

File No. 100028

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee BUDGET AND FINANCE

Date 2/3/10

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
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OTHER

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Completed by: Gail Johnson

Date 1/29/10

Completed by: _____

Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Approval of the Mental Health Services Act Information Technology Component and
2 Technological Needs Three Year Program and Expenditure Plan.]

3 **Resolution approving the Mental Health Services Act Information Technology**
4 **Component and Technical Needs Three Year Program and Expenditure Plan (IT Plan)**
5 **and authorizing the amendment of the MHSA Agreement to include this Plan in the**
6 **agreement.**

7
8 WHEREAS, DMH released the guidelines for completion of the Technological Plan on
9 March 14, 2008 under DMH Information Notice No. 08-09; and,

10 WHEREAS, San Francisco County received an allocation of \$8,296,700 for Fiscal Year
11 2007-08 under DMH Information Notices No. 08-02 and 08-21 for the Capital Facilities and
12 Information Technology Component,

13 WHEREAS, Section 5892 (a) (h) of the MHSA regulation specifies that the
14 Technological Needs may be retained for up to ten years before reverting into the State fund ;
15 and,

16 WHEREAS, The approval of the MHSA Agreement and the designation of the
17 Community Behavioral Health Director as the signatory of this agreement is on file with the
18 Clerk of the Board of Supervisors in File No. 080122, which is hereby declared to be a part of
19 this resolution as if set forth fully herein; now, therefore, be it

20 RESOLVED, That the Information Technology Component and Technological Needs
21 Three Year Program and Expenditure Plan be approved by the Board of Supervisors; and, be
22 it

23 FURTHER RESOLVED, That the Board of Supervisors authorize the amendment of
24 the MHSA Agreement to include the Information Component and Technological Needs Three
25 Year Program and Expenditure Plan.

1 RECOMMENDED:

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4 Mitchell Katz, M.D.

5 Director of Health
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Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angelo Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D.
Director of Health *MH Katz*

DATE: December 28, 2009

SUBJECT: Resolution to approve the MHSA Information Technology Plan and to authorize the amendment of the MHSA Agreement to include this plan in the agreement

GRANT TITLE: MHSA IT Component and Technology Proposals

Attached please find the original and 4 copies of each of the following:

- ☒ Proposed resolution, original signed by Department
- ☒ DMH Information Notice No. 08-21 Funding Augmentation to the MHSA Capital Facilities and Technological Needs and Additional Information for Request for Pre Development Funding for Capital Facilities
- ☒ DMH Information Notice No. 08-09 Three Year Program and Expenditure Plan Guidelines.
- ☒ DMH Information Notice No. 08-⁰²~~29~~ Planning Estimates for the Community Service and Supports component and the Capital Facilities/Technological Needs Component for the MHSA
- ☒ Other (Explain)
Resolution No. 90-08 (File No. 080122) *Section 5892*
- ☒ *MHSA IT Plan*
Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Maria Iyog-O'Malley, MHSA Coordinator

Phone: 255-3551

Interoffice Mail Address: CBHS, 1380 Howard Street, 4th Floor

Certified copy required Yes ☐

No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

July 24, 2008

DMH INFORMATION NOTICE NO.: 08-21

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: FUNDING AUGMENTATION TO THE MENTAL HEALTH
SERVICES ACT (MHSA) CAPITAL FACILITIES AND
TECHNOLOGICAL NEEDS AND ADDITIONAL INFORMATION
FOR REQUEST FOR PRE-DEVELOPMENT FUNDING FOR
CAPITAL FACILITIES

REFERENCE IMPLEMENTATION OF THE MHSA, WELFARE AND
INSTITUTIONS CODE (WIC) SECTIONS 5847, 5848, AND 5892

This Department of Mental Health (DMH) Information Notice provides notification of increase in planning estimates, clarification regarding pre-development costs, and instructions to county mental health programs to request additional funding for their Capital Facilities and Technological Needs Component of the Three-Year Program and Expenditure Plan of the Mental Health Services Act (Three-Year Plan).

DMH Information Notice 08-09 provided the proposed guidelines for the content of a County's Capital Facilities and Technological Needs Component of its Three-Year Plan. This Information Notice provides: I) increased Capital Facilities and Technological Needs Planning Estimates² for each County (Enclosure 1), II) instructions for requesting this additional funding, and, III) additional guidance to DMH Information Notice 08-09 regarding requests for pre-development funding including a Request for Capital Facilities Pre-Development Funds form (Enclosure 2A). This DMH Information Notice applies only to the Capital Facilities and Technological Needs Component of the County's Three-Year Plan.

¹ "County" means a County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or a city-operated program receiving funds per Welfare and Institutions Code Section 5701.5 (California Code of Regulations, Section 3200.090).

² "Planning Estimate" means the estimate provided by the Department to the County of the maximum amount of MHSA funding that the County can request.

I. Planning Estimates

An additional \$108.4 million is available for the Capital Facilities and Technological Needs Planning Estimates based on actual revenues received in the State Mental Health Service Fund (MHS Fund) through June 30, 2008, bringing the total funding for the component to \$453.4 million. Enclosure 1 includes the initial Capital Facilities and Technological Needs Planning Estimates identified in DMH Information Notice 08-02, the additional Planning Estimates identified through this Information Notice, and the total Capital Facilities and Technological Needs Planning Estimate for each County. No additional funding will be made available specifically for this component after the Planning Estimates identified in Enclosure 1 pursuant to Welfare and Institutions Code (WIC) 5892.

As described in DMH Information Notice 08-10, Counties may also request funds from the Community Services and Supports (CSS) component for Capital Facilities and/or Technological Needs projects beginning in FY 2008/09, provided that the total amount requested for prudent reserve, Capital Facilities and Technological Needs, and Workforce Education and Training does not exceed 20 percent of the average amount of funds allocated to the County for the previous five years (WIC 5892(b)). Any CSS funds approved for Capital Facilities and Technological Needs projects cannot be used for any other purpose. Funds that have been allocated for Capital Facilities and Technological Needs must be spent within ten years, or they will revert to the MHS Fund, pursuant to WIC 5892(h).

II. Instructions for Requesting Funds

To access the Capital Facilities and Technological Needs Planning Estimates identified in Enclosure 1, Counties should follow the process presented in DMH Information Notice 08-09. As described in that Information Notice, County mental health programs must have an approved Capital Facilities and Technological Needs Component Proposal prior to DMH approving a request for MHSF funds for a specific Capital Facilities or Technological Needs Project.

III. Additional Guidance

DMH Information Notice 08-09 transmits to Counties the proposed guidelines for Counties to submit their Capital Facilities and Technological Needs Component Proposal as well as the Capital Facilities and the Technological Needs Project Proposals for the County's Three-Year Plan. This Information Notice further clarifies a funding policy contained in those guidelines and provides additional methods for County to request pre-development funding.

DMH recognizes that there are specific pre-development costs associated with many Capital Facilities Projects that may be incurred prior to Capital Facilities Project Proposal approval. Page 6 of Enclosure 2 of DMH Information Notice 08-09 states "the specific, allowable pre-development costs are architectural, engineering, legal and environmental services, and costs associated with site control (e.g., security deposit on purchase agreement or on lease/rent-to-own agreement)." These specific pre-development costs, in addition to costs associated with consultant services to assist in the development of

Capital Facilities Project Proposal(s), are allowable expenditures to be funded independent of a Project Proposal.

In order for a County to submit a request for pre-development funding, the County must have an approved Capital Facilities and Technological Needs Component Proposal that includes the Capital Facilities segment. This request will be an Update to the Capital Facility and Technological Needs Component of the County's Three-Year Plan.

Alternatively, Counties may access pre-development funds associated with Capital Facilities projects through two already existing processes: 1) Counties may continue to use the process described in Information Notice 08-09 and be reimbursed for pre-development costs upon Capital Facilities Project Proposal approval, and/or 2) A County may classify these specific pre-development costs for a Capital Facilities project(s) as an administrative cost associated with supporting CSS programs and, therefore, an eligible CSS administrative expenditure. NOTE: To request CSS administrative funds for pre-development costs associated with a possible Capital Facilities project, Counties should follow the existing procedure for requesting CSS administrative funds (currently DMH Information Notices 08-10 and 08-16).

To request Capital Facilities funds for pre-development costs, submit an electronic copy of the Request for Capital Facilities Pre-Development Funds (Enclosure 2A) to DMH at the e-mail address below. Submit the signed original request for Capital Facilities Pre-Development Funds to:

California Department of Mental Health
Request for Capital Facilities Pre-Development Funds
Attn: Child and Family Program
1600 9th Street, Room 130
Sacramento, CA 95814
MHSA-CFTN@DMH.CA.GOV

The review and approval for a Request for Capital Facilities Pre-Development Funds will be completed within 30 days of submission.

For further information, clarification or questions about this Information Notice please contact your County Operations Liaison.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

Enclosure 1
Total MSHA Capital Facilities and Technological Needs Planning Estimates

	Initial Capital Facilities/Technological Needs Planning Estimates from DMH Info Notice 08-02	Additional Capital Facilities/Technological Needs Planning Estimates	Total Capital Facilities/Technological Needs Planning Estimates
Alameda	\$12,327,100	\$3,873,200	\$16,200,300
Alpine	\$600,000	\$188,500	\$788,500
Amador	\$600,000	\$188,500	\$788,500
Butte	\$1,849,700	\$581,200	\$2,430,900
Calaveras	\$600,000	\$188,500	\$788,500
Colusa	\$600,000	\$188,500	\$788,500
Contra Costa	\$7,778,300	\$2,443,900	\$10,222,200
Del Norte	\$600,000	\$188,500	\$788,500
El Dorado	\$1,235,800	\$388,300	\$1,624,100
Fresno	\$8,406,100	\$2,641,200	\$11,047,300
Glenn	\$600,000	\$188,500	\$788,500
Humboldt	\$1,068,100	\$335,600	\$1,403,700
Imperial	\$1,568,900	\$492,900	\$2,061,800
Inyo	\$600,000	\$188,500	\$788,500
Kern	\$7,165,600	\$2,251,400	\$9,417,000
Kings	\$1,254,300	\$394,100	\$1,648,400
Lake	\$600,000	\$188,500	\$788,500
Lassen	\$600,000	\$188,500	\$788,500
Los Angeles	\$99,684,800	\$31,322,200	\$131,007,000
Madera	\$1,367,200	\$429,600	\$1,796,800
Marin	\$1,893,900	\$595,100	\$2,489,000
Mariposa	\$600,000	\$188,500	\$788,500
Mendocino	\$704,500	\$221,400	\$925,900
Merced	\$2,385,600	\$749,600	\$3,135,200
Modoc	\$600,000	\$188,500	\$788,500
Mono	\$600,000	\$188,500	\$788,500
Monterey	\$3,882,200	\$1,219,800	\$5,102,000
Napa	\$1,031,000	\$323,900	\$1,354,900
Nevada	\$745,100	\$234,100	\$979,200
Orange	\$28,308,300	\$8,894,500	\$37,202,800
Placer	\$2,276,500	\$715,300	\$2,991,800
Plumas	\$600,000	\$188,500	\$788,500
Riverside	\$18,358,100	\$5,768,100	\$24,126,200
Sacramento	\$11,242,700	\$3,532,500	\$14,775,200
San Benito	\$600,000	\$188,500	\$788,500
San Bernardino	\$18,162,500	\$5,706,700	\$23,869,200
San Diego	\$28,417,800	\$8,928,900	\$37,346,700
San Francisco	\$6,313,100	\$1,983,600	\$8,296,700
San Joaquin	\$5,673,500	\$1,782,600	\$7,456,100
San Luis Obispo	\$2,168,000	\$681,200	\$2,849,200
San Mateo	\$5,539,300	\$1,740,400	\$7,279,700
Santa Barbara	\$3,830,200	\$1,203,400	\$5,033,600
Santa Clara	\$16,205,300	\$5,091,700	\$21,297,000
Santa Cruz	\$2,394,000	\$752,200	\$3,146,200
Shasta	\$1,501,000	\$471,600	\$1,972,600
Sierra	\$600,000	\$188,500	\$788,500
Siskiyou	\$600,000	\$188,500	\$788,500
Solano	\$3,417,500	\$1,073,800	\$4,491,300
Sonoma	\$3,741,900	\$1,175,700	\$4,917,600
Stanislaus	\$4,327,200	\$1,359,600	\$5,686,800
Sutter	\$687,000	\$215,900	\$902,900
Tehama	\$600,000	\$188,500	\$788,500
Trinity	\$600,000	\$188,500	\$788,500
Tulare	\$4,060,300	\$1,275,700	\$5,336,000
Tuolumne	\$600,000	\$188,500	\$788,500
Ventura	\$7,091,300	\$2,228,100	\$9,319,400
Yolo	\$1,730,800	\$543,800	\$2,274,600
Yuba	\$656,200	\$206,200	\$862,400
City of Berkeley	\$1,089,700	\$342,400	\$1,432,100
Tri-City	\$2,059,600	\$647,100	\$2,706,700
Total	\$345,000,000	\$108,400,000	\$453,400,000



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

March 14, 2008

DMH INFORMATION NOTICE NO.: 08-09

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: MENTAL HEALTH SERVICES ACT CAPITAL FACILITIES AND
TECHNOLOGICAL NEEDS COMPONENT - THREE-YEAR
PROGRAM AND EXPENDITURE PLAN GUIDELINES

REFERENCE: IMPLEMENTATION OF THE MHSA, WELFARE AND
INSTITUTIONS CODE (WIC) SECTIONS 5847, 5848, AND 5892

This Department of Mental Health (DMH or the Department) Information Notice transmits to Counties¹ the proposed guidelines for Counties to submit their Capital Facilities and Technological Needs Component Proposal and the Capital Facilities and Technological Needs Project Proposals of the Three-Year Program and Expenditure Plan of the Mental Health Services Act (MHSA). Proposed guidelines are included as **Enclosure 1, Enclosure 2, and Enclosure 3.**

Per Welfare and Institutions Code Section 5848, the DMH establishes the requirements for the content of the Three-Year Program and Expenditure Plan. These guidelines have been developed by means of a comprehensive stakeholder process and represent the input received through statewide conference calls, workgroups, general meetings, and written comments. While consensus was not possible on all issues, the process allowed all perspectives to be heard and resulted in significant revisions to the document. This DMH Information Notice applies only to the Capital Facilities and Technological Needs Component Proposal and the Capital Facilities and Technological Needs Project Proposals. Consistent with the sequential phasing for each of the MHSA components, the next scheduled implementation is the Capital Facilities and Technological Needs Component of the Three-Year Program and Expenditure Plan.

1. "County" means the county mental department, two or more county mental health departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code section 5701.5. (Title 9, California Code of Regulations § 3200.060)

DMH INFORMATION NOTICE NO.: 08-09

March 14, 2008

Page 2

Capital Facilities and Technological Needs is one of five components of the MHSA. It is part of a broad continuum including Community Services and Supports, Prevention and Early Intervention, Education and Training, and Innovative Programs that are addressed by the MHSA. Each component eventually will be part of a comprehensive, integrated approach to community mental health services and supports and an integrated Three-Year Program and Expenditure Plan. Each component must reflect the ideology and values of the MHSA. All components must be accountable for the outcomes specified in the MHSA.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.

Director

Enclosures: 1. Capital Facilities and Technological Needs Component Proposal(s)
2. Capital Facilities Project Proposal(s)
3. Technological Needs Project Proposal(s)

cc: California Mental Health Planning Council
California Mental Health Director's Association
Mental Health Services Oversight and Accountability Commission
Elaine Bush, Chief Deputy Director
Denise Arend, Deputy Director, Community Services
Carol Hood, Assistant Deputy Director, Community Program Development
Michael Borunda, Assistant Deputy Director, Community Program Support

**Mental Health Services Act (MHSA)
Capital Facilities and Technological Needs**

**PROPOSED GUIDELINES
for completing the
CAPITAL FACILITIES AND TECHNOLOGICAL
NEEDS COMPONENT PROPOSAL
of the
COUNTY'S THREE-YEAR PROGRAM AND
EXPENDITURE PLAN**

March 18, 2008

**Mental Health Services Act
Capital Facilities and Technological Needs
Component Proposal**

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PART I: PURPOSE AND BACKGROUND

Purpose: The purpose of this document is to set forth proposed guidelines for the submission of the Capital Facilities and Technological Needs Component Proposal that each County mental health department shall submit as part of its Three-Year Program and Expenditure Plan (Three-Year Plan). The Component Proposal encompasses Capital Facilities and Technological Needs together pursuant to direction provided further in this document. The Component Proposal must provide an overview of how the County expects to utilize the available funding and how the Component Proposal supports the goals of the Mental Health Services Act (MHSA) as stated in the County's Three-Year Program and Expenditure Plan. Funding requests to support this Component Proposal will be made via Capital Facilities and/or Technological Needs Project Proposal(s). See Enclosures 2 (Capital Facilities) and 3 (Technological Needs) of this Department of Mental Health (DMH, Department) Information Notice for information regarding the submission of the Project Proposals.

Background: The MHSA provides funding for services and resources that promote wellness, recovery, and resiliency for adults and older adults with severe mental illness and for children and youth with serious emotional disturbances and their family members. A portion of the MHSA funds have been specifically set aside for Capital Facilities and Technological Needs pursuant to Welfare and Institutions Code (WIC) Section 5892(a)(2) to promote the efficient implementation of the MHSA. Beginning Fiscal Year 2008/2009, Counties may use a portion of their MHSA Community Services and Support (CSS) funding for capital facilities and technological needs as specified in Section 5892(b).

Each County's Capital Facilities and Technological Needs Component Proposal and the Capital Facilities and/or Technological Needs Project Proposals must support the goals of the MHSA and the provision of MHSA services. The planned use of the Capital Facilities and Technological Needs funds should produce long-term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups. These efforts include development of a variety of technology uses and strategies and/or of community-based facilities which support integrated service experiences that are culturally and linguistically appropriate. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based, less restrictive settings that will reduce the need for incarceration or institutionalization, and the development of a technological infrastructure for the mental health system to facilitate the highest quality, cost-effective services and supports for clients and their families.

The long-term goal of DMH is to develop an Integrated Information Systems Infrastructure where all counties can securely access and exchange information. This infrastructure will provide the local service sites with client demographic information, locations of previous services and critical clinical information for

coordination of care purposes. The infrastructure will allow different County systems to share information across a secure network environment both inside and outside their respective counties. Counties and their contract medical and mental health providers, hospital emergency departments, laboratories, pharmacies, clients and their families could all securely access and exchange information through the infrastructure.

The foundation for an Integrated Information Systems Infrastructure is the Electronic Health Record (EHR) system, which is a secure, real-time, point-of-care, client-centric, information resource for service providers. The goals of MHSA will be achieved as Counties assess their current state of technological readiness and develop and implement roadmaps for technological improvements over time. The *Roadmap* will define the plan, schedule and approach to achieving an Integrated Information Systems Infrastructure. It will include proposed project milestones and cost estimates as well as plans for vendor selection, training, communication, and workflow assessment (see Enclosure 3 for more details on the *Roadmap*).

PART II: PLANNING ESTIMATE AND PROPOSAL FUNDING

WIC Sections 5892(a)(2) and 5892(e) identify the percentage of MHSA revenues reserved for the Capital Facilities and Technological Needs Component Proposal. At this time, the maximum amount of Capital Facilities and Technological Needs funding available to each County is provided in the DMH Information Notice 08-02. County mental health programs must submit a Capital Facilities and Technological Needs Component Proposal (Enclosure 1), which must be approved by DMH in order for DMH to approve a request for MHSA funding under this Component Proposal via Capital Facilities Project Proposal(s) (Enclosure 2) and/or Technological Needs Project Proposal(s) (Enclosure 3). The sum of all project proposal funding requests may not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for each County. Pursuant to Section WIC 5892(h) MHSA funds dedicated to the Capital Facilities and Technological Needs Component Proposal must be used within ten years or they will revert back to the State Mental Health Services Fund (MHS Fund) for redistribution to all participating Counties.

The amount shown in DMH Information Notice 08-02 represents the initial funding amount for the Capital Facilities and Technological Needs Component Proposal based on actual deposits into the State MHS Fund through July 2, 2007. Additional MHSA funding will be identified for the Capital Facilities and Technological Needs Component Proposal in the future based on actual deposits into the State MHS Fund through June 30, 2008. Counties may access the additional Capital Facilities and Technological Needs funding through Project Proposals which serve as updates to the Three-Year Plans. Counties also may request funds from the Community Services and Supports Component for Capital Facilities and Technological Needs beginning in FY 2008-09 provided that the total amount requested for capital facilities and technological needs, workforce education and training needs and the Prudent Reserve does not exceed 20

percent of the average amount of funds allocated to the County for the previous five years (WIC Section 5892(b)).

Capital Facilities and Technological Needs projects that benefit more than only the mental health system must include revenues from other funding sources so that the net cost to the MHSA is reflective of the benefit received by the mental health system. The County should use a reasonable allocation approach to determine the share of a Project's cost related to the MHSA, such as percentage of square feet or the number of clients served within programs (e.g. Mental Health clients versus Primary Health Care). The County must also comply with WIC Section 5891 and Section 3410 of Title 9 of the California Code of Regulations (CCR) addressing County obligations regarding non-supplantation.

PART III: CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS COMPONENT PROPOSAL REQUIREMENTS

Each County will be responsible for submitting a Capital Facilities and Technological Needs Component Proposal. The Component Proposal will provide an overview of future Capital Facilities and Technological Needs projects. The County is expected to draft a Capital Facilities and Technological Needs Component Proposal that will identify the County's capital facilities and technological needs within the overall Capital Facilities and Technological Needs Planning Estimate by reviewing the initial CSS stakeholder process and CSS Component and priorities, including any work done with Prevention and Early Intervention and/or Innovation and CSS One-Time Technology Funding, and the input from the Capital Facilities and Technological Needs Component Proposal stakeholder process. Counties may submit a Component Proposal that addresses both their capital facilities and technological needs or only one segment of the component. Since Counties may begin their Capital Facilities and Technological Needs stakeholder processes at different times, they may later update their Component Proposal as long as they remain within their overall Planning Estimate and submit updates to any impacted project proposals. Project Proposals may be submitted with the Component Proposal or separately as updates to the Three Year Plan.

Exhibit Descriptions

For submission of a complete Capital Facilities and Technological Needs Component Proposal, the County should complete the following exhibits:

Component Exhibit 1. Face Sheet

This exhibit is a signed verification by the County's mental health director that all requirements for the Capital Facilities and Technological Needs Component Proposal have been considered and will be followed. It also provides the name and contact information of the director's designated point of contact for all matters related to this Component Proposal.

Component Exhibit 2. Narrative

Submit a narrative which addresses the following:

1. Framework and Goal Support:

Submit a brief narrative that provides a conceptual overview of how the County plans to use the Capital Facilities and/or Technological Needs Component funds to support the provision of programs and services to be implemented through the MHSA. Include how the component will produce long-term impacts with lasting benefits that move the mental health system towards the goals of expansion of opportunities for accessible community-based services for clients and their families.

Include a proposed distribution of funds between Capital Facilities and Technological Needs.

2. Stakeholder Involvement:

Include a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs priorities in accordance with Title 9 (Sections 3300, 3310, and 3315) of the California Code of Regulations.

Component Exhibit 3. Capital Facilities Needs Listing

Submit a listing of capital facility needs. The listing may include, but is not limited to:

- Types and numbers of facilities needed
- Possible County locations for needed facilities
- MHSA programs and services to be provided or if need administrative offices
- Target populations to be served

Component Exhibit 4. Technological Needs Listing

Submit a listing of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed in Exhibit 4 and described in further detail in Enclosure 3.

PART IV: PLANNING AND SUBMISSION GUIDELINES

Planning

The comprehensive planning process undertaken by Counties in developing the initial CSS Component of their Three-Year Program and Expenditure Plan should provide the foundation for future planning processes. Counties are encouraged to develop on-going planning and monitoring stakeholder committees, and to use and augment these groups as needed for the particular planning and oversight expertise for each MHSA Component Proposal. Planning processes for new Component Proposals and on-going planning for all Component Proposals should continually augment and strengthen what is already in place. In this way, Counties will be able to develop an informed constituency, while continually reaching out to broaden diversity and expertise.

The local planning for proposed Capital Facilities and Technological Needs expenditures should revisit the priorities and discussions documented in previous MHSA planning processes. As Counties move toward modernization and transformation of their infrastructure and address the goal of increasing client and family empowerment, reducing disparities, and increasing access and appropriateness of care, they should focus upon getting additional input from stakeholders with experience and expertise in these subject areas. The County shall ensure that on-going stakeholder committees and/or key stakeholders are informed and directly involved regarding recommendations for proposed projects.

Consistent with MHSA statutory requirements WIC Sections 5848(a) and (b) and Title 9, CCR Sections 3300 and 3315, each County Capital Facilities and Technological Needs Component Proposal and each Capital Facilities Project Proposal and Technological Needs Project Proposal shall be developed with local stakeholders and made available in draft form and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the documents. Pursuant to WIC Section 5848(b), the local mental health board shall conduct a public hearing on the draft Capital Facilities and Technological Needs Component Proposal. The County shall submit a summary and analysis of any substantive revisions made to their proposed Component Proposal as a result of stakeholder input. No public hearing is required for Capital Facilities Project Proposals and Technological Needs Project Proposals submitted as updates to the approved Three-Year Plan. As noted in DMH Information Notice 06-13, funds are available for technology planning and assessment consultants to assist in the planning process.

Submission

Capital Facilities and Technological Needs Component Proposals should be submitted to the Department electronically, with one unbound paper copy that includes the appropriate signatures. Capital Facilities and Technological Needs Component Proposals will not be accepted via fax. The electronic copy of the Capital Facilities and Technological Needs Component Proposal should be emailed to DMH at the address below. An original of the completed Capital

Facilities and/or Technological Needs Component Proposal should be submitted to:

**California Department of Mental Health,
Capital Facilities and Technological Needs Component Proposal
Attn: Child and Family Program
1600 9th Street, Room 130
Sacramento, CA 95814**

MHSA-CFTN@DMH.CA.GOV

Submitted Capital Facilities and Technological Needs Component Proposals must include all four Component Exhibits.

Funds Issued After Approval

DMH Information Notice 08-02 lists a maximum amount of MHSA funding available for the County's Capital Facilities and Technological Needs Component Proposal. To receive funding the Counties must obtain DMH approval for their proposed Capital Facilities and Technological Needs Component Proposal and Project Proposal. The approved amount will be included in the executed MHSA Agreement.

Except for specified pre-development costs, Capital Facility expenditures made prior to Capital Facilities Component Proposal and subsequent Capital Facilities Project Proposal approval are not allowed. The specific, allowable pre-development costs are architectural, engineering, legal and environmental services and costs associated with site control, e.g., security deposit on purchase agreement or lease (rent) to own agreement. These costs will be reimbursable upon Capital Facilities Project Proposal approval and execution of a MHSA Agreement and shall be included in the proposed project budget and overall project cost.

Review and Approval

The review and approval process for the Capital Facilities and Technological Needs Component Proposal will be completed within sixty days assuming the County provides timely response for any additional information requested by DMH. Staff from DMH, with review and comment from the MHSA Oversight and Accountability Commission (OAC), will work closely with County staff to assist with submission, identify any needed additional information, and obtain Plan approval.

If you have further questions regarding these proposed guidelines for the Capital Facilities and Technological Needs Component Proposal, please contact your County Operations Liaison.

Component Exhibit 1**Capital Facilities and Technological Needs Face Sheet**

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

County: _____ Date: _____

County Mental Health Director:

Printed Name

Signature

Date: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

E-mail: _____

Contact Person: _____

Phone: _____

Fax: _____

E-mail: _____

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

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

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

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

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

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

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

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

Date: _____ **Signature** _____
Local Mental Health Director

Executed at:

Component Exhibit 2**COMPONENT PROPOSAL NARRATIVE****1. Framework and Goal Support**

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

Proposed distribution of funds:

Capital Facilities	\$ _____	or	_____ %
Technological Needs	\$ _____	or	_____ %

Component Exhibit 2 (continued)**2. Stakeholder Involvement**

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

Component Exhibit 3**COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING**

Please list Capital Facility needs (ex: types and numbers of facilities needed, possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.) See example table below.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs & Services to be Provided	Target Populations to be Served
Wellness Centers	Two	Northern County	Youth Advocacy	TRAY

Component Exhibit 4**COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS**

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

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

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

➤ **Client and Family Empowerment Projects**

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

➤ **Other Technology Projects That Support MHSA Operations**

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



CALIFORNIA DEPARTMENT OF

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

January 31, 2008

DMH INFORMATION NOTICE NO.: 08-02

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: PLANNING ESTIMATES FOR THE COMMUNITY SERVICES AND
SUPPORTS COMPONENT (FY2008/09) AND THE CAPITAL
FACILITIES/TECHNOLOGICAL NEEDS COMPONENT
(FY2007/08) OF THE MENTAL HEALTH SERVICES ACT

REFERENCE IMPLEMENTATION OF THE MHSA, WELFARE AND
INSTITUTIONS CODE (WIC) SECTION 5847, 5848, AND 5892

This Department of Mental Health (DMH) Information Notice transmits the Mental Health Services Act (MHSA) Planning Estimates¹ for the Fiscal Year (FY) 2008/09 Community Services and Supports (CSS) component (Enclosure 1) and the FY 2007/08 Capital Facilities/Technological Needs component (Enclosure 2) of the integrated Three-Year Program and Expenditure Plan. DMH is providing this information so that counties² can prepare their FY 2008/09 local budgets.

The aggregate statewide FY 2008/09 funding level for CSS is a total of \$553.9 million which is an increase of \$100.1 million over the annual FY 2007/08 CSS Planning Estimates provided in DMH Letter No.: 06-09. The aggregate statewide FY 2007/08 funding level for Capital Facilities/Technological Needs is \$345.0 million which represents the initial funding released for this component.

The Planning Estimates for the increase in CSS funding and the Capital Facilities/Technological Needs funding are based on the previously used methodology updated with

¹ Planning Estimates are the estimates provided by the Department to each County as to the maximum amount of MHSA funding by component that the County can request through its Three-Year Program and Expenditure Plan.

² "County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per WIC Section 5701.5 (California Code of Regulations, Section 3200.090).

the most current information from state or national databases. The Planning Estimates include the following factors that have been weighted:

1. The need for mental health services in each County based on:
 - a. Total Population of each County on January 1, 2007 as reported by the State of California, Department of Finance, *E-1 City / County Population Estimates, with Annual Percent Change, January 1, 2006 and 2007*. Sacramento, California, May 2007.
 - b. Population most likely to apply for services, which represents the sum of:
 - 1) The poverty population as defined as households with incomes below 200% of the federal poverty level as reported in the 2000 U.S. Census Bureau survey updated to reflect the 2007 population, and
 - 2) The uninsured population (persons who did not have insurance at any time in the past year and persons who had insurance only part of the past year) with incomes above 200% of the federal poverty level as reported through the 2005 California Health Interview Survey (CHIS) based at UCLA Center for Health Policy Research in Los Angeles, California.
 - c. Population most likely to access services, which represents the prevalence of mental illness among different age groups and ethnic populations of poverty households in each County as estimated through a study conducted by Dr. Charles Holzer, Ph.D. in 2000. The 2000 results were updated to reflect the 2007 population.
2. Adjustments to the need for mental health services in each County based on:
 - a. The cost of being self-sufficient in each County relevant to the statewide average as reported through *The Self-Sufficiency Standard for California 2003*, December 2003, a project of the National Economic Development and Law Center. A weighted average of households with one single childless adult (67%) and a single adult with two children (33%) was used to develop the adjustment.
 - b. The available resources provided either by or through the Department of Mental Health to each County in FY 2007/08, including realignment funding, State General Fund Managed Care allocations, other State General Fund Community Services allocations (such as AB3632 funding), federal SAMHSA block grants, federal PATH grants, FY 2004/05 Early and Periodic Screening Diagnosis and Treatment (EPSDT) State General Funds, and the FY 2007/08 CSS Planning Estimates from DMH Letter No.: 06-09. (Medi-Cal federal financial participation is excluded.)

To provide a base level of funding for less populous counties, from the additional \$100.1 million available for CSS in FY 2008/09, a minimum CSS Planning Estimate of \$150,000 is available to each County with a population of less than 20,000 and \$250,000 is available to each County with a population of greater than 20,000 but less than 100,000. A minimum

DMH INFORMATION NOTICE NO.: 08-02

January 31, 2008

Page 3

Capital Facilities/Technological Needs Planning Estimate of \$600,000 is available to each County (\$300,000 each for Capital Facilities and Technological Needs).

The Planning Estimates for the two city-operated programs (Tri-City and the City of Berkeley) are based solely on the percent of statewide population in the area served by each city in 2007.³

DMH will issue guidelines in the near future on the process counties should follow to request funds. Counties may not incur expenditures prior to obtaining approval of their Plans or updates from the DMH and a fully executed MHSA Agreement or amendment to an existing Agreement.

If you have any further questions, please contact your County Operations liaison identified on the following internet site: http://www.dmh.ca.gov/Provider_Info/default.asp.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

³ The City of Berkeley serves the cities of Berkeley and Albany and Tri-City serves the cities of Claremont, La Verne and Pomona.

Enclosure 2
FY 2007-08 MHSA Capital Facilities and
Technological Needs Planning Estimates^{a/}

	Planning Estimates
Alameda	\$12,327,100
Alpine	\$600,000
Amador	\$600,000
Butte	\$1,849,700
Calaveras	\$600,000
Colusa	\$600,000
Contra Costa	\$7,778,300
Del Norte	\$600,000
El Dorado	\$1,235,800
Fresno	\$8,406,100
Glenn	\$600,000
Humboldt	\$1,068,100
Imperial	\$1,568,900
Inyo	\$600,000
Kern	\$7,165,600
Kings	\$1,254,300
Lake	\$600,000
Lassen	\$600,000
Los Angeles	\$99,684,800
Madera	\$1,367,200
Marin	\$1,893,900
Mariposa	\$600,000
Mendocino	\$704,500
Merced	\$2,385,600
Modoc	\$600,000
Mono	\$600,000
Monterey	\$3,882,200
Napa	\$1,031,000
Nevada	\$745,100
Orange	\$28,308,300
Placer	\$2,276,500
Plumas	\$600,000
Riverside	\$18,358,100
Sacramento	\$11,242,700
San Benito	\$600,000
San Bernardino	\$18,162,500
San Diego	\$28,417,800
San Francisco	\$6,313,100
San Joaquin	\$5,673,500
San Luis Obispo	\$2,168,000
San Mateo	\$5,539,300
Santa Barbara	\$3,839,200
Santa Clara	\$16,205,300
Santa Cruz	\$2,394,000
Shasta	\$1,501,000
Sierra	\$600,000
Siskiyou	\$600,000
Solano	\$3,417,500
Sonoma	\$3,741,900
Stanislaus	\$4,327,200
Sutter	\$687,000
Tehama	\$600,000
Trinity	\$600,000
Tulare	\$4,060,300
Tuolumne	\$600,000
Ventura	\$7,091,300
Yolo	\$1,730,800
Yuba	\$656,200
City of Berkeley	\$1,089,700
Tri-City	\$2,059,600
Total	\$345,000,000

^{a/} Minimum Planning Estimate of \$600,000 (\$300,00 each for Capital Facilities and Technological Needs).

Resolution 90-08

- (e) Share of costs for services pursuant to Parts 3 and 4 shall be determined in accordance with the Uniform Method for Determining Ability to Pay applicable to other publicly funded mental health services, unless such Uniform Method is replaced by another method of determining co-payments, in which case the new method applicable to other mental health services shall be applicable to services pursuant to Parts 3 and 4.

5891.

The funding established pursuant to this Act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services. The state shall continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations from the General Fund and formula distributions of dedicated funds as provided in the last fiscal year which ended prior to the effective date of this Act. The state shall not make any change to the structure of financing mental health services, which increases a county's share of costs or financial risk for mental health services unless the state includes adequate funding to fully compensate for such increased costs or financial risk. These funds shall only be used to pay for the programs authorized in Section 5892. These funds may not be used to pay for any other program. These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by Section 5892.

5892.

- (a) In order to promote efficient implementation of this Act allocate the following portions of funds available in the Mental Health Services Fund in 2005-06 and each year thereafter:

FY 05/06 - 06/07 / 07/08

- (1) In 2005-06, 2006-07, and in 2007-08 10% shall be placed in a trust fund to be expended for education and training programs pursuant to Part 3.1.
- (2) In 2005-06, 2006-07 and in 2007-08 10% for capital facilities and technological needs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association to implement plans developed pursuant to Section 5847.
- (3) 20% for Prevention and Early Intervention Programs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association pursuant to Part 3.6. Each county's allocation of funds shall be distributed only after its annual program for expenditure of such funds has been approved by the Oversight and Accountability Commission established pursuant to Section 5845.
- (4) The allocation for Prevention and Early Intervention may be increased in any county which the department determines that such increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase. The statewide allocation for Prevention and Early Intervention may be increased whenever the Oversight and Accountability Commission determines that all counties are receiving all necessary funds for services to severely mentally ill persons and have established prudent reserves and there are additional revenues available in the Fund.
- (5) The balance of funds shall be distributed to county mental health programs for services to persons with severe mental illnesses pursuant to Part 4 for the Children's System of Care and Part 3, for the Adult and Older Adult System of Care.

10% - Ed + Trng

10% - Capital facilities

10% - Innovative tech needs

20% - Prevention and Early Intervention

SS

007. - COS + Adult + OASC

- (6) 5% percent of the total funding for each county mental health program for Parts 3, 3.6 and 4 shall be utilized for Innovative Programs pursuant to an approved plan required by Section 5830 and such funds may be distributed by the department only after such programs have been approved by the Oversight and Accountability Commission established pursuant to Section 5845.
- (b) In any year after 2007-08, programs for services pursuant to Parts 3 and 4 may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20% of the average amount of funds allocated to that county for the previous five years pursuant to this Section.
- (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848. The total of such costs shall not exceed 5% of the total of annual revenues received for the Fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Parts 3 and 4.
- (d) Prior to making the allocations pursuant to subdivisions (a), (b) and (c), the department shall also provide funds for the costs for itself, the Mental Health Planning Council and the Oversight and Accountability Commission to implement all duties pursuant to the programs set forth in this section. Such costs shall not exceed 5% of the total of annual revenues received for the Fund. The administrative costs shall include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery or access to services. The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Parts 3, 3.6 and 4.
- (e) In 2004-05 funds shall be allocated as follows:
- (1) 45% for Education and Training pursuant to Part 3.1.
 - (2) 45% for Capital Facilities and Technology Needs in the manner specified by paragraph (2) of subdivision (a).
 - (3) 5% for Local Planning in the manner specified in Subdivision (c) and
 - (4) 5% for State Implementation in the manner specified in subdivision (d)
- (f) Each county shall place all funds received from the state Mental Health Services Fund in a local Mental Health Services Fund. The Local Mental Health Services Fund balance shall be invested consistent with other county funds and the interest earned on such investments shall be transferred into the Fund. The earnings on investment of these funds shall be available for distribution from the Fund in future years.
- (g) All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847.
- (h) Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which have not been spent for their authorized purpose within three years shall revert to the state to be deposited into the Fund and available for other counties in future years, provided however, that funds for

capital facilities, technological needs or education and training may be retained for up to ten years before reverting to the Fund.

- (i) If there are still additional revenues available in the fund after the Oversight and Accountability Commission has determined there are prudent reserves and no unmet needs for any of the programs funded pursuant to this Section, including all purposes of the Prevention and Early Intervention Program, the Commission shall develop a plan for expenditures of such revenues to further the purposes of this Act and the Legislature may appropriate such funds for any purpose consistent with the Commission's adopted plan which furthers the purposes of this act.
- 5893. (a) In any year in which the funds available exceed the amount allocated to counties, such funds shall be carried forward to the next fiscal year to be available for distribution to counties in accordance with Section 5892 in that fiscal year.
- (b) All funds deposited into the Mental Health Services Fund shall be invested in the same manner in which other state funds are invested. The Fund shall be increased by its share of the amount earned on investments.
- 5894. In the event that Parts 3 or 4 are restructured by legislation signed into law before the adoption of this measure, the funding provided by this measure shall be distributed in accordance with such legislation; provided, however that nothing herein shall be construed to reduce the categories of persons entitled to receive services.
- 5895. In the event any provisions of Part 3 or Part 4 of this Division are repealed or modified so the purposes of this Act cannot be accomplished, the funds in the Mental Health Services Fund shall be administered in accordance with those sections as they read on January 1, 2004.
- 5897. (a) Notwithstanding any other provision of state law, the Department of Mental Health shall implement the mental health services provided by Parts 3, 3.6 and 4 of this Division through contracts with county mental health programs or counties acting jointly. A contract may be exclusive and may be awarded on a geographic basis. As used herein a county mental health program includes a city receiving funds pursuant to Section 5701.5
- (b) Two or more counties acting jointly may agree to deliver or subcontract for the delivery of such mental health services. The agreement may encompass all or any part of the mental health services provided pursuant to these parts. Any agreement between counties shall delineate each county's responsibilities and fiscal liability.
- (c) The department shall implement the provisions of Parts 3, 3.2, 3.6 and 4 of this Division through the annual county mental health services performance contract, as specified in Part 2, Chapter 2, Section 5650 et seq.
- (d) When a county mental health program is not in compliance with its performance contract, the department may request a plan of correction with a specific time-line to achieve improvements.
- (e) Contracts awarded by the Department of Mental Health, the California Mental Health Planning Council, and the Mental Health Services Oversight and Accountability Commission pursuant to Parts 3, 3.1, 3.2, 3.6, 3.7, 4, and 4.5 may be awarded in the same manner in which contracts are awarded pursuant to Section 5814 and the provisions of subdivisions (g) and (h) of Section 5814 shall apply to such contracts.
- (f) For purposes of Section 5775, the allocation of funds pursuant to Section 5892 which are used to provide services to Medi-Cal beneficiaries shall be included in calculating anticipated county matching funds and the transfer to the department



City and County of San Francisco
Department of Public Health

Community Behavioral Health Services

Mental Health Services Act (MHSA)

INFORMATION TECHNOLOGY COMPONENT

AND

TECHNOLOGICAL NEEDS PROJECT PROPOSALS

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Component Exhibit 1

Print Form

Capital Facilities and Technological Needs Face Sheet

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

County: San Francisco

Date: Dec 17, 2009

County Mental Health Director:

Printed Name: Robert P. Cabaj, MD

Signature: Robert P. Cabaj, MDDate: 12/18/09

Mailing Address: 1380 Howard Street

Room 545

City San Francisco

State California

Zip code: 94103

Phone Number: +1 (415) 255-3447

Fax: +1 (415) 255-3567

Email: bob.cabaj@sfdph.org

Contact Person: Molly Bode

Phone: +1 (415) 255-3420

Fax: +1 (415) 255-3567

Email: molly.bode@sfdph.org

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

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

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

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

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

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

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

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

Date: Jan 4, 2010

Local Mental Health Director's Signature: _____

Executed at: Pending stakeholder and Board of Supervisor review



City and County of San Francisco
Department of Public Health

Community Behavioral Health Services

Component Exhibit-3

Mental Health Services Act (MHSA) INFORMATION TECHNOLOGY COMPONENT AND TECHNOLOGICAL PROJECT PROPOSAL

**EXHIBIT 1 - FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL**

County Name: San Francisco

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

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

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR 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 section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director

Name: Robert P. Cabaj, M.D.

Signed: Robert P. Cabaj M.D.Telephone: 415 255- 3447Email: bob.cabaj@sfdph.org

Date

12/18/09**Chief Information Officer /Security Officer**

Name: Dave Counter

Signed: Dave CounterTelephone: 415 255-3575Email: dave.counter@sfdph.org

Date

1/4/10**HIPPA Privacy Officer**

Name: Maria X Martinez

Signed: Maria X MartinezTelephone: 415 255-3706Email: maria x martinez@sfdph.org

Date

1/4/10

Exhibit 2. Technological Needs Assessment

San Francisco Plan to achieve an Integrated Information Systems Infrastructure (IISI) to support MHSA Services and Description of Need.

1. County Technology Strategic Plan

The interdependence of billing, eligibility and clinical records is more important now than at any previous time. Federal and State legislation requires detailed and specific clinical information be correlated with billing records at the client, service and claims levels. This correlation can only be fully supported in an electronic record that provides work flow tracking, prompts, alerts and reminders to clinicians to select the services for which each client is eligible and enter all required documentation to support the service billed. Regulations place increasing demands on clinicians to provide and document services using evidence-based practices (EBP) and to measure outcomes of care. Included with these demands is the need to provide for greater consumer input to the healthcare planning process and record.

The San Francisco Department of Public Health, Management Information Systems (DPH MIS) strategic plan responds to all of these issues on a Department-wide level and includes, as a high priority, the CBHS projects described below.

See The San Francisco DPH strategic IT plan: DPH_COIT Strat Plan 2009, attachment 01

The goals of the Community Behavioral Health Services (CBHS) Information Systems are to (1) Have sufficient computing resources available to every clinician in order to make possible real-time use of an "EHR" (Electronic Health Record) for coordination of client care and documentation of all health records, including ePrescribing; (2) Provide for full compliance with all billing, privacy, security and health information management regulations; (3) Provide consumer and family member access to health information; (4) Facilitate consumer access to services; (5) Enhance consumer-provider communications.

Responding to these issues and goals, and the need to replace an aged billing information system and add components of an interoperable electronic health record, DPH MIS and CBHS Administration developed a Request For Proposals (RFP) and, after a lengthy vendor selection process, entered into a \$9.8 million contract in August 2008, with Netsmart of New York, to acquire and implement the Avatar suite of products: Practice Management, Clinicians Work Station, Management of Services Organization, Addiction Management, Infoscriber, Avatar Mobile, Executive Reporting System, Data Warehouse, General Ledger and Web services, henceforth called the "SF Avatar" project.

San Francisco provided due diligence in selecting Netsmart which is one of the few vendors with specific Short Doyle Medi-Cal billing experience offering a distinct behavioral health electronic record that is certified and meets the EHR functional and interoperability standards that address the ability to access, exchange and assure security in the use of clinical information.

CBHS Civil Service programs, contract agencies, and CBHS consumers and family members* are included in the work groups and committees assigned to design and implement SF Avatar. \$9.8 million for this project is funded in the DPH base budget. SF Avatar is designed to drive the Behavioral Health Information System (BHIS) from point of entry through registration, eligibility determination, clinical record keeping, billing, revenue collection, accounting, reporting, administrative and clinical decision support, quality management, and research and outcomes reporting.

The San Francisco Mental Health Services Act (MHSA) Information Technology (IT) component will fund a NetSmart propriety consumer portal known as Consumer Connect. Consumer Connect provides consumers the ability to view their health records and communicate with providers via a web-based system that is accessible to them at anytime, from any computer.

The timeline for the SF Avatar project and full Electronic Health Record is included here as the Technology Needs Roadmap, page 17.

(*Note: for the remainder of this document, the term “consumer” is used to mean consumer and/or authorized family member.)

Current Technology Assessment:

List below or attach the current technology systems in place.

- 1.1 Systems overview:
- 1.2 Hardware:
- 1.3 Software:

CBHS currently operates in a complex IT environment composed primarily of INSYST, the Mental Health/Substance Abuse billing system; eCura, a Mental Health managed care application; OBOT, the Office Base Opiate Addiction Treatment management application and several small applications and databases developed locally or with the State to manage specific programs.

In addition to the CBHS network, CBHS systems are accessible on the same network as the county operated primary care clinics, community consortium of clinics, San Francisco General Hospital, Laguna Honda Hospital, Jail Health Services, Emergency Medical System, prevention and health populations, and social services that form the basis for the Community Health Services (CHS) Division of the San Francisco DPH. Several databases have been created to form linkages to these various systems with the primary objective of coordinating care within the Department of Public Health’s complex service delivery structure.

The Department of Public Health follows standard practices in each of the listed technology areas:

WAN - DPH Network consists of mostly F-ATM, and point to point connections into the DPH datacenter located at 1380 Howard Street.

- Remote Access - Remote Access is provided through IP Sec VPN connections using Checkpoint Secure Remote, SSL VPN connections through Juniper SSL Gateways, Citrix Secure Gateway and a small number of dial-up users.
- Network Equipment - DPH is almost entirely run on Cisco networking equipment. DPH only purchases Cisco, but there are a few existing older servers made by other manufacturers.
- Server - Standard server hardware is made by HP or IBM and we use stand-alone and blade server technologies.
- Storage and Backup - DPH uses IBM and Xiotech Storage arrays and we use Veritas NetBackup and CommVault for backup.
- Workstations - DPH standard workstations are manufactured by Dell and HP running Windows XP or VISTA operating systems.
- Network OS - Authentication, file and print services run on Windows 2000/2003/2008 operating systems and our directory service is Active Directory.

All technology related purchases are reviewed and approved by DPH and the City and County of San Francisco (CCSF) Department of Telecommunication and Information Systems (DTIS). Network and Enterprise- Level Technology infrastructure items are designed and implemented by DPH IT staff in collaboration with technology vendors and the CCSF DTIS.

The SF Avatar servers are on Windows Server 2008.

The Department's strategic direction is to move to MS Windows 2008 networking in a Native Active Directory environment for identification and security management.

The capability of any new product to integrate administrative functions with Active Directory will be necessary. BHIS is currently planning a move to a Citrix thin client method of application delivery for delivery of services to remote end-users.

The department operates on a internet compliant network. Many remote users connect to the network via a special server through dialups of various speeds. DPH MIS has recently completed a data center upgrade as an MHSA one time funded project and is currently upgrading networking and infrastructure at Community Programs remote sites. This will include new Cisco security appliances, routers, and switches. This upgrade also includes the purchase of faster data circuits between sites.

A Virtual Private Network implementation is currently being tested with remote sites.

Additional Hardware:

Several hundred personal computers and printers are currently deployed in the clinical, billing and administrative areas of CBHS. The current PCs are a mixture of Pentium family models (versions I through IV) all of which provide Internet access and run Windows NT through XP OS. We use primarily HP and Dell workstations, HP and Compaq servers and HP and Epson printers. HPQ provides post-manufacturer's warranty hardware maintenance. DPH is moving toward standardizing to XP or VISTA as desktops are added or replaced. BHIS runs primarily Structured Query Language (SQL) servers at 2003 to 2005 and is phasing out several Windows 2000 servers.

BHIS employs the following major applications:

The **Echo Group InSyst Billing** system for Mental Health and Substance Abuse billing operates on a VAX running VMS and using Reflections and Rumba terminal emulation software over direct network or dialup links.

The **InfoMC Mental Health Managed Care** system, eCURA, is used for Mental Health referrals, authorizations, claims adjudication and payment for the Fee For Service private provider network. eCURA uses a FoxPro front end on a SQL database. Managed care functions are further carried out for wrap-around services in the Family Mosaic Program FMA application, an in-house developed SQL database with MS Access front end.

McKesson **Credentialer**, a clinician credentialing system, is an SQL database used to track and document clinician credentials, contracts, rates and privileges. Currently, DPH is changing to Morrisey credentialing software.

The **Activant/Speedware Data Warehouse** system, Esperant query and Esperant Web reporting system, and Media Web executive desktop reporting system on an SQL database.

Platten Associates **Clinician's Gateway** progress notes application is used for direct billing of clinical services from progress notes.

MedImpact, the pharmacy benefits management system utilized by the Mental Health Pharmacy, loads data directly from the data warehouse to update client membership and eligibility information for local pharmacies.

Other major collateral applications will be assessed for incorporation into SF Avatar. They are:

- DENS: manages the Substance Abuse Addiction Severity Index (ASI) survey
- LOCUS: manages mental health level of care survey information and calculations
- 4D: manages AB3632 client flow and mandatory reporting
- Cultural Competence database: manages provider licensing and cultural competence documentation and reporting for SOC providers
- OBOT: manages opiate addiction treatment client tracking and medication ordering and dispensing.
- Verity: Teleform scanning for mental health client satisfaction surveys

- TAP: 2 tracking databases: manage court mandated and voluntary client referrals and authorizations.
- DATAR: Substance treatment program admission wait-list management program
- Checkwriter: reformats eCURA claims information to produce check request files in Controller's required format.
- Family Mosaic Program: FMA: manages wrap around services claims and payments, uses eCURA and InSyst data uploads.
- Various provider information databases: CSAS, CBHS org provider, Access Team provider referral and other FileMaker and MS Access databases
- Targeted Case Management (TCM) and SF-GetCare: RTZ/RAI application tracks TCM referrals and follow up.
- DCR: manages MHSA Full Service Partnerships program services, including initial assessments, quarterly assessments, and key event tracking.

The overall strategy of DPH MIS is to have systems that interface transparently with each other. To this end, it is important to note that a substantial medical informatics vendor of the department is Siemens. Siemens provides for financial, patient management as well as the DPH Enterprise Active Directory (EAD) and clinical records in the San Francisco General Hospital and Primary Care (SFGH COPC). DPH plans to provide access to SFGH COPC patient information and clinical records, via link or interface, for CBHS providers and billing programs. DPH further plans to provide CBHS client and treatment information to SFGH COPC providers and programs. DPH has currently released a Request For Proposal to select an ambulatory Electronic Medical Record (EMR) to be interfaced with the Siemens and BHIS systems.

1.4 Support (i.e. maintenance and/or technical support agreements):

- 1.4.1 HP Technical support contract for on-site support of all servers and networking equipment
- 1.4.2 Insyst maintenance contract with The Echo Group
- 1.4.3 eCURA maintenance contract with InfoMC
- 1.4.4 Data Warehouse and OBOT Autobahn application maintenance contract with Activant/Speedware
- 1.4.5 Clinician's Gateway maintenance contract with Platten Associates

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:

After the process described above, the San Francisco MHSA-IT Planning Committee (The Committee) elected to use MHSA-IT funding to support and enhance the SF Avatar project and add a three year pilot project to develop and implement the Netsmart Consumer Connect application. The public planning process delivered a set of preferred specifications centered around consumer access to health records, improved communication with providers, availability of on-line information related to healthcare, easier access to services and ePrescribing. This proposal is designed to provide the ability

to serve and support the MHSA objectives through cost effective and efficient improvements to CBHS data processing and communications.

The Consumer Connect project will provide the interfaces needed to link Behavioral Health with Primary Care, San Francisco General and Laguna Honda hospitals, Primary Care Clinics, Housing and other DPH agencies as well as laboratories and out of county placement facilities. These interfaces are the first step toward a true intra-San Francisco and, ultimately, true interagency Health Information Exchange (HIE).

The budget proposal and voting ballot finally approved by The Committee is attached as Attachment 06.

To implement Consumer Connect, San Francisco proposes two interrelated projects that will increase client and family empowerment and engagement by providing the tools needed for secure client and family access to health information that is culturally and linguistically competent, within a wide variety of public and private settings. The Consumer Connect projects will:

- Support wellness activities
- Improve understanding of health issues
- Increase sense of control over health and well being
- Increase control over access to personal health information
- Support timely, appropriate preventive services
- Support healthcare decisions and responsibility for care
- Strengthen communication with providers
- Verify accuracy of information in provider records
- Support home monitoring for chronic diseases
- Support understanding and appropriate use of medications
- Support continuity of care across time and providers
- Avoid duplicate tests
- Reduce adverse drug interactions and allergic reactions
- Support convenient online appointment scheduling and prescription refills
- Increase access to providers via secure messaging

The SF Avatar project will further modernize and transform San Francisco's clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness. It is designed to be employed by service providers to provide appropriate, quality, and evidence-based care; by staff in utilizing resources in the most efficient manner; and by management in developing better methods of providing culturally and linguistically competent services. Moreover, it will enable a collaborative decision-making process with service providers, clients and families in all aspects of the mental health system and assist service providers with recording and monitoring the client needs. In addition, it will provide information in the preferred language of the client and family member with support tools available.

Emerging standards for consumer centric care and record keeping, particularly related to personal health records and consumer access to healthcare information, require inclusion

Emerging standards for consumer centric care and record keeping, particularly related to personal health records and consumer access to healthcare information, require inclusion of Behavioral Health consumers, family members and consumer advocacy agencies in all aspects of information systems and work flow planning and development.

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

Project 1: Consumer Connect

San Francisco intends to provide direct consumer access to the CBHS Electronic Health Record (EHR) via a consumer portal by conducting a three year pilot project to enhance the current EHR project with addition of Consumer Connect to the SF Avatar project.

Consumer Connect is a new ASP consumer portal hosted by Netsmart Technologies. It is a secured web interface into the Avatar enterprise system that provides easy access to information for consumers, authorized family members and authorized providers. It is a communication tool between consumers and their care team that will be available to consumers from any computer with secure internet access such as home or library or from the up to 40 Behavioral Health provider sites to be implemented in this project.

Consumer Connect:

- Increases consumer participation in care
- Improves communication between consumers and/or family members and their care team
- Reduces medication errors
- Improves appointment attendance
- Helps keep consumer information up-to-date
- Promotes continuity of care with other providers

See a full description of Consumer Connect, Attachment 07

San Francisco is confident this Consumer Connect project meets all functional requirements and standards.

Network of Care

In addition to Consumer Connect, CBHS intends to fund three years of the San Francisco Network of Care site maintenance fees in this proposal as a means for clients to access Behavioral Health related information and maintain Personal Health Records (PHR) on the internet. Direct interface of SF Avatar with Network of Care is not included in this proposal.

Software Considerations

Addition of Consumer Connect includes the software and maintenance, described below and the following additions to the San Francisco Avatar suite.

The existing Netsmart contract will be amended to include support and maintenance of the Consumer Connect, Document Imaging and eSignature software in compliance with all San Francisco software contracting requirements. These applications will be added to all Netsmart contract related documentation.

Consumer Connect meets the functional standards; it is a user friendly application that provides for all security, privacy and transaction standards.

San Francisco requires full application documentation as part of IT contracts.

In order to provide better methods of providing culturally and linguistically competent services to meet increased need, diverse ethnic and linguistic access need, [and] increased geographical locations where care is provided the EHR MUST:

- *Address competency and literacy in the use of technology*
- *Comply with current Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act requirements. Section 508 requires that individuals with disabilities, including Federal employees, have access to and use of information and data that is comparable to those without disabilities. To learn more about the regulations governing the accessibility of Federal electronic information...*

To this end, San Francisco will add assistive language technology, in the five threshold languages plus voice recognition software, to the consumer computer access work stations as they are phased-in to the Consumer Connect project. In order to provide access to as many consumers as possible, CBHS will add assistive software to facilitate access to the EHR and health information on the internet, by consumers for whom English is a second language, through addition of translation software, as well as addition of voice recognition software to assist consumers who are vision or mobility impaired. The Netsmart Avatar product is certified for use with Dragon Naturally Speaking.

ePrescribing access.

In addition to the ePrescribing licenses contained in the SF Avatar implementation, San Francisco requires sufficient additional licenses to insure that all CBHS prescribers use a single mode of prescription maintenance, integrated with the Avatar CWS, that makes medication lists directly available to consumers and provides a mechanism for consumers to add notes to a medication journal file associated their EHRs.

Electronic signature capabilities, not currently part of the Avatar project, must be added to provide ready access to signed notices, consents and treatment plans for consumers and care providers. To this end, San Francisco requires addition of the Avatar compatible E-Signature software, hardware and maintenance provided by Netsmart. This includes addition of 100 signature pad appliances to provide signature capture at the point of service. Recognizing the need to provide alternate electronic capture of signatures, San

San Francisco also proposes addition of Point of Service (POS) document imaging during the initial years of the SF Avatar implementation to provide for printing and scanning back into the Avatar client record those forms and treatment plans necessary to complete the electronic record for each client.

Addition of batch document imaging as part of the SF Avatar conversion plan will provide for consumer and provider access to those current paper documents needed to insure continuity of care and help avoid duplication of documentation. In order to provide electronic access to active HIPAA notifications, medication consent, treatment consent, releases of information and current, active treatment plans, San Francisco proposes to add one year of batch document imaging of up to 10 pages of current records per active client to the SF Avatar Project. This includes:

Hardware and Connectivity Considerations

San Francisco operates a fully compliant data center with the hardware and other technical requirements for addition of consumer users to the system and placement of computing resources, at up to forty provider sites. Consumer Connect is an ASP. Network capacity and consumer work stations to be added through this project are compatible with DPH current and proposed infrastructure. Netsmart operates an ASP model that meets network and server maintenance and security standards.

This project will provide two consumer kiosks per site at up to 40 provider sites. CBHS contract providers are included in the planning and end-user counts for the SF Avatar project. This proposal includes installation of the equipment, high speed internet and maintenance required for consumer access facilities whether located in County operated or Community Based Provider facilities. This includes increasing the DPH broadband capabilities and addition of an extranet server to manage increased out of network access to the system via SSL.

Professional Resources

In support of consumer involvement, San Francisco plans to hire a full time consumer IT position as the New BHIS and MHSA Consumer Advocate. This position will lead and facilitate the consumer focus community planning forum for CBHS MHSA IT planning and provide technical consumer input to the Community Behavioral Health Services (CBHS) MHSA work groups. This position will facilitate consumer involvement and participation in CBHS planning for design and development of the New Behavioral Health Information System (BHIS).

See Consumer Advocate job description, attachment 08.

The addition of increased broadband, extranet servers and a large number of consumer users to the system, requires additional IT resources at the Network Engineer level. San Francisco plans to hire one full time engineering position to support the additional infrastructure and the MHSA-IT projects.

Addition of the Consumer Connect projects to the SF Avatar project requires additional professional implementation services from Netsmart specific to the Consumer Connect implementation.

Components needed to enhance SF Avatar project:

Recognizing the need for health information exchange between and among the various SFDPH providers, the SF MHSA-IT Public Planning Committee made HIE between CBHS and the hospital, primary care clinics and laboratories a priority for continuity of care across agencies and for complete client health records. This will be accomplished by addition of \$40,000 per specific bi-directional interface, to the SF Avatar implementation project and budget.

Project 2: Consumer Employment**Vocational IT Programs**

In order to fully support the implementation and maintenance of consumer access to the EHR, CBHS MHSA will provide funds to support the following Vocational IT Projects: 1) Consumer IT Support: Desktop and Help Desk Project; 2) Train the Trainer Project; and 3) Document Imaging Project.

Addition of Consumer Connect to the SF Avatar project will significantly increase the number of users of the clinical system. The increased numbers will include Mental Health services consumers and family members who will need extra support as they learn to login and navigate the system, use their EHRs and provider messaging services as well as additional support while accessing healthcare information on the internet. The current DPH helpdesk support structure is not equipped to manage this increased load. After review of this issue, The SF Planning Committee proposed that a peer-staffed support structure be part of the Consumer Connect proposal. Coupled with the need for peer-end-user-support is the need for additional desktop technical staff to install and maintain the consumer workstations. Entry level desktop technician training is best done as on-the-job training with a skilled preceptor. BHIS Desktop staff is available to train and support technician trainees as part of this project. Trainees will acquire highly marketable skills during this employment opportunity.

Community Behavioral Health Services has included the following sections in the current San Francisco Children Youth and Family and Adult Systems of Care Behavioral Health Services Request for Proposal (RFP23-2009): "Community Behavioral Health Services seeks contractors who will facilitate the hiring and training of consumer employees to learn IT skills and be employed to provide the designated services. Collaboration with CBHS will be required in the development and implementation of these projects. These programs are based on MHSA principles of increasing consumer and family member access to IT resources in managing behavioral health challenges, and in providing meaningful employment opportunities to consumers of behavioral health services."

Consumer IT Support: Desktop and Help Desk Project Detail

Community Behavioral Health Services will contract with an organization to hire, train and support the desktop and Help desk function. The Desktop and Help Desk Technician's role is to provide a single point of contact for consumer and family member end users to receive support and maintenance within the CBHS desktop computing environment. This includes answering, triaging and responding to Help Desk calls from consumers/family members and progressing to installing, diagnosing, repairing, maintaining, and upgrading PC hardware and equipment to ensure optimal workstation performance. The technician will troubleshoot problem areas (in person, by telephone, or via e-mail) in a timely and accurate fashion and provide end-user assistance and triage of end user problems to assure appropriate and timely follow-up.

Funding is requested for one Desktop and Help Desk technician, 8 am to 4 pm, Monday through Friday, except holidays along with eight hours per week of vocational supervision. This position may be filled by two 20 hour staff with relief, or a combination of staff that provide up to 1.5 FTEs of end user support.

Supervision by a Vocational Rehabilitation Counselor for up to 8 hours per week is the minimum expectation. Supervision will include conducting outreach, conducting IT vocational readiness assessments, developing curriculum, providing classroom and one-on-one training in IT principles, providing job coaching and managing quality control of the above duties.

As above, in order to fully utilize the consumer portal, on-line scheduling and prescription management, consumers and family members will need training as well as training on accessing health information on the internet. The Planning Committee, recognizing this need and wishing to include a youth specific component, included this proposal to add a peer train-the-trainer proposal.

Consumer IT Support: Train the Trainer Project Detail

Consumer access to, and use of, the Electronic Health Record (EHR) and health information on the web requires consumer and family member training and support. The Consumer Support, Desktop and Help Desk Project addresses support issues. In conjunction with this, a Train the Trainer program will be funded to train consumers on the EHR portal and use of the World Wide Web (web) who will then provide trainings to consumers and family members on these topics. Trainings will include basic computer use, use of the Avatar Consumer portal including login, password and privacy issues and specific training for youths to assist peers and older adults with computer use.

Funding for this project will be for a provider of vocational rehabilitation services to hire, train, employ, and supervise 4 full time or 8 half time consumer trainees to provide the above services.

Supervision by a Vocational Rehabilitation Counselor for up to 8 hours per week is the minimum expectation. Supervision will include conducting outreach, conducting IT vocational readiness assessments, developing curriculum, providing classroom and one-

on-one training in IT principles, EHR and WWW, providing job coaching and managing quality control of the above duties.

Vocational IT Project: Document Imaging Project

To implement the new Behavioral Health Information System, IT support is needed to transition from paper to an electronic health record system. The Document Imaging Project requires a contractor to hire, train, employ and supervise consumer staff to perform the needed technical services.

Funding will be provided to hire, train, and supervise between four (4) and six (6) employees who will provide conversion of historical paper health records in batch format as well as on-going point of service document scanning into the electronic health record. Document imaging responsibilities will include removal of documents from files, stacking, placing into scanners, removing documents from scanner and replacing back into paper files. Staff will provide quality checks on scanned documents to assure converted documents contain no conversion errors and are properly placed in the electronic record for the appropriate client. Document imaging staff and supervisor will comply with all confidentiality rules related to the proper handling of protected health information including HIPAA and DPH privacy and security policies.

The contractor will provide minimum staffing of 4 and a maximum staffing of 6 at all times [based on 8 hours/5 days per week scheduling] excluding holidays. Contractor will replace staffing when individuals are sick or on vacation. Contractor will provide initial and on-going training on the policies and procedures related to confidentiality, HIPAA, privacy and document scanning and management. Contractor will include supervision of consumer employees by a Vocational Rehabilitation Counselor for up to 8 hours per week. Supervision will include conducting outreach, conducting IT vocational readiness assessments, developing curriculum, providing classroom and one-on-one training in IT principles, providing job coaching and managing quality control of the above duties. Funding is included for both a one (1) year program and a three (3) year program.

Pilot Project Review

The three year pilot project will include making computing resources and internet access available to consumers at forty provider sites where CBHS will install and support two computer stations per site in areas to be assessed for auditory, visual privacy and accessibility for consumers and family members. The pilot project will be conducted as a test of concept. A consumer and provider survey will be developed to assess current consumer perceptions of quality of access to care, access to their health record, access to health information on the internet, accessibility of providers, facility of scheduling, ability to track medications and add information regarding medication compliance, side effects and efficacy. A provider survey will also be developed to assess current provider perception of ease of communications with consumers and family members and to determine provider attitudes regarding use of email or electronic messaging in the client care process particularly in the areas of client symptom monitoring and medication compliance and effectiveness.. At the end of the pilot project consumer provider surveys

will be conducted again to determine whether access to Consumer Connect has, in the consumer or family member or provider opinion, resulted in improvements in the assessed areas.

1.7) Note the Implementation Resources currently available:

<u>Oversight Committee:</u>	<u>Yes</u>
<u>Project Manager:</u>	<u>Yes</u>
<u>Budget:</u>	<u>No</u>
<u>Implementation Staff</u>	
<u>in place:</u>	<u>Yes</u>
<u>Project Priorities</u>	
<u>determined:</u>	<u>Yes</u>

1.8) Describe plan to complete resources marked no above:

This MHSA-IT proposal is written to secure the budget needed to add the Consumer Connect portal to the SF Avatar project along with addition of electronic signatures, interfaces for HIE, document imaging and additional ePrescribing licenses needed to make the SF Avatar project a more complete Integrated Information Systems Infrastructure (IISI).

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

The \$9.8 million SF Avatar project is one of the highest priority projects for DPH MIS. It is the highest priority for CBHS and BHIS. Addition of the Consumer Connect portal and the consumer training and employment projects to the SF Avatar project is among the highest priorities for improving client care and creating efficiencies in the provision of behavioral healthcare.

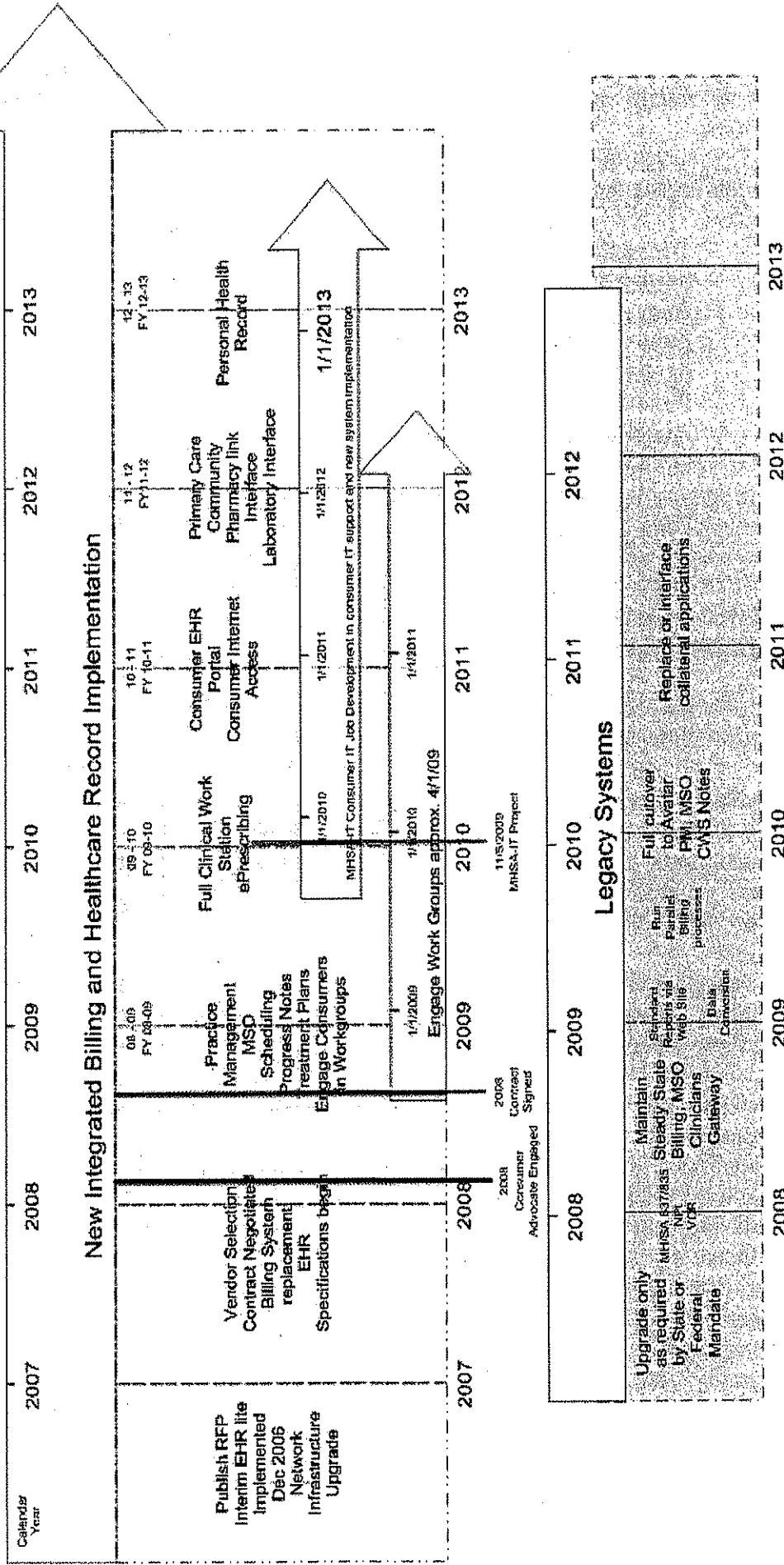
San Francisco Department of Public Health (DPH) is implementing a comprehensive electronic patient record system in the hospitals, primary care and community-based programs, including Jail Health Services. Along with this effort, DPH is instituting care coordination and client tracking services throughout San Francisco's public and private sectors intended to inform and facilitate the full spectrum of social and healthcare related services needed by the large inner-city homeless and poor populations. In conjunction with these Department-wide efforts, Community Behavioral Health Services (CBHS) has embarked on a program to integrate mental health and substance abuse services in a coordinated community based behavioral healthcare system and to integrate behavioral health services with primary care and other community programs. Integration of services mandates that discussion of replacement or enhancements to the mental health information systems must include development of the interfaces needed with other DPH information systems to insure integration and continuity of care. This project will provide the interoperability and consumer access to electronic health records as a major step toward meeting the DPH goals of integrated health services.

2. Technology Needs Roadmap

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH COMMUNITY BEHAVIORAL HEALTH SERVICES

ROAD MAP TO

INTEGRATED BILLING AND HEALTHCARE RECORD SYSTEM



BHS 9/8/09 ncd

2.2. Training Plan

Implementation Training Efforts	2010						2011					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Initial Software Training												
San Francisco Project Team Application Training	X											
Registry Setting & Other Setups	X											
Consumer Connect - Training of Trainers												
Login-password management		X										
Provider Messages		X										
Treatment Plans and notes		X										
Medications and Notes		X										
Appointment Scheduling		X										
On-going trainer training will be done on ad hoc basis												
Consumer Connect - Provider Training												
Login-password management			X									
Provider Messages			X									
Treatment Plans and notes			X									
Medications and Notes			X									
Appointment Scheduling			X									
On-going new provider training added to routine SF Avatar training				X	X	X	X	X	X	X	X	X
Consumer Connect - Consumer End User Training												
Basic computer use				X	X							
Basic internet use				X	X							
Login-password management					X	X						
Provider Messages					X	X						
Treatment Plans and notes					X	X						
Medications and Notes					X	X						
Appointment Scheduling					X	X						
Network of Care and use of www to access healthcare information						X	X	X	X	X	X	X
On-going new consumer training added as a routine SF Avatar training				X	X	X	X	X	X	X	X	X

Sections 2.3 to 2.8. See attached SF Avatar Project Management documents included in the Netsmart New York-San Francisco contract, attachment 04.

3. County Personnel Analysis

In addition to the DPH-IS staffing listed below, San Francisco has contracted with Netsmart for the following SF Avatar implementation support:

Resource	FTE	Duration
Netsmart Project Manager	1	36 mos
Netsmart Billing Implementation Specialist	1	30 mos
Netsmart MSO Implementation Specialist	1	25 mos
Netsmart Clinical Implementation Specialist	1	14 mos

Consumer Connect pricing includes implementation support and training services.

Major Information Technology Positions Dedicated to BHIS	Estimated # FTE Authorized	Position hard to fill? 1=Yes, 0=No	# FTE estimated to meet need in addition to #FTE	Position Status
(1)	(2)	(3)	(4)	
A. Information Technology Staff (direct service):				
Chief Technology/Information Officer	1	0		
Hardware Specialist	1.5	0	1	HW/Network Engineer- MHSA-IT position
Software Specialist	1	0		
Other Technology staff	3	0		
Sub-total, A	6.5		1	
B. Project Managerial and Supervisory:				
CEO or manager above direct supervisor	1	0		
Supervising Project Manager	1	0		
Project Coordinator	1	0	1	In hiring process
Other Project Leads	3			
Sub-total, B	5	0	1	
C. Technology Support Staff:				
Analysts, tech support, quality assurance	5	0	1	In hiring process
Education and training	5	0		
Clerical, secretary, administrative assistants	1	0		
Other support staff (non-direct services)	0.5	0	1	Consumer Advocate- MHSA-IT position
Sub-total, C	11.5	0	2	
TOTAL COUNTY TECHNOLOGY WORKFORCE (A+B+C)	23	0	4	

3. County Personnel Analysis

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: October 5, 2009 County San Francisco

Project Title SF Avatar Consumer Connect

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

New system

- ☒ Extend the number of users of an existing system
- ☒ Extend the functionality of an existing system
- ☒ Supports goal of modernization/transformation
- ☒ 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)

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

Client and Family Empowerment Projects

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

Other Technological Needs Projects That Support MHSA Operations

- ☒ Telemedicine and other rural/underserved service access methods
- ☒ Pilot Projects to monitor new programs and service outcome improvement
- ☒ Data Warehousing Projects / Decision Support
- ☒ Imaging / Paper Conversion Projects
- ☒ Other:
Consumer training and employment opportunities

- **Please Indicate the Technological Needs Project Implementation Approach**

Software Installation

Name of Vendor Netsmart, New York

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	3
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	3
		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	
	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-Tier (client & web, database, application, etc. servers)	

*Commercial Off-The-Shelf Software

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

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.

For San Francisco, this project will be added to the SF Avatar implementation project as described above.

See Consumer Connect Project Plan for details, attachment 02

- *Independent Project Oversight*

N/A

- *Integration Management*

As part of an emerging urban health model, the San Francisco Department of Public Health (DPH) is implementing a comprehensive electronic patient record system in the hospitals, primary care and community-based programs, including Jail Health Services. Along with this effort, DPH is instituting care coordination and client tracking services throughout San Francisco's public and private sectors intended to inform and facilitate the full spectrum of social and healthcare related services needed by the large inner-City homeless and poor populations. In conjunction with these Department-wide efforts, Community Behavioral Health Services (CBHS) has embarked on a program to integrate mental health and substance abuse services in a coordinated community based behavioral healthcare system and to integrate behavioral health services with primary care and other community programs. Integration of services mandates that discussion of replacement or enhancements to the mental health information systems must include development of the interfaces needed with other DPH information systems to insure integration and continuity of care. San Francisco DPH has an integration task force Chaired by the Director of Public Health.

- *Scope Management*

See Change Control policy and procedure for the SF Avatar project, attachment 03

- *Time Management*

See Consumer Connect Project Plan, attachment 02

- *Cost Management*

See the SF Avatar Netsmart contract, attachment 04

- *Quality Management*

See SF Avatar Project Charter, attachment 05

- *Human Resource Management (Consultants, Vendor, In-House Staff)*

San Francisco is using a work group approach to managing the SF Avatar project. Consumer Connect will become part of that process. The work groups are managed by an Executive Steering Committee described below under project sponsors. The mission of the Executive Steering Committee is to provide executive sponsorship and to provide the ultimate decision point for the full scope of the SF Avatar project having as guiding principles the strategic plans and mission statements of the Department of Public Health (DPH), Community Behavioral Health Services (CBHS) and DPH Information Systems.

Work Groups are assigned by functional area, Billing/Fiscal, Clinical and Technical.

The Billing/Fiscal Work Group defines the billing, claims, managed care, eligibility and provider information management requirements, business model and work flow analyses needed to inform the design and implementation of the Avatar Practice Management and MSO modules. The Billing/Fiscal Work Group acts as content and process experts for all aspects of the Practice Management and MSO record modules to insure the electronic record meets all billing and healthcare compliance and recordkeeping requirements. The Billing/Fiscal Work Group reports to the Executive Steering Committee. Contract and Civil Service program staff and managers as well as the Netsmart Billing and MSO BAs participate in the Billing/Fiscal Work Group.

The Clinical Work Group acts as content experts for all aspects of the clinical record module to insure the electronic record meets all documentation and healthcare recordkeeping requirements and regulations. The Clinical Work Group facilitates and guides the SF Avatar goal of providing a fully integrated information system that combines the functionality of the billing information system with that of an electronic clinical patient record to optimize efficiency and eliminate redundancy in operations and data entry. The Clinical Work Group is responsible for incorporating consumer participation in design and development of a consumer driven Personal Health Record (PHR) and to guide and facilitate consumer access to health information resources. The Clinical Work Group will include a Consumer Connect Task Force that will include consumer and family member participants. The Clinical Work Group reports to the Executive Steering Committee. Contract and Civil Service program clinical staff and managers as well as the Netsmart Project Manager and Clinical BA participate in the Clinical Work Group.

The Technical Work Group provides technical expertise, installation and maintenance for the hardware, connectivity and enterprise design for the SF Avatar project to meet requirements of the implementation project plan. The Technical Work Group reports to the Executive Steering Committee. Contract and Civil Service program technical staff and managers as well as the Netsmart Project Manager and technical support participate in the Technical Work Group.

The Netsmart project team described in the SF County Personnel Analysis, Exhibit 3.1, reports to the Project Contract Manager for technical purposes. The Netsmart Project Manager participates in all of the core work groups.

BHIS staff assigned to the project report to the three-member BHIS Management Team.

- *Communications Management*

See Communication Plan, Appendix A3 of Netsmart Contract, Attachment 04

- *Procurement Management*

BHIS uses the established CCSF and DPH procurement process. The SF Avatar project is funded through the DPH-IT base budget. The three year funding plan is included in the Netsmart contract. This project will be added to that contract and follow the CCSF accept and expend requirements.

Project Cost – Funding Strategy

The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a quarterly basis for the life of the Project. Costs on a yearly and total basis will also be required for input on Exhibit 3 – Budget Summary.

The SF Avatar project is funded in the DPH base budget for the five year Netsmart contract. This MHSA proposal includes functionality needed to support integration and ePrescribing as well as document imaging to enhance the SF Avatar project for the three year post-implementation phase. Continuation of the added functionality will be folded into the on-going maintenance and support contract for SF Avatar.

This proposal includes funding for a three-year proof of concept pilot project to add Consumer Connect to the SF Avatar project. Direct consumer access to the electronic health record is a new concept to San Francisco. Consumers and providers will be learning new ways to communicate and manage care. It is important to provide a pre-implementation survey of consumer and provider attitudes and satisfaction with current care management and recordkeeping that can be repeated after the three-year pilot to determine the value and prepare for application for further grant funding for the project or to justify incorporating the funding into the CBHS budget.

The consumer employment opportunities proposed will be for thirty month positions with an option for other CBHS or MHSA funding to continue the positions in support of the consumer connect project.

See Exhibit 3 _ Budget Summary and Attachment 06 – Full proposal budget worksheet.

Nature of the Project

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

As described above, this project is critical to the San Francisco goal of implementing a fully integrated electronic health record with consumer portal and interoperability with all agencies involved in client care and support.

See Project Charter, attachment 05

Exhibit 2. Technology Needs Assessment

[illegible]

City and County of San Francisco

Exhibit 2. Technology Needs Assessment

[illegible]

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

The SF Avatar project is managed centrally by BHIS with remote connectivity to community based organizations. Consumer Connect is an ASP application to be managed centrally by Netsmart New York with access administration managed by BHIS.

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

The full EHR will be available to providers and consumers. With Consumer Connect, consumers will be able to correct demographic information such as addresses, utilize secure messaging with their provider, add journal entries regarding treatment plans and medications, request appointments and prescription refills that become part of the health record.

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

The Netsmart Avatar suite is built on a platform that is compatible with existing and planned information systems as well as the DPH network infrastructure.

- *The data communication requirements associated with the activity*

The SF Avatar product and plan meets all data communication requirements and has been reviewed and approved by the San Francisco Department of Information Technology and the San Francisco Commission on Information Technology.

Project Sponsor(s) Commitments Sponsor(s) Name(s) and Title(s)

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

The Consumer Connect Project will be added to the SF Avatar Project. The SF Avatar project is sponsored by the CBHS Executive Committee through an established SF Avatar Executive Steering Committee.

Executive Steering Committee Organization and Membership:

The Steering Committee is comprised of a core group responsible for the routine work of the committee. The core group will be augmented with ad hoc members appointed to address specific areas or issues as they arise.

Executive Steering Committee Co-Chairs:

- Bob Cabaj, CBHS Director
- Gregg Sass, CFO

Netsmart has been in the Behavioral Health IT market nationally and in California for 30 years and has a fully staffed California implementation office. The Netsmart commitment includes a specific California version of the Avatar Practice Management (Cal-PM) application that provides for Short Doyle Medi-Cal billing and California specific reporting requirements.

Netsmart is committed to providing applications that will assure customer ability to meet HIPAA regulations.

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

N/A SF Avatar is an integrated BHIS.

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

Netsmart is CCHIT certified and the Avatar suite of products supports current security and language standards. Netsmart New York is prepared to maintain the Avatar suite to maintain certification of the product to meet current and future technology standards.

Language Standard:

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

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

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))
- HL7 2.X (with vendor commitment to migrate to HL7 RIM)
- Logical Observation Identifiers Names and Codes (LOINC) as applicable
- Having a cross-mapping of terms from one formal terminology or classification to another consistent with federal, state and DMH standard languages

Security Strategy

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:

- The HIPAA Security Officer is the DPH CIO. DPH Administration includes a Privacy Board and a Privacy Officer in Community Health Network and in Community Health Services.
- DPH employees complete Privacy and Security training upon hire and annually thereafter.
- DPH maintains several secure data centers and contracts with Dataway Corp. for network security planning and monitoring.
- DPH provides security and privacy standards that meet HIPAA and other Federal and State standards and regulations.
- DPH privacy and security policies are fully HIPAA and California Medical Records Law compliant.
- Security policies include data storage and recovery and business recovery plans

Access Control Standard: the EHR **MUST** support measures to define, attach, modify and remove access rights to the whole system and/or sections.

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

BHIS incorporates and supports all DPH HIPAA and security related policies and maintains specific BHS related access control policies and procedures as well as electronic recordkeeping policies.

Auditing Standard: The EHR **MUST** support recording of an audit trail of access to, and/or modifications of, data.

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

The Netsmart Avatar suite supports all audit and accountability tracking standards.

Authentication Standard: The EHR **MUST** support two factor authentication and work toward meeting the evolving standards for authentication as they become available.

DPH networks and the Netsmart Avatar suite require two factor authentication and continuously work toward meeting evolving standards.

Exhibit 4: Budget Summary

See Exhibit 4, Project 1 and Project 2 Budget Summary appendices.

Enclosure 3

Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: San Francisco

Project Name: **Project 1: Consumer Connect - an ASP consumer portal hosted by NetSmart Technologies that provides a secured web interface into the Avatar enterprise system for clients within the mental health system of care.**

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel						
Consumer Advocate (.50 FTE)			46,180	100,895	147,075	53,587
IT Engineer (1.00 FTE)			127,830	277,220	405,050	147,309
Total Staff (Salaries and Benefits)			174,010	378,115	200,896	200,896
Hardware						
From Exhibit 2			163,000	149,000	312,000	
Total Hardware			163,000	149,000	312,000	
Software						
From Exhibit 2			480,140	367,800	847,940	181,589
Total Software			480,140	367,800	847,940	181,589
Contract Services (list services to be provided)						
NetSmart			25,000	50,000	75,000	
Total Contract Services			25,000	50,000	75,000	
Administrative Overhead						
Other Expenses (Describe)						
Internet service provider			6,000	39,000	45,000	24,720
High speed internet access			60,000	120,000	180,000	61,800
cache seats&Network of Care subscr.			141,070	111,000	252,070	57,165
Total Costs (A)			1049220	1214915	2,264,135	526,170
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			1,049,220	1,214,915	2,264,135	526,170

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

Enclosure 3

Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: San Francisco

Project Name:

Project 2: Consumer Employment - to provide technical and help desk supports to provider sites, consumers, and family members and convert paper documents to digital copies for inclusion in the EHR

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel						
Consumer Advocate (.50 FTE)			46,180	100,895	147,075	53,587
Total Staff (Salaries and Benefits)			46,180	100,895	53,587	53,587
Hardware						
From Exhibit 2						
Total Hardware						
Software						
From Exhibit 2						
Total Software						
Contract Services (list services to be provided)						
Desktop/Help Desk;Train the Trainers			372,260	780,870	1,153,130	409,023
Document Imaging			188,500	395,510	584,010	
Total Contract Services			560,760	1,176,380	1,737,140	409,023
Administrative Overhead						
Other Expenses (Describe)						
Total Costs (A)			606,940	1,277,275	1,884,215	462,610
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			606,940	1,277,275	1,884,215	462,610

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

Exhibit 5

Initial Community Planning Process 2005 Summary

Before the Mental Health Services Act (MHSA) planning process began, San Francisco already had several groups that invited consumers to participate in mental health system change. This included the Community Behavioral Health Services Client Council, the Consumer Provider Group, and the Mental Health Board (MHB). Furthermore, the Department of Public Health (DPH)/Community Behavioral Health Services (CBHS) held over 70 meetings between April and August of 2005 to enable consumers, their families, and other members of the community to have their voices heard in the MHSA planning process.

In addition, DPH/CBHS opened a Task Force membership application process with the aim of assembling a group of consumers, family members, community advocates and providers with a range of expertise and experience related to mental health services. As a result, more than 200 applications were received with Mayor Gavin Newsom appointing the resulting Task Force. Twenty-five percent of those appointed are consumers and family members.

Outreach was conducted extensively to inform consumers, family members, providers, and members of the community of upcoming MHSA initiatives and to enlist participation that included use of flyers, internet, email, and in-person engagement meetings at several key neighborhood sites. Flyers and in person meetings included translation services in Spanish and Cantonese. Flyers were emailed to Mental Health Association of San Francisco's (MHA-SF) citywide advocacy list of over 100 community based organizations, support service hotels, and clinics. Meetings were mentioned monthly in the CBHS Consumer and Family Newsletter, and in the CBHS Director's Report, which was sent to a list of about 500 providers, consumers, and family advocates.

The Information Technology (IT) component of MHSA was included in the overall planning process to provide broad consumer and public involvement. The CBHS MHSA Program has hired a consumer advocate, with credentials at the IT business analyst level, to coordinate and facilitate the IT planning process, provide broad outreach and insure involvement of consumers, family members and consumer-centric organizations in the planning and voting process. (See Appendix: Consumer Advocate Job description.)

Overall Community Planning Process 2009 Update

Since the origination of the MHSA Plan, CBHS has continuously informed all stakeholders through multiple strategies. CBHS conducts a monthly meeting with the full service partnerships, general system development funded agencies, and housing service partnerships to discuss local and statewide implementation issues. The CBHS Director's Report, which includes MHSA updates, is widely circulated within the county, posted on the Department of Public Health website, and discussed at the Mental Health Board meetings. The County also holds bi-monthly MHSA Advisory Committee meetings, alternating between meetings hosted by community groups and committee meetings held at the administration building and co-chaired by the County CBHS Director and a consumer advocate.

San Francisco MHSA Information Technology Planning Process 2008-2009

Building on the CBHS planning described above, the CBHS MHSA Coordinating Team began an equally thorough Information Technology planning process in September 2008. The CBHS Management Information Systems (MIS) and MHSA Coordinating Team began this planning process in keeping with the vision and philosophy of the MHSA. Priorities for San Francisco MHSA-IT planning were to increase Client and Family Empowerment and engagement and Modernize and Transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

The following key leaders have been involved throughout the MHSA-IT planning process:

CBHS-MIS

1. Nan Dame, Behavioral Health Information Systems Manager and co-author of the San Francisco MHSA-IT proposal.
2. Deborah Vincent-James, Behavioral Health Information Systems Manager
3. Frank Isidro, Consumer Advocate, IT Business Analyst, Co-Chair of the SF MHSA-IT Planning Committee and co-author of the San Francisco MHSA-IT proposal.

MHSA Coordinators

1. Alice Gleghorn, Deputy Director of CBHS
2. Maria Iyog-O'Malley, MHSA Program Coordinator and co-author of the San Francisco MHSA-IT proposal.
3. Kevin Ledbetter, MHSA Administrative Assistant

Community Based Organization Representative: Richmond Area Multi-Services, Inc.

1. Daniel Michael, Director of Vocational Services, RAMS Hire-Ability and co-chair of the SF MHSA-IT Planning Committee

As noted, CBHS conducted extensive outreach to inform consumers, family members, providers, and members of the community of the MHSA IT planning process. To this end, Frank Isidro, Mental Health Consumer Advocate, visited many programs and clinics to post flyers announcing upcoming meetings meant to inform consumers, family members, providers and the public and to generate interest in participating in the planning process. He also worked with staff at these sites to engage several historically underrepresented and underserved mental health target populations. Sites included programs with a significant client population that spoke Spanish or Cantonese, served Native American and Filipino American clients, as well as a number of consumer-run programs. Clinics and programs in San Francisco that had been visited include:

1. Mission Mental Health
2. Instituto Familiar De La Raza
3. Chinatown/North Beach Mental Health
4. Friendship House
5. South of Market Mental Health/Filipino American Counseling and Treatment
6. Office of Self Help
7. Community Vocational Enterprises
8. Mental Health Association of San Francisco

9. Outer Mission Ingleside Family Center

10. San Francisco State University/School of Ethnic Studies

(See Attachment 10: Preliminary Outreach and Advocacy Report)

Mr. Isidro also attended various MHA meetings to advocate for more consumer and family member participation and to talk about the IT component of MHSA. He also spoke to clinicians and providers at the MHSA Combined Full Service Partnership and General System Development Meetings to encourage their participation and that of staff from Children, Older Adults, and Transitional Age Youth programs. The MHA-SF helped to disseminate email (1,190) and fax (409) notices. With the help of other consumers, flyers were posted at locations frequented by consumers. A yahoo group was created that included 33 members who received regular updates and announcements.

Summary of the San Francisco MHSA Information Technology Planning Meetings and Stakeholder Participation

A series of two MHSA IT Informational Community Meetings and eight Planning Committee Meetings were held over the course of eight months. Public participation was invited and encouraged and all meetings were open to the public. At the first community meeting, the Deputy Director of CBHS presented an overview of MHSA and the Information Technology component. The MHSA IT Planning Committee was discussed and members were solicited. Additionally, the attendees were surveyed anonymously to gauge their knowledge of and experience with computers. A separate form was made available for application to become a voting member of the Committee. Attendees were also asked to provide suggestions for outreach. (See Appendix: MHSA IT Survey and Application). Applications were reviewed by CBHS Administration and the IT Planning Committee structured to include underserved populations and the required stakeholder groups. In all, twenty six members were chosen to be on the voting committee along with two alternates. Of the twenty-six, twelve were consumers/family members and 14 represented community based organizational providers. Frank Isidro and Daniel Michael, were chosen as co-chairs of the MHSA IT Planning Committee.

Stakeholder Participation For Technological Needs Project Proposal

Meeting Date	Meeting Agenda	Meeting Participants			
		Consumers Family Members	Community Based Organization al (CBO) Providers	Public	Total Attendees
Wednesday, September 17, 2008, 3:00-5:00 pm	I. Welcome II. Introductions • Brief Overview of MHSA and the IT Component III. Behavioral Health Information Systems (BHIS) current initiative and How MHSA could enhance it IV. MHSA IT Planning Committee • Call for Participants - How to get Involved • Role of the Committee • Survey • Suggestions for Outreach V. Public Comment	11	2	17	30
Thursday, November 13, 2008, 3:00-5:00 pm	I. Welcome II. Introductions • Brief Overview of MHSA and the IT Component III. PowerPoint: Behavioral Health Information Systems (BHIS) Initiative currently in place and How MHSA could enhance this initiative IV. MHSA IT Planning Committee Participants and How to get Involved • Role of the Committee V. Public Comment	12	8	5	25
Tuesday, January 13, 2009, 3:00- 5:00 pm	1. Welcome 2. Introduction of participants 3. Brief Overview of this planning process 4. MHSA IT Planning Committee a. Role of the Committee in the planning process b. Review of binder contents c. Assignments for next meeting 5. Review of the MHSA IT proposal requirements 6. Public Comment 7. Next Meetings and meeting schedule	11	7	7	25

Meeting Date	Meeting Agenda	Meeting Participants			
		Consumers Family Members	Community Based Organization al (CBO) Providers	Public	Total Attendees
Thursday, January 29, 2009, 3:00- 5:00 pm	I. Welcome II. Roll Call (Planning Committee Members) • Introductions III. Security (General) IV. Brain-Storming Ideas for BHIS IT Proposal V. Review Ideas VI. Public Comment	12	10	6	28
Tuesday, February 10, 2009, 3:00- 5:00 pm	I. Welcome II. Roll Call III. Introductions IV. Review of Ideas Generated at Brainstorming Session (January 29, 2009) V. Powerpoint Presentation (Timeline) VI. Public Comment	11	8	3	22
Tuesday, February 24, 2009, 3:00- 5:00 pm	I. Welcome II. Roll Call III. Introductions IV. Review of Minutes from Previous Meeting (February 10) V. Goals of This Meeting VI. Review of Categorized Brainstorming Ideas VII. Presentation (EMR, EHR, PHR) VIII. Presentation ("Consumer Connect") IX. AVATAR Demo – February 25, 2009 X. Conclusion/Assignments XI. Public Comment	10	6	3	19
Tuesday, March 10, 2009, 3:00- 5:00 pm	1. Welcome 2 Roll Call 3. Introduction of participants 4. Review of Minutes 5. Goals of This Meeting 6. Review of Categorized Brainstorming Ideas with Costs 7. Conclusion/Assignment for Next Meeting 8. Public Comment	13	7	2	22

Meeting Date	Meeting Agenda	Meeting Participants			
		Consumers Family Members	Community Based Organization al (CBO) Providers	Public	Total Attendees
Tuesday, March 24, 2009, 3:00-5:00 pm	1. Welcome 2. Roll Call 3. Introduction of participants 4. Review Previous Meeting b. Goals of This Meeting 5. PowerPoint Presentation of "Ideas" 6. Group Break-out – various Facilitators 7. Review Results of Break-out Groups 8. Conclusion/Assignment for Possible Next Meeting 9. Public Comment	10	8	6	24
Tuesday, April 7, 2009, 3:00-5:00 pm	1) Welcome 2) Roll Call 3) Introduction of participants 4) Review Previous Meeting/Goals of This Meeting 5) Presentation a) Consumer Connect/Interfaces 6) Technical Needs 7) Consumer IT Support & Employment Opportunities 8) Open up to "CONVERSATION" 9) Voting 10) Public Comment/Timeline 11) Announcements 12) BHIS Work Groups 13) Next Phase MHSA: INNOVATIONS 14) Concluding Remarks	8	3	3	14
Tuesday, May 26, 2009, 3:00-5:00 pm	1. Welcome 2. Roll Call 3. Introduction of participants 4. Review Previous Meeting/Goals 5. Voting 6. Tally Voting Results 7. Public Comment 8. Concluding Remarks	8	4	2	14

Summary of the MHSA-IT Voting Process

Over the course of the next several meetings, the brainstorming ideas were further categorized into groups defined by the following criteria:

- Items available in the Avatar electronic record system currently being implemented by CBHS, including items not currently funded.
- Items that could be Included in the Avatar Consumer Connect portal
- Items currently available through the San Francisco Network of Care site
- Consumer IT Support
- Interfaces
- Technical Needs
- Training Needs
- Other, Non-IT related Access

The committee agreed to concentrate on those items needed to enhance the Avatar electronic health record system and those other items required to provide consumer support and improve mental health service delivery.

The ideas moving forward were narrowed-down to focus on these areas:

- Items that may be available in the Avatar electronic record system currently being implemented by CBHS but that are not currently funded in that project
- Items that could be Included in the Avatar Consumer Connect portal
- Consumer IT Support
- Interfaces
- Technical Needs
- Training Needs

The Committee recognized that a number of the identified items are already available through the SF Network of Care site. Recognizing that access is a challenge, the Committee included consumer and family member training on use of the internet to access health information in the plan.

DPH Chief Technical Officer was asked to provide cost and feasibility estimates for each of the ideas, and the Committee applied the following litmus test to the remaining ideas:

1. Is the available funding adequate?
2. Is the idea feasible?
3. Is it sustainable?
4. Does the number of consumers affected warrant use of funds?
5. Does it fit the San Francisco DPH Information Technology Strategic Plan?
6. What is the time needed for implementation?
7. Are consumer access sites within the DPH network?

Committee members signed up for one or more subcommittees to produce a final list of preferred ideas or projects to be included in the final proposal for voting. (See Appendix for full list of ideas generated.)

Once the list of “ideas” was finally refined and converted into a ballot of practicable strategies, a final tally was reached using in-person and mail in ballots. This method resulted in selection of proposal X¹. (See Attachment 06 for full ballot)

Proposal X included the following components for up to 40 provider sites as a pilot of the CBHS Consumer Connect portal with consumer end user support and consumer employment as described in Exhibit 2. The ballot listed these primary components as listed in Proposal VII.

CONSUMER CONNECT

- 3 years Consumer Connect (EHR Portal) 2 computer kiosks with high speed internet
- eSignatures
- 3 bidirectional interfaces Hosp/Primary care, Laboratories, Jails
- 10 voice recognition software licenses
- 5 language translator/pocket PC/ 3 yr licenses
- 1 Full Time Engineer
- 1 Full Time Consumer Advocate

CONSUMER EMPLOYMENT:

- Help Desk 1 person/8 hrs per day/3 yrs (3 persons)
- Point Of Service Document Imaging/ 4 persons/3 yrs,
- Conversion document imaging 2 persons/1 yr with training plus 1 supervisor
- Consumer Support/Employment: Train the Trainers - 1 Coordinator, 1 Admin. Assistant., + 8 trainees

Proposal Number		Total Cost/Initial and on-going for three years	Percent of MHSA-IT Budget	Annual cost after 3rd year	MHSA-IT Budget
X	40 provider sites with alternate Help Desk: w/all of the items as stated in Proposal VII	\$3,940,880.00	95.00%	\$977,081.49	\$4,148,350

¹ After the balloting was completed, some minor adjustments in timing of the project roll out were necessary to accommodate inaccuracies in the original cost estimates.

Approvals/Contacts

Please include separate signoff sheet with the names, titles, phone, e-mail, signatures and dates for:

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

County Behavioral Health Director

Name: Robert P. Cabaj

Signed: 

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Email: bob.cabaj@sfdph.org

Date

12/12/09

Chief Information Officer /Security Officer

Name: Dave Counter

Signed: 

Telephone: 415 255-3575

Email: dave.counter@sfdph.org

Date

1/4/10

MHSA Director

Name: Alice Gleghorn

Signed: 

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Date

12/22/09

MHSA-IT Project Manager, Document Preparation

Name: Nan Dame

Signed: 

Telephone: 415 255-3545

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Date

12/23/09

Name:

Signed

Telephone:

email

Date