

**Enclosure 3
Exhibit 1
Face Sheet
For Technological Needs Project Proposal**

County Name: San Luis Obispo

Project Name: County of San Luis Obispo - Behavioral Health Electronic Health Record System (SLO-BHEHR)

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

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

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

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

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

All documents in the attached Proposal are true and correct.

County Director

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Chief Information Officer

Name: Janette Pell, General Svs. Agency Director Signature: _____
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County Director

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**Enclosure 3
Exhibit 2**

Technological Needs Assessment

County Name: San Luis Obispo

Project Name: County of San Luis Obispo - Behavioral Health Electronic Health Record System(SLO-BHEHR)

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

1. County Technology Strategic Plan Template

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

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

Current Technology Assessment

List below or attach the current technology Systems In Place.

1.1 Systems Overview

The County of San Luis Obispo currently uses Insyst, a legacy system developed in the 1980s for its billing and client information system. Insyst runs on a VAX terminal emulation platform (Charon). Additional reporting for QA/Cost Reporting and other purposes is created by databases developed in MS Access linked to SQL copies of Insyst core tables. Clinical Treatment Plans and Progress Notes are provided from an in-house developed system "Clindocs". Network Provider authorizations and claims are processed through an in-house developed "Provider Payment" system. The Provider Payment system was developed in .Net with a SQL back-end. Our Managed Care Section manages requests for services through an internally developed MS Access database, "Service Request Database". The Managed Care Section also manages TARs through a MS Access database the "TAR Database". None of these systems are integrated. San Luis Obispo County's FY 2005-06 EQRO report recommended pursuing a new information system. The FY 2006-07 EQRO report highlighted the lack of integration and the lack of standard reports for management information.

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

1.2 Hardware

HP ProLiant DL360 server (INSYST)
IBM blade center (MS SQL Server based Provider Payments, Service Request, TAR)
Dell Optiplex workstations and HP laptops (Clindox)

1.3 Software

INSYST Products including VAX emulator, Data Junction Lite (EDI)
Clindocs (Filemaker Pro)
MS SQL Server
Several custom application written in MS Access (i.e. "Service Request" database)

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

Insyst is maintained by Echo Consulting Group
Charon is maintained by Krasson, Inc.
MS SQL and Access are County standard products maintained through county-wide maintenance agreements.

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

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

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

The County is nearing the end of its previously approved MHSA IT funded project to develop requirements for a Behavioral Health Electronic Health Record system. The County titled this project "Behavioral Health System Requirements and Selection (BHSRS)". The next step in this modernization project is to select a vendor product based on responses to the requirements that have been developed and move forward with an Integrated Information System, including an Electronic Health Record.

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

A comprehensive integrated behavioral health system that will modernize and transform clinical and administrative information systems through an Electronic Health Record (EHR) System allowing for a 'secure, real-time, point-of-care, client-centric information resource for service providers' and the exchange of client information according to a standards-based model of interoperability. San Luis Obispo County is currently well positioned from a hardware infrastructure standpoint to implement a new EHR system. San Luis Obispo County maintains a county-wide communication backbone with sufficient bandwidth to support implementation of an Integrated Information System for Behavioral Health. The Health Agency will utilize the County's IBM Blade Center that is centralized, secure and provides a single point of back-up and recovery. All clinicians and administrative staff currently have assigned a personal computer deployed within a five year technology replacement cycle.

1.7 - Note the Implementation Resources Currently Available.

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

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

N/A

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

The technology goals of this project is to:

- MODERNIZE AND TRANSFORM clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.

This project's goals are to apply current technology to modernize and transform the delivery of service. The ultimate goal is to provide more effective and efficient service, facilitating better overall community and client outcomes. San Luis Obispo County has decomposed its current workflow and document flow processes and has identified nine focused areas of improvement:

1. Change Control to include Configuration Management, Requirements Management and Cultural Change Management.
2. Data standardization.
3. Data Entry, Access and Management.
4. Process/Workflow Development, Management and Support.
5. Client Centric Initiatives.
6. Training to include on-going needs assessment, system training, and evaluation of the quality and effectiveness of training as measured by County developed metrics appropriate to the role of the user.
7. Establishment of Business Partnerships based on Electronic Exchange of Data
8. Referrals and Automation of the Process
9. Improved Reporting for Management, Quality and Clinical Need

This project shall establish an integrated Behavioral Health Electronic Health Record (EHR) System that would be a 'secure, real-time, point-of-care, client-centric information resource for service providers' and will allow for the exchange of client information according to a standards-based model of interoperability.

The new system shall provide information exchange interfaces compliant with the HL7 protocol. As PHR standards are adopted, the system shall be committed to provide client information with the ability of clients to impose controls on certain sensitive information; the use of strong encryption technology to protect personal health information stored in or sent by computers; and the right of clients to receive an accounting of any disclosure of their data.

The security features needed to support this level of privacy protection will be required and verified through certification against the criteria and testing to be set by the Certification Commission for Health-care Information Technology (CCHIT).

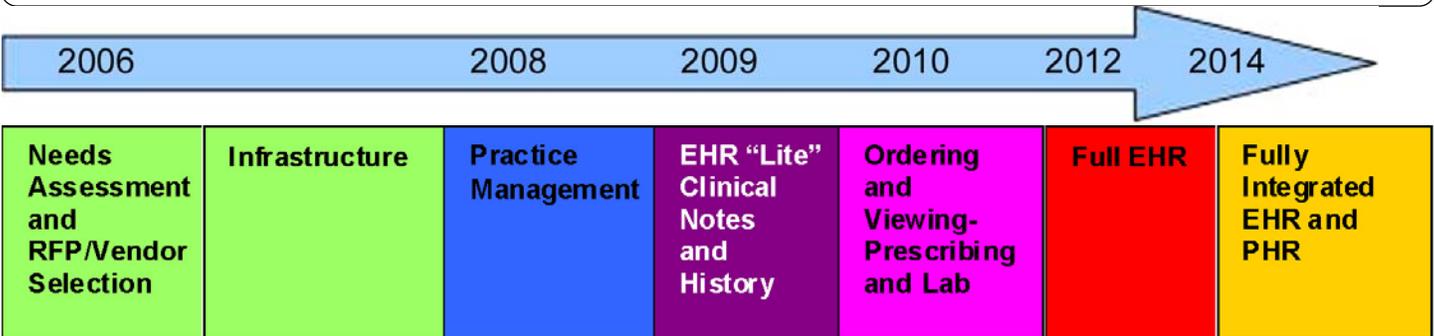
2. Technological Needs Roadmap Template

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

Complete a Proposed Implementation Timeline with the Following Major Milestones.

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

- See attached project plan for activities and estimated schedule.
- Training plan referred to below in Section 2.2 of Enclosure 3, Exhibit 2, will be included as part of the vendor proposed implementation schedule.



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

Training Schedule for 2008	J a n	F e b	M a r	A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c
Basic System Nav	X											
Admin Staff	X											
Clinicians		X										
Contract Providers		X										
Client Look-up			X									

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

San Luis Obispo County has an approved MHSA Technology project, "Behavioral Health System Requirements and Selection (BHSRS)" that is nearing conclusion with the selection of a vendor. The State has this project titled as "Behavioral Health Information System Analysis". This project was intended to identify San Luis Obispo County system requirements in compliance with interoperability standards at the State and National Levels and select a vendor to provide software meeting these requirements and standards. The original CSS planning process provided clear identification by stakeholders that the existing paper driven client service information and billing system was inadequate and needed replaced. CSS planning focus group, surveys and public forums asked for technology improvements in record-keeping, access and timeliness of client service information. Clients, family, community and provider groups, were aware of and expected MHSA technology funds to be used to improve San Luis Obispo County's Behavioral Health Services Technology. We included stakeholders goals in the recent System Requirements Identification project. This Technology Proposal will be posted in two county-wide newspapers and on the County web-site for the 30-day comment period prior to the Public Hearing.

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

INSYST - client information, billing and reporting
 Clindex - treatment plans and progress notes
 Provider Payment application - Network Provider authorizations
 Service Request application - requests for services from Managed Care operation
 TAR Database application - Treatment Authorization Requests

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

This information will be developed and provided during the implementation phase of the project.

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

San Luis Obispo County plans to implement a vendor solution that has committed to providing a full EHR implementation in compliance with CCHIT standards per the vendor's recent DMH RFI response. The components intended to be purchased include Practice Management, Clinical Documentation Management, Computerized Physician Order Entry, all in support of the goal to implement a full EHR and eventually, a Personal Health Record (PHR).

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

A formal Request for Proposal is being developed for release. Full system requirements are developed and will be published as a part of the RFP. Selection of a vendor will be based on the vendor's ability to fulfill stated system requirements, the quality of demonstrations, corporate stability, pricing, strength of references and several other factors.

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

See attached project budget.

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

Major Information Technology Positions	Estimated #FTE Authorized	Position Hard to Fill? 1 = Yes 0 = No	Estimated #FTE Needed in addition to #FTE Authorize
A. Information Technology Staff (Direct Service)			
County IT Staff (data center and helpdesk support)	5	0	0
County IT Customer Advocate	1	0	0
County programmer / analyst	0.5	1	0
Subtotal A	6.5	1	0
B. Project Managerial and Supervisory			
CEO or Manager Above Direct Supervisor	1	1	0
Supervising Project Manager	1	1	0
Project Coordinator	1	1	0
Other Project Leads			
Subtotal B	3	3	0
C. Technology Support Staff			
Analysts, Tech Support, Quality Assurance	3	1	1
Education and Training			
Clerical, Secretary, Administrative Assistants			
Other Support Staff (Non-Direct Services)			
Subtotal C	3	1	1
Total County Technology Workforce (A + B + C)			
	12.5	5	1

**Enclosure 3
Exhibit 3**

Technological Needs Project Proposal Description

County Name: San Luis Obispo Date: Feb 20, 2009

Project Name: San Luis Obispo County - Behavioral Health Electronic Health Record (SLO-BHEHR)

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

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

Indicate the Type of MHSA Technological Needs Project

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

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

> Client and Family Empowerment Projects

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

> Other Technological Needs Projects that Support MHSA Operations

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

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:

A Request for Proposal (RFP) will be issued in March or April, 2009, and a competitive evaluation process will result in the selection of an EHR system vendor.

Product Installation

Name of Consultant or Vendor (if applicable):

Software Installation

Name of Vendor:

Project Description and Evaluation Criteria (Detailed Instructions)

Small County? Yes No

Complete Each Section Listed Below.

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

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

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

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

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

Independent Project Oversight

San Luis Obispo County centrally authorizes all County IT projects through its IT Executive Steering Committee (IT-ESC). The IT-ESC includes the CAO and Directors of thirteen County Departments. The County Health Agency along with County IT created a Steering Committee with specific oversight responsibility for this project. The Steering Committee is composed of the Deputy Director of SLO County IT, Health Agency Director, Behavioral Health Services Administrator and a County Administrative Office Analyst.

Integration Management

It is anticipated that the San Luis Obispo County IT Department will assign a Project Manager to this implementation project and that the Project Manager is a PMI certified Project Management Professional (PMP). Integration Management will be planned in conjunction with the selected system vendor. All interfaces will be clearly identified and documented in the project plan as well as in supporting documentation. All interfaces will be designed, built, tested and deployed in a manner consistent with a structured project management approach, with proper planning, controls and oversight.

Scope Management

Scope Management will be the responsibility of the project manager. Establishing a clear and documented scope will be completed in the initial steps of the planning process, and will be submitted to the project steering committee for approval. Any proposed deviations from the approved scope will be documented and submitted to the steering committee for approval prior to being incorporated into the project plan. This change management plan is well established in the County's project management practices.

Time Management

The project manager will be responsible for creating and managing the project schedule in conjunction with the vendor. Resources with adequate capacity will be supplied by the project steering committee. Changes to the project schedule will be approved by the steering committee.

Cost Management

The project manager will be responsible for tracking project costs and reporting regularly to the steering committee on the status of the project budget. Any deviations from the project budget are reported immediately to the steering committee.

Quality Management

The project manager will be responsible for organizing the proper review and approval of the contract deliverables.

Final acceptance of, and payment for, the deliverables will be provided by the steering committee and will be based on the recommendation of the project manager and other members of the project team.

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

Resources with adequate capacity will be supplied by the project steering committee. Changes to the project schedule will be approved by the steering committee. The project manager will be responsible for creating and managing the project schedule in conjunction with the vendor.

Communications Management

Monthly steering committee meetings will be held at least monthly to keep key administrators updated on the status of deliverables, budget, risks, status, resources, vendor relations, etc. In addition, key functional areas of the Behavioral Health Department will supply subject matter experts to participate on a core project team. These team members will be tasked with keeping their sections informed for project activities.

Procurement Management

With the oversight of the project steering committee and the County General Services Agency Purchasing and Information Technology Departments, procurement will be managed by the project manager in accordance with County processes and protocols.

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

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

San Luis Obispo County has presented a Project Plan covering all elements of implementation. The components to be implemented are not expected to change based on vendor, however, the component implementation order or grouping may vary depending on the vendor selected.

Project Cost

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

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

The cost of this EHR software purchase and implementation project to be funded by MHSA funds is currently estimated at \$4,041,385. Implementation is expected to start during FY 2009-10 and be fully implemented by FY 2011-12. The MHSA funding required for implementation will total \$2,849,200 from the Capital Facilities and Technology Needs component along with an annual transfer of \$397,395 from CSS. This budget may need to be modified depending on the results of the vendor selection RFP process. The current software license budget is based on the average vendor cost for a medium county obtained from the CBS coalition proposals (\$875k plus an inflator of 14%). Please note the costs presented above are only the MHSA funded portion of the project. Costs associated with internal staff and funded from other County sources is estimated at 27,516 labor hours costing \$1.746 million. After completion of the project, the software maintenance costs and additional support staffing will be funded through a combination of both MHSA - CSS funds and the County General Fund.

Nature of the Project

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

This project is the foundation for moving towards an Integrated Information Systems Infrastructure and meeting the goals of the County to align with the MHSA and DMH goals of modernization and transformation and position this County to provide additional information to empower consumers and family members, improve quality of care and increase operational efficiency and effectiveness. This system will meet EHR standards and requirements as specified in Appendix B of the Proposed Guidelines.

Degree of Centralization or Decentralization Required for this Activity.

San Luis Obispo County is looking for a centralized Behavioral Health system. The amount of integration with Drug and Alcohol Services is unknown at this time. A significant portion of the BHSRS project was to identify Drug and Alcohol system requirements in order to assess how well a vendor can meet the requirements of both Mental Health and Drug and Alcohol Services. During the RFP process vendors will respond to their ability to meet both sets of requirements. During the RFP process, the possible integration of all or part of Drug and Alcohol Services will be assessed. San Luis Obispo County is relatively unique in its close relationship with its Community Based Non-governmental Organizations (CBOs). This closeness is a product of only having a few major CBOs and their close working relationship with county staff. We plan to purchase software licenses for our Community Based Non-governmental Organizations (CBOs) in order to reduce interface issues and maintain as comprehensive an EHR as possible for our clients. The management of this project has centralized county administrative and IT oversight through the IT-Executive Steering Committee, along with Health Agency Management oversight through the Health Agency Steering Committee. In addition to these two oversight bodies, an implementation team will meet weekly to review incremental progress.

Data Communication Requirements associated with the Activity.

The County currently provides access to its legacy Insyst system to a number of external service provider organizations. This implementation will look to expand information transferred to and from external service providers into the new system via connectivity standards. Part of the implementation project will be to review all external providers and information security and transfer standards between agencies.

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

A complete data analysis of the existing automated and manual system interfaces has been completed which will be used to assure the vendor system will meet all the key data needs of the county.

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

This project shall establish an integrated Behavioral Health Electronic Health Record (EHR) System that will be a 'secure, real-time, point-of-care, client-centric information resource for service providers' and will allow for the exchange of client information according to a standards-based model of interoperability. The new system shall provide information exchange interfaces compliant with the HL7 protocol.

The project will currently be limited to Behavioral Health Services. We intend to provide access to appropriation EHR information between all Behavioral Health service providers. This integration will allow access within and between organizations as appropriate. The selected system will be committed to interoperability standards.

Hardware Considerations * (As Applicable)**Compatibility with Existing Hardware, Including Telecommunications Equipment.**

No compatibility issues are expected as San Luis Obispo County's infrastructure uses industry standard products and protocols including Microsoft Active Director Services, IBM servers and blade centers, and the network is Ethernet based.

Physical Space Requirements Necessary for Proper Operation of the Equipment.

The San Luis Obispo County data center has adequate space, cooling, power and telecommunications bandwidth for this project and all proposed projects for the next several years. Current data center capacity is about 60% of maximum capacity.

Hardware Maintenance.

All new computing hardware is provided five year maintenance at the time of purchase. After five years all computing equipment still in use is placed on extended maintenance.

Existing Capacity, Immediate Required Capacity and Future Capacity.

The existing blade centers and storage area networks (SANs) have expansion capacity; and it is likely there is existing hardware capacity can support all the hardware requirements for the core system.

The existing desktop equipment is fairly new with an average age of less than three years.

Backup Processing Capability.

San Luis Obispo County has an enterprise, comprehensive backup system using IBM's Tivoli Storage Manager.

Software Considerations * (As Applicable)**Compatibility of Computer Languages with Existing and Planned Activities.**

San Luis Obispo County uses Microsoft Visual Basic and Visual C# as it's main computer application languages. However, the computer language of the planned vendor supplied COTS is not known at this time.

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

Vendor supplied software maintenance is expected for the core COTS application, 3rd party software required by the core application and custom application modifications and interfaces requested by San Luis Obispo County.

Availability of Complete Documentation of Software Capabilities.

Vendor supplied and maintained documentation for its core system and any modifications will be required.

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

Security will follow the criteria outlined in the CCHIT Ambulatory Security Criteria 2007, as applicable.

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

The vendor must support current basic standards and the vendor must provide a written agreement to continually upgrade the technology to meet future standards as they become available.

Interagency Considerations* (As Applicable)

Describe the County's interfaces with contract service providers and State and Local Agencies. Consideration must be given to compatibility of communications and sharing of data. The information

DMH - Long Term Care (State Hospital Days)
 DMH - CSI Download for IEP (AB 3632) Services
 DMH - Monthly CSI Upload Batch File
 DMH - Medi-Cal Cost Report Upload
 DMH - Medi-Cal 837 Upload
 DMH - Medi-Cal 835 Download
 DMH - Medi-Cal Eligibility Extract Download
 DMH - MHSA Data Collection Reporting (DCR)
 DMH - MHSA Quarterly Outcome Tracking Report
 DMH - MHSA Quarterly Expenditure Report
 DMH - Quarterly Report on Services Provided to Persons Detained in Jail Facilities
 DMH - Quarterly Report of Conservatorships Established by the Superior Court of the County
 DMH - Quarterly Report of Involuntary Detentions
 DMH - Semi-Annual Consumer Perception Survey
 DMH - CONREP Negotiated Rate Services (Citrix System)
 DMH - CONREP Annual Cost Report
 DMH - PATH Grant Annual Application and Cost Report and Quarterly Reports
 DMH - SAMHSA Grant Annual Application and Cost Report and Quarterly Reports
 OSHPD - Annual Financial Disclosure Report
 OSHPD - Annual and Quarterly Financial Data Reports
 County Office of Education - AB 3632 Reporting
 County Office of Education - ED Classroom Contract Service Reporting and Billing
 Lucia Mar - On-site Therapist Contract
 Department of Rehabilitation - Grant Administration Reporting
 County Jail - Mental Health Services Contract
 County Juvenile Hall - Mental Health Services Contract
 County Department of Social Services - CalWorks Contract
 Rising Sun - Private Medicare Auditor is sent Medicare Notes
 French Hospital (CHW) - Private Hospital providing dietary, pharmacy and environmental services to PHF
 CHC - FQHC providing pharmacy to PHF
 Diamond Laboratory - Private laboratory providing laboratory services to PHF
 Kinship Center - CBO Contractor Using Insyst
 TMHA - CBO Using Insyst
 FCN - CBO Using Insyst
 CDC - CBO Using Insyst
 Mobile Crisis - CBO Using Insyst
 Psynergy - Board and Care Using Insyst
 IMDs - Paper Billed
 Board and Care Facilities - Paper Billed
 Group Homes - Paper Billed
 Value Options - Paper Billed
 Network Providers - Approximately 50 Network Providers, Sent Authorizations and Submit Paper Bills Entered to MC system.

Training and Implementation * (As Applicable)

Describe the current status of workflow and the proposed process for assessment, implementation and

Training will be an integral and significant part of the project implementation plan. The County expects to implement a train the trainer approach. The trainers will be trained by the vendor and then will schedule classes at the existing County computer laboratory for all staff. We would anticipate at least two classes per staff person.

Security Strategy * (As Applicable)

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

Protecting Data Security and Privacy.

The system supplied by the Vendor will have comprehensive security and privacy features. This is support by the existing data center physical security, telecommunication and computer access controls.

Operational Recovery Planning.

Key systems use the San Luis Obispo County's Tivoli Storage Management (TSM) system to recover files, servers, and entire systems. The TMS system is configureable to meet any backup and recovery needs. The new BHEHR system will use TSM for its backup and recovery.

Business Continuity Planning.

A year ago San Luis Obispo County completed a Business Continuity Plan (BCP) template and is applying this to key systems. The first system to implement BCP was the financial systems. The template will be applied to this system after implementation.

Emergency Response Planning.

San Luis Obispo County has undertaken extensive emergency response planning and training, including a dedicated, operational emergency operations center (EOC). As appropriate the new system will be integrated into the County's emergency response planning.

Health Information Portability and Accountability Act (HIPAA) Compliance.

The vendor supplied system will be HIPAA compliant.

State and Federal Laws and Regulations.

The vendor supplied system will comply with all state and federal regulations.

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

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

This project is sponsored by the Health Agency with primary management responsibility by:

Jeff Hamm, Health Agency Director
Karen Baylor, Ph.D., MFT, Behavioral Health Services Administrator

Commitment

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

The Health Agency is completely committed to success of this project. The entire \$2.849 million of MHSA Capital Facilities and Technological Needs component funds are being dedicated to this EHR project. In addition, annual CSS transfers of \$397k will augment the funding for this project. The Health Agency is committing an additional estimated \$1.746 million of staff resources to the project that will be funded from the General Fund and to the extent allowable other 3rd party payers.

Approvals/Contacts

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

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

Signatures

Prepared By

Name: Brian Davison Title: SLO-BHEHR Project Implementation Lead

Signature: _____ Date: 02-17-2009 Phone: (805) 788-2135

Email Address: bdavison@co.slo.ca.us

Name: Dan MacKirdy Title: Information Technology Supervisor

Signature: _____ Date: 02-17-2009 Phone: (805) 781-4911

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Enclosure 3
Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: San Luis Obispo

Project Name: County of San Luis Obispo - Behavioral Health Electronic Health Record System(SLO-BHEHR)

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel						
Staff Funded by Project		559	637	560	1,756	328
Staff Participating in Committees	98	1,356	671	300	2,425	
Total Staff (Salaries and Benefits)	98	1,915	1,308	860	328	328
Hardware						
From Exhibit 2		10	60	10	80	10
Total Hardware		10	60	10	80	10
Software						
From Exhibit 2		600	600		1,200	
Total Software		600	600		1,200	
Contract Services (list services to be provided)						
Implementation Services		278	278		556	
Software Maintenance		0	150	300	450	300
Total Contract Services		278	428	300	1,006	300
Administrative Overhead						
Other Expenses (Describe)						
Total Costs (A)	98	2,803	2,396	1,170	6,467	638
Total Offsetting Revenues (B) **	98	1,356	671	300	2,425	190
MHSA Funding Requirements (A-B)	0	1,447	1,725	870	4,042	448

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

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

Notes:

** We are currently unsure of the level of integration by Drug and Alcohol Services as we are investigating alternative Drug and Alcohol systems. If we do utilize this project's system for Drug and Alcohol Treatment Services we estimate that allocation of cost responsibility to Drug and Alcohol would be approximately 10% based on the number of Drug and Alcohol Service users compared to the number of total users.

Enclosure 3
Exhibit 5

Stakeholder Participation For Technological Needs Project Proposal

County Name:

Project Name:

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

Stakeholder Type <small>(e.g., Contract Provider, Client, Family Member, Clinician)</small>	Meeting Type <small>(e.g., Public Teleconference)</small>	Meeting Date
Contract Providers, Clients, Family Members, Clinicians, Partner Agencies, NAMI	23 Focus Groups met during CSS Component Planning	
General Public	31 Public Presentations during CSS Component Planning	
General Public	Four public forums, one in each region of the County during CSS Component Planning	
Contract Providers, Clients, Family Members, Clinicians, Partner Agencies, NAMI	1,600 respondents to Written Survey as part of CSS Component Planning	
General Public	400 respondents to Random Phone Survey as part of the CSS Component Planning	
General Public	Printed Advertisement in two County-wide Newspapers	
General Public	County Health Agency Web-site	
MH Advisory Board including Clients and Family Members	Public Meeting	

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