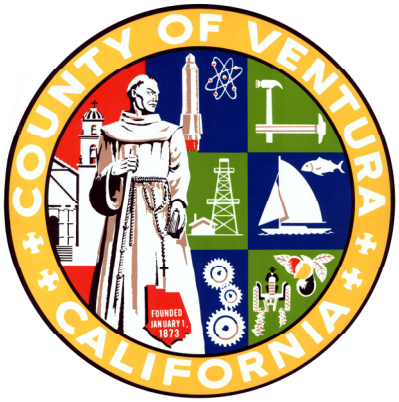

Ventura COUNTY

BEHAVIORAL HEALTH DEPARTMENT

FINAL DRAFT - APRIL 10, 2009

Mental Health Services Act (MHSA)
TECHNOLOGICAL NEEDS PROJECT PROPOSAL

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Executive Summary

In November of 2004, the voters of California passed the Mental Health Services Act (MHSA). The MHSA provides counties with funds for new and transformative mental health programs that provide culturally competent services and supports to individuals and families that promote resiliency, wellness and recovery. The MHSA supports this transformation through the following five funding components:

- Community Services and Supports
- Workforce Education and Training
- Capital Facilities and Information Technology
- Prevention and Early Intervention
- Innovation

The State has allocated $9,319,400 to the County of Ventura for Capital Facilities and Technological Needs to meet the needs of the newly developed MHSA Programs. To receive the funds, counties must submit an overall component plan and individual project plans for Capital Facilities and Technology Needs. Ventura County Capital Facility/Information Technology Plan was posted for 30 day public review and comment on March 19, 2009.

Technological Needs Project:

The Technological Needs Project will provide MHSA funding to Ventura County to purchase and implement a new MIS (Management Information System) that is necessary to meet our current needs and to comply with state and federal requirements to transform to an integrated technology system that supports secure Electronic Health Records. The Ventura County integrated system is called e-PAL (Electronic Program Application Linkage).

The goals of the MHSA Technology Needs project are to:

- Modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness

- Ensure that information systems are comprehensive, accessible and consistent so that information can be transmitted between systems (interoperability).

- Encourage empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings

In keeping with the goals of MHSA, Ventura County Behavioral Health is engaging stakeholders in three main groups including county staff, consumers and family members, and community based organizations (contract providers) to provide a review of the requirements of a new Integrated MIS system and identify questions and concerns.

Improved technology is a federal requirement and electronic health record (E.H.R.) systems are being implemented nationally and internationally. The Department of Mental Health asks for MHSA Technology plans that achieve a fully integrated EHR by 2012.

The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to personal health records that consumers can set up and control.

Within the framework of the Capital Facilities and Technological Needs Proposed Guidelines, DMH Information Notice 08-09 posted March 18, 2008. Ventura County Behavioral Health has been developing a comprehensive technology plan with broad stakeholder engagement to articulate the importance of acquiring a new system to meet current federal and state requirements. We entered the first phase this year when we selected a vendor and negotiated a contract for the creation of an integrated business and clinical information system as well as ongoing technical support. This system will replace the two legacy systems currently used to support Behavioral Health and the consumers and families it serves. The first phase of this plan is currently being implemented setting the foundation for moving forward and completing the Electronic Health Record for Ventura County.
The total funding requested for the MHSA Technological Needs component is $5,105,873 with $1,587,345 requested in year one.

e-PAL System Overview

Ventura County has reached agreement on a contract with software vendor NetSmart Technologies (www.ntst.com) for the e-PAL project implementation.

The next steps involve:

- Transfer historical information from the existing information systems 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 within Avatar
- Create training and support materials;
- Set up user support;
- Train the first pilot users.
- Establish e-PAL security to protect health information;
- Utilize e-PAL to build Personal Health Record access.

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS Project PROPOSAL

County Name: Ventura County

This Technological Needs Project Proposal 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.

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

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

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

Mental Health Services Act funds proposed in this project are compliant with CCR Section 4310, non-supplant.

All documents in the attached Proposal are true and correct.

County Director

Name Meloney Roy Signed _____
Telephone 805-981-2214
E-Mail meloney.roy@ventura.org Date _____

Chief Information Officer

Name David Herzog Signed _____
Telephone 805-677-5131
E-Mail david.herzog@ventura.org Date _____

HIPAA Privacy / Security Officer

Name Paul E. Lorenz Signed _____
Telephone 805-981-5101
E-Mail paul.lorenz@ventura.org Date _____

EXHIBIT 2 -TECHNOLOGICAL NEEDS ASSESSMENT

Provide a Technological Needs Assessment which addresses each of the following three elements:

1. **County Technology Strategic Plan Template**
   Small Counties have the option to not complete this section.)

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

   Current Technology Assessment*:*

   List below or attach the current technology systems in place.

   The table below lists the primary systems and applications the MHP uses to conduct business and manage operations. These systems support data collection and storage, produce Short-Doyle/Medi-Cal (SD/MC) and other third party claims, track revenue, perform managed care activities and provide information for analyses and reporting.

System/Application	Function	Vendor/Supplier	Years Used	Operated By
Patient Oriented Record (POR)	Practice Management, Managed Care	County ISD	20+	County ISD

   List or attach a list of the hardware and software inventory to support current systems.

   1.2) Hardware:
   - HP 987sx Production Machine
   - HP 918rx Development Machine
   - HP Storageworks
   - HP Proliant DL380
   - HP Proliant ML570

   1.3) Software:
   - SQL Server 2000 Standard Edition
   - Citrix XP
   - MS Office 2003
   - Windows 2003 Server
   - HP4GL
   - Allbase SQL

   1.4) Support (i.e. maintenance and/or technical support agreements):
   Hardware support agreements for all servers and workstations.
   Information Services Department (ISD) provides maintenance and support for all county owned hardware.
   Annual hardware support contract for production machine.
   Time and materials support for the development machine.
   Information Services Department (ISD) provides a systems analyst for support.

Plan to achieve an Integrated Information systems Infrastructure (IISI) to support MHSA Services:

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

1.5) Describe how your technological Needs Projects associated with the Integrated Information System Infrastructure will accomplish the goals of the County MHSA Three-year Plan:

Consistent with the principles of MHSA, which are the guiding principles of our County's MHSA Plan, we will use the Technological Needs Project to improve the coordination of care and the delivery of mental health services. With MHSA funding we will provide increased funding, personnel and other resources to support our mental health 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.

Ventura County has developed a plan to use the Technological Needs funds to support the programs, services and goals implemented through MHSA. By purchasing and implementing a new MIS (Management Information System) we secure our ability to meet our current service and technology needs and to comply with state and federal requirements to transform to an integrated technology system that supports secure Electronic Health Records (EHR).

The Ventura County Behavioral Health Department (BHD) has developed a technology plan that is aligned with the goals of the MHSA Technology Needs Component to:

- Modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness

- Ensure that information systems are comprehensive, accessible and consistent so that information can be transmitted between systems (interoperability).

- Encourage empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings

The goal of the MIS project is to enhance and support the delivery of programs and services currently in place and emerging in the future. The integrated technology system will include features that advance our ability to track and report outcome data. With faster and more streamlined access to outcome data we will measure the effectiveness and pursue the implementation of more evidence based practices and services delivered in a Whatever It Takes model that align with our department's commitment to the best science, best service, and best outcomes. The new system will provide support for the collection and tracking of data for uses in addition to direct clinical care, such as billing, quality management, outcomes reporting and resource planning.

Our plans for an integrated technology system will enable us to meet the federal and state requirements of improved technology and E.H.R. systems which are being implemented nationally and internationally. The E.H.R. is the foundation for an Integrated Systems Infrastructure and can provide a secure, real-time, point-of-care, client centered information resource for service providers. The system can improve decision-making by providing access to health record information where and when

needed and can incorporate evidence-based decision support. Automating service providers' workflow will close loops in communication and response in order to avoid delays or gaps in care. A new integrated system will include: electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. These applications will enhance our services and further increase our delivery area with the ability to work in remote locations throughout the community.

To ensure that the goals of the integrated system align with the enhancement of our MHSA services and programs we are engaging stakeholders in three main constituencies including county staff, consumers and family members, and community based organizations. We have scheduled presentation sessions throughout our county to review the requirements of a new Integrated MIS system and to identify questions and concerns. Presentations include an explanation of how an integrated system provides us the capacity to empower consumers to be more involved in their wellness, recovery and care process by offering access to on line Personal Health Records (PHR). A Personal Health Record not only brings the client and the client's families into the mental healthcare delivery process to improve care but can potentially save hundreds of hours in time and reduce the cost of health care. Additional benefits include decreasing duplicate testing, transferring records more efficiently, reducing adverse drug events and improving preventive care and disease management.

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

The County is planning a comprehensive implementation of an Electronic Health Record (EHR). We will achieve that goal through the purchase of the NetSmart Technologies' Avatar software suite, document imaging and management and web services development. Ventura County Behavioral Health is using the term "e-PAL" (Electronic Program Application Linkage) to refer to the implementation project.

The County has also selected the Application Service Provider (ASP) model for deployment because it offers some significant advantages over traditional approaches. The ASP model, as with any outsourcing arrangement, eliminates head count. IT headcount tends to be very expensive and very specialized, so this is very advantageous. The ASP model also eliminates specialized IT infrastructure for the application as well as supporting applications. For example, if the application you want to use requires an Oracle or MS-SQL database, you would have to support both the application and the database. The ASP model can shift Internet bandwidth to the ASP, who can often provide it at lower cost. One thing that led us to the ASP solution is the high cost of specialized software. As the costs grow, it becomes nearly impossible for a County to purchase the software, so the ASP makes using the software possible. Another important factor leading to our decision has been the growing complexity of software and software upgrades. Distributing huge, complex applications to the end user has become extremely expensive from a customer service standpoint, and upgrades make the problem worse. In a large County where there may be thousands of desktops, distributing software can cost millions of dollars. The ASP model can reduce challenges and risk factors like these. In addition, the issues of upgrading have been eliminated from the County by placing the onus on the ASP to maintain up-to-date services, 24 x 7 technical support, physical and electronic security and in-built support for business continuity and flexibility.

1.7) *Note the Implementation Resources currently available*:

Oversight Committee:	Yes X	No____
Project Manager:	Yes X	No____
Budget:	Yes X	No____
Implementation Staff in place:	Yes____	No X
Project Priorities determined:	Yes X	No____

1.8) *Describe plan to complete resources marked no above*:

Several project positions are in the process of being filled:

1) Client Project Manager – The County has retained a Client Project Manager who joined the implementation team as part of Phase I. We expect her to continue to be part of the team throughout the project.

2) IT Training Specialist – The County has prepared the job description and is advertised for the IT Training Specialist position to join the implementation team. We will bring on this person as soon as possible.

3) Departmental Support – The County is currently identifying the necessary Departmental Support needed and those individuals will join the implementation team. We expect to identify those individuals and have them join the team by June, 2009.

1.9) *Describe the Technological Needs Project priorities and their relationship to supporting the MHSA Programs in the County*:

The e-PAL project's goals are aligned with MHSA goals to implement an integrated information system with an EHR and clinical decision support. Ventura County Behavioral Health accomplishes this using software that supports industry standards (HL7, XML and web services), that promotes integration and interfaces with external sources. An added benefit of the project is that the implementation of this system is necessary to achieve another County goal – eventually making personal health records (PHR) available to the consumers and families we serve.

Our funding request includes dollars for document imaging to convert paper charts to electronic charts. This part of the e-PAL project has two aspects: 1) converting paper from charts of existing clients, and 2) ongoing scanning of documents into the EHR.

2. Technological Needs Roadmap Template

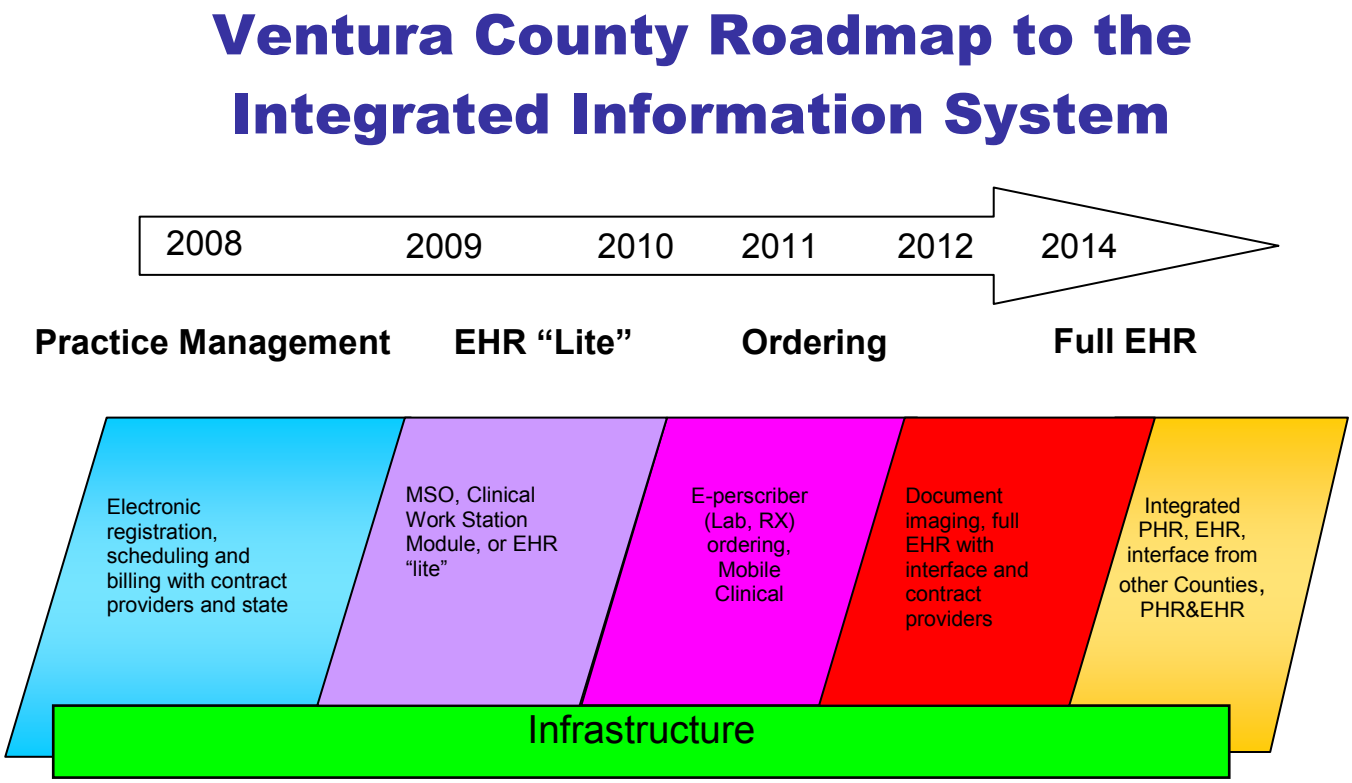
This section includes a plan, schedule and approach to achieving an Integrated Information systems Infrastructure. This Roadmap reflects the County's overall technological needs.

Complete a proposed implementation timeline with the following major milestones.

2.1) *List Integrated Information systems Infrastructure Implementation Plan and schedule or attach a current Roadmap (example below):*

The Ventura County e-PAL project plan is attached **(ATTACHMENT A)** and contains detailed information about our phased approach to implementation. Full implementation to all County and Contractor sites –with a total number of users of approximately 400 and will take approximately 36 months.

Also attached is the Ventura County Information Service Strategic Plan (ISSP) **(ATTACHMENT B)** effective June 2005. The replacement of the Behavioral Health legacy system is a major component of the plan and the implementation of the new EHR information system.



Training is included in our Project Plan **(ATTACHMENT C).** The Plan includes training for the Implementation Team, "Train the Trainer" training, development of a training curriculum and end user training. The team will develop training classes for clinical, front desk, quality improvement, administrative, billing and finance staff. During implementation, end user training classes will happen the week before a site goes "live" (starts using the new software). Training classes will be offered on a continuing basis to train new staff and provide existing staff "brush-up" training as needed. The use of advanced training tools which were purchased in Phase I will allow us to customize the training to the individual.

Ventura Co. Behavioral Health leadership recognizes that some members of our workforce are unaccustomed to and/or uncomfortable using computers and that these staff will have difficulty transitioning to an EHR. To support these employees, the IT Training Specialist will meet with each person that signs up for this training at his/her work site (costs for that position are included in our proposal) Together they will develop a training plan and continue to work regularly to attain a level of competence and confidence with technology. Behavioral Health management is working with supervisors to identify candidates that wish to receive this training.

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

Stakeholder involvement in our Technological Needs Component included meeting with county staff, consumers and family members, and community based organizations that contract with Ventura County Behavioral Health to review the requirements of a new integrated Management Information System (MIS) and to identify questions and concerns. Presentations include an explanation of how an integrated system provides us the capacity to offer access to online Personal Health Records (PHR) for consumers of services. Twenty-two stakeholder presentations to these three key user groups have occurred since August 2008.

Stakeholder presentations have been made available at locations throughout Ventura County. Presentation audiences have included the Mental Health Board and Adult and Youth & Family subcommittees, Alcohol and Drug Advisory Board, local Wellness Centers, Recovery Innovations of California, NAMI Ventura Co., Transitional Age Youth centers and a parent support group in our Options program. All Behavioral Health staff in each of the three divisions, Youth and Family, Adult Services and Alcohol and Drug Programs, have had the opportunity to discuss the new system and address questions specific to their particular service system, location and workflow. Leadership from all three service divisions as well as our contracts and quality improvement staff has participated in our IT Strategic Planning Committee to ensure that the new system meets user needs and requirements across the department.

Three main themes have emerged from the dialog, feedback and question and answer sessions during stakeholder presentations. Both staff and consumer and family member groups have identified the following three main concerns:

- Security of the data in Electronic Health Records and Personal Health Records
- Access to computers for consumers and family members; access to adequate computer equipment and updated technology for staff who work in programs
- Training of both basic computer skills training and advanced training on how to utilize all of the features of Electronic Health Records and Personal Health Records.

We are addressing these concerns through our planning and research process and we bring the most current information available to each stakeholder presentation. Our department director and Information systems consultant, as well as other representatives, have participated in statewide planning committees that are tracking issues of security and are ensuring that new systems meet state and federal security standards as legislated. Additionally, our vendor selection process requires that our system meets all state and federal security requirements.

Access to computers and adequate computer equipment is a goal of our department and we are implementing a new inventory tracking system to ensure that technology is updated and replaced on a reasonable schedule. This will ensure that staff has the equipment needed to operate in a modernized, transformed and integrated information system environment. Training for staff at all proficiency levels will be vital to the successful implementation of the new integrated system. Our plan includes utilizing a trainer to conduct assessment of computer training needs, to provide basic computer training or linkage to training resources and to coordinate specific training on the program applications within the new integrated information system. Working with partner organizations we will identify local community resources for consumers and family members to access training, computers and internet resources. Once we complete our project plan and move to the implementation phase we will conduct enhanced engagement meetings to ensure user competence and ease of operation.

A schedule of stakeholder engagement meetings and presentations is included in Exhibit #5.

Information Systems Review

The following information was received during an external quality review of the Ventura County mental health plan (MHP), and focuses on our Information System capabilities for providing quality services to beneficiaries enrolled in Medi-Cal managed mental health care programs. This review was conducted for the fiscal year 2008/09 by the California External Quality Review Organization, a division of APS Healthcare.

2.4) Inventory of Current Systems: (may include system overview provided in County Technology Strategic Plan):

Information Systems Overview

The MHP continues to use Patient Oriented Record (POR), an again IS developed in-house almost twenty years ago, for its basic practice management and managed care needs. Over time, this system has become cumbersome and expensive to maintain. Staff turnover, technology changes, regulatory requirements and other factors have lead to an increasingly ineffective system for such a large and complex system of health care. As might be expected of an aging IS, staff complains of various shortcomings, but a most serious one is the current inability to produce a HIPAA-compliant Medi-Cal claim as required by DMH. For this and other practical reasons, the system will be replaced as soon as possible. Partly in preparation for this, a targeted clean-up of accumulated CSI reporting errors was completed and on-going corrections occur as new CSI files are submitted to DMH monthly.

In addition to implementation of the new IS, Ventura County is also implementing a new training management system (e-learning) and development of the MHSA strategic IS plan. Avatar includes on-line training and the hope is to expand this e-learning capability for use throughout the organization.

Plans for information systems change

A replacement product, Unicare, had begun implementation, but this project is being terminated for mental health usage and is now only used by Ventura County's alcohol and drug programs. The MHP is currently planning to implement Netsmart's Avatar products for its mental health programs. The system will be provided in the Application Service Provider Plus (ASP+) form to minimize hardware/software installation efforts and to allow the system to go live sooner. The ASP+ service also includes the outsourcing of Medi-Cal and other third-party claims processing and reporting to Netsmart. The MHP will periodically evaluate the effectiveness of this outsourcing to determine whether to continue this Plus service or return these responsibilities to internal MHP staff.

A knowledgeable, experienced IS project manager leads a diverse implementation workgroup and has developed a detailed project plan with aggressive timelines that include going live in July 2008. This will include replacement of the practice management functionality currently provided by the POR system and will add the ability to produce HIPAA-compliant Medi-Cal claims transactions. A second phase is planned to replace the managed care portion of POR, targeted for January 2009. Once this is complete, POR will essentially be retired and used only for occasional access to historical information by a limited number of staff. In support of this plan, additional computers for staff have been ordered and installed. Funding for the first phase of this project comes from one-time funds in Ventura's MHSA CSS allocation. Funding for subsequent phases is anticipated to come from the planned application for MHSA IT funds.

Clinical and programmatic functionality

As described above, the MHP is planning to install a new IS to replace POR. This will include needed clinical functionality for on-line progress notes, treatment plans, assessments, medication tracking, outcomes tracking, and other needs. The product being implemented also offers additional optional modules for such things as e-prescribing and document image scanning. Implementation of these optional features will depend somewhat on funding and the pace at which the MHP is able or willing to employ these technologies, as well as other competing organizational priorities.

2.5) *Please attach your Work Flow Assessment Plan and provide schedule and list of staff and consultants identified (may complete during the implementation of the Project or RFP):*

Ventura County Behavioral Health will complete the "as-is" workflow as part of the implementation of the project.

2.6) *Proposed EHR component purchases: (may include information on Project Proposal(s)):* The list below represents all the software and hardware the County will purchase to implement the full scope of our new e-PAL system. The County is requesting MHSA funds to purchase a portion of the software and hardware.

SOFTWARE - NetSmart Software Modules:

RADPlus	Document Management and Imaging
Avatar Cal-PM	Executive Reporting System
Avatar CWS	Infoscriber
Avatar MSO	Electronic Signature
Avatar Mobile	HL7 Interfaces
Care-Connect	Incident tracking

Additional Software
Intersystems Cache database
LANFax software
Kofax scanning software
Citrix server licenses

HARDWARE
Topaz signature pads
Production scanners
PC based workstations to support scanning

2.7) Vendor selection criteria: (such as Request for Proposal):

NetSmart Technologies was selected as the apparently successful vendor. Ventura County's Agreement with NetSmart Technologies for Phase I was approved by the County Board of Supervisors in December 2008.

2.8) Cost estimates associated with achieving the Integrated Information systems Infrastructure: **$5,105,873.00**

3. County Personnel Analysis (Management and Staffing)
(Small Counties have the option to not complete this section.)

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
BH Project Manager	1	1	0
Hardware Specialist – County ISD Network Support and HCA/IT Desktop Support	Multiple in existing IS departments		
Application Specialist - HCA/IT	1	1	0
Client Support Specialist	1	1	0
Sub-total, A	3		0
B. Project Managerial and Supervisory:			
CEO or Manager	1	1	0
Supervising Project Manager	1	1	0
Client Project Coordinator	1	1	0
Other Project Leads	2	1	2
Sub-total, B	5		2
C. Technology Support Staff:			
Analysts, tech support, quality assurance	2	1	2
Education and training	1	1	0
Clerical, secretary, administrative assistants			
Other support staff (non-direct services)			
Sub-total, C	3		2
TOTAL COUNTY TECHNOLOGY WORKFORCE (A+B+C)	11		4

EXHIBIT 3 -TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: Feb 1st, 2009 County: Ventura County
Project Title: e-PAL

• ***Please check at least one box from each group that describes this MHSA Technological Needs Project***

X New system
□ Extend the number of users of an existing system
□ Extend the functionality of an existing system
X Supports goal of modernization/transformation
X Supports goal of client and family empowerment

• ***Please indicate the type of MHSA Technological Needs Project***

❖ **Electronic Health Record (EHR) System Projects (check all that apply)**
X Infrastructure, Security, Privacy
X Practice Management
X Clinical data Management
X Computerized Provider Order Entry
X Full Electronic Health Record (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
X Personal Health Record (PHR) System Projects
□ Online Information Resource Projects (Expansion / Leveraging information sharing services)

❖ **Other Technological Needs Projects That Support MHSA Operations**
□ Telemedicine and other rural/underserved service access methods
□ Pilot Projects to monitor new programs and service outcome improvement
X Data Warehousing Projects / Decision Support
X Imaging / Paper Conversion Projects
□ Other

• ***Please 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 _____

X Product Installation
Name of Vendor Medical Billing Professionals

X Software Installation
Name of Vendor: NetSmart Technologies

Project Description and Evaluation Criteria – Detailed Instructions

Complete each section listed below. Small counties (under 200,000 in population) have the option of submitting a reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project. A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with a "".*

Project Management Overview

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for risk level using the worksheet in Appendix A. For Projects with medium to high risk, the County shall provide information in the following Project management areas.

- *Independent Project Oversight*
- *Integration Management*
- *Scope Management*
- *Time Management*
- *Cost Management*
- *Quality Management*
- *Human Resource Management (Consultants, Vendor, In-House Staff)*
- *Communications Management*
- *Procurement Management*

- For low risk Projects, as determined by the worksheet in Appendix A, the above Project management reporting is not required. *Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection*

Based on the worksheet in Enclosure 3, Appendix A, the e-PAL project risk score is "Medium" which is consistent with the evaluation of the County's project team.

The e-PAL Management Team is at the top of the organization chart and includes senior managers from the County Health department, Behavioral Health and Ventura Co. ISD (Information systems Department). The Project Sponsor is Meloney Roy, LCSW, and Director of Behavioral Health. In Addition, the e-PAL Plan Steering Committee has oversight and consultation responsibility for the project. The Steering Committee includes Behavioral Health Managers, Administrative staff, Clinical Staff, Contractors, Billing and Finance Staff, ISD staff.

The e-PAL system has an experienced project manager assigned – John Buettgen, Information systems Consultant. He will be responsible for daily management of the project and report to the Project Sponsor, Project Executive, the Steering Committee and Executive Management team.

(Functional Standards from Appendix B)

Project Cost

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a quarterly basis for the life of the Project. Costs on a yearly and total basis will also be required for input on Exhibit 4 – Budget Summary.

	Personnel	Hardware	Software	Contract Services	Total
FY 09/10					
Qtr 1	69,318		104,905	208,425	**382,648**
Qtr 2	69,318	3,500	104,905	208,425	**386,148**
Qtr 3	69,318		104,905	208,425	**382,648**
Qtr 4	69,319		158,157	208,425	**435,901**
Total FY 09/10	277,273	3,500	472,872	833,700	**1,587,345**
FY 10/11					
Qtr 1	70,647	0	110,530	144,300	**325,477**
Qtr 2	70,647	0	110,530	144,300	**325,477**
Qtr 3	70,647	0	110,530	144,300	**325,477**
Qtr 4	70,649	128,300	208,700	144,300	**551,949**
Total FY 10/11	282,590	128,300	540,290	577,200	**1,528,380**
FY 11/12					
Qtr 1	48,508	7,000	110,530	43,200	**209,238**
Qtr 2	48,509	1,000	110,530	43,200	**203,239**
Qtr 3	48,509	28,647	110,530	43,200	**230,886**
Qtr 4	48,509	58,300	110,532	43,200	**260,541**
Total FY 11/12	194,035	94,947	442,122	172,800	**903,904**
FY 12/13					
Qtr 1	25,000	250	110,530		**135,780**
Qtr 2	25,000	250	110,530		**135,780**
Qtr 3	25,000	250	110,530		**135,780**
Qtr 4	25,000	250	110,532		**145,782**
Total FY 12/13	100,000	1,000	442,122		**543,122**
FY 13/14					
Qtr 1	25,000	250	110,530		**135,780**
Qtr 2	25,000	250	110,530		**135,780**
Qtr 3	25,000	250	110,530		**135,780**
Qtr 4	25,000	250	110,532		**135,782**
Total FY 13/14	100,000	1,000	442,122		**543,122**
Project Total	953,898	228,747	2,339,528	1,583,700	**5,105,873**

Nature of the Project

Describe:

- *The extent to which the Project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives*

Establishing the infrastructure for an Electronic Health Records system is an essential step towards improving the quality of our care and the effectiveness of our outcomes. Attached is a summary of Application Advantages of e-PAL and potential challenges with implementing the e-PAL system reported by Behavioral Health leadership who participated in our IT planning committee.
(**ATTACHMENT D**)

The new integrated system is necessary to meet federal, state requirements for security, privacy, and data collection. Our current data and billing system is outdated, no longer supported and difficult to change to meet new reporting and billing requirements.

The goal of the MIS project is to enhance and support the delivery of programs and services currently in place and emerging in the future. The integrated technology system will include features that advance our ability to track and report outcome data. With faster and more streamlined access to outcome data we will pursue the implementation of more evidence based practices and measure the effectiveness and services delivered in a "Whatever It Takes" model that align with our department's commitment to the best science, best service, and best outcomes. The new system will provide support for the collection and tracking of data for uses in addition to direct clinical care, such as billing, quality management, outcomes reporting and resource planning.

- *The degree of centralization or decentralization required for this activity.*

This project will be managed very centrally; however implementation involves more than 8 diverse sites. Thus the communication and management plan for this project will involve many decentralized activities.

- *The characteristics of the data to be collected and processed, i.e., source, volume, volatility, distribution, and security or confidentiality*

Data to be collected and processed includes all data elements collected and reported to DMH as part of Medi-Cal as well as the client services information reporting (CSI) required by the State. There is a high degree of security and confidentiality required for transmission of this data. In addition, data will be more expanded because the whole Electronic Health Records system will be included, as described elsewhere in this document.

- *The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information systems Infrastructure*

Our County has a standard for interoperability. The product meets these criteria. In addition, NetSmart Technologies, more than any other vendor, has the corporate capacity to support the evolution of this product to meet current and future standards.

- *The data communication requirements associated with the activity*

The County's Information systems Department (ISD) evaluated our plan and product with our data communication capacity in mind (telecommunications and network). We are satisfied we have the capacity we need.

Hardware Considerations *(as applicable)

Describe:

- *Existing capacity, immediately required capacity and future capacity*
- *Compatibility with existing hardware, including telecommunications equipment*
- *Hardware maintenance*
- *Backup processing capability*
- *space requirements necessary for proper operation of the equipment*

Hardware costs for the ASP are included in the e-PAL budget as a result of planning by Behavioral Health and County ISD for this project. Hardware specifications were developed between County ISD and NetSmart's Technical Support specifically for PC's seeing as we are not buying servers. Behavioral Health has contracted with NetSmart for a maximum one hour downtime during regular business hours and the support level agreements (SLA) for system response time. County ISD reviewed the requirements to insure that they were compatible with existing hardware platforms.

Once the NetSmart Agreement was approved by the County Board of Supervisors for Phase I the network specifications were developed by Behavioral Health and County ISD. NetSmart and ISD determined that the County's existing telecommunications equipment was sufficient to support the installation of the ASP connection. The County will monitor and support this connection and make adjustments in bandwidth as needed.

Software Considerations * (as applicable)

Describe:

- *Compatibility of computer languages with existing and planned activities*

NetSmart's commitment to standards including computer languages was important to the County's selection process. Our evaluation found the product to be able to meet current needs for data (purchase of Data Warehouse Middleware to bring data and decision support to clinicians' desktops) and to be compliant with future needs based on their support of HL7 and XML web services.

- *Maintenance of the proposed software, e.g. vendor-supplied*

Costs for maintenance is built into the ASP cost for all software purchased as part of the E-PAL project and are included in the project budget. Maintenance will not be a separate cost but a part of the overall pricing for ASP.

- *Availability of complete documentation of software*

The County requires complete documentation of software it purchases.

Interagency Considerations* (as applicable)

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

The County considered interfaces with other entities to be important enough to write into the NetSmart Agreement. Behavioral Health identified the need to interface with other County departments, contracted providers, primary care providers, the Ventura County Hospitals, the pharmacy benefits manager, community based organizations and the State Department of Mental Health.

- Ventura County Medical Center – Billing interface for Mental Health Inpatient stays.
- Pharmacy Benefits Manager (PBM) – Behavioral Health receives pharmacy data for billing the State and sends daily eligibility list to the PBM.
- Community Based Organizations/Contract Providers – Behavioral Health receives electronic files of services delivered to consumers. In turn, Behavioral Health sends standard reports to our contracted providers.
- Department of Mental Health – Full Service Partnership (FSP) data entry requirements.

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

Ventura County is managing their implementation with the use of Microsoft Project. As displayed in the project plan, the workflow process is to install, configure and implement the software in a timely fashion. Phase I one of this process is to implement the Practice Management (PM) module, the parent of the NetSmart systems suite. Practice Management will be followed by InfoScriber, MSO (Managed Services Organization), CWS (Clinical Work Station), and Document Imaging. Ventura County has also purchased the NetSmart Learning Management System (LMS), NetSmart University.

PRACTICE MANAGEMENT

Practice Management (PM) involves the admission of the client, account management, discharge, treatment, and census data of inpatient, outpatient and day treatment programs. This module is the key component. A historical record is created for each episode of care, containing all services, payments, diagnosis, treatment and billing information. The module incorporates account receivables and reports which provide analysis to be utilized by management and reported to the fiscal department. Staff records are maintained and used as a key cross reference for ensuring that only eligible providers render services.

Billing is an integral part of the Practice Management modules. This module manages billing and accounts receivable including subscriber and plan coverage information, charge input, bill preparation, HIPAA compliant electronic claims and remittance, and payment posting. Reports available include Aged Accounts Reports, Report of Charges, Payment/Adjustment Reports, Daily Transaction Report and Active Receivables. Month end closeout completes the financial cycles.

Scheduling is incorporated in the Practice Management module. In addition to client appointments, group management and staff time, service recording can be managed through the scheduler. The scheduler integrates to the clinical work station also known as the Electronic Medical Record.

INFOSCRIBER

InfoScriber, also known as Avatar e-Prescriber, is a secure web-based prescription and medication

management system. e-Prescriber improves the quality of care and reduces medication errors. The prescribing system transmits prescriptions from the physicians desktop to the pharmacy, tracks medications historically, and identifies possible drug interactions.

The purpose of implementing the e-Prescribing system after the Practice Management system is to allow physicians to increase their productivity, reduce pharmacy call backs, and identify risks. The system is the most user friendly of all the systems which is another reason for the e-Prescriber to be implemented sooner rather than later in the implementation process.

MSO – MANAGED SERVICES ORGANIZATION

The MSO system specializes in managed care contract monitoring. This system is integrated into the PM system. Clients registered in the Practice Management system can be enrolled in the MSO system. The concept of the MSO system is to authorize services to be rendered to clients of the county by outside provider. The system maintains credentialing information of these outside providers. Once services are authorized, the system has billing rules to approve, append or deny claims based on the authorization. This system automates the claiming process and also readies claims for reimbursement by Short Doyle Medi-Cal.

The justification of implementing the MSO system as planned is to hasten the turnaround of the reimbursement of the Short Doyle Medi-cal claims and there are a limited number of staff that will have to be trained to use the system. The latter reason will rapidly increase the speed of the implementation.

CWS (Clinical Medical Record)

The CWS module is the electronic medical record module. This module will be the most difficult but rewarding module to implement. CWS integrates clinical tools necessary for an interdisciplinary approach to the delivery of behavioral health services. The module includes treatment planning, individual and group progress notes, assessments and workflow management. In addition, CWS supports electronic views of laboratory results and order entry. The system is installed with a battery of behavioral health assessments and reports.

CWS has a fully integrated and user-definable workflow notification module that informs clinicians when a progress note is required and assessment requires approval, a co-signature is warranted or a treatment plan review is approaching. Once this module is finalized, the system has quality assurance controls that inhibit billing when a treatment plan is not completed or past due or a progress note is not written. The CWS system is reliant on the PM system for client admission.

The CWS system is the most user-defined module. Workflows are configurable to the needs of the users. RadPlus modeling tools are available to allow users the ability to build data collection instruments to be incorporated into the medical chart. Due to the vast variety of the options that will need to be developed, a decision is made to implement this module after the majority of the other modules giving time for clinical input and strategic planning.

Document imaging is planned as the follow-up module to be implemented. All records will be stored and reference from CWS.

ASSESSMENT

As each module is implemented, test scenarios are designed to mimic the workflows of Ventura County operations. The scenarios guide changes. The assessments of modules occur in a sample database. Liability distribution and electronic claiming is extensively tested with the guarantor intermediaries. Upon clearance or approval of the testing scenarios, the approved configurations are then implemented into the build environment of the system. This build environment is then copied over to the live production environment. Once the system is live, the legacy system and the new system will run parallel to enable billing comparisons. The month end reporting will be tested to complete billing assessments.

Training and Implementation * (as applicable)

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

TRAINING

The IT Training Specialist will be part of the implementation team from the beginning and will assist in the testing. The IT Training Specialist will work with the Clinical and Administrative Implementers as well as the workgroups to customize the e-PAL Help system to reflect the County policies, procedures and workflows. The IT Training Specialist will lead the effort to develop courses to train BH users in e-PAL screen navigation, practice management, using the EHR, e-prescribing, medication management, accessing scanned images and reporting.

Because of the number of users, Behavioral Health plans to identify “super-users” at sites and provide them additional training and support. Super-users will receive software training and access to e-PAL before standard users and will receive training in problem solving. The IT Training Specialist will create a support structure for super-users. At a minimum, that structure will include quarterly in person meetings to discuss issues, present suggestions for enhancements and get training.

Along with the IT Training Specialist and super-users, the HCA/IT Help Desk will triage support calls and emails from e-PAL users. HCA/IT Help Desk staff will receive the same training as super-users and will be expected to assist users in resolving problems found on the issues list. If the user’s problem is not easily solved, the Help Desk will triage the call to one of the two HCA/IT or e-PAL software analysts for a solution.

In addition to ‘train-the-trainer’ and the ‘train-the-user’ face-to-face training sessions, tools such as Camtasia, Go To Meeting, and NetSmart University will be used to conduct trainings and minimize travel expenses for training. Camtasia will allow video recordings of workflows to be available for viewing at the time of need. These recordings can also be stored on the NetSmart University training site for use by county staff.

IMPLEMENTATION / GO LIVE

The County will work with NetSmart’s implementation team to determine how many roll-outs (teams and sites implemented) we will have and how long the roll-outs will take. Current thinking is that it will take 4-5 big site roll-outs to include all County operated clinics. Once the County clinics are running, the contractor sites will be brought into the system.

The County is purchasing NetSmart licenses for contracted providers. Behavioral Health will work with

contractors to define e-PAL access options available to these providers. After talking with contracted providers, Behavioral Health has tentatively identified three models of use for providers:

1) *Full use of e-PAL*. Contractors would use e-PAL software just as County operated clinics. They would use the EHR and all practice management features (registration, record CSI data, episode management, financial information, scheduling). Customization would be minimal.

2) *Practice Management use of e-PAL*. Contractors would use e-PAL software to register and schedule clients and record services. Contractors would maintain their own charts.

3) *Minimal use of e-PAL*. Contractors would use e-PAL software to review client history and register clients.

Behavioral Health will fully develop the access models working with our Contracted providers.

During implementation, users will receive classroom training just before implementation at their site. The project team will be on site for the first four weeks of implementation. Support staffing will vary based on system usage and user support demands.

When the implementation team feels the site is ready, support will be turned over to super-users and the HCA/IT Help Desk.

When implementation is complete, classes will continue to be offered every three to four months and will be updated based on changes in workflow, policies and procedures, regulations and/or software.

Behavioral Health will take advantage of technology to provide on-line training via the IT training department and create recorded short videos of "how-to-do" software tasks to supplement existing training plans. Although plans for utilizing additional training technology are covered in our CSS one-time funds project, we will continue to apply that technology in the implementation of on going projects.

Security Strategy * (as applicable)

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

- *Protecting data security and privacy*
- *Operational Recovery Planning*
- *Business Continuity Planning*
- *Emergency Response Planning*
- *HIPAA Compliance*
- *State and Federal laws and regulations*

The NetSmart system meets the requirements of both HIPAA and the California Welfare and Institutional Code security requirements starting with a three-tiered log in requirement. The user has control of password requirements including length, digits and character requirements, and the ability to reuse passwords.

The system has the HIPAA timeout requirement feature. The user has the ability to shorten or lengthen the time out time and the ability to lock out or log out the user upon expiration of no activity. The system assigns temporary password for first time log in and for updating a lost password. The system allows system administrators to log individual users out of the system or to log everyone out of the system for various reasons.

A report of system usage allows managers to identify where staff has been in the system. As required by HIPAA, each movement of the user is date and time stamped with the user's identification. There is a way in the system to separate programs by system `code. For instance, if the user decides to not allow Drug and Alcohol services access to Mental Health treatment information, then separate system codes can be set up to manage the viewing capacity by users to each system code.

As part of the implementation project, County Quality Improvement staff is reviewing all policies in context of the e-PAL project. New procedures will be recorded as they are developed and approved by the implementation workgroups. All new policies and procedures will undergo the standard Quality Improvement process for approval and implementation. The security in e-PAL will be maintained by QI staff and reviewed by the County's compliance officer.

The County will provide clinical staff with encrypted, laptop computers. The County is purchasing NetSmart's Avatar Mobile module that allows clinicians to record data about field-based clinical work on laptop computers. Avatar Mobile allows clinicians to "check-out" consumer charts to laptop computers, work on them in the field, and then synchronize data recorded in the field when clinicians re-connect to the County network. The data contained in Avatar Mobile will be doubly protected by encryption of the laptop and NetSmart's own encryption of data within Avatar Mobile.

NetSmart will maintain and follow a disaster recovery plan designed to maintain County's access to the licensed product and services, and to prevent the unintended destruction of data or County confidential information, shall provide for daily back-up of County data and archival of such County data at a secure facility. The disaster recovery plan shall provide for and be followed by NetSmart such that in no event shall the licensed product, services, content, and/or data be unavailable to the County for a period in excess of twenty-four (24) hours. A copy of NetSmart's Disaster Recovery Plan has been received by County and is incorporated in our Phase I contract.

The county is working with NetSmart and requesting information from other counties about their business continuity policies and procedures. The policies and procedures will be developed and approved prior to the EHR project "go-live". To make sure the policies and procedures are effective and that staff know how to perform the tasks, the County will perform drills twice a year to prepare for the scenarios.

Ventura County has opted for ASP (Application Service Provider) services from NetSmart. In doing so, uptime, backup, recovery, response time performance, scalability and equipment maintenance is managed by NetSmart. Data is housed in a data warehouse in Columbus, Ohio which is tightly secured. Access to the system is handled through a VPN (Virtual Private Network) connection that also has a three tiered log in as required by HIPAA. All systems of NetSmart are CCHIT (Certification Commission for Healthcare Information Technology) certified.

The County has purchased NetSmart University, their Learning Management System (LMS). Technical staff is using NetSmart University courses to study the database structure, report writing and application administration. End user oriented courses require Avatar software to be installed to

complete all the exercises. The IT Training Specialist is making end user courses available prior to the NetSmart software installation.

The project plan calls for an initial phase during which the implementation team will configure the software, complete data conversion from the legacy system, develop new forms (e.g., registration, financial, assessments, treatment plans, progress notes), workflows and reports. At the end of that phase, a prototype of the e-PAL system will be available for beta testing by Behavioral Health staff.

The IT Training Specialist will be part of the implementation team from the beginning and will assist in the testing. The IT Training Specialist will work with the Clinical and Administrative Implementers as well as the workgroups to customize the e-PAL Help system to reflect the County policies, procedures and workflows. The IT Training Specialist will lead the effort to develop courses to train Behavioral Health users in e-PAL screen navigation, practice management, using the EHR, e-prescribing, medication management, accessing scanned images and reporting.

Because of the number of users, Behavioral Health plans to identify "super-users" at sites and provide them additional training and support. Super-users will receive software training and access to e-PAL before standard users and will receive training in problem solving. The IT Training Specialist will create a support structure for super-users. At a minimum, that structure will include quarterly in person meetings to discuss issues, present suggestions for enhancements and get training.

Along with the IT Training Specialist and super-users, the HCA/IT Help Desk will triage support calls and emails from e-PAL users. HCA/IT Help Desk staff will receive the same training as super-users and will be expected to assist users in resolving problems found on the issues list. If the user's problem is not easily solved, the Help Desk will triage the call to one of the two HCA/IT or e-PAL software analysts for a solution.

The County will work with NetSmart's implementation team to determine how many "roll-outs" (teams and sites implemented) we will have and how long the roll-outs will take. Current thinking is that it will take 4-5 big site roll-outs to include all County operated clinics. Once the County clinics are running, the Contractor sites will be brought into the system.

The County is purchasing NetSmart licenses for Contracted providers. Behavioral Health will work with Contractors to define e-PAL access options available to these providers. After talking with contracted providers, BH has tentatively identified three models of use for providers:

1) *Full use of e-PAL*. Contractors would use e-PAL software just as County operated clinics.
. They would use the EHR and all practice management features (registration, record CSI data, episode management, financial information, scheduling). Customization would be minimal
2) *Practice Management use of e-PAL*. Contractors would use e-PAL software to register and schedule clients and record services. Contractors would maintain their own charts. 3) *Minimal use of e-PAL*. Contractors would use e-PAL software to review client history and register clients.
3) *Minimal use of e-PAL. Contractors would use e-PAL software to review client history and register clients.*

Behavioral Health will fully develop the access models working with our contracted providers.

During implementation, users will receive classroom training just before implementation at their site. The project team will be on site for the first four weeks of implementation. Support staffing will vary based on

system usage and user support demands. When the implementation team feels the site is ready, support will be turned over to super-users and the HCA/IT Help Desk.

When implementation is complete, classes will continue to be offered every three to four months and will be updated based on changes in workflow, policies and procedures, regulations and/or software.

The Behavioral Health Department will take advantage of technology to provide on-line training via the Behavioral Health IT training department and create recorded short videos of “how-to-do” software tasks to supplement existing training plans. Although plans for utilizing additional training technology are covered in our CSS one-time funds project, we will continue to apply that technology in the implementation of on going projects.

Project Sponsor(s) Commitments (Small Counties may elect to not complete this section)
Sponsor(s) Name(s) and Title(s)

Identify the Project Sponsor name and title. If multiple Sponsors, identify each separately.

Project Sponsor: Meloney Roy, LCSW, Director, Ventura County Behavioral Health

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

Ms. Roy has been the Project Sponsor since 2008 when she became the Behavioral Health Director. She considers the E-PAL technology initiative a key strategy for the Department and is committed to maintain her role as Project Sponsor. Along with Division Managers Elaine Augustine, Patrick Zarate, Pam Fisher and Cyndi Christenson, she participates in weekly project status meetings with the project manager – John Buettgen.

Please include separate sheet with the names, titles phone, e-mail, signature and dates

Approval/Contacts

Meloney Roy
LCSW Director
Meloney.roy@ventura.org

Signature: _____ Date:_____

Project Sponsor: Meloney Roy, LCSW, Director, Ventura County Behavioral Health

EXHIBIT 4 - BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: Ventura
Project Name: e-PAL

Category	(1) 09/10	(2) 10/11	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel					
Clinical Implementer (2.5 years)	108,685	111,945	57,652	278,282	None
Administrative Implementer (2.5 years)	68,588	70,645	36,383	175,616	None
IT Training Specialist (3 years)	100,000	100,000	300,000	500,000	100,000
Total Staff (Salaries & Benefits)	277,273	282,590	394,035	953,898	100,000
Hardware					
From Exhibit 2					
Application Appliance	3,500	1,000	3,000	7,500	1,000
Document Imaging Hardware Scanstation Package Fujitsu 6700-C (2) & PC		2,300	28,647	30,947	
Topaz Signature Pads (100 units) for electronic signature capture			56,000	56,000	
Document Management PC with software			2,300	2,300	
Consumer Connect Server with software & configuration			7,000	7,000	
Avatar Mobile PC's (50) for collecting data remotely		125,000		125,000	
Total Hardware	3,500	128,300	96,947	228,747	1,000
Software					
From Exhibit 2					
ASP Processing Fees	394,080	394,080	1,182,408	1,970,568	394,080 Annual
NetSmart development of Outpatient Laboratory Orders and Results for Avatar Cal-PM		50,000		50,000	3,150
NetSmart development of Interface to Ventura County Medical Center – Pass the Medical Records number	30,750			30,750	3,150
Consumer Connect (PHR)	22,500	22,500	67,500	112,500	22,500

Category	(1) 08/09	(2) 09/10	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs
NetSmart development of Interface to Ventura County Medical Center – Send notification of care		48,000		48,000	3,150
InfoScriber – e-prescribing	13,662	13,662	40,986	68,310	13,662
NetSmart University	11,880	11,880	35,640	59,400	11,880
Total Software	472,872	540,122	1,326,534	2,339,528	
Contract Services (list services to be provided)					
County Project Management	172,800	172,800	172,800	518,400	
Client Project Management	150,000	200,000		350,000	
Database Administrator	154,400	154,400		308,800	
Report Writer					
NetSmart Implementation Support	256,500			256,500	
Medical Records Clerk	100,000	100,000		200,000	
Total Contract Services	833,700	577,200	172,800	1,583,700	
Administrative Overhead					
Other Expenses (Describe)					
Total Costs (A)	**1,587,345**	**1,528,212**	**1,990,316**	**5,105,873**	
Total Offsetting Revenues (B) **					
MHSA Funding Requirements (A-B)	**1,587,345**	**1,528,212**	**1,990,316**	**5,105,873**	
NOTES:					

EXHIBIT 5 - STAKEHOLDER PARTICIPATION FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

Counties are to provide a short summary of their Community Planning Process (for Projects), to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, and/or the use of regional partnerships.

Chart of presentations

Stakeholder Type	Meeting Type	Meeting Date
e.g. (contract provider, client, family member, clinician)	**e.g. public teleconference**	
Mental Health Board Meeting – Presentation of Technological Needs and Capital Facilities Component Planning Process. Received approval to begin planning process.	Public – monthly Mental Health Board meeting	July 21, 2008
Ventura County Children's Psychiatrists Staff Meeting—MHSA IT Presentation	County management staff meeting in person.	August 19, 2008
Ventura County Behavioral Health Management Team – Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	County Management Staff meeting in person	August 22, 2008
Conejo Adult Outpatient Clinic Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	County management staff meeting in person.	August 26, 2008
Oxnard IDDT, Older adults, ARS, Homeless, and Oxnard adult clinic.-- Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	County management staff meeting in person.	August 29, 2008
Tay Tunnel—Staff .-- Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	Meeting in person	September 2, 2008
Behavioral Health - Juvenile Justice Programs—County Staff -- Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	Meeting in person	September 3, 2008
Ventura Adult Presentation- Marrt program & Conrep CA III- Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation for staff	Meeting in person.	September 4, 2008
Mental Health Board Adult sub committee IT Presentation—Client Based Presentation	Meeting in person	September 4, 2008
NAMI- Presentation of Technological Needs and Capital Facilities Component Planning Process for consumer/family	Meeting in person	September 9, 2008
Mental Health Board Children's Committee- Presentation of Technological Needs and Capital Facilities Component Planning Process for consumer/family	Meeting in person	September 10, 2008
Oxnard Options: Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation to Staff	Meeting in person	September 16, 2008
VTA outpatient, CalWorks, VTA School based, Child Welfare sub-system, 1st Five, Diabetes: Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation to Staff	Meeting in person	September 17, 2008
Alcohol and Drug Advisory Board—	Meeting in person	September 22, 2008

Presentation of Technological Needs and Capital Facilities Component Planning Process for consumer/family		
Tay Tunnel-- Client based presentation with focus on Personal Health Record (PHR)	Meeting in person.	September 24, 2008
Options presentation to parents: -- Planning, proposed MIS applications and plan for implementation	Meeting in person.	September 25, 2008
ADP-- Staff .-- Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	Meeting in person	October 7, 2008
ADP-Staff .-- Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	Meeting in person	October 8, 2008
Peer Network –IT Presentation Client based with focus on PHR	Meeting in person	October 10, 2008
Pacific Wellness Clinic—Client based IT Presentation with focus on PHR	Meeting in person	November 4, 2008
East County children's/family Clinc-Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation to Staff	Meeting in person	November 5, 2008
RICA- Staff .-- Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation	Meeting in person	November 14, 2008
Santa Paula Options Clinic (Includes Fillmore Staff) -Presentation of Technological Needs Project Planning, proposed MIS applications and plan for implementation to Staff	Meeting in person	December 2, 2008

To ensure that the goals of the integrated system align with the enhancement of our MHSA services and programs we are engaging stakeholders in three main constituencies including County staff, consumers and family members, and community based organizations. We have scheduled presentation sessions throughout our county to review the requirements of a new Integrated MIS System and to identify questions and concerns. Presentations include an explanation of how an integrated system provides us the capacity to empower consumers to be more involved in their wellness, recovery and care process by offering access to on line Personal Health Records (PHR). A Personal Health Record not only brings the client and the client's families into the mental healthcare delivery process to improve care but can potentially save hundreds of hours in time and reduce the cost of health care. Additional benefits include decreasing duplicate testing, transferring records more efficiently, reducing adverse drug events and improving preventive care and disease management.

California Department of Mental Health MHSA Capital Facilities and Technological Needs

EXHIBIT 6 - STATUS REPORT

FOR FUNDED TECHNOLOGICAL NEEDS PROJECT

PROJECT INFORMATION: **County:**	
Project Name:	**Report Period:**
Project Sponsor: Title:	**County:**
Project Start Date: **Project End Date:**	
Project Risk Area Risk Category Select Response – see below	
Financial	
Budget Metrics	
Forecast	
Technology	
Technology assessment	
Environment	
Performance	
Project Management	
Project	
Risk Management Plan	
Steering Committee	
Communication	
Technical	
Customizations	
Conversions	
Interfaces	
Reports	
Application	
Functionality	
Release Stability	
Customization complexity	
People	
FTE Commitment	
Customer Skills/Training	
Training/Skills	
Vendor staffing level	
Customer Satisfaction	
Product Expectations	
Relationship with PGS	
Scope & Project Schedule	
Scope Definition	
Scope Change Management.	
Project Schedule	

APPENDIX A - PROJECT RISK ASSESSMENT

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	4
		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	1
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	2
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	2
	Update/Upgrade	Distributed/Enterprise Server	3	
		Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	2
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	3
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
*Commercial Off-The-Shelf Software	Number of Users	Over 1,000	5	3
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	1
		Two-Tier (client / server)	2	
		Multi-Tiers (client & web, database, application, etc. servers)	3	

Total Score	Project Risk Rating
25 - 31	High
16 - 24	Medium
8 - 15	Low

APPENDIX B - EHR AND PHR STANDARDS AND REQUIREMENTS

1. Functional Standards

A critical factor in the County's selection of NetSmart Technologies is NetSmart's demonstrated commitment to supporting industry standards. NetSmart's EHR was the first and is still the only behavioral health software that is CCHIT certified for Ambulatory EHR. NetSmart's software also complies with HIPAA security and privacy standards.

User Friendly Interface Standard

The User Interface was one of the factors considered in the vendor selection process. NetSmart's software complies with the standard.

*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 Personal Health Records.*

  NetSmart's software is thin-client. The company has announced a Personal Health Record module based on their EHR.

- *Be able to transmit an approved form of a Continuity of Care Record as applicable.*

  NetSmart has a demonstrated commitment to standards including HL7 standards.

- *Provide ability of the client and family to communicate with the clinician and service provider, especially in the multi-lingual environment.*

  The County believes communication with consumers and family members will be enhanced by the use of NetSmart's Avatar software.

***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**:*

- *Include implementation plans that meet minimum staffing criteria for planning, implementation, conversion/migration, oversight, risk management and quality assurance of the technology.*

The County will use NetSmart's Project Management resources. We also have a County project manager internal who will oversee and be responsible for the project performance. Together we will develop robust Communication, Change Management and Statement of Work documents that are detailed and specific to Ventura County's implementation plans. They will address planning, implementation, conversion, migration, risk management and quality assurance issues.

- *Specify how their product meets or is planning to address all State and Federal regulations including but not limited to HIPAA regulations.*

The Avatar software is HIPAA compliant regarding transactions, security and privacy. It is used by a number of California County Mental Health departments and complies with State regulations regarding reporting and claiming. In the Agreement with the vendor, the County included clauses that obligate NetSmart to comply with all State and Federal regulations. If the software requires modification, it will be done at NetSmart's cost.

- *Provide the necessary plan for the product to have application interfaces as necessary to meet California mental health reporting and claiming requirements.*

The software is used by a number of California County Mental Health departments and complies with State regulations regarding reporting and claiming.

- *Meet the CCHIT behavioral health criteria within one year of the availability of final CCHIT behavioral health certification criteria.*

The County understands that NetSmart will undergo certification for the CCHIT Behavioral Health standard when it is available.

2. Connectivity and Language (Interoperability) Standards

Connectivity Standard:

- *Be compatible with modern local and wide area network technology supporting Internet and intranet communication.* **YES**
- *Be distributed, with "ownership" of the data remaining at both the sending and the receiving ends.* **YES**
- *Use standard protocols that include:* **YES**
  Extensible Markup Language (XML)
  Simple Object Access Protocol (SOAP)
  Security Assertion Markup Language (SAML)
  Web Services used for application programming interfaces
  Message-oriented middleware
  Other fully documented and highly-supported application programming interfaces as applicable and developed over time

Language Standard:

*The EHR Project **MUST** use industry standard coding and classification systems such as:* **YES**

- *International Classification of Diseases (ICD-9)*
- *Common Procedural Terminology (CPT)*

*The EHR Project **MUST** be able to capture and report:* **YES**

- *California specific cost reporting and performance outcome data*

*In addition, the EHR Project **MUST MOVE TOWARDS:*** **YES**

- *Standardized clinical nomenclature within structured messages (reference terminologies such as SNOMED (Standardized Nomenclature of Medicine)*
- *HL72.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: **YES**
Privacy Standard: **YES**

Client Access:

- *Address competency and literacy in the use of technology:* See the section on training.
- *Comply with current Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act requirements.* **YES**
- *Address cultural and language issues to facilitate access and sharing of data* **YES.**

Security:
YES, as demonstrated by CCHIT Ambulatory EHR certification.

Access Control Standard: **YES,** based on role based security with a high level of granularity.

Auditing Standard: **YES**

- *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 Standards: **YES**

Attachment A

Strategic Alignment With Mental Health Initiatives

ATTACHMENT A

E-PAL Care System – Strategic Alignment with Mental Health Initiatives

System Goal	Initiative	E-PAL System Alignment	Opportunities
Coordinated, integrated system	Full Service Partnerships	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	1. Greater accessibility of client record, including treatment 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)	1) Increased accessibility of bills 2) Eligibility information and reminders	1) Making appointments 2) Confirming appointments

System Goal	Initiative	eClinical Care System Alignment	Opportunities
Cost Effective, Efficient Financial Management of Mental Health System	Stabilize transition to FFS billing from case rate— billing edits, logic, compliance	1) Individualized Reporting 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.	1) Confidentiality – assist with security levels, encryption. 2) Improved Project Management – BCAP tools 3) QI Meds monitoring – review meds utilization	Make Policies & Procedures, QI FAQ and definitions available online through Help system.
	Implement strategies for improved communication/dialogue with MH workforce		
	Documentation compliance and improvement training, reporting and monitoring		Creating best practice libraries for treatment planning and progress notes.
	Peer Utilization Management/Review process incorporating LOCUS/CALOCUS		
	Assuring Continued Confidentiality		
	Contracting monitoring reporting tools		
	Improved project management— BCAP tools		
Cultural Competence Improvement	Linguistic Access inite-PALive	1) Technical assistance around treatment 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	E-PAL 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, immede-PALe, 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 including front line clinicians. 2) Contact Tracking provides more flexibility. Can track work we do for those people who don't become enrolled. 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, e-Pal, integrated, timely system of access	MHSA Outreach navigators/ promotoras		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, immede-PALe, 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	E-PAL 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	Sites will be evaluated to facilitate optimal ergonomics.	
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.

Attachment B

Please reference PDF attachment

ISD
Technology Infrastructure Strategic Plan

Attachment C

Please reference PDF attachment

PROJECT PLAN SUMMARY

Attachment D

Feedback Responses MHSA IT Application Advantages

Application	Improvement to services	Improvement to workflow	Challenges
New Billing System	• Any decrease in support or paperwork (see next column) leads to increase in resources for direct service. • Units (via billing) can lead to better performance and performance mgt. Being better able to see who's doing what and what precisely the output is. • Quicker input • Reduce errors • Billing will be entered immediately, rather than waiting until the OA can enter • Standardize and structure operations • The main advantage would be forcing a common nomenclature/definition into the system	• Rather than x3 data entry to get bill out, x1 into system that generates invoice / billing. • Increased accuracy equals • Less time support staff pulled to collate, enter, and re-enter hand file billing means more time for clients at front desk. • When clinicians are inputting our data, it frees up OA's for other duties • Reduce errors that require re-do's • OA will have more time to do other things	• Timely data entry • Complete and accurate entries (garbage in / garbage out) • Staff ability to make their data a part of daily routine (will always be focus on clinical notes and paper file till we get EHR) • Training-accurate input • training
Electronic Registration	• Any decrease in support or paperwork (see next column) leads to increase in resources for direct service. • Accuracy. • End duplicate files. • Easier access, less time in waiting room	• Client intake and retention are necessary elements of performance mgt. • Contributes to client's ability to get in; having overview of all intake/registration will hopefully decrease wait to service time. • Increase service delivery if centralized delivery	• Timely data entry. • Change of business practice and workflow • (Requires contemporary data vs. historical data). We have sites that still do "end of the month" on just about all data entry. • Need computer and computer skills • Once entered-if a mistake

	• Reduce errors • Saves time during intake to be able to spend more time with client discussing treatment	• Everyone can use • Check for errors • Saves time	was made-how to correct • Not all clients are computer savvy and may not want to use computer-or may request additional tech help to assist them in completing the electronic form, thus pulling our staff to help
Electronic Scheduling	• Decrease miscommunication • Decrease double booking • Single master calendar – ends client's being told no one here to see you (causes agitation at front desk) • Increase service delivery if centralized delivery • Reduce errors	• Better resource management. Can move or use staff optimally • Backup in reception could schedule from home/off site • Electronic scheduling could put off non computer users and dissuade them from services	• Timely data entry. • Culture shift if still using paper; if not scheduling will go down • training
Clinical Work Station (electronic clinical notes and record)	• Rather than x3 data entry to get service unit documented, x1 into system that generates activity reports, monthly reporting, billing, etc. • Decrease in counseling staff doing 'data' work = increase in clinical • Productivity • Mgr can see who is getting behind in notes; make adjustment. • • Could increase efficiency and served delivery • Increase availability of treatment plan when charting • Progress notes can be entered and sent electronically for supervisor approval	• Be able to manage daily work flow better; will have portal to actual staff activity level rather than reliance on anecdotal observation or self report • Better resource management. Can move or use staff optimally. • Can be used for Quality Assurance efforts (i.e. how many treatment plans are going to be past due next week?) and reduce various audit risks (late Treatment Plans equal lost billing / disallowances) • Once trained, immediate input; and efficiency increase • Save time • Quicker turn around on progress not submission	• Timely data entry. • Change of clinical practice and workflow • Training—need to have computer skills, if not, scheduling will go down • Staff who aren't computer savvy-may take them longer, at least initially • Staff in adults lack basic computer skills • Physicians have difficulty using computer for their work • IT department that has a poor performance record

Clinical Work Station (electronic clinical notes and record)	• Eliminate searching for misplaced records (which has dinged us in an audit) • Reduce transportation time and costs for on site utilization review • Eliminates forgetting to do required paperwork (because of prompting) • Reduce redundancy of data entry (example, having to write site, name, and ID on every note) • Eliminate problems related to failing to get rid of old forms • Better ensure that identified chartering errors are indeed corrected • Creates a greater potential for quality analysis, since all electronic information becomes analyzable data • Reduces chaos and reliance upon a myriad of databases for collecting other information • Given that clients can receive services at multiple sites, making sharing of records (and thus coordination of care) far easier • This will mean that everyone with be using the same forms and they will be unable to make changes in the forms. • This will help us make sure that we are in compliance with the • State and hopefully it will help make sure that we will not be surprised by an auditor finding an odd ball form in a chart.		
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e-prescribing – Info-scriber	• May not be applicable to all programs • Reduce errors • Send Rx immediately. No mistakes due to handwriting legibility • Help improve quality of medical practices, since e-prescribing will give prompts of side effects, dosages, etc	• Efficient-faster potential for filling scripts • Save time • No need to have someone wait until Rx is phoned in	• Training
Mobile Clinical	• Haven't decided if needed... • Absolutely necessary for field services • Improve charting and test timeliness	• Increase service delivery for field services • Save time	• Need wi fi • Training
Document Imaging	• Appears to have some advantages. Easy to retrieve signed copies. Easy to pull up vs. "looking" for file (paper file could be on someone else's desk at the site). • Improve availability of records • No duplicate charts (paper and electronic • Less audit problems due to lack of legible signatures	• Save time • Everything in one place	• Whatever the standards are must meet State ADP and Federal Govt needs; ADP regulations (42 CFR) much higher than MH. • ADP must be NOT available to MH sites, managers or fiscal – • training
Electronic signature	• No issues • How will this work in the field? • Save time and paper • E-signature reduces potential for a more secure record	• No known impact • If there's 1 signature pad to be shared it will slow down workflow • Save time	• Whatever the standards are must meet State ADP and Federal Govt needs • If centrally located it will decrease workflow • Training
Personal Health Records	• OK to have 'dashboard' for clients to view their own progress. • Courts (via Prop 36 or Juvenile Drug Court) but wonder if realistic for an average ADP client – most would not PC's. • Improve communications • Clients can do paperwork before an appointment • Increase readability of records		• Save time • Protecting information and appropriate data being shared (diagnosis, etc) • Client can update on line