

MHSA INFORMATION TECHNOLOGY

Background

Within the framework of the Health Department Strategic Plan for Information Technology, the Behavioral Health and Recovery Services Division has been developing a comprehensive technology plan, with broad stakeholder input. We entered a new phase last year when we selected a vendor and negotiated a contract for the creation of an integrated business and clinical information system (called "eClinical Care" or "eCC") as well as ongoing technical support. This system will replace the legacy system currently used to support Behavioral Health and Recovery Services and the consumers and families it serves. This plan has received very positive feedback from the technology consultants to the State, and we have been eagerly awaiting the release of the MHSA guidelines for this component, which took place on March 19th.

This MHSA funding stream is two-fold, and it provides funding for Capital Facilities and Information Technology. We are moving forward with the Information Technology (IT) piece, as the State has approved the submission of separate proposals.

Subject:

Draft MHSA Component Proposal and Technological Needs Project Proposal.

Total Funds for 3-yr. Plan:

\$3,323,580

Funds for Year 1:

\$ 1,853,093

Expenditure Proposal:

Partial funding of eClinical Care system of the BHRS Technology Plan.

Action taken:

Mental Health Board released draft for 30-day public comment period on April 2nd, 2008. Public comment period will be closed on May 5th, 2008.

How you can provide input:

If you have comments, please send them to: Lorrie Sheets, BHRS IT Project Manager, 225 37th Ave., San Mateo, CA 94403, (650) 573-2213, lsheets@co.sanmateo.ca.us; or to Sandra Santana-Mora, MHSA Coordinator, 225 37th Ave., San Mateo, CA 94403, (650) 573-2889, ssantana-mora@co.sanmateo.ca.us.

After April 2nd, 2008 this draft proposal will be posted on our website: www.smhealth.org. Please look for the Behavioral Health and Recovery Services link, click on Mental Health Services, and scroll down to the Mental Health Services Act (MHSA) Homepage link. If you would like to receive a hard copy please contact Chantae Rochester at (650) 573.2544, crochester@co.sanmateo.ca.us.

eClinical Care System – Brief Overview

San Mateo County has reached agreement on a contract with software vendor Netsmart Technologies (www.ntst.com) for the eClinical Care (eCC) project implementation.

It is expected that the first pilot use of eCC will follow in twelve months. The team assembled together for this project will use the twelve months to configure and test the software. Immediate next steps involve:

- ◆ Transfer historical information from the existing information system to the new one;
- ◆ Gather and enter data to set up the software including registration, financials, billing, scheduling, authorizations and the electronic health record (EHR);
- ◆ Design and test administrative and clinical workflows;
- ◆ Test and certify billing and reporting with the State, Federal and other payers;
- ◆ Create and test forms and reports;
- ◆ Customize the Help system;
- ◆ Create training and support materials;
- ◆ Set up user support;
- ◆ Train the first pilot users.
- ◆ Establish security matrix to protect health information.

eCC is the building block of a future personal health record system.



SAN MATEO COUNTY
HEALTH DEPARTMENT
BEHAVIORAL HEALTH AND RECOVERY SERVICES DIVISION

Mental Health Services Act (MHSA)
CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS
COMPONENT PROPOSAL

of

THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Component Exhibit 1

Capital Facilities and Technological Needs Face Sheet

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS
COMPONENT PROPOSAL**

County: San Mateo

Date: March 31st, 2008

County Behavioral Health and Recovery Services Director:

Louise Rogers

Printed Name

Signature

Date: March 31st, 2008

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Component Exhibit 1 (continued)

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for San Mateo County and that the following are true and correct:

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

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

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

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

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

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

Date: March 31st, 2008

Signature: _____

Local Mental Health Director
(Behavioral Health and Recovery Services Director)

Executed at: 225 37th Avenue, San Mateo, CA 94403

Component Exhibit 2

COMPONENT PROPOSAL NARRATIVE

1. Framework and Goal Support

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

Proposed distribution of funds:

- Capital Facilities: \$2,215,720 or 40%
- Technological Needs: \$3,323,580 or 60%

- 1) San Mateo County has yet to identify capital facilities projects that fit the State parameters for the MHSA Capital Facilities funding. This is largely because virtually all San Mateo mental health facilities are not owned but leased by the County. The local requirements for Information Technology are well understood because we have been evaluating them for several years. We are submitting a proposal for funding for Information Technology at this time and will defer requesting funds for Capital Facilities until we have identified local projects that fit the State parameters.

We will use the funds provided through this Component to improve coordination of care and the delivery of mental health services in a manner consistent to the principles of MHSA. This includes, but is not limited to, providing increased funding, personnel and other resources to support our programs and ensure progress toward statewide MHSA goals for children, transition age youth, adults, older adults and families, within a broad continuum of prevention, early intervention and service needs, as well as the necessary infrastructure, technology and training elements that will effectively support this system.

The Information Technology plan will partially fund the creation of an integrated business and clinical information system as well as ongoing technical support. This system will replace the obsolete system currently used to support Behavioral Health and Recovery Services, and the clients and families it serves. **APPENDIX I** provides an overview of the strategic alignment of the Technology project with our programmatic initiatives. The strategic alignment document was developed through a process involving many stakeholders over the last year. It represents the culmination of a process of identification of technology requirements that occurred for more than four years.

Component Exhibit 2 (continued)

COMPONENT PROPOSAL NARRATIVE

1. Framework and Goal Support

While we are not requesting funding through the MHSA for client/family access to computing resources at this time, we have planned through separate funding to establish more accessible computers in several of our major sites so that clients/families may use these terminals to access the Network of Care and other resources. We have also funded our client run organization, Heart and Soul, to provide computers in their drop-in center. We hope through these efforts and our establishment of an Electronic Health Record, to lay the foundation for future work on personal health records. Furthermore, the integrated business and clinical information system we are proposing to fund through the Information Technology project is a necessary, unavoidable step towards the creation of a Personal Health Record.

- 2) San Mateo's planning estimate for Capital Facilities and Information Technology is \$5,539,300. While we have yet to identify Capital Facilities projects, taking into account the cost analysis of the Technology piece - which is in an advanced planning state, as well as the considerations around Capital Facilities explained in 1) above, we believe that a 60/40 resource allocation will adequately serve our County's needs in a balanced, evenhanded, and reasonable way.

Component Exhibit 2 (continued)

2. Stakeholder Involvement

Description of Stakeholder Involvement:

We identified the different stakeholder groups (consumers and family members, BHRS clinical users, BHRS administrative staff, BHRS management, BHRS clinical medical users, Health Department administration, partner user agencies, partner non-user agencies, San Mateo County's Information Services Department -ISD, BHRS contracted providers, among others). We then developed and carried out a plan to discuss the project with and solicit input from all stakeholder groups. In parallel, we developed and carried out a Communications Plan (see **APPENDIX II**) that keeps all stakeholder groups apprised of new developments, and provides status/progress reports as needed. Between November of 2006 and December of 2007 alone, we held a total of 33 meetings with all stakeholders; meetings will continue on an ongoing basis, as stipulated in the project's Communication Plan.

Since we conceived this project back in 2003 we have consistently solicited input from stakeholders throughout the process. Of note is the fact that we have provided the Mental Health Board and its various Committees with periodic updates, as well as solicited their input every step of the way.

An example of a significant change introduced as a result of stakeholder input is the merging in Phase I of the implementation of two key components of our Technology plan. Initially, our process design included the implementation of the administrative software module (*) as Phase I, and the implementation of the clinical software module (**) as Phase II which, from the standpoint of project management, was the preferred option. When the process design was submitted for stakeholder input, the BHRS clinical stakeholder group felt strongly that these two items should be merged. Based on that feedback we thoroughly analyzed the impact of the proposed change, and determined that the project would benefit from this modification, which was in fact introduced with the agreement of all other stakeholder groups.

() Business process/billing software.*

*(**)The "clinical software module" comprises the EHR (Electronic Health Record), which includes assessment, treatment plans, progress notes, prescriptions, medication information, lab orders, lab test results, etc.*

NOTE TO THE PUBLIC: This item will be modified as appropriate at the end of the 30-day public comment period.

Component Exhibit 3

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

As explained in Exhibit 2, Item 1, Sub-item 2), our County has yet to identify capital facilities needs. We will undertake this task at a later, unknown time.

Component Exhibit 4

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS

- **Electronic Health Record (EHR) System Projects (check all that apply)**
 - Infrastructure, Security, Privacy
 - Practice Management
 - Clinical Data Management
 - Computerized Provider Order Entry
 - Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)

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

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

APPENDIX I

eClinical Care System – Strategic Alignment with Mental Health Initiatives

System Goal	Initiative	eClinical Care System Alignment	Opportunities
Coordinated, integrated system	Full Service Partnerships	<ol style="list-style-type: none"> 1. Clinical workstation with electronic health record/chart and treatment plan 2. Coordination and integration will also be supported through more timely access to clinical information from other providers including contract providers. 3. Coordination and integration through improved clinical reporting, due to more clinical information available electronically. 	Offers possibility of improving coordination and integration of treatment planning and treatment.
Coordinated, integrated system	Supported Employment	BHRS will use existing resources from the County Human Services Agency (HSA) to support our document imaging efforts. HSA employs consumers via the Vocational Rehabilitation Service to staff their document imaging center. Through the agreement with BHRS, HSA will increase the number of VRS supported employment positions.	
System of care oriented to individual consumer and goals for wellness/recovery	Housing	<ol style="list-style-type: none"> 1. Greater accessibility of client record, including tx plan, to client. 2. More timely accessibility. 3. Client information to support wellness/recovery around illness, recovery, meds. 	Med sheets normally emphasize side effects and not what it's supposed to do.
Consumer/family guided system of care	Paving the Way	1) More substantial clinical aggregate data available to consumer, family, policy makers and public.	May include info to what extent people making progress toward meeting goals.
Consumer Financial Empowerment to support wellness/recovery	Financial Empowerment Project (FEP)	<ol style="list-style-type: none"> 1) Increased accessibility of bills 2) Eligibility information and reminders 	<ol style="list-style-type: none"> 1) Making appts 2) Confirming appts

System Goal	Initiative	eClinical Care System Alignment	Opportunities
Cost Effective, Efficient Financial Mgmt of Mental Health System	Stabilize transition to FFS billing from case rate— billing edits, logic, compliance	1) Individualized Reporting and Help staying on top of finances for supervisors, managers, clinicians. 2) Contract limits and adjudication against contract limits.	1) Electronic notification and reminders to tie back to documentation.
Quality Improvement	Implement new E Clinical Care electronic health record, billing and other functionality.	<p>1) Confidentiality – assist with security levels, encryption.</p> <p>2) Improved Project Mgmt – BCAP tools</p> <p>3) QI Meds monitoring – review meds utilization</p>	<p>Make Policies & Procedures, QI FAQ and definitions available online through Help system.</p> <p>Creating best practice libraries for treatment planning and progress notes.</p>
	Implement strategies for improved communication/dialogue with MH workforce		
	Documentation compliance and improvement training, reporting and monitoring		
	Peer Utilization Mgmt/Review process incorporating LOCUS/CALOCUS		
	Confidentiality improvement		
	Contracting monitoring reporting tools		
	Improved project mgmt— BCAP tools		
Cultural Competence Improvement	Linguistic Access initiative	1) Technical assistance around tx planning that's culturally/linguistically focused.	1) Using alerts to flag special needs for clients 2) Reporting at team level 3) Translation of documents online
Learning organization/evaluating/ accountability--QI	OBM--revisiting	1) Include OBM measures in data collection 2) Integrate Data Book into eCC reporting.	1) Reports will be accessible online to the level of individual clinicians.

System Goal	Initiative	eClinical Care System Alignment	Opportunities
Learning organization/evaluating/ accountability--QI	System reporting for program monitoring	1) We will collect an expanded data set in Avatar and can provide clinical reporting in addition to business performance. 2) Track individual client response to meds 3) Review prescribing patters of MDs by cost and dosage. 4) Provide guidelines for lab results of individual clients. 5) Flag when prescriptions are not refilled by clients. 6) Follow trends of which contacts become clients and which don't.	
Consumer, community engagement through more welcoming, immediate, integrated, timely system of access	EPA access redesign pilot through Best Clinical and Admin Practices learning collaborative	1) Staff will have more timely access to integrated clinical data down to the level of front line clinicians. 2) Contact Tracking provides more flexibility. Can track work we do for those people who don't become clients. Don't need to collect as much info about Contacts. 3) Access points will have more information available about clients that have a history with us. 4) Create referral forms for other consumer services within eCC. Staff can complete and fax forms from eCC. Completed forms can be stored in client's chart. 5) Online forms will decrease number of times consumers are asked the same question to complete our forms. 6) Making clinicians' schedules available to front desk and other clinic staff is helpful to clients.	1) Web Services offer the opportunity to have "portals" for other constituents including Consumers, Primary Care, AOD services, Inpatient services, etc. 2) Create a Clinical Face Sheet based on feedback from clinical staff. Summarize critical info.
Consumer, community engagement through more welcoming, immediate, integrated, timely system of access	MHSA Outreach navigators/ promotoras	1) Staff will have more timely access to integrated clinical data down to the level of front line clinicians. 2) Contact Tracking provides more flexibility. Can track work we do for those people who don't become clients. Don't need to collect as much info about Contacts. 3) Access points will have more information available about clients that have a history with us. 4) Create referral forms for other consumer services within eCC. Staff can complete and fax forms from eCC. Completed forms can be stored in client's chart. 5) Online forms will decrease number of times consumers are asked the same question to complete our forms. 6) Making clinicians' schedules available to front desk and other clinic staff is helpful to clients.	Develop a library of resources and referral in order to assist consumers in navigating the menu of available resources
Consumer, community engagement through more welcoming, immediate, integrated, timely system of access	Primary care interface expansions	Avatar facilitates a shared treatment plan.	We have the opportunity to share treatment plans. We have to identify what part of the treatment plan belongs to each provider.

System Goal	Initiative	eClinical Care System Alignment	Opportunities
Improved physical plant more supportive of system goals and workforce	Youth Services Campus implementation	Having smaller physical charts may mean more physical space at clinics.	Won't have the same space requirements if charts are smaller.
Improved physical plant more supportive of system goals and workforce	La Selva replacement	Use web services for client information portals.	Opportunity to provide computer access in clinic waiting rooms.
Improved physical plant more supportive of system goals and workforce	New RWC site	Workflow analysis may show opportunities to improve use of space.	With upcoming clinic moves we have opportunity to place people differently.
Improved physical plant more supportive of system goals and workforce	Ergonomic improvements	Ergonomic improvements must precede each site implementation to alleviate staff concerns about increased computer use.	
Workforce development	Workforce development and training plan for MHSA proposal	Avatar clinical software provides more information for analysis of individual and aggregate caseloads. Will have facts to support or dispel theories/ideas about caseloads. 1) Provide some decision support tools through treatment plan libraries and customized help system. 2) Provide definitions of clinical terms. Include Mental Health Policies and Procedures as part of customized Help.	Identify experts in a variety of clinical areas of expertise within our system. Develop best practices with them.

APPENDIX II

Project Charter – Communication Plan Format

Phase/ Item	Goal	Message	Vehicle/ Receiver	Developer	Approver	Deliverer	Timing: Development	Timing: Approval	Timing: Delivery	Feedback Method	Owner
Start-Prototype											
Wellness Matters newsletter	Update	Project Status	Internet / All stakeholders	LS	LR	ECC	M	M	M	Meetings, Email, verbal, phone	LS
Presentations	Update	Project Status	Verbal/ Boards	LR	LR	BHRS	M	M	M	Verbal	LR
Presentations	Update	Project Status	Verbal/ All Staff, Contractors	ECC	LR	ECC	M	M	M	Verbal	LR
Reports	Update	Project Status	Written/ Boards, all	ECC	LR	TBD	M	M	M	Written	LR
Reports	Update	Open Issues	Written/ Team, others	RM	LS	RM	M	M	M	Written	RM
Reports	Update	Contact List	Written/ TBD	TBD	RM	TBD	M	M	M	Written	RM
Reports	Update	Vacation Schedules	Written/ TBD	TBD	RM	TBD	M	M	M	Written	RM
Prototype Phase I											
Email	Update	Project Status	Email/ list	Trainer	LR	ECC	M	M	M	Email, meetings	LS
Wellness Matters newsletter	Update	Project Status	Internet / All stakeholders	LS	LR	ECC	M	M	M	Meetings, Email, verbal, phone	LS
Presentations	Update	Project Status	Verbal/ Boards	LR	LR	BHRS	M	M	M	Verbal	LR
Presentations	Update	Project Status	Verbal/ All Staff, Contractors	ECC	LR	ECC	M	M	M	Verbal	LR
Presentations	Update	Project Status	Verbal / Consumers, Family Members,	ECC	LR	Clinical Implementer	Quarterly	Quarterly	Quarterly	Verbal, Email, phone	LR

APPENDIX II

Project Charter – Communication Plan Format

Phase/ Item	Goal	Message	Vehicle/ Receiver	Developer	Approver	Deliverer	Timing: Development	Timing: Approval	Timing: Delivery	Feedback Method	Owner
			Community								
Reports	Update	Project Status	Written/ Boards, all	ECC	LR	TBD	M	M	M	Written	LR
Reports	Update	Open Issues	Written/ Team, others	RM	LS	RM	M	M	M	Written	RM
Reports	Update	Contact List	Written/ TBD	TBD	RM	TBD	M	M	M	Written	RM
Reports	Update	Vacation Schedules	Written/ TBD	TBD	RM	TBD	M	M	M	Written	RM
Phase I- Phase III											
Email	Update	Project Status	Email/ list	Trainer	LR	ECC	M	M	M	Email, meetings	LS
Fliers	Update	Go-Live Events	Post/ locations	ECC	LR	ECC	Episodic	Episodic	Episodic	Email, Meetings	LR
Intranet	Update	Project Status	Intranet/ All	ECC	BHRS	ECC	M	M	M	Meetings	LS
Wellness Matters newsletter	Update	Project Status	Internet / All stakeholders	LS	LR	ECC	M	M	M	Meetings, Email, verbal, phone	LS
Presentations	Update	Project Status	Verbal/ Boards	LR	LR	BHRS	M	M	M	Verbal	LR
Presentations	Update	Project Status	Verbal/ All Staff, Contractors	ECC	LR	ECC	M	M	M	Verbal	LR
Presentations	Update	Project Status	Verbal / Consumers, Family Members, Community	ECC	LR	Clinical Implementer	Q	Q	Q	Verbal, Email, phone	LR
User Surveys	Update	Project Status	Written/ PM, CL	ECC	ECC	ECC	Q	Q	Q	Written	LS/ PM?
Focused Neilen User Survey	Update	Project Status	Interview/ PM, CL	ECC	ECC	ECC	Q	Q	Q	Verbal/ written	LS
Reports	Update	Project Status	Written/	ECC	LR	TBD	M	M	M	Written	LR

APPENDIX II

Project Charter – Communication Plan Format

Phase/ Item	Goal	Message	Vehicle/ Receiver	Developer	Approver	Deliverer	Timing: Development	Timing: Approval	Timing: Delivery	Feedback Method	Owner
			Boards, all								
Reports	Update	Open Issues	Written/ Team, others	RM	LS	RM	M	M	M	Written	RM
Reports	Update	Contact List	Written/ TBD	TBD	RM	TBD	M	M	M	Written	RM
Reports	Update	Vacation Schedules	Written/ TBD	TBD	RM	TBD	M	M	M	Written	RM
Post Phase III											
In Person	Updates	Issues	Staff Mtgs/PM, CL	S	BH	S	M	M	M	Verbal	S
Intranet	Updates	All	All County	Trainer	BH	Trainer	Q	Q	Q	TBD	LR

Key to Above Table:

- AD= Administrative Staff
- BH= BHRS Management
- C = Consumers
- CL= Clinical Staff
- ECC= eCC Project Leader
- LR= Louise Rogers
- LS= Lorrie Sheets
- M= MH Advisory Board
- P= Contracted Providers
- PM= Pat Miles
- RM= Rand Miyashiro
- S= MH Supervisors
- T = eCC Project Team