MENTAL HEALTH SERVICES ACT

Capital Facilities and Technology Component Technological Needs Project Proposal

Executive Summary

February 18, 2010

Introduction

Sacramento County has been engaged in the Community Planning Process (CPP) for the Technology portion of the Capital Facilities and Technological Needs (CF&TN) component of the Mental Health Services Act (MHSA). The Division of Mental Health will continue to plan for additional CF&TN Projects, however, at this time we are taking the opportunity to submit a Technology Project Proposal to fund a multi-phased project to move to an Electronic Health Record (EHR) and Personal Health Record (PHR).

During the last two years, the Division has successfully implemented a Practice Management (PM) system to capture client registration, authorization for services, State reporting requirements and Medi-Cal claiming. The PM system is built on a foundation that allows for relative ease of adding EHR and PHR components. The Division is committed to developing an information system that allows clients and family members to experience truly integrated services.

The Technology Project will happen in five phases. It will focus on the infrastructure necessary to meet Sacramento's goals of the Community Services and Supports (CSS) Plan by improving integrated services that are client and family driven, meet the needs of target populations and are consistent with the Recovery vision of Sacramento County. The project will also further the County's efforts in achieving the federal objectives of meaningful use of Electronic Health Records to improve client care.

Request for Technology Project Funding

Sacramento County is currently requesting $12,980,000 in CF&TN funding to implement this Technology Project. Sacramento has identified another Technology Project that will be submitted at a later date involving Telemedicine for $500,000. Because Sacramento has a total of $14,775,200 in CF&TN funding, the remainder will be set aside for Capital Facilities Projects ($1,295,200; 9%). A CPP will be utilized to determine the Capital Facilities Projects to be submitted.

Planning Process

A comprehensive planning process was initiated to engage consumers and family members, unserved and underserved communities, system partners and other key stakeholders. Sacramento County has been engaging the community for several years regarding the development of an EHR. In order to enhance and expand this planning process, a specific process for Technology was implemented. Through a series of stakeholder meetings, the community was educated about technology options, prioritized solutions and developed the Technology Roadmap for the Division of Mental Health and its contracted service providers.

Each meeting focused on a specific topic. At these sessions, the community was presented with educational materials regarding each component of the plan and then identified their needs and priorities within the plan. The sessions followed the timeline below:

- October 14, 2009, Practice Management
- October 21, 2009, Electronic Health Record "Lite"

- October 28, 2009, Computerized Prescription and Laboratory Orders
- November 4, 2009, Electronic Health Record and Personal Health Record
- November 18, 2009, Presentation of Proposed Sacramento Roadmap

Technology Project

Sacramento's Technology Project consists of five phases over a five-year period beginning in the 2010/11 fiscal year. The five phases build upon the already successful installation of the Practice Management system with over 400 users in Sacramento County.

Phase 1 of the project will involve gathering the requirements and development of the clinical documentation for the Electronic Health Record (EHR). All users will also be offered the module to electronically prescribe medication. Phase 1 will include training and pilot testing of the EHR system.

In the 2011/12 fiscal year, Phase 2 will include the requirements and development of consent management tools for privacy and security, document imaging and the continued deployment of the EHR to about 1500 users throughout Sacramento County. In addition, methods to electronically receive claiming and State reporting data from contracted providers will be developed.

In fiscal year 2012/13, the project moves into Phase 3 which will include the transition to a full EHR with requirements development, training and installation of the exchange of clinical documents. Phase 4 includes the requirements development and installation of the electronic laboratory ordering and results viewing systems.

The final Phase 5 will include enhancing the current access of clients and family members to the personal health record and extending the data exchange beyond Sacramento County to include the necessary providers of care outside the system. This is the final phase of technology deployment and would be developed after all direct care phases are completed successfully and with the oversight and input from the work group.

Circulation of Proposed Technology Project and Public Hearing

The Division presented a draft of the Technology Project proposal to MHSA Steering Committee on December 3, 2009. After member discussion and public comment, the Steering Committee supported the proposal being posted for a 30-day public comment period prior to submitting the Plan to the Department of Mental Health.

The Division of Mental Health posted the proposed Technology Project from December 28, 2009 to January 28, 2010.

On December 28, 2009, an announcement was placed in the Sacramento Bee newspaper indicating the link to the posting and the date of the Public Hearing. An e-mail indicating the link to the posting and date of the Public Hearing was sent to all of our Child and Adult contract providers, our local libraries, and over 1300 individuals on our MHSA e-mail distribution list.

The Executive Summary was translated into Sacramento County's five (5) threshold languages and also posted for review. Efforts were also made to advertise the posting using ethnic media including the following:

- Crossings TV (KBTV): targets Hmong, Vietnamese and Cantonese speaking community members via television and on Crossings' website
- KFSG 1690 Radio: radio announcements regarding PEI in Russian
- El Hispano: a free weekly newspaper ran Spanish versions of the public notice

The Research, Evaluation and Performance Outcomes Manager presented the Technology Project to the following stakeholder groups:

- Mental Health Board, January 6, 2010
- MHSA Steering Committee, January 7, 2010

A Public Hearing convened by the Mental Health Advisory Board on January 28, 2010, at 6:00 p.m. at the Department of Health and Human Services Administrative Services Center, 7001-A E Parkway, Sacramento.

Public Comment

Public comment at both the Steering Committee and Public Hearing raised six issues for consideration. These issues, as well as the Division's response to them are summarized below.

1) ***Need to provide clients training on the system, including terminology***

   The Technology Project proposal includes the implementation of a personal health record as well as making computers available for client access. During the implementation of these two specific items, the SacHIE project team will solicit additional input regarding client and family member needs. The Division intends to make training available to clients in ways that are client friendly.

2) ***Opportunities for peer mentoring and/or consumer employment in training and implementation***

   The training and implementation plans for the Technology Project will be developed with additional input from all stakeholders, including clients and family members. During the development of those plans, opportunities for peer mentoring will be identified.

3) ***Include Road Map expectations in contracts with providers***

   The Division has drafted the following language for inclusion on the FY10-11 contracts:

   > "CONTRACTOR shall utilize the Avatar system for all County Mental Health Plan (MHP) functions including, but not limited to, client demographics, services/charges, assessments, treatment plans and progress notes.

CONTRACTOR has the right to choose not to use the Avatar system but must comply with all necessary requirements involving electronic health information exchange between the CONTRACTOR and the COUNTY. The CONTRACTOR must submit a plan to the COUNTY for approval demonstrating how the requirements will be met."

4) ***Include language planning in the system***

The Division of Mental Health is extremely sensitive to the needs of individuals and families we serve whose language proficiencies are other than English. Sacramento County has five threshold languages (Chinese, Vietnamese, Hmong, Russian and Spanish). The breadth of languages makes the implementation of personal health records particularly difficult in terms of cultural and linguistic competence. The Division will continue to do everything possible to incorporate linguistic competence in the technical solution ultimately available, but achievement of that goal will be dependent on the state of technology at the time.

5) ***Elaborate the Telemedicine component***

At this point, the preliminary thinking is that a telemedicine program for homebound seniors will be implemented. A formalized community planning process for this project needs to be undertaken to identify anything more specific.

6) ***Would like more specifics re: outcomes – would be helpful to know exactly what outcomes we are looking for and how they will be measured***

We have the ability to examine outcomes on several levels, including (1) timeliness of implementation; (2) implementing the project within budget; (3) client satisfaction; (4) clinician/service provider satisfaction; (5) pharmacy error reduction; and (6) increased practitioner productivity. As the project is implemented, additional outcomes will be identified.

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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: Sacramento Date: Dec 28, 2009

County Mental Health Director:

Printed Name: Mary Ann Bennett

Signature: Mary Ann Bennett

Date: Feb 16, 2010

Mailing Address: 7001-A East Parkway, Suite 400

City Sacramento State California Zip code: 95823

Phone Number: +1 (916) 875-9904 Fax: +1 (916) 874-8249

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Email: herbertt@saccounty.net

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Component Exhibit 2 Print Form

COMPONENT PROPOSAL NARRATIVE

County Sacramento

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	$ 1,295,200	or	9	%
Technological Needs	$ 13,480,000	or	91	%

The comprehensive planning process undertaken by Sacramento County in developing the initial CSS Component of the Three-Year Program and Expenditure Plan provides the foundation of the Capital Facilities and Technological Needs (CF&TN) Plan. The CF&TN Plan advances and coordinates with the CSS Plan which outlines the Goal of the Transformed System:

"The transformation of the public mental health system in California and the implementation of the MHSA is based on the goals of the President's New Freedom Commission on Mental Health, the aims of the Institute of Medicine's Crossing the Quality Chasm, and the California Mental Health Planning Council's Mental Health Master Plan. In order to effect change in the mental health system, the State directed programs to be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers, as well as the five fundamental concepts inherent in the MHSA. These concepts include: Community collaboration; Cultural competence; Client/family driven mental health system for older adults, adults and transition age youth and a family-driven system of care for children and youth; Wellness focus, including the concepts of recovery and resilience; and Integrated service experiences for clients and their families throughout their interactions with the mental health system."

With the guidance of the community stakeholders, the focus of the Capital Facilities and Technological Needs Component is on the goal of providing an integrated service experience for clients and their families. Examples of common issues identified by Client and Family member stakeholders through the CSS development process included: (1) older adults in need of integrated services due to multiple emergency room visits, frequent use of crisis and first responder services, and co-occurring mental health, physical health and substance abuse issues; (2) diverse ethnic communities with low utilization rates who are at great risk for undiagnosed and untreated mental illness, isolation, decompensation and family/community disruption; (3) adults who experience frequent and repeated psychiatric hospitalization yet never successfully link to community mental health resources; and (4) clients of all ages at risk of homelessness who frequently end up in jail or who utilize multiple types of acute care services because of their circumstances.

The local planning for proposed Capital Facilities and Technological Needs expenditures has revisited these issues first identified in 2006 through the comprehensive CSS Planning Process with a series of Capital Facilities and Technological Needs Public Stakeholder work groups conducted in October and November of 2009. Further guidance has been provided by the 2009 Sacramento County Information (See Attachment A). In this plan the implementation of the first phase of the county Division of Mental Health electronic health record is outlined along with the development of a countywide information security program. The CF&TN Plan also supports the County of Sacramento DHHS Strategic Plan developed in 2007 which outlines in Task 145, "the transformation of Mental Health Services by continuing the implementation of MHSA principles of community collaboration, cultural competence, client/family-driven services, wellness/recovery/resiliency focus and integrated services" (See Attachment B). Tactic 5 –"Implementing a new Mental Health IT system that improves care", optimistically is depicted as starting in 2006 and finishing in 2009. Although the timeframe has been extended, this plan is consistent with the recommendations from the stakeholders in developing the CFTN Plan for Sacramento County.

In order to support the care improvements required to address the issues identified in the CSS planning process, Sacramento County has worked with the stakeholders to identify key technological needs projects that support improvements and has prioritized them through the Community Planning Process. These projects include a series of technology infrastructure enhancements to allow client and family members to experience truly integrated services and to address the issues of lack of services or in appropriate services for targeted populations. The needs identified by the stakeholders focus on technology in the near term and will address Capital Facilities as a

secondary priority in the coming years. This focus and split of funds is consistent with the distributed model of care delivery in the County. Very little facilities are owned and operated by Sacramento county making the long term benefit to the patients one by enhancing the current "virtual" network of care delivery and linking that network through technology for support of the CSS priorities.

2. Stakeholder Involvement

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

In order to obtain stakeholder input and expertise as Sacramento County moves 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, a comprehensive stakeholder workgroup has been directly involved in developing the priorities for proposed projects. A comprehensive planning process attempted to engage consumers and family members, unserved and underserved communities, system partners and other key stakeholders. Sacramento County has been engaging the community for several years regarding the development of an EHR. In order to enhance and expand this planning process, a specific process for Technology was implemented. Through a series of stakeholder meetings, the community was educated about technology options, prioritized solutions and developed the Technology Roadmap for the Division of Mental Health and its contracted service providers.

Each meeting focused on a specific topic. At these sessions, the community was presented with educational materials regarding each component of the plan and then identified their needs and priorities within the plan. The sessions followed the timeline below:
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Meeting attendees included a wide variety of participants. Between 20 and 40 individuals attended each meeting, with a total of more than 130 people across all 5 meetings. The ethnic diversity of Sacramento County was illustrated by participants, with representation from several communities (e.g., Asian, Southeast Asian, Hispanic, African American, Indian and Caucasian). In addition, the following stakeholder groups were represented during the meetings: Education, consumers (adult and youth), Veterans, interested community members, contracted mental health services providers, ethnic services providers, physical health providers, social service providers, faith based providers, the Mental Health Advisory Board, the Mental Health Services Act Steering Committee and Mental Health Division Staff.

Consistent with MHSA statutory requirements WIC Sections 5848(a) and (b) and Title 9, CCR Sections 3300 and 3315, the Sacramento County Capital Facilities and Technological Needs Component Proposal and the Technological Needs Project Proposal were developed with local stakeholders and made available in draft form and circulated for review and comment for 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the documents. Because the stakeholder planning process included stakeholder co-development of project priorities, all recommendations from the Work groups, MHSA Task groups and the public hearing process have been incorporated into the Component Plan. Pursuant to WIC Section 5848(b), the local Mental Health Advisory Board also conducted a public hearing on the draft Capital Facilities and Technological Needs Component Proposal and the Technological Needs Project Proposal.

Public comment six issues for consideration. These issues, as well as the Division’s response to them are summarized below.
1) Need to provide clients training on the system, including terminology. The technology project proposal includes the implementation of a personal health record as well as making computers available for client access. During the implementation of these two specific items, the SacHIE project team will solicit additional input regarding client and family member needs. The Division intends to make training available to clients in ways that are client friendly.
2) Opportunities for peer mentoring and/or consumer employment in training and implementation. The training and implementation plans for the technology project will be developed with additional input from all stakeholders, including clients and family members. During the development of those plans, opportunities for peer mentoring will be identified.
3) Include Road Map expectations in contracts with providers. The Division has drafted the following language for inclusion on the FY10-11 contracts.
CONTRACTOR shall utilize the Avatar system for all County Mental Health Plan (MHP) functions including, but not limited to, client demographics, services/charges, assessments, treatment plans and progress notes. CONTRACTOR has the right to choose not to use the Avatar system but must comply with all necessary requirements involving electronic health information exchange between the CONTRACTOR and the COUNTY. The CONTRACTOR must submit a plan to the COUNTY for approval demonstrating how the requirements will be met.
4) Include language planning in the system. The Division of Mental Health is extremely sensitive to the needs of individuals and families

we serve whose language proficiencies are other than English. Sacramento County has five threshold languages (Chinese, Vietnamese, Hmong, Russian and Spanish). The breadth of languages makes the implementation of personal health records particularly difficult in terms of cultural and linguistic competence. The Division will continue to do everything possible to incorporate linguistic competence in the technical solution ultimately available, but will be dependent on the state of technology at the time.
5) Elaborate the Telemedicine component. At this point, the preliminary thinking is that a telemedicine program for homebound seniors will be implemented. A formalized community planning process for this project needs to be undertaken to identify anything more specific.
6) Would like more specifics re: outcomes – would be helpful to know exactly what outcomes we are looking for and how they will be measured. We have the ability to examine outcomes on several levels, including (1) timeliness of implementation; (2) implementing the project within budget; (3) client satisfaction; (4) clinician/service provider satisfaction; (5) pharmacy error reduction; and (6) increased practitioner productivity. As the project is implemented, additional outcomes will be identified.

The use of funds will focus primarily on the technological infrastructure necessary to meet the Sacramento County's goals of the CSS Plan by improving integrated services that are client and family driven, meet the needs of the target populations and are consistent with the Recovery Vision of the County.

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County of Sacramento Information Technology Plan 2009

January 2009

Introduction

I am pleased to present the County of Sacramento 2009 Information Technology Plan. This Plan is a product of the County's information technology governance structure (see Appendix A) and reflects the contributions of over 40 County departments. For the purpose of this Plan, Information Technology (IT) includes equipment, software, and support activities related to our computer, telephone, and wireless systems.

This Plan outlines three key focus areas and sets forth both three-year goals and one-year objectives. The key focus areas represent the critical strategic areas in which we need to channel our energies and actions. The focus areas derived from the business needs are:

- Expanding Electronic Access to Services
- Enhancing the County's IT Infrastructure
- Managing IT from a Countywide Perspective

The goals identify what we expect to accomplish within the three-year timeframe of the Plan. The objectives represent the current year tasks necessary to accomplish the related goal during calendar year 2009.

Progress made in accomplishing the goals and the 2009 objectives will be documented throughout the year. The Plan will be updated at the end of each calendar year. With this approach, the County will continually be looking forward three years for planning and budgeting purposes. At the same time, we will not lose sight of the need to complete the specific one-year objectives necessary to accomplish the goals and support the key focus areas.

This message would not be complete without special recognition for the assistance that I received from individuals all across the County. I am very grateful for their patience, time, and expertise in developing and updating the Plan. I would also like to extend a special thanks to the following IT Strategic Planning Advisory Group members who guided me through the validation and development process:

- Bassam Amrou, District Attorney
- Steve Baird, Airports
- Alan Douma, OCIT
- Karen Fuson, Probation
- Debbie Nadolna, OCIT
- Chuck Parker, OCIT
- Jim Person, Finance
- Jim Reiner, OCIT
- Ray Reis, Health & Human Services
- Irene Roberts, Sheriff
- Robert Schultz, Human Assistance
- Rami Zakaria, OCIT
- Jeff Leveroni, Municipal Services Agency MIS

It is important to recognize that the County continues to face some extraordinary financial challenges in the months and years ahead. It is my hope and expectation that this Plan will assist the Board of Supervisors and other County decision makers in prioritizing and maximizing the effectiveness of our investment in information technology and improving service delivery processes to our constituents.

Sincerely,

David Villanueva
Chief Information Officer

The Purpose and Business Drivers of Information Technology

The Countywide IT goals and objectives are based on this statement of purpose:

> The purpose of information technology is to enable the County to achieve its business goals and objectives.

These business drivers were identified as the planning groups defined the business initiatives, needs, and issues for the IT Plan.

- Public health and safety of our community
- Federal, state, and local laws and regulations
- Community based services delivery
- Timely, accurate, and responsive communication to constituents and employees
- Public's demand to access information and services
- Business strategies implemented with a Countywide perspective
- Privacy and security
- A highly skilled and well trained County workforce
- Information access and sharing between departments, other agencies and business partners
- Limited financial and human resources

Information Technology Goals and Objectives

Focus Area 1 – Services:

Expand Electronic Access to County Services

3 YEAR GOALS	2009 IT OBJECTIVES
1. Enhance information and community access to County services via the Internet	A. Migrate all Shared System FileNet customer departments from FileNet version 5.2 to P8. B. Complete the County Internet portal redesign
2. Promote partnerships to maximize the use of resources	A. Develop a regional master address database B. Implement a pilot solution for regional law enforcement data sharing (COPLINK) C. Improve spatial accuracy of parcel and street centerline base map. D. Implement alarm services with the City of Sacramento
3. Enhance the County's Financial and HR system (COMPASS) functionality to meet the needs of internal users	A. Implement ESS Time Entry and Managers Time Approval B. Implement a standard interface to COMPASS for time data entry C. Implement new General Ledger with Business Warehouse D. Develop a COMPASS disaster recovery plan
4. Replace the current Property Tax System	A. Develop requirements for a new property tax system
5. Comply with AB1168 to secure Personally Identifiable Information in county systems	A. Create public records in the office of the County Clerk-Recorder without the entire social security number in them B. Redact Social Security number from voter registration information
6. Support major business projects	A. Implement a solution for document management of MediCal case files B. Implement the new Assessor Information Management System (AIMS) C. Implement an Electronic Recording Delivery System (ERDS) at the County Clerk Recorder. D. Implement a new computer aided dispatch system in the Sheriff Department E. Implement institutional pharmacy support for DHHS Juvenile Health Services and Mental Health F. Implement AutoMed pill dispensing technology at the DHHS Primary Care Center G. Complete a pilot implementation of the Total Practice Partner system for DHHS Primary Health Services. H. Implement the Avatar Practice Management Module for DHHS Mental Health Services.

Information Technology Goals and Objectives

Focus Area 2 – Infrastructure:

Enhance the County IT Infrastructure to provide a robust, stable, scalable and secure foundation

3 YEAR GOALS	2009 IT OBJECTIVES
1. Improve the capabilities of the voice and data networks	A. Complete the bandwidth upgrade for the DHA network to support VoIP, video streaming, and related applications B. Complete the fiber laterals and connectivity to Branch Center from the Regional Transit fiber lines C. Install a new underground infrastructure for the new airport terminal and concourse D. Extend WAN connectivity to Water Resources Vineyard treatment plant. E. Implement network redundancy for DWMR and DWR, as well as provide an alternate data path from Branch Center to downtown F. Produce a report on the feasibility of a broadband wireless system for public safety/public service use in the Sacramento County region.
2. Enhance the Sacramento Regional Radio Communications System	A. Improve radio coverage to Galt, Rancho Murieta, Citrus Heights, and City of Sacramento
3. Improve security for people, buildings, and data	A. Implement a Countywide encryption solution for portable computers
4. Improve the cost effectiveness and utilization of IT resources and services	A. Create and publish a report recommending virtualization standards and a purchasing mechanism B. Study feasibility of implementing secure printing C. Implement PC power management for at least 2,500 devices D. Study the feasibility of externally hosting the mainframe E. Identify areas for cost reductions F. Determine feasibility of regional data centers

Information Technology Goals and Objectives

Focus Area 3 – Manage Internal IT Service Delivery:

Manage internal IT service delivery from a County Wide Perspective

3 YEAR GOALS	2009 IT OBJECTIVES
1. Develop a Countywide technology disaster recovery plan	A. Complete a business impact analysis to identify essential county services B. Determine the feasibility of retrofitting Branch Center as an alternate data center
2. Deliver IT services in a consistent manner Countywide	A. Develop policy and procedures for all data retention and backups B. Develop e-discovery polices and procedures C. Implement a countywide information security program
3. Ensure the County is prepared to share CJIS data among law and justice partners	A. Complete CJIS Replacement Requirements Project including the requirements to interface with the AOC Criminal Case Management System B. Implement an infrastructure in the DA for sharing data with law enforcement C. Develop a county transition plan as the AOC replaces the courts system D. Develop an impact analysis identifying the affect on the county by the new Courts Case Management System.

Appendix A
IT Governance Structure

Information Technology Policy Board (ITPB)

The Information Technology Policy Board derives its authority from the IT Constitution. The Information Technology Policy Board consists of elected officials, agency administrators and department directors, and the Chief Information Officer. Some of its duties include:

- Develop and promote the County's IT corporate vision.
- Recommend Countywide IT policies and standards for approval by the County Executive and the Board of Supervisors.
- Maintain a repository of Countywide IT policies, procedures, and standards.
- Establish subcommittees to oversee specific IT initiatives in the County.

Technology Review Group (TRG)

This work group provides technical expertise to the IT Policy Board. The TRG drafts Countywide policies, procedures, and standards for the use of IT. In addition the TRG assists in the development of a Countywide strategic information technology plan and ensures multiple agency project and personnel coordination.

ITPB Workgroups:

COMPASS/FOCUS Steering Committee

This committee provides management and direction for the County's financial and human resources systems. COMPASS is used for online management of personnel, accounting, and materials management systems. FOCUS is the system used to handle utility billing.

E-Government Steering Committee (EGSC)

This committee is the business and communications forum for e-government services, web-based enterprise content, and information management strategies in Sacramento County. The committee has broad representation from a cross-section of County departments and associated agencies. The committee provides a forum for information management and e-government initiatives. It recommends business and service delivery strategies using the Internet and the Intranet for doing business with constituents and employees.

Geographic Information Systems (GIS) Steering Committee

This committee provides management and direction for The County's Geographic Information System. GIS allows users to effectively capture, store, update, manipulate, analyze, and display all forms of geographically referenced information.

AgendaNet Steering Committee

This committee oversees the management of the Board of Supervisors' agenda management system. AgendaNet provides departments the ability to add items to the Board of Supervisors' agenda and it provides the means for recording, archiving and broadcasting meetings.

County of Sacramento
Board of Supervisors
2009

Roger Dickinson, 1st District
Jimmie Yee, 2nd District
Susan Peters, 3rd District
Roberta MacGlashan, 4th District
Don Nottoli, 5th District

Terry Schutten
County Executive

www.SacCounty.net

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Sacramento, CA 95814
(916) 874-7825
January 2009

County of Sacramento - DHHS Strategic Plan

As of 8/27/2007

Flag Descriptions: **Red:** Not budgeted, **Green:** Has ITS requirement

ID	Cash	Flags	Division	Task Name	% Comp	Start	Finish	Resource Names
1				**DHHS Strategic Plan Implementation Schedule**	**16%**	**Mon 6/5/06**	**Thu 12/31/09**	**Lynn Frank**
2	◆			**Goal #1: Improve Customer Service**	**20%**	**Tue 6/5/07**	**Wed 7/1/09**	**All Management**
3	◆		**CPS**	**Families will be linked to services with Family Resource Centers, Community Based Organizations, Mental Health, Public Health, Alcohol and Other Drug, Domestic Violence, other**	**10%**	**Sun 7/1/07**	**Tue 6/30/09**	**Marian Kubiak**
4			**CPS**	**Implement Differential Response practices across the Division as appropriate.**	**22%**	**Sun 7/1/07**	**Wed 12/31/08**	**Paula Christian**
5			CPS	Develop protocols for working with Differential Response Partners	75%	Sun 7/1/07	Tue 7/1/08	Paula Christian
6			CPS	Develop and provide training to staff and partners	75%	Mon 12/31/07	Mon 12/31/07	Paula Christian
7			CPS	100% joint assessment on all Path 2 referrals where response partners exist in all programs as appropriate.	0%	Sun 7/1/07	Wed 12/31/08	Paula Christian
8			CPS	Develop and implement on-going data evaluations.	0%	Sun 7/1/07	Mon 6/30/08	Paula Christian
9			**CPS**	**Implement Sustained Support Plan (SSP) across the Division.**	**10%**	**Sun 7/1/07**	**Tue 6/30/09**	**Kim Pearson**
10			CPS	Develop protocols and provide training to staff and participating community partners.	10%	Sun 7/1/07	Mon 6/30/08	Kim Pearson
11			CPS	100% completion of SSP's when returning children home and/or terminating service plans in all programs as appropriat	10%	Sun 7/1/07	Mon 6/30/08	Kim Pearson
12			CPS	Develop and implement on-going data evaluations.	10%	Tue 7/1/08	Tue 6/30/09	Kim Pearson
13	◆		**CPS**	**Implement the CALWorks Linkages Model**	**0%**	**Tue 7/1/08**	**Wed 12/31/08**	**Pat Mangan**
14			CPS	Develop protocols and provide training to staff and interagency partners.	0%	Tue 7/1/08	Wed 12/31/08	Pat Mangan
15			CPS	100% coordination with CALWorks in all programs as appropriate.	0%	Tue 7/1/08	Wed 12/31/08	Pat Mangan
16			CPS	Develop and implement on-going data evaluations.	0%	Tue 7/1/08	Wed 12/31/08	Pat Mangan
17	◆		**CPS**	**Implement the Co-Serving Model with Birth and Beyond**	**0%**	**Tue 1/1/08**	**Tue 12/30/08**	**Pat Mangan**
18			CPS	Develop protocols and provide training to staff and participating community partners.	0%	Tue 1/1/08	Mon 6/30/08	Pat Mangan
19			CPS	100% inclusion of Birth and Beyond in CWS CMS case plans as appropriate.	0%	Tue 1/1/08	Tue 12/30/08	Pat Mangan
20			CPS	Develop and implement on-going data evaluations.	0%	Tue 1/1/08	Mon 6/30/08	Pat Mangan
21			**CPS**	**Develop methods for continuous review and improvement.**	**0%**	**Sun 7/1/07**	**Mon 12/31/07**	**Marian Kubiak**
22			CPS	Ongoing monitoring by the Family to Family (F2F) Core Team	0%	Mon 12/31/07	Mon 12/31/07	Marian Kubiak
23			CPS	Develop annual Division and Program training plans that include all the tactics identified for Strategy 1.	0%	Sun 7/1/07	Mon 12/31/07	Mary DeSouza
24	◆		**CPS**	**Children entering foster care will experience placement stability that leads to permanency: reunification, adoption, guardianship in accordance with regulatory timelines**	**0%**	**Sun 7/1/07**	**Wed 7/1/09**	**Marian Kubiak**
25	◆		CPS	Utilize Team Decision Making Prior to Removal (ER, FM, DI).	0%	Mon 9/3/07	Tue 6/30/09	Karen Parker
26			CPS	Expand efforts to expedite relative assessment (simplified exemptions).	15%	Tue 7/1/08	Tue 7/1/08	Abraham Samuel
27			CPS	Provide permanency option information (including adoption and KinGAP) to potential relative caregivers during the relative approval and reassessment process	0%	Fri 12/28/07	Mon 12/31/07	Stephanie Lynch
28	◆		CPS	Educate placement partners on Family to Family and permanency.	0%	Sun 7/1/07	Wed 12/31/08	Marian Kubiak
29			CPS	Outstation kinship workers at CRH for after hours and weekend coverage.	0%	Fri 8/31/07	Fri 8/31/07	Abraham Samuel
30			CPS	Create a placement structure that provides: single point of entry for all initial placements and subsequent placement changes, social workers that have regional resource and placement expertise, same day CWS/CMS data entry (see "Notes" section for rest)	0%	Wed 7/1/09	Wed 7/1/09	Stephanie Lynch
31	◆		CPS	Establish a kinship support position that links relative caregivers to community resources and services that support permanency	0%	Mon 6/30/08	Mon 6/30/08	Stephen Wallach
32			**OOD**	**Identify, analyze and implement process improvements in the Office of the Director support fun**	**83%**	**Tue 6/5/07**	**Fri 2/15/08**	**Deb Antley**
33			OOD	Reorganize unit to report to an ASO I	100%	Tue 6/5/07	Tue 6/5/07	Deb Antley
34			OOD	Create a function contact list that lists the primary and back up for function	100%	Fri 7/6/07	Fri 7/6/07	Pete Castro
35			OOD	Create duty & standard statements for all staff	80%	Tue 6/5/07	Fri 9/28/07	Pete Castro
36			**OOD**	**Cross train administrative support staff on five functions by July 2008.**	**90%**	**Fri 6/29/07**	**Fri 2/15/08**	**Laura Williams**
37			OOD	A- Select 5 high value functions	100%	Fri 6/29/07	Fri 6/29/07	Laura Williams
38			**OOD**	**B-Write procedure, and train for 1st function - Incoming mail**	**100%**	**Fri 7/13/07**	**Fri 8/17/07**	**Laura Williams**
43			OOD	C-Write procedure, and train for 2nd function : Capital Records	40%	Mon 8/20/07	Fri 9/21/07	Laura Williams
44			OOD	D-Write procedure, and train for 3rd function : Cell Phone Bills	30%	Fri 12/21/07	Fri 12/21/07	Laura Williams
45			OOD	E-Write procedure, and train for 4th function	0%	Thu 1/31/08	Thu 1/31/08	Laura Williams

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46			OOD	F-Write procedure, and train for 5th function	0%	Fri 2/15/08	Fri 2/15/08	Laura Williams
47			**OOD**	**Improve facility management response time**	**0%**	**Fri 9/28/07**	**Fri 3/28/08**	**Deb Antley**
48			OOD	Publicize to all DHHS staff how to report a facility issue.	0%	Mon 12/31/07	Mon 12/31/07	Deb Antley
49			**OOD**	**Institute a log listing information about facility issue reports.**	**0%**	**Fri 9/28/07**	**Tue 1/1/08**	
50			OOD	A-Select items to record	0%	Fri 9/28/07	Sun 9/30/07	Deb Antley
51			OOD	B-Design log	0%	Wed 10/31/07	Wed 10/31/07	Facility Mgt,Deb Antley
52			OOD	C-Pilot log	0%	Fri 11/30/07	Fri 11/30/07	Facility Mgt
53			OOD	D-Redesign log if needed	0%	Mon 12/31/07	Mon 12/31/07	Facility Mgt
54			OOD	E-Implement log	0%	Tue 1/1/08	Tue 1/1/08	Facility Mgt
55			OOD	Routinely inform staff in building of the status of building issues.	0%	Fri 3/28/08	Fri 3/28/08	Facility Mgt
56			**PHS**	**Provide timely outpatient specialty appointments**	**16%**	**Tue 6/5/07**	**Thu 4/3/08**	**Keith Andrews**
57			PHS	Establish baseline data, including selection of specialties to measure and sample size	50%	Tue 6/5/07	Fri 8/31/07	Sierra Birge
58			PHS	Implement a provider survey	50%	Fri 6/29/07	Fri 9/28/07	Nancy Gilberti
59			PHS	Recruitment project for specialists	10%	Tue 6/5/07	Mon 12/31/07	Inez Tullgren
60			PHS	Third Party Administrator contract	0%	Tue 6/5/07	Thu 4/3/08	Keith Andrews
61			**PHS**	**Customer service improvement initiative**	**87%**	**Tue 6/5/07**	**Fri 9/28/07**	**PHS Division Managers**
62			PHS	Enroll All PHS front line non-clinical staff in introductory training	85%	Fri 6/29/07	Fri 9/28/07	
63				PCC customer service workgroup	90%	Tue 6/5/07	Wed 8/15/07	Laura Williams
64			**PHS**	**Develop new process to reduce the time required to deliver a medication refill**	**49%**	**Tue 6/5/07**	**Fri 9/12/08**	**Steve Golka**
65			PHS	Implement Interactive Voice Recording (IVR) telephone system for refill ordering.	80%	Tue 6/5/07	Fri 9/12/08	Steve Golka
66			PHS	Fill 4 vacant pharmacy positions after upgrading salaries. Requires union and BOS action.	75%	Tue 6/5/07	Mon 12/31/07	Steve Golka
67			PHS	Review and revise as necessary staff work flow process	50%	Tue 6/5/07	Mon 12/31/07	Steve Golka
68			PHS	Revise and establish necessary policies and procedures	10%	Tue 6/5/07	Mon 12/3/07	Steve Golka
69			PHS	Establish drop off box for refill requests at each clinic	0%	Tue 6/5/07	Fri 2/29/08	Steve Golka
70			**PHS**	**Increase number of clients who receive disability insurance coverage**	**28%**	**Tue 6/5/07**	**Thu 7/31/08**	**Dorothy Pitman**
71			PHS	Identify best practices in other counties	100%	Tue 6/5/07	Tue 6/5/07	Dorothy Pitman
72			PHS	Implement new disability program to enroll appropriate clients	10%	Tue 6/5/07	Thu 7/31/08	Dorothy Pitman
73			PHS	Eliminate current programs for General Assistance and SSI by DHA	100%	Tue 6/5/07	Fri 9/14/07	Dorothy Pitman
74			***SAS***	***Develop an IHSS unit which serves high risk cases, including all children's cases (* Lynn's Top Four *)***	***0%***	***Fri 9/28/07***	***Mon 3/31/08***	***Bert Bettis***
75			SAS	Complete the development of high-risk indicator criteria	0%	Fri 9/28/07	Fri 9/28/07	Judy Ludwick
76			SAS	Identify the number of potential recipients who qualify	0%	Wed 10/31/07	Wed 10/31/07	Guy Howard Klopp
77			SAS	Develop staffing and intervention strategies	0%	Wed 10/31/07	Wed 10/31/07	HRRT
78			SAS	Identify potential funding sources for seed grant funding	0%	Fri 11/30/07	Fri 11/30/07	Judy Ludwick
79			SAS	Develop core grant application documentation	0%	Fri 11/30/07	Fri 11/30/07	
80			SAS	Develop and submit at least three grant proposals	0%	Thu 1/31/08	Thu 1/31/08	
81			SAS	Identify staff and supervisor (or establish hiring process)	0%	Mon 3/31/08	Mon 3/31/08	IHSS Management
82			SAS	Establish working MOU with DHA Senior Companion Program	0%	Mon 3/31/08	Mon 3/31/08	Piper Wilson
83			SAS	Begin shifting identified high-risk cases to new unit	0%	Mon 3/31/08	Mon 3/31/08	
84			**PH**	**Add/Expand (DHHS) Public Health Customer Service position/program**	**10%**	**Mon 3/31/08**	**Mon 3/31/08**	**Robert Nelson**
85				Training at Division wide meeting in first quarter of 2008	10%	Mon 3/31/08	Mon 3/31/08	Robert Nelson
86			**ADS**	**Develop universal customer satisfaction surveys**	**9%**	**Fri 9/28/07**	**Fri 11/30/07**	**Sandy Damiano**
87			ADS	Gather input from prevention and treatment providers, ADS Advisory Board, ADS employees, other DHHS divisions, other Departments for pertinent items to be included.	10%	Fri 9/28/07	Thu 11/15/07	Jessica Vierra
88			ADS	Develop draft of survey and distribute for feedback.	0%	Wed 10/31/07	Wed 10/31/07	Jessica Vierra
89			ADS	Implement survey	0%	Fri 11/30/07	Fri 11/30/07	Jessica Vierra

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90			**ADS**	**Update and maintain accurate resource information**	**63%**	**Fri 8/31/07**	**Fri 9/28/07**	**Sandy Damiano**
91			ADS	Update ADS Division web page	50%	Fri 9/28/07	Fri 9/28/07	Glen Holland
92			ADS	Update Program Coordinator Assignments information	20%	Fri 9/28/07	Fri 9/28/07	Maria Morfin
93			ADS	Update County ADS counselor information	80%	Fri 9/28/07	Fri 9/28/07	Danielle Gaines
94			ADS	Update County ADS counselor support group information	100%	Fri 9/28/07	Fri 9/28/07	Danielle Gaines
95			ADS	Update community providers resource list	80%	Fri 9/28/07	Fri 9/28/07	Katrina Matta
96			ADS	Update ADS Advisory Board member information	50%	Fri 8/31/07	Fri 8/31/07	Danielle Gaines
97	◆			**Goal #2: Provide 1st Class Service with Compassion**	**15%**	**Mon 6/5/06**	**Wed 12/30/09**	**All Management**
98			**CPS**	**Social Workers will use Team Decision-Making in their decision making processes on all placement changes**	**0%**	**Wed 6/13/07**	**Sat 9/1/07**	**Sandy Damiano**
99			CPS	Update Bureau plans for each program and establish program priorities for TDM utilization . (Include firewall/accountability in each plan)	0%	Thu 6/14/07	Sat 9/1/07	Karen Parker
100			CPS	Need M & C.	0%	Thu 6/14/07	Sat 9/1/07	Marian Kubiak,Karen Habben
101			CPS	Gather data about potential # of placement changes in each program	0%	Thu 6/14/07	Wed 8/1/07	Karen Habben
102			CPS	Ongoing mechanism to identify current /pending placement changes by August 1, 2007	0%	Wed 6/13/07	Tue 7/31/07	Karen Habben
103	◆		**CPS**	**Children/youths will obtain increased permanency through kinship care and support**	**0%**	**Wed 6/13/07**	**Sun 12/30/07**	**Sandy Damiano**
104			CPS	Front end (ER, FM, CS) identify potential relative placements	0%	Wed 6/13/07	Wed 6/13/07	Martha Haas
105	◆		CPS	Kinship worker in Dependant Intake	0%	Wed 6/13/07	Wed 8/29/07	Abraham Samuel,Stephanie Lynch
106			CPS	Utilize TDM to identify and support relative placements	0%	Tue 7/31/07	Tue 7/31/07	Karen Parker
107			CPS	Expand kinship staffing to front end	0%	Wed 6/13/07	Mon 7/30/07	Abraham Samuel,Stephanie Lynch
108			CPS	Continue to expand AB1913 (expedited waivers) use	0%	Thu 6/14/07	Sun 7/1/07	Abraham Samuel,Stephanie Lynch
109			CPS	Transfer kinship unit to Foster Home Licensing manager	0%	Thu 6/14/07	Sun 7/1/07	Abraham Samuel,Stephanie Lynch
110	◆		CPS	Kinship Support Program start-up	0%	Wed 6/13/07	Tue 8/21/07	Romeal Samuel,Terry Clauser
111			CPS	Develop plan to educate and provide outreach to potential families for KinGAP+	0%	Wed 6/13/07	Mon 7/30/07	Sue Bassett
112			CPS	Educate workers in Court Services and Family Reunification on KinGAP+	0%	Wed 6/13/07	Fri 7/20/07	Sue Bassett,Marian Kubiak
113			CPS	Develop a communication plan to get information to relatives	0%	Wed 6/13/07	Thu 8/30/07	Laurie Slothhower
114			CPS	Eligibility workers to attend TDMs	0%	Fri 6/22/07	Sun 7/1/07	Karen Parker,Alicia Blanco
115			CPS	Use Community Engagement Specialist in TDMs to link relatives to services	0%	Wed 6/13/07	Mon 7/30/07	Karen Parker
116			CPS	Link relatives to material resources through Adopt a Caseworker program	0%	Thu 6/14/07	Sun 12/30/07	Alicia Blanco
117			CPS	Monthly report regarding front end placements with relatives	0%	Sun 7/1/07	Sun 7/1/07	Karen Habben
118	◆	⚑	**LF**	**Create a plan to identify and bolster mental health and substance abuse services for seniors served in SAS**	**0%**	**Mon 12/24/07**	**Wed 12/31/08**	**Sandy Damiano**
119			LF	Identify mental health and substance abuse programs that appropriately serve seniors.	0%	Mon 12/31/07	Mon 12/31/07	Bert Bettis,Uma Zykofsky
120			LF	Count the number of seniors served in MH and AOD services	0%	Mon 12/24/07	Mon 12/24/07	Uma Zykofsky
121			LF	Identify the Senior need for mental health and substance abuse services.	0%	Mon 3/31/08	Mon 3/31/08	Bert Bettis,Uma Zykofsky
122			LF	Identify existing referral paths to programs serving high priority seniors in Mental Health or AOD.	0%	Fri 5/30/08	Fri 5/30/08	Bert Bettis,Uma Zykofsky
123			LF	Identify needed program enhancements and/or new programs.	0%	Mon 6/30/08	Mon 6/30/08	Bert Bettis,Uma Zykofsky
124	◆	⚑	LF	Identify potential funding or possible coordination efforts to increase the number of seniors served by AOD and MH	0%	Wed 12/31/08	Wed 12/31/08	Bert Bettis,Uma Zykofsky
125	◆		**LF**	**Create programs/partnerships for co-occurring mental health/substance abuse issues**	**0%**	**Mon 3/31/08**	**Fri 7/31/09**	**Sandy Damiano**
126			LF	Identify existing treatment programs for both populations, clearly describing admission criteria for dual disorder	0%	Mon 3/31/08	Mon 3/31/08	Uma Zykofsky,Monin Mendoza
127			LF	Identify opportunities for development of dual diagnosis programs	0%	Thu 7/31/08	Thu 7/31/08	Uma Zykofsky,Monin Mendoza
128			LF	Identify best practices in dual diagnosis programs	0%	Fri 1/30/09	Fri 1/30/09	Uma Zykofsky,Monin Mendoza
129			LF	Solicit program ideas for funding submission	0%	Fri 5/29/09	Fri 5/29/09	Uma Zykofsky,Monin Mendoza
130			LF	Identify possible funding sources	0%	Tue 6/30/09	Tue 6/30/09	Uma Zykofsky,Monin Mendoza
131	◆		LF	Submit funding proposals	0%	Fri 7/31/09	Fri 7/31/09	Uma Zykofsky,Monin Mendoza

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132	◆		**PHS**	**Obtain additional state funding for WIC participants**	**46%**	**Tue 6/5/07**	**Fri 9/28/07**	**Teri Duarte,Sandy Damiano**
133			PHS	Request authority and additional funding from the California Department of Health Services to serve 2,400 additional WIC participants.	100%	Tue 6/5/07	Tue 6/5/07	Teri Duarte
134			PHS	Perform outreach activities and add program appointment slots and to increase the number of low-income women, infants and children receiving WIC Program benefits.	100%	Tue 6/5/07	Tue 6/5/07	Teri Duarte
135			PHS	Increase the number of DHHS WIC participants served from 26,600 to 29,000.	100%	Fri 9/28/07	Fri 9/28/07	Teri Duarte
136	◆			Explore alternate funding and claiming methodology	44%	Tue 6/5/07	Fri 9/14/07	Teri Duarte
137			**PHS**	**QA/QI of Pharmacy Errors (dispensing errors, label errors, filling errors, strength errors) with the goal of reducing the error rate**	**5%**	**Tue 6/5/07**	**Wed 9/30/09**	**Steve Golka,Sandy Damiano**
138			PHS	Establish a baseline	100%	Tue 6/5/07	Fri 6/29/07	Steve Golka
139			PHS	Educate staff about reporting medication errors	0%	Tue 6/5/07	Fri 12/28/07	Steve Golka
140			PHS	Identify largest source of error	50%	Tue 6/5/07	Wed 10/31/07	Steve Golka
141			PHS	Correct the error	0%	Tue 6/5/07	Fri 2/29/08	Steve Golka
142			PHS	Repeat cycle	0%	Tue 6/5/07	Wed 9/30/09	Steve Golka
143			PHS	Institute a quality assurance & process improvement program	0%	Tue 6/5/07	Fri 11/30/07	Steve Golka
144			PHS	Incorporate quality assurance policies and procedures with clinic and pharmacy general procedures	0%	Tue 6/5/07	Fri 11/30/07	Steve Golka
145	◆		**MH**	**Transform Mental Health System of care by continuing implementation of MHSA principles of community collaboration, cultural competence, client/family-driven services, wellness/recovery/resiliency focus and integrated services.**	**23%**	**Mon 6/5/06**	**Fri 7/31/09**	**Leland Tom**
146	◆		**MH**	**Tactic 1: Expand mental health services for children and adults utilizing effective model programs and/or practices**	**38%**	**Fri 6/30/06**	**Tue 6/30/09**	**Damiano/Bertaccini/Kittrell**
147			MH	Implement and monitor the MHSA Community Services and Supports component	38%	Fri 6/30/06	Tue 6/30/09	Damiano/Bertaccini/Kittrell
148	◆		**MH**	**Tactic 2: Recruit, train and retain qualified individuals that reflect the diversity of our community to provide mental health services.**	**5%**	**Mon 7/2/07**	**Tue 6/30/09**	**Callejas/Johnson**
149			MH	Develop and implement the MHSA Education and Training work plan.	5%	Mon 7/2/07	Tue 6/30/09	Callejas/Johnson
150	◆		**MH**	**Tactic 3: Establish programs designed to prevent mental illnesses from becoming severe and disabling**	**5%**	**Wed 8/1/07**	**Tue 6/30/09**	**Damiano/Bertaccini/Callejas**
151			MH	Develop and implement the MHSA Prevention and Early Intervention work plan.	5%	Wed 8/1/07	Tue 6/30/09	Damiano/Bertaccini/Callejas
152	◆		**MH**	**Tactic 4: Increase capital assets to expand opportunities for accessible community-based services for clients and their families**	**0%**	**Mon 10/1/07**	**Tue 6/30/09**	**Damiano/Bertaccini/Callejas**
153			MH	Develop and implement the Capital Facilities portion of the MHSA Capital Facilities and Technology component.	0%	Mon 10/1/07	Tue 6/30/09	Damiano/Bertaccini/Callejas
154	◆	⚑	**MH**	**Tactic 5: Implement a new mental health IT system that improves quality of care.**	**40%**	**Mon 3/5/07**	**Tue 6/30/09**	**Herbert/Callejas**
155			MH	Develop IT system that creates Electronic Health Records, offers interoperability with other IT systems, and provides client access to personal health records.	40%	Mon 3/5/07	Tue 6/30/09	Herbert/Callejas
156			**MH**	**Tactic 6: Reduce homelessness for children, families and adults living with mental illness.**	**40%**	**Mon 6/5/06**	**Tue 6/30/09**	**Freitas/Callejas**
157			MH	Expand housing opportunities with CSS funding and the MHSA Housing Program.	40%	Mon 6/5/06	Tue 6/30/09	Freitas/Callejas
158	◆		**MH**	**Tactic 7: Reduce barriers to accessing mental health services.**	**10%**	**Mon 7/2/07**	**Fri 7/31/09**	**Damiano/Bertaccini/Zykofsky**
159			MH	Integrate the Child and Adult Access Teams.	10%	Mon 7/2/07	Fri 7/31/09	Damiano/Bertaccini/Zykofsky
160	◆		**MH**	**Restructure adult, acute psychiatric services provided by Sacramento County to decrease patient census at the MHTC, which will allow for higher quality care, improve linkage to acute care alternatives, and reduce acute care service costs.**	**12%**	**Mon 4/2/07**	**Wed 12/30/09**	**Leland Tom**
161			**MH**	**Tactic 1: Conduct a cost to benefit analysis of creating at least one 16 bed Psychiatric Health Facility in Sacramento**	**0%**	**Mon 10/1/07**	**Fri 8/1/08**	**Tubbs/Zuehlk**
162			MH	Determine current out-of-county contracted acute service rates	0%	Mon 10/1/07	Fri 11/30/07	Tubbs/Zuehlk
163			MH	Submit 330 for cost analysis of County-operated facility	0%	Mon 12/31/07	Wed 1/30/08	Tubbs/Zuehlk
164			MH	Public request for Letters of Interest for contracted private facility in Sacramento	0%	Fri 3/14/08	Fri 3/14/08	Tubbs/Zuehlk
165			MH	Develop staffing grid for county-operated facility with cost analysis	0%	Tue 1/8/08	Fri 2/29/08	Tubbs/Zuehlk
166			MH	Calculate Medi-Cal reimbursement to offset overall cost	0%	Fri 2/1/08	Fri 2/29/08	Tubbs/Zuehlk
167			MH	Based on Letters of Interest response, determine if RFP required	0%	Tue 4/1/08	Tue 4/1/08	Tubbs/Zuehlk

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168			MH	Communicate with Letters of Interest parties to discuss projected rates for service	0%	Tue 4/15/08	Fri 5/30/08	Tubbs/Zuehlk
169			MH	Submit Final cost analysis with recommendation for County-operated or contracted facility to Mental Health Director	0%	Fri 8/1/08	Fri 8/1/08	Tubbs/Zuehlk
170			**MH**	**Tactic 2: Utilize crisis diversion service options for clients who can benefit from alternatives to inpatient care**	**9%**	**Tue 6/5/07**	**Mon 3/3/08**	**Kittrell/Damiano**
171			MH	Improve communication and referral process between MHTC and Turning Point Crisis Residential Services	15%	Tue 6/5/07	Mon 3/3/08	Kittrell/Damiano
172			MH	Update and implement MOU with local law enforcement agencies that increase diversion of alcohol-impaired clients to Volunteers of America Detox Center for alcohol-impaired clients brought to the MHTC Crisis Unit	5%	Wed 8/1/07	Wed 1/30/08	Kittrell/Damiano
173			MH	Update and implement MOU between Alta Regional and MHTC to increase effectiveness in finding alternative placement for Alta clients other than MHTC inpatient services	5%	Mon 10/1/07	Fri 2/29/08	Kittrell/Damiano
174			MH	Tactic 3: Re-organize LINX program to work seamlessly with discharge planning	0%	Wed 8/1/07	Mon 6/30/08	Kittrell
175			**MH**	**Tactic 4: Reduce Administrative Stay Patient (ASP) Census at MHTC by 20 percent**	**8%**	**Tue 6/5/07**	**Thu 1/31/08**	**Kittrell/Damiano**
176	◆		MH	Implement hiring and retention strategies for Sr. Mental Health Counselor-Licensed positions	20%	Wed 8/1/07	Mon 10/1/07	Kittrell/Damiano
177			MH	Reallocation of existing clinical staff to focus on ASP	25%	Wed 8/15/07	Wed 10/31/07	Kittrell/Damiano
178			MH	Work with and support Adult outpatient's proposed Level of Care (LOC) process and LOCUS to improve patient discharge planning and implementation	0%	Tue 6/5/07	Sun 12/30/07	Kittrell/Damiano
179			MH	Review and redesign interagency collaboration	5%	Mon 7/16/07	Thu 1/31/08	Kittrell/Damiano
180	◆		**MH**	***Tactic 5: Restructure Regional Support Team system to decrease caseload burden and enhance quality of care (* Lynn's Top Four *)***	**17%**	**Mon 4/2/07**	**Wed 12/30/09**	**Damiano**
181	◆		**MH**	**Phase I - Caseload Reduction**	**40%**	**Mon 4/2/07**	**Mon 9/1/08**	**Sandy Damiano**
182			MH	Documentation Revision	70%	Mon 4/2/07	Mon 12/3/07	Sandy Damiano
183			MH	Admission and Discharge	50%	Mon 4/2/07	Mon 12/3/07	Sandy Damiano
184			MH	Implementation of new MHSA programs	20%	Tue 5/1/07	Mon 9/1/08	Sandy Damiano
185	◆		**MH**	**Phase II – Model Refinement**	**5%**	**Tue 6/5/07**	**Mon 9/1/08**	**Sandy Damiano**
186			MH	Action plan creation noting changes that can occur within existing budget and those changes requiring additional funding	5%	Tue 6/5/07	Mon 3/3/08	Sandy Damiano
187			MH	Model refinement based on parallel processes of MHSA program implementation, Co-Occurring Disorders initiatives, effective model practices and program reviews.	0%	Mon 9/1/08	Mon 9/1/08	Sandy Damiano
188	◆		**MH**	**Phase III - Implementation of Model Refinement (within existing resources)**	**0%**	**Tue 1/1/08**	**Wed 12/30/09**	**Sandy Damiano**
189			MH	Begin implement recommended model changes that can occur within existing resources. Implementation involves training, program implementation and monitoring of new practices. Dependent on changes,	0%	Tue 4/1/08	Wed 12/30/09	Sandy Damiano
190	◆		MH	Request additional funding as indicated for model changes that require additional funding	0%	Tue 1/1/08	Tue 6/30/09	Sandy Damiano
191	◆		**SAS**	**Create a strong multi-disciplinary IHSS and Medi-Cal team with DHA**	**17%**	**Tue 7/31/07**	**Wed 4/30/08**	**Sharon Rehm**
192			SAS	Complete draft MOU defining project parameters	100%	Tue 7/31/07	Tue 7/31/07	Sharon Rehm
193			SAS	Coordinate inter-agency meetings to ensure effective implementation	20%	Fri 8/31/07	Fri 8/31/07	Sharon Rehm
194			SAS	Establish working MOU with DHA	0%	Fri 9/28/07	Fri 9/28/07	Piper Wilson
195			SAS	Define job responsibilities, policies and procedures	0%	Fri 9/28/07	Fri 9/28/07	Sharon Rehm,DHA
196	◆		SAS	Identify staff and supervisors (or establish hiring process)	0%	Fri 9/28/07	Fri 9/28/07	Sharon Rehm,DHA
197			SAS	Improve communication linkages between agencies	0%	Fri 9/28/07	Fri 9/28/07	Sharon Rehm
198			SAS	Monitor program success	0%	Mon 12/31/07	Mon 12/31/07	Sharon Rehm,DHA
199			SAS	All program components in place and functioning	0%	Wed 4/30/08	Wed 4/30/08	Sharon Rehm,DHA
200	◆		**PH**	**Obtain funding for Chronic Disease/Obesity prevention activities**	**0%**	**Sun 7/1/07**	**Tue 7/1/08**	**Glennah Trochet**
201			PH	Submit 380 for new county funding for Epidemiologist and Health Program Coordinator	0%	Sun 7/1/07	Sun 7/1/07	Glennah Trochet
202			PH	Seek grant funding	0%	Mon 12/31/07	Mon 12/31/07	Karen Olsen
203			PH	Develop chronic disease/obesity indicators report	0%	Tue 7/1/08	Tue 7/1/08	Cassius Lockett
204			**PH**	**Increase STD and HIVtesting in community clinics**	**0%**	**Tue 7/1/08**	**Tue 7/1/08**	**Dr. Hand**
205			PH	Closer relationship, facilitate testing and treatment	0%	Tue 7/1/08	Tue 7/1/08	Dr. Hand
206			PH	Investigate courier service	0%	Tue 7/1/08	Tue 7/1/08	Sondra Armour
207			PH	Train staff in HIV counseling	0%	Tue 7/1/08	Tue 7/1/08	Jesus Garcia
208			**ADS**	**Improve the Interdivisional and Community referral process**	**4%**	**Wed 10/31/07**	**Mon 6/30/08**	**Jessica Vierra**
209			ADS	Analyze current referral process	5%	Wed 10/31/07	Fri 11/30/07	Jessica Vierra

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ID	Cash	Flags	Division	Task Name	% Comp	Start	Finish	Resource Names
210			ADS	Gather feedback from internal and external customers	0%	Mon 12/31/07	Mon 12/31/07	Jessica Vierra
211			ADS	Develop plan for improvement	0%	Fri 2/29/08	Fri 2/29/08	Jessica Vierra
212			ADS	Pilot the plan	0%	Mon 3/31/08	Mon 3/31/08	Jessica Vierra
213			ADS	Implement the plan	0%	Mon 6/30/08	Mon 6/30/08	Jessica Vierra
214	◆			**Goal #3: Commit to Staff Success and Competence**	**6%**	**Tue 6/5/07**	**Thu 12/31/09**	**All Management**
215	◆		**CPS**	**Develop training that focuses the workforce to value ethnic and cultural differences and strive to achieve the best outcome for the child and family**	**0%**	**Tue 6/5/07**	**Thu 9/27/07**	**Laura Coulthard**
216	◆		**CPS**	**Develop a training plan for staff and community partners that enhances skills and practices that are responsive to the culture and ethnic needs of children and families within our community.**	**0%**	**Tue 6/5/07**	**Thu 9/27/07**	
217			CPS	Explore and utilize courses developed and provided by UC Davis Extension to educate and train staff and community partners.	0%	Thu 6/14/07	Sun 7/1/07	TSD PMs
218			CPS	Develop and implement training topics on specific populations that focus attention on cultural diversity.	0%	Tue 6/5/07	Tue 6/5/07	TSD PMs
219			CPS	Develop annual Division and Program training plans that incorporate cultural diversity and ethnicity.	0%	Tue 6/5/07	Tue 6/5/07	TSD PMs
220	◆		CPS	Evaluate outside training programs such as Undoing Racism for implementation with staff at all levels.	0%	Tue 6/5/07	Tue 6/5/07	TSD PMs
221			CPS	Explore educational resources provided by CSUS and look at opportunities to partner with them to tailor and implement training for child welfare staff.	0%	Wed 6/13/07	Thu 8/30/07	TSD
222			CPS	Develop training in partnership with other community agencies that serve diverse populations.	0%	Tue 6/5/07	Tue 6/5/07	Alicia Blanco,Karen Parker
223			CPS	Develop and implement training evaluations that can be used to assess staff training needs and progress toward meeting goal.	0%	Wed 6/13/07	Thu 9/27/07	TSD
224			CPS	XCEL evaluations will be updated to reflect staff commitment to cultural awareness.	0%	Wed 6/13/07	Thu 9/27/07	TSD
225			CPS	Attendance and participation at cultural and ethnic county caucuses to learn about the training needs of these populatio	0%	Tue 6/5/07	Tue 6/5/07	TSD
226			***LF***	***Reinvent the Leadership Forum Meetings (* Lynn's Top Four *)***	***0%***	***Mon 9/10/07***	***Mon 3/31/08***	***Lynn Frank***
227			**LF**	**Hold facilitated brainstorming session at Leadership Forum in October**	**0%**	**Wed 10/31/07**	**Wed 10/31/07**	**Lynn Frank**
228			LF	Future day of week, length of Leadership Forum meetings, frequency	0%	Wed 10/31/07	Wed 10/31/07	
229			LF	Identification of what Division heads would like to cover and accomplish in Leadership Forums moving forward	0%	Wed 10/31/07	Wed 10/31/07	
230			**LF**	**Select goals for Leadership Forum**	**0%**	**Fri 11/30/07**	**Fri 11/30/07**	**Lynn Frank**
231			LF	A-Consultation with Leadership Team on results from facilitated session	0%	Fri 11/30/07	Fri 11/30/07	Lynn Frank
232			**LF**	**Select appropriate activities and format for Leadership Forum**	**0%**	**Mon 9/10/07**	**Mon 9/10/07**	**Lynn Frank**
233			LF	A-Consultation with Leadership Team	0%	Mon 9/10/07	Mon 9/10/07	Lynn Frank
234			**LF**	**Determine agenda items**	**0%**	**Fri 11/30/07**	**Mon 3/31/08**	**Lynn Frank**
235			LF	A-Assign responsibilities activities for next Jan-March 08 months	0%	Fri 11/30/07	Fri 11/30/07	Lynn Frank
236			LF	B-Add Leadership Forum agenda items as ongoing Leadership Team agenda item and +/delta eval	0%	Mon 3/31/08	Mon 3/31/08	Lynn Frank
237			LF	C- At Leadership Team conduct a +/delta evaluation of each month's Leadership Forum	0%	Thu 1/31/08	Thu 1/31/08	Lynn Frank
238			**OOD**	**Deliver department wide training sessions**	**8%**	**Fri 8/31/07**	**Thu 12/31/09**	**Laura Williams**
239			OOD	HR create monthly report of compliance with mandated staff training	0%	Thu 11/15/07	Thu 11/15/07	Laura Williams
240			OOD	Meet with OOD HR, Contract, Admin, Fiscal, ITS, Facilities Management, Micron Fiscal, APD, Budget unit chiefs for ideas for possible training	20%	Fri 8/31/07	Fri 8/31/07	Laura Williams
241			OOD	Survey Divisions about desired training from those listed above.	20%	Wed 10/31/07	Wed 10/31/07	Laura Williams
242			OOD	Select training topics.	20%	Mon 11/19/07	Mon 11/19/07	Sue Priest
243			OOD	Set goal for number of trainings to provide in next 12 months.	0%	Fri 11/30/07	Fri 11/30/07	Sue Priest
244			OOD	Identify presenter for each training.	0%	Mon 12/31/07	Mon 12/31/07	Laura Williams
245			OOD	Create training schedule	0%	Thu 1/31/08	Thu 1/31/08	Pete Castro
246			OOD	Deliver training over the next 12 months	0%	Thu 12/31/09	Thu 12/31/09	Laura Williams
247			**SAS**	**Provide on going training for staff**	**0%**	**Fri 8/31/07**	**Mon 3/31/08**	**Vanessa Nguyen**
248			SAS	Identify County and Division mandatory and recommended trainings	0%	Fri 8/31/07	Fri 8/31/07	Vanessa Nguyen
249			SAS	Identify appropriate training available through UC Davis	0%	Fri 9/28/07	Fri 9/28/07	Vanessa Nguyen
250			SAS	Put out an annual training calendar	0%	Fri 9/28/07	Fri 9/28/07	Vanessa Nguyen
251			SAS	Enroll new and existing staff in available state trainings	0%	Fri 8/31/07	Fri 8/31/07	Vanessa Nguyen

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252			SAS	Quality Assurance to monitor critical documentation needs and potential training topics	0%	Fri 11/30/07	Fri 11/30/07	Guy Klopp
253			SAS	Develop outline of critical core curricula	0%	Mon 12/31/07	Mon 12/31/07	Floridama Valencia
254			SAS	Develop periodic training topics for physician consultant to provide	0%	Fri 9/28/07	Fri 9/28/07	Susan Schwendimann
255			SAS	Procure presenters and trainers for Division and program meetings	0%	Fri 9/28/07	Fri 9/28/07	Jeannette Johnson
256			SAS	Establish a regular training schedule, which includes all elements	0%	Mon 3/31/08	Mon 3/31/08	
257			**PH**	**Hold annual Division-wide meetings**	**20%**	**Tue 6/5/07**	**Mon 3/31/08**	**Robert Nelson**
258			**PH**	**Train all managers in hiring and interviewing skills**	**0%**	**Tue 6/5/07**	**Wed 12/31/08**	**Glennah Trochet**
259			PH	Identify, list existing training resources	0%	Fri 9/28/07	Fri 9/28/07	Elena Alvayay
260			PH	Develop hiring policies per division including hiring protocol	0%	Thu 6/5/08	Thu 6/5/08	Elena Alvayay
261			PH	Update job duty statements as needed (each member of the division leadership team to report to team)	0%	Wed 12/5/07	Wed 12/5/07	Glennah Trochet
262			PH	Finish review and updates as necessary	0%	Thu 6/5/08	Thu 6/5/08	Glennah Trochet
263			PH	Directive to all managers in the division to attend HR provided training on hiring and interviewing	0%	Tue 10/30/07	Tue 10/30/07	Glennah Trochet ,Bernice Walton
264			PH	Track training as it happens: Responsibility: each member of the division leadership team for the programs under them.	0%	Tue 6/5/07	Wed 12/31/08	PH Leadership team
265			PH	Develop and implement staff coaching, mentoring program	0%	Wed 12/31/08	Wed 12/31/08	Karen Olson ,Cynthia Johnston
266			**ADS**	**Develop protocols and procedures for internal operations (desk functions)**	**0%**	**Mon 3/31/08**	**Mon 6/30/08**	**Jessica Vierra**
267				Gather all pertinent ADS Division information, requirements, and procedures for contracting	0%	Mon 3/31/08	Mon 3/31/08	Jessica Vierra
268				Complete manual	0%	Mon 6/30/08	Mon 6/30/08	Jessica Vierra
269			**ADS**	**Expand cross training of ADS administrative staff**	**9%**	**Fri 9/14/07**	**Mon 3/31/08**	**Maria Morfin**
270			ADS	Usage of computer storing systems training	10%	Fri 9/14/07	Tue 10/30/07	Deborah Canales
271			ADS	Fiscal and budget training	15%	Wed 10/31/07	Wed 10/31/07	Chuck Guardalibene
272			ADS	Contracts and contract amendment training	10%	Fri 9/14/07	Fri 11/30/07	Deborah Canales
273			ADS	Board letter training	10%	Mon 12/3/07	Mon 3/31/08	Deborah Canales
274			ADS	Data systems training	5%	Tue 1/15/08	Fri 3/14/08	Glen Holland
275			**ADS**	**Expand scholarship programs to increase diversity in community-based organizations**	**0%**	**Thu 1/31/08**	**Wed 4/30/08**	**Maria Morfin**
276			ADS	Research needs in the community	0%	Thu 1/31/08	Thu 1/31/08	Elizabeth Contreras
277			ADS	Research funding sources	0%	Wed 4/30/08	Wed 4/30/08	Monin Mendoza
278				**Goal #4: Provide an Effective Infrastructure which Supports Quality**	**15%**	**Fri 12/1/06**	**Thu 12/31/09**	**All Management**
279			**LF**	**Design and implement the department strategic business plan**	**73%**	**Tue 6/5/07**	**Mon 10/15/07**	**Lynn Frank**
280			LF	Create Department Goals	100%	Tue 6/5/07	Tue 6/5/07	Lynn Frank
281			LF	Create Division Strategies within Department goals	100%	Tue 6/5/07	Tue 6/5/07	Lynn Frank
282			LF	Create Division tactics	90%	Thu 8/23/07	Thu 8/23/07	Lynn Frank
283			LF	Create control sheet of tactics and due dates	75%	Thu 8/23/07	Thu 8/23/07	Lynn Frank
284			LF	Set up an ongoing Department/Division review system and resetting of strategies.	0%	Mon 10/15/07	Mon 10/15/07	Lynn Frank
285			**OOD**	**Improve the 71J process**	**0%**	**Fri 8/31/07**	**Wed 12/31/08**	**Laura Williams**
286			OOD	Map current process	0%	Fri 8/31/07	Thu 5/1/08	Laura Williams
287			OOD	Approve charter	0%	Fri 2/1/08	Fri 2/1/08	Laura Williams
288			OOD	Gather process requirements.	0%	Wed 10/1/08	Wed 10/1/08	Laura Williams
289			OOD	Redesign process	0%	Fri 10/31/08	Fri 10/31/08	Laura Williams
290			OOD	Draft policies and procedures	0%	Mon 12/1/08	Mon 12/1/08	Laura Williams
291			OOD	Implement new procedure	0%	Wed 12/31/08	Wed 12/31/08	Laura Williams
292			***OOD***	***Maximize revenue (* Lynn's Top Four *)***	***3%***	***Tue 6/5/07***	***Thu 12/31/09***	***Sue Priest***
324			**OOD**	**Analyze and improve the administrative function of DHHS. (Collaboration, communication, elimination of duplicative effort)**	**4%**	**Sun 7/1/07**	**Wed 12/31/08**	**Sue Priest**
325			**OOD**	**Improve Board letter process by December 31, 2007**	**54%**	**Sun 7/1/07**	**Wed 12/31/08**	**Laura Williams**

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326			OOD	Brainstorm problems and strengths	100%	Fri 7/20/07	Fri 7/20/07	Laura Williams
327			**OOD**	**Pilot using Agenda.net within the Department to enter and sign off on Board Letters. Pilot will only be with one Division.**	**0%**	**Fri 3/14/08**	**Fri 3/14/08**	**Laura Williams**
329			OOD	Provide a weekly update of Board Letter status to Divisions when Board Letter is between Department but not yet approved by Agency	100%	Fri 8/31/07	Fri 8/31/07	Laura Williams
330			OOD	Create notification system to Divisions of the Board Letter scheduled date, amended date, and approval date.	100%	Fri 8/31/07	Fri 8/31/07	Laura Williams
331			OOD	Provide Division and Contracts with copy of approved Board letter	80%	Sun 7/1/07	Sun 7/1/07	Laura Williams
332			OOD	Evaluate current Board letter process and add attachment of 71J analysis to Board check list. (Sue and Penny have checklist)	0%	Fri 9/21/07	Fri 9/21/07	Laura Williams
333			OOD	Establish a workgroup to make the above changes.	100%	Tue 7/31/07	Tue 7/31/07	Laura Williams
334			OOD	Issue Policy and Procedure	5%	Mon 3/31/08	Mon 3/31/08	Laura Williams
335			OOD	Establish process expectations	100%	Fri 8/10/07	Fri 8/10/07	Laura Williams
336			OOD	Train OOD support staff on agenda.net	0%	Wed 12/31/08	Wed 12/31/08	Laura Williams
337	◆	⚑	**OOD**	**Contract for an outside review of administrative functions**	**0%**	**Mon 10/1/07**	**Tue 7/15/08**	**Sue Priest**
338			OOD	Execute contract	0%	Mon 10/1/07	Mon 10/1/07	Sue Priest
339			OOD	Consultant's recommendations due	0%	Thu 2/28/08	Tue 4/15/08	Sue Priest
340			OOD	Management decision of what changes to implement	0%	Mon 3/31/08	Thu 5/15/08	Sue Priest
341			OOD	Creation of work plan	0%	Thu 5/15/08	Tue 7/15/08	Sue Priest
342			**OOD**	**OOD Contact list**	**3%**	**Mon 3/31/08**	**Wed 4/30/08**	**Laura Williams**
343			OOD	Identify OOD staff level positions that support specific Divisions or functions	5%	Mon 3/31/08	Mon 3/31/08	Laura Williams
344			OOD	Publish list of primary staff by issue/function.	0%	Wed 4/30/08	Wed 4/30/08	Laura Williams
345			**PHS**	**Change the current way of doing business with contractor's funded to provide medical services to medically indigent and county responsible persons**	**63%**	**Fri 12/1/06**	**Tue 1/1/08**	**Keith Andrews**
346			PHS	Amend existing contract with University of California, Davis Medical Systems (UCDMS) that provides medical services to medically indigent and county responsible persons to include an expiration date within the current	60%	Fri 6/29/07	Fri 11/30/07	Keith Andrews
347			PHS	Create and issue a RFA to contract with a Third Party Administrator for medical services claims processing and access to a Preferred Provider Organization (PPO) services.	65%	Fri 12/1/06	Tue 1/1/08	Keith Andrews
348			**PHS**	**Develop and distribute County formulary**	**14%**	**Tue 6/5/07**	**Wed 9/30/09**	**Steve Golka**
349			PHS	Review and revise County formulary	19%	Tue 6/5/07	Fri 9/28/07	Steve Golka
350			PHS	Educate physicians and receive feedback	0%	Tue 6/5/07	Wed 4/30/08	Steve Golka
351			PHS	Create & distribute final County formulary	0%	Tue 6/5/07	Fri 11/30/07	Steve Golka
352			PHS	Monitor use of County formulary	11%	Tue 6/5/07	Wed 12/31/08	Steve Golka
353			PHS	Establish a base and target for performance measures	0%	Tue 6/5/07	Tue 1/1/08	Steve Golka
354			PHS	Reduce non formulary drug use where indicated	30%	Tue 6/5/07	Wed 9/30/09	Steve Golka
355			PHS	Establish policies and procedures that direct formulary use	8%	Tue 6/5/07	Wed 12/31/08	Steve Golka
356			**PHS**	**Quantify the benefit or cost of the free drug programs**	**0%**	**Tue 6/5/07**	**Wed 4/30/08**	**Steve Golka**
357			PHS	Quantify the costs & benefits of each of the 5 free drug programs.	0%	Tue 6/5/07	Fri 11/30/07	Steve Golka
358			PHS	Make recommendations to the Pharmacy and Therapeutics Committee	0%	Tue 6/5/07	Tue 1/1/08	Steve Golka
359			PHS	Implement approved recommendations	0%	Tue 6/5/07	Mon 3/31/08	Steve Golka
360			PHS	Establish necessary policies and procedures	0%	Thu 6/7/07	Wed 4/30/08	Steve Golka
361	◆		**PHS**	**Implement Electronic Medical Record system**	**23%**	**Mon 1/15/07**	**Mon 9/7/09**	**Keith Andrews**
362		⚑	PHS	Create RFP and Post	95%	Mon 1/15/07	Fri 9/28/07	Carol Santos
363	◆	⚑	PHS	Develop Interfaces	15%	Mon 3/3/08	Fri 8/15/08	
364	◆	⚑	PHS	Implement in phases	0%	Tue 1/1/08	Mon 9/7/09	Carol Santos
365	◆	⚑	**SAS**	**Reduce the number of federal participation IHSS cases that fall into non-federal participation sta**	**10%**	**Tue 6/5/07**	**Mon 12/31/07**	**Bert Bettis**
366	◆	⚑	SAS	Identify process adversely affecting those that move into non-FFP status	0%	Mon 12/31/07	Mon 12/31/07	
367			SAS	Work with DHA to ensure more recipients get Medi-Cal documentation completed timely	0%	Fri 9/28/07	Fri 9/28/07	Sharon Rehm
368			SAS	Work with annuitants to ensure that applicants get Medi-Cal documentation completed timely	50%	Tue 6/5/07	Tue 6/5/07	Jeannette Johnson

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369			SAS	Monitor fluctuation of numbers from the 45 and 10 day lists	0%	Mon 12/31/07	Mon 12/31/07	Mike Andreozzi
370			SAS	Track level of success and work to eliminate any barriers that arise	0%	Mon 12/31/07	Mon 12/31/07	Sharon Rehm,DHA
371			**PH**	**Develop a team to coordinate Field Nursing, CHDP & CCS Services for customers**	**10%**	**Tue 6/5/07**	**Mon 12/31/07**	**Bobbi Kizzie**
372	◆		**ADS**	**Establish a Youth System-of-Care Assessment Unit**	**5%**	**Thu 9/20/07**	**Mon 12/31/07**	**Carla Ambrose**
373			ADS	Secure collaboration from ADS providers, probation, mental health, CPS	5%	Thu 9/20/07	Mon 12/31/07	Carla Ambrose
374			ADS	Develop policies and procedures	0%	Wed 10/31/07	Wed 10/31/07	Carla Ambrose
375	◆		ADS	Secure site and staff for assessment unit	0%	Fri 11/30/07	Fri 11/30/07	Carla Ambrose
376	◆		**ADS**	**Establish a Residential Treatment Program for Youth**	**0%**	**Fri 9/28/07**	**Fri 2/29/08**	**Carla Ambrose**
377			ADS	Develop a handbook for treatment providers interested in providing the service	0%	Fri 9/28/07	Fri 9/28/07	Carla Ambrose
378			ADS	Organize information from DayTop debriefing meeting	0%	Mon 10/15/07	Mon 10/15/07	Marguerite Story-Baker
379			ADS	Schedule a meeting of community partners: ADS providers, Juvenile Court, probation, mental health, ADS Advisory Board, Faith Based communities, school districts, CPS, County Planning Office	0%	Thu 11/15/07	Thu 11/15/07	Marguerite Story-Baker
380	◆		ADS	Develop a plan for implementation of siting and flow of services	0%	Fri 2/29/08	Fri 2/29/08	Carla Ambrose
381	◆		**ADS**	**Establish a Methamphetamine Detoxification Program**	**0%**	**Mon 3/31/08**	**Fri 5/29/09**	**Maria Morfin**
382			ADS	Establish workgroup to define the scope of the problem fiscal impact, cost savings, and develop plan. (see task notes for workgroup make up)	0%	Mon 3/31/08	Mon 3/31/08	Monin Mendoza
383			ADS	Research Health and Safety Codes for siting of facilities	0%	Wed 4/30/08	Wed 4/30/08	Jessica Vierra
384	◆		ADS	Research funding sources for program.	0%	Wed 4/30/08	Wed 4/30/08	Monin Mendoza
385			ADS	Present to BOS	0%	Fri 5/30/08	Fri 5/30/08	Maria Morfin,Community Partners
386			ADS	Present plan to Co-Occurring Policy Council to be included in workgroup	0%	Fri 5/30/08	Fri 5/30/08	Maria Morfin
387			ADS	Research potential program sites	0%	Thu 7/31/08	Thu 7/31/08	Jessica Vierra
388			ADS	Develop plan for siting and staffing of program	0%	Tue 9/30/08	Tue 9/30/08	Jessica Vierra
389	◆			Establish program	0%	Fri 5/29/09	Fri 5/29/09	
390	◆			**Goal #5: Increase Public Awareness**	**0%**	**Tue 6/5/07**	**Fri 9/26/08**	**All Management**
391	◆		**LF**	**Plan the "Imagine if Everyone Cared" department public relations campaign**	**0%**	**Thu 1/31/08**	**Fri 9/26/08**	**Lynn Frank**
392			LF	Create a media campaign proposal	0%	Thu 1/31/08	Thu 1/31/08	Laura McCasland
393	◆		LF	Identify a source of funding for the campaign	0%	Mon 3/31/08	Mon 3/31/08	Lynn Frank
394			LF	Issue an RFP or contract for the media campaign	0%	Fri 5/30/08	Fri 5/30/08	Cindy Sawhill
395			LF	Start the media campaign.	0%	Fri 9/26/08	Fri 9/26/08	Laura McCasland
396		⚑	**OOD**	**Partner with DHHS media officer to promote program successes on the DHHS web site**	**0%**	**Tue 6/5/07**	**Mon 12/31/07**	**Laura McCasland**
397			OOD	Redesign Department internet portal.	0%	Tue 6/5/07	Tue 6/5/07	Laura McCasland
398			OOD	Transition Informer to a quarterly, electronic publication.	0%	Mon 12/31/07	Mon 12/31/07	Laura McCasland
399			OOD	Add event announcements to weekly check-up.	0%	Tue 7/31/07	Tue 7/31/07	Laura McCasland
400			OOD	Issue a request for Division successes along with format requirements.	0%	Fri 9/28/07	Sun 9/30/07	Laura McCasland
401			OOD	Publicize successes via new conference, articles to local media, and new releases	0%	Tue 6/5/07	Tue 6/5/07	Laura McCasland
402	◆		**SAS**	**Increase public awareness of aging issues and the impact on the community and families**	**0%**	**Tue 6/5/07**	**Mon 3/31/08**	**Bert Bettis,Laura McCasland**
403			SAS	Develop a PR plan for the Division	0%	Mon 12/31/07	Mon 12/31/07	Judy Ludwick
404			SAS	Create public information pieces	0%	Mon 3/31/08	Mon 3/31/08	Judy Ludwick
405			SAS	Develop an internal speaker's bureau	0%	Mon 3/31/08	Mon 3/31/08	Judy Ludwick
406			SAS	Continue providing articles when requested	0%	Tue 6/5/07	Tue 6/5/07	Judy Ludwick
407			SAS	Work with Department and County PIOs to create positive press opportunities	0%	Mon 3/31/08	Mon 3/31/08	Judy Ludwick
408			SAS	Develop SAS service offering video	0%	Tue 6/5/07	Tue 6/5/07	Judy Ludwick
409			**PH**	**Explain the role of Public Health to multiple audiences**	**0%**	**Thu 6/5/08**	**Thu 6/5/08**	**Glennah Trochet**
410			PH	Report back to Board of Supervisors on Bioterrorism and disaster preparedness activities	0%	Thu 6/5/08	Thu 6/5/08	Dr. Tait
411			PH	Develop informational video on CCS	0%	Thu 6/5/08	Thu 6/5/08	Kerry Shearer
412			PH	Foodborne Illness Investigation training	0%	Thu 6/5/08	Thu 6/5/08	Dr. Belmusto

For edits contact: Len Gray, x. 876-7518 or grayle@saccounty.net

County of Sacramento - DHHS Strategic Plan

As of 8/27/2007

Flag Descriptions: **Red:** Not budgeted, **Green:** Has ITS requirement

ID	Cash	Flags	Division	Task Name	% Comp	Start	Finish	Resource Names
413	◆		**ADS**	**Develop Media Packages that Highlight Successes**	**0%**	**Thu 11/1/07**	**Mon 6/30/08**	**Monin Mendoza**
414			ADS	Gather data of positive outcomes for prevention and treatment participants	0%	Thu 11/1/07	Mon 12/31/07	Monin Mendoza
415	◆		ADS	Collaborate with DHHS Media Officer to develop photographic and written display of treatment successes to place at high visibility sites in the style of “When the Bough Breaks.”	0%	Mon 12/3/07	Fri 5/30/08	Elizabeth Contreras
416			ADS	Collaborate with DHHS Media Officer and community partners in developing positive and accurate information about the benefits to individuals, families, neighborhoods, and communities of prevention and treatment.	0%	Tue 4/1/08	Mon 6/30/08	Monin Mendoza

For edits contact: Len Gray, x. 876-7518 or grayle@saccounty.net

Component Exhibit 3

Print Form

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

County: Sacramento

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 Serviced
TBD Through Future Comm. Planning Process				

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Component Exhibit 4

Print Form

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS LISTING

County: Sacramento

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

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

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

Client and Family Empowerment Projects

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

Other Technology Projects That Support MHSA Operations

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

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Enclosure 3
Exhibit 1

Face Sheet

For Technological Needs Project Proposal

County Name: Sacramento

Project Name: Sacramento Health Information Exchange (SacHIE)

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives, and proposed actions of the Mental Health Services Act (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 California Code of Regulations (CCR), Title 9, Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Mental Health Director

Name: Mary Ann Bennett Signature: Mary Ann Bennett

Phone: (916) 875-9904 Date: 2-18-10

Email: BennettMA@saccounty.net

Chief Information Officer

Name: Ray Reis Signature: Joseph B Howard for Ray Reis

Phone: (916) 875-0175 Date: 2-18-10

Email: ReisR@saccounty

HIPAA Privacy/Security Officer

Name: Uma Zykofsky Signature: Uma Zykofsky

Phone: (916) 875-3321 Date: 2·18·10

Email: ZykofskyU@saccounty.net

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Enclosure 3
Exhibit 2

Technological Needs Assessment

County Name: Sacramento

Project Name: Sacramento Health Information Exchange (SacHIE)

Provide A Technological Needs Assessment Which Addresses Each Of The Following Three Elements

1. County Technology Strategic Plan Template
(Small Counties have the Option to Not Complete this Section.)

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

Current Technology Assessment

List below or attach the current technology Systems In Place.

1.1 Systems Overview

Currently, Sacramento County has implemented the Netsmart AVATAR Cal-PM Product. This is a practice management system and provides functionality in the areas of Client Registration, Authorizations, Episode Management, Financial Eligibility Management, Claiming, State reporting and Adhoc Reporting. It is an ASP model and the County does not support the hardware required to maintain the system. The connectivity method is two-fold, external providers (not connected to the County WAN) connect to the system via an SSL connection. County users connect via a secure point-to-point VPN tunnel. This system has a redundant back up server and is housed in New York. This system is the first step in the roadmap and will be integrated with the EHR/PHR components of the Integrated Information System Infrastructure.

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

1.2 Hardware

The vendor supplies and maintains all necessary hardware to use the system. The only hardware not provided are the actual workstations (desktops and or laptops) used by the end users and the internet connections required to access the application. The vendor provided hardware includes but is not limited to the following components: SSL Web servers to process all web traffic between SSL clients and the ASP environment, an SSL Report server to distribute Crystal Reports through SSL to users outside the County's WAN, a server farm comprised of database and application servers and VPN devices to support the point-to-point VPN between Sacramento County's WAN and the datacenter. The datacenter meets all HIPAA requirements for data storage, data access, system security and data security. The County has included in the contract data back-up and recovery procedures. The details are below:
Data Storage; HIPAA compliance: CONTRACTOR shall securely maintain, preserve and exchange consumer data in database running on commercially available hardware servers. CONTRACTOR'S servers shall be housed and secured, in compliance with current HIPAA security rulings, in CONTRACTOR'S data management center located at: Qwest CyberCenter, 8180 Green Meadows Dr. , Lewis Center, OH 43085.

All data maintained and preserved on COUNTY'S database schema shall be managed in full compliance with current HIPAA regulations for data security, confidentiality and authorized access. COUNTY shall exclusively own all data held within the COUNTY database schema on CONTRACTOR'S system.
Data Storage; Physical Security: CONTRACTOR shall maintain servers that are contained in locking cabinets within a securely locked server room that is only accessible by authorized CONTRACTOR employees, as supervised by CONTRACTOR'S Network Administrator and Database Administrator or its authorized hosting-center contractors. CONTRACTOR shall provide emergency battery power sufficient to support System operation until its Data Center facility generator is online. Full back-ups and air conditioning as well as fiber Internet connections shall be maintained by CONTRACTOR to provide minimal downtime in the event of a facility failure or natural disaster.

Data Storage; System Security: CONTRACTOR shall use secure technology to protect COUNTY'S data and transmissions between the Internet browser, client desktops and the data center to include the following features: (1) Transmission between browsers, desktop PCs and our web server is implemented using Secure Sockets Layer (SSL) technology. This technology requires application users to use an SSL-capable browser such as MS Internet Explorer 6.0 or later and (2) Transmission between CONTRACTOR, system users and third party entities such as eligibility and claims processors are encrypted using public key cryptography algorithms with a minimum key size of 128 bits.

CONTRACTOR shall notify COUNTY of any security breach into System within 24 hours or on the next business day in the event that COUNTY is unavailable for more than 24 hours.

System shall restrict authorized users to defined profiles limiting each user's access to only what their position requires as defined by COUNTY. System shall at all times maintain COUNTY'S client confidentiality.

CONTRACTOR shall sign an agreement binding them to specific provisions protecting the confidentiality of information about COUNTY'S clients and their families.

CONTRACTOR shall comply with the federal and state confidentiality regulations including HIPAA requirements for transmission and protection of individually identifiable health care data.
Data back-up and recovery services: Back-up and recovery services shall be provided as follows:
(1) Data is stored on redundant database hardware in CONTRACTOR'S data center. Data security shall be provided by SSL encryption, multiple levels of virus protection, enterprise firewalls, and filtering routers. CONTRACTOR'S ASP environment provides redundancy at all tiers of the environment. Redundant clustered firewalls with redundant Internet connections are employed, running "best of breed" secure inspection and analysis software. There is no expected data loss, except for catastrophic disk failures (all of the drives in the system fail) in which case CONTRACTOR will revert back to the last snapshot which occurs every 12 hours. CONTRACTOR utilizes shadowing, which creates a real-time image of the COUNTY database on a separate server. In addition, CONTRACTOR will snap-shot COUNTY data twice a day, to CONTRACTOR storage arrays, as well.
(2) CONTRACTOR shall maintain a full back up of both systems onto a tape system that rotates tapes out daily, five days per week. A daily backup shall be kept off-site in a secure location. Weekly and monthly backups shall be maintained, stored offsite and rotated on a periodic basis consistent with the period being stored.

1.3 Software

The software currently in place is the AVATAR Cal-PM product. It requires an internet browser such as Internet Explorer 6.0 or greater. In addition, Sacramento County has purchased 5 licenses for Crystal Reports in order to write and publish additional reports to address Sacramento County's business needs. Because the systems support ODBC connectivity several Microsoft Office products are used to extract and analyze the data. Included in list of applications are Microsoft Excel and Microsoft Access.

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

The vendor supplies the maintenance of both the hardware and software. Sacramento County has negotiated a service level agreement (SLA) as part of the contract to ensure that particular service levels are consistently met. The areas included in the SLA speak to overall system availability, response time from the application, report response time, scheduled maintenance windows and escalation procedures for problem resolution. (See attached SLA -- Attachment C).

Plan To Achieve An Integrated Information Systems Infrastructure (IISI) To Support MHSA Services

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

1.5 Describe how your Technological Needs Projects associated with the Integrated Information System Infrastructure will accomplish the goals of the County MHSA Three-Year Plan.

The local planning for the proposed Technological Needs expenditures has revisited the issues first identified in 2006 through the comprehensive CSS Planning Process. A series of Technological Needs Public Stakeholder work groups were conducted in October and November of 2009. Further guidance is provided by the 2009 Sacramento County Information Technology Plan which outlines key priorities for the County including the implementation of electronic access to County Services. In this plan the implementation of the first phase of the County Division of Mental Health electronic health record is outlined along with the development of a countywide information security program (See Attachment A of the Component Plan). Finally, the Technological Needs Plan supports the County of Sacramento DHHS Strategic Plan developed in 2007 which outlines in Task 145, “the transformation of Mental Health Services by continuing the implementation of MHSA principles of community collaboration, cultural competence, client/family-driven services, wellness/recovery/resiliency focus and integrated services.” Tactic 5 –“Implementing a new Mental Health IT system that improves care”, optimistically is depicted as starting in 2006 and finishing in 2009 (See Attachment B of the Component Plan). Although the timeframe has been extended, this plan is consistent with the recommendations from the stakeholders in developing the Technological Needs Plan for Sacramento County.

In order to support the care improvements required to address the issues note above, Sacramento County has worked with the stakeholders to identify key technological needs that support improvements and has prioritized them through the Community Planning Process. These efforts include a series of technology infrastructure enhancements to allow client and family members to experience truly integrated services and to address the issues of lack of services or in appropriate services for targeted populations. The needs identified by the stakeholders focus on technology in the near term and will address Capital Facilities as a secondary priority in the coming years.

Specifically, the technological needs funds will support the implementation of a new, secure and certified, interoperable electronic health record system that includes electronic prescribing, laboratory ordering and results delivery, treatment and assessment plan automation, and connectivity to a personal health record. This project is entitled the Sacramento Health Information Exchange. (SacHIE) These technologies will support the services outlined in the CSS plan through better data sharing and client and family member access to services. The phases of the project are intended to enable secure data sharing to improve the quality of care through the use of technology such as medication reconciliation tools to prevent medication errors, the use of lab ordering and results delivery to improve the time for diagnosis and treatment and electronic sharing of treatment plans with clients and family and other caregivers.

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

Currently Sacramento County has implemented the first part of the Integrated Information System Infrastructure (IISI) with the implementation of the AVATAR Practice Management system. Over 500 providers currently utilize the ASP model to successfully bill, do State reporting, schedule and record key demographics of each client. The next technology required will be the software to optimize the electronic health record management including assessment, treatment planning, progress notes and reporting. Further, computerized physician order entry (CPOE) such as Electronic prescribing, medication management and medication history receipt, laboratory orders and results, Document imaging, and personal health record deployment will be included in subsequent phases.

The technology to support this system is a CCHIT certified EHR system with integrated components for CPOE, Reporting and tracking which are HL7 2.4 compliant, and meet the security requirements established by law. The core EHR system and components are compliant with the requirements set forth in Appendix B of the CTN Enclosure 3, Exhibit 2.

1.7 - Note the Implementation Resources Currently Available.

Oversight Committee:	◉ Yes	○ No
Project Manager	◉ Yes	○ No
Budget:	◉ Yes	○ No
Implementation Staff in Place:	○ Yes	◉ No
Project Priorities Determined:	◉ Yes	○ No

1.8 - Describe Plan To Complete Resources Marked "No" Above.

The size of this implementation is very large. More than 1700 users are identified to require training and implementation of the clinical work station, the electronic prescribing and CPOE portions of the system; it is a very large geographic region; and there are as many as 150 locations. The Division of MH will require contracted implementation staff to supplement the current 2.5 FTEs assigned to this project. In past experience with implementation of the Practice Management portion of the system more than 4 FTEs were added on a temporary basis for training, implementation and testing.

For the 5 year timeframe implementation staff including the current FTEs will be supplemented with up to 2 FTEs as Project Management and subject matter experts as required for each phase of the installation. Using the train the trainer approach, these 2 FTEs will be eliminated at the end of the project implementation period. Due to the phased installation timetable, the provider readiness assessment, training and installation will be segmented over time based on the success rate of early implementations. The additional Project management and subject matter experts that will be required are anticipated to be contracted for temporarily and then transition support and ongoing maintenance to the current Division of Mental Health FTEs. For this reason, an ASP model approach was taken to reduce ongoing maintenance expenses.

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

With the installation of the practice management component of the IISI successfully completed in May 2009, the stakeholders were surveyed to develop priorities for the next set of initiatives for the County. The priorities established by the contracted providers, consumers, family members and other interested parties include a five phased Project Plan:

Phase 1: Clinical Documentation, Electronic Prescribing
Phase 2: Document Imaging, Consent Management Services, billing and State reporting electronic exchange
Phase 3: Clinical Documentation Exchange
Phase 4: Laboratory Order Entry and Lab history exchange
Phase 5: HIE/PHR implementation and expansion

Each phase coincides with the expansion of services outlined in the MHSA plan and directly supports the goals in Sacramento's CSS MHSA plan: (1) older adults in need of integrated services due to multiple emergency room visits, frequent use of crisis and first responder services, and co-occurring mental health, physical health and substance abuse issues; (2) diverse ethnic communities with low utilization rates who are at great risk for undiagnosed and untreated mental illness, isolation, decompensation and family/community disruption; (3) adults who experience frequent and repeated psychiatric hospitalization yet never successfully link to community mental health resources; and (4) clients of all ages at risk of homelessness who frequently end up in jail or who utilize multiple types of acute care services because of their circumstances.

Utilizing improved data sharing between the hospitals, clinicians and clients that the ISII will provide is essential to meeting the goals outlined in the CSS Plan for Sacramento County. With this five phased project plan, the SacHIE will enable clients and family members of all ethnicities to access their health care information securely and privately and share it with their clinicians at any point of treatment and recovery.

2. Technological Needs Roadmap Template

This section includes a Plan, Schedule, and Approach to achieving an Integrated Information Systems Infrastructure. This Roadmap reflects the County's overall technological needs.

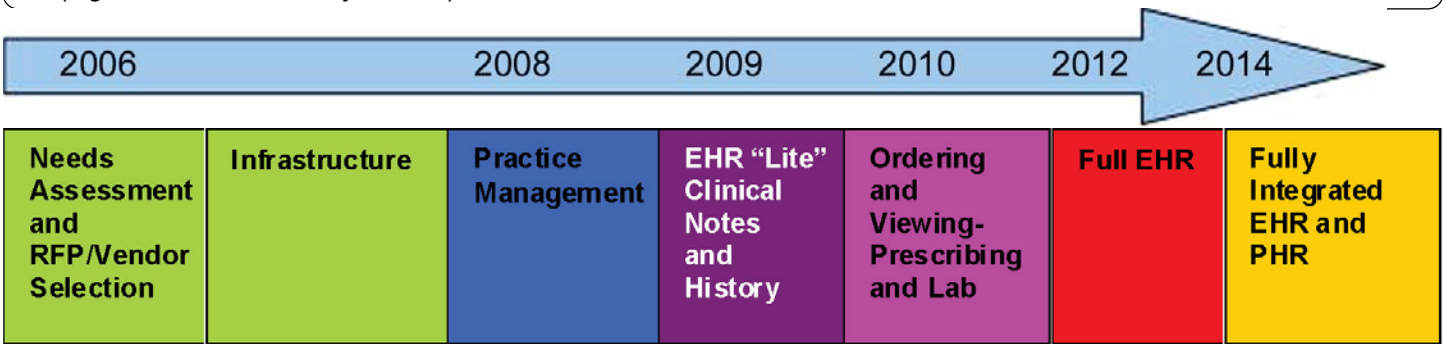
Complete a Proposed Implementation Timeline with the Following Major Milestones.

2.1 List Integrated Information Systems Infrastructure Implementation Plan and Schedule or Attach a Current Roadmap (example below).

For Sacramento's Proposed Roadmap, please see Attachment D.

In 2006 the Sacramento County Division of Mental Health conducted a needs assessment for replacement of the failing billing system. During this phase, a requirements sheet was developed to include necessary elements for not only electronic billing and reporting, but also electronic health records, personal health records and clinical provider order entry. As a result, by May 2009, 500 contract providers have successfully installed the Practice Management component of the Integrated Information System Infrastructure. All providers are fully equipped with the necessary infrastructure in the form of hardware, software, T-1 connectivity, and secure access controls to the electronic system. The providers are divided into two categories, including 350 users of Avatar's Practice Management (PM) system for all clients in their practice and 150 users of the Avatar system in conjunction with their own PM/EHR system. There are two streams of installation planned during the five Phases of the IISI implementation. One installation stream will provide Avatar users will full EHR/PHR functionality by the end of the five year period including interoperability with the other Avatar users. The other stream will provide the non-Avatar contract providers with the necessary components such as eRX to create a virtual EHR/PHR that is interoperable with the Sacramento County DMH system.

For response to 2.2 below, please see Attachment E (high level plan for roll out and training) and Attachment F (high level Microsoft Project Plan).



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

Training Schedule for 2008	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Basic System Nav	X											
Admin Staff	X											
Clinicians		X										
Contract Providers		X										
Client Look-up			X									

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

Sacramento County Division of Mental Health conducted a series of open meetings with interested stakeholders. Invitations to the stakeholders were distributed, notices were posted on the website and in the building and the meetings were open to the public. Meeting attendees included a wide variety of participants. Between 20 and 40 individuals attended each meeting, with a total of more than 130 people across all 5 meetings. The ethnic diversity of Sacramento County was illustrated by participants, with representation from several communities (e. g., Asian, Southeast Asian, Hispanic, African American, Indian and Caucasian). In addition, the following stakeholder groups were represented during the meetings: Education, consumers (adult and youth), Veterans, interested community members, contracted mental health services providers, ethnic services providers, physical health providers, social service providers, faith based providers, the Mental Health Advisory Board, the Mental Health Services Act Steering Committee and Mental Health Division Staff.

Each meeting focused on an area of the Integrated Information System Infrastructure (IISI). At these sessions, the community was presented with educational materials regarding each component of the plan and then identified their needs and priorities within the plan. The sessions followed the timeline below:
- October 14, 2009, Practice Management
- October 21, 2009, Electronic Health Record “Lite”
- October 28, 2009, CPOE (Computerized Physician Order Entry)
- November 4, 2009, Full EHR and Integrated EHR/PHR
- November 18, 2009, Presentation of Proposed Sacramento Roadmap

Each session was summarized in notes to allow for new participants to develop an understanding of the goals of MHSA CF&TN and the goals of the CSS program and community needs. The groups voted for their priorities for phases of the project and the results were tabulated. Meeting materials were presented at each meeting and also posted on the website and are available for download. The outcomes of the meetings were used to develop the phased approach to implementation of the plan for the contracted providers in Sacramento County, the hospitals, clinics and clients and family members based on the priorities and success factors for implementation.

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

Please see section 1.1, 1.2, and 1.3.

2.5 Please attach your Work Flow Assessment Plan and provide Schedule and List of Staff and Consultants Identified (May complete during the Implementation of the Project or RFP).

Sacramento County Division of Mental Health conducted a readiness assessment of the county need in June 2008. This lead to the selection and planning process for the SacHIE. Services in Sacramento County are primarily provided by contracted providers at over 150 locations. A Technology Readiness Tool (to be developed), will be made available to the contracted providers for their use in establishing a successful work plan for the implementation of the technology over the five year period. Early adopters and key influencers have already implemented the first part of the technology system and have been identified through a readiness assessment as key leaders for piloting the Phase 1 implementation of the project. The schedule of staff and consultants necessary to complete the task are identified in Section 3 County Personnel Analysis and are further identified in the Work Schedule provided in Section 2.2.

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

Sacramento County intends to leverage the installation already completed of the Avatar Practice Management system in the clinics and contracted providers to include purchase of the Clinicians Work Station (EHR “Lite”), Infoscriber (eRx), Lab Order Entry Product (CPOE) , Electronic Medication Administration Record (EMAR), Document Imaging and the ConnectedCare (PHR) products.

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

Sacramento County developed an extensive requirements document with more than 475 levels of technology requirements. The document was used to develop a comprehensive RFP which was issued in 2006 and received a number of responses. A vendor was selected and discarded when the company went out of business. The respondent that met the RFP criteria and ranked second in responses was selected to commence with the installation of services for the County. Further, the identified vendor is CCHIT certified and meets the requirements outlined in APPENDIX B - EHR AND PHR STANDARDS AND REQUIREMENTS.

2.8 Cost Estimates associated with achieving the Integrated Information Systems Infrastructure.

A detailed cost estimate is listed in the budget summary (See Exhibit 4 and Attachment G), and for the five phases of the project will total approximately $12,980,000.

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

Major Information Technology Positions	Estimated #FTE Authorized	Position Hard to Fill? 1 = Yes 0 = No	Estimated #FTE Needed in addition to #FTE Authorize
A. Information Technology Staff (Direct Service)			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff	1.75	1	2
Subtotal A	1.75	1	2
B. Project Managerial and Supervisory			
CEO or Manager Above Direct Supervisor	3	1	
Supervising Project Manager	1	1	
Project Coordinator			
Other Project Leads	9	1	
Subtotal B	13	3	
C. Technology Support Staff			
Analysts, Tech Support, Quality Assurance	6	1	4
Education and Training	5	1	10
Clerical, Secretary, Administrative Assistants	6	1	5
Other Support Staff (Non-Direct Services)	3	1	3
Subtotal C	20	4	22
Total County Technology Workforce (A + B + C)			
	34.75	8	24

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Schedule B to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
NETSMART NEW YORK, INC.,
hereinafter referred to as "CONTRACTOR"

SERVICE LEVEL AGREEMENT

1. Objective

The County of Sacramento, hereinafter referred to as "COUNTY", and Netsmart Technologies Inc., hereinafter referred to as "CONTRACTOR" have entered into a 3-year Contract where CONTRACTOR has agreed to provide a outsourced business computing system to COUNTY.

The objective of this document is to outline specific parameters associated with the ongoing support and maintenance of the business computing system.

2. Designation of Network Administrator; Availability.

A Network Administrator designated by CONTRACTOR is responsible for configuration of the Hosting Equipment, installation of the Software on the Hosting Equipment, establishment and maintenance of Internet communications interfaces to allow Authorized Users access to software applications and COUNTY data, network maintenance, and network security for the Hosting Equipment. The Network Administrator shall follow established configuration specifications that are required to support the Software being used by COUNTY. The Network Administrator will be available to designated COUNTY IT personnel between 9:00 AM and 5:30 PM PST through an established on-call process that is managed through the CONTRACTOR call center access number or online support system. Except in an emergency, network maintenance will not occur between the hours of 6:00 AM and 10:00 PM PST

2.1. COUNTY shall supply CONTRACTOR with a COUNTY email address to IT personnel whom CONTRACTOR is required to notify with maintenance times. Except in an emergency, a CONTRACTOR technical staff member shall inform the designated COUNTY IT personnel via email at least three (3) business days in advance of scheduled times when the network will be unavailable. Such e-mail shall include an estimate of the expected time the network will be unavailable. In the case of emergency, the CONTRACTOR technical staff member will inform the designated COUNTY IT personnel within 5 minutes of the outage.

3. System Availability and Service Level Requirements.

The System shall be available to Authorized Users for not less than 99.5% of the hours in a month, twenty four hours per day, seven days per week. Except for the time periods attributable to;

(1) Circumstances beyond CONTRACTOR'S reasonable control, including, without limitation, acts of any governmental body, war, insurrection, sabotage, armed conflict, embargo, fire, flood, strike or other labor disturbance, interruption of or delay in transportation, unavailability of or interruption or delay in telecommunications or third party services, virus attacks or hackers, failure of third party software (including, without limitation, web server software, FTP Server software) or inability to obtain raw materials, supplies, or power used in or equipment needed for provision of this SLA;
(2) Failure of access circuits to the CONTRACTOR'S Network, unless such failure is caused solely by CONTRACTOR;
(3) Scheduled maintenance, scheduled backups, scheduled restores and emergency maintenance and upgrades;
(4) Issues with FTP, POP, or SMTP customer access;
(5) COUNTY acts or omissions (or acts or omissions of others engaged or authorized by COUNTY), including, without limitation, custom scripting or coding (e.g., CGI, Perl, Java, HTML, ASP, etc), any negligence, willful misconduct, or use of the Services in breach of CONTRACTOR'S Terms and Conditions and Acceptable Use Policy;
(6) E-mail or webmail delivery and transmission; Outages elsewhere on the Internet that hinder access to your account. CONTRACTOR is not responsible for browser or DNS caching that may make your site appear inaccessible when others can still access it. CONTRACTOR will guarantee only those areas considered under the control of CONTRACTOR: CONTRACTOR server links to the Internet, CONTRACTOR'S routers, and CONTRACTOR'S servers.
(7) Use of a VPN or similar connection which is not totally within CONTRACTOR'S control at both ends of such connection, where the problem occurs in the part of the VPN which is under COUNTY'S control. For each VPN problem causal factors indicating responsibility will be documented in the COUNTY and CONTRACTOR'S respective problem management systems and up time calculations will be modified accordingly.

PERFORMANCE STANDARDS

Topic	Performance Standard	Remedies
System and Service Performance Standards – Response Times	CONTRACTOR must meet the following response time Performance Standards for the System and Services: Record Search and/or Retrieval Time: The time elapsed after the search command is entered until the list of matching records begins to appear must not exceed 4 seconds for 95% of all record searches/retrievals. Screen Edit Time: The time elapsed after the last field is filled on the screen and the enter command executed until all fields entries are edited and the screen refreshed with the errors highlighted must not exceed 2 seconds for 95% of the time. Next Screen Page Time: The time elapsed from the request of a new screen until the new screen and data appears must not exceed 2 seconds for 95% of the time. Print Initiation Time: The elapsed time from the command to print a screen or report until it starts being built in the appropriate queue must be within three seconds for 98% of the time.	$100/day Less than 24 hours $200/day 25 – 48 hours $300/day More than 48 hours

Measurement of the average response times shall be sampled during any two (2) hour period excluding scheduled maintenance. When available, measurements shall be made using commercially available software designed to calculate such measurements.

CONTRACTOR has at its option, the ability to provide such software to COUNTY for measurements but will remain accountable for this process regardless. When measurement software is not available, measurements shall be made using a stop watch and taken from the point at which a user presses the key required to initiate the specific function until the time that the first character of the desired response displays on the screen.

3.1. Restrictions on scheduled maintenance.

Scheduled maintenance shall be conducted between the hours of **10:00 PM and 6:00 AM PST.** CONTRACTOR shall provide three (3) business days advance notice to COUNTY, except for emergency/critical maintenance events, requiring immediate attention. CONTRACTOR shall use all reasonable efforts to schedule such maintenance during:

1. late night weekend times
2. weekends
3. late nights to minimize COUNTY'S disruption to their business.

3.2. Credit for "up-time" variance.

In the event that the "up-time" is less than 99.5% for any one or all components, a credit will be applied within two billing cycles. The following scale should be used to determine the percentage of monthly credit due for uptime variances. All credits must be used to offset future ASP support fees. Uptime calculation is excluding scheduled maintenance, backups, etc. Downtime calculation commences upon notification of CONTRACTOR by COUNTY. A single downtime instance per month, of up to 30 minutes, will be excluded when factoring uptime.

Uptime Standards

Monthly uptime*	**Credit**
99.5%	0%
97.5% to 99.5%	10%
95.0% to 97.4%	20%
94.9% or below	30%

*Uptime percentages are calculated at 24 hours per day, times the number of days per month, excluding items listed in section 3 of this document.

In order to receive a credit, COUNTY must make a request by sending an email message to the CONTRACTOR's Sr. Director of IT. Each request in connection with this SLA must include COUNTY'S account number (per CONTRACTOR'S invoice) and the dates and times of the unavailability of COUNTY'S ASP connection. Each claim must be received by CONTRACTOR within ten (10) business days after month end in which the outage(s) occurred. If the unavailability is confirmed by CONTRACTOR'S online support system ticket information, specific to the notes included within regarding official system outage and restore times. Credits will be applied within two billing cycles after CONTRACTOR'S receipt of COUNTY'S credit request. Credits are not refundable and can be used only towards future billing charges.

Notwithstanding anything to the contrary herein, the total amount credited to COUNTY in a particular month under this SLA shall not exceed the total ASP and hosting fees paid by COUNTY for such month for the affected Services. Credits are exclusive of any applicable taxes charged to COUNTY or collected by CONTRACTOR and are COUNTY'S sole and exclusive remedy with respect to any failure or deficiency in the ASP Connection.

3.3. Incident Reporting

CONTRACTOR shall provide a detailed report showing root cause of each reported production problem/incident reported by COUNTY and the associated resolution.

3.4. Product Enhancement Protocol

Enhancements to COUNTY'S instance of AVATAR will be made in accordance to the "Product Change Policy and Forms" section of the "AVATAR Cal-PM 2005 Kick Off and Quick Start Manual".

3.5 Connectivity.

Connectivity to CONTRACTOR'S Internet based system shall be provided over the Internet, using TCP/IP as its transport, and Internet Explorer Browser v6.0 or above. The system shall employ Secure Sockets Layer (SSL) 128-bit encryption to secure all data transmissions

4. Data Storage; HIPAA compliance.

CONTRACTOR shall securely maintain, preserve and exchange consumer data in database running on commercially available hardware servers. CONTRACTOR'S servers shall be housed and secured, in compliance with current HIPAA security rulings, in CONTRACTOR'S data management center located at: .

Qwest CyberCenter
8180 Green Meadows Dr.
Lewis Center, OH 43085

All data maintained and preserved on COUNTY'S database schema shall be managed in full compliance with current HIPAA regulations for data security, confidentiality and authorized access. COUNTY shall exclusively own all data held within the COUNTY database schema on CONTRACTOR'S system.

4.1. Data Storage; Physical Security.

CONTRACTOR shall maintain servers that are contained in locking cabinets within a securely locked server room that is only accessible by authorized CONTRACTOR employees, as supervised by CONTRACTOR'S Network Administrator and Database Administrator or its authorized hosting-center contractors. CONTRACTOR shall provide emergency battery power sufficient to support System operation until its Data Center facility generator is online. Full back-ups and air conditioning as well as fiber Internet connections shall be maintained by CONTRACTOR to provide minimal downtime in the event of a facility failure or natural disaster. .

4.2. Data Storage; System Security.

CONTRACTOR shall use secure technology to protect COUNTY'S data and transmissions between the Internet browser, client desktops and the data center to include the following features:

4.2.1. Transmission between browsers, desktop PCs and our web server is implemented using Secure Sockets Layer (SSL) technology. This technology requires application users to use an SSL-capable browser such as MS Internet Explorer 6.0 or later.

4.2.2. Transmission between CONTRACTOR, system users and third party entities such as eligibility and claims processors are encrypted using public key cryptography algorithms with a minimum key size of 128 bits.

4.2.3. CONTRACTOR shall notify COUNTY of any security breach into System within 24 hours or on the next business day in the event that COUNTY is unavailable for more than 24 hours.

4.2.4. System shall restrict authorized users to defined profiles limiting each user's access to only what their position requires as defined by COUNTY. System shall at all times maintain COUNTY'S client confidentiality.

4.2.5. CONTRACTOR shall sign an agreement binding them to specific provisions protecting the confidentiality of information about COUNTY'S clients and their families.

4.2.6. CONTRACTOR shall comply with the federal and state confidentiality regulations including HIPAA requirements for transmission and protection of individually identifiable health care data.

5. Data back-up and recovery services.

Back-up and recovery services shall be provided as follows:

Data is stored on redundant database hardware in CONTRACTOR'S data center. Data security shall be provided by SSL encryption, multiple levels of virus protection, enterprise firewalls, and filtering routers. CONTRACTOR'S ASP environment provides redundancy at all tiers of the environment. Redundant clustered firewalls with redundant Internet connections are employed, running "best of breed" secure inspection and analysis software. There is no expected data loss, except for catastrophic disk failures (all of the drives in the system fail) in which case CONTRACTOR will revert back to the last snapshot which occurs every 12 hours. CONTRACTOR utilizes shadowing, which creates a real-time image of the COUNTY database on a separate server. In addition, CONTRACTOR will snap-shot COUNTY data twice a day, to CONTRACTOR storage arrays, as well.

5.1. CONTRACTOR shall maintain a full back up of both systems onto a tape system that rotates tapes out daily, five days per week. A daily backup shall be kept off-site in a secure location. Weekly and monthly backups shall be maintained, stored offsite and rotated on a periodic basis consistent with the period being stored.

5.2. CONTRACTOR shall perform back-up and recovery testing pursuant to its internal testing and security protocols, which shall include testing of not less than the following systems and procedures: (i.) Fail over testing scheduled quarterly during non-peak operation hours and (ii.) Firewall redundancy tests and (iii.) Web server tests and (iv.) Recovery testing with tape backups of the application data.

5.3. At its option, COUNTY may elect to have COUNTY specific backups performed so that its backups are maintained on a discrete backup tape. In the event that COUNTY elects to have a separate and discrete backup then the actual cost of the additional hardware and software required to perform and maintain the backups, together with an additional services charge shall be paid by COUNTY.

6. Support

6.1. Help Desk

CONTRACTOR'S help desk staff shall be available for toll free-phone support from Monday through Friday, 9:00 AM to 5:30 PM PST to COUNTY. After-hours support will be limited to addressing data center related problems. All problems can be documented twenty-four hours a day using CONTRACTOR'S online customer support system. Support personnel shall promptly respond to critical calls from the County and the initial response from the time contacted by County shall be not more than thirty minutes, Monday through Friday, 9:00 AM to 5:30 PM PST.

6.2. Support Procedures

COUNTY and CONTRACTOR will devise and implement a support model which adheres to best practices for Information Systems.

6.2.1. Establishment of COUNTY Internal Help Desk and designated team leaders to triage issues prior to escalation to COUNTY Internal Help Desk. COUNTY shall identify and train its own personnel who are designated as team leaders.

Prior to contacting CONTRACTOR, COUNTY line staff shall consult with the designated team leaders. If the on-call team leaders cannot answer the line staff member's question team leader shall consult COUNTY Help Desk to commence troubleshooting protocols. This will involve communication with internal IT staff and users to rule out any potential non application related problems. If COUNTY requires further assistance or information, they will follow CONTRACTOR'S internal support model using either the online support system or toll-free customer support phone number.

6.3. Problem Resolution

CONTRACTOR shall correct or provide a plan for correction for all defects that are reproducible by the COUNTY related to the service and maintenance in this AGREEMENT according to the following standards. Note: this does not include hard outages; see 'uptime variance' section of this agreement.

Priority 1: Priority 1 includes any problems that impede COUNTY ability to submit or adjudicate claims or interferes with client safety or quality of care. Commercially reasonable efforts will be made to correct, or provide a reasonable workaround for Priority 1 problems within two working days of problem logging.

Priority 2: Priority 2 includes any problem that impedes COUNTY ability to comply with State and Federal requirements. Commercially reasonable efforts will be made to correct or provide a reasonable workaround, of Priority 2 problems within three working days of problem logging.

Priority 3: Priority 3 includes any problem that cannot be categorized in the previously listed categories. Commercially reasonable efforts will be made to correct or provide a reasonable workaround, of Priority 3 problems within 14 working days of problem logging, or notification within the same time period that the problem will be remedied in the next working release of the software.

6.4. Problem Escalation

If COUNTY is not satisfied with the priority, pace or result of a reported problem under the normal procedure, COUNTY may request escalation of the reported problem. Problem escalation shall be handled in accordance with the following process designed to bring about prompt closure of the problem:

6.5. Escalation Level I

When the normal course of problem resolution does not address the COUNTY problem satisfactorily, the COUNTY may request a review of the issue with the CONTRACTOR'S Client Support Manager COUNTY shall initiate the request for issue review via email. Once this request is received, the reported issue shall be designated at Escalation Level I. The CONTRACTOR'S Client Support Manager shall submit written confirmation of the escalation to COUNTY via email. The Client Support Manager shall review the problem and send an email response to COUNTY within one business day.

6.6. Escalation Level II

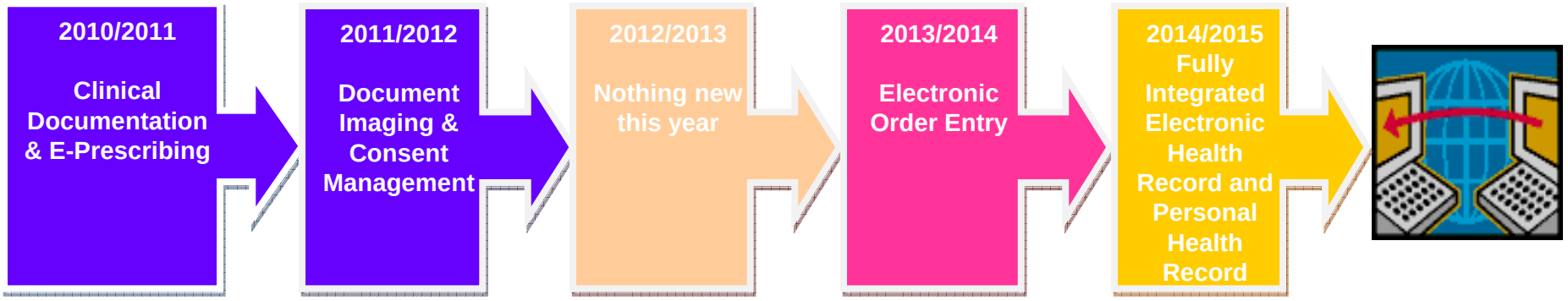
If the problem is not resolved at escalation Level I parameters, COUNTY may request a review of the problem with the CONTRACTOR'S Vice President of Customer Support. COUNTY shall initiate the request for escalation to Level II via email. CONTRACTOR'S Vice President of Customer Support shall submit email confirmation of the escalation to COUNTY. The CONTRACTOR'S Vice President of Customer Support shall review the case and issue a written response to COUNTY in accordance within one business day.

7. Charges for Support

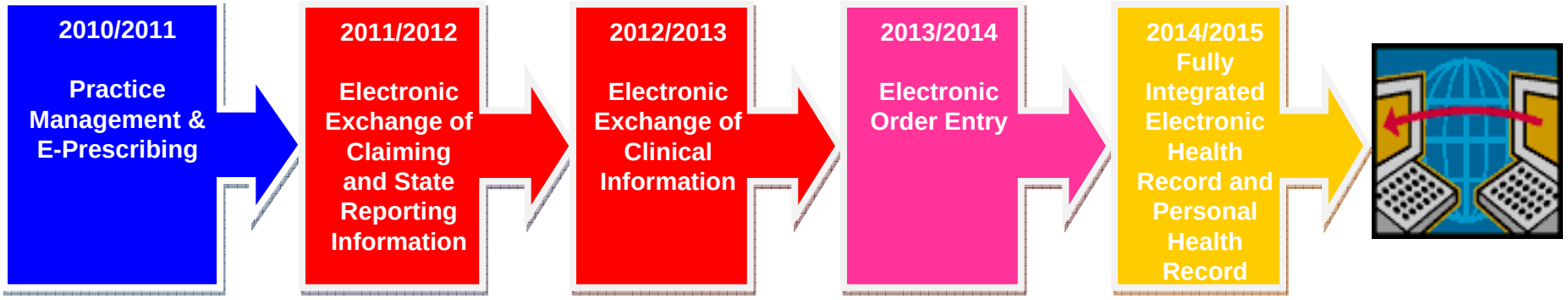
All support as described in this Service Level Agreement is included within the terms and conditions of the associated contract between COUNTY and CONTRACTOR.

Proposed Sacramento County Technological Needs RoadMap(s)

Full EHR Users



Users With Own Systems (HIE)



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Sacramento High Level IT Implementation Plan

System Components 2010/2011

Full Avatar Users	PM Only Users (own systems)
July – Jan **Requirements, Design & Testing** • Service Requests • Progress Notes • Scheduling • Infoscriber • Order Entry • Performance Outcomes • FSP forms • Signature pads • Assessments • Treatment Plans	**July – October** **Requirements, Design & Testing** • Infoscriber **Continue with Practice Management**
Nov – Jan **Train and Pilot All – key County and Contracted provider subset**	**Nov – Jan** **Train and Implement Infoscriber**
Feb **Modifications based on pilot**	**N/A**
March **Additional Piloting**	**N/A**
April **Additional modifications**	**N/A**
May – June **Full Training and Implementation (+300 users)**	**N/A**

System Components 2011/2012

Full Avatar Users	PM Only Users (own systems)
July – Aug **300 users**	**July – Aug** **Requirements gathering for electronic interfaces for everything needed for claiming/state reporting**
Sept – Oct **+550 users**	**Sept – Nov** **Building, Testing and Piloting interfaces**
Sept – Dec **Requirements for document imaging and consent management**	**Dec** **Modifications based on testing**
Jan – Feb **Test and pilot document imaging**	**Jan – Feb** **Implementation**

Full Avatar Users	PM Only Users (own systems)
March **Modifications based on pilot**	**March** **No longer using PM**
April **Train and implement**	**N/A**
May – June **Modifications based on implementation**	**N/A**

System Components 2012/2013

Full Avatar Users	PM Only Users (own systems)
N/A	**July – Sept** **Requirements gathering for electronic interfaces for clinical documentation**
N/A	**Oct – Dec** **Building, Testing and Piloting interfaces**
N/A	**Jan** **Modifications based on testing**
N/A	**Feb – March** **Implementation**

System Components 2013/2014

Full Avatar Users	PM Only Users (own systems)
July – Sept **Requirements gathering for electronic interfaces for order entry**	**N/A**
Oct – Dec **Building, Testing and Piloting interfaces**	**N/A**
Jan **Modifications based on testing**	**N/A**
Feb – March **Implementation**	**N/A**

System Components 2014/2015

Full Avatar Users	PM Only Users (own systems)
PHR	**HIE/PHR**

ID	WBS	Task Name	Duration	Start	Finish
1	**1**	**Sacramento EHR Implementation Plan**	**1314 days**	**Thu 7/1/10**	**Tue 7/14/15**
2	**1.1**	**Phase 1 - EHR Implementation (CWS, ERS, Lab Orders, Infoscriber)**	**398 days**	**Thu 7/1/10**	**Mon 1/9/12**
3	**1.1.1**	**Deliverable 1.0 - Load Baseline Application Software**	**11 days**	**Thu 7/1/10**	**Thu 7/15/10**
16	**1.1.2**	**Deliverable 2.0 - Configure System**	**132 days**	**Thu 7/1/10**	**Fri 12/31/10**
136	**1.1.3**	**Deliverable 3.0 - User Acceptance Testing**	**42 days**	**Mon 1/3/11**	**Tue 3/1/11**
175	**1.1.4**	**Deliverable 4.0 - Training**	**4 days**	**Wed 3/2/11**	**Mon 3/7/11**
183	**1.1.5**	**Deliverable 5.0 - Pilot Test**	**65 days**	**Tue 3/8/11**	**Mon 6/6/11**
204	**1.1.6**	**Deliverable 6.0 - Full Go Live Activities**	**155 days**	**Tue 6/7/11**	**Mon 1/9/12**
224	1.1.7	Deliverable 7.0- Phase 1 Acceptance	1 day	Tue 7/26/11	Tue 7/26/11
225	**1.2**	**Phase 2 - EHR Implementation (Provider Integration and Document Management)**	**256 days**	**Tue 6/7/11**	**Tue 5/29/12**
226	**1.2.1**	**Deliverable 1.0 - Load Baseline Application Software**	**11 days**	**Tue 6/7/11**	**Tue 6/21/11**
235	**1.2.2**	**Deliverable 2.0 - Configure System**	**75 days**	**Tue 6/7/11**	**Mon 9/19/11**
248	**1.2.3**	**Deliverable 3.0 - Develop Provider Integration**	**60 days**	**Tue 9/20/11**	**Mon 12/12/11**
285	**1.2.4**	**Deliverable 4.0 - User Acceptance Testing**	**50 days**	**Tue 12/13/11**	**Mon 2/20/12**
322	**1.2.5**	**Deliverable 5.0 - Training**	**4 days**	**Tue 1/17/12**	**Fri 1/20/12**
328	**1.2.6**	**Deliverable 6.0 - Pilot Test**	**45 days**	**Mon 1/23/12**	**Fri 3/23/12**
349	**1.2.7**	**Deliverable 7.0 - Full Go Live Activities**	**50 days**	**Tue 3/20/12**	**Mon 5/28/12**
369	1.2.8	Deliverable 8.0- Phase 2 Acceptance	1 day	Tue 5/29/12	Tue 5/29/12
370	**1.3**	**Phase 3 - EHR Implementation (Provider Integration and Document Management)**	**271 days**	**Wed 5/30/12**	**Wed 6/12/13**
371	**1.3.1**	**Deliverable 1.0 - Configure System**	**60 days**	**Wed 5/30/12**	**Tue 8/21/12**
378	**1.3.2**	**Deliverable 2.0 - Develop Provider Integration**	**80 days**	**Wed 8/22/12**	**Tue 12/11/12**
403	**1.3.3**	**Deliverable 3.0 - User Acceptance Testing**	**55 days**	**Wed 12/12/12**	**Tue 2/26/13**
417	**1.3.4**	**Deliverable 4.0 - Pilot Test**	**45 days**	**Wed 2/27/13**	**Tue 4/30/13**
429	**1.3.5**	**Deliverable 5.0 - Full Go Live Activities**	**30 days**	**Wed 5/1/13**	**Tue 6/11/13**
440	1.3.6	Deliverable 6.0- Phase 3 Acceptance	1 day	Wed 6/12/13	Wed 6/12/13
441	**1.4**	**Phase 4 - EHR Implementation (HL7 Messaging for Order Entry and Results Retrieval)**	**260 days**	**Thu 6/13/13**	**Wed 6/11/14**
442	**1.4.1**	**Deliverable 1.0 - Load Baseline Application Software**	**11 days**	**Thu 6/13/13**	**Thu 6/27/13**
449	**1.4.2**	**Deliverable 2.0 - Configure System**	**45 days**	**Thu 6/13/13**	**Wed 8/14/13**
454	**1.4.3**	**Deliverable 3.0 - Develop HL7 Messaging for Order Entry and Results Retrieval Protocols**	**60 days**	**Thu 8/15/13**	**Wed 11/6/13**
473	**1.4.4**	**Deliverable 4.0 - User Acceptance Testing**	**65 days**	**Thu 11/7/13**	**Wed 2/5/14**
495	**1.4.5**	**Deliverable 5.0 - Training**	**2 days**	**Thu 2/6/14**	**Fri 2/7/14**
500	**1.4.6**	**Deliverable 6.0 - Pilot Test**	**42 days**	**Mon 2/10/14**	**Tue 4/8/14**
514	**1.4.7**	**Deliverable 7.0 - Full Go Live Activities**	**45 days**	**Wed 4/9/14**	**Tue 6/10/14**
532	1.4.8	Deliverable 8.0- Phase 4 Acceptance	1 day	Wed 6/11/14	Wed 6/11/14
533	**1.5**	**Phase 5 - EHR Implementation (Health Information Exchange)**	**284 days**	**Thu 6/12/14**	**Tue 7/14/15**
534	**1.5.1**	**Deliverable 1.0 - Load Baseline Application Software**	**11 days**	**Thu 6/12/14**	**Thu 6/26/14**

ID	WBS	Task Name	Duration	Start	Finish
541	**1.5.2**	**Deliverable 2.0 - Configure System**	**90 days**	**Thu 6/12/14**	**Wed 10/15/14**
547	**1.5.3**	**Deliverable 3.0 - Develop Health Information Exchange Protocols**	**80 days**	**Thu 10/16/14**	**Wed 2/4/15**
596	**1.5.4**	**Deliverable 4.0 - User Acceptance Testing**	**35 days**	**Thu 2/5/15**	**Wed 3/25/15**
614	**1.5.5**	**Deliverable 5.0 - Training**	**1 day**	**Thu 3/26/15**	**Thu 3/26/15**
619	**1.5.6**	**Deliverable 6.0 - Pilot Test**	**42 days**	**Fri 3/27/15**	**Mon 5/25/15**
638	**1.5.7**	**Deliverable 7.0 - Full Go Live Activities**	**35 days**	**Tue 5/26/15**	**Mon 7/13/15**
661	1.5.8	Deliverable 5.0- Phase 3 Acceptance	1 day	Tue 7/14/15	Tue 7/14/15

Predecessors	Resource Names
165,174	
175	
184	
223	
183	
183	
235	
248,235	
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428	
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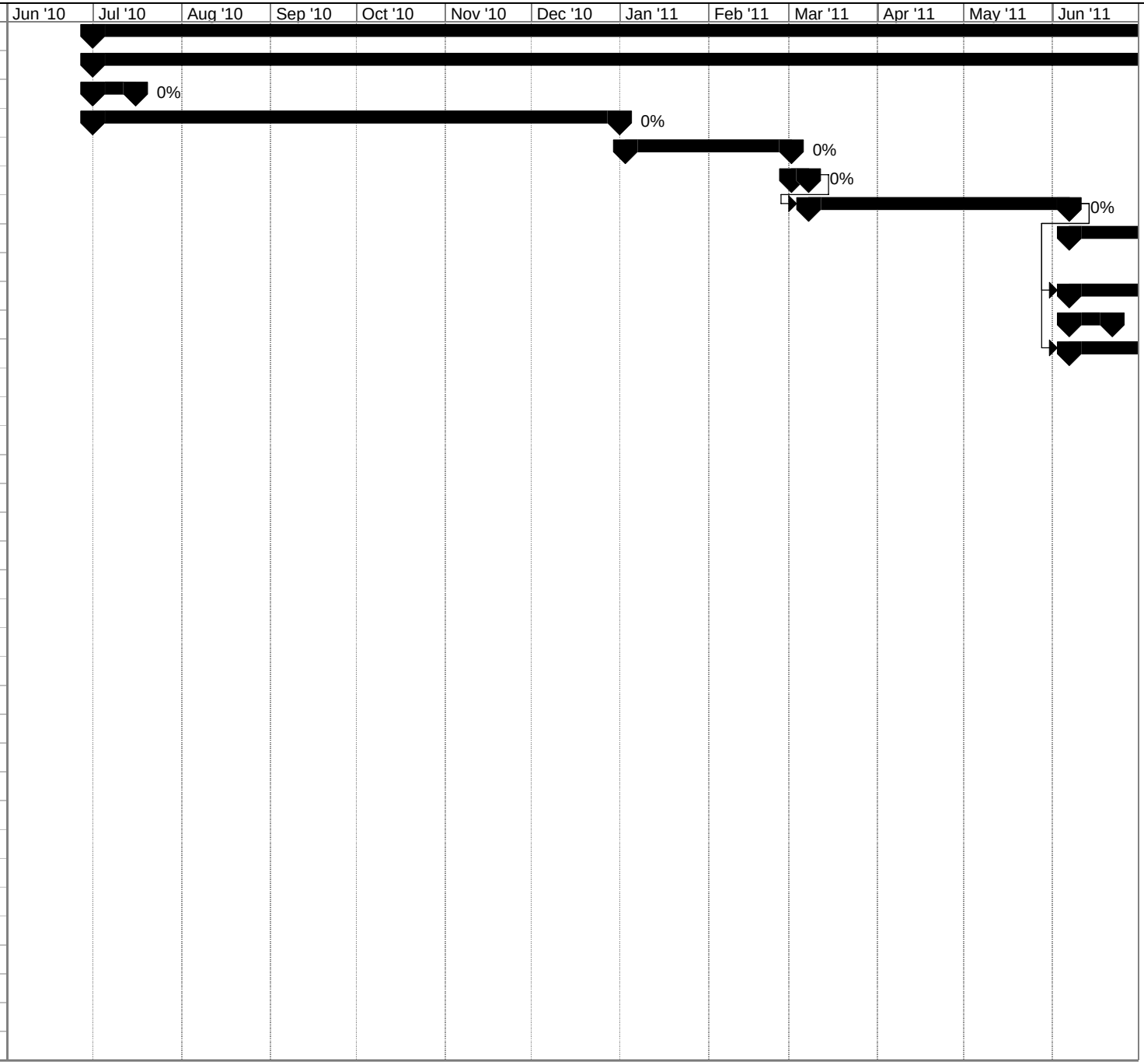
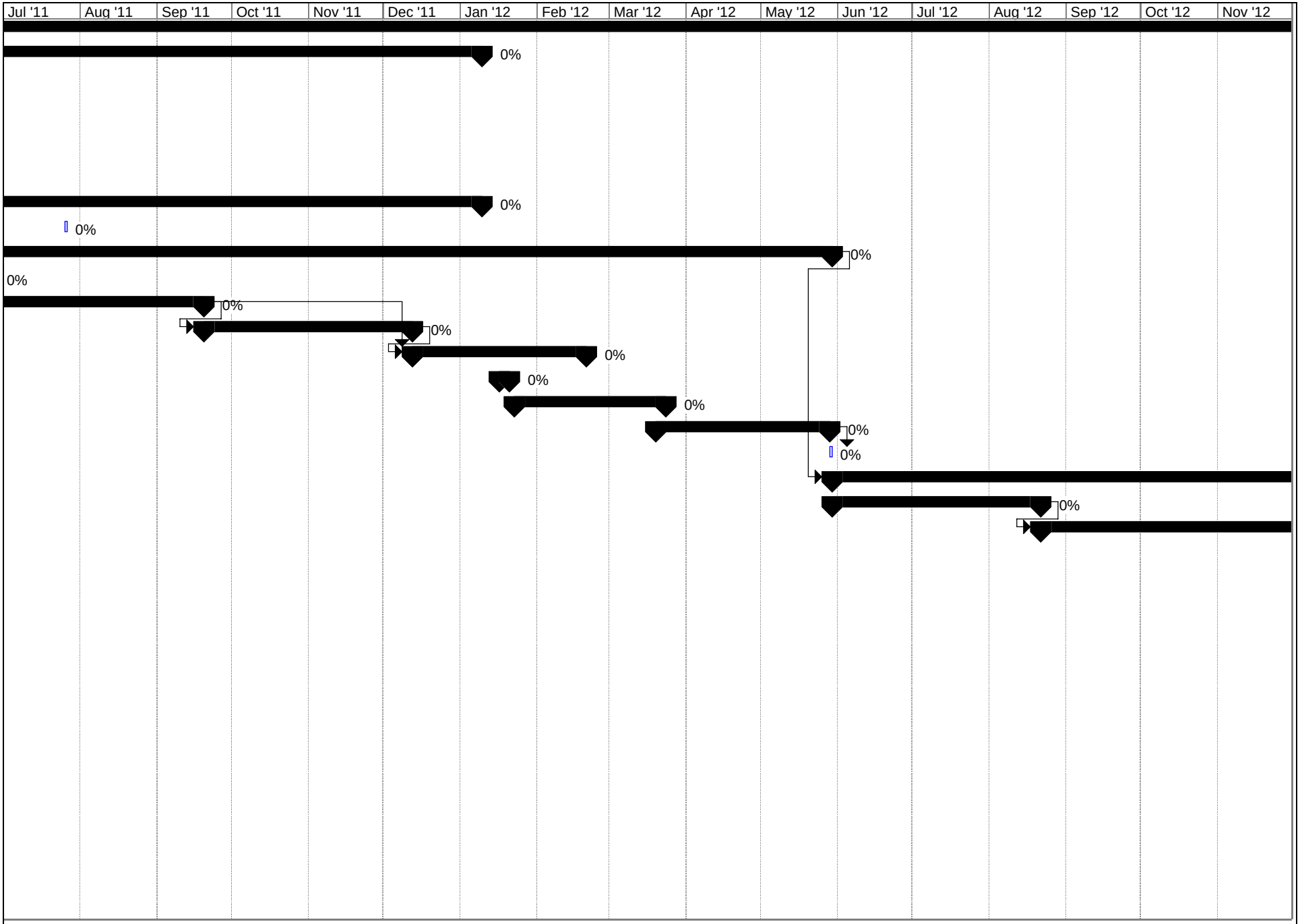


Predecessors	Resource Names	Jun '10	Jul '10	Aug '10	Sep '10	Oct '10	Nov '10	Dec '10	Jan '11	Feb '11	Mar '11	Apr '11	May '11	Jun '11
541														
547														
599														
619														
638														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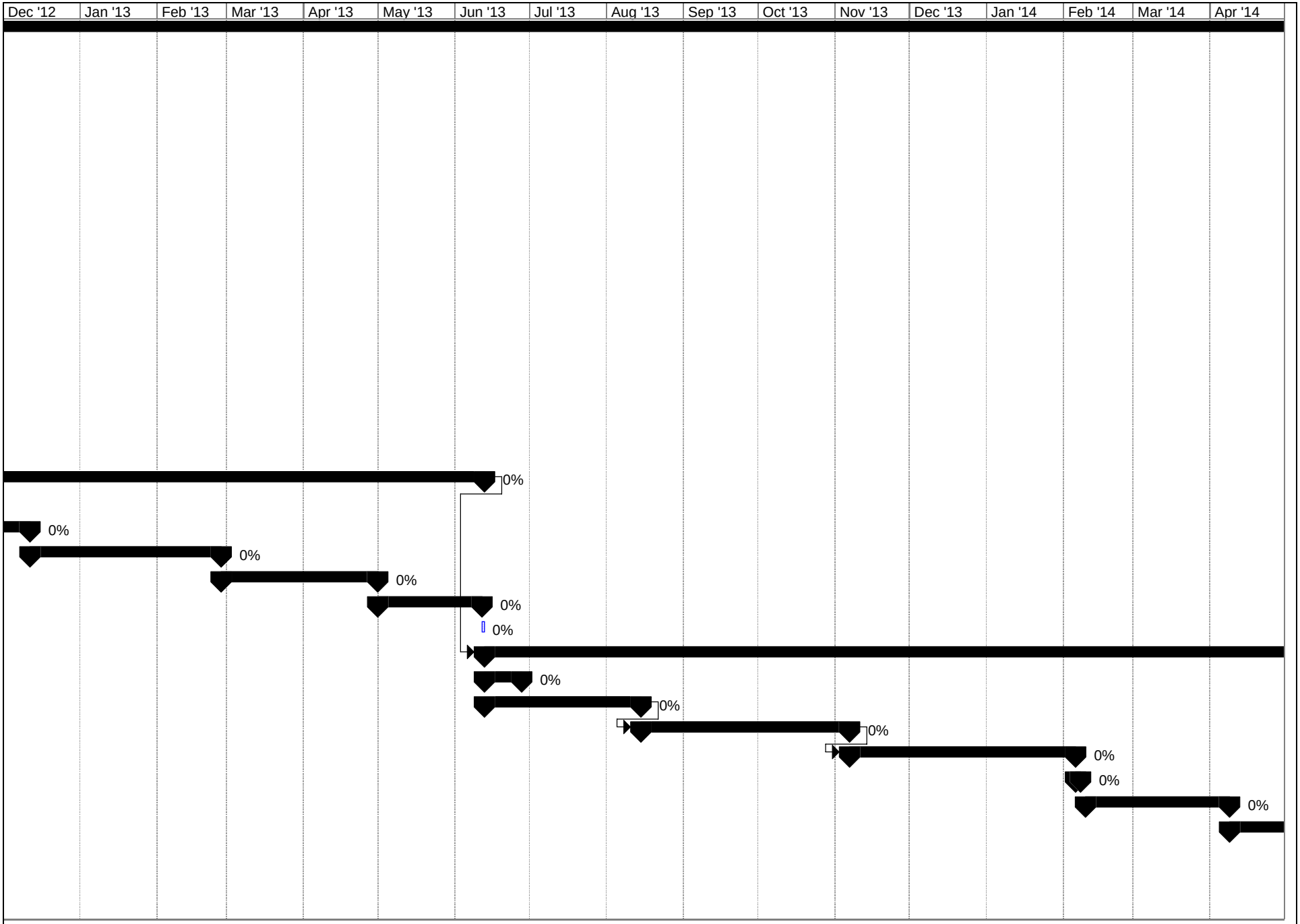
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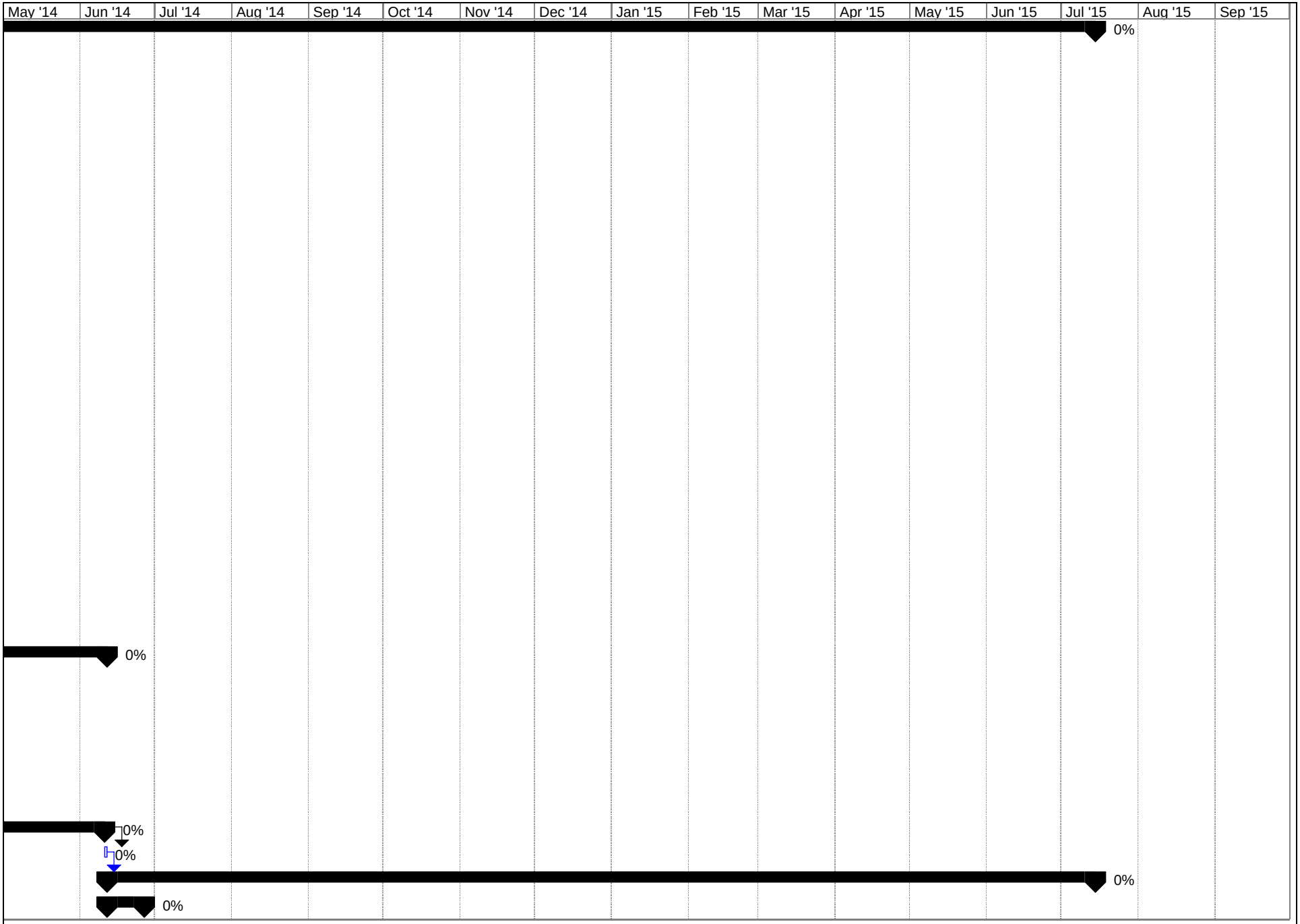
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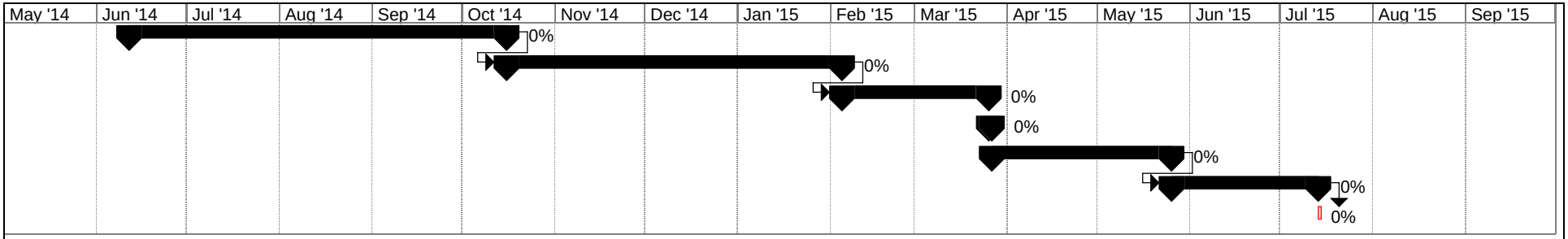
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Project: As_provided by_NTST_112309
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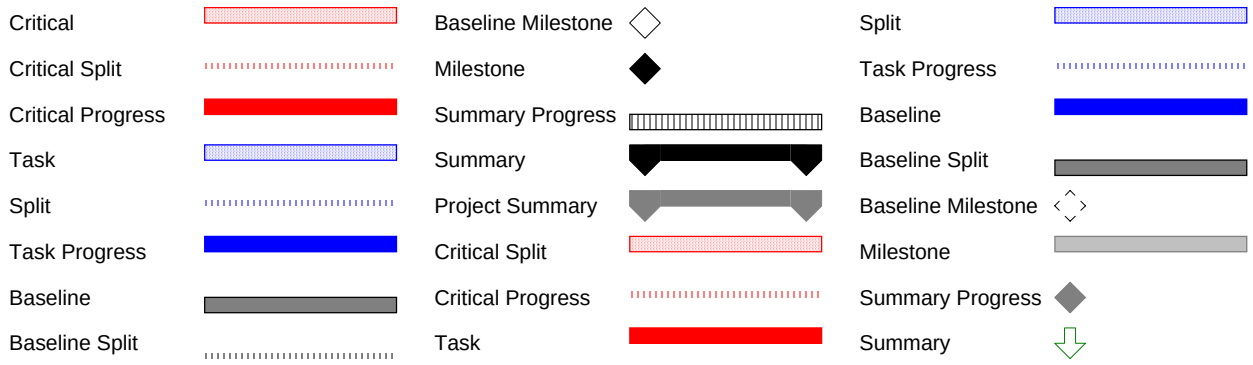

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Exhibit 4 -- Budget Summary
For Technological Needs Project Proposal

County: Sacramento
Project Name: SacHIE

Category		(1) 10/11	(2) 11-12	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs
Personnel	Business Analyst/Implementation Team	150,000	150,000	450,000	750,000	150,000
Total Staff (Salaries and Benefits)		**150,000**	**150,000**	450,000	750,000	**150,000**
Hardware	Consumer Connect Web Server	7,000		0	7,000	0
	Topaz Signature Pads	26,375		0	26,375	0
	Batch Scanners & Maintenance	13,580	1,670	5,525	20,775	2,029
	33 Computer Lab Computers	35,000		0	35,000	0
	2 Computer Lab Projectors	4,000		0	4,000	0
	2 Computer Lab Laptops	2,400		0	2,400	0
	2 Computer Lab Printers	1,800		0	1,800	0
	50 Computers Client Access		65,000	0	65,000	0
	25 laptops - home visits	30,000		0	30,000	0
	25 air cards - home visits	500		0	500	0
	425 upgraded Computers for MH staff	255,000	255,000	0	510,000	0
Total Hardware		**375,655**	**321,670**	5,525	702,850	**2,029**
Software	SaaS/ASP fees (EHR)	1,181,367	1,181,367	3,544,101	5,906,835	1,181,367
	Infoscriber (eRx)	46,386	46,386	139,158	231,930	46,386
	Consumer Connect (PHR)			186,000	186,000	95,500
	Scanning Licenses	10,700		0	10,700	0
Total Software		**1,238,453**	**1,227,753**	3,869,259	6,335,465	**1,323,253**
Contract Services	Professional Services Implementation	330,000	165,000	660,000	1,155,000	0
	Professional Services Expenses	45,000	45,000	135,000	225,000	0
	1 Trainer	35,000	40,000	0	75,000	0
	3 Implementation Team Members	490,000	490,000	1,470,000	2,450,000	0
	Deployment of New Computers	23,600	23,600	23,600	70,800	0
	Development -- provider integration	500,000	100,000	300,000	900,000	100,000
	Development -- HIE	200,000		200,000	400,000	100,000
	Development -- known HL7 Interfaces	120,000		51,660	171,660	26,460
	Development -- additional HL7 interfaces			60,000	60,000	0
	Development -- California Counties Interface			30,000	30,000	0
Total Contract Services		**1,743,600**	**863,600**	2,930,260	5,537,460	**226,460**

Exhibit 4 -- Budget Summary
For Technological Needs Project Proposal

Category		(1) 10/11	(2) 11-12	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs
Administrative Overhead	Help Desk	25,000	25,000	75,000	125,000	25,000
	Office supplies, copying, etc.	7,500	7,500	22,500	37,500	0
	Computer Lab Facility Expense	71,300	77,600	0	148,900	0
Total Administrative Overhead		**103,800**	**110,100**	97,500	311,400	**25,000**
Other Expenses	Consumer Connect Security Certificate			400	400	0
	Max Images Scanning Volume	3,200	3,360	11,122	17,682	4,085
	Treatment Plan Coalition	12,000		0	12,000	0
	Computer Lab Furniture	19,500		0	19,500	0
	Scanning Software Assurance	2,460	2,583	8,550	13,593	3,140
Total Other Expenses		**37,160**	**5,943**	20,072	63,175	**7,225**
Total Costs		3,648,668	2,679,066	7,372,616	13,700,350	1,733,967
Total Offsetting Revenues		144,488	144,488	433,464	722,440	144,488
MHSA Funding Requirements		3,504,180	2,534,578	6,939,152	12,977,910	1,589,479

Enclosure 3
Exhibit 3

Technological Needs Project Proposal Description

County Name: Sacramento Date: Dec 28, 2009

Project Name: Sacramento Health Information Exchange (SacHIE)

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

- [x] New System.
- [x] Extend the Number of Users of an Existing System.
- [x] Extend the Functionality of an Existing System.
- [x] Supports Goal of Modernization / Transformation.
- [x] Support Goal of Client and Family Empowerment.

Indicate the Type of MHSA Technological Needs Project

> Electronic Health Record (EHR) System Projects (Check All that Apply)

- [x] Infrastructure, Security, Privacy.
- [ ] Practice Management.
- [x] Clinical Data Management.
- [x] Computerized Provider Order Entry.
- [x] Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard Data Exchanges with Other Counties, Contract Providers, Labs, Pharmacies).

> Client and Family Empowerment Projects

- [x] Client/Family Access to Computing Resources Projects.
- [x] Personal Health Record (PHR) System Projects
- [ ] Online Information Resource Projects (Expansion / Leveraging Information-SharingServices)

> Other Technological Needs Projects that Support MHSA Operations

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

Indicate the Technological Needs Project Implementation Approach

☐ **Custom Application**

Name of Consultant or Vendor (if applicable):

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

Name of Vendor:

Netsmart Technologies, Inc

☑ **Product Installation**

Name of Consultant or Vendor (if applicable):

Netsmart Technologies, Inc

☑ **Software Installation**

Name of Vendor:

ASP model, Netsmart Technologies, Inc.

Project Description and Evaluation Criteria (Detailed Instructions)

Small County? ☐ Yes ☑ No

Complete Each Section Listed Below.

Small counties (under 200,000 in population) have the Option of submitting a Reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project.

A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with an **"*".**

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

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for **Risk Level** using the worksheet in **Appendix A**.

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

Independent Project Oversight

The number of users anticipated to implement the system is 1700. As a result of the size of the project and scope of implementation, an independent project oversight consultant (IPOC) will be engaged to monitor the project against goals. The consultant will review progress toward goals and develop a monthly report for management to ensure the successful milestone achievement and course correction development as necessary. The IPOC will also be responsible for completing the Status Reports to State DMH which are proposed to be submitted on a quarterly basis. Project status and risk reporting will be a core component of ensuring the success of the 5 phases of the SacHIE project.

Integration Management

The SacHIE will be implemented in five phases over the period of 2010 to 2015. This will enable Sacramento County to achieve an Integrated Information System in accordance with federal and state timelines and prepare their providers for achieving meaningful use of electronic health records. SacHIE will leverage the already installed Avatar Practice Management system in the clinics and contracted providers to include purchase of the Clinicians Work Station (EHR "Lite"), Infoscriber (eRx), Lab Order Entry (CPOE) , Electronic Medication Administration Record (EMAR), Document Imaging and the Connected Care (PHR) products. Further, SacHIE will supply HIE connectivity to the contracted providers coordinating client care in Sacramento County.

Scope Management

Sacramento County currently uses a committee structure for scope management and will continue the same process. All requests are first considered by a Technical Workgroup, comprised of the project leads from across the Division of Mental Health. The Technical Workgroup discusses the request and makes a recommendation based on a variety of criteria, but including whether the enhancement/modification fits with the current scope of work. Formal requests for additions and/or modifications are then presented to the Executive Steering Committee with rationale, impact, cost estimates (both development and human resources), priority and alternatives. The Executive Steering Committee is comprised of the Executive Management of the Division of Mental Health. The Executive Steering Committee considers the request in light of other competing demands and makes a determination regarding whether the request is approved and if so, the timing of implementation.

Time Management

The Project Manager, Division of Mental Health Lead and Mental Health Director are ultimately responsible for ensuring project tasks are completed in a timely fashion. The Executive Steering Committee is utilized for feedback and oversight. With the implementation of SacHIE, the IPOC will be integrated into this task to ensure that the project stays on schedule. Payment penalties to the Contractor are included in the Agreements to ensure a

focused effort on the part of the technology provider to ensure time lines are met.

Cost Management

The Project Manager, Division of Mental Health Lead and Mental Health Director are ultimately responsible for ensuring project tasks are completed within budget. The Executive Steering Committee is utilized for feedback and oversight. With the implementation of SacHIE, the IPOC will be integrated into this task to ensure that the project stays within budget.

Quality Management

The Division of Mental Health has a very strong Quality Management unit. Staff from Quality Management are currently responsible for ensuring that information entered into the Practice Management application are valid and reliable, and do so through a utilization review process. As the breadth of electronic information being entered into the application expands, the Quality Management team will continue to ensure valid and reliable data in all aspects of the implementation of the Project. This team will coordinate with the IPOC to ensure that both internal and external review and controls are reliably reported to the Executive Steering Committee for the project.

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

The Project Manager, Division of Mental Health Lead and Mental Health Director are ultimately responsible for ensuring project tasks are completed within budget and in a timely fashion, which of course, is dependent on effective Human Resource Management. The Project Manager assigned to this task is an experienced leader that successfully managed the installation of the AVATAR- PM module for more than 500 users. The Division Mental Health Lead worked to support the effort by providing expert consultants and in house staff to achieve a successful outcome. This same team, enhanced by other industry experts and additional in-house staff will be responsible for the 5 Phased project roll out. The Executive Steering Committee is utilized for feedback and oversight. With the implementation of SacHIE, the IPOC will be integrated into this task to ensure that the project stays on schedule and within budget.

Communications Management

A variety of communication approaches are already in place. The project has a website where materials and information are posted. The project also has a heavily used e-mail address for questions and suggestions. Every facility utilizing the Practice Management application has identified a liaison for the project and a liaison distribution list receives regular e-mail communications and updates about the project. All e-mail communications are also distributed via Mental Health program staff to Executive Directors and Clinical Supervisors, as well as to all Mental Health Division administrative and service staff. In addition, there is a monthly Users Forum for face-to-face communication, a monthly Technical Workgroup and a monthly Executive Steering Committee meeting. Several additional face-to-face meetings occur on a less frequent basis (Executive Directors Meeting, Quality of Care and Compliance, etc). Minutes are published for all meetings, and the User Forum minutes are posted to the website.

Procurement Management

N/A-

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

Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

Project Cost

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a Quarterly basis for the life of the Project.

Costs on a Yearly and Total basis will also be required for input on Exhibit 3 - Budget Summary.

See Attachment H for the forecasted Quarterly costs.

As noted on the Budget Summary (Exhibit 4 and Attachment G), the ongoing maintenance of SacHIE will be approximately $1.6 million. This amount will be sustainable at the local level.

Nature of the Project

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

As described in Exhibit 2, the local planning for the proposed Technological Needs expenditures supports the priority issues first identified in 2006 through the comprehensive CSS Planning Process. Further guidance is provided by the 2009 Sacramento County Information Technology Plan which outlines key priorities for the County including the implementation of electronic access to County Services. In this plan the implementation of the first phase of the County Division of Mental Health electronic health record is outlined along with the development of a county-wide information security program (See Attachment A of the Component Plan). Finally, the Technological Needs Plan supports the County of Sacramento DHHS Strategic Plan developed in 2007 which outlines in Task 145, "the transformation of Mental Health Services by continuing the implementation of MHSA principles of community collaboration, cultural competence, client/family-driven services, wellness/ recovery/resiliency focus and integrated services." Tactic 5 –"Implementing a new Mental Health IT system that improves care", optimistically is depicted as starting in 2006 and finishing in 2009 (See Attachment B of the Component Plan). Although the time-frame has been extended, this plan is consistent with the recommendations from the stakeholders in developing the Technological Needs Plan for Sacramento County. The County sees establishing an Electronic Health Record and Personal Health Record system as essential towards improving the quality of care and the effectiveness of outcomes of care.

Degree of Centralization or Decentralization Required for this Activity.

This project will be managed centrally, however implementation involves over 150 sites throughout the County. Therefore, the communication and management plans for this project will include many decentralized activities. The product training will be conducted in a centralized training facility with on site follow up and support as requested by each of the contract providers. The software and hardware are an ASP model and thus are decentralized with maintenance from the vendor. The web portal and e-mail interface as well as monthly meetings and coordination with the liaisons of each site will ensure timely communication and coordination. Further the vendor has committed resources on site in Sacramento County full time for the implementation period and has already supported the PM component of the system on a centralized basis.

Data Communication Requirements associated with the Activity.

The project includes a number of data interfaces based on national and state standards. These requirements are outlined in the Business Plan and meet the state and federal regulations for data communication which is a core function of the project.

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

There are a wide variety of data to be collected and processed, including assessments, treatment plans, progress notes, medication prescriptions, laboratory orders and results. Data will be collected from clinicians, interfaces, consumers and family members. All data will require a high degree of security and confidentiality for transmission. The data feeds will be transmitting HL7 based data elements across a secure VPN following NIST, HI7 and HITSP protocols. The volume and nature of the data will vary over the 5 year implementation period.

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

Netsmart Technologies, Inc., has the corporate capacity (and is currently involved in National activities) to support the evolution of this product to meet future standards. The system is already integrated with the practice management portion utilized for billing and reporting as well as appointment scheduling. It is CCHIT certified and is interfaced with lab results delivery systems, an E-prescribing tool, hospital data feeds and other systems to be determined in a future time. The budget for the project includes funding to integrate the system with other data providers in an HIE.

Hardware Considerations * (As Applicable)

Compatibility with Existing Hardware, Including Telecommunications Equipment.

These issues have already been addressed and are included in the budget as necessary to support the new system.

Physical Space Requirements Necessary for Proper Operation of the Equipment.

This is an ASP hosted solution that does not require additional space in Sacramento County.

Hardware Maintenance.

This is included in the Netsmart Agreement.

Existing Capacity, Immediate Required Capacity and Future Capacity.

This was already evaluated and included in the project budget.

Backup Processing Capability.

The back-up and redundancy is part of the Agreement with Netsmart.

Software Considerations * (As Applicable)

Compatibility of Computer Languages with Existing and Planned Activities.

Netsmart is commited to standards including computer languages. The product is able to meet current needs for data and is compliant with future needs based on their support of HL7 and XML web services.

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

Costs for maintenance for purchased software are included in the project budget for the project period. Ongoing maintenance will be supported by local resources.

Availability of Complete Documentation of Software Capabilities.

The County requires complete documentation of software it purchases will obtain this from Netsmart once the project is approved.

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

Netsmart has demonstrated commitment to supporting industry standards. Netsmart's EHR was the first and is still the only behavioral health software that is CCHIT certified for Ambulatory EHR. Netsmart's software also complies with HIPAA security and privacy standards.

In addition, Netsmart complies with the following standards:

User Friendly Interface Standard
Be Internet based, available from any standard web browser, so that consumers or family members may access their PHRs.

Be able to transmit an approved form of a Continuity of Care Record as applicable (in the future)
Provide ability of the client and family to communicate with the clinician and service provider, especially in the multi-lingual environment (has a PHR)

Vendor Commitment Standard The EHR Project vendor MUST meet current industry and government standards. At a minimum, the technology must support current basic standards and the vendor must provide a written agreement to continually upgrade the technology to meet future standards as they become available. The vendor MUST:
o Include implementation plans that meet minimum staffing criteria for planning, implementation, conversion/migration, oversight, risk management and quality assurance of the technology.
o Specify how their product meets or is planning to address all State and federal regulations including but not limited to HIPAA regulations.
o Provide the necessary plan for the product to have application interfaces as necessary to meet California mental health reporting and claiming requirements.
o Meet the CCHIT behavioral health criteria within one year of the availability of final CCHIT behavioral health certification criteria.
Connectivity and Language (Interoperability) Standards
Connectivity Standard:
o Be compatible with modern local and wide area network technology supporting Internet and intranet communication.
o Be distributed, with "ownership" of the data remaining at both the sending and the receiving ends.
o Use standard protocols
Language Standard:
The EHR Project MUST use industry standard coding and classification systems
The EHR Project MUST be able to capture and report California specific cost reporting and performance outcome data
In addition, the EHR Project MUST MOVE TOWARDS:
o Standardized clinical nomenclature within structured messages (reference terminologies such as SNOMED (Standardized Nomenclature of Medicine)
o HL7 2.X (with vendor commitment to migrate to HL7 RIM)
o Logical Observation Identifiers Names and Codes (LOINC) as applicable
o Having a cross-mapping of terms from one formal terminology or classification to another consistent with federal, state and DMH standard languages

Client Access, Security and Privacy Standards
Privacy Standard
Government Compliance Standard:
Privacy Standard:
Client Access:
• Address competency and literacy in the use of technology:
• Comply with current Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act requirements.
• Address cultural and language issues to facilitate access and sharing of data.
Security:
Access Control Standard:
Auditing Standard:
Authentication Standard:

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

Netsmart has the commitment and infrastructure to meet current technology standards and to modify their software to meet changing standards in the future.

Interagency Considerations* (As Applicable)

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

The Division of Mental Health contracts a large proportion of Mental Health services with community based organizations (CBOs). The majority of these CBOs use the IT system provided by the county and will continue to do so with the proposed project. Several agencies, however, have quite sophisticated systems and are currently doing duplicate data entry into their own systems as well as the Practice Management system the county uses for claiming and State Reporting. SacHIE will develop the interfaces to enable these providers to submit data for claiming and State reporting electronically (Phase 2) and ultimately to submit clinical data in the same fashion (Phase 3). Interfaces for Pharmacies have also been included in the budget. For Phase 5, the budget includes funds for the development of a full HIE to connect with Hospitals and other state and local agencies

Training and Implementation * (As Applicable)

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

Attachment E illustrates the proposed timing of requirements gathering, development, pilot testing, modification, training, and implementation for the Electronic Health Record components, E-Prescribing Module, document imaging, consent management, and Order Entry Modules.

For the Practice Management System, the project team received application specific training and technical team members received application administration training. Because of the number of users, a number of "super-users" were identified and provided additional training and support. Super-users were utilized as trainers and proctors for the initial implementation.

Because of the size of this project, a contracted trainer will be hired to lead the training effort and will report to the Division of Mental Health project lead. It is anticipated that a cadre of super users will again be identified to assist with the roll out of the electronic health record. During implementation, users will receive classroom training just before implementation at their site. A super user will be on site after initial implementation. Once the site is ready, support will be turned over to the county centralized Help Desk and currently utilized problem escalation procedures.

When implementation is complete, classes will continue to be offered on a monthly basis, as they are currently. Training materials will be updated based on changes in workflow, policies and procedures, regulations and/or software.

Security Strategy * (As Applicable)

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

Protecting Data Security and Privacy.

The Division of Mental Health expects the use of Netsmart's Avatar software will improve the security of our electronic data. The role based security model used by Avatar allows the Division to implement a more granular level of appropriate security than we are able to do with our legacy system. The security matrix will be maintained by Quality Management staff.

Operational Recovery Planning.

The Netsmart Agreement includes provisions for restoration, back up and recovery. The policies and procedures at Netsmart provide detailed recovery planning.

Business Continuity Planning.

The Division of Mental Health will be developing policies and procedures to address business continuity planning in the event that the electronic health record is not available in accordance with industry standards. Because the project is implemented in phases, different aspects of business continuity will be addressed in the Plan as the technology is implemented across the County.

Emergency Response Planning.

The Division of Mental Health will need to develop policies and procedures to address various emergency response scenarios which might be impacted by the technology implementation.

Health Information Portability and Accountability Act (HIPAA) Compliance.

As part of the implementation project, Division of Mental Health Quality Management staff will be reviewing all Privacy and security related policies in context of the SacHIE project. Not only HIPAA policies, but state regulations such as IPA, CMIA and the new ARRA legislation will be addressed in the new policies and procedures. New procedures will be recorded as they are developed and approved by the implementation workgroups. All new policies and procedures will undergo the standard Quality Management process for approval and implementation.

State and Federal Laws and Regulations.

As above, as part of the implementation project, Division of Mental Health Quality Management staff will be reviewing all policies in context of the SacHIE project. New procedures will be recorded as they are developed and approved by the implementation workgroups. All new policies and procedures will undergo the standard Quality Management process for approval and implementation.

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

Sponsor(s) Name(s) and Title(s)

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

Tracy Herbert, PhD
Deputy Director
Department of Health and Human Services

Mary Ann Bennett
Deputy Director
Department of Behavioral Health Services

Commitment

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

Mary Ann Bennett is the Mental Health Director and is responsible for the successful implementation of the County's Mental Health Plan. She considers the development of technology in the form of Electronic Health Records and Personal Health Records to be fundamental to the effective and efficient care of clients. Mary Ann participates in the Executive Steering Committee on a monthly basis and is made aware of ongoing progress at least twice weekly.

Tracy Herbert has been the Division project lead for the Practice Management implementation and has been involved in the Division's IT efforts since 2002. Tracy was recently promoted to the Deputy Director position, where she has taken Executive Sponsorship for the project. Dawn Williams is the new Division lead for the project and communicates with Tracy on a daily basis.

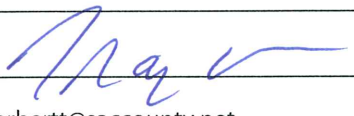
Approvals/Contacts

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

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

Signatures

Prepared By

Name:	Tracy Herbert	Title:	Executive Sponsor		
Signature:		Date:	02-16-2010	Phone:	(916) 875-0831
Email Address:	herbertt@saccounty.net				

Name:		Title:			
Signature:		Date:		Phone:	
Email Address:					

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Attachment H
Forecasted Quarterly Costs
Techonological Needs Project

County: Sacramento
Project Name: SacHIE

Fiscal Year	Personnel	Hardware	Software	Contract Services	Other	Total
FY10/11						
Qtr 1	37,500	93,914	309,613	435,900	35,240	912,167
Qtr 2	37,500	93,913	309,613	435,900	35,240	912,166
Qtr 3	37,500	93,914	309,613	435,900	35,240	912,167
Qtr 4	37,500	93,913	309,614	435,900	35,240	912,167
Total FY 10/11	**150,000**	**375,654**	**1,238,453**	**1,743,600**	**140,960**	**3,648,667**
FY11/12						
Qtr 1	37,500	80,418	306,938	215,900	29,010	669,766
Qtr 2	37,500	80,417	306,938	215,900	29,011	669,766
Qtr 3	37,500	80,418	306,938	215,900	29,011	669,767
Qtr 4	37,500	80,417	306,939	215,900	29,011	669,767
Total FY 11/12	**150,000**	**321,670**	**1,227,753**	**863,600**	**116,043**	**2,679,066**
FY12/13						
Qtr 1	37,500	438	306,938	208,400	9,785	563,061
Qtr 2	37,500	438	306,938	208,400	9,785	563,061
Qtr 3	37,500	438	306,938	208,400	9,785	563,061
Qtr 4	37,500	439	306,939	208,400	9,785	563,063
Total FY 12/13	**150,000**	**1,753**	**1,227,753**	**833,600**	**39,140**	**2,252,246**
FY13/14						
Qtr 1	37,500	460	329,563	282,550	9,763	659,836
Qtr 2	37,500	460	329,563	282,550	9,763	659,836
Qtr 3	37,500	460	329,563	282,550	9,763	659,836
Qtr 4	37,500	460	329,564	282,550	9,763	659,837
Total FY 13/14	**150,000**	**1,840**	**1,318,253**	**1,130,200**	**39,052**	**2,639,345**
FY14/15						
Qtr 1	37,500	483	330,813	241,615	9,845	620,256
Qtr 2	37,500	483	330,813	241,615	9,845	620,256
Qtr 3	37,500	483	330,813	241,615	9,845	620,256
Qtr 4	37,500	483	330,814	241,615	9,845	620,257
Total FY 14/15	**150,000**	**1,932**	**1,323,253**	**966,460**	**39,380**	**2,481,025**
Project Total	**750,000**	**702,849**	**6,335,465**	**5,537,460**	**374,575**	**13,700,349**

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Enclosure 3
Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: Sacramento

Project Name: Sacramento Health Information Exchange (SacHIE)

(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						
Total Staff (Salaries and Benefits)						
Hardware						
From Exhibit 2						
Total Hardware						
Software						
From Exhibit 2						
Total Software						
Contract Services (list services to be provided)						
Total Contract Services						
Administrative Overhead						
Other Expenses (Describe)						
Total Costs (A)						
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)						

* 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:

See Attachment G for the Budget Summary.

Enclosure 3
Exhibit 5

Stakeholder Participation
For Technological Needs Project Proposal

County Name: Sacramento

Project Name: Sacramento Health Information Exchange (SacHIE)

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

Stakeholder Type (e.g., Contract Provider, Client, Family Member, Clinician)	**Meeting Type** (e.g., Public Teleconference)	**Meeting Date**
MH Division Staff (Clinical, QI, Administrative, Fiscal, Claiming, Consumer and Family Members), Contract Provider Staff, Psychiatrits	89 In person meetings -- requirements gathering August 2005 through February 2006	
MH Division Staff (Clinical, QI, Administrative, Fiscal, Claiming, Consumer and Family Members), Contract Provider Staff, Psychiatrits	23 In person meetings -- Updating requirements January through March 2007	
MHSA Steering Committee	in person	10-08-2009
Community Stakeholder Group	in person	10-14-2009
Community Stakeholder Group	in person	10-21-2009
Community Stakeholder Group	in person	10-28-2009
Community Stakeholder Group	in person	11-04-2009
Community Stakeholder Group	in person	11-18-2009
MHSA Steering Committee	in person	12-03-2009

Stakeholder Type (e.g., Contract Provider, Client, Family Member, Clinician)	**Meeting Type** (e.g., Public Teleconference)	**Meeting Date**

APPENDIX A - PROJECT RISK ASSESSMENT

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

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

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APPENDIX B - EHR AND PHR STANDARDS AND REQUIREMENTS

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

1. Functional Standards

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

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

User Friendly Interface Standard: The EHR Project **MUST** meet the following**:**

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

and decision making on health matters at the level of the extended family or larger group. Counties must ensure that language translation using technology supports cultural competency and linguistic objectives.

The EHR Project **MUST MOVE TOWARDS** the following**:**

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

Vendor Commitment Standard: The EHR Project vendor **MUST** meet current industry and government standards. At a minimum, the technology must support current basic standards and the vendor must provide a written agreement to continually upgrade the technology to meet future standards as they become available. The vendor **MUST**:

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

2. Connectivity and Language (Interoperability) Standards

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

Connectivity Standard: *The EHR Project **MUST MOVE TOWARDS** the following**:***

- Be compatible with modern local and wide area network technology supporting Internet and intranet communication.
- Be distributed, with "ownership" of the data remaining at both the sending and the receiving ends.
- Use standard protocols that include:
- Extensible Markup Language (XML), a markup language for documents containing structured information. (www.XML.com)

- Simple Object Access Protocol (SOAP) - a protocol for exchanging XML-based messages over computer networks, normally using HTTP. (See the World Wide Web Consortium (W3C) at www.w3.org.)
- Security Assertion Markup Language (SAML) - an XML document standard for exchanging authentication and authorization data between an identity provider and a service provider. (See the Organization for the Advancement of Structural Information Standards (OASIS) at www.oasis-open.org.)
- Web services used for application programming interfaces
- Message-oriented middleware (or software that connects two or more software applications so that they can exchange data)
- Other fully documented and highly-supported application programming interfaces as applicable and developed over time

Language Standard:

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

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

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

- California specific cost reporting and performance outcome data

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

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

3. Client Access, Security and Privacy Standards

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

Privacy

Government Compliance Standard: The EHR Project **MUST** be continuously updated to comply with current federal and state laws. These include but are not limited to:

- The United States Department of Health and Human Services (DHHS) Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations
- The Information Practices Act of 1977 (Civ. Code 1798 et. seq.)
- The patient confidentiality provisions of section 5328 of the Welfare and Institutions Code

- The Confidentiality of Medical Information Act (Civ. Code 56 et seq.)
- The right to privacy under Article 1, Section 1 of the California Constitution
- All applicable privileges and rules of professional responsibility
- Any other applicable state and federal laws and regulations
- All California rules and regulations pertaining to the privacy and security of mental health and substance abuse information

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

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

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

Client Access: The EHR project **MUST**:

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

Security

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

- ISO 17799 – Code of Practice for information security
- ISO 27799 – Security Management in health using ISO 17799
- ISO/CD TS 21298 – Health informatics functional and structural roles

- ISO/TS 21091:2005 – Directory services for security, communications and identification of professionals and clients
- ISO/TS 17090-1:2002 – Health informatics – Public Key infrastructure
- ISO 26000 – Standard on Social responsibility (In development – 2008)

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

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

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

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

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

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

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