Management in health using ISO 17799.
- ISO/CD TS 21298 – Health informatics functional and structural roles.
- ISO/TS 21091:2005 – Directory services for security, communications and identification of professionals and clients.
- ISO/TS 17090-1:2002 – Health informatics – Public Key infrastructure.
- ISO 26000 – Standard on Social responsibility (In development – 2008).

A sample from ASTM International originally known as the American Society for Testing and Materials (www.astm.org) is listed below. (All of the following standards are American National Standards Institute (ANSI) approved.)

- E1762-95(2003) – Standard guide for electronic authentication of healthcare information.
- E1985-98(2003) – Standard guide for user authentication and authorization.
- E1986-98(2005) – Standard guide for information access privileges to health information.
- E1869-04 – Standard guide for confidentiality, privacy, access and data security principles for health care including EHRs.
- E1988-98 – Standard guide for training of persons who have access to health information.
- E2147-01 – Standard specification for audit and disclosure logs for use in health information systems.

Access Control Standard

The EHR **MUST** support measures to Define, Attach, Modify, and Remove Access Rights to the Whole System and/or Sections.

- Support measures to define, attach, modify and remove access rights for classes of users.
- Support measures to enable and restrict access to the whole and/or sections of the technology solution in accordance with prevailing consent and access rules.
- Support measures to separately control authority to add to and/or modify the technology solution from the control of authority to access the technology solution.
- Support measures to ensure the integrity of data stored in and transferred to and from other systems.

Auditing Standard

The EHR **MUST** Support Recording of an Audit Trail of Access To, and/or Modifications of, Data.

- Support recording of the nature of each access and/or modification.
- Support audit capability sufficient to track accountability for each step or task in the clinical or operational processes recorded in the record including but not limited to the standards for e-signature auditing.

Authentication Standard

The EHR **MUST** support Two-Factor Authentication and work toward meeting the Evolving Standards for Authentication as they become available.

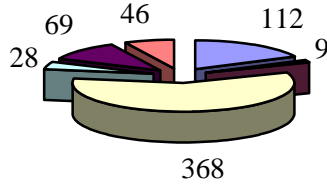
3.1 Does the EHR Project demonstrate compliance with:

- Current Federal and State Laws?
- Prevailing Privacy and Confidentiality Rules?
- Security criteria outlined in the CCHIT Ambulatory Security Criteria 2007?

- Yes (Complete)**
- No (Info Needed)**
- N/A**

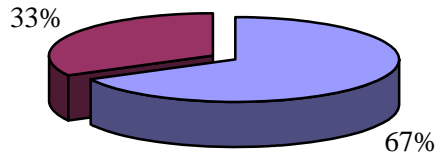
SURVEY I

Who Participated In This Survey?

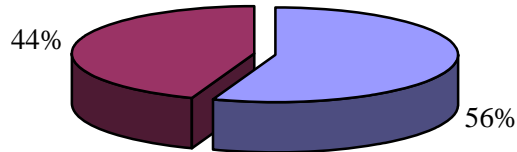


Client/Consumer age unknown	Client/Consumer under the age of 14
Client/Consumer between the age of 14 and 25	Client/Consumer over the age of 25
Client/Consumer over the age of 60	Family member/ Guardian

Do you use computers?

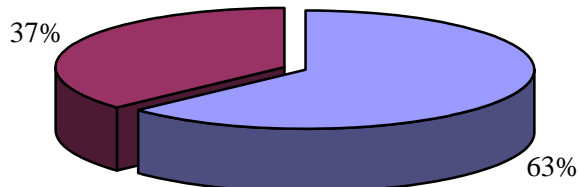


Yes	No
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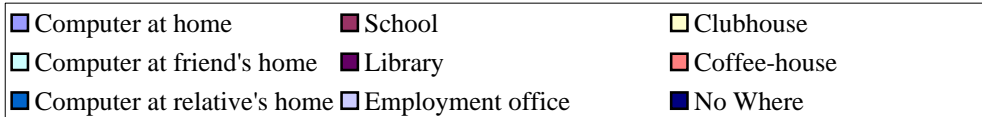
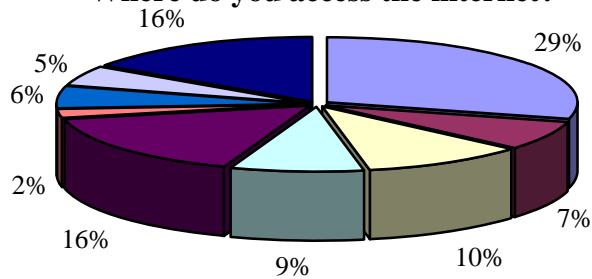
Yes	No
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Do you use the internet?

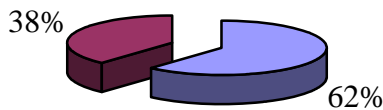


Yes	No
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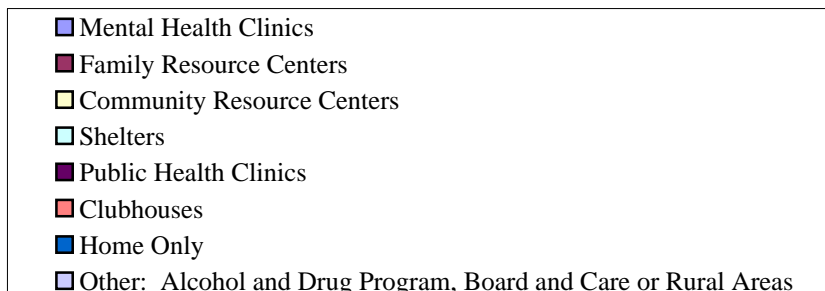
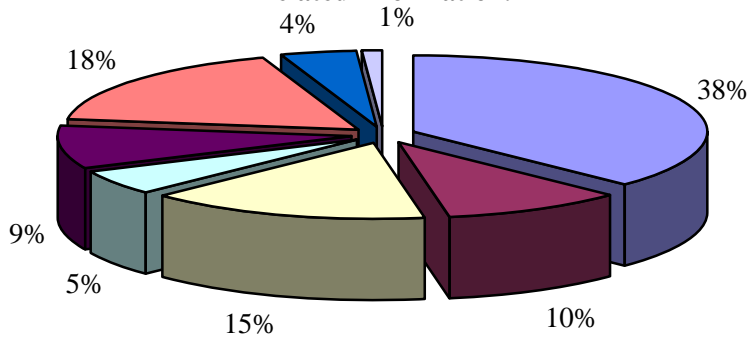
Where do you access the internet?



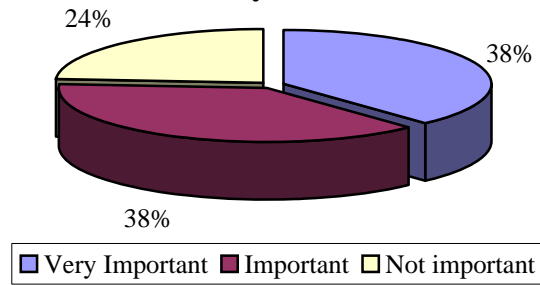
Would you like to start using the internet to securely access mental health related information?



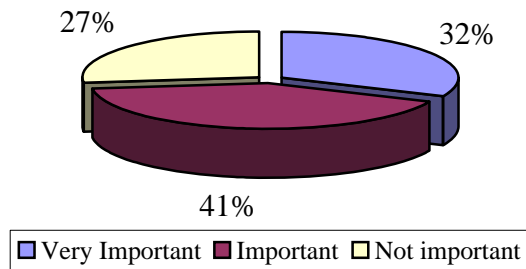
Places where you think you would feel comfortable accessing mental health related information.



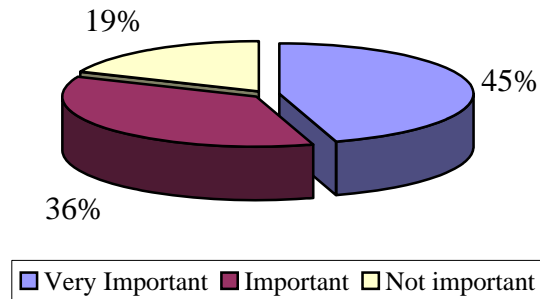
How important is internet access to view mental health service directories, organizational links, resources, legislation, support and advocacy services?



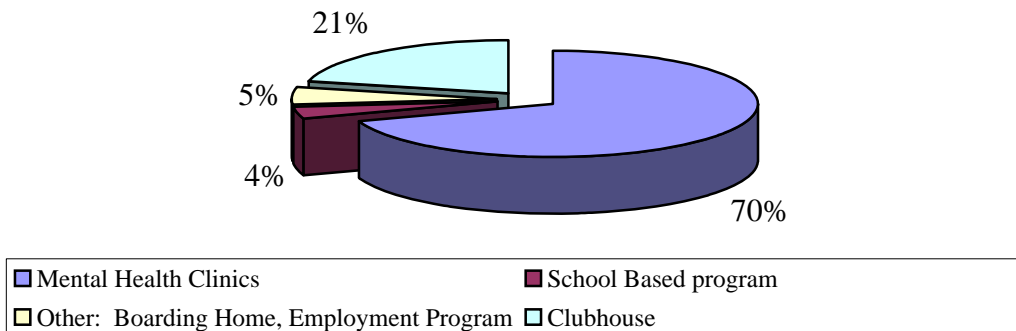
How important is internet access to send mental health related comments and questions to service providers?



How important is access to your own Personal Health Record allowing you to maintain and view your own personal health information?

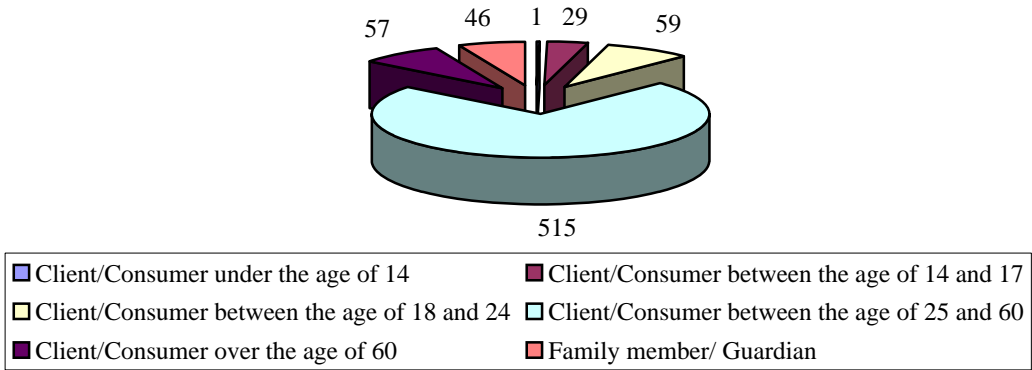


Where did you complete this survey?

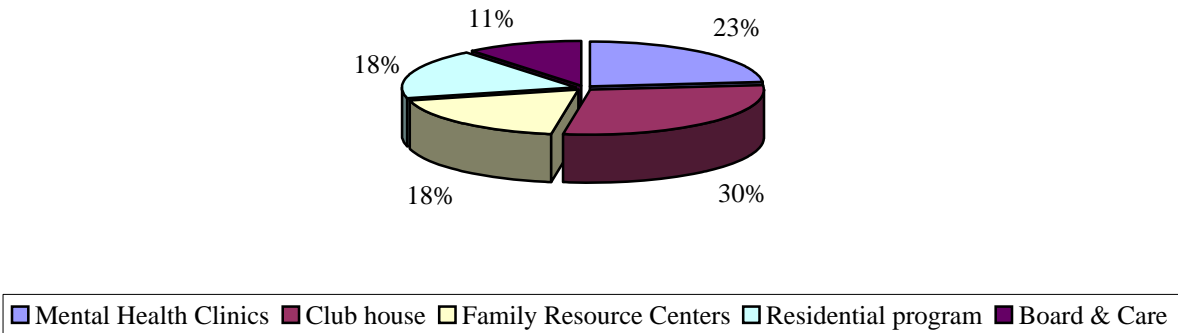


Survey II

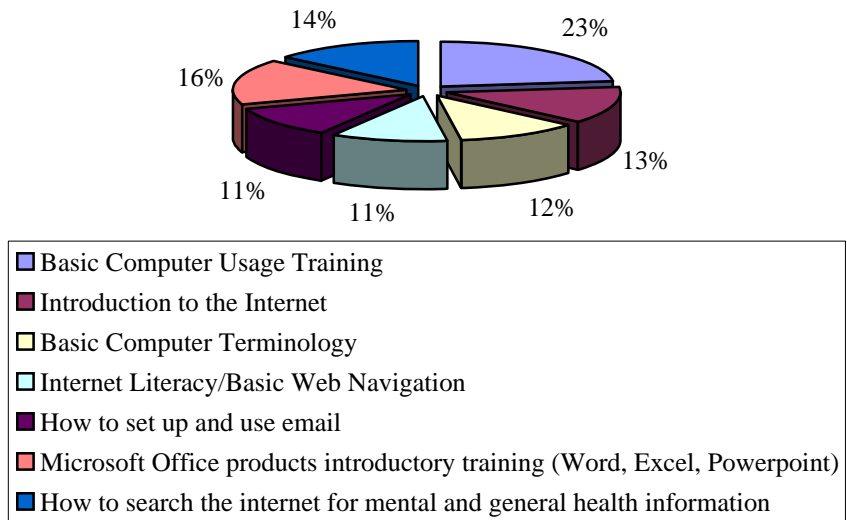
Who Participated In This Survey?



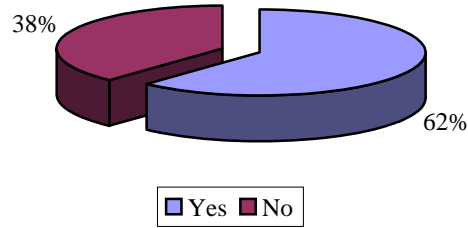
Where would you most like to see computers located?



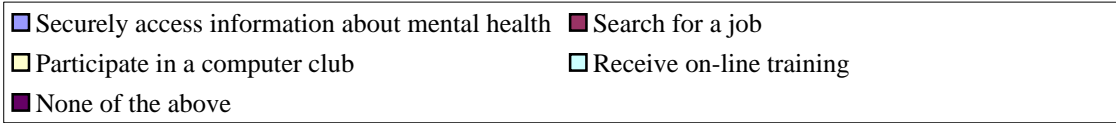
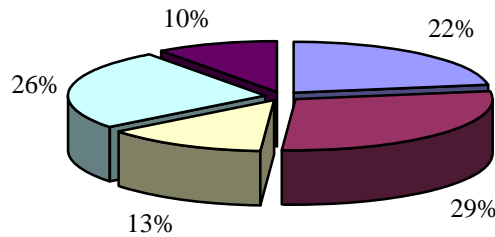
What computer training would you like to attend?



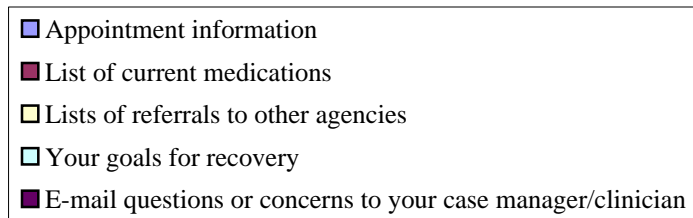
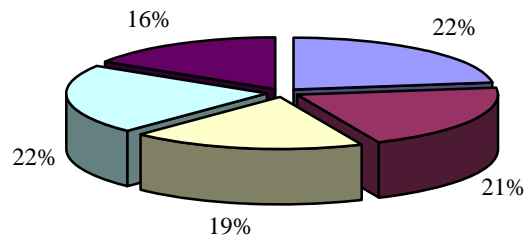
As a client/consumer, would you be interested in providing Basic Computer Usage training for other clients/consumers?



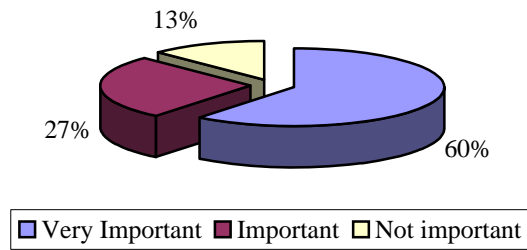
If you had better access to a computer, would you be likely to:



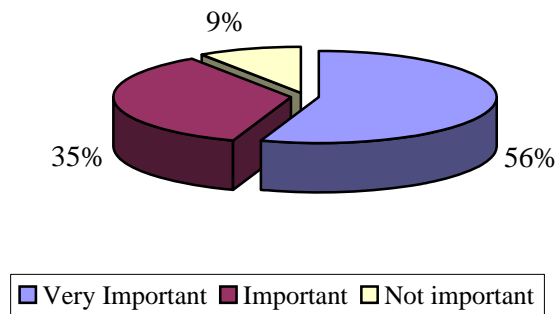
If you could access some of your personal health information, which items would be important to you?



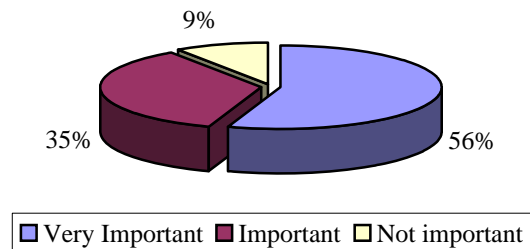
How important is computer training at no cost?



How important is learning to access your personal health information?



How important is learning about resources in the community?



How important is a lending program for computers you may take to your home?

