

Sutter-Yuba Counties  
Department of Mental Health  
MHSA Capital Facilities and Technological Needs  
Information Technology  
Program and Expenditure Plan

Enclosures with Appendices

1 April 2010

Final Draft

## **Stakeholder/Reviewer Introduction**

The passage of Proposition 63 was a landmark that created the transformational Mental Health Services Act (MHSA - "The Act") in California. The MHSA is remarkable in a number of ways but for the purposes of this plan it is remarkable in that it pairs directive legislation with funding, hence the need for this plan.

The MHSA has deep roots in a much wider health care reform movement that has been radically re-envisioning the foundations of health care provisions. This movement is national in scope and draws its impetus from the quality improvement activities of the federal government. Of particular concern to the movement is the recognition of the need to reduce medical errors, improve patient care and to use technology to accomplish this. Nationally, the leaders in health care provision have made the decision that the use of paper based record keeping and documentation in small silos can no longer be tolerated for sound clinical practice.

This plan, more than any component piece of the MHSA, is very directive in both general direction and format to allow for the implementation of infrastructure to support the goals and objectives of the rest of the act. It also attempts to juggle some rather incompatible pieces and priorities among which are:

- This plan includes infrastructure pieces for both facilities to support the Act and information technology.
- The plan mandates the creation of an Electronic Health Record (EHR) before any other technology project is proposed.
- The plan attempts to balance the realities of the needs of small counties with the accountability pieces required of large counties (the Amador vs. Los Angeles problem). It does this by specifically exempting small counties, like Sutter-Yuba Mental Health Services (SYMHS), from completing large portions of the technology submission.
- The plan is not directive in how much money is spent on either Capital Facilities or on Technology but allows each county to structure the funding based on local need.
- The plan is composed of redundant pieces to facilitate and speed up the review process to allow for rapid funding of projects to the county. This makes reading the plan more difficult as all the due diligence pieces are touched.

To make this very technical plan submission workable for the counties utilizing their varying resources the Department of Mental Health (DMH), who oversees the Act, has provided significant direction in the preparation of this plan. It has directed that the plan submission be composed of three enclosures and multiple exhibits within each enclosure. It has also provided forms for suggested use in many of these enclosures.

Enclosure One is a high level overview of what SYMHS plans to do with the funding allocation. Enclosure Two is a description of what SYMHS plans to do for Capital Facilities. Enclosure Three is a detailed description of what SYMHS will do to:

1. Ensure the creation of a full Electronic Health Record (i.e. begin the road to Health Information Exchange)
2. Ensure that a proper infrastructure exists to support the EHR
3. Create projects to empower consumers.

It should be noted that there was significant input into the design process of the plan requirements process by the Mental Health Information Technology community in the state. Of particular interest to the reviewers of this plan should be the mandatory components of the technology

plan. Specific exemption was provided to the small counties, like SYMHS, so that they would not have to comply with unnecessarily onerous portions of the plan creation process that would be industry general practice standards for large entities like Los Angeles. When reviewing this plan, you will note that a large number of seemingly redundant forms have been used. These were provided by DMH to aid in the creation of a complete planning process for smaller counties who do not have significant Facilities or Information Technology staff available. This plan has used these approved formats as much as possible where they made sense. The submission has also provided many portions of the plan process where SYMHS was specifically exempted from doing so because of its small size. SYMHS did this where it felt the process was prudent and could be accomplished without undue hardship. It did not do all of the exempted sections. Most significantly, SYMHS chose not to conduct an exhaustive Information Technology personnel analysis because of the small number of staff that would be involved.

Finally, it should be noted that this plan details the process involved in doing due diligence to request budget. It does not attempt to cover every contingency of instituting facilities creation or the acquisition of an EHR. These pieces are more properly a part of the process that will follow when we know exactly how much budget the state will award based on this request. This plan proposes the scope of what SYMHS wishes to do. Much work, in detail, will need to still be done when we have authorization to proceed with the specific proposals and we know specific budget provided to accomplish those goals.

Enclosure One  
Coordinating Overview

**Capital Facilities and Technological Needs Face Sheet  
Enclosure One**

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

County: Sutter-Yuba

Date: 4/1/10

**County Mental Health Director:**  
Printed Name: **Bradford Luz, Ph.D.**

Signature \_\_\_\_\_

Date:

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# COUNTY CERTIFICATION

**I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Sutter-Yuba Counties and that the following are true and correct:**

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

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

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

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

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

**Date:**

**Signature** \_\_\_\_\_  
**Local Mental Health Director**

**Executed at:**

# COMPONENT PROPOSAL NARRATIVE

## Enclosure One

### 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 \$ 170,550

Technological Needs \$ 1,540,701

Narrative:

1) The projects being proposed for the Capital Facilities and Technological Needs Improvement Plan (CAP/IT) are being designed to support the programs, services and goals provided by both Sutter and Yuba counties in their unified Mental Health-MHSA program. Two major efforts have been identified. The first is a facilities renovation to support the currently existing CSS supported Wellness and Recovery Center (WeRC). This project has been a long time wish of the consumers and stakeholders of Sutter-Yuba counties. The second effort is to institute an Electronic Health Record (EHR) and associated support structures to meet state and federal mandates to provide Health Information Exchange (HIE). This will include the purchase of an EHR, the purchase of network and workstation hardware to enable use of the EHR and a consumer program to begin training consumers and stakeholders to be able to use the information provided by an EHR. The goal of the EHR, at this stage of the plan, is to set the stage for the SYMHS to move to a full implementation as defined by the State for the exchange of health information. The plan scope and the timeframe of this particular plan do not allow for the complete implementation of a full EHR but are a major step in this direction.

2) The funding distribution for the project was very easy to determine. The agency is well aware that its current vertical IT systems that directly support the unique mission of SYMHS, like many other small counties in the state, are woefully antiquated. The agency could easily spend three times the MHSA

allocation and still have unmet needs. Accordingly, the agency participated with stakeholders to first determine what facilities needs would be appropriate and realistic and to allocate the balance of available funding to IT needs.

The agency engaged in an ongoing series of meetings and formal conversations with consumers, stakeholders and staff. It was determined that the most immediate and pressing need was for an expansion of the WeRC. This led to a search for an appropriate facility. The old Nurse's Residence, the "Little White House", on the Sutter County main campus was identified as a suitable home. Staff brought the idea to county Public Works professionals who collaborated and provided a professional estimate of what should be done and how much the project would cost last winter. This process lead the agency to propose a \$150,000 request for public approval.

The agency also knew that to meet the mandates of the plan's Technological Needs component it would have to implement an EHR. Current systems could not cost effectively be remediated to fulfill this requirement. After conducting research into available systems and a review of the results of the State's RFP process, the agency formulated a working draft of its needs. The department engaged Henderson Consulting of Chico California to help them finish the evaluation of their needs to meet an EHR and working together with Henderson Consulting proposed an approach to acquire an EHR to agency leadership. This approach was then vetted through the consumer and stakeholder process.

## **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.

The stakeholder group for the CAP/IT projects includes representatives from each of the following levels of the organization and groups:



Sutter County Health Care Services Administration  
Sutter County Information Technology Services  
Sutter-Yuba Mental Health Administration  
Sutter County Counsel's Office  
Sutter County Social Services  
Yuba County Social Services  
Sutter County Administration  
Yuba County Administration  
Sutter County Probation  
Yuba County Probation  
Sutter County Jail  
Mental Health America  
    Board Members  
    Mentors & Parent Partners  
Consumers and staff from the SYMHS Wellness & Recovery Program  
Marysville Joint Unified School District (Adult Education Program)  
Yuba County Superintendent of Schools  
Sutter County Office of Education  
Sutter-Yuba Mental Health Board Membership  
Sutter-Yuba SAARB Board Membership  
SYMHS Cultural Competence Committee  
SYMHS Medical Records Office  
SYMHS Business Office  
SYMHS Billing Office  
    Secretarial Support Services  
    Reception Services  
    Medical Transcription Service  
SYMHS Clinical Service Programs Staff  
    Psychiatry  
    Nursing Services  
    Inpatient Services (PHF)  
    Crisis Services  
    Adult Outpatient  
    Children's Outpatient  
    Children's System of Care  
    Wellness & Recovery Program (Adult)  
    Hope & Best Programs (Adult)  
SYMHS Compliance Officer  
SYMHS Quality Assurance Coordinator  
SYMHS Quality Improvement Coordinator  
SYMHS Data Analyst Services  
Contracted Community Providers  
Sutter County Board of Supervisors  
Yuba County Board of Supervisors

Stakeholders were involved in a variety of meetings hosted (or attended) by the department

planning staff to introduce, discuss and get feedback from these individuals and organizations about the

requirements of the CAP/IT plan and the implementation of an Electronic Health Record. The purpose of the meetings was to inform the community about the Federal and State mandates driving the projects. It also discussed the implementation of an EHR, the benefits of an EHR for the consumer, the department and our business partners. Finally, significant effort was made to hear from the consumer's with regard to the way consumers will want to access their personal health information and to address concerns they may have regarding the purchase, implementation and use of such a record system.

**The process for bringing stakeholders together to draft and review the CAP/IT plan was as follows:**

Included in the stakeholder list above are those community, partner and provider members that expressed an interest in the Electronic Health Record. It also reflects those interested the Capital Facilities component of this proposal. To better address the specific interests of those who wished to provide comment and get clarification on the elements of the proposal, SYMHS staff engaged the interested stake holders in the following ways.

IT Stakeholders

The initial proposal was drafted by SYMHS staff, assisted by Henderson Consulting of Chico California, based on the aggregated input of members of the stakeholder group. Some of this information was the result of individual interviews, small focus groups with content experts, and informal meetings with staff and consumers. For instance, meetings were held with stakeholders like Sutter County IT services, Sutter-Yuba Mental Health Medical Records, the Sutter-Yuba Mental Health Compliance Officer, Sutter-Yuba Mental Health QA and QI staff, Sutter-Yuba Mental Health Physician and Nursing Staff, Clinician Providers and Community Agency members providing direct services, Mental Health America staff and Mental Health Board members. These groups provided participants that served as the group advising staff who created the initial CAP/ IT Plan.

### Wellness & Recovery Center (WeRC)

Staff, consumers and family members of individuals receiving services through the Wellness and Recovery Center (WeRC) and agencies participating in the full-service partnership have been seriously invested in the developing of ideas for the remodel of the old Nurse's Residence building which will serve as the main activity space and offices for the Wellness and Recovery program. This remodeled facility was conceptualized to also house a consumer IT project (computer lab and smart media classrooms).

### Plan Review & Input Process

Members of the consumer and stakeholder community were mailed draft copies of the complete proposal draft for their review. Two weeks later an open meeting was held, one in each county (Sutter & Yuba) to discuss and review the CAP/IT proposal. These were structured workshops tasked with the review of all segments of the proposal, to answer questions about the content and suggestions in written form. SYMHS staff, present at the sessions, captured the key elements of the discussions. Suggestions from these stake holder groups were worked into a refined draft posted for public review and comment.

The draft plan was posted for public comment and input on the Sutter County web site, Sutter County Network of Care site, Yuba County Network of Care site and paper copies were made available at each Mental Health Office or Service Site, Sutter and Yuba County Main Libraries, Sutter and Yuba County Administrator Offices for thirty days for public review. At the end of 30 days Public Hearings were held in both Sutter and Yuba counties to get input from interested community members who are not part of the above listed stakeholder group. Those comments were recorded and considered in the final draft of the SYMHS CAP/IT proposal submitted to the State Department of Mental Health.

**COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING**

**Enclosure One**

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.

<b>Type of Facility</b>	<b>Number of Facilities Needed</b>	<b>County Location of Needed Facility</b>	<b>MHSA Program &amp; Services to be Served</b>	<b>Population to be served</b>
<b>Wellness &amp; Recovery Center</b>	One	Sutter County Mental Health Main Campus	Wellness & Recovery Center	TAY, Adult

## COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS

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

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

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

### Client and Family Empowerment Projects

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

### Other Technology Projects That Support MHSA Operations

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

**Narrative:**

Consistent with the directive goals of the Mental Health Services Act (MHSA) the Sutter-Yuba County Department of Mental Health (SYMHS) is proposing a series of Information Technology (IT) projects. These projects are designed to begin implementation of a fully functional Electronic Health Record (EHR) and provide consumer resources to allow stakeholders the ability to learn how to utilize its public resource components. It should be noted that SYMHS provides duly authorized services as the Mental Health Plan (MHP) of record to the citizens of both Sutter and Yuba counties. All references in this plan proposal address the dual county nature of this relationship honoring blended responsibility and funding.

The implementation of an EHR into SYMHS's system of care will enable the department to meet and exceed standards currently being set by the Federal government, the State and the healthcare industry in the arena of Health Information Exchange (HIE). It will also enable the department to ensure that there exists a modern, secure, private and transformed clinical and administrative infrastructure to increase consumer and family empowerment and provide the very best of data driven, evidence based, person-centered and recovery oriented care to the citizens of Sutter and Yuba counties.

The projects being developed and proposed herein are roughly divided into three broad categories. These projects have objectives that are designed to empower consumers, family members and the community to participate in the Recovery process consistent with the goals of the MHSA.

These broad categories are:

- Projects maintaining, strengthening and promoting the computing infrastructure and staff necessary to service a secure interconnected Wide Area Network (WAN) within the department for the implementation and use of the EHR. This infrastructure is designed to provide a technologic grounding necessary to conduct daily communications.

- Projects necessary to establish and maintain an EHR and over time, to expand to a fully functional system prepared to accept Health Information Technology (HIT) protocols and institute fully functional HIE. Plans call for this expansion when the infrastructure and protocols for meaningfully useful exchanges and the means to accomplish them finally become ratified by the industry.
- Projects to facilitate consumer use, understanding, competence in and acceptance of EHR/HIE interfaces. These objectives will also have the effect of empowering consumers in their daily lives to more fully explore the options available to them for personal recovery and empowerment.

It should be noted that these projects were formulated in conjunction with the stakeholder group and in collaboration with Sutter County Department of IT and Henderson Consulting of Chico California, a Behavioral IT specialist acting as technical reference.

Enclosure Two  
Capital Facilities



# Face Sheet

## CAPITAL FACILITIES PROJECT PROPOSAL

Project Name: **Wellness and Recovery Center Renovation**

Date: 4/1/10

County Mental Health Director

Name: Bradford Luz, Ph.D.

Signature: \_\_\_\_\_

Phone: 530.822.7200

Email: bluz@co.sutter.ca.us

Address: 1965 Live Oak Blvd

City: Yuba City

State: CA

Zip Code: 95992

Fax: 530.822.7108

Contact Name and Information

Name: Stephan Marshall

Phone: 530.822.7288

Email: smarshall@co.sutter.ca.us

Fax: 530.822.7108

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Sutter-Yuba Counties and that the following are true and correct:

1. The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to: **Renovate** a building at: 1965 Live Oak Blvd. Yuba City CA 95992

**2. The Intended use of this building is :**

This project will house the Sutter-Yuba Mental Health MHSA Community Services and Supports funded Wellness and Recovery Center (WeRC) for transitional age and adult consumers. The program has been a very successful full service partnership, is at capacity in its current quarters and has a critical need for space designed to meet the needs of its rehabilitative activities and programs.

3. All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and / or renovate those portions of the property that will be used for the provision of MHSA Services.

4. The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health Services.

5. For acquisition/construction **Sutter** County will be the owner of record.

6. For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.

7. This building will be dedicated to the provision of MHSA services for a minimum of 20 years.

8. Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.

9. The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities funds.

10. The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.

11. Sutter County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.

12. Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.

13. The Counties certify they have adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.

14. This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.

15. All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at 1965 Live Oak Blvd. in Yuba City, California are true and correct.

Date: 4/1/10

Signature \_\_\_\_\_  
Local Mental Health Director

Date: 4/1/10

Signature \_\_\_\_\_  
Auditor and Controller

**Executed at Yuba City California**

# **Project Name: Wellness and Recovery Center Renovation**

## **Exhibit 2**

### **Project Proposal Narrative**

*1. Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project. If the proposed Project deviates from the information presented in the already approved Exhibits 2 and 3 of the Component Proposal, the County must describe stakeholder involvement and support for the deviation.*

This plan is a supportive extension of the program created to facilitate Wellness and Recovery. The program has been in existence for fourteen months and has been so well received by our stakeholder groups (and the consumers in particular) that it has outgrown its current location. The Sutter-Yuba Mental Health Community Services and Supports plan funded by the Mental Health Services Act created the Wellness and Recovery program for transitional age and adult consumers. Sutter-Yuba's MHSA CSS Plan was developed through extensive community collaboration; including use of the MHSA webpage, focus groups, community presentations and "Town Hall" meetings and various other networking methods. Over 850 suggestions, comments or ideas along with 1,977 completed surveys were received from a multitude of community groups and individuals who participated in the Sutter-Yuba County's MHSA community outreach and information campaign.

Stakeholders have been involved in a variety of meetings hosted (or attended) by the department planning staff to introduce, discuss and get feedback from these individuals and organizations about the implementation of an expansion to our current Wellness and Recovery site. The purpose of the meetings is to inform the community about the current status of the program and gain feedback on the perceived need for expansion. Finally, the meetings allowed the agency to hear from the consumers with regard to their thoughts and feelings about the need for and the utility of this project.

*The Process for bringing stakeholders together to draft and review the CAP/IT plan is as follows:*

Included in the stakeholder list are those community, partner and provider members that may be interested in the interested the Capital Facilities component of this proposal. To better address the specific interests of those who wished to provide comment and get clarification on the elements of the proposal, SYMHS staff engaged the interested stake holders in the following way(s).

#### IT Stakeholders

The initial proposal was drafted by SYMHS staff based on the aggregated input of members of the stakeholder group. Some of this information was the result of individual interviews, small focus groups with content experts, and informal meetings with staff and consumers. For instance, meetings with stakeholders like Sutter County IT services, SYMHS Medical Records, SYMHS Compliance Officer, SYMHS QA and QI staff, SYMHS Physician and Nursing Staff, SYMHS Clinician Providers and Community Agency members providing direct services, Mental Health America staff and Mental Health Board members served as the group advising the initial IT Plan formulation for the consumer project being associated with this facility renovation.

### Wellness & Recovery Center (WeRC):

Staff, consumers and family members of individuals receiving services through the Wellness and Recovery Program and agencies participating in the full-service partnership have been involved in the developing ideas for the remodel of the White House building which will then serve as the main activity space and offices for the Wellness and Recovery program. This remodeled facility will also house the consumer IT project (computer lab and smart media classroom).

Plans to renovate and utilize “The Little White House” as a consumer drop-in center were embedded in a series of 22+ documented MHSA planning meetings which occurred over a seven month time period (December 2007—June 2008) with 200+ attendees (duplicated count) participating. Participants in the planning meetings consisted of consumers and previously listed stakeholder groups. Approximately one year ago, based on a series of six informal meetings of an ad hoc group calling themselves “The SYMHS Welcoming Committee” (inspired by training provided by consultant Bruce Anderson), consumers and staff took on a project to clean years of stored and outdated items out of “The Little White House”. There was the hope that this historic building might be renovated and become a consumer activities center. Unfortunately, after cleaning out the building, no funds were available to proceed with the renovations needed to make the building accessible and safe. It was at that point that focus for utilization of the facility shifted to acquiring reasonable Capital Facilities funding to continue with the vision and direction of the stakeholder groups working in conjunction with the Wellness and Recovery program.

Dr. Mark Schlutsmeier, Wellness & Recovery Program Supervisor, has noted that consumers and staff members in the Wellness and Recovery program have expressed excitement about renovating the “The Little White House” since the inception of the program 14 months ago. In fall of 2008, a “re-decorating” committee was formed, in part, to discuss ideas for renovating “The Little White House”.

On at least two occasions the consumers brainstormed ideas for renovations and expressed support for ideas such as a computer learning center, a drop-in center, phone access, gardening/planting around the outside, a TV/leisure area, and a warm-line. Consumers who helped with exploring and supporting these ideas included Robert Rhoades, Lavon Novak, Vida Sperry, Robert Starmer, and Lino Juarez.

Discussions about the “The Little White House” decreased when it became evident that the economy brought funding into question. The consumers have, however, continued to periodically inquire about the fate of the building and the outcome of the planning that took place last year.

Peer Mentor La Von Novak has stated on numerous occasions that it has been a long-held dream of SYMHS consumers to be able to utilize “The Little White House” as a consumer drop-in/activities center in support of the Wellness & Recovery Vision. Over the past year, since the intensive effort expended cleaning out the building, Ms. Novak has observed that numerous consumers have asked “What is happening with “The Little White House”?” When we heard that it might be possible to proceed with the renovation, the next Wellness & Recovery Town Hall Meeting, on Monday, August 17th 2008, was set aside specifically to re-focus on obtaining contemporary consumer input concerning their dream for “The Little White House”. Seventeen consumers attended, out of a total of 20 attendees. Minutes from the Town Hall Meeting, detailing the consumer “wish list” for “The Little White House” project are available upon request from SYMHS staff.

#### Plan Review & Input Process:

Members of the consumer and stakeholder community were mailed draft copies of the complete proposal draft for their review. Two weeks later an open meeting was held, one in each county (Sutter & Yuba) to discuss and review the CAP/IT proposal. These were structured workshops tasked with the review of the final draft of all segments of the proposal, to answer questions about the content and suggestions in written form. SYMH staff, present at the sessions, captured the key elements of the

discussions. Suggestions from these stake holder groups were worked into a refined draft posted for public review and comment.

This plan was posted for public comment and input on the Sutter County web site, Sutter County Network of Care site, Yuba County Network of Care site and paper copies will be available at each Mental Health Office or Service Site, Sutter and Yuba County Main Libraries, Sutter and Yuba County Administrator Offices for thirty days for public review. At the end of 30 days Public Hearings were held in both Sutter and Yuba counties to get input from interested community members who are not part of the above listed stakeholder groups. Those comments were recorded and considered in the final version of the SYMHS CAP/IT proposal submitted to the State Department of Mental Health.

*2. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.*

On the grounds of the Sutter-Yuba Mental Health Offices and Clinics site at 1965 Live Oak Boulevard in Yuba City is an outbuilding that once served as nursing quarters for what was once the Sutter County Hospital. The 1600 square foot building has had many uses over the years. It served as the first home of the first Sutter County Mental Health program over 30 years ago. The building currently stands vacant and in need of a remodel for its intended use.

The Sutter-Yuba Community Services and Supports plan funded by the Mental Health Services Act created the Wellness and Recovery program for transitional age and adult consumers. The program has been a very successful full service partnership, is at capacity in its current quarters and has a critical need for space designed to meet the needs of its rehabilitative activities and programs.



The floor plan of the house as currently configured consists of 5 offices, a small reception area, a non-ADA bathroom, small kitchenette, and small closet and sunken living room area. There are doors at the front and rear, right side of the building. As configured the building does not have walk ways, entry ways, inner doors or other amenities that meet ADA building codes for a public building.

The building was reviewed by county facilities and a local architect this past December. The bones of the building appear sound and suitable for remodeling. The building was constructed in the 1950's, is not an historic building and the County is very willing to make the needed changes to the facility underwritten by an appropriate funding source.

### Remodeling

The basic remodeling idea is to bring the facility up to code with energy efficient windows and lighting, ramp and entry ways that meet ADA requirements. On either side of the building are offices along a central corridor. The concept is to take down the dividing walls between adjoining offices on either side to create two large classrooms or activity rooms. The bathroom would be remodeled and made ADA accessible. The kitchenette would be opened up as a light meal preparation area with refrigerator, microwave, sink and some cabinet space. The floor of the sunken living room would be raised to the level of the rest of the house. The rear door would be moved to the back wall of the building and made a double door. Electrical, mechanical and plumbing would all be brought up to current building code standards. Practical floor coverings would be applied throughout. Wheel chair accessible ramps, walkways and railings would be installed. The purpose of this remodel is to provide on-going adequate space for our currently operating and successful Wellness and Recovery Program. This will give the program a permanent home dedicated to the mandates of the MHSA. It also creates the capacity to expand the scope of current activities performed by the program.

## Consumer IT Component

Another goal is to create modern and accessible consumer run learning and meeting facility. A component of this remodel will be a Consumer IT Project (CITP). In short the idea is to equip space with smart technology to promote both on-site and remote learning of life skills, health management and basic employment skills. It is unrealistic to provide advanced healthcare services and extensions like an EHR, or a future PHR, without creating some capacity to educate our consumers on how to make use of the technology. In collaboration with Yuba Community College and Sutter County Office of Education, we hope to create a range of on-site learning opportunities, accessible to consumers, to take advantage of internet and remote learning resources. The CITP would design and equip two smart classrooms with appropriate video screen, sound system, lap top and computer network connectivity. The classrooms would also contain desk top computer work stations capable of Internet connectivity and office software to be able to function as a teaching lab for consumers.

## Consumer Roles:

Utilizing the expertise and the help of Yuba College and its Adult Education program, the Wellness and Recovery Program would like to provide on-site programs where consumers are empowered to take courses that lead to certifications in various job skill areas. Such training opportunities could lead to consumers being certified to manage and run the daily activities of the Wellness and Recovery Center with the goal of eventually having a consumer run and organized activity center. Consumers might also become instructors trained to work with other consumers and their family members. This would provide a much needed peer resource to the community. The facility would also serve as a place to develop a sense of community, develop friendships, plan community activities for its members.



**Project Name: Wellness and Recovery Center Renovation**  
**Exhibit 3**  
**Project Address: 1965 Live Oak Blvd Yuba City CA 95992**

**Answer the following questions as appropriate to the Project Proposal.**

**1. Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction.**

On the grounds of the Mental Health Offices and Clinics site at 1965 Live Oak Boulevard in Yuba City is an outbuilding that once served as nursing quarters for what was once the Sutter County Hospital. The 1600 square foot building has had many uses over the years. It served as the first home of the first Sutter County Mental Health program over 30 years ago. The building currently stands vacant and in need of a remodel for its intended use. The building is currently owned by Sutter County and this project is conceptualized as a renovation.

**-> If the proposed project involves renovation of an existing facility, indicate whether it is County owned or owned by a private entity.**

The building is owned by Sutter County.

**-> Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.**

The basic remodeling idea is to bring the facility up to code with energy efficient windows and lighting, ramp and entry ways that meet ADA requirements. Inside the building are offices along a central corridor. The concept is to take down the dividing walls between adjoining offices on either side to create two large classrooms or activity rooms. The bathroom would be remodeled and made ADA accessible. The kitchenette would be opened up as a light meal preparation area with refrigerator, microwave, sink and some cabinet space. The floor of the sunken living room would be raised to the level of the rest of the house. The rear door would be moved to the back wall of the building and made a

double door. Electrical, mechanical and plumbing would all be brought up to current building code standards. Practical floor coverings would be applied throughout. Wheel chair accessible ramps, walkways and railings would be installed. This project has been facilitated by the Public Works Department of Sutter County and all design documents, cost estimates, plan checks, code requirements, architectural review and cost containment measures have been completely performed by Public Works staff.

***-> When the renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.***

This renovation moves the current Wellness and Recovery program from its current site where it occupies 600 sq ft of space to an ADA compliant 1600 sq ft of usable space. This is about three times the current allocated space for the program. Additionally, the project seeks to specifically fit part of the facility to house a Smart Classroom and a Consumer IT training program.

***2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable. Complete all that apply.***

Age Group	Projected Client/Family Capacity
Children	
TAY	50
Adults	150
Older Adults	

***3. Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.***

This program will be located on the main campus of Sutter-Yuba Mental Health in Yuba City, California. It is located within easy walking distance from the rest of the SYMHS building, including Main Administration, on a very low key and quiet campus setting. The facilities are served by local bus service (main city transit service not a special route) that stops directly at the SYMHS Main Campus. Route 2A busses run from on a 30 minute schedule from 7AM to 6PM daily and offer planned transfer

capability to other lines at the Main Walton Terminal for the line. Other external bus lines also connect at the Walton Terminal for wider service.

***4. Describe whether the building(s) will be used exclusively to provide MHSA programs/ programs/services and supports or whether it will also be used for other purposes.***

### **MHSA only**

The Wellness and Recovery program is a very community centric offering by the agency. As such the staffs, consumers, family members and other stakeholders are in and out of the program. It is becoming a hub of community activity and facilitates the recovery mission of the program. It is inevitable that the community will request to use some of the meeting space being created as part of the renovation. The project is conceptualizing this as a natural extension of the community oriented nature of the program.

***-> If the building will be used for other purposes, the description should indicate the percentages of space that will be designated for mental health programs/services and supports and for other uses.***

There will be no designated space for other programs.

***5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.***

The agency has done three things to ensure the continuity of this facility. First it has declared, by Board Resolution, that the facility is dedicated to the department for its use as a Wellness and Recovery Center. Second, it has located the facility on county grounds placing it within the maintenance scope of Sutter County Public Works activities. Third, the agency has created an annual maintenance fund of \$2,700 set-aside per year, in accordance with accepted prudent property management guidelines, to afford regular prudent maintenance of the facility.

**Project Name: Wellness and Recovery Center Renovation**  
**Exhibit 4**  
**Project Address: 1965 Live Oak Blvd Yuba City CA 95992**

**Project Information:**  
**This is a Renovation of a County Owned Structure**

**Intended Use:** Expansion of capacity for current Wellness and Recovery Program.

**This project is Mental Health ONLY**

Amount of Capital Facilities funds requested in this Project Proposal	\$150,000
CSS Capital Facilities funds requested in this Project Proposal	\$ 0
<b>Total</b>	<b>\$ 150,000</b>

**Priority Population**  
Transition Age Youth  
Adults

**If applicable, projected number of mental health clients, including their families, to be served monthly: 200**

Please provide brief description below:

As a component of its CSS-FSP effort, SYMHS created a Wellness and Recovery Program fourteen months ago to serve the community. This program has been a resounding success and now it has outgrown its current space. The project is currently serving 81 consumers and family members in incredibly cramped spaces. This project seeks to renovate a county owned building co-located on the grounds of the main Sutter-Yuba Mental Health campus. This renovation will provide almost three times the floor space for the consumers and will install "Smart Technology" classrooms and provide space for a consumer oriented training program to expand the resources of the WeRC.

**Project Name: Wellness and Recovery Center Renovation**  
**Exhibit 5**  
**Project Address: 1965 Live Oak Blvd Yuba City CA 95992**

The sample project budget allows Counties to summarize proposed expenditures for each Project by type of expenditure for each fiscal year. Based upon the Project a County may wish to submit a modified budget summary that more closely reflects the County Capital Facilities Project Proposal.

Expenditures and request for funds:

Expenditures for the proposed Project should be easily identified and related to the project description. Total estimated Project expenditures are offset by any estimated other funding sources to compute the net MHSA funding requirements. Complete a separate Project budget for each proposed project. The sum of all Project budgets should not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for the County. MHSA funds dedicated to the Capital Facilities and Technological Needs Component must be used within ten years or they will revert back to the State MHS Fund for redistribution to all Counties.

Narrative:

This project seeks to provide for the renovation of the old Nursing Residence located on SYMHS' main campus for the purpose of bringing it back into usable condition for the department's Wellness & Recovery Center (WeRC). The proposed facility is already owned by the County of Sutter and is being provided as capital investment for this project at no additional charge. The asset is simply being re-tasked. Pre-planning and estimating activities after consumer and stakeholder input into the character of the project have greatly mitigated extenuating cost factors. Final determination of project management duties within the Sutter-Yuba agency mix has not yet been decided but the worst case administrative cost options have been included into the cost estimate structure for this project. For a



breakdown of the budget for this project please refer to the attachment "Coordinated Budget" at the rear of this submission.

*Provide information regarding ability to maintain and update the property/facility for the required time period (Include proposed funding sources, capitalized reserves, etc.):*

Since this the renovation of an already existing facility that has had a long history of use in Sutter County, the facility is planned to be maintained within the normal County building maintenance structure and will be funded as such under normal A87 budget structures. The Board of Supervisors has passed a resolution stating their commitment to maintaining the WeRC for the required service life of this project commitment. Additionally, the consulting firm "Henderson Consulting" that provided consultation and services for the construction of this plan inquired about appropriate reserve funding for the on-going maintenance of this facility with a respected property management firm. It was determined that an additional \$2,700 set aside per year was appropriate to cover general maintenance items like painting and roofing. These funds will be covered from departmental general revenues.

*Describe what structure is in place to manage the project and track usage, costs, maintenance, etc., over time (e.g. agreement with County Department of General Services, contractor consultant, etc.):*

The department will utilize the services of Sutter County Public Works and Sutter County General Services to maintain the buildings and provide a tracking of maintenance costs, within current normal and generally accepted County practice. Additional measures or requirements have not been sufficiently delineated by the State to warrant additional tracking.

<b>Sutter-Yuba County Mental Health</b>						
Capital Improvements & Information Technology Coordinated Budget						
Wellness & Recovery Center Renovation						
Fund Request for	1-time	1-time	annual	annual	On-Going	
FY	08/09	09/10	10/11	11/12	Annual	
Personnel	\$0	\$0	\$0	\$0	\$0	
Total Staff (s&b)	\$0	\$0	\$0	\$0	\$0	
Materials	\$0	\$63,740	\$0	\$0	\$0	
Total Materials	\$0	\$63,740	\$0	\$0	\$0	
Demolition	\$0	\$4,300	\$0	\$0	\$0	
Total Demolition	\$0	\$4,300	\$0	\$0	\$0	
Contract Svcs	\$0	\$68,960	\$0	\$0	\$0	
Total Contracts	\$0	\$68,960	\$0	\$0	\$0	
Admin Overhead		\$20,550				
Other Expenses		\$13,000	\$2,700	\$2,700	\$2,700	
Total Costs	\$0	\$170,550	\$2,700	\$2,700	\$2,700	

Project Name: Wellness and Recovery Center Renovation  
 Exhibit 6

Project Address: 1965 Live Oak Blvd Yuba City CA 95992

High Level Project Timeline

Reviewer Note: As a draft document, the dates in this copy are there for reference only. Actual dates will be inserted before the final submission of this proposal to DMH!!!!

Development Step		Start Date (mm/dd/yy)	Completion Date (mm/dd/yy)
Community Program Planning Process	30-day circulation of draft	09/15/09	10/15/09
	Public Hearing, if required	10/15/09	10/30/09
Acquire Facility			Done
Acquire building permit		01/01/10	02/28/10
Financing Closing			Done
Construction Contract RFP		03/01/10	03/31/10
Award of Contract		04/01/10	05/15/10
Renovation Startup		06/01/10	
Renovation Complete			09/01/10
Acquire and submit Certificate of Occupancy		09/01/10	09/15/10
Occupancy Startup		10/01/10	

Enclosure Three  
Information Technology Plan

## **Introduction**

Consistent with the goals of the Mental Health Services Act (MHSA) the Sutter-Yuba Counties Department of Mental Health Services (SYMHS) is proposing a series of Information Technology (IT) projects. These projects are designed to begin implementation of a fully functional Electronic Health Record (EHR). Accompanying this document is an expenditure plan to detail the funding of these projects. It should be noted that SYMHS provides duly authorized services as the Mental Health Plan (MHP) of record to the citizens of both Sutter and Yuba counties. This Plan and all references hereafter to SYMHS are construed to bridge the system of care in place for this bi-county responsibility.

The implementation of an EHR into SYMHS's system of care will enable the department to meet and exceed standards currently being set by the Federal government, the State and the healthcare industry in the arena of Health Information Exchange (HIE). It will also enable the department to ensure that there exists a *contemporary, secure, private and transformed* clinical and administrative infrastructure to increase consumer and family empowerment and provide the very best of data driven, evidence based, person-centered and recovery oriented care to the citizens of Sutter and Yuba counties.

The department has maintained a close relationship with its county-based sister agency, the Sutter County Department of Information Technology, over the years. This partnership served as the lead entity for the bi-county relationship. It has fostered a strong commitment to the accurate, secure and private provision of services to the citizens of Sutter and Yuba counties. The projects proposed in this plan honors and reflect this close relationship, rededicates the participants to the goals and principles espoused in the MHSA. It collaborates with our stakeholder groups to provide secure, private and empowering infrastructure in a functional cost effective paradigm.

The projects proposed herein are roughly divided into three broad categories. These projects have objectives that are designed to empower consumers, family members and the community to participate in the Recovery process consistent with the goals of the MHSA. These broad categories are:

Projects maintaining, strengthening and promoting the computing infrastructure and staff necessary to service a secure interconnected Wide Area Network (WAN) within the department for the implementation and use of the EHR. This infrastructure is designed to provide a technologic grounding necessary to conduct daily communications.

Projects necessary to establish, expand and maintain an EHR, over time, to a fully functional system prepared to accept Health Information Technology (HIT) protocols and institute fully functional HIE, when these exchanges and the means to accomplish them finally become ratified by the industry and its healthcare practitioners.

Projects to facilitate consumer use, understanding, competence in and acceptance of EHR/HIE interfaces. These objectives will also have the effect of empowering consumers in their daily lives to more fully explore the options available to them for personal recovery and empowerment.

## **Stakeholder Involvement**

The stakeholder group for this IT–EHR project includes representatives from each of the following levels of the organization and groups:

Sutter County Health Care Services Administration,  
Sutter County Information Technology Services  
Sutter-Yuba Mental Health Administration  
Sutter County Counsel's Office  
Sutter County Social Services  
Yuba County Social Services  
Sutter County Administration  
Yuba County Administration  
Sutter County Probation  
Yuba County Probation  
Sutter County Jail  
Mental Health America  
    Board Members  
    Mentors & Parent Partners  
Consumers and staff from the SYMHS Wellness & Recovery Program

Marysville Joint Unified School District (Adult Education Program)  
Yuba County Superintendent of Schools  
Sutter County Office of Education  
Sutter-Yuba Mental Health Board Membership  
Sutter-Yuba SAARB Board Membership  
SYMHS Cultural Competence Committee  
SYMHS Medical Records Office  
SYMHS Business Office  
SYMHS Billing Office  
    Secretarial Support Services  
    Reception Services  
    Medical Transcription Service  
SYMHS Clinical Service Programs Staff  
    Psychiatry  
    Nursing Services  
    Inpatient Services (PHF)  
    Crisis Services  
    Adult Outpatient  
    Wellness & Recovery Program  
    Hope & Best Programs  
    Children's Outpatient  
    Children's System of Care  
SYMHS Compliance Officer  
SYMHS Quality Assurance Coordinator  
SYMHS Quality Improvement Coordinator  
SYMHS Data Analyst Services  
Contracted Community Providers  
Sutter County Board of Supervisors  
Yuba County Board of Supervisors

Stakeholders have been involved in a variety of meetings hosted (or attended) by the department planning staff to introduce, discuss and get feedback from these individuals and organizations about the implementation of an Electronic Health Record. The purpose of the meetings was to inform the community about the Federal and State mandates driving the implementation of an EHR. It also communicated the benefits of an EHR for the consumer, the department and our business partners. It was also the purpose to gather useful information regarding the user interface and design elements that need to be configured into the system that is purchased. Finally, the sessions provided a venue to hear from the consumer's with regard to the way they will want to access their personal health information and to address concerns they may have regarding the purchase, implementation and use of such a record system.

*The process for bringing stakeholders together to draft and review the CAP/IT plan was as follows:*

Included in the stakeholder list above are those community, partner and provider members that have expressed interested in the Electronic Health Record as well as those interested the Capital Facilities component of this proposal. To better address the specific interests of those who wish provide comment and get clarification on the elements of the proposal, SYMHS staff engaged the interested stakeholders in the following way(s).

IT Stakeholders:

The initial proposal was drafted by SYMHS staff based on the aggregated input of members of the stakeholder groups. Some of this information was the results of individual interviews, small focus groups with content experts, and informal meetings with consumers, staff and consumers. For instance, meetings with stakeholders like Sutter County IT services, SYMHS Medical Records, SYMHS Compliance Officer, SYMHS QA and QI staff, SYMHS Physician and Nursing Staff, SYMHS Clinician Providers and Community Agency members providing direct services, Mental Health America staff and Mental Health Board members served as the group advising the initial IT Plan to procure an Electronic Health Record.



### Wellness & Recovery Center:

Staff, consumers and family members of individuals receiving services through the Wellness and Recovery Center (WeRC) and agencies participating in the full-service partnership have been involved in the developing ideas for the remodel of the White House building which will then serve as the main activity space and offices for the Wellness and Recovery program. This remodeled facility would also house the consumer IT project (computer lab and smart media classroom) which component is a piece of this plan proposal.

### Plan Review & Input Process:

Members of the consumer and stakeholder community were mailed draft copies of the complete proposal draft for their review. Two weeks later an open meeting was held, one in each county (Sutter & Yuba) to discuss and review the CAP/IT proposal. These were structured workshops tasked with the review of all segments of the proposal, to answer questions about the content and suggestions in written form. SYMH staff, present at the sessions, was able to capture the key elements of the discussions. Suggestions from these stake holder groups were worked into a refined draft posted for public review and comment.

This plan was posted for public comment and input on the Sutter County web site, Sutter County Network of Care site, Yuba County Network of Care site and paper copies were made available at each Mental Health Office or Service Site, Sutter and Yuba County Main Libraries, Sutter and Yuba County Administrator Offices for thirty days for public review. At the end of 30 days Public Hearings were held in both Sutter and Yuba counties to get input from interested community members who were not part of

the above listed stakeholder groups. Those comments were recorded and considered in the final version of the SYMHS CAP/IT proposal submitted to the State Department of Mental Health.

## **Capital and Facilities Project**

On the grounds of the Mental Health Offices and Clinics site at 1965 Live Oak Boulevard in Yuba City is an outbuilding that once served as nursing quarters for what was once the Sutter County Hospital. The 1600 square foot building has had many uses over the years. It served as the first home of the first Sutter County Mental Health program over 30 years ago. The building currently stands vacant and in need of a remodel for its intended use.

The Sutter-Yuba Mental Health Community Services and Supports plan funded by the Mental Health Services Act created the Wellness and Recovery program for transitional age and adult consumers. The program has been a very successful full service partnership, is at capacity in its current quarters and has a critical need for space designed to meet the needs of its rehabilitative activities and programs.

The floor plan of the house as currently configured consists of 5 offices, a small reception area, a non-ADA bathroom, small kitchenette, small closet and sunken living room area. There are doors at the front and rear, right side of the building. As configured the building does not have walk ways, entry ways, inner doors or other amenities that meet ADA building codes for a public building.

The building was reviewed by county facilities and a local architect this past December. The bones of the building appear sound and suitable for remodeling. The building was constructed in the

1950's, is not an historic building and the County is very willing to make the needed changes to the facility underwritten by an appropriate funding source.

### Remodeling

The basic remodeling idea is to bring the facility up to code with energy efficient windows and lighting, ramp and entry ways that meet ADA requirements. On either side of the building are offices along a central corridor. The concept is to take down the dividing walls between adjoining offices on either side to create two large classrooms or activity rooms. The bathroom would be remodeled and made ADA accessible. The kitchenette would be opened up as a light meal preparation area with refrigerator, microwave, sink and some cabinet space. The floor of the sunken living room would be raised to the level of the rest of the house. The rear door would be moved to the back wall of the building and made a double door. Electrical, mechanical and plumbing would all be brought up to current building code standards. Practical floor coverings would be applied throughout. Wheel chair accessible ramps, walkways and railings would be installed.

### Consumer IT Component

The goal is to create contemporary and accessible consumer run learning and meeting facility. A component of this remodel will be a consumer IT Project. We are currently denoting this as the Mmedia project. In short the idea is to equip both classrooms with smart technology to promote both on-site and remote learning of life skills, health management and basic employment skills. In collaboration with Yuba Community College and Sutter County Office of Education we hope to create a range of on-site learning opportunities, accessible to consumers, to take advantage of internet and remote learning resources. The Mmedia project would design and equip smart classrooms with appropriate video screen, sound system, lap top and computer connectivity components. A wireless LAN separate from agency resources would provide Internet access. The classrooms would also contain computer work stations to

utilize the Internet connectivity and office software to be able to function as a teaching lab for consumers.

### Consumer Roles

Utilizing the help of Yuba College and the Adult Education program, the WeRC would like to provide on-site programs where consumers might take courses that lead to certifications in various job skill areas. Such training opportunities could lead to consumers being certified to manage and run the daily activities of the WeRC with the goal of eventually having a consumer run and organized recovery center. Consumers should also become instructors to work with other consumer's and their families. The facility would also serve as a place to develop a sense of community, develop friendships, plan community activities for its members. Given the large commitment being made by SYMHS to moving toward functional HIE it is unreasonable to create this infrastructure without also giving some commitment to our consumers to train them to make use of this remarkable resource.

This plan has the full support and sponsorship of the leadership of SYMHS. The projects developed herein have been duly reviewed and endorsed by them. The Director of the department, Brad Luz, in particular assumes full executive sponsorship for these activities. Herein, witness his attestation:

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

County Name: **Sutter-Yuba**

Project Name: **Sutter-Yuba Coordinated MHSA IT Plan - 4/1/2010**

This Integrated 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 consumer and family empowerment by providing tools for secure consumer 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 Director**

Name	<b>Bradford Luz, Ph.D.</b>	Signature	
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E-mail	<a href="mailto:tsherry@co.sutter.ca.us">tsherry@co.sutter.ca.us</a>	Date	

**Chief Information Officer**

Name	<b>John Forberg</b>	Signature	
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**HIPAA Security Officer**

Name	<b>Kent Yeargin</b>	Signature	
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# Technological Needs Assessment

EXHIBIT 2

## TECHNOLOGICAL NEEDS ASSESSMENT

Date: 4/1/10

County Name: Sutter-Yuba

**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. ) **Small County?** Yes  No

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**

##### 1.1 Systems Overview

List Below Or Attach The Current Technology Systems In Place.

The department<sup>1</sup> maintains an integrated TCP/IP based network that connects its main campus to its clinics, integrated staff placements and County-based resources to serve the needs of the consumers, providers, staff and management who serve them. This networked system is predominately Microsoft Windows<sup>®</sup> based due to county standard practices. Legacy systems are currently being maintained, at great expense, until they can be phased out. Vertical systems are maintained to service the requirements of Reporting, Accounting, staff driven time tracking and communications. See attachments noted in the appended "WAN Overview" (Appendix A) and the departmental "Technology Overview" (Appendix B).

##### 1.2 Hardware

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

See Appendix C for a listing of currently implemented Hardware systems.

##### 1.3 Software

See Appendix D for a listing of currently implemented Software systems.

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<sup>1</sup> It should be noted that SYMHS provides duly authorized services as the Mental Health Plan (MHP) of record to the citizens of both Sutter and Yuba counties. This Plan and all references hereafter to SYMHS are construed to bridge the system of care in place for this bi-county responsibility.

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

The department has used a legacy list management system for many years to support its operations. This system is complex and costly to maintain and improve, and lacks the features of a contemporary solution. Hence, all support for systems has come through a close relationship maintained with Sutter County Information Technology (DOIT) developed through many years of close collaboration.

#### **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 department's administration has postulated an IT strategy that strongly suggests projects to meet the integrated needs of the MHP must be divided into three broad categories. These categories are supportive to the **Technology Base and Infrastructure** (TBI), the EHR and to the empowerment of consumers to be prepared to understand systems being put in place for their benefit. Some items that are in the long term vision of DMH have been clearly excluded in this strategy as being untenable during the time frame of this submission (e.g. eLabs, hardcopy scanning of existing charts).

Requests within the scope of this submission will, therefore, focus on the viability of the TBI, the implementation of the EHR or providing training and access capability for consumers. It is expected that each of these project categories have a number of objectives that must be met to fulfill the project parameters. In all cases, finalization of these objectives will be solidified during the contracting and procurement processes subsequent to the approval and funding of this plan.

Projects targeting TBI will be providing appropriate hardware, software, personnel and the training to staff to make these systems viable as a cohesive whole. Requests will primarily be targeted to ensuring the proper foundation for the support and continued functionality of a viable EHR and will add planning for components such as **Computerized Physician/Provider Order Entry** (CPOE) to round out the capabilities of the system and deliver tools to clinical staff and consumers to ensure timely, quality service delivery to minimize errors.

Briefly, out of scope for this submission are requests for document imaging, eLabs, Personal Health Records, translation solutions and HIE as there is not currently consensus within the timeframe of this phase of MHSA on standards for these pieces. They will be addressed in the next iteration of the department's IT strategic planning process.

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

The department asserts that the following systems are required to achieve a viable IISI:

**A. TBI Viability** - Any viable IISI is a coordinated combination of hardware and software systems married to provide support and stability for the software

components used by the healthcare practitioners, administrative support and consumers and their families. SYMHS is proposing the TBI Viability project to assess, procure, install and maintain a technology base to augment, support and grow the EHR and eventually support mandated HIE. It will be composed of component procurement and the supporting systems to implement those including personnel if deemed necessary. This would include necessary infrastructural pieces necessary to support an EHR model implemented via Application Service Provider (ASP) procurement.

**B. EHR Viability** - The core of the IISI is the institution of a viable EHR compatible with the specialized needs of the California behavioral paradigm and the system of care and workflows of the Sutter-Yuba MHP. This project will fund the procurement and implementation of a suitable EHR solution capable of growing and supporting MHPA principles and goals and serving the consumers and their families in person centered, culturally competent, recovery oriented treatment modalities.

**C. Mixed Media Training Lab (Mmedia)**- It is unrealistic to begin a large scale IISI whose professed goals are to empower consumers and families without some sort of effort on the part of the system of care to make access to the IISI by consumers, within approved frameworks, a realistic component. SYMHS proposes to do this by creating a Mixed Media lab within its Wellness and Recovery Center to train, facilitate and empower consumers and their families in the foundational technologies of digital communication that are rapidly becoming the norm in contemporary society. The objectives of this project will provide free proctored access to technology and the training to use it in a supportive, caring setting. Successes in other local county settings lead the MHP to believe that this project can grow into a mostly consumer run and wholly consumer-centric endeavor.

**1.7 Note the Implementation Resources Currently Available.**

Oversight Committee:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Project Manager:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Budget:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Implementation Staff in Place: <sup>2</sup>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Project Priorities Determined:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**1.8 Describe Plan To Complete Resources Marked “No” Above.**

As appropriate, the component projects of this submission have plans to hire additional implementation/support/training staff for the specific project. On approval of this submission, appropriate actions will be taken with County Personnel staff to hire the allocated personnel. It is also expected that whichever vendor is selected for the implementation of the EHR component, that vendor will supply additional implementation and project management staff to guide the agency through its difficult implementation period.

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<sup>2</sup> Significant implementation staff to be provided as part of the acquisition process for the EHR



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

the

The department is committed to making operational a fully functional EHR and the appropriate consumer pieces to make utilization of the eventual HIE a reality. To do this the department is prioritizing projects that secure the viability of the computing, networking and security infrastructure. The supplied answers to Question 1.6 list the projects in order of priority and functional implementation to the departmental strategy. Without these supporting pieces the EHR cannot functionally support MHPA goals and objectives.

The TBI project will determine the best way to actualize infrastructure refreshment for currently existing technology. Recently conducted gap analysis of the existing technology suggests that half of the present systems will not support a new EHR. After approval of MHPA funds, the department in conjunction with county IT will finalize a recommendation for the TBI project consisting of either the implementation of a “thin client” procurement or purchase of new desktop equipment, modernization of networking components (predominantly switches) or disaster recovery components to meet emerging needs.

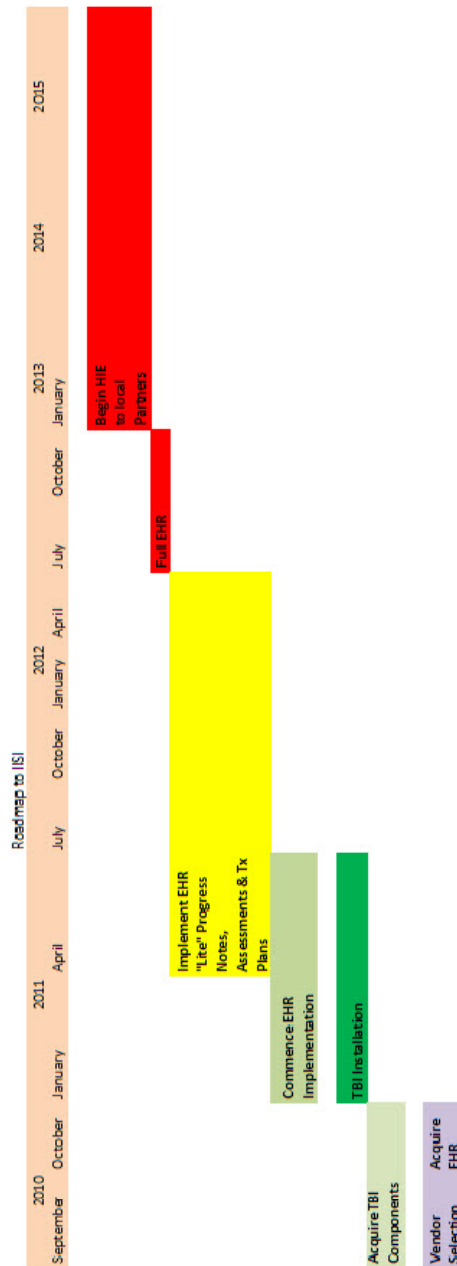
The EHR component will establish a selection methodology, issue a procurement, contract and begin implementation of a full featured EHR system for the MHP. The procurement should be finished in time to allow implementation to begin Jan 1, 2011 and finish within eighteen months of project start. During this implementation workflows will be examined and protocols will be established to fully integrate EHR technology into the clinical process for the commencement of true data driven treatment modalities.

The Mmedia component will establish a facility and methodology for consumers and family members. The objective of the Mixed Media Lab is to provide equipment in a supportive environment for two goals. The first of these goals is to provide training in the foundational technologies that will define communications with healthcare providers over the course of the next decade. Technology is first and foremost about communications and consumers and family members must be empowered to use the paradigm for the benefit of their own recovery. The second of these goals is to provide foundational training in the technologies driving contemporary work and recreational paradigms for average Americans everywhere. Obtaining real world job skills is transformative. This will be accomplished in a supportive environment with community partners.

## 2. Technological Needs Roadmap

Reviewer Note: As a draft document, the dates in this copy are there for reference only. Actual dates will be inserted before the final submission of this proposal to DMH!!!!

### 2.1 List Integrated Information Systems Infrastructure Implementation Plan and Schedule or Attach a Current Roadmap (Example Below).



Sutter-Yuba Technology Roadmap to IIS.

## **2.2 Training and Schedule**

See Project Plan Summaries for the individual Projects (Appendices G, H & I)

## **2.3 Describe your Communication Approach to the Integrated Information Infrastructure with Stakeholders (i.e., Consumers and Family Members, Clinicians, and Contract Providers).**

See Attachment (Appendix E)

The communications approach is centered on the implementation of the EHR. This plan treats the stakeholders for MHP as an integral participant group for the progress of the plan. It will use a variety of methodologies, predominantly email, newsletters and stuffers to communicate the details and progress of the project to the staff and stakeholders. Key stakeholders will be invited to regularly submit articles for distribution to the stakeholder group. The department will nominate a communications officer for the project. Communications with the stakeholder group about the aims and direction of the department has already begun within the MHP. Communications with external stakeholders will begin shortly.

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

See Appendices C & D

Contemporary:

Practice Management – current functions served by locally programmed (DOIT) list manager maintained on AS400 system using COBOL driven flat files.

Data/Reporting – custom query tool by DOIT, MS Excel<sup>®</sup>

Accounting – County based SunGard system

## **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).**

Workflow Assessment has been designated as an integral activity conducted during the roll out of the EHR. It is impossible to conduct an appropriate analysis or gap remediation without a comprehensive understanding of the new EHR solution. The department plans to honor this principle. It will do so by including integrated contract language into its arrangement with whichever vendor becomes the successful provider of the MHP's EHR solution. Provision of a Workflow Assessment suitable to meet the needs of SYMHS and the new EHR must be a core component of the implementation.

This concept, once included in the contract, will also implement the core principle that the Vendor is bringing core competence to workflow best practice to SYMHS. The Vendor will be modeling and providing key core workflows that have proven themselves in other California counties as models or templates to use as best practice examples that have been coupled with the new software and tested in the California environment. This will allow for a smoother and more conservative implementation with higher probability of success. Another of the core principles is that once production status is achieved then workflow analysis would be used as an aid to

implement an on-going Quality Improvement cycle. This process would be similar in nature to well understood "Kaizen" or "small-circle" Quality Improvement methodologies. The goal behind this philosophy is to instill process communication and process improvement deep within the operating principles of the MHP.

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

SYMHS believes that a functional EHR will include the following modular capabilities:

Practice Management/Consumer Demographics

Scheduling

26.5 Reporting and management

State Reporting (OSHPD, CSI, MHSA FSP)

Consumer Progress Notes

Call Center functionality

Eligibility Determination

Medical Index

Consumer Intake

Medical Necessity Determination

Episode Management

Diagnostic Tracking

Treatment Planning (Outpatient, Medical, Discharge)

Clinical/Medical Assessment tools (e.g. Ohio Scales, YSR)

Progress Notes (Outpatient, Inpatient, Medical, Day Tx, Crisis)

CPOE - eRx

CPOE - eLabs – to be determined vendor, included if in base price added on as a component later if necessary

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

The department will be conducting an assessment for the EHR in conjunction with County Administrations, County Purchasing, County Counsels and DOIT to determine if an RFP is necessary given the current wealth of recent work done in this area by numerous other county agencies. The department may retain professional consulting assistance to help them with this portion of the plan. If it is not necessary, the department will enter an agreed upon process to determine who should be awarded a sole source designation for the EHR based upon recent county experience across California and the results of the recent open RFP process conducted by the State Department of Mental Health. Award will be according to the outcome of this process.

If it is determined that an RFP needs to take place, the department will construct a hybrid RFP based on the work of the Department of Mental Health and the CIMH sponsored CBS coalition work. Returns will be evaluated and the agency will enter into negotiations with the apparently successful bidder.

Vendor selection for the TBI components will follow accepted county purchasing policy practices.

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

<b>Capital IT MH SA Budget 2017/2018 Allocation</b>		<b>1,765,300</b>	<b>363,872</b>	<b>363,872</b>
<b>Information Technology</b>				
<b>Infrastructure</b>				
		<b>09-10 One Time</b>	<b>11-12 Recurring</b>	<b>12-13 Recurring Expected Annual</b>
TEI	Adds equipment to ensure that staff have modern hardware/software to utilize EHR	\$ 264,559	\$ 90,229	\$ 90,229
EHR	Funds EHR	\$ 1,275,743	\$ 654,129	\$ 654,129
<b>Subtotal Infrastructure</b>		<b>\$ 1,540,302</b>	<b>\$ 744,358</b>	<b>\$ 744,358</b>
<b>Consumer Projects</b>				
MEDIA	Mixed Media Training for Consumers	\$ 20,000	\$ 5,500	\$ 5,500
SMART MEDIA	Smart media training ctr	\$ 34,000	-	-
<b>Sub Total Consumer Project</b>		<b>\$ 54,000</b>	<b>\$ 5,500</b>	<b>\$ 5,500</b>
<b>SUBTOTAL IT</b>		<b>\$ 1,594,302</b>	<b>\$ 749,858</b>	<b>\$ 749,858</b>
<b>Capital Facilities</b>				
Wellness & Recovery CTR renovation	Wellness & Recovery CTR renovation	\$ 170,550	\$ 2,700	\$ 2,700
<b>SUBTOTAL CAP/FACILITIES</b>		<b>\$ 170,550</b>	<b>\$ 2,700</b>	<b>\$ 2,700</b>
<b>TOTAL</b>		<b>\$ 1,765,251</b>	<b>\$ 752,558</b>	<b>\$ 752,558</b>

**Please see the attached Plan budgets for detail in the Consolidated Budget Attachment**

**3. County Personnel Analysis (Management and Staffing)**

*(Small Counties have the Option to Not Complete this Section.)*

Due to its size and needs, SYMHS chooses not to do a formal Personnel Analysis as a requirement for this project. SYMHS has already undertaken the review of staffing available within the MHP for the implementation of the IISI. As a result of this review SYMHS will be asking for personnel funding to supplement current staffing during the implementation of both the TBI and EHR projects. These requests will be reflected within the individualized project budgets attached in Consolidated Budget Attachment.

## Projects to Ensure the Viability of the EHR Infrastructure (WAN)

### Technology Base & Infrastructure (TBI):

# TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION TECHNOLOGY BASE AND INFRASTRUCTURE

Date: **4/1/2010**

County Name: **Sutter-Yuba**

Project Name: **Technology Base & Infrastructure (TBI)**

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

- New System.
- Extend the Number of Users of an Existing System.
- Extend the Functionality of an Existing System.
- Supports Goal of Modernization / Transformation.
- Supports Goal of Consumer and Family Empowerment.

### **Indicate the Type of MHSa Technological Needs Project**

#### ➤ **Electronic Health Record (EHR) System Projects (Check All That Apply)**

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

#### ➤ **Consumer and Family Empowerment Projects**

- Consumer/Family Access to Computing Resources Projects.
- Personal Health Record (PHR) System Projects.
- Online Information Resource Projects (Expansion / Leveraging Information-Sharing Services).

#### ➤ **Other Technological Needs Projects That Support MHSa Operations**

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

## Indicate the Technological Needs Project Implementation Approach

### Commercial Off-The-Shelf (COTS) System

Name of Vendor: Dell, Microsoft, HP, Wang, Cisco, or other major vendor providing they are a best practices solution to departmental technology needs while remaining consistent and compliant with overall county practices. Locally produced "home grown" systems will not be considered for use.

## Project Description and Evaluation Criteria (Detailed Instructions)

Small County? Yes  No

Complete Each Section Listed Below.

For Low-Risk Projects, as determined by the Worksheet (see included) the above Project Management Reporting is Not Required.

See Appendix J for supporting documents -

The department is currently in the process of evaluating the approved methodologies for purchase of an Electronic Health Record (EHR), to comply with Federal mandates, MHSA regulation and the governor's executive order. This new EHR system places increased demands on department equipment and infrastructure due to contemporary needs to accomplish Health Information Exchange (HIE). While protocols for HIE have not been finalized it is not expected that technology demands will be significantly higher than current best practice dictates for maintaining a fully functional, private and secure network.

The proposed MHSA project is being submitted with the intent of helping to prepare the department for the implementation and transition to a fully functional EHR. The implementation of this project comes with the necessity for additional staff to assist SYMHS DOIT with the deployment. Staff is a critical component for the successful implementation and continued management of the EHR system. The department will not be able to successfully support, maintain, or address security issues regarding the EHR system without the implementation of this plan.

### **Project Management:**

A preliminary analysis of department systems has been conducted. From this analysis, systems were identified that did not meet department specifications or requirements in regards to the continued viability of the EHR system. Once the proposed MHSA plan has been accepted, a project lead will be appointed. This lead will work in conjunction with stakeholders to determine the most appropriate and cost effective choice for ensuring the viability of the TBI components.

Currently, the department has narrowed down its array of choices to two primary tracks. The first track would be to use a "Thin Client" approach with appropriate server and network upgrades. The second available track would be to purchase appropriate desktop and laptops suitable to staff needs with associated network upgrades as required. Both tracks have pluses and minuses particularly when paired with the solutions available by the leading EHR vendors. The Project Lead will factor EHR vendor selection into their recommendation for TBI



purchase. The department will go through the standard county purchase process for this project. The project lead will track and coordinate all tasks and responsibilities in regards to the implementation of systems. See Appendix G for a high level project plan overview.

### **Staffing and Training:**

A liaison from the department will be assigned to work with County Personnel in regards to hiring additional staff to help implement, deploy and maintain TBI related systems. This liaison also will be assigned to oversee the process of training department staff in whatever new or solution specific training needs to be provided for staff to utilize the agreed upon TBI project solutions. The liaison will work with department staff to ensure that training is conducted with the goal of implementing a departmental EHR system maintaining system security, ensuring consumer privacy and the principles of the Recovery Model.

### **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. Please see attached Consolidated Budget Attachment for Project costs This Attachment includes a high level integration budget and a quarterly estimated expenditure flow.

## Nature of the Project

The department is currently in the process of purchasing an Electronic Health Record (EHR) so as to comply with Federal mandates, MSHA regulation and the governor's executive order. This new EHR system and DMH mandates for security and privacy protocols places increased demands on infrastructure. Additionally, operational realities for a full time 24/7 EHR place requirements in the department to provide a suitable technology and infrastructural base to use the tools provided. This means that all clinical and most administrative staff will now have functional need on an hourly basis to access sufficient computing resources. In an effort to meet the needs of these additional requirements, it is critical that department infrastructure is replaced with contemporary equipment that will meet the requirements imposed by DMH to do HIE. This includes equipment that services contemporary operating systems, software, and security protocols as well as the staff to support this infrastructure.

The proposed MSHA project plan has been submitted with the intent of updating the department's technology base and network infrastructure. This will help to prepare the department for the implementation and transition to an Electronic Health Record, HIE and Private Health Records. It will also ensure the ability of clinical staff to integrate data driven methodologies into clinical practice.

Failure to ensure the workability of these technologies and supporting systems will result in the department's inability to implement successfully, support, and provide maintenance for the EHR system. Failure of these systems will cause unreliability in the department's 24/7 operations, inability to comply with security requirements, and the inability to provide reliable exchange of data within the department, department provider community, MSHA programs, and state or federal agencies.

Failure to ensure the viability of systems results in the inability to address security risks, address privacy risks, inability to leverage software applications, inability to make data driven treatment decisions, inability to easily prevent fraudulent activity, inability to successfully audit systems operations, inability to engage in data centric, consumer focused evidence based practices and the inability to provide staff with a stable reliable network systems interfaces.

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

**Degree of Centralization or Decentralization Required for this Activity.**

This will depend upon the solution chosen. "Thin Client" solutions lend themselves better to centralized management practices. Such centralized support would be maintained by county professional systems administration staff. Other proposed solutions would require no change in current practice or capability.

**Data Communication Requirements associated with the Activity.**

This will depend on the solution chosen. "Thin Client" solutions tend to run better at gigabit networking speeds. Data communication requirements will be dependent upon the solution and architecture chosen. Modifications and upgrades will be based on industry standard practices and solution requirements

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

N/A

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

The systems are fully integrated into the department's WAN network.

**Hardware Considerations \* (As Applicable)**

**Compatibility with Existing Hardware, Including Telecommunications Equipment.**

Dell and or similar computer/server systems are fully compatible with the department's WAN infrastructure and meet County technical standards.

**Physical Space Requirements Necessary for Proper Operation of the Equipment.**

The implementation of the equipment will not require additional space.

Infrastructural systems hardware maintenance will require additional staff and training in order to deploy the equipment effectively. The proposed plan moves the department completely to a Windows 7 compatible system. Moving to the new software platform will help to ensure that the department has the ability to leverage the security options that has been built into the Windows 7 platform. The proposed plan takes these considerations into account and plans for them.

**Hardware Maintenance.**

**Backup Processing Capability.**

N/A

**Existing Capacity, Immediate Required Capacity and Future Capacity.**

This is an immediately required function. Nearly half of the existing resource base is unsuitable for use with a contemporary EHR/HIE system. If the technology is sub-par then staff will have no incentive to integrate it into daily use.

### **Software Considerations \* (As Applicable)**

#### **Compatibility of Computer Languages with Existing and Planned Activities.**

Upgrading to the Microsoft Windows 7 platform ensures and provides the department the ability to meet security compatibility requirements, and software language compatibility as mandated by DMH.

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

Maintenance of proposed software will be performed by county DOIT staff.

#### **Availability of Complete Documentation of Software Capabilities.**

Supplied by the manufacturer as part of the procurement requirements.

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

Upgrading systems ensures compatibility with DMH security standards as they exist at the filing of this plan. The department can make no assurances of future compatibility if DMH, State or federal requirements change.

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

Software meets current technology standards. This would be dependent on DMH not changing current language compatibility requirements.

### **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.

Updating systems to the industry standard Microsoft platform ensures reasonable communication compatibility and the probable ability to share and exchange data.

### **Training and Implementation \* (As Applicable)**

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

Training has been accounted for within this proposed plan. It will be factored into the procurement process for the TBI solution proposed.

### **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.**

Computer/Server level security has been implemented to include authentication, permission level access, antivirus, antispayware, and anti-adware. Department policy has also been implemented based on security best practices, federal requirements, and HIPAA regulations. County DOIT is in final draft and acceptance stages for newly revised security policies and procedures which should be fully implemented and staff training provided before finalization of the new EHR for the department.

**Operational Recovery Planning.**

The department utilizes recovery processes and procedures as required to comply with regulatory or other organizational requirements and maximize the availability of services to the community

**Business Continuity Planning.**

The proposed plan establishes a technical infrastructure base so as to move the department to the 24/7 operations model.

**Emergency Response Planning.**

The department utilizes emergency response protocols as specified by the county.

**Health Information Portability and Accountability Act (HIPAA) Compliance.**

The department currently meets HIPAA compliance requirements; the proposed infrastructure will enhance currently implemented security and privacy practices.

**State and Federal Laws and Regulations.**

The proposed plan has been devised to meet existing and currently proposed state and federal laws and regulations including the need for a fully workable EHR system.

**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.

John Forberg, CIO DOIT  
Dan March, Senior Analyst DOIT

**Commitment**

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

Project sponsors are fully committed to the success of this project. The sponsors realize and agree that the department cannot move forward with an EHR system without a stable and reliable networked systems infrastructure. Since technology provision is the sole mission of DOIT, this project fits well within the primary scope and mission of their agency. DOIT has for decades provided strong technology support to SYMHS and will continue to do so.

**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	Title	
Signature	Date	Phone
E-mail Address		
Name	Title	
Signature	Date	Phone
E-mail Address		

See Appendix J for a Risk Assessment of this project

# Projects Necessary To Establish, Expand And Maintain An EHR Electronic Health Record (EHR)

## TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 4/1/10 County Name: Sutter-Yuba County

Project Name: Electronic Health Record (EHR)

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

- New System.
- Extend the Number of Users of an Existing System.
- Extend the Functionality of an Existing System.
- Supports Goal of Modernization / Transformation.
- Supports Goal of Consumer and Family Empowerment.

### Indicate the Type of MHSa Technological Needs Project

- **Electronic Health Record (EHR) System Projects (Check All That Apply)**
  - Infrastructure, Security, Privacy.
  - Practice Management.
  - Clinical Data Management.
  - Computerized Provider Order Entry.
  - Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard Data Exchanges with Other Counties, Contract Providers, Labs, Pharmacies).
- **Consumer and Family Empowerment Projects**
  - Consumer/Family Access to Computing Resources Projects.
  - Personal Health Record (PHR) System Projects.
  - Online Information Resource Projects (Expansion / Leveraging Information-Sharing Services).
- **Other Technological Needs Projects That Support MHSa Operations**
  - Telemedicine and Other Rural / Underserved Service Access Methods.
  - Pilot Projects to Monitor New Programs and Service Outcome Improvement.
  - Data Warehousing Projects / Decision Support.
  - Imaging / Paper Conversion Projects.
  - Other.

### Indicate the Technological Needs Project Implementation Approach

**Commercial Off-The-Shelf (COTS) System**  
Name of Vendor: TBD by County Procurement process

**Project Description and Evaluation Criteria (Detailed Instructions)**

Small County? Yes  No

**Complete Each Section Listed Below.**

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

**For Low-Risk Projects, as determined by the Worksheet in , 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.

**See Appendix K**

To establish the successful acquisition and implementation of a viable EHR the department proposes to follow the general steps illustrated below:

- Conduct a high level review of the requirements documentation provided by DMH to identify gaps that may occur between the proposed requirements for a viable EHR set forth by DMH and the needs of the citizens of Sutter-Yuba Counties.
- Utilize analysis results to craft an appropriate approach for the procurement of the EHR meeting the purchasing mandates of county process.
- Issue RFP (if necessary), gather results and select an apparently successful bidder or issue Sole Source procurement.
- Successfully negotiate an implementation contract for the EHR.
- Develop project plan for the implementation in conjunction with vendor.
- Develop needs for additional assistance during the implementation and a plan to acquire that help.
- Put in place Project Lead, Implementation Team, Test Team, Oversight Committee, Communication Lead, Trainers, Workflow Committee.
- Execute Project Plan
- Conduct in process review of implementation
- Conduct after implementation review, implement quality improvement teams

**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 forecast on a Quarterly basis for the life of the Project.

*Please see attached Consolidated Budget Attachment for Project costs*

The MHP does not believe that the projection of quarterly costs within the acquisition of an EHR system has any meaningful basis. Software contracts for implementation are best structured with a payment system based on the meaningful attainment of milestones. SYMHS fully intends to take this approach to the acquisition of its EHR software. As such, quarterly projections are irrelevant as deployment/implementation milestones will not be symmetric. Nevertheless, quarterly projections based on completely idealized project flow have been



provided at the request of DMH staff.

#### **Nature of the Project**

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

This project is a mandatory component to enable the ability of SYMHS to move to an EHR, as well as provide increased services and access to contractors and end consumers. Without the acquisition and implementation of a viable EHR solution the department cannot meet DMH and Federal requirements for HIE.

##### **Degree of Centralization or Decentralization Required for this Activity.**

The degree of Centralization/Decentralization of this project will be determined after analysis of factors recommending or dissuading use of an Application Service Provider (ASP) or locally hosted system. Current inclinations are to use an ASP model but these factors will be finalized after the procurement process determines the approach to use and the contracting phase is under way.

##### **Data Communication Requirements associated with the Activity.**

If this project becomes an ASP driven implementation the department will allocate funding for the layered and use driven increase in Internet bandwidth to accommodate the new system. If the project is locally hosted it is not anticipated that changes will need to be made to the fiber optic intra county systems.

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

Please refer to DMH RFP guidelines for the selection of a viable EHR. This will be the departmental standard in crafting the requirements for our EHR,

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

This acquisition is foundational and is the basis for our IISI.

#### **Hardware Considerations \* (As Applicable)**

##### **Compatibility with Existing Hardware, Including Telecommunications Equipment.**

System to be procured will be completely compatible with existing Windows based systems per contract.

##### **Physical Space Requirements Necessary for Proper Operation of the Equipment.**

TBD by procurement

##### **Hardware Maintenance.**

TBD by procurement

##### **Backup Processing Capability.**

TBD by procurement

**Existing Capacity, Immediate Required Capacity and Future Capacity.**

TBD by procurement

**Software Considerations \* (As Applicable)**

**Compatibility of Computer Languages with Existing and Planned Activities.**

Please refer to DMH RFP guidelines for the selection of a viable EHR. This will be the departmental standard in crafting the requirements for our EHR.

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

TBD by procurement

**Availability of Complete Documentation of Software Capabilities.**

Documentation will be mandated during procurement.

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

Please refer to DMH RFP guidelines for the selection of a viable EHR. This will be the departmental standard in crafting the requirements for our EHR.

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

Compatibility will be mandated during the procurement subject to projected standards currently in place at Federal and State levels. Guarantees cannot be made for changes subsequent to the procurement if they do not reasonably stay in line with current technologies.

**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.

Please refer to DMH RFP guidelines for the selection of a viable EHR. This will be the departmental standard in crafting the requirements for our EHR.

**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.

Significant training dollars have been included in the budget for this project. This will include both the utilization of the vendor capacity to provide training and also to the implementation of on-site help desk facilities to promote and support the utilization of the system. Computer Based Trainings (CBT) will be provided to targeted administrative and analyst staff to help them to learn to use and report on the new data paradigm and tools for accessing it. Project plans will be developed in conjunction with the successful vendor after signing of the contract. See attached Appendix M for a sample vendor project plan provided by a commercial

vendor who is currently under consideration.  
It is anticipated that since SYMHS is not in the first wave of county systems being implemented, serious leverage can be made of lessons learned in other counties on the proper workflow to be used with whatever new system SYMHS decides to utilize. It is NOT anticipated that a scratch workflow assessment and analysis would be productive or optimal. SYMHS will work with the vendor to synthesize an appropriate hybrid approach to workflow assessment based on the vendors experience with similar installations within California.

**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.**

Project will meet or exceed current Federal, State and local requirements for security. This will be a foundational requirement of the project. County DOIT is currently in the final stages of approval for its new security policy. This project will honor those requirements as approved.

**Operational Recovery Planning.**

TBD by procurement

**Business Continuity Planning.**

TBD by procurement

**Emergency Response Planning.**

TBD by procurement

**Health Information Portability and Accountability Act (HIPAA) Compliance.**

While SYMHS already meets HIPAA compliance requirements, the proposed project will further enhance and build upon a solid security and privacy foundation for all SYMHS data and users by allowing more granular implementation of "minimum necessary" access requirements to the overarching county workflows. Current standards are hindered by the lack of sufficient technology to make an automated approach practical. These standards will be included in the procurement parameters for the new EHR.

**State and Federal Laws and Regulations.**

This proposal is being put into place to lay the core foundation to meet existing and currently proposed state and federal laws and regulations including the need for a fully workable EHR and the successful transition to HIE.

**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.

Laura Ruble, LCSW, Quality Assurance Manager and Clinical Liaison  
Kent Yeargin, Medical Records -Compliance & HIPAA Security Officer  
Stephen Marshall, SYMHS Fiscal & HIPAA Privacy Officer, MPA

---

### **Commitment**

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

Project sponsors are well qualified to understand the scope of this project and are fully committed to the success of this project. The sponsors realize and agree that the department cannot move forward with an EHR system without a stable and reliable plan that assures consumer empowerment, security and privacy.

Ms. Ruble has long term history and experience with the department and served for many years as a front line Program Manager in SYMHS clinical services. She has a strong understanding of the clinical process and can supplement this with her mastery of Quality Assurance activities.

Mr. Yeargin is the current Compliance and Security Officer for the department and brings strong training and commitment to the success of the project.

Mr. Marshall, in addition to being an MPA fully versed in the technical requirements of the fiscal operations of an EHR, also brings extensive knowledge to the project due to his extensive background in HIPAA privacy, compliance and implementation.

---

See Appendix K for a Risk Assessment of this project.

**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).

<b>Signatures</b>		
<b>Prepared By</b>		
Name	Title	
Signature	Date	Phone
E-mail Address		
Name	Title	
Signature	Date	Phone
E-mail Address		

# Mixed Media Consumer Training Lab (Mmedia) TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 4/1/10

County Name: Sutter-Yuba County

Project Name: Mixed Media Lab (Mmedia)

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

- New System.
- Extend the Number of Users of an Existing System.
- Extend the Functionality of an Existing System.
- Supports Goal of Modernization / Transformation.
- Supports Goal of Consumer and Family Empowerment.

## **Indicate the Type of MHSa Technological Needs Project**

- **Electronic Health Record (EHR) System Projects (Check All That Apply)**
  - Infrastructure, Security, Privacy.
  - Practice Management.
  - Clinical Data Management.
  - Computerized Provider Order Entry.
  - Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard Data Exchanges with Other Counties, Contract Providers, Labs, Pharmacies).
- **Consumer and Family Empowerment Projects**
  - Consumer/Family Access to Computing Resources Projects.
  - Personal Health Record (PHR) System Projects.
  - Online Information Resource Projects (Expansion / Leveraging Information-Sharing Services).
- **Other Technological Needs Projects That Support MHSa Operations**
  - Telemedicine and Other Rural / Underserved Service Access Methods.
  - Pilot Projects to Monitor New Programs and Service Outcome Improvement.
  - Data Warehousing Projects / Decision Support.
  - Imaging / Paper Conversion Projects.
  - Other.

## **Indicate the Technological Needs Project Implementation Approach**

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

Name of Vendor: Microsoft, Dell

## 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)

**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.

### See Appendix L

For some time, the department has been envisioning the creation of a “Consumer-Oriented Education and Technology” capacity to further the empowerment and employability of our consumer base. Similar projects, like that in Butte County just adjacent to the north of Sutter and Yuba Counties have provided this functionality for years. This project seeks to create the capacity to hire/train qualified consumers and staff within Sutter's Wellness and Recovery Program to be located at the new Wellness and Recover Center (WeRC). See attached High level project plan for details in Appendix Ia&b

This project seeks to create consumer training capacity in general technology use. It is predicated on the inclusion of stakeholder participation for the finalization of the specifics of what to acquire in the way of hardware, software, networking, administrative incidentals (desks, paper, supplies, etc.) and staffing if needed. It then proceeds through the county purchasing and procurement of supplies on to actual setup. Since the project is consumer oriented this will be a well understood process for DOIT staff to implement. The creation of training capacity will also provide the supportive base necessary to understand and make use of EHR/HIE technologies mandated for use.

The project is envisioned to have two basic components. The first component is a technology retrofit to the WeRC to provide two "Smart Classrooms" to empower the project and provide a community based recovery resources. The second component is to acquire and install the necessary IT technology to provide hardware and software resources within the classrooms for community partners to ally with SYMHS to create technology based training.

## 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.

*Please see Consolidated Budget Attachment for budget allocations. The acquisition of this technology is envisioned to happen in less than a quarter and therefore no quarterly summary will be provided.*

## Nature of the Project

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

The MHSA has recognized, as an integral component of system transformation and a recovery orientation, that the integration of IT into the clinical process is necessary to help create consumer outcomes that are safe, efficient, effective, personalized, timely and equitable. The key concept of the project is that as Federal, State, County and Private programs move toward an EHR and HIE consumers and families will need to be as empowered and familiar with the available tools as any other member of the community. Information Technology is, however, fundamentally a communications media. To disenfranchise the consumer from the dialog by making an infrastructure that is inaccessible does nothing to move forward the paradigm. This project is critical to the accomplishment of the goals and objectives mentioned above because it is oriented at providing the resources and training necessary to help consumers and family members be supported in entering this dialog.

To do this, the basics resources will be met by the creation of a proctored lab where technology will be available for consumer and family use. To ensure that the community has the ability to use the proctored lab, proven training classes to instruct in the basics of computer use, privacy, basic security, Microsoft Office, internet use, PHR training via the department's "Network of Care" site and other helpful software programs will be offered. The WeRC is planning on partnering with Sutter County Employment Development and Yuba College training outreach to provide the necessary curriculum and expertise. Past experience with consumers has taught that consumers are fully capable of mastering significant skills and are often able to take and pass Microsoft software certification tests. The use and mastery of these kinds of skills is at least liberating and is often significantly empowering for consumers in their road to recovery.

### **Degree of Centralization or Decentralization Required for this Activity.**

The project is highly decentralized and after initial setup is designed to be run with minimal supervision by departmental clinical staff. DOIT will provide on-site technical support as needed but this should require extremely small amounts of this assistance. Partner agencies will provide anticipated proctoring and direction until such time as consumer staffing can be trained to take the job.

### **Data Communication Requirements associated with the Activity.**

Stand alone DSL circuits will be ordered to isolate these activities from County operations and networks. These will connect, internally, to wireless routers as applicable.

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



None are projected.

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

This project is designed to simulate the infrastructure that would be found in a public environment and as such would be integrated to the degree that any outward facing interface from SYMHS was directed to the public.

**Hardware Considerations \* (As Applicable)**

**Compatibility with Existing Hardware, Including Telecommunications Equipment.**

Dell PCs, HP switches, Microsoft software

**Physical Space Requirements Necessary for Proper Operation of the Equipment.**

Lab and Smart Classrooms to be co-located with Wellness and Recovery Center.

**Hardware Maintenance.**

Standard maintenance schedules for all equipment (i.e. full DOIT Tech support, workstation extended warranties and annual maintenance review.) Full systems security maintenance via DOIT to be determined after systems design and procurement.

**Backup Processing Capability.**

Local by staff

**Existing Capacity, Immediate Required Capacity and Future Capacity.**

N/A

**Software Considerations \* (As Applicable)**

**Compatibility of Computer Languages with Existing and Planned Activities.**

N/A

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

N/A

**Availability of Complete Documentation of Software Capabilities.**

The proposed solution will be based on all COTS software, which includes complete documentation.

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

N/A

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

Microsoft & COTS software – current so far as DMH does not modify requirements

**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.

N/A

**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.

Initially, and for however long is required to provide a successful and self actualizing project, Sutter and Yuba County partner agencies will provide training to the users of this resource. Eventually, this project is to be conducted by consumers for consumers and staff as needed to replicate and expand.

**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.**

N/A

**Operational Recovery Planning.**

N/A

**Business Continuity Planning.**

N/A

**Emergency Response Planning.**

N/A

**Health Information Portability and Accountability Act (HIPAA) Compliance.**

N/A

**State and Federal Laws and Regulations.**

N/A

**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.

Mark Schlitzmeyer, Ph.D.  
Linda Loos, Ph.D.

**Commitment**

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

The two above mentioned sponsors are full time participants in the agency's Wellness & Recovery Program. They have a strong commitment to functionally expanding the capabilities of the WeRC to empower consumers and their families.

**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		Title	
Signature		Date	Phone
E-mail Address			
Name		Title	
Signature		Date	Phone
E-mail Address			

## **APPENDICES**

# **Appendix A**

## **WAN Overview**

Currently, Sutter and Yuba counties maintain separate but interconnected Wide Area Network (WAN) components to service the needs of each county. Not all of the business activity of each county is blended as it is with the needs of the behavioral departments. Interconnectivity is maintained for the Sutter-Yuba Mental Health Services (SYMHS) sites located in both counties via the use of wide area broadband connectivity. SYMHS maintains a main campus in Yuba City California as well as a number of out-reaches service centers at disparate locations across both counties. Geographically, Sutter and Yuba counties are quite rural and various portions of the counties are sparsely populated. This provides for a very challenging interconnectivity schema. By far, the largest population center for the agency is located in the Marysville/Yuba City metroplex where the main campus is located and where the most intensive services and staffing patterns are maintained.

The WAN connectivity, in both physical operations and system security, for SYMHS is managed by the Sutter County Department of Information Technology (DOIT) and its system administration and security staff. Gateway activities are managed and monitored using proprietary routing and firewall hardware.

DOIT takes its responsibilities for Health Information Technology (HIT) and Health Information Exchange (HIE) privacy and security very seriously. It is in the final stages of a comprehensive review and reevaluation of its front line security protocols and procedures. These protocols are in the final stages of approval and will be implemented and staff trained as soon as is practical. These newly adopted protocols, policies and procedures will factor in most if not all of the emerging legislation that has recently upped the ante for HIT security in California.

## **Appendix B**

### **Technology Overview**

Currently, Sutter-Yuba Mental Health Services (SYMHS) uses very little in the way of integrated IT systems to assist the mission and business operations of the agency. It has maintained the use of Microsoft Windows<sup>®</sup> based personal computer (pc) systems for office automation and e-mail for a number of years. This equipment base is in serious need of refreshment, however.

Sutter County Department of Information Technology (DOIT) has done an admirable job attempting to maintain this technology base in spite of serious budget shortfalls over the past few fiscal periods. DOIT has encouraged the agency to begin to move to an all Microsoft Windows 7<sup>®</sup> based operating system environment to ensure reliable and standard technology resources. Of course, not all of the old equipment is capable of this upgrade but the infrastructure base is being gradually refreshed and upgraded as budget allows.

This platform allows the department access to the Microsoft Office Suite<sup>®</sup> of office automation software which is SYMHS standard, at this time. This platform and software allows for an easy and secure infrastructural interface with Department of Mental Health systems and protocols. Use of connectivity pieces like proprietary acceleration based systems and Microsoft<sup>®</sup> based subsystems are the accepted norm in the agency and are fully supported and maintained for usability and security protocols by DOIT.

Current use patterns for the IT resources place most of the use of computing power within the hands of management, clerical, fiscal and billing staff. Mainline clinical staff, by and large, does not

make use of the resources as part of their daily workflow. Use of computing systems has not yet been made mandatory by the agency for all staff.

Interconnectivity within the agency is maintained by use of an internal TCP/IP based network. This network connects to the inter-county WAN. It is monitored for security, privacy and up-time by DOIT.

# Appendix C

## Hardware Overview

Sutter-Yuba Mental Health Services (SYMHS) currently has a personal computer (PC) installed base of about 176 machines. These machines are a mix of laptop and desktop equipment. Most of them are Intel based systems but a few run AMD chips. Of this base, approximately 100 pc systems are out-dated and do not meet the technology needs of the department to provide contemporary, safe, private, and secure computing resources for the agency's move to Electronic Health Records.

SYMHS currently makes use of an IBM AS400<sup>®</sup> to provide legacy support for the departments billing operations. This system is dated and proprietary and for the most part, requires serious use of highly qualified technical programming staff housed at DOIT to provide operational functionality. This system as configured is not capable of housing an EHR or conducting HIE as mandated by the Federal government and the State. Network interconnectivity pieces are predominately serviced by contemporary state of the art router, switching, and firewall hardware.



## **Appendix D**

### **Software Systems Maintenance Summary**

#### **Mission Critical Systems**

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## **Appendix E**

# **Communications Management Plan For Sutter-Yuba Counties Mental Health MHSA IT Plan**

**Version 2.00**

**September 1, 2009**

**Prepared by  
Duane Henderson  
Henderson Consulting  
Chico, CA**

**Prepared for  
Sutter-Yuba Mental Health Services (SYMHS)  
Participant Agencies  
Business Partners  
Stakeholder Groups**

<i>Project Name</i>	<p>The full name of the project is “Sutter-Yuba Counties MHSA Capital Facilities and Information Technological Needs Information Technology Program and Expenditure Plan.” In that the membership is chiefly drawn from the staff and management of SYMHS, Anasazi Software Inc and Kingsview Inc, the brief name of the project will be “SYMHS EHR IT Plan.”</p>
<i>Purpose</i>	<p>The Communications Management Plan provides a framework for informing, involving, and obtaining buy-in from all stakeholders throughout the duration of the SYMHS EHR IT Plan. This plan includes:</p> <ul style="list-style-type: none"> <li>• Type of information (status reports, data, schedule,, etc.) required</li> <li>• Method of distribution (written reports, meetings, verbal, etc.) required</li> <li>• Schedule identifying when each deliverable will be produced</li> <li>• Procedures for gathering/storing various types of information/deliverables</li> <li>• Methodology for accessing information between scheduled activities</li> <li>• Methodology for updating the communication management plan</li> </ul> <p>The intended audience for this Communications Management Plan is the staff and management of SYMHS, Contract providers, consumers, family members, community participants, the management and employees of Anasazi Software Inc and the staff and management of Kingsview Inc.</p>
<i>Definitions, Acronyms, and Abbreviations</i>	<ul style="list-style-type: none"> <li>• <b>Project Communications Management</b> is a subset of project management that includes the processes required to ensure timely and appropriate generation, collection and communication, dissemination, and ultimate disposition of project information. It consists of communications planning, information distribution, performance reporting, and administrative closure.</li> <li>• <b>Communication Planning</b> is determining the information and communications needs of the project stakeholders: who needs what information, when they will need it, and how it will be given to them.</li> <li>• <b>Information Distribution</b> is making needed information available to project stakeholders in a timely manner.</li> <li>• <b>Performance Reporting</b> is collecting and disseminating performance information. This includes status reporting, progress measurement, and forecasting.</li> <li>• <b>Administrative Closure</b> is generating, gathering, and disseminating information to formalize phase or project completion. This includes contract closure, project archives, project closure, lessons learned, and Post Implementation Evaluation Report (PIER)</li> </ul>

*References*

**[1] California Mental Health Services Act Capital Facilities and Technological Needs Component - Three-Year Program and Expenditure Plan Guidelines, March 18, 2008:  
[http://www.dmh.ca.gov/Prop\\_63/MHSA/Publications/Notices.asp#N0809](http://www.dmh.ca.gov/Prop_63/MHSA/Publications/Notices.asp#N0809)**

***Communication Roles and Responsibilities***

<i>Role</i>	<i>General Communication Responsibilities</i>
<i>Executive Sponsors</i>	<ul style="list-style-type: none"> <li>▪ <b>Announce the approved project, name the project manager, and grant authority</b></li> <li>▪ <b>Provide vision,, guidance, and direction to the project manager</b></li> <li>▪ <b>Communicate project status to external stakeholders, as appropriate</b></li> </ul>
<i>County Liaisons</i>	<ul style="list-style-type: none"> <li>▪ <b>Provide feedback to the county project manager relative to County issues.</b></li> <li>▪ <b>Communicate status to the project manager</b></li> </ul>
<i>Project Manager</i>	<ul style="list-style-type: none"> <li>▪ <b>Act as principal liaison for Vendor group</b></li> <li>▪ <b>Communicate status to the sponsors</b></li> <li>▪ <b>Share information with team members</b></li> <li>▪ <b>Communication vision and direction to the team members</b></li> </ul>
<i>Team Members</i>	<ul style="list-style-type: none"> <li>▪ <b>Communicate progress and issues to the project manager</b></li> </ul>
<i>Communication Plan Manager</i>	<ul style="list-style-type: none"> <li>▪ <b>Oversee the timely and complete execution of the pieces of the communications plan.</b></li> <li>▪ <b>Ensure content from participants is generated in a timely manner.</b></li> </ul>

<i>Meeting Processes and Ground Rules</i>	
<i>Meeting Processes</i>	<ul style="list-style-type: none"> <li>▪ <b>Identify purpose and expectations</b></li> <li>▪ <b>Identify frequency and duration of meetings</b></li> <li>▪ <b>Identify process for minutes</b></li> <li>▪ <b>Define process for creating agenda items</b></li> <li>▪ <b>Create agenda items for next meeting before end of current meeting</b></li> <li>▪ <b>Identify roles and responsibilities (timekeeper, scribe, facilitator)</b></li> <li>▪ <b>Identify an explicit decision making process (decisions by consensus)</b></li> <li>▪ <b>How to handle infractions</b></li> <li>▪ <b>How to select roles</b></li> <li>▪ <b>Meeting evaluation</b></li> </ul>
<i>Ground Rules</i>	<ul style="list-style-type: none"> <li>▪ <b>Start and end meetings on time</b></li> <li>▪ <b>Start with the objectives in mind</b></li> <li>▪ <b>Every meeting will have an agenda and participants will stick to the agenda.</b></li> <li>▪ <b>Avoid off topic issues</b></li> <li>▪ <b>All meeting attendees are expected to participate in discussions and decisions.</b></li> <li>▪ <b>One conversation at a time – no interruptions or side conversations</b></li> <li>▪ <b>Respect others' opinions (seek first to understand)</b></li> <li>▪ <b>Attend all meetings or send a knowledgeable backup</b></li> <li>▪ <b>Be on time to meetings and when returning from breaks</b></li> <li>▪ <b>Come prepared to participate in the agenda</b></li> <li>▪ <b>Be accountable (complete assignments or notify team/project leader)</b></li> <li>▪ <b>Be open minded</b></li> <li>▪ <b>Be flexible</b></li> <li>▪ <b>Be concise</b></li> <li>▪ <b>Be positive</b></li> <li>▪ <b>Don't personalize</b></li> </ul>
<i>Communication Plan Matrix</i>	<p><b>A communication plan matrix is used to identify, document, and track the delivery of important messages related to a specific effort. A Communication Plan outlines specific steps (communication “events”) and target time frames for delivering the relevant communication messages, information, or data. The communications plan matrix provides the information in Table 1 for each communication event:</b></p>

**Table 1 – Communications Management Criteria Description**

<b>Field</b>	<b>Description</b>
Receiver (Who)	Who is the target audience(s) for the information and data
Responsible Sender	Individual(s) responsible for delivering the information during the event
Objective	Information requirement(s) of the project stakeholders. Why is this product being produced
Communication Product	The communication product produced
Frequency	Target time frame and / or schedule for the event
Delivery Method	Identify how the product will be delivered (i.e., meeting, phone, in person, e-mail, snail mail, etc.)
Media	How the information will be disseminated (i.e., verbal, written, electronic, etc.)
Format	What formats will be used (i.e., Microsoft Word, Microsoft Excel, Microsoft Project, etc.)
Producer	Individual(s) responsible to produce / develop the communication product
Clearance Approval Prior to Distribution	Identify if any approvals are needed prior to the information distribution and by whom
Location	Identify where the deliverable is or will be stored.

**Information Distribution Lists**

<b>#</b>	<b>Name of Distribution List</b>	<b>Names on List</b>	<b>Communication Content</b>	<b>Delivery Method</b>
1	Executive Sponsors	Tom Sherry, Brad Luz, CAO		Email, Web Posting Links
2	Core Team	Appointed Implementation Team		Email, Web Posting Links
3	Stakeholders	Community Partners, Consumers, Family Members		Email, Web Posting Links
4	External Business Partners	Contractors		Email, Web Posting Links
5	DMH	Ginger Graham, DMH		Email, Web Posting Links
6	Internal Business Partners	Anasazi Staff, Kingsview Staff		Email, Web Posting Links
7	County Project Manager	Appointed PM		Email, Web Posting Links
8	SYMHS Staff	SYMHS Staff		Email, Web Posting Links, Stuffers

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#	Receiver (who is the audience)	Responsible Sender (who sends)	Objective (why – information, approval)	Communication Product (what – charter, status report)	Frequency (when – how often)	Delivery Method (meeting, phone, in person, e-mail)	Media (how – verbal, written, electronic)	Producer (who develops communication)	Clearance Approval prior to Distribution ( and by whom)	Location (where is deliverable stored)
1.	Executive Sponsor	County Project Manager	Approval	Project Charter	Project Initiation / On Update	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
			Approval	Communication Plan	Project Initiation / On Update	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
			Information Share	Performance & Status Reports	Bi-weekly	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
			Issue Resolution/Decision Making	Change Request/Issue Log	Monthly	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
			Approval	Quarterly Project Reports and final PIER	Quarterly and at project end	Mail & e-mail	Written, Electronic	Author (county Project Manager)	Brad Luz, 30-day after end of quarter	SYMHS network
2.	County Liaison	County Project Manager	Review/Approval	Project Charter	Project Initiation / On Update	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
			Review/Approval	Communication Plan	Project Initiation / On Update	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
			Information Share	Performance & Status Reports	Bi-weekly	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
			Issue Resolution/Decision Making	Change Request/Issue Log	Monthly	e-mail	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network



#	Receiver (who is the audience)	Responsible Sender (who sends)	Objective (why – information, approval)	Communication Product (what – charter, status report)	Frequency (when – how often)	Delivery Method (meeting, phone, in person, e-mail)	Media (how – verbal, written, electronic)	Producer (who develops communication)	Clearance Approval prior to Distribution ( and by whom)	Location (where is deliverable stored)
3.	Stakeholders:	County Project Manager or Sponsor	Review/Approve	Status Reports	Quarterly or as required	Advisory board meeting, e-mail, web posting	Verbal, Electronic	County Communications Manager	Executive Sponsors	SYMHS network
			Information Share	Briefing Paper	As Required	Advisory board meeting, e-mail, web posting	Verbal, Electronic	County Communications Manager	Executive Sponsors	SYMHS network
4.	External Business Partners:	County Project Manager or Sponsor	Information Share	Briefing Paper	Quarterly	e-mail distribution list	Electronic	County Communications Manager	Quorum SYMHS Leadership Team	SYMHS network
5.	DMH	County Project Manager	Information Share	Briefing Paper	As Required	Email	Electronic	County Project Manager	Brad Luz or Deputy	SYMHS network
		County Project Manager	Required Report	Project Status Report	Quarterly	Email, Mail	Electronic, Written	County Project Manager	Brad Luz or Deputy	SYMHS network
		County Project Manager	Project Finalization	PIER Report	End of Project	Email, Mail	Electronic, Written	County Project Manager	Brad Luz or Deputy	SYMHS network
6.	Internal Business Partners:	Project Manager,	Review/Approve	Project Charter	Project Initiation / On Update	e-mail distribution list	Electronic	Author (county Project Manager)	Brad Luz, on change	SYMHS network
		County Project Manager or Designated Team Members	Information Share	Status Reports	Monthly	e-mail distribution list	Electronic	County Communications Manager	County Project Manager	SYMHS network
	Kingsview	County Project	Information Share	Issue Resolution Tickets	As Required	Email	Electronic	County Project Manager or	County Project Manager	SYMHS network

#	Receiver (who is the audience)	Responsible Sender (who sends)	Objective (why – information, approval)	Communication Product (what – charter, status report)	Frequency (when – how often)	Delivery Method (meeting, phone, in person, e-mail)	Media (how – verbal, written, electronic)	Producer (who develops communication)	Clearance Approval prior to Distribution ( and by whom)	Location (where is deliverable stored)
		Manager or Designated Team Members						Designated Team Members		
	Anasazi	County Project Manager or Designated Team Members	Information Share	Issue Resolution Tickets	As Required	Email	Electronic	County Project Manager or Designated Team Members	County Project Manager	SYMHS network
7.	Project Manager	Core Team Members	Prepare Status Reports	Progress Reports	Weekly	Team Meeting, e-mail	Verbal, Written, Electronic	Project Manager	County Project Manager	Kingsview network, SYMHS network
		Executive Sponsors	Prepare Status Summary	Status Summary	Quarterly	e-mail distribution list	Electronic, Written	Project Manager	County Project Manager	Kingsview network, SYMHS network
		County Project Manager	Prepare Project Plan Review	Project Plan Status	Monthly	Verbal, e-mail, Written	Verbal, Written, Electronic	Project Manager	CEO, Kingsview	Kingsview network
8.	SYMHS Staff:	Communications Plan Manager	Information Share	General Information	Bi-Weekly	Stuffers, e-mail	Written, Electronic	County Communications Manager	County Project Manager	SYMHS Staff

#### Revision History

Version	Creator	Description of Change	Approver	Date Approved
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<b>1.00</b>	<b>Henderson</b>	<b>Proposed initial draft</b>	<b>Luz</b>	<b>8/24/09</b>
<b>2.00</b>	<b>Henderson</b>	<b>Add detail to recipients</b>	<b>Luz</b>	<b>9/1/09</b>

<b><i>Project Plan Acceptance</i></b>	<b>Signature and Date</b>
<b><i>By Executive Sponsors</i></b>	<p>_____ Date</p> <p>Tom Sherry, Director HHS</p> <p>_____ Date</p> <p>Bradford Luz, Director SYMHS</p> <p>_____ Date</p> <p>Xxxx, CAO</p>
<b><i>By [final author]</i></b>	<p>_____ Date</p> <p>xxxx, County Project Manager, SYMHS</p>
<b><i>By Project Manager</i></b>	<p>_____ Date</p> <p>[projectmanagename], Project Manager, Kingsview</p>
<b><i>By Communication Plan Manager</i></b>	<p>_____ Date</p> <p>Beverly Griffith, SYMHS</p>

# **APPENDIX G**

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## **APPENDIX H**

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## **APPENDIX Ia**

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## **APPENDIX Ib**

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# Appendix J

## Risk Assessment - Technology Base & Infrastructure (TBI)

Date: 4/1/10 County Name: Sutter-Yuba County

Category		Factor	Rating	Score	
<b>Estimated Cost of Project</b>		Over \$5 million	6	<b>1</b>	
		Over \$3 million	4		
		Over \$500,000	2		
		Under \$500,000	1		
<b>Project Manager Experience</b>					
Like Projects completed in a "Key Staff" Role		None	3	<b>1</b>	
		One	2		
		Two or More	1		
<b>Team Experience</b>					
Like Projects Completed by at least 75% of Key Staff		None	3	<b>1</b>	
		One	2		
		Two or More	1		
<b>Elements of Project Type</b>					
Hardware	New Install	Local Desktop/Server	1	<b>1</b>	
		Distributed/Enterprise Server	3		
	Update/Upgrade	Local Desktop/Server	1		
		Distributed/Enterprise Server	2		
	Infrastructure	Local Network/Cabling	1		<b>1</b>
		Distributed Network	2		
Data Center/Network Operations Center		3			
Software	Custom Development		5	<b>1</b>	
	Application Service Provider		1		
	COTS* Installation	"Off-the-Shelf"	1		
		Modified COTS	3		
*Commercial Off-The-Shelf Software	Number of Users	Over 1,000	5	<b>2</b>	
		Over 100	3		
		Over 20	2		
		Under 20	1		
Architecture		Browser/Thin Client based	1	<b>2</b>	
		Two-Tier (Client / Server)	2		
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3		
Score			Low	10	

**Narrative:**

This risk assessment is a pre-approved format provided by the Department of Mental Health (DMH) to help county agencies and DMH to understand quickly how the department perceives the implementation risk of the project. In this format, all the major areas of project risk are considered and are given a point weight from 1-6 (1= low risk 6=high risk). Projects with a cumulative score of 14 or less are considered to be low risk projects. All projects being undertaken by SYMHS are low risk projects. It should be remembered that a project can be low risk for a number of reasons. Examples might be small overall size, low complexity, a well understood process within your county, use of highly experienced staff to assist with the project.

*In this project assignments were made as follows:*

Estimated Cost: Project cost for this portion is less than \$500,000 so the risk value is 1

Project Manager Experience: This project will be handled by DOIT which has done many of these projects in the past so the risk value is 1

Team Experience: DOIT's team has done many of these projects so the risk value is 1

Elements of Project:

Hardware: This is a project with upgrade to desktop hardware with minor networking improvements. Each category earns a risk value of 1

Software: Software will be standard off the shelf or "COTS" software for a risk value of 1

Number of user: For this upgrade the number of users will be exactly 100 for a risk value of 2

Architecture: The architecture being upgraded is Client/Server based for a risk value of two.

This provides a total risk point value of 10 for the project with makes this a low risk project.

# Appendix K

## Risk Assessment - Electronic Health Record (EHR)

Date: 4/1/10

County Name: Sutter-Yuba County

Category		Factor	Rating	Score
<b>Estimated Cost of Project</b>		Over \$5 million	6	<b>2</b>
		Over \$3 million	4	
		Over \$500,000	2	
		Under \$500,000	1	
<b>Project Manager Experience</b>				
Like Projects completed in a "Key Staff" Role		None	3	<b>1</b>
		One	2	
		Two or More	1	
<b>Team Experience</b>				
Like Projects Completed by at least 75% of Key Staff		None	3	<b>2</b>
		One	2	
		Two or More	1	
<b>Elements of Project Type</b>				
Hardware	New Install	Local Desktop/Server	1	<b>3</b>
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development		5	<b>3</b>
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	<b>3</b>
		Over 100	3	
Over 20		2		
Under 20		1		
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	<b>1</b>
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	
		Score	Low	12

**Narrative:**

This risk assessment is a pre-approved format provided by the Department of Mental Health (DMH) to help county agencies and DMH to understand quickly how the department perceives the implementation risk of the project. In this format, all the major areas of project risk are considered and are given a point weight from 1-6 (1= low risk 6=high risk). Projects with a cumulative score of 14 or less are considered to be low risk projects. All projects being undertaken by SYMHS are low risk projects. It should be remembered that a project can be low risk for a number of reasons. Examples might be small overall size, low complexity, a well understood process within your county, use of highly experienced staff to assist with the project.

*In this project assignments were made as follows:*

Estimated Cost: Project cost for this portion is less than \$3 million but greater than \$500,000 so the risk value is 2

Project Manager Experience: This project will be handled by the chosen vendor which has done many of these projects in the past so the risk value is 1

Team Experience: Vendor's team is likely to have done many of these projects but is also likely to assign staff of mixed experience because of small project size so the risk value is 2

Elements of Project:

Hardware: This is a project will be hardware inclusive by the vendor so hardware is not a factor.

Software: Software will be modified off the shelf or "COTS" software for a risk value of 3

Number of user: For this upgrade the number of users will be over 100 but less than 1000 for a risk value of 3

Architecture: The architecture being requested will be browser based for a risk value of 1  
This provides a total risk point value of 12 for the project with makes this a low risk project.

# Appendix L

## Risk Assessment - Mixed Media Lab (Mmedia)

Date: **4/1/10**

County Name: **Sutter-Yuba County**

Category		Factor	Rating	Score	
<b>Estimated Cost of Project</b>		Over \$5 million	6	<b>1</b>	
		Over \$3 million	4		
		Over \$500,000	2		
		Under \$500,000	1		
<b>Project Manager Experience</b>					
Like Projects completed in a "Key Staff" Role		None	3	<b>1</b>	
		One	2		
		Two or More	1		
<b>Team Experience</b>					
Like Projects Completed by at least 75% of Key Staff		None	3	<b>1</b>	
		One	2		
		Two or More	1		
<b>Elements of Project Type</b>					
Hardware	New Install	Local Desktop/Server	1	<b>1</b>	
		Distributed/Enterprise Server	3		
	Update/Upgrade	Local Desktop/Server	1		
		Distributed/Enterprise Server	2		
	Infrastructure	Local Network/Cabling	1		<b>1</b>
		Distributed Network	2		
Data Center/Network Operations Center		3			
Software	Custom Development		5	<b>1</b>	
	Application Service Provider		1		
	COTS* Installation	"Off-the-Shelf"	1		
		Modified COTS	3		
	Number of Users	Over 1,000		5	<b>1</b>
		Over 100		3	
Over 20			2		
Under 20			1		
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	<b>2</b>	
		Two-Tier (Client / Server)	2		
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3		
Score			Low	9	

**Narrative:**

This risk assessment is a pre-approved format provided by the Department of Mental Health (DMH) to help county agencies and DMH to understand quickly how the department perceives the implementation risk of the project. In this format, all the major areas of project risk are considered and are given a point weight from 1-6 (1= low risk 6=high risk). Projects with a cumulative score of 14 or less are considered to be low risk projects. All projects being undertaken by SYMHS are low risk projects. It should be remembered that a project can be low risk for a number of reasons. Examples might be small overall size, low complexity, a well understood process within your county, use of highly experienced staff to assist with the project.

*In this project assignments were made as follows:*

Estimated Cost: Project cost for this portion is less than \$500,000 so the risk value is 1

Project Manager Experience: This project will be handled by vendor which has done many of these projects in the past so the risk value is 1

Team Experience: Vendor's team has done many of these projects so the risk value is 1

Elements of Project:

Hardware: This is a project with new desktop hardware with minor networking improvements. Each category earns a risk value of 1

Software: Software will be standard off the shelf or "COTS" software for a risk value of 1

Number of user: For this project the number of users will be fewer than 20 for a risk value of 1

Architecture: The architecture being upgraded is Client/Server based for a risk value of two.

This provides a total risk point value of 9 for the project with makes this a low risk project.

## **APPENDIX M**

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## **Glossary:**

**ASP** - Application Service Provider - A relatively new phenomenon, application service providers (ASPs) are Internet -based programs that provide specific functionality (i.e. e-mail, calendar, file storage, etc.) in most cases for a fee. The main benefit being that you generally do not have to buy a software license and in essence, only pay for what you use.

**CPOE** - Computerized Physician/Provider Order Entry - Computerized physician/provider order entry is defined as the computer system that allows direct entry of medical orders by the person with the licensure and privileges to do so. Directly entering orders into a computer has the benefit of reducing errors by minimizing the ambiguity of hand-written orders, but a much greater benefit is seen with the combination of CPOE and clinical decision support tools. These systems, in the context of this Plan, refer to electronic prescribing (eRx) and electronic laboratory test order (eLabs) sub-systems.

**DOIT** - Department of Information Technology - In the context of this document specifically the Sutter County Department of Information Technology, its resources and staffing.

**EHR** - Electronic Health Record - A systematic technology solution to the documentation of the clinical process. This is often referred to as the "electronic chart".

**HIE** - Health Information Exchange - The organized exchange of private and secure electronic health records among authorized healthcare providers, governing entities and consumers.

**HIT** - Health Information Technology - The technological platform upon which Health Information Exchange is built.

**HIPAA** - Health Insurance Portability and Accountability Act - Federal legislation mandating the private and secure exchange of claims data among business partners. Grants many rights to consumers. For more information: <http://bit.ly/19QeJR>

**IISI** - Integrated Information Systems Infrastructure - Within the context of the MHPSA Capital Facilities and Information Technology planning documents the Integrated Information Systems Infrastructure (IISI) is a mandated and unified conceptualization of a technology solution that integrates hardware, software and personnel to accomplish the goals of HIE. This piece is a work in progress and is not fully defined at this time due to a lack of consensus at the Federal level as to the complete requirements of an IISI. Current conceptualizations are broad brushstrokes only.

**IT** - Information Technology - Usually referring to a support department but may also refer to the general class of activity performed by trained information technology and management information systems professionals.

**MHP** - Mental Health Plan - In California, an official designation to codify the relationship between the county based entity of record and the State for the administration and provision of specialty mental health services to the citizens of a specific geographic region (usually county based but in the context of this plan encompassing both Sutter and Yuba counties). An administrative body.

**MHPSA** - Mental Health Services Act - The legislation enacted to codify and regulate the policy mandated by the passage of Proposition 63 in California. This regulation provides for the institution of an EHR system and provides targeted funding to enable its institution.

**SaaS** (typically pronounced 'sass')- Software as a Service - is a model of software deployment whereby a provider licenses an application to customers for use as a service on demand. SaaS software vendors may host the application on their own web servers or download the application

to the consumer device, disabling it after use or after the on-demand contract expires. The on-demand function may be handled internally to share licenses within a firm or by a third-party application service provider (ASP) sharing licenses between firms.

**SYMHS** - Sutter-Yuba Mental Health Services - This is the bi-county agency that has responsibility to the California State Department of Mental Health and to the California State Department of Alcohol and Drug Programs as the official MHP for Sutter and Yuba counties as a blended agency.

**WAN** - Wide Area Network - An information technology term that loosely coordinates with the connection methodology used to interconnect an enterprise's multiple sites within a narrow geographical context. Smaller than the Internet but larger than a single local area network.

Capital IT MH SA Budget

3/17/2010

Allocation

Information Technology

1,765,300                      360,872                      360,872

Infrastructure	09-10 One Time	11-12 Recurring	12-13 Recurring	Expected Annual
TBI	\$ 264,959	\$ 90,229	\$ 90,229	\$ 101,479
EHR	\$ 1,275,743	\$ 664,129	\$ 664,129	\$ 664,129
<b>Subtotal Infrastructure</b>	<b>\$ 1,540,701</b>	<b>\$ 744,358</b>	<b>\$ 744,358</b>	<b>\$ 755,608</b>

Consumer Projects

MMEDIA	\$ 20,000	\$ 5,500	\$ 5,500	\$ 5,500
SMART MEDIA	\$ 34,000	\$ -	\$ -	\$ -
<b>SubTotal Consumer Project</b>	<b>\$ 54,000</b>	<b>\$ 5,500</b>	<b>\$ 5,500</b>	<b>\$ 5,500</b>

**SUB TOTAL IT                      \$ 1,594,701                      \$ 749,858                      \$ 749,858                      \$ 761,108**

Capital Facilities

W eRC	\$ 170,550	\$ 2,700	\$ 2,700	\$ 2,700
<b>Wellness &amp; Recovery CTR renovation</b>	<b>\$ 170,550</b>	<b>\$ 2,700</b>	<b>\$ 2,700</b>	<b>\$ 2,700</b>
<b>SUB TOTAL CAP/FACILITIES</b>	<b>\$ 170,550</b>	<b>\$ 2,700</b>	<b>\$ 2,700</b>	<b>\$ 2,700</b>

**TOTAL                      \$ 1,765,251                      \$ 752,558                      \$ 752,558                      \$ 763,808**