August 9, 2010

Alfredo Aguirre, LCSW
County of San Diego Health and Human Services Agency
3255 Camino Del Rio South
San Diego, CA 92108

Dear Mr. Aguirre:

This letter acknowledges receipt of San Diego County's Mental Health Services Act
(MHSA) Capital Facilities and Technological Needs (CFTN), Technological Needs Project
Work Plan. In accordance with California Code of Regulations (CCR) Title 9, Chapter 14,
Section 3350 and Department of Mental Health (DMH) Information Notices No:08-02 and
08-09, this letter announces our intent to release funds from the following MHSA
Component Planning Estimate in the total amount of $5,954,663 as specified below:

- FY 2007-08 CFTN $5,954,663 – Technological Needs Project

Although a preliminary amount is provided in this letter, it is not a final calculation. The final
amount that is released to your County will be cited in a modification to your MHSA
Agreement.

Your first status report for the period of August 9, 2010 thru December 31, 2010 will be due
on January 30, 2011. Subsequent reports will be due 30 days following the end of each
fiscal quarter. Reporting must continue through your project's implementation and
acceptance period. A sample status report and blank template is available on the DMH
MHSA Technology webpage:

www.dmh.ca.gov/Prop_63/MHSA/Technology/Funded_Project_Status.asp

[AUG 1 3 REC'D

If you have questions regarding this letter, please contact your DMH MHSA IT Liaison, Mai See Vang, at (916) 651-6649 or by e-mail at MaiSee.Vang@dmh.ca.gov
We look forward to an effective partnership with your project team to advance technology systems in your county and statewide.

Sincerely,

DENISE BLAIR
Deputy Director
Information Technology

Enclosure

cc: Mental Health Services Oversight and Accountability Commission
     Chief, Contracts
     Chief, Local Program Financial Support
     Chief, Accounting and Fiscal Systems
     Chief, Division Operation Support
     Chief, Statewide Evaluation, Data Special Support
     Chief, MHSA Plan Review and Community Program Support

County of San Diego Health and Human Services Agency
Electronic Health Record (EHR) Project

According to your approved request, the Department of Mental Health, Information Technology Division understands that the MHSA funds will be used to fund the following projects. Also, for project identification, please note the following Project ID Numbers and Titles on your Project Status Report:

SD-02   Mental Health MIS Implementation – Anasazi Software Installation ($5,954,663)

County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH DIVISION
3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CALIFORNIA 92108
(619) 563-2700 • FAX (619) 563-2705

ALFREDO AGUIRRE, LCSW
MENTAL HEALTH SERVICES DIRECTOR

SUSAN BOWER, MSW, MPH
ALCOHOL AND DRUG SERVICES DIRECTOR

MARSHALL LEWIS, MD, DFAPA
CLINICAL DIRECTOR

April 1, 2010

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

Dear Assistant Deputy Director:

The County of San Diego, Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) is submitting the Mental Health Services Act (MHSA) Capital Facilities and Technological Needs (CF/TN) Component Technological Needs Project Proposal for the Mental Health Management Information System project.

This request is in response to DMH Information Notice No: 08-09, MHSA CF/TN Component – Three-Year Program and Expenditure Plan Guidelines. The attached documents meet all requirements as described in DMH Information Notice No: 08-09.

The MHSA CF/TN Technological Needs Project Proposal was presented at public meetings that were attended by public, private, family/client and community representatives. The Technological Needs Project Proposal was made available for public review and comment for a 30-day period (pursuant to Welfare and Institutions Code §5848(a)) from December 3, 2009 to January 2, 2010. The Proposal was posted on our community access website, and distributed electronically via email to local stakeholders, Councils, and Mental Health Board.

We request your review and approval of our MHSA CF/TN Technological Needs Project Proposal. We appreciate your consideration of this request.

Submitted by,

ALFREDO AGUIRRE, LCSW
MHSA Coordinator
Mental Health Services

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH DIVISION

Mental Health Services Act (MHSA)
Three-Year Program and Expenditure Plan
Capital Facilities and Technological Needs Component
Technological Needs Assessment and Project Proposal

April 2010

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EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: San Diego

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

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

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

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

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

All documents in the attached Proposal are true and correct.

County Mental Health Director:

Name   Alfredo Aguirre, LSCW   Signed _____

Telephone   (619) 563-2700

E-Mail   alfredo.aguirre@sdcounty.ca.gov   Date   3-29-10

Chief Information Officer:

Name   Harold Tuck   Signed _____

Telephone   (619) 531-5570

E-Mail   harold.tuck@sdcounty.ca.gov   Date   March 24, 2010

HIPPA Privacy/Security Officer

Name   David Nelson   Signed _____

Telephone   (619) 515-4243

E-Mail   david.nelson@sdcounty.ca.gov   Date   3/25/10

EXHIBIT 2 – TECHNOLOGICAL NEEDS ASSESSMENT

Provide a Technological Needs Assessment which addresses each of the following three (3) elements:

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

   Current Technology Assessment:
   List below or attach the current technology systems in place.

   1.1) Systems Overview:

   In 2006, the San Diego County Chief Administrative Office signed a seven year contract with, Northrop Grumman (NG), a technology vendor, to manage the County's technology services. NG provides desktop support and refresh of computers every three years. NG also provides application development and integration and project management services when new systems are procured. The Information Technology Division, a support division in the County's Health and Human Services Agency (HHSA), monitors the performance of the NG contract in relation to the specific needs and services of HHSA. The Information Technology Division is composed of the HHSA Group Information Technology Manager that works closely with the Chief Technology Office.

   The HHSA Mental Health Services formerly used a Management Information System (MIS) known as InSyst. InSyst had been utilized by thirty-eight California county mental health and behavioral health agencies and their contract providers to coordinate client care, perform required State and local reporting requirements, and bill Medi-Cal, Medicare, and other payers. The Mental Health Services Department also used eCura, a Managed Care application, which interfaced with InSyst. eCura was utilized to record call information to a 24-hour Access and Crisis Line, track clinical service authorizations, record provider credentialing, and process provider claims.

   In order to ensure quality of care, parity, operational efficiency and cost effectiveness, HHSA Mental Health Services needed to modernize and transform clinical and administrative information systems by replacing its MIS. InSyst was more than twenty years old and did not fully meet the current technology standards of the County of San Diego. InSyst was the largest and only remaining HHSA application on the County of San Diego's VAX hardware, a microprocessor/Central Processing Unit The County of San Diego was working to phase out the VAX hardware in its overall information management upgrade plan because the technology was twenty-eight years

old, making it nearly obsolete, and its high cost of maintenance. Although InSyst performed a range of critical functions including client tracking and Short-Doyle/Medi-Cal billing, additional functionality was required to meet current mental health business and clinical needs. Echo, the vendor that owns the InSyst application, had indicated that after June 2007, support for the application may no longer be available, which meant that the County would not be able to make system adjustments to meet any future Federal or State reporting requirements. In addition, a new MIS would also replace and fully integrate eCura's functions into one managed information system.

With one-time funding from the Mental Health Services Act (MHSA), San Diego County Mental Health began implementation of the Anasazi software project. This major project is expected to modernize and transform the technological infrastructure for the mental health system to provide high quality, cost-effective services and supports for client and their families. The Anasazi software supports the increased requirements of the MHSA program management and improves compliance with State and Federal regulations. Major enhancements include supporting an electronic health record (EHR) that tracks assessments, treatment plans, progress notes, electronic prescriptions, client outcomes, alerts for critical events and reports in addition to integrating of clinical and billing processes. The Anasazi software is the primary source of data for the Mental Health Services System of Care. Mobile access to real time clinical information included in an EHR will greatly enhance service delivery in the direct services programs in the County's MHSA Community Services and Supports (CSS) Plan. Beginning in early 2010, the clinical functionality will be deployed. Direct service staff will use laptops with broadband wireless internet to access an EHR, thereby being able to access and update the client's clinical record, including assessments, the client plan and progress notes while providing service in client's home or other locations. This new MIS and EHR system support complex management needs and enhanced quality clinical care, care coordination, rehabilitation and wraparound principles and practices, utilization of best practices in direct services programs, client and family directed services, system development in culturally competent practices, and integration of physical and mental health care are enhanced by clinical elements embedded in the new MIS programming system.

The HHSA Behavioral Health Services operate a pharmacy adjacent to the San Diego County Psychiatric Hospital (SDCPH). The pharmacy supports the inpatient unit of the hospital, emergency units, and indigent patients from outpatient programs. The primary information system for the pharmacy is OPUS, a legacy system that is outdated and provides no interface of its data with other systems. The pharmacy is currently transitioning to the Cerner Etreby software, a system which provides an electronic health record for the outpatient unit of the hospital. The software has an anticipated "go live" date in February 2010. The Anasazi system provided the initial client data for upload to the Cerner Etreby software. The data from Anasazi and Cerner

Etreby can be joined for reporting purposes. A formal interface is part of future planning.

The SDCPH utilizes several information management systems including:
- Quest Diagnostics for online laboratory results
- Oak -Transcription Services for transcription of reports for the hospital and some outpatient programs
- Anacomp Services provides document imaging for client charts
- ChartOne system, eWeb Health provides secure online access for the imaged documents and multiple persons can securely access the same record simultaneously. It also allows for electronic signature for charts and reports on physician performance.

In July 2009, SDCPH began implementation of the Cerner Millennium system. This system provides an electronic medical record for the inpatient unit of the hospital which meets the requirements of the Joint Commission on Accreditation of Healthcare Organizations. It will also provide computerized provider order entry, an electronic Medication Administration Record and supports the pharmacy inpatient unit functions. Patient registration will continue in the Anasazi system and a formal interface between Anasazi and Millennium is part of future planning.

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

1.2) Hardware:

InSyst was used by County and contract staff. Through NG, the County's IT vendor, County staff is provided desktop computers. Contract staff obtained new/additional computers as part of their contracts with the County. In moving to a new MIS, the need to replace desktops with laptops and to obtain other hardware for County and contract staff was realized. Attachment 1 provides the hardware inventory for the County and lists what was obtained for contract programs for the project.

1.3) Software:

A bundle of software which includes Microsoft Office Professional and other software to utilize MIS is provided for each County work station via the County's contract with NG. Contractors are able to acquire desktop software necessary for utilizing the County's MIS. The most pressing software issue for the project was virus protection. This and other work station peripherals were obtained for contract staff. Attachment 2 provides the software inventory for the County and a list of software and peripherals obtained for contract staff.

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

Attachment 3 shows the maintenance and support agreements with the MIS project software vendor which is part of the Anasazi Software and the agreement with the County's IT service provider, Northrop Grumman, respectively.

Plan to achieve 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. (County may attach their I/T Plan 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.

Mental Health Management Information System Implementation – Anasazi Software Installation
All MHSA programs included in the Three-Year Plan depend on information obtained from MIS. In San Diego County, MIS will be the core system and will be able to interface with other systems. It will be the central repository of clinical, administrative and financial information for all clients served and all services delivered under the San Diego County Plan.

Prior clinical and administrative processes relied on many non-integrated databases and antiquated systems that provided fragmented information, poor access to information, inadequate sharing of information, and considerable duplication of efforts for both staff and clients.

The Management Information System Implementation Technology project will facilitate accomplishment of the goals of the County of San Diego's MHSA Three-Year Plan in the following ways:
- Improve the ability to share information both within the system of care and at the State level
- Provide standards-based integration of information across the system of care
- Improve the reporting of outcomes data for monitoring the effectiveness of programs
- Facilitate a timely response to changing regulatory requirements
- Provide the ability to integrate clinical, pharmaceutical, and hospitalization data
- Allow enhanced analysis of data and promote decision support.

Consumer and Family Empowerment Project
This project will provide consumer and families with improved access to computer technology and tools. This project will facilitate accomplishment of

the goals of the County's MHSA Three-Year Plan by allowing individuals to manage their personal health information, thereby making more informed decisions and increasing their participation and involvement.

<u>Tele-psychiatry Project</u>
San Diego County encompasses over 4,200 square miles and more than half of the County is rural, sparsely populated, and isolated from medical centers and mental health resources. Poverty and lack of access to services are acute issues for individuals and families in the unincorporated rural Mountain Empire area of the County. Through video, secure e-mail and phone consultation, this project facilities accomplishment of the goals of the County's MHSA Three-Year Plan by increasing the geographic proximity and accessibility of services so that consumers will be able to receive individualized, personalized responses to their needs.

<u>Imaging Project</u>
This project is closely integrated with the MIS project efforts to construct an electronic health record. A variety of paper documents, photos and forms will be scanned and stored electronically, allowing authorized persons to retrieve pertinent client information through the County and across numerous service organizations.

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

In order to maximize the ability to meet our critical mission, the County of San Diego System of Care must have dependable, cost effective, efficient and flexible information systems. The system must be able to handle a variety of funding sources and different types of services at numerous levels of care. The system must allow for the integration data from numerous individual databases and conversion of historical data. Numerous functions need to be supported, including access and crisis line functions, credentialing, managed care, and the MHSA Outcome Measures.

The Anasazi software integrates clinical, administrative and financial functions. Clinicians will have access to case plans, assessments, hospitalization records, and progress notes. The system allows for secure transmission of information and has appropriate levels of authorization to access information. The functions necessary to support the mental health system of care are available in the software.

1.7)   Note the Implementation Resources currently available:
Oversight Committee: Yes__X__   No_____
Project Manager: Yes__X__   No_____
Budget: Yes__X__   No_____

Implementation Staff in place: Yes__X__   No_____
Project Priorities determined: Yes__X__   No_____

1.8) Describe plan to complete resources marked no above:
      N/A

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

By improving the information system infrastructure and identifying technology projects that support the goals of MHSA, we enhance the coordination of care and enrich the delivery of mental health services provided by the MHSA programs in the County.   The Management Information System Implementation Technology Project and the Imaging Project will modernize and transform the way information will be accessed by the County and MHSA programs ensuring high quality, cost-effective services and supports for clients and their families.   Development of the Consumer and Family Empowerment Project will support the MHSA programs in the County towards the goals of wellness, recovery, resiliency, cultural competence and prevention/early intervention.   Tele-psychiatry will provide an expansion of opportunities for MHSA Programs to improve their accessibility to clients and their families in rural and otherwise underserved areas.

In San Diego County the MIS will be the core system and in the future it will be able to interface with systems utilized by the pharmacy and psychiatric hospital.   It will be the central repository of clinical, administrative and financial information for all clients served and all services delivered under the County's Local Plan.

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

Complete a proposed implementation timeline with the following major milestones.

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

San Diego County participated in the California Behavioral Systems (CBS) Coalition to create a Request for Proposal (RFP) and evaluate participating vendors. The CBS coalition consisted of representatives from twenty-seven Counties and involved more than 150 individuals. The key milestones of this process were:

- Seven individuals from San Diego County participated
- RFP published July 2003
- Responses scored August/September 2003
- The top eight vendors were identified as finalists
- Over fifty individuals from San Diego County participated in viewing scripted product demonstrations via web-conferencing
- The demonstration scores were weighted and compiled
- The County of San Diego opted to develop a specialized procurement tailored to our particular County's needs.

In July 2005, the Board of Supervisors' authority for procurement was completed. In September 2005, the functional requirements and technical specifications document RFP for commercial off the shelf software was completed. In October 2006, the Anasazi Software was selected by the County of San Diego. The contract included a detailed work plan for the two phases of implementation of the system. Phase I would include administrative and financial processes and Phase II would be the creation of the Electronic Health Record (EHR). Attachment 4 shows the key milestones for Phase I of the Implementation Plan and Attachment 13 shows the key milestones for Phase II of the Implementation Plan.

The construction processes for Phase I began in November 2006. It was originally planned to occur over a 10-month period. The timeline was extended in order to ensure that the implementation was well planned and successfully executed. It also was extended to ensure that the filling and reporting functions were configured to meet State and Federal regulations. Other reasons for the rescheduled implementation included requests from our contracted providers to delay cutover, some difficulties in completing the configuration of the server architecture by NG, and the complexity of the transition of the billing functions from the Mental Health Services Administrative Services Organization (ASO) of HHSA.

It was impossible to predict the extent of customization needed for the software until staff had developed some expertise with the application. In addition, the County anticipates additional enhancements will be needed in order to maintain compliance with changing State and Federal regulations. Significant adjustments to timelines were necessitated by greater than expected impact of identified risks, most notably, concurrent transitioning of billing functions from the ASO to County Financial Services Division. The following processes were also included in the construction phase:
- Base Set Up of System Tables
- Network Installation
- Administrator Training
- Business process reengineering
- Development of Mission Critical Enhancements
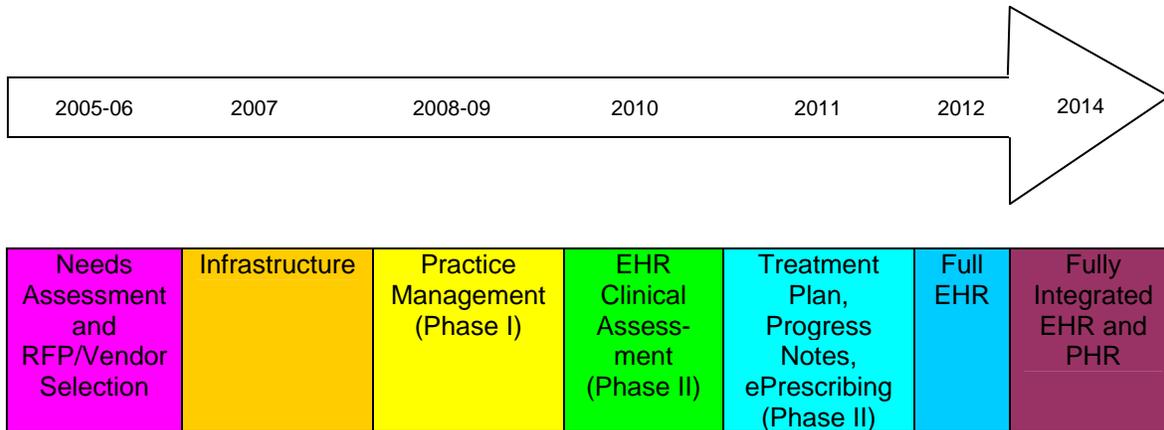- Pilot Data Conversions

- Establish an interim help desk
- System Acceptance Testing.

Training, cutover and deployment began in October 2008 and continued through March 2009. Training was provided on a program by program basis. Data was collected on paper forms and entered into the new system by a core team of Super Users until each program had received the training necessary for them to enter their own data. The following was accomplished during this period:
- October 1, 2008 - Cutover to the new system
- 2,400 staff were trained on new procedures
- Approximately 250 mental health program had System deployment, training and on-site support.

Phase II began in June 2007 and includes the following milestones:
- June 2007 to May 2008 - Planning, Design & Testing
- January 2010 to August 2010 (on target) - Training and deployment of mission critical forms
- February 2011 to June 2011 - Training and deployment of Treatment Planning
- July 2011 to October 2011 - Training and deployment of the Doctors Home Page
- October 2011 - Final acceptance

2005-06	2007	2008-09	2010	2011	2012	2014

Needs Assessment and RFP/Vendor Selection	Infrastructure	Practice Management (Phase I)	EHR Clinical Assess-ment (Phase II)	Treatment Plan, Progress Notes, ePrescribing (Phase II)	Full EHR	Fully Integrated EHR and PHR

The California Department of Mental Health has defined "Complete Implementation of an EHR" to include e-prescribing, fully integrated EHR and Personal Health Record (PHR), and interoperability. The Doctors Home Page includes the functionality of e-prescribing, ability to refill, renew and send prescriptions electronically, search and view drug warnings and interactions and evaluate any contraindications or risks associated with specific combinations of drugs or doses. San Diego anticipates deployment of the Doctors Home Page in July 2011.

San Diego County has considered two options to achieve a fully integrated EHR and PHR. The first consideration would be to expand the "My Folder" functionality with the Network of Care. A second consideration would be to work with our IT vendor, NG, to create a web interface with the EHR. Other options may become available to us as we move toward deployment of the EHR. The focus on which option to choose will be governed by the security and privacy issues and the decision as to what data fields can and should be shared.

Administrative and financial processes have been deployed to over 250 programs in the San Diego County System of Care. This deployment achieves interoperability between the County and contract programs since all use the same MIS. Contract programs access the MIS through a Virtual Private Network.

San Diego County Mental Health is fully committed to the National and State goals of developing systems which are compliant to the emerging standards for interoperability. The primary system vendor, Anasazi, is equally committed to preparing current and future software systems to operate within the guidelines which require, define and support interoperability with systems. Anasazi as well as San Diego's system specialists continue to monitor State and National interoperability developments and participate in relevant standard setting committees. For example, the newly released module for physicians is built around National interoperable standards thus permitting prescriptions to flow between San Diego prescribers and all pharmacies. Similarly, it is anticipated that laboratory orders and results be exchanged using National interoperability standards.

2.2)   Training and schedule (List or provide in timeline format, example below):

There have been many levels of training available and provided throughout this project. Administrative training began in April 2007 and continued through the year. Training for individual components of the software was provided. The largest number of people were trained for "Staff Seminar" which was not computer training but preparation for completing the necessary forms for data entry into the computer. Training for individual components of the software was provided. There was Draft Service Entry training, Service Entry training and Reports training. The training for the Scheduler part of Anasazi started in May 2009 and will go through August 2009. The most extensive training effort was the deployment training which began in August 2008 and continued through March 2009. Attachment 5 provides a copy of the deployment training schedule.

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

Attachment 6 provides the MIS Communication Plan.

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

The Anasazi software will support the increased requirements of MHSA program management and improves compliance with State and Federal regulations.   Major enhancements include tracking and reporting client outcomes, electronic medical records, and integration of clinical and billing processes. The Anasazi software is the primary source of data for the Mental Health Services System of Care as well as for our research providers.

The primary MIS for the pharmacy is OPUS, a legacy system that is outdated and provides no interface of its data with other systems. The pharmacy is currently transitioning to the Cerner Etreby software with an anticipated "go live" date in July 2009. Anasazi provided the initial client data for upload to the Cerner Etreby software and will provide a daily upload of new clients to the software. The data from Anasazi and Cerner Etreby can be joined for reporting purposes. A formal interface is part of future planning.

The SDCPH utilizes several information management systems including:
- Quest Diagnostics for online laboratory results
- Oak –Transcription Services for transcription of reports for the hospital and some outpatient programs
- Anacomp Services provides document imaging for client charts
- ChartOne system, eWeb Health provides secure access for the imaged documents and multiple persons can securely access the same record simultaneously. It also allows for electronic signature for charts and reports on physician performance.

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

The HHSA Mental Health Services, in conjunction with the HHSA Technology Office and NG completed a workflow assessment in preparation for the MIS project. The following workflows were assessed:
- General Requirements
- Administrative Workflow
- Managed Care
- Billing
- Electronic Health Record
- Reporting
- Interfaces
- Technical Requirements

- Inpatient and Emergency Room.

Attachment 7 shows the Functional Requirements and Technical Specification for the Mental Health Enterprise MIS that were documented by NG and provide the level of Work Flow Assessment Planning necessary for this project. A Work Flow Assessment plan is not relevant to the consumer/family empowerment projects.

2.6) Proposed EHR component purchases: (may include information on the Project Proposal(s):

Attachment 7, Section 5.0 EHR contains the functional requirements and technical specification for the EHR.

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

Attachment 8 provides RFP 719: Mental Health MIS, which is the document that contains the vendor selection criteria.

2.8) Cost estimates associated with achieving the Integrated Information Systems Infrastructure:

Exhibit 4 provides the MIS budget in the Implementation Phase and the Post Implementation Phase.

3. County Personnel Analysis (Management and Staffing)

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1=Yes 0=No	#FTE estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (Direct service):			
Chief Technology/Information Officer	1.0	0	0.0
Hardware Specialist		0	0.0
Software Specialist		0	0.0
Other Technology staff	3.0	0	0.0
Sub-total, A	**4.0**	**0**	**0.0**
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor		0	0.0
Supervising Project manager	1.0	0	0.0
Project Coordinator	1.0	0	0.0
Other Project Leads	6.0	0	0.0
Sub-total, B	**8.0**	**0**	**0.0**
C. Technology Support Staff:			

Analysts, tech support, quality assurance	6.0	0	0.0
Education and training	5.0	0	0.0
Clerical, secretary, administrative assistants	2.0	0	0.0
Other support staff (non-direct services)	3.0	0	0.0
Sub-total, C	**16.0**	**0**	**0.0**
TOTAL COUNTY TECHNOLOGY WORKFORCE (A+B+C)	**28.0**	**0**	**0.0**

Note: Hardware, software, and training and help desk support are provided through contracted services.

Attachment 9 provides the Mental Health MIS Project Organization Chart.

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 3/24/10   County   San Diego

Project Title   Mental Health MIS Implementation-Anasazi Software Installation

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

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

- ● *Please indicate the type of MHSA Technological Needs Project*

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

    √ **Client and Family Empowerment Projects**
    ☐ Client/Family Access to Computer Resources Projects
    ☐ Personal Health Record (PHR) Systems 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

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

    ☐ Custom Application
        Name of Consultant or Vendor (if applicable) _____

    ☒ Commercial Off-The-Shelf (COTS) System
        Name of Vendor   Anasazi Software_____

    ☐ Product Installation
        Name of Consultant or Vendor (if applicable) _____ _____

    ☒ Software Installation
        Name of Vendor   Anasazi Software_____

Project Management Overview

- **Human Resource Management (Consultants, In-House Staff)**
  This project represents the largest Managed Information System (MIS) implementation ever in the County of San Diego. It involves an implementation of an integrated management information system in a county that serves over 65,000 unduplicated mental health clients a year and operates 200 programs with over 2000 contract and county operated clinicians and 500 support staff. Because of the size and scope, the project was divided into two phases. Phase I was the implementation of the data and billing system. This phase was successfully completed in October 2009. The second phase of the project, the implementation of the electronic health record will be completed by October 2011. We are seeking funding to complete the second phase.

  San Diego County's Mental Health Services (MHS) has managed its human resources to ensure that appropriate personnel are available to support the MIS project. Initially, two (2) Assistant Deputy Directors, Liz Biolley, LCSW and Henry Tarke, LCSW, served as project co-leads responsible for Phase I and II respectively. Together, these two individuals represented over forty years experience with the County of San Diego. Midway thru Phase I the Director of Quality Improvement, Candace Milow, replaced Liz Biolley as project co-lead. Candace Milow has extensive experience in the private and public sectors. In addition, SDCMHS assigned an experienced Project Manager, Angie DeVoss, to oversee the day to day MIS responsibilities.

  In Fiscal Year 2006-07, the MIS Unit was formed to provide for full time project-specific staff. The MIS Unit includes two Administrative Analyst III positions, two Administrative Analyst II positions and two office support staff. Additionally, the project assigned three As part of the MIS Core Project Team, Chief level staff on a nearly full-time basis were brought on board to represent the Children, Adult and administrative sectors of Mental Health Services. These Chiefs, Kathryn Grant, Lauretta Monise and Marylyn van der Moer (for Phase II), have senior level administrator/clinical experience with a rich history in the San Diego public mental health system. Because the MIS Core Project Team needed to ensure full coordination with contract operated programs, the project has been also supported with three full time staff from contract provider programs. Other personnel have from the Administrative Services Organization, United Behavioral Health and San Diego County Health and Human Services Agency (HHSA) Financial Services have been assigned to the project. The County has also assigned staff from the HHSA Information Technology Office as active participants on the implementation team. A County Senior Information Technology Administrator who oversees the information technology outsourced contractor, Northrop Grumman, has also been an active participant of the team. Other human resources include:

1. Steering Committee: 11 members. The Committee consists of Deputy Directors from HHSA, County Counsel and the County's Information Technology Office
2. Phase I Project Management Team: 22 members
3. Seven System Set-Up Teams: 3 to 10 members each
4. Phase II Project Management Team: 22 members

- **Independent Project Oversight**
  On May 1, 2009, the County of San Diego Mental Health Services contracted with Outlook Associates to provide independent project oversight (IPO) consultation to the HHSA Behavioral Health Services for the Mental Health Management Information System's Implementation Project. The role of Outlook Associates is to serve as the County's status information consolidation point for the MIS project, gathering data and submitting a monthly status report. The deliverables that the IPO monitors are outlined by the State Department of Mental Health. Outlook Associates is responsible for overseeing the project status and report progress to Behavioral Health Services. Attachment 11 includes a copy of the MIS Project Independent Oversight report. IPO meets with the MIS Project Lead on a regular basis and provides reports to the Mental Health Director.

- **Integration Management**
  The Contract Business Plan Review and Project Management Review are standardized San Diego County project planning and management tools. They have been used throughout the Mental Health MIS project. These tools provide project and contract managers with a framework for effective analysis, planning, task and outcome management, status review and reporting. The consistent process and presentation formats facilitate management review and approval of project/contract objectives and regular assessment of status. The MIS Project has also used a County of San Diego approved project management tool, Central Desktop, which allows us to integrate management at all levels. Specifically, the project team has access to this tool and reminders regarding tasks are sent to the team. The implementation of this tool has kept the Phase II planning on track.

  The County's MHS purchased a commercial off-the-shelf integrated system to meet administrative, clinical, and financial needs. However, the product has been modified to meet State of California standards and County of San Diego business and clinical requirements. The vendor has provided one Anasazi Project Director and two Anasazi Project Managers responsible for consulting with the MIS Project Lead and the project team on all phases of the project. The County's IT Vendor, Northrop Grumman, the County Technology Office and HHSA IT provide project managers. Two Assistant Deputy Directors have served as project co-leads responsible for Phase I and II respectively. In addition, MHS assigned a Project Manager. The vendor provided a detailed work plan outlining all of the steps necessary for implementation.

  The HHSA Information Technology Office is responsible for information security for the project. They establish and develop HHSA information security policies and

procedures that meet the specific needs of the Agency and coordinate the implementation of security measures with the County Technology Office. They also authorized the creation of user ID accounts and rights to County data/information residing on the County Network through a formal process that ensures proper authorizations have been obtained.

- **Scope Management**
  The County of San Diego's project leads with assistance of the MIS Project Manager have been responsible for scope management. On many projects, unclear scope requirements, or unauthorized or undocumented scope change is a major cause of cost and schedule overruns. To ensure that the project requirements are met, the Project Director from the vendor provided a detailed implementation plan. Any changes to the scope of the project were handled through a Change Control process. Changes that affect project cost and schedule could be carefully managed by the Project manager and leads.

- **Time Management**
  The Anasazi Project Director provides a detailed project plan to facilitate time management. The plan includes all necessary tasks, the duration each task would need for completion, the resources necessary to complete each task and the dependencies. The project schedule listing all of the tasks determines the predecessors (what tasks must be completed before) and successors (tasks that can't start until after) each task. The project plan allows for tasks that could overlap. Some of the tasks have little flexibility in their required start and finish date and others have no flexibility. This allows the leads from the County to identify and manage the critical path.

- **Cost Management**
  The project leads have been responsible in their respective phases for setting up a cost management process that regularly forecasts the project's final cost and to compare that to the budget to determine whether the final cost will be over or under and by how much, for purposes of exercising effective cost control. Controls have been set up through the establishment of a separate budget oversight through the Behavioral Health Services Financial Unit. This unit tracks all costs and provides regular monthly updates on costs to date and projections to project completion. Additionally, a monthly meeting is held to brief the Mental Health Director on the status of the MIS budget and costs to date.

- **Quality Management**
  The Anasazi Electronic Health Record system has been fully implemented for use by other California Counties, most notably Kern. Whenever San Diego County has mission critical procedures and forms that reflect those well defined procedures, Anasazi has recommended modifying the Anasazi Wizard model to reflect those procedures and their forms. When all these components are not in place, Anasazi has recommended a method to assist the County of San Diego in getting effective

and consistent clinical procedures into place and in getting well designed clinical forms integrated into the Anasazi Wizard to support those procedures.

The implementation plan for Phase 2 will generally emulate the implementation plan for Phase 1. Phase 2 will begin with Facilitated Implementation Planning Meetings where we will review our proposed implementation plan, demonstrate the capabilities of the Anasazi Health Record systems in depth, review the requirements of an EHR implementation in general, review implementation mistakes that can actually cause an EHR to add work to clinical staff causing the implementation to fail, review the major alternative methods of implementing an EHR, and refine the implementation plan to best meet the needs of the County.

The MIS team will then proceed with the Facilitated Setup sub-phases. The services currently recommended for these sub-phases are based upon our assumption of a Software Driven Re-engineering. Having successfully implemented Electronic Client Record (ECR) capabilities in the majority of their customers, Anasazi has extensive experience in the common issues their customers face that impact implementation. The most common issue impacting ECR implementation is the fact that clinical processes for similar programs and the forms that document those processes can vary from location to location. A necessary step for getting all locations to use one set of approved clinical forms is to define a common set of clinical procedures for each program. Obviously, different types of programs will necessarily have unique clinical procedures and forms. However, it is generally accepted as good management practice for two different locations that each provides the same services to have the same clinical model and like forms for that service.

The Facilitated Setup sub-phase will assist the County in:
- Evaluating each type of program at each location for the clinical processes and forms currently being used
- Assisting clinical management in defining a common set of clinical forms
- Refining their currently adopted Problems, Goals, Objectives and Interventions for effective use on an EHR. or assisting clinical management in refining the Problems, Goals, Objectives and Interventions provided with the Anasazi Wizard Implementation Model to better meet the needs of the County if structured treatment planning is not already in place
- Integrating the entire clinical, treatment planning, administrator, and scheduling procedures as they relate to clinical procedures and forms.

After refining the forms and setup to reflect the needs of the County, Anasazi will train the Clinical Administrator Team on the use of all EHR and Scheduling functionality. Anasazi and the County will then jointly perform Phase 2 Acceptance Tests to assure the system works correctly.

Once accepted, Anasazi will assist the County in planning the deployment of the EHR. The deployment will occur in a short time frame, so the planning of the

deployment has been and will continue to be intensive. Coordinating the large number of County trainers and staff will be challenging. The EHR Deployment has several major sub-phases. Each sub-phase will follow the same classic model of train-the-trainer. Anasazi has found that a critical requirement for successful transition to online management of any automated process is interactive support to each employee for a short time until they are comfortable in performing all tasks of their job online, as opposed to recording forms on paper for after-the-fact data entry. The County of San Diego will implement the Anasazi recommended model. Each training session will be followed by onsite support for each set of trainees. The onsite support will be available for instant support in cases where the trainee may not recall how to process a function and where a new situation arises that wasn't covered in training. This will assist in getting the trainees over the learning curve and in being fully comfortable with the online use of an automated tool, thus fully training the trainees. We consider the onsite support to be equally important to the training for a successful deployment of an EHR or any online function.

By the time of Phase 2 deployment, there are certain tasks that the front desk staff will be performing online at each location. These tasks will include recording demographic and financial forms online, accepting payments from clients and possibly managing Assignments. Approximately 2,000 clinical staff needs to be trained. Depending on the sub-phase, there will be a one to two day training session and several days of onsite support for each set of trainees. Trainees will be grouped by location as much as possible to allow the trainer to return to the site with the same set of trainees for the onsite support. One or two days of training and several days of support for approximately 2,000 trainees can be performed over 12 to 18 months by approximately ten trainers for each of the two main sub-phases if performed sequentially.

The deployment to clinicians will be broken down into several sub-phases. The first is an early deployment for the Administrative Services Organization, currently operated by United Behavioral Health. This sub-phase was completed in the spring of 2009. The second sub-phase is to set up and deploy the Anasazi Scheduler system to several hundred administrative staff. This sub-phase was completed in the summer of 2009. Although not as large a task as some of the other sub-phases, this is a significant undertaking and sets the stage for deployment of the Scheduler to clinicians in the next sub-phase.

The next sub-phase is the deployment of mission critical forms to the remaining programs. These mission critical forms have the most oversight and contractual and clinical requirements, more than progress notes and treatment plans. Prior to being trained on the Treatment Planning, each clinician will be trained on and closely supported in the use of these forms and will have an opportunity to use the Anasazi Assessment System in live operation for a period of time to get over the learning curve of using the EHR. The clinicians will also be trained in the use of scheduling so they have access to their own schedule and can manage it to the extent the County determines is appropriate for clinical staff. Each training session will be for

two days followed by up to three days of onsite support by the trainer. Each training session would then be for five working days. As stated above, it would then require ten trainers to train and support approximately 2,000 clinical staff in the deployment of the mission critical forms over about a 12 to 18 month period. Clinical staff will again need to be grouped by location when possible to allow for the onsite support.

A special sub-phase of deployment will focus on the Emergency Psychiatric Unit and hospital-type programs. This sub-phase is saved for a time in which extra training and support resources can be focused on these inpatient programs which are fast-paced operations with multiple shifts and above average staff turnover. These programs also employ a higher number of physicians.

A special sub-phase of ECR deployment will involve approximately 160 physicians. Anasazi's new Doctors HomePage system will provide ePrescribing capabilities, help physicians organize their work efficiently in a single desktop presentation and minimize navigation. The training for doctors will be in smaller classes or individualized with follow-up support done on-site as well as special phone Help Line access.

Once each clinician is comfortable in the use of the Anasazi Assessment and Scheduling Systems and is considered to be over the learning curve for using an online EHR, we will begin deployment of the last joint sub-phase which has to do with Treatment Planning. The training required to use the automated Treatment Planning is not significant. The major issue with automated Treatment Planning is that it utilizes necessarily structured treatment planning with predefined Problems, Goals, Objectives and Interventions. The imposition of this structure applies a clinical management discipline that is often new to clinical staff. Implementing any clinical management objective, especially one as significant as structured treatment planning, in a short period of time is difficult. Anasazi has recommended and we agree that the treatment planning trainers are to be clinical staff that has the knowledge and experience to champion the advantages of structured treatment planning. These trainers will address clinical objections to structured treatment planning and support the clinician in addressing multiple issues as they emerge in both the training and the onsite support of deployment. The level of services Anasazi will perform to train and support the County training staff will be the same.

The project's Phase II lead will be responsible for quality management. Quality management includes the quality of the process as well as the quality of the deliverables. To monitor the quality of the process, weekly and monthly status reports are provided by the vendor which can be compared to the vendor's detailed work plan to identify any variances. The process is also evaluated for:
- Relevancy
- Flexibility
- Productivity
- Efficiency
- Usability

- Completeness

To monitor the quality of the deliverables, the detailed work plan includes many systems tests prior to the actual acceptance test process. The deliverables are based on the prioritization and application of the following variables:
- Completeness and Correctness
- Alignment to Business Needs
- Alignment to Technical Requirements
- Alignment to Customer Expectations
- Form and Function
- Performance
- Availability
- Reliability
- Serviceability
- Usefulness
- Accuracy

- **Communications Management**
  Communication management is the responsibility of the project lead. A contract staff has been assigned to maintain a communication plan and provide regular communication. Communication is vetted by the MIS project team prior to going out to ensure accuracy. Prior to and during implementation, it was necessary to identify how each of the stakeholders will be kept informed of the progress of the project. The Communication Plan (Attachment 6) identifies the types of information to be distributed, the methods of distributing information to stakeholders, the frequency of the distribution and the responsibilities of each person in the project team for distributing information regularly to stakeholders. Communication has been and continues to be done through different venues. For example, an "MIS Transition " meeting is held monthly that invites program managers, data entry staff and office managers to provide them details on upcoming events and tasks that will impact them. Other meetings include monthly updates to executive contract staff. In fact, the project team uses any regular meeting throughout the system to provide updates on the planning and implementation.

- **Procurement Management**
  The California Mental Health Director's Association agreed that a coalition approach of pooling county-level technology expertise would best ensure that an MIS system would specifically meet public behavioral health and advanced business needs. The County of San Diego was one of twenty-seven California counties that formed the California Behavioral Health Systems coalition. Several large counties, including the County of San Diego, opted to develop specialized procurements tailored to their county's needs. The MIS project leads and MIS project manager were responsible for the procurement management with oversight from the County of San Diego Purchasing and Contracting Department and the Board of Supervisors. Additionally, the County's IT vendor provided consultation and support to Mental Health Services

during the procurement and planning process. Relying substantially on the specifications developed via the California Behavioral Health Systems coalition process, the County's IT vendor assisted the County's Mental Health Services in analyzing system requirements specific to the needs of the County of San Diego, developing a statement of work, supporting the procurement process which included technical support to the Source Selection Committee (SSC), and assistance in the planning and implementation of the product. All procurement related to the MIS project followed established San Diego County procurement processes and received the required level of oversight customary to those processes.

The contract with Anasazi was the result of an extensive, competitive procurement process. The SSC was appointed by the HHSA Director of San Diego County. In response to the Request for Proposal (RFP), the SSC reviewed documentation, including pricing proposals, submitted by three vendors. Prior to contracting with Anasazi software, over fifty persons from within and outside of the County's MHS participated in extensive vendor demonstrations. As part of the County's required procurement process, a "Factual Finding of Economy and Efficiency" document was prepared. These processes established the cost justification for the Anasazi contract.

Project Cost

- **Cost Justification**

  The County of San Diego is requesting $5,954,663. This is the amount required to complete the implementation of the MIS Project after use of other offsetting revenues including County discretionary and federal financial participation administration.

  The MIS project budget from the beginning to end including one-time and ongoing cost during the implementation period is $19.9 million. The budget consists of:
  - $9.4 million for hardware and software including application, network and other equipment
  - $8.3 million for other one-time costs such as training, support personnel, program oversight, services and supplies, equipment refresh and travel
  - $2.2 million for ongoing cost such as license renewals, support services and internet access.

  In addition to the implementation budget, an initial amount of $125,000 in CSS one-time funding was approved during Fiscal Year 2005-06 in preparation for the new MIS. The funds were used to purchase hardware and software for two County locations and software for contractors to being upgrading their systems in order to accommodate the new system.

Although the MIS project budget is $19.9 million, total MHSA funding for the project is $14,067,605.   This includes $5,125,000 of approved CSS one-time funding, $2,987,942 of approved MHSA Technology funding, and the current request for MHSA Technology funding of $5,954,663.

This project has been delayed by 11 months. The implementation of this project represents one of the larger MIS implementations in California and the largest in San Diego County.   The timeline was extended in order to ensure that the implementation was done correctly and to make sure the billing and reporting setup met State and federal regulations.   Other reasons for the rescheduled implementation included requests from our contracted providers to slow the process down.   There were some difficulties in completing the set-up of the server architecture by Northrop Grumman and the complexity of the transition of the billing functions from the MHS Administrative Service Organization to HHSA.   The total cost of the 11 month extension was approximately $929,500.   This includes $577,000 in personnel costs and $352,500 in change order costs.

The initial estimated budget was approximately $8.6 million.   The adjusted total budget of $19.9 million includes an increase of $6.8 million in one-time and ongoing equipment costs, $2.2 million in additional training and support staff, $1.5 million in system change orders and increased Northrop Grumman support, and $.8 million in five years of leased costs and computers for training rooms.

- **Appropriate Use of Resources**
  The project leads and Project Manager are responsible to monitor all resources funded under this project including hardware, software, services and human resources are used to support the implementation and continuing use of MIS. All resources utilized by the project are documented in the budget (Exhibit 4) and the project continues to remain within the established budget. Additionally, the projects has checks and balances with the Contracts Support Unit, which is responsible for monitoring the expenditures for contracts, and with the Behavioral Health Services Financial Unit, which is responsible for monitoring overall expenditures of the project. Monthly meetings and reports ensure that the project is on financial track. Finally, the project has an MIS Executive Steering Committee which ensures that adequate resources are devoted to the project.

- **Sustainability of the System**
  The decision to purchase a proven commercial off-the-shelf integrated behavioral health information system was made to specifically address the sustainability of the system. The Anasazi Software mission is:

  "To be the industry leader in providing customer driven software to behavioral healthcare and social service organizations. We pride ourselves on maintaining long-term customer relations by continually reflecting our customers evolving needs for improving the quality and proficiency of care. We recognize that

providing superior software results from our firm commitment to exceptional service."

Our mission statement speaks directly to a sincere, mutually beneficial partnership with our customers. We take the word "partnership" to another level, unique in both definition and business practice."

Anasazi Software was a leading participant in the California Behavioral Services Coalition. After securing their first California contract, in Kern County, the company spent more than ten months discussing and documenting the required enhancements necessary for their software to address specific needs of counties in California. The focus was on Medi-Cal claiming and mandated State reporting, and included issues related to clinical practices, State regulatory needs, managed care and Medi-Cal eligibility

Anasazi's unique definition of partnership is best exemplified in the relationship with their user groups. Anasazi funds both National and State user groups. The user groups are independent, electing their own officers, creating their own bylaws and essentially acting as Anasazi's board in controlling new software development. The user groups determine the allocation of funds to address any specific needs, ranging from National clinical trends to State specific customizations. Anasazi benefits from this partnership through the continual customer driven evolution of its enterprise software solution.

Nature of the Project

- **Extent To Which The Project Is Critical To The Accomplishment Of The County, MHSA, and DMH Goals and Objectives**

  The County of San Diego submitted its MHSA Capital Facilities and Technological Needs (CF/TN) Component Proposal on March 6, 2009, and it was subsequently approved by the DMH on April 2, 2009. The MIS project was presented as the project that will modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

  The new MIS project implementation was initially approved by DMH on October 17, 2007, with a $5,000,000 MHSA CSS Other One-Time Funding Request For A Mental Health Information Technology Project (Attachment 12). In Fiscal Year 2008-2009, in order to continue with the implementation project, $2,987,942 in Technological Needs funding was requested and subsequently approved by the DMH. The MIS project being implemented in San Diego County MHS will support mental health system transformation by making available a single integrated system for clinical practice management, managed care and an EHR. The selected Anasazi software application will support the increased requirements of MHSA program management and will improve compliance with State and Federal regulations. The

MIS project includes the foundation for later development of a personal health record that will give clients and families access to health information to support self-care, recovery and personal health management.

The main goals of the MIS project include:

- Enhanced Coordination of Patient Care and streamlining of business processes
- Fully integrated functionality across the Mental Health Administration's business areas
- Full interoperability across all Mental Health services functionality and interfaces such as with State Medi-Cal claiming and State reporting requirements including Medi-Cal Phase II
- Enhanced accessibility through browser-based secure Internet access

The acquisition of the Anasazi software will allow the County to achieve the above goals. It also advances the goals of MHSA by providing for the measurement and reporting of clinical outcomes which can be used to improved MHSA programs and services. The increase in data availability also assists with the planning for future initiatives.

The acquisition is consistent with the Kids and Safe and Livable Communities Initiatives in the County Strategic Plan in that it helps ensure the effective, efficient and accurate administration of mental health treatment to vulnerable populations of mentally disabled children, youth, adults and seniors. This action is also consistent with the Strategic Plan's Key Discipline on Information Management in that it increases operational efficiency by using superior information technology systems to organize and access tremendous amounts of data.

- **The Degree of Centralization or Decentralization Required**
  The County of San Diego HHSA MHS Administration is the central organization. The main users of the system are County of San Diego employees, Contractors, Administrative Support Organization, and Fee for Service Providers.

  County of San Diego employees include staff from MHS, the Sheriffs Department, Department of Auditor and Controller Office of Revenue and Recovery, Aging and Independence Services, Child Welfare Services and Agency Fiscal. County staff uses the system to look up information, enter client and service data, and to complete reports and client tracking. In Phase II, the system will provide an EHR. Agency Fiscal uses the system to perform required client and third-party billing and State reporting and claiming.

  Contractors use the system in the same manner as County staff. Contractors initiate their own billing of Medicare, private insurance and other (non-Medi-Cal) third-party payers, as well as client billing. Fee for Service Providers submit HCFA 1500 hard copy claims to the ASO. ASO employees use the system to perform the Managed

Care functions, including the 24/7 Crisis Call Center, Service Authorizations and FFS Provider claims processing. They also assist with State reporting.

The MIS provides a central repository for clinical, billing and other administrative information for County, contact and management care programs. Contract programs have greater access to the information they enter into the system and are less dependent on the County for operational support.

- **Data Communication Requirements Associated with the Activity**
  Anasazi software supports processing of ASC X12 transactions and is compliant with National standards for the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transactions and Code Set Standards. It allows for the appropriate exchange of information between the County of San Diego MHS and its contract providers, relevant local County departments, the ASO and DMH.

- **The Characteristics of the Data to be Collected and Processed, i.e., source, volume, volatility, distribution, and security or confidentiality**
  The MIS collects demographic, clinical, administrative and financial information on all clients in the Mental Health System of Care, which serves approximately 65,000 unique clients per year. Some of the information is static such as gender and date of birth, and some information would be expected to change over the course of treatment such as clinical outcomes and levels of service. The local data distribution includes approximately 200 County and contract programs with the majority of clients serviced by contract providers.

  The Anasazi software product is compliant with the security and privacy provisions of HIPAA. Access to the application is role-based. Hardware security is facilitated with the use of public SSL certificates for Citrix appliances and private SSL certificates for Citrix Web Interface Servers and Citrix Presentation Servers. Access to the domain is regulated by the HHSA Information Technology Office through formal policies and guidelines. The data is classified as confidential. State and federal laws and regulations control over any County policy, guideline or individual decision concerning the classification or use of the data. Confidential data in any format is never shared with unauthorized persons, offices or agencies. The county will implement controls so that only need-to-know staff has access to clinical information. As an example, clerical staff will no longer have access to clinical information in contrast to the current availability of clinical information through paper charts.

- **The Degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure**
  San Diego anticipates the technology infrastructure being established by this project will provide the tools required for current as well as future integration using emerging standards. The Anasazi software integrates clinical, administrative and financial functions for County and contract providers. The software supports EDI for all State requirements. It also pushes CSV files from all reports for data export. The

software interfaces with other County systems such as those used by the pharmacy by utilizing the same master patient index. In the future, the software will be compatible with the implementation of a personal health record.

Hardware Considerations

- **Compatibility with existing hardware, including telecommunications equipment**
  An extensive listing of hardware and telecommunications equipment occurred during the Phase I implementation of the project. The compatibility of San Diego County hardware and associated systems has been field tested during Phase I. this field test has validated compatibility of systems.

  Attachment 7, Section 8 (Technical) lists the functional requirements and technical specification for hardware.

- **Hardware & Software for Direct Service Providers**
  - Standard PC architecture, Pentium processor or greater as required for the operating system
  - Windows XP
  - Available memory as recommended for the operating system by Microsoft
  - Internet Explorer Version 5.0 or later, Netscape Navigator or Communicator Version 4.78, 6.2 or later, or Mozilla Firefox
  - VGA or SVGA video adapter with color monitor capable of 1024x768 resolution (800x600 ok for most Anasazi application interfaces, but may display certain views with scroll bars)
  - Microsoft mouse or 100% compatible mouse
  - Keyboard
  - 50Mb available hard drive space
  - For network connections to the server farm, a network interface card (NIC) and the appropriate network transport software are required
  - Citrix compatible printer – Network Hewlett-Packard laser printer with network card
  - Laptop with built–in wireless or wireless air card, privacy screen, and laptop case for staff in the field
  - Docking station, monitor, keyboard, mouse, and security cable for each laptop added to existing LANs
  - Unlimited use wireless service for laptop
  - Virus protection for each device
  - High Speed internet service for each desktop or docked laptop
  - LAN drops, switches, internet wiring for each device added to existing LANs

- **Hardware and Software for Network**
  - Wintel application servers-medium

- Wintel application servers-small
- UNIX DB server-medium
- UNIX server Preprod/Test-medium
- Citrix Access Gateway HV2000 secure appliance with 1st year maintenance
- F5 LTM 3400 Load Balancer

- **Physical space requirements necessary for proper operation of the equipment**
  Physical space for County systems is provided through Northrop Grumman and no funds are requested for system space requirements.

- **Hardware maintenance**
  Hardware maintenance and refresh is provided through Northrop Grumman. Additionally, contract programs are able to acquire computers through the Futures Foundation, which acquires computers through Northrop Grumman and provides them to non-profit organizations at a minimal cost.

- **Backup processing capability**
  The MIS provides for backups of data, security credentials and audit files. Application and database backups are performed by Northrop Grumman on a daily, weekly and monthly basis. In addition, backup information is detailed for every server utilized by the system.

- **Existing capacity, immediate required capacity and future capacity**
  The system was acquired to handle the expected growth for a ten year period of time. San Diego County Mental Health system of care serves approximately 65,000 unique clients per year. Consistent with the goals of MHSA, additional growth is anticipated. Anasazi Software has the ability to purge and archive data using a special utility that provides the agency with the ability to purge services, payments and journals by agency program. It has the ability to archive services that were provided prior to a certain date in time, as well as before a specific fiscal period.

Software Considerations

- **Compatibility of computer languages with existing and planned activities**
  Anasazi Software created and developed all of its systems in-house rather than purchasing other companies' applications. It utilizes Visual DataFlex 8.0, which produces C++ Code. This allows the County the ability to operate on a number of platforms and databases, including Novell, Microsoft NT, 2000, XP, 2003 Microsoft SQL, Oracle, and Pervasive SQL. DataFlex is a powerful tool that allows Anasazi Software to quickly build behavioral healthcare databases that are both reliable and portable.

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

Anasazi Software knows that the business and clinical environment in which the County operates changes constantly. Mission critical software will be updated periodically to ensure that it continues to include the functionality required to support the County's operations and that it continues to take advantage of new developments in technology. In May 2010, Anasazi plans to roll out their newest product, ATP3, which will greatly enhance treatment planning and provide the latest ease of operations similar to Microsoft Office 7. Maintenance of the Anasazi system is facilitated by a vendor funded User Group which helps Anasazi to be in close coordination with California policy changes. Anasazi Software releases new versions of the software and enhancements of existing versions of the software based on input from and at the request of the User Group for the Counties. Anasazi Software is fully aware that the County has ongoing requirements for change in its business practices that must be supported by ongoing enhancements and is committed to provision of these enhancements. Fifty-nine percent of Software Maintenance fees received from the County and other California County customers are used to fund development of enhancements of the software requested by the User Group. Thirty-four percent of Software Maintenance fees received from the County and other California County customers are used to fund part of the cost of development of new versions of the software. The balance of the cost of development is paid by Anasazi Software.

- **Availability of complete documentation of software capabilities**
  Anasazi Software is required by contract to deliver complete documentation of the software prior to user acceptance testing. To date, Anasazi Software has met all contractual requirements for providing documentation to the County. The quote below is the contract language requiring Anasazi Software to provide documentation to the County.

  "Contractor shall provide the Documentation for use in electronic format compatible with Microsoft Corporation's then-generally available Office products and written format in accordance with the terms of this Agreement. Upgrades and revisions to the Documentation shall be provided at the time of distribution of Promotions, Upgrades and New Versions of the Software. There shall be no additional charge for the Documentation or updates thereto, in electronic form. Contractor's Documentation shall be comprehensive, well structured, and indexed for easy reference. If Contractor maintains its Documentation on a web site, Contractor may fulfill the obligations set forth in this section by providing County access to its web-based Documentation information."

- **Availability of necessary security features as defined in DMH standards noted in Appendix B**
  County of San Diego MHS is fully committed to compliance with the standards as noted in DMH Information Notice 08-09, Enclosure 3, Appendix B. Anasazi Software also includes functionality designed to assist the County in meeting the standards set forth in 45 Code of Federal Regulations Parts 160 through 164, including access management controls, technical access controls, login monitoring, and audit

capabilities. The Software supports the following transaction standards provided for in 45 CFR Part 162:

- ASC X12N 270/271, Professional and Institutional Health Care Eligibility Benefit Inquiry Response
- ASC X12N 835, Health Care Remittance Advice
- ASC X12N 837, Professional and Institutional Health Care Claims

- **Ability of the software to meet current technology standards or be modified to meet them in the future**
  Anasazi Software is obligated by contract to comply with applicable law.

  "It shall at all times in the performance of its obligations hereunder comply with all applicable laws and regulations, as well as any and all applicable County standards, policies and regulations including all information technology policies applicable to County's current outsourcing service providers."

Interagency Considerations

- **Interfaces with Contract Service Providers**
  Contract providers have been fully involved with the procurement, implementation and deployment of the MIS. The system is utilized by approximately 200 contract service providers accessing the system using a Virtual Private Network. The only providers exempt from using the EHR will be out of county providers due to state legislation that exempts them from using county forms (AB 785) and realization that it would impose a burden on out of county providers to learn EHRs from various counties they serve.

- **Interfaces with State Agencies**
  The Anasazi Software supports ASC X12N transactions for interface with the State, including Medi-Cal Eligibility Determination System eligibility file and the MEDS Point of Service system managed by EDS, the Client and Service Information (CSI) System, the Office of Statewide Health Planning & Development (OSHPD) system, and the California Special Education Management Information System. The system translates the California billing structure into the ASC X12N 837 – Health Claims or Equivalent Encounter Information format for billing and the ASC X12N 835 – Healthcare Payment and Remittance Advice data for receipt of payment.

- **Interfaces with Local Agencies**

  The MIS is used by several local agencies including Adult/Older Adult MHS, Children MHS, the Sheriffs Department, the Department of Auditor and Controller Office of Revenue and Recovery, Aging and Independence Services, Child Welfare Services and HHSA Mental Health Fiscal. Properly authorized staff uses the system to look up information, enter client and service data, and to complete reports and client tracking. In Phase II, the system will provide an EHR. HHSA Fiscal uses the system to perform required client and third-party billing and State reporting and

claiming.   These agencies collect and rely upon clinical data must routinely coordinate service delivery for overlapping client populations.

Training and Implementation

- **Current Workflow**
  Deployment for Phase I of the implementation of the Anasazi Software began in October 2008 and concluded in March 2009. When fully implemented, the software provides a comprehensive solution for behavioral healthcare including the following workflow:
  - Client Data Tracking
  - Assessment and Treatment
  - Scheduling
  - Clinician's Homepage
  - Doctor's Homepage
  - Fiscal
  - Management Reporting
  - Human Resources
  - Managed Care Organization
  - Cost Accounting System
  - Technology

- **Process for Assessing New Technology**
  The County of San Diego MHS used several assessment tools and processes in securing the MIS. These included participating in the California Behavioral Services Coalition, developing the Request for Proposal which included the Function Requirements and Technical Specification for the Mental Health Enterprise MIS (Attachment 7) written by Northrop Grumman and a thorough procurement process that included vendor demonstrations.

- **Process for Implementing the Technology**
  Anasazi Software was selected by the County of San Diego in October 2006. The contract included a detailed work plan for implementation of the system. The system was planned to be implemented in two phases.   Phase I would include administrative and financial processes and Phase II would be the EHR. Attachment 4 shows the key milestones for the Phase I of the Implementation Plan and Attachment 13 shows the key milestones for Phase II of the Implementation Plan.

  The Anasazi Implementation Plan documents the features of the Implementation Plan as it was revised and refined during the Phase I and II Implementation Planning Phase. The Phase I and II Project Management Team used the Implementation Plan included in the Proposal as a foundation and updated that plan to include all elements needed to reflect the particular needs of the County of San Diego. Anasazi based the Implementation Plan included in the Proposal upon the Anasazi

Wizard Implementation Model discussed in the Request for Proposal response. Anasazi assumed that if the California Enhancements met the requirements of Kern County and Kings View Behavioral Health System in Fresno, it would meet the needs of the County of San Diego. As San Diego County began the implementation, various modifications had to be made to meet the County's business needs.

The Statement of Work in the contract maps to the Anasazi Implementation Plan accordingly:
- Acquisition - Anasazi's Implementation Plan starts with the tasks directly related to implementation. The plan was refined as part of the acquisition process and included in the contract.
- Modification - All the tasks under the Mission Critical Enhancements sub-phase. Anasazi completed California specific customizations required for a California County MH Department.
- Performance Testing - The Network Performance Test task.
- User Acceptance Testing, User Training - Any task whose name includes the word "training".
- Implementation - Performed as part of the Network Installation. The Phase 2 Systems will have their setup refined as part of the Phase 2 tasks.
- Cutover - All tasks in the Client Data/MCO Cutover sub-phase.
- Maintenance - All services in the Support Agreement. Anasazi takes responsibility for managing the implementation at the level it is stated in the Implementation Plan.
- Communication - One of the keys to a successful implementation. The County and Anasazi view the Monthly Project Management Meetings as vital. These meetings took place onsite throughout Phase I and will take place during those periods of Phase 2 in which there is substantial project activity other than routine deployment.

Exhibit A (Functionality Requirements) in the Statement of Work map the Implementation Plan (Attachment 13) in this way;
- General - Phase 1 and Phase 2
- Admin Workflow - Phase 1 and Phase 2 which includes Scheduling, Service Linking to Progress Note, Incident Tracking and Property Inventory

The Implementation Plan contains a detailed Gantt chart with all Deliverables notes, task assignments for both Anasazi and County of San Diego staff, timelines, dependencies, and milestones:
- Billing - Phase 1
- EHR - Phase 2 except for Diagnosis Management
- Reporting - Phase 1 and Phase 2
- Interfaces - Phase 1 and Phase 2 which includes Data Entry Alternate Interfaces

- Technical - Phase 1 and Phase 2
- Programming Language - Phase 1 and Phase 2
- API - Phase 1 and Phase 2
- Database - Phase 1 and Phase 2
- Inpatient/ER - Phase 1 to the extent Inpatient and ER is supported and Phase 2 which includes Medication Administration Record

- **Process for Training**
  There have been many levels of training available and provided throughout this project. Administrative training began in April 2007 and continued through the year. Training for individual components of the software was provided. The largest number of people were trained for "Staff Seminar" which was not computer training but preparation for completing the necessary forms for data entry into the computer. Training for individual components of the software was provided. There was training for Draft Service Entry, Service Entry and Reports. The training for the Scheduler part of Anasazi started in May 2009 and was completed in August 2009. The most extensive training effort was the deployment training which began in August 2008 and continued through March 2009. Attachment 5 shows the training schedule.

  The largest training for this project will begin in December 2009 with the beginning of three pilot projects in four programs. These pilots will lead to the implementation of training for the remainder of the system involving over 2000 clinicians.

Security Strategy

- **Protecting data security and privacy**
  Anasazi Software includes functionality designed to assist the County in meeting the standards set forth in 45 Code of Federal Regulations Parts 160 through 164, including access management controls, technical access controls, login monitoring, and audit capabilities. The Software supports the following transaction standards provided for in 45 CFR Part 162:
    - ASC X12N 270/271, Professional and Institutional Health Care Eligibility Benefit Inquiry Response;
    - ASC X12N 835, Health Care Remittance Advice; and,
    - ASC X12N 837, Professional and Institutional Health Care Claims.

- **Operational Recovery Planning**
  The MIS provides for backups of data, security credentials and audit files. Application and database backups are performed by Northrop Grumman (NG) on a daily, weekly and monthly basis. In addition, backup information is detailed for every server utilized by the system. As discussed previously, the Anasazi software sits on the County's network. Northrop Grumman is in the process of developing a solution for a 24-hour recovery in case of a catastrophic server incident. In the case of a catastrophic incident, Northrop Grumman could switch to the Anasazi system using an ASP connection.

- **Business Continuity Planning**
  The County's Information Technology contract provides for complete support of application and database operations which include daily system backups and outage restoration. All applications that are maintained by Northrop Grumman are covered under the IT agreement, including the MIS. The contract includes restoration of applications that may fail on an individual basis. The contract requires that system outages be restored 90% to 95% between a 4 to 16 hour periods of time.

- **Emergency Response Planning**
  The same functionality that provides for business continuity will also assure the availability of the MIS in the event of an emergency. The system is web-based and can be accessed from any workstation containing the security certificate. The County's network has two IT Data Centers that are located in Plano, TX and Tulsa, OK. If an event takes place in San Diego County, the Data Centers will not be affected by the event.

- **HIPAA Compliance**
  The Anasazi software will be compliant with the security and privacy provisions of HIPAA. The County of San Diego will insure that all provisions of HIPAA are adhered to according to law.

- **State and Federal laws and regulations**
  Anasazi Software is obligated by contract to comply with applicable State and Federal laws.

  "It shall at all times in the performance of its obligations hereunder comply with all applicable laws and regulations, as well as any and all applicable County standards, policies and regulations including all information technology policies applicable to County's current outsourcing service providers."

Project Sponsor(s) Commitments

- **Sponsor(s) Name(s) and Title(s)**

Name	Title
Alfredo Aguirre	County Mental Health Director
Henry Tarke	Assistant Deputy Director, Children's Mental Health
Candace Milow	Chief, Quality Improvement and Performance Monitoring

- **Commitment**

Alfredo Aguirre:
As the County Mental Health Director, Mr. Aguirre has overall responsibility for implementation and management of all MHSA programs and services in San Diego County. Mr. Aguirre is very committed to the MIS Project. He has been actively involved in the project since the beginning. In his role, he reviews the Independent Project Oversight Report. Further, he ensures that all project expenditures are consistent with County fiscal policies and procedures and appropriate to the guiding principles of the MHSA Capital Facilities and Technology Needs guidelines.

Henry Tarke:
As the MIS Project Lead, Mr. Tarke provides overall direction and management for the project. He works closely with the Independent Project Oversight and MIS consultants to ensure effective and efficient implementation of the MIS Project. Mr. Tarke is responsible for monitoring the resources dedicated to this project including hardware, software, services and human resources.

Candace Milow:
As the MIS Phase 1 Project Lead, Ms. Milow provided support, direction and management for Phase 1 of the MIS Project. She worked closely with Mr. Tarke, the Independent Project Oversight and MIS consultants ensuring effective and efficient implementation of the MIS Project. Ms. Milow is the Director of Quality Improvement, Performance Outcomes, and the County Mental Health MIS unit. She is the lead for Training and report development.

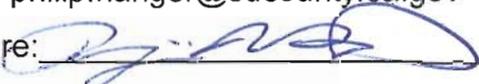- **Approvals/Contacts**

  1. Name: Philip A. Hanger, Ph.D.

     Title: Assistant Deputy Director, Forensic Mental Health

     Role: Mental Health Service Act Coordinator

     Phone: (619) 584-5022

     E-Mail: philip.hanger@sdcounty.ca.gov

     Signature: _____

     Date: March 23, 2010
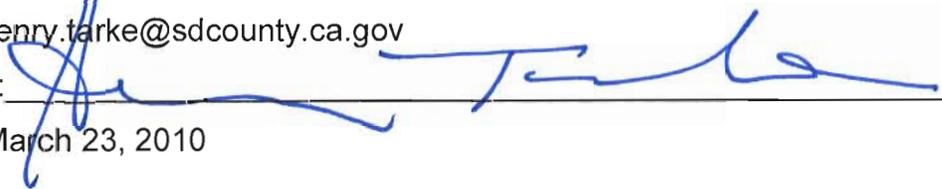
  2. Name: Henry Tarke, LCSW

     Title: Assistant Deputy Director, Children's Mental Health

     Role: MIS Project Lead

     Phone: (619) 563-2738

     E-Mail: henry.tarke@sdcounty.ca.gov

     Signature: _____

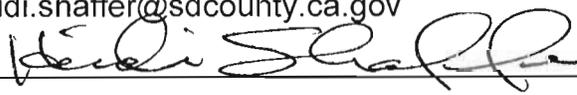   Date: March 23, 2010

  3. Name: Heidi Shaffer, RHIA

     Title: Health Service Project Coordinator

     Role: Mental Health Technology Lead

     Phone: (619) 563-2702

     E-Mail: heidi.shaffer@sdcounty.ca.gov

     Signature: _____
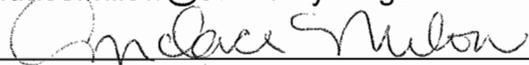
     Date: March 23, 2010

4. Name: Candace Milow

   Title: Quality Assurance Manager

   Role: MIS Phase 1 Project Lead

   Phone: (619) 563-2754

   E-Mail: candace.milow@sdcounty.ca.gov

   Signature: _____

   Date: March 23, 2010

Exhibit 4 - Budget Summary
For Technological Needs Project Proposal
(List Dollars in Thousands)

County:	**San Diego**
Project Name:	**Mental Health MIS Implementation - Anasazi Software Installation**

Category	(1) 09/10	(2) 10/11	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel	$33,000			$33,000	
Total Staff (Salaries & Benefits)	**$33,000**	**$0**	**$0**	**$33,000**	
Hardware					
From Exhibit 2				$0	
Equipment Refresh				$0	
Total Hardware		**$0**	**$0**	**$0**	**$0**
Software					
From Exhibit 2					
Total Software		**$0**	**$0**	**$0**	**$0**
Contract Services (list services to be provided)					
Hardware:					
Contractor Equipment	$387,504	$776,258	$194,065	$1,357,827	$991,434
Equipment Refresh		$250,000	$1,178,162	$1,428,162	$527,060
Total Hardware	**$387,504**	**$1,026,258**	**$1,372,227**	**$2,785,989**	**$1,518,494**
Software:					
Contractor - Licenses	$954,852	$989,354	$104,368	$2,048,574	$440,847
Total Software	**$954,852**	**$989,354**	**$104,368**	**$2,048,574**	**$440,847**
Vendor Contract Milestone	$303,782	$197,458	$30,378	$531,618	
Application Support	$1,512,824	$1,438,869	$348,670	$3,300,363	$369,434
Project Oversight	$75,000	$75,000	$18,750	$168,750	
Total Contract Services	**$1,891,606**	**$1,711,327**	**$397,798**	**$4,000,731**	**$369,434**
Administration:					
Other Expenses (Describe)					
Travel	$7,148	$7,506		$14,654	**$55,357**
Office Supplies	$88,047	$92,449	$24,268	$204,764	
Other Administration Costs	$124,351	$349,302	$200,128	$673,781	
Total Administration	**$219,546**	**$449,257**	**$224,396**	**$893,199**	**$55,357**
Operating Reserve	**$146,364**	**$299,505**	**$149,598**	**$595,467**	
Total Costs (A)	$3,632,872	$4,475,701	$2,248,387	$10,356,960	$2,384,132
Total Offsetting Revenues (B)**	$1,255,964	$1,480,655	$752,412	$3,489,031	$2,384,132
MHSA FY08/09 - TN Unspent (C)	$913,266			$913,266	
MHSA Funding Request (A-B-C)	$1,463,642	$2,995,046	$1,495,975	**$5,954,663**	$0

NOTES: The MHSA Technological Funding proposal of $5,954,663 is the amount required to complete the implementation of the MIS project. The previously approved MHSA Technological funding of $2,987,942 is included in the first year total for offsetting revenues. Ongoing costs of $2.3M begins in the post implementation period and will be funded with County Discretionary and FFP Administration revenues.

*Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.
** For Projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients),
attach a description of estimated benefits and Project costs allocated to each program.

EXHIBIT 5 – STAKEHOLDER PARTICIPATION
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

Stakeholder Type	Meeting Type	Meeting Date
Adults, children, families and advocates	6 Community forums	November 2004
MHSA Client/Family/Youth Team (CFYT)	Weekly Meetings	Began, February 2005
Adults and Older Adults	950 surveys collected	June 2005
Family members and youth	700 surveys collected	June 2005
Client, family and advocates	Community forum	August 29, 2005
Client, family and advocates	Community forum	September 6, 2005
Client and family venues	78 meetings held	Summer 2005
Community at large	2 radio interviews, 6 print stories, 1 radio talk show and 1 television appearance	Spring 2005
Hard-to-Reach Populations	1,366 attended meetings	Summer 2005

Exhibit 6:
Status Report for
Funded Technological Needs Project

CALIFORNIA DEPARTMENT OF

Mental Health

IT Project Status Report
For an MHSA-Funded IT Project

Please send the **Signed Original** to the following address:

California Department of Mental Health
Information Technology
Attention: MHSA-IT
1600 9th Street, Room 141
Sacramento, CA 95814

Additionally, please E-mail a **Soft Copy** to:
DMH.MHSA-IT@dmh.ca.gov

PROJECT INFORMATION	
Project Name: Mental Health MIS Implementation- Anasazi Software Installation	**DMH Project ID #:** SD-01
Executive Sponsor: Alfredo Aguirre **Title:** Deputy Director, County of San Diego Health and Human Services Agency, Mental Health Services	**County: San Diego**

Project Status	Budget Status	Report for Quarter Ending: 06/30/10
☐ On Schedule	☒ Within Approved Budget	
☐ Ahead of Schedule	☐ Over Budget	**Project Start Date:** 1-1-2007
☒ Behind Schedule		**Project End Date:** 10-31-2011

MHSA IT Project Contact Person's Name: Heidi Schaffer
Telephone Number: 619-563-2702
E-mail Address: Heidi.Shaffer@sdcounty.ca.gov

Project Objectives: Create a technical infrastructure that will improve delivery of services and facilitate better coordinated care and appropriate services for Mental Health Services consumers in San Diego County by implementing the Anasazi software system.

The project will be implemented in two Phases:
    * Phase I includes the implementation of Anasazi's Client Data System and the Managed Care System
    * Phase II includes the implementation of Anasazi's Assessment, Treatment Plans and Progress Notes, Scheduler and Doctors Homepage functionality

NOTE: To provide a more sequential view of the project, a separate "Major Milestone Status" table will be used to address each phase. Initiation and Requirements Phases will be included in the Phase 1 table and PIER will be included in the Phase 2 table.

M11SA IT Project Status Report

MAJOR MILESTONE STATUS- Planning and PHASE I Deployment						
Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned Completion	Actual Completion	Status
Initiation Phase	• Board Authority for Procurement				7/12/05	Completed
Requirements Phase	• Functional Requirements and Technical Specifications Document • RFP for COTS				9/13/05	Completed
Design Phase	**Phase I** • Implementation Planning for Phase I	11/13/06	11/13/06	12/19/06	12/18/06	Completed
Construction Phase (Software Deployment for COTS)	**Phase I** • Base Set up • Network Installation • Administrator Training • Perform business process reengineering • Pilot Data Conversion • Development of Mission Critical Enhancements • Base Set Up Correction	**1/2/07** 1/2/07 12/11/06 4/10/07 4/26/07 12/20/06 9/3/08 7/26/07	**1/2/07** 1/2/07 12/11/06 4/10/07 4/26/07 12/20/06 9/3/08 7/26/07	**Rev 6/2008** 5/16/07 3/28/07 5/11/07 6/30/08 Rev 8/30/08 9/3/08 11/26/07	**8/30/08** 3/28/07 10/31/07 5/9/07 6/30/08 8/30/08 6/30/08 11/26/07	All items Completed
Testing Phase	**Phase I** • System Acceptance Testing • Verify Internet Access for All Providers • Cutover Decision	**Rev 6/4/08** 6/02/08 1/02/08 7/16/08	**6/4/08** 6/02/08 1/02/08 7/14/08	**Rev 6/20/08** 6/2008 9/2008 7/2008	**7/14/08** 6/26/08 4/17/08 7/14/08	All items Completed
Implementation Phase	**Phase I** • Develop Staff training seminar • Develop MCO training seminar • Draft Service Entry Training • Train staff • Train MCO • Establish interim assistance desk • Cutover to Production • Electronic data conversions • Train Cutover Team • Cutover data entry • Train providers • Train and deploy to administrative staff • Client Data/MCO Final Acceptance	**Rev 9/1/08** 7/25/08 7/25/08 9/29/08 9/10/08 9/29/08 09/10/08 Rev 10/1/2008 5/10/07 10/13/08 10/13/08 11/17/08 11/17/08 Rev 3/31/09	**9/1/08** 7/25/08 7/25/08 9/29/08 9/10/08 9/29/08 09/10/08 TBD 5/10/07 TBD TBD TBD 11/17/08 5/12/09	**Rev 3/31/09** 8/2008 9/2008 9/2008 9/2008 9/2008 9/2008 10/2008 10/2008 10/2008 10/2008 10/2008 3/2009 Rev 5/21/09	**5/13/09** 8/30/28 9/1/08 9/30/08 9/30/08 9/30/08 9/30/08 10/1/08 10/1/08 8/18/08 10/7/08 10/8/08 3/31/09 5/13/09	All items Completed

MAJOR MILESTONE STATUS – PHASE II						
Project Phase	**Deliverables / Milestones**	**Planned Start**	**Actual Start**	**Planned Completion**	**Actual Completion**	**Status**
Design Phase	Phase II	3/15/07	6/5/07	5/2011	TBD	
	• Implementation Planning for Phase II	3/15/07	6/5/07	4/4/07	6/29/07	Completed
	• Sub-Phase Planning					
	o ASO	7/2007	7/2007	7/2007	7/9/2007	Completed
	o Scheduler	12/2008	12/2008	12/2008	12/1/08	Completed
	o Assessments	3/2009	4/2009	5/2009	5/5/2008	Completed
	o Treatment Plans	2/2010	2/11/10	2/2010	2/2010	Completed
	o Doctors Home Page	1/2011	TBD	5/2011	TBD	Not Started
	•					
Construction Phase (Software Deployment for COTS)	Phase II	4/5/07	7/9/07	5/2011	TBD	
	• Sub-Phase Design					
	• ASO	4/5/07	7/9/07	8/2007	8/10/07	Completed
	• Scheduler	1/2009	1/2009	1/2009	2/11/09	Completed
	• Assessments	8/2009	8/2009	10/2009	TBD	Not Started
	• Treatment Plans	6/2010	5/11/10	1/2011	TBD	Not Started
	• Doctors Home Page	3/2011	TBD	5/2011	TBD	Not Started
Testing Phase	Phase II	Rev 3/2009	3/2009	Rev 3/2011	TBD	**Started**
	• Sub-Phase System Acceptance Testing					
	• ASO	3/2009	3/2009	3/2009	3/11/09	Completed
	• Scheduler	4/2009	4/2009	4/2009	6/11/09	Completed
	• Assessments	1/2010	9/8/09	1/2010	9/2009	Completed
	• Treatment Plans	1/3/11	TBD	1/2011	TBD	Not Started
	• Doctors Home Page	3/2011	TBD	3/2011	TBD	Not Started
Implementation Phase	Phase II	Rev 2/2009	2/2009	Rev 10/2011	TBD	**Started**
	• Sub-Phase Training and Deployment					
	• ASO	2/2009	2/2009	5/2009	5/1/2009	Completed
	• Scheduler	6/2009	6/2009	8/2009	8/28/09	Completed
	• Assessments	1/2010	1/2010	8/2010	TBD	Not Started
	• Treatment Plans	1/2011	TBD	7/2011	TBD	Not Started
	• Doctors Home Page	6/2011	TBD	10/2011	TBD	Not Started
	• Final Acceptance	10/2011	TBD	10/2011	TBD	Not Started
Post-Implementation Phase	Phase II Lessons Learned	11/2011	TBD	11/2011	TBD	**Not Started**
PIER	Post Implementation Evaluation Report	12/2011	TBD	12/2011	TBD	**Not Started**

TOTAL PROJECT BUDGET INFORMATION
Include All Funding Sources (MHSA And Any Other County Funding)

Category	Budgeted Costs	Actual Costs to Date
Staff (Salaries & Benefits)*	$2,141,824	$2,952,896**
Hardware Purchase	$5,251,343	$2,739,739**
Software	$3,219,484	$1,406,898
Contract Services	$9,335,527	$4,793,432
Total Project Costs	$19,948,178***	$11,892,965

*Includes operating expenses
** San Diego County's Mental Health System is largely outsourced.
*** Revised Budget. Increased cost will be funded by SD/MC Admin FFP

Performance Measurement Category	Planned to Date	Actual to Date	Estimate to Complete (ETC)
Project Hours			
Project Cost	$19,948,178	$11,892,965	$8,055,213
Justification (If Actual And Planned Differ By More Than 10%): Milestone dates were rescheduled to accommodate county needs.			

STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES

STATUS: As of 6/30/10

Project is within budget and on track with revised schedule. The server upgrade is complete. System speed continues to be monitored.

Assessments Deployment continues, with over 1600 users trained and deployed. Training satisfaction surveys have demonstrated that the training is effective and users are happy with the training process, training materials and trainers.

The fourth sub-phase of Phase II, Treatment Plans has continues. Anasazi has announced a slight delay in the release of their new ATP product (Assessments, Treatment Plans and Progress Notes). The exact date has not been determined. The County has determined that if the new ATP is released by September, then there will be no overall delay to the project. The release date is expected to be determined in July.

ACCOMPLISHMENTS: Apr - Jun 2010

Phase II – The following tasks are completed:

- Assessments
  - Trained and deployed over 1000 users.

- Treatment Plans
  - Completed Treatment Plan Protocols
  - Loaded Treatment Plan Protocols in TEST
  - Began QA of Treatment Plan Build in TEST

SCHEDULED ACTIVITIES: Jul – Sept 2010

Phase II

- Assessments
  - Complete deployment
- Treatment Plans
  - Complete QA of Treatment Plan Build in Test Environment
  - Complete Testing of Treatment Plans in Test Environment
  - Complete Treatment Plan Protocol Build in LIVE
  - Complete QA of Treatment Plan Build in LIVE

RISK AND ISSUE MANAGEMENT

Risk And Issue List Report

(Please Provide The Risk And Issue Log Along With Mitigation, Contingency Plan For Each Risk And Resolution Plan For Each Issue.) – SEE NEXT PAGE FOR RISK MITIGATION PLAN

ID	Risk (Describe the risk in simple terms; provide any details in additional comment sheets.)	Probability	Impact	Timeframe	Response	Escalate to DMH
1	**Staffing Resources -** Competing demands for County and Contractor time e.g. ongoing operations, MHSA etc. Staff turnover may impact project and ongoing operations.	M	M	L	Mitigate	No
2	**Project Management/ Leadership -** Availability of managers for decision making regarding critical project requirements.	M	M	L	Mitigate	No
3	**Impact of process re-engineering on job activities/ requirements**	M	M	L	Mitigate	No
4	**Large scale change management -** Administrative and clinical processes Approx 250 County and contract programs Approx 3,000 end users	M	M	L	Mitigate	No
5	**Concurrent transition of ASO functions -** Billing functions from ASO to HHSA FSSD. Phase down of MIS Support by ASO.	H	H	L	Mitigate	No
6	**Access to Anasazi System**				RESOLVED	
7	**Lack of IT knowledge by program staff –** County project management staff have limited knowledge and experience.	M	M	L	Mitigate	No
8	**Data conversion from two legacy applications to new system.**				RESOLVED	
9	**Effectiveness of staff training**	M	M	L	Mitigate	No
10	**Meeting Reporting Requirements –** Potential for inability to meet internal & external reporting requirements. County staff lack expertise required to work with vendor to develop required reports.	M	M	M	Mitigate	No
11	**Use of funds earmarked for new system -**Due to competing demands, pressure from community to use funds for other projects				RESOLVED	
12	**Implementation Schedule –** Any additional delay in implementation schedule may lead to increased expenditures beyond budgeted levels	L	M	M	Mitigate	No
13	**Wait Times –** Challenges associated with implementation of new system may lead to increased wait times for services	M	M	L	Mitigate	No
14	**New Management Information System's impact on revenue -** Potential for decrease in revenue due to transition between systems and improved business practices	M	M	L	Mitigate	No
15	**Assessment and Treatment Plan Release -** Anasazi has announced the rolling out of a new platform for the electronic health record. The new platform will not be compatible with the existing Clinician's Home Page we have purchased. Possibility of budget and/or implementation changes				RESOLVED	
16	**Loss of MHSA Funding** 1) MHSA funding could be reduced if DMH does not approve the Technology Plan 2) MHSA funding may be impacted by results of special election	M	H	L	Mitigate	No

Explanation Of Entries

- **Probability And Impact Are Based On Three (3) Possible Entries:**   High (H), Medium (M), Low (L)
- **Timeframe, Estimation Of How Long The Risk Will Be Relevant:**   Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long Term (L) >6 months
- **Response:** Possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact
- **Escalated to DMH:** Yes or No

Risk Mitigation Plans – ACTIVE RISKS

NBR	ITEM	POSSIBLE IMPACT	MITIGATION PLAN
1	**Staffing Resources** • Competing demands for County and Contractor time e.g. ongoing operations, MHSA etc. • Staff turnover may impact project and ongoing operations.	Potential for delay in project completion	1) Establish key priorities and activities that can be deferred or scaled back. 2) Backfill where possible based upon approved staffing plan. 3) Prioritized hiring of temporary staffing. 4) Hired additional permanent staff early in the project. 5) Consulted with Cal Win team regarding successful strategies. 6) Limit vacations during periods of high level activity. 7) Inform Agency of possibility of need for staff to work additional hours (comp time/overtime).
2	**Project Management/ Leadership** • Availability of managers for decision making regarding critical project requirements. • MIS Manager/Project Manager position is vacant.	• Application could be set up in a manner that does not meet County needs or is too complicated to be practical •Management focus diverted from ongoing operations	1) Continuing to balance assignment of key leadership between ongoing operations and this project and developing options for coverage of critical project leadership roles . 2) Wherever possible structure implementation activities to allow time for key staff to deal with critical day to day issues. 3) Hired Administrative Services Manager for MIS project; **started** 9/26/08.
3	**Impact of process re-engineering on job activities/ requirements**	• Potential labor issues. • Change in job functions	1) Identify potential issues concerning impacted staff. 2) Engage contractor and labor representatives in the reengineering process. 3) Update job specs as needed. 4) Phase I completed; will need to repeat process for Phase II.

NBR	ITEM	POSSIBLE IMPACT	MITIGATION PLAN
4	**Large scale change management.** * Administrative and clinical processes * Approx 250 County and contract programs * Approx 3,000 end users	• Staff reluctance to move to new MIS. • Role confusion. • Loss of confidence and support for project. • Lack of ownership among staff.	1) Develop and implement comprehensive communication plan. 2) Engage key stakeholders in project including contract providers, clients, County program staff, and HHSA executives. 3) Provide high quality training to end users. 4) Held special meetings to brief managers on changes prior to staff training. 5) Will conduct initial staff training in two parts to allow time for adjustment to major changes.
5	**Concurrent transition of functions** • Billing functions to HHSA FSSD • Certain support functions transitioned to County • Re-procurement of ASO contract • Concurrent operations of legacy and new systems	Loss of staff with expertise in highly specialized CA public MH billing and reporting requirements, and InSyst and E-Cura applications resulting in: •Decrease in revenues •Failure to meet State reporting requirements •Inability to prepare necessary reports from legacy systems •Inability to respond to state fiscal audits up to 6 years after close of FY - Insufficient resources delayed completion of business process reengineering.	1) Close coordination among Anasazi, NG, MH, CTO, UBH, & HHSA FSSD. Developed matrix of roles and responsibilities. 2) Continue to maintain InSyst as long as required for critical financial functions. 3)Allow sufficient time for business process re-engineering prior to final acceptance of new system.
7	**Lack of IT knowledge by program staff**	• County project management staff have limited IT knowledge and experience	1) Continue to work closely with HHSA IT and CTO office to obtain needed support. 2) Increased participation by ASO MIS staff.

NBR	ITEM	POSSIBLE IMPACT	MITIGATION PLAN
9	**Effectiveness of staff training**	• Potential for high error rate in data collection • Staff resistance, frustration and confusion • Staff may revert to inefficient workarounds	1) Test training efficacy through multiple pilots prior to training phase 2) Test participants at conclusion of training and re-train staff who don't pass 3) Immediate on site support following deployment training 4) Line staff providing supervised practice during cutover data entry 5) Distribute high quality handouts and instructions 6) Monitor error rates to identify staff needing re-training 7) Graduate student worker with training expertise hired to support training effort.
10	**Meeting reporting requirements**	• Potential for inability to meet internal & external reporting requirements • County staff lack expertise required to work with vendor to develop required reports.	1) Conducting reports development sessions with Anasazi for key functional area and arranging for additional reports training through vendor. 2) Develop contingency plans for contractor invoices and other key activities for which reporting may be delayed. 3) Test key monitoring reports during acceptance testing. 4) Increased involvement from UBH MIS staff with reporting expertise
12	**Implementation Schedule**	Any additional delay in implementation schedule may lead to increased expenditures beyond budgeted levels	1) Work with vendor and dedicated staff to ensure accurate timeline projections by utilizing data based on actual experience 2) Deploy adequate staff resources to mitigate effects of staff turnover and shifting priorities
13	**Wait times**	Challenges associated with implementation of new system may lead to increased client wait times for services	1) Programs have implemented service models to ensure walk-in access for clients with higher-level needs 2) Programs are encouraged to plan appointments around MHMIS implementation schedule 3) Deploy scheduler module

NBR	ITEM	POSSIBLE IMPACT	MITIGATION PLAN
14	**Financial Risk**	Decreased revenues due to temporary increase in workload in programs and billing being denied by the State due to errors	1) Prioritize revenue and billing reports production and training to ensure that billing errors are worked and system has up to date information on revenues 2) Deploy large service providers first so that they can get back to regular provision of services
15	**Assessment and Treatment Plan Release**	Anasazi has announced the rolling out of a new platform for the electronic health record. The new platform will not be compatible with the existing Clinician's Home Page we have purchased. Possibility of budget and/or implementation changes	1) Work with vendor to implement the most practical way of implementation for San Diego County 2) Work with County Counsel and Purchasing and Contracting to determine Anasazi contractual obligations
16	**Loss of MHSA Funding**	1) MHSA funding could be reduced if DMH does not approve the Technology Plan 2) MHSA funding may be impacted by results of special election	1) Work with Lead for MHSA Technology Plan to ensure San Diego's plan meets all DMH requirements 2) Pending results of special election- Develop a revised MH MIS Implementation Plan if needed to address any major changes to the planned budget based on recommendations of the MH MIS Steering Committee 3) Will evaluate the need to utilize alternate sources of funding if necessary

County Approvals

(handwritten signature)   7/30/10   619-563-2702

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Signature   Date   Phone
Prepared by Heidi Shaffer

(handwritten signature)   7/30/10   619 563-2765

_____
Signature   Date   Phone
ALFREDO AGUIRRE, LCSW, Director
Mental Health Services

MH Chief Information Officer (or in small counties, the person designated as responsible for Mental Health IT functions)

Please send the **Signed Original** to the
following address:

**California Department of Mental Health
Information Technology
Attention: MHSA-IT
1600 9th Street, Room 141
Sacramento, CA 95814**

Additionally, please E-mail a **Soft Copy** to:
DMH.MHSA-IT@dmh.ca.gov

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