



## **Appendix O – Areas of Improvement Report**



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table of Contents**

1.	Introduction .....	3
1.1	Objectives.....	3
1.2	Purpose .....	3
2.	Analysis .....	4
2.1	Step One: Identification and Analysis.....	4
2.2	Step Two: Focusing the Areas of Improvement .....	4
2.3	Step Three: Recommended Actions .....	5
3.	Results and Recommendations .....	6
3.1	Focus Areas of Improvement .....	6
3.2	Recommended Projects Related to Areas of Improvement .....	16
3.2.1	Policy Development.....	16
3.2.2	Scenarios .....	17
3.2.3	Business Process Re-engineering Initiatives .....	17
3.2.4	Studies .....	18
3.2.5	Implementation Projects.....	18
4.	Appendix A: Analysis Results .....	19
5.	Appendix B: Focus Areas for Improvement Considerations .....	44

**Table of Tables**

Table 1:	System Guiding Principles .....	4
Table 2:	Focus Area of Improvement: Change Control .....	7
Table 3:	Focus Area of Improvement: Data Standardization .....	8
Table 4:	Focus Area of Improvement: Data Entry, Access, and Management .....	9
Table 5:	Focus Area of Improvement: Process/Workflow Development, Management, Support .....	10
Table 6:	Focus Area of Improvement: Client-Centric Initiatives .....	11
Table 7:	Focus Area of Improvement: Training.....	12
Table 8:	Focus Area of Improvement: Business Partnerships Based on Electronic Exchange of Data .....	13
Table 9:	Focus Area of Improvement: Referral Automation.....	14
Table 10:	Focus Area of Improvement: Reporting for Audit/Compliance and Quality.....	15



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

## **1. Introduction**

This report summarizes the analysis, findings, and recommendations as to areas of improvement for the San Luis Obispo (SLO) County Health Agency, Behavioral Health Department, based on a thorough review of Agency documentation, reviews with key staff, and feedback collected during Joint Application Requirements (JAR) sessions. The report is intended to provide recommendations for consolidating, focusing, and incorporating these areas into an overall project strategy, both for the procurement of the new system and its implementation.

### **1.1 Objectives**

The objective for this report is to identify, consolidate, and structure the areas of improvement in the County's behavioral health (BH) processes, as defined in the Process Decomposition Diagram (PDD) and PDD Reference. Specifically, this document identifies:

1. Activities, including those potentially outside the scope of the Behavioral Health System Requirements and Selection (BHSRS) project, that will affect both system implementation and post-implementation activities,
2. Impacts on the Statement of Work (SOW) for the new vendor,
3. Impacts on policies, processes, or other business drivers currently implemented by the County to-date, and
4. Any additional business drivers that may need to be considered.

### **1.2 Purpose**

This document is intended to provide guidance for subsequent project activities as follows:

1. **Procurement:** The Procurement/Evaluation Team should refer to this report to:
  - a. Validate the prioritization of functional/technical requirements
  - b. Guide the structure and content of vendor demonstrations
  - c. Confirm vendor selection evaluation criteria
  - d. Provide input for vendor Statement of Work tasks and outcomes
2. **Implementation:** The Project Team should refer to this report to focus:
  - a. Any activities needed in preparation for the new system, such as providing basic automation tools for the County Psychiatric Health Facility (PHF)
  - b. Business process re-engineering activities undertaken in conjunction with the vendor
  - c. Orientation for user training, system testing, and user acceptance testing (UAT)
3. **On-going Planning:** The Agency should refer to this report for:
  - a. On-going planning and budgeting of activities in support of the new system,
  - b. The widespread use and acceptance of an electronic behavioral health record, and
  - c. Strategic planning related to complementary information technology projects.



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

## **2. Analysis**

This section describes the three (3) major steps used to prepare this report and presents the findings. Section 3.0 summarizes these findings and recommends actions applicable to Agency strategic and project planning.

### **2.1 Step One: Identification and Analysis**

Work was performed to identify and analyze the major areas of improvement. Information was gathered from Agency documentation, interviews with selected County staff, and information gathered during the JAR sessions. As a potential area was identified, it was analyzed to determine whether it represented a unique area of improvement or should be consolidated with another. The resulting twenty-three (23) areas of improvement are contained in this document in a section titled: [Appendix A: Analysis Results](#). For each, the Agency has named the area of improvement, provided a brief description and summarized its objectives, clarified the issues involved and discussed specific recommendations on how to address the issues, and associated the area of improvement with the processes that would be affected.

### **2.2 Step Two: Focusing the Areas of Improvement**

To better utilize the areas of improvement identified in Step One, the Agency should align these individual elements against the Agency's strategic directions for the use of information technology in providing client care. The individual areas of improvement were compared against the guiding principles established by the participants in the first JAR session. Appendix B of this document outlines the analysis.

**Table 1: System Guiding Principles**

1. The new system will result in a management information system for SLO BH and the community that is responsive, integrated, links to other data systems and advances access to care and outcomes for clients.
2. The new system will allow for adaptability and flexibility within the behavioral health environment.
3. The new system will be used to increase client involvement to make the treatment more personal, collaborative, and meaningful.
4. Increase data capture, processing and reporting efficiency.
5. The new system will improve **client** care as demonstrated by established metrics. For example:
  - reducing response time
  - improving accessibility of important health information by multiple staff
  - decreasing errors caused by illegibility of notes
  - improve client's access to their records (e.g., via computers in lobby)

The Agency subsequently identified nine (9) focus areas for improvement based on the guiding principles for the new system established by the County:

1. Change Control to include Configuration Management, Requirements Management and Organizational Change Management



## San Luis Obispo County Health Agency, Behavioral Health Department Areas of Improvement Report

2. Data Standardization
3. Data Entry, Access, and Management
4. Process/Workflow Development, Management, and Support
5. Client-Centric Initiatives
6. Training
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

Each of these nine (9) focus areas is then discussed in terms of:

- Possible risks, issues, and mitigation strategies
- Procurement considerations
- Implementation considerations
- County strategic planning
- Needed assumptions and constraints.

### **2.3 Step Three: Recommended Actions**

As the final step, the Agency identified specific actions that should be undertaken to achieve the specific areas of improvement, some of which need to precede implementation of the new Behavioral Health system, in order to ensure a successful rollout. The various projects that the Agency should consider undertaking to achieve these improvements have been summarized, giving an indication of what focus area each proposed project might support and in which project phase the Agency should consider undertaking the project.



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

### **3. Results and Recommendations**

This section summarizes the focus areas of improvement and discusses specific projects that the Agency should undertake to achieve these focus areas of improvement. These projects, in many cases, represent major activities that need to precede the successful implementation of the new Behavioral Health system. This set of actionable events is discussed further at the end of Section 3.

#### **3.1 Focus Areas of Improvement**



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 2: Focus Area of Improvement: Change Control**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<b>Description/Outcome</b>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>1. CHANGE CONTROL</b>  The Agency will proactively manage organizational change within itself, addressing the issues surrounding acceptance of the new system and lowering resistance to such change. The Agency will ensure that technical impediments, such as usability and performance are managed through a systematic process that defines and maintains a system configuration baseline.	1) Establish an organizational change program that includes provider outreach and feedback.  2) Establish system configuration & requirements management process that addresses changes to the base-lined system configuration and the requirements specification that established it.	N	N	N
		Y	Y	Unknown
<b>Assumptions/Constraints:</b> Assumptions include: 1) System selected will support the County business model and 2) Adequate resources on both County and vendor will be allocated to this project. Constraints include: 1) Budget and 2) Staff limitations.				
<b>Risks, Issues, Mitigation:</b> Lack of commitment to this objective will result in a fragmented system implementation and continued resistance to the use of the electronic system and client health record.				
<b>Intended Outcome(s):</b> 1) Achieve wider acceptance and adoption of the system based on addressing organizational issues and impediments. 2) Eliminate scope creep in development, implementation, and future configuration/customization. 3) Achieve uniformity of system that promotes staff productivity, reduces staff costs due, and encourages use by Community Based Organizations (CBOs).				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 3: Focus Area of Improvement: Data Standardization**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<i>Description/Outcome</i>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>2. DATA STANDARDIZATION</b> The Agency will achieve and maintain standardization for all sources of information and data including database elements. Standardization is critical for both the initial implementation of the system (i.e., to ensure quality of the converted/migrated data) as well as on-going maintenance of data quality and integrity. Standardization is also critical addressing data interoperability and portability.	1. Develop policies to establish and maintain standardized data elements across D/AS and MHS. 2. Commit to compliance-driven data definitions and formats. 3. Document data standards, including data dictionaries. 4. Implement ongoing training to support data standardization.	Y	Y but fragmented	N
		Y	Y	Y
		Data standardization will require more than one policy. At a minimum, the County will require an overarching policy that provides Agency governance over data.	Need to build procedures both for individual data and information as well as to support the Agency's overall plan for data governance.	Ensure that the new system has tools that support the creation and maintenance of data standards.
<b>Assumptions/Constraints:</b> Assumptions include: 1) CBOs and Health Agency achieve consensus on data elements. Constraints include: 1) Budget and 2) Staff limitations.				
<b>Risks, Issues, Mitigation:</b> Lack of commitment to this objective will result in inaccurate and unreliable information and require unproductive staff time to clean-up data. Improve the efficiency and lower costs in exchanging data with external parties such as CBOs.				
<b>Intended Outcome(s):</b> 1) Ensure consistency within and across all D/AS and MHS clinics and facilities and CBOs. 2) Improve data quality and integrity. 3) Achieve an integrated electronic health record for Behavioral Health clients. 4) Improve reporting. 5) Improve compliance.				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 4: Focus Area of Improvement: Data Entry, Access, and Management**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<b>Description/Outcome</b>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
Corresponding process #		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>3. DATA-ENTRY, ACCESS AND MANAGEMENT</b>	<p>1. Develop policies to reinforce the use of the system for entry and management of all client data in an integrated electronic health record.</p> <p>2. Acquire a commercial-off-the-shelf (COTS) system supporting Agency business model for information and data.</p> <p>3. Commit to on-going improvement efforts to develop data procedures consistent with the new system.</p>	N	N	N
<p>The Agency will strive to make data dependent processes more efficient and less prone to error through implementation of a single point of entry for client information that is electronic (e.g., client information is entered once at the appropriate point for that entry and is available to all users as appropriate)</p>		Y	Y	Y
		<p>Establish policy that encourages / mandates entry of all client data into the system.</p> <p>Develop policies surrounding computerized provider order entry (CPOE) and results reporting.</p> <p>Develop policy for CPOE (i.e., requiring service provider to enter order at the point of service/care).</p>	<p>Re-engineer inefficient paper-based processes around the data entry and access capabilities of the new system.</p> <p>Develop new, more efficient and accurate processes for data entry. Include vendor services in the RFP to provide resources to County in this area.</p> <p>Develop CPOE procedures and workflows.</p>	<p>Ensure that the new system will make data available immediately to all staff whose role allows access to that information.</p>
<b>Assumptions/Constraints:</b> Assumptions include: 1) System selected will support the County business model and 2) Adequate resources on both County and vendor will be allocated to this project. Constraints include 1) Budget and 2) Staff limitations.				
<b>Risks, Issues, Mitigation:</b> Lack of commitment to this objective will result in a fragmented system implementation and continued reliance on a hybrid (i.e., paper and electronic) client record.				
<b>Intended Outcome(s):</b> 1) Make data-dependent processes more efficient and less prone to error. 2) Eliminate redundant entry with single point of entry. 3) Enable seamless flow of information throughout the system in real-time. 4) Stream line processes that are paper-intensive with a goal of reducing the need for paper documentation.				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 5: Focus Area of Improvement: Process/Workflow Development, Management, Support**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<i>Description/Outcome</i>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>4. PROCESS/WORKFLOW DEVELOPMENT, MANAGEMENT, SUPPORT</b> The Agency will strive to make data dependent processes and workflows more efficient and less prone to error through implementation of user-defined business rules and enforcement of policies.	1. Assemble user groups representing all Health Agency processes to define optimal workflow within and across their respective business area. 2. Develop policies and procedures to establish and maintain standard processes and workflow per outcomes of activity above.	N/A	N/A	N
		N/A	Y	Y
		Depending on the process being developed, the use the workflow itself to develop, implement, and enforce policies. In other words, a policy may not be explicitly required.	Develop standard procedures to develop and document processes using notation such as Business Process Engineering Language (BPEL) standard so that automation of corresponding workflow can be achieved.	Ensure that the system has robust process/workflow capabilities.
<b>Assumptions/Constraints:</b> Assumptions include: 1) Selection of a system with robust workflow that supports user-defined processes and 2) Agency commitment to this activity. Constraints include 1) Budget and 2) Staff limitations.				
<b>Risks, Issues, Mitigation:</b> 1) Lack of commitment to this objective will result in less than optimal use of system capabilities and 2) Inability or unwillingness of Health Agency (HA) clinics to agree to a standardized workflow.				
<b>Intended Outcome(s):</b> 1) Improved and more streamlined business processes resulting in less chance for human error and improved compliance with business drivers (such as regulations). 2) Method to incorporate business drivers and rules directly into system.				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 6: Focus Area of Improvement: Client-Centric Initiatives**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<b>Description/Outcome</b>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>5. CLIENT CENTRIC INITIATIVES</b>  The Agency will strive to support client-centric initiatives through optimal use of the new system.	1. Confirm a list of all client-centric initiatives to which the Agency will commit.  2. Establish workgroups from affected areas to identify workflow implications of all client-centric initiatives.  3. Ensure workflow implications of all initiatives are addressed when configuring the new system.	?	?	?
		Unknown	Y	Y
		Client initiatives may or may not require a policy.	Enhance procedures and processes that: <ul style="list-style-type: none"> <li>Allow client participation in development and approval of treatment plan and objectives</li> <li>Create client specific educational information.</li> <li>Allow secure client access to view, update, and/or correct personal health record information</li> </ul>	Ensure the system contains the data elements needed to capture the client's participation in their treatment plan to include: Capture of goals and objectives Reporting on their goals Demonstration of client's participation in therapy and results through statistical data/information
<b>Assumptions/Constraints:</b> Assumptions include: 1) System selected will support the County business model and 2) Adequate resources on both County and vendor will be allocated to this project. Constraints include: 1) Budget and 2) Staff limitations.				
<b>Risks, Issues, Mitigation:</b> Lack of commitment to this objective will result in a new system that supports existing ways of doing business instead of leveraging new functionality to achieve improved client outcomes and operational efficiencies.				
<b>Intended Outcome(s):</b> 1) More efficient client processes and treatment documentation. 2) Greater client satisfaction. 3) Better statistical data that demonstrates the success of client-oriented treatment methods.				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 7: Focus Area of Improvement: Training**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<b>Description/Outcome</b>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>6. TRAINING</b>  The Agency will ensure adequate training to all staff, CBOs, and network providers 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	<ol style="list-style-type: none"> <li>1. Conduct initial training with vendor as part of vendor's SOW</li> <li>2. Develop ongoing training for new and existing staff to be conducted.</li> <li>3. Broaden the expertise of non-IT staff in system functions and develop super-users who can provide real-time, onsite assistance to staff onsite at all locations</li> </ol>	Unknown	Unknown	Unknown
		Y	Y	Y
		Ensure vendor provides County-specific training material (including training manuals) that includes County-specific configuration, enhancements and functionality. Training material should be on CD to allow HA staff to update as needed.	County must commit to adequate training time at the time of implementation, as well as on an ongoing basis.	System comes with training material and documentation. Vendor will help Agency on-going program that County can maintain and sustain.
<b>Assumptions/Constraints:</b> Assumptions include: 1) Commitment to training and 2) Adequate resources on both County and vendor allocated to this project. Constraints include: 1) Budget and 2) Staff limitations.				
<b>Risks, Issues, Mitigation:</b> Lack of commitment to this objective will result in client dissatisfaction, user frustration, and operational inefficiencies.				
<b>Intended Outcome(s):</b> 1) Efficient and effective use of the system by all users. 2) Super-users at each location who provide real-time assistance as needed.				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 8: Focus Area of Improvement: Business Partnerships Based on Electronic Exchange of Data**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<b>Description/Outcome</b>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>7. BUSINES PARTNERSHIPS BASED ON ELECTRONIC EXCHANGE OF DATA</b>  The Agency will strive to make the exchange of information between systems, both external and internal to the County, more efficient and less error prone by implementing automated electronic system-to-system interfaces that ensure privacy and security and meet established service level agreements.	1. Establish a robust electronic information sharing infrastructure that addresses policy and technology concerns.  2. Obtain concurrence and buy in from stakeholders  3. Document the specifications for each interface required.	Y (HIPAA)	Y	Y
		Y	Y	Y
		Establish Agency wide policy related to the privacy and sharing for electronic data with business partners. Note: Review current policies & extend where necessary.) Establish policy for periodic & comprehensive review of the technical infrastructure especially with implementation of the new system	Review procedures that involve the privacy and security of data in exchanging with external organizations. Build and test interfaces in accordance with documented interface specifications.	System should have the tools to establish and implement a system-to-system interface (i.e., Web Services, etc.) System should have the capability to provide auditing and management tools for the resulting interface. (Note: Any HIE initiatives will involve, not only the new system, but the County network and technical infrastructure at large.) System should have the tools to easily adapt to required change imposed by outside influences
<b>Assumptions/Constraints:</b> Assumptions include: 1) Agency commitment to HIE and 2) Establishment of a secure infrastructure. Constraints include: 1) Budget, 2) Staff limitations, and 3) Limitations imposed in terms of policy and practice (i.e., concerns over the exposure in exchanging electronic data with multiple business partners.)				
<b>Risks, Issues, Mitigation:</b> Exposure in exchanging information electronically. Lack of semantic and/or syntactic interoperability between business partners and/or their systems. Lack of documented interfaces.				
<b>Intended Outcome(s):</b> 1) Make data-dependent processes involving the exchange of information between County systems more efficient and less prone to error. 2) Enable the seamless flow of information between systems in a secure manner. 3) Improve the exchange of needed information between the County and its business partners.				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 9: Focus Area of Improvement: Referral Automation**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<b>Description/Outcome</b>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>8. REFERRAL AND SERVICE REQUEST/ AUTHORIZATIONS AUTOMATION</b>  The Agency will strive to automate incoming and outgoing referrals, including referrals to and from the Health Agency and outside providers (e.g., CBOs and network providers)	1. Need to ascertain providers' ability and willingness to automate referrals.  2. Health Agency may need to decide level of assistance to provide to outside agencies in supporting this area.	Y	?	?
		Y	Y	Y
		There are several policies and procedures relating to referral processes between the HA and various agencies that may or may not need to be amended.	Develop procedures to streamline referral processes based on opportunities for improvement(s) offered by the new system.	Need ability to electronically exchange information with all service providers. System should support a follow-up mechanism to track referrals and provide statistical data regarding referrals coming into the Agency as well as referrals from the Agency to outside entities.
<b>Assumptions/Constraints:</b> Assumptions include: 1) Browser-based application to ensure all service providers can send and receive referrals. Constraints include: 1) Not all network providers may be able or willing to support automated referrals.				
<b>Risks, Issues, Mitigation:</b> Lack of commitment to this objective will result in a fragmented system implementation and continued reliance on a hybrid (i.e., paper and electronic) client record.				
<b>Intended Outcome(s):</b> 1) Make data-dependent processes more efficient and less prone to error. 2) Eliminate redundant entry with single point of entry. 3) Enable the seamless flow of information throughout the system in real-time. 4) Stream line processes that are paper-intensive with the objective of transferring data electronically. 5) Reduce missed hand-offs. 6) Reduce any time delay that is inherent with paper-intensive processes in order for client to receive services in a timelier manner.				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

**Table 10: Focus Area of Improvement: Reporting for Audit/Compliance and Quality**

AREA OF IMPROVEMENT FOCUS	Means To Achieve Desired Improvement			
	Approach Considerations	SLO BH Policy	Operational Procedures	System
<b>Description/Outcome</b>	<i>Overview of approach. Indicate steps involved and timing, if known.</i>	<i>Do we have one?</i>	<i>Do we have one?</i>	<i>Do we have one?</i>
		<i>Do we need one?</i>	<i>Do we need one?</i>	<i>Do we need one?</i>
		<i>How can we achieve it?</i>	<i>How can we achieve it?</i>	<i>How can we achieve it?</i>
<b>9. REPORTING FOR AUDIT/COMPLIANCE AND QUALITY</b>  The Agency will strive to make data dependent reporting more efficient, less prone to error, and ultimately more timely, relevant, and useful.	1. Review all existing reports to identify opportunities to consolidate, eliminate, or replace them.  2. As the new system is being implemented, train super-users to support a decentralized reporting function and enable more widespread use of system reporting capabilities.	?	?	?
		Y	Y	Y
		Review existing Agency policies and procedures related to audit and compliance that may need to be updated to reflect the use of the new system for facilitating the overall goal of improved compliance.	Develop procedures around the development of standard reports (i.e., administrative, clinical, financial, compliance, etc) that are efficient and can implement changes effectively and more concisely than done currently	System comes with “canned” reports deemed useful by the HA or at least interfaces with standard report writers (e.g., Crystal) System support both separate reports for reporting on financial and statistical data but also for mixing such data for improved analysis and auditing.
<b>Assumptions/Constraints:</b> Assumptions include: 1) Selection of a system that contains appropriate “canned reports” and interfaces with industry standard report writers. Constraints include: 1) Budget and 2) Staff limitations related to report-writing training.				
<b>Risks, Issues, Mitigation:</b> Lack of commitment to this objective will result in a system in which the data is held hostage and unavailable or available only through IT or other selected staff.				
<b>Intended Outcome(s):</b> 1) Make data entered into the system widely available and useful to end-users. 2) Empower end-users to extract and analyze data to improve clinical outcomes. 3) Streamline audit/compliance-driven reporting. 4) Provide the HA with much needed tools for the reporting and analysis of financial and statistical data,				



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

## **3.2 Recommended Projects Related to Areas of Improvement**

The Agency should consider undertaking specific projects in the following areas.

### **3.2.1 Policy Development**

Policies can occur at many different levels: enterprise (as the statement of a business driver), issue specific (as the statement of a business rule that must be followed), and system. There are several policies that the Agency should develop in the planning phase of this project (i.e., pre-procurement). Key ones identified for this project include:

1. **System use by providers.** The Agency needs to encourage all providers to use the new system as the sole source for documentation. There may be more than one policy needed to support this but the Agency needs to look at the development of the enterprise policy and the optimal statement to achieve this goal. For example, the Agency may elect to develop a policy stating that there will be one official client record and that record shall be electronic. (Focus Area: #1, #2, and #3. Project Stage: Pre-Implementation/Planning.)
2. **Role-based access.** The Agency needs to formally define policy that outlines rules for access to client information, especially if the eventual system will represent a combined MHS and D/AS client base, and establishes the corresponding roles. (Focus Area: #1, #2, and #3. Project Stage: Pre-Implementation (Planning), Implementation.)
3. **Agency/County wireless policy.** Agency users will want to access the system from the field, using wireless and a variety of end-user devices. The Agency needs to work with the County technical staff to develop these standards and policies to eventually enable this type of access the new system. (Focus Area: #3, possibly #5, and #7. Project Stage: Pre-Implementation (Planning).)
4. **Exchange of data with external agencies.** (See Focus Area #7) The Agency will need to establish policy upon which data sharing agreements can be based. Issue and system specific policies will also need to be developed. (Focus Area: #3, #7, and #8. Project Stage: Pre-Implementation (Planning).)
5. **Electronic signature.** The Agency will need to develop policies surrounding the use of electronic signature. This policy may need to identify specific applicable technologies. (Focus Area: #3 and #4. Project Stage: Pre-Implementation (Planning).)
6. **Data governance.** (See Focus Area #2) The Agency needs to establish policy outlining the quality control measures for assessing, managing, using, improving, monitoring, maintaining, and protecting the electronic data and client records within the new system. (Focus Area: #2, #3, and #9. Project Stage: Pre-Implementation (Planning), Implementation, and Post-Implementation.)
7. **Schedule Access.** The Agency needs to establish policy and procedures that outline access to schedules. For example, front office staff and therapist will both have access to therapist calendar and schedule. The system will provide notification to the therapist of changes to their scheduled appointments by office staff. (Focus Area: #4. Project Stage: Implementation.)



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

### **3.2.2 Scenarios**

The development of scenarios can be an important tool in the evaluation of proposal responses as well as for later training and testing. The following were noted from the areas of improvement and apply to the pre-implementation, procurement, and implementation phases (i.e., test and training) phases of the project. Most do not constitute a scenario but considerations for what a scenario should address. Some may lead to further consideration as evaluation criteria.

1. Design scenarios to evaluate the system's capability to design and manage clinical, administrative, or financial workflows. An example would be a workflow related to the completion of clinical documentation and/or treatment plans where the system should alert specified roles as to deadlines that occurs a pre-defined number of days after a triggering date or event. (Focus Area: #3 and #4)
2. Design scenarios to evaluate the system's capability to design, modify, and manage forms and data. An example would be a scenario oriented around the service request form, asking the vendor to demonstrate how automating this form could support improvement in related business processes for the Agency. (Focus Area: #2 and #3)
3. Identify, prioritize, and select the top candidates for automation of current manual processes as options for scenario-based evaluation demonstration, including:
  - Client referral, service request and authorization processes as top candidates for MHS scenario development. (Focus Area: #3, # 7, and #8.)
  - Use of CPOE for pharmacy and laboratory services and reporting of results. (Focus Area: #3 and #4)
  - Implementation of a client medication profile and its use in MHS inpatient and outpatient settings and for D/AS clients. (Focus Area: #3 and #4)
  - Full spectrum of activities / events involved in pharmacy/medication services. (Focus Area: #3 and #4)
4. Design scenarios that address Agency concerns in the financial area, including:
  - Billing and collections process encompassing Medicare, Medi-Cal, private insurance, other third parties, and client payment. (Focus Area: #3 and #4)
  - Flexibility in setting billing rates. (Focus Area: #3 and #4)
  - Service corrections and reversal effects on billing records. (Focus Area: #3 and #4)
5. Ensure that the scenarios exercise mandatory and/or desired system capabilities such as:
  - Use and implementation of electronic signature in the proposed system. (Focus Area: #3 and #4)
  - Scheduling and appointing. (Focus Area: #3 and #4)

### **3.2.3 Business Process Re-engineering Initiatives**

The Agency is looking to the new system to help improve existing business processes. Based on the discussion of areas of improvement in this report, the Agency should earmark the following for process improvement involving automation.

1. Client re-admission to PHF (Focus Area: #3 and #4)



## San Luis Obispo County Health Agency, Behavioral Health Department Areas of Improvement Report

2. Referral process (Focus Area: #3, #7, and #8)
3. Service request form (Focus Area: #2, #3, #4, and #5)
4. Real time billing (Focus Area: #2, #3, and #4)
5. UMDAP/sliding scale to maximize revenue (Focus Area: #3 and #4)
6. Information exchanges (i.e., business partners and clients) (Focus Area: #4, #7 and #8)

### 3.2.4 Studies

During the discussion on areas of improvement, the Agency identified some areas where further study and analysis was needed to determine the need and return on investment for the use of the new system/technology:

1. Study regarding client use of portal for providing MHS services (Focus Area: #1 and #5, Project Phase: Pre-Implementation, possibly Procurement)
2. Study to identify and prioritize client-centric initiatives within the Agency (Focus Area: #5, Project Phase: With a flexible architecture, could be almost anytime.)

### 3.2.5 Implementation Projects

The Agency should consider several projects as outlined below. The outline below indicates whether a project should be undertaken during pre-implementation, during implementation, or post-implementation.

1. Project Phase: Pre-implementation and Planning
  - Data standardization / creation of a standard Behavioral Health template for assessment (Focus Area: #2 and #3).
  - Role-based access definition (Focus Area: #1)
  - PHF basic automation (Focus Area: #1)
2. Project Phase: Implementation:
  - Implementation of specific work flows as outlined in Business Process Re-engineering Initiatives above (Focus Area: #1, #3, and #4)
  - Pilot for centralized scheduling and calendaring including integration with Lotus Notes (or other messaging/collaboration tools if required) (Focus Area: #1, #3, #4, and #9)
  - Implementation of automation for bed management (as defined in the PDD Reference) (Focus Area: #1, #3, and #4)
  - Development of a standardized policy and IEP with County school districts (Focus Area: #1, #2, #3, #4, #7, and #9)
3. Project Phase: Post-implementation
  - Continued implementation of specific work flows (Focus Area: #1, #3, and #4)
  - Personal Health Record (PHR) in compliance with eventual CCHIT standards. (Focus Area: #2 and #5)



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

#### **4. Appendix A: Analysis Results**

The following table presents the detailed findings, issues, and recommendations for areas of improvement. The analysis was based on issues identified by the Agency throughout the project, during reviews of documentation, the JAR sessions, and individual and group interviews.



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
1.	Data Entry & Access	<p>Make data-dependent processes more efficient and less prone to error</p> <p>Eliminate redundant entry with single point of entry</p> <p>Enable the seamless flow of information throughout the system in real-time</p> <p>Stream line processes that are paper-intensive</p>	<p>Currently, most Agency processes encourage redundant data entry with a mix of manual, automated, and partially automated processes dependent upon a variety of systems. As an example, data entered into the provider payment database are also entered into InSyst, Clindox, the Public List, Mailing List, Regional List, and Scope of Practice Sheet.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Select a system that will streamline data entry in accordance with the Agency business model, create a single point of entry for critical information and reduce potential error during entry.</li> <li>2) Require that all data entered into the system is immediately available to all processes which require it. For example, the system should ‘pre-populate’ forms or screens with required demographic data, retrieve previous clinical or financial information when a client represents to MHS or D/AS, or pull initial treatment plan information from assessments and other relevant sources. Mobile Crisis staff should be able to directly enter data so that the crisis information is immediately available for intake assessment by the County.</li> <li>3) Evaluate and re-engineer inefficient paper-based processes around the data entry and access capabilities of the new system. For example, client re-admission to the PHF</li> </ol>	<p>1.0 Application / Enrollment</p> <p>3.0 Wait List</p> <p>3.0 Demographics Management</p> <p>5.0 Call Intake</p> <p>7.0 Registration</p> <p>8.0 ADT/Episode Management</p> <p>10.0 Health Record Management</p> <p>11.0 Portal</p> <p>12.0 Screenings/Assessments/ Evaluations</p> <p>13.0 Treatment Plans</p> <p>15.0 Individualized Education Plans</p> <p>16.0 Notes/Documentation</p> <p>17.0 Orders/Results</p> <p>19.0 Lab Services</p> <p>20.0 Pharmaceutical/Medication Services</p> <p>27.0 Billing / Claims</p> <p>35.0 Provider Network Management</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>currently requires completing the entire admissions packet (over 20 sheets!) a second time, even only a few hours later. Redesign of the PHF admission process should be considered as a potential project that the Agency should address, both during business process re-design and for implementation. Policy may also be required to ensure that new processes will be adopted by staff. Requiring a provider to enter their own data at the point of service will require a culture change and may need to be backed by policy.</p>	
2.	Data Standardization	<p>Standardize all sources of information and data including data elements, attributes (i.e., system parameters), and terminology to allow the subsequent standardization and consolidation of items that depend on data such as reports, forms, and system interfaces.</p> <p>Develop process to define and establish new elements, whether in response to State requirements for documentation or otherwise, incorporate them into the system, and manage them.</p> <p>Develop process to manage data-dependent items (i.e., reports, forms, interfaces) to include their definition, creation, update, retirement, and approval.</p>	<p><b>The Agency has numerous, redundant forms that capture the same information:</b> intake assessment, release of information, and so forth. Most of these have evolved over time to meet the different needs of the County. <b>There is a need to reduce the number of forms and standardize both the forms used and the process to define, approve, manage, and retire them.</b></p> <p>The Agency does not currently do much in the way of forms management because the change control process is so 'painful'. The Agency also faces required changes beyond its ability to control as the State mandates a change for documentation for reimbursement purposes.</p> <p>Standardization of data dependent items extends beyond just forms. The comment was made during the JAR sessions that the Agency could develop one standard assessment tool that would cover 80% of the questions required by CBOs and both sides of the Agency (i.e., MHS and D/AS). Other items that</p>	<p>10.0 Health Record Management 12.0 Screenings/Assessments/Evaluations 13.0 Treatment Plans 15.0 Individualized Education Plans 16.0 Notes/Documentation 17.0 Order/Results 22.0 Case Management</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>were mentioned included treatment plans and Individualized Education Plans (IEPs), although this last effort will require coordination with the various schools in the County.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Undertake (or continue and expand the current effort) a data standardization effort in preparation for the new system that encompasses both paper and electronic data dependent items currently used and develop consistency in data elements used, terminology, and related parameters as part of this effort. Specific to this effort may be a project to design and implement a standard Agency assessment.</li> <li>2) Establish a change control process involving data management and standards.</li> <li>3) Ensure that system requirements allow for the County to extend the system schema and use the elements for data capture, transaction processing, and reporting.</li> </ol>	
3.	Direct Client Interaction with System	Improve service to clients by allowing clients to interact directly with the system, such as through a Portal interface or kiosks in waiting areas.	<p>D/AS expressed the desire to have their clients interact directly with the system to streamline the application process (as well as track information about themselves). Note: Client data entry may be an issue for MHS.</p> <p>Potentially, MHS should benefit if the system could improve the current system that requires an overwhelming amount of paperwork for the client and family to fill out and sign.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Conduct a study on client portal access,</li> </ol>	<p>1.0 Application / Enrollment 11.0 Portal 12.0 Screenings/Assessments/ Evaluations</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>reviewing any limitations that the MHS client base may have in accessing a Portal.</p> <p>2) Conduct a pilot allowing clients to interact directly with the system for application with a limited client population.</p> <p>3) Ensure that the system requirements address a client-centered portal.</p>	
4.	Integrated Electronic Client Record	<p>Provide an integrated client record that presents all relevant information, including demographic, clinical, and financial, to an end-user (according to the user's role) to <b>ensure timely entry, update, and access to information in support of the process or activity being performed.</b></p> <p>Additionally, the system must provide a single, unified view of the client's behavioral health record, including care, services, and treatment received at <u>all</u> Health Agency clinic sites or facility locations.</p>	<p>Many Agency processes are hampered by the inability to easily retrieve and/or track information in a client's official chart. Both D/AS and MHS are looking to the electronic record for improved access to TOTAL information about a client with the ability to retrieve information about a client by multiple identifiers such as first name, last name, and alias. An integrated record could improve the various "as-is" paper-based processes, specifically those centered on the Service Request Form (see item #14). An electronic record could provide centralized access to information from anywhere in the County and reduce the time to compile information (like assessment and evaluations) on a client since the data would be integrated in the single record.</p> <p><b>Recommendations:</b></p> <p>1) Ensure that system records address an integrated client record (i.e., not just health)</p> <p>2) Address factors that may limit use of the electronic record such as the inability to access the record remotely. For example, ensure that County wireless policy enables use of PDAs or other devices. (Note: The County, together with the Agency, may want to conduct a</p>	<p>1.0 Application / Enrollment 2.0 Eligibility 4.0 Demographics Management 5.0 Call Intake 8.0 ADT/Episode Management 10.0 Health Record Management 12.0 Screenings/Assessments/Evaluations 13.0 Treatment Plans 15.0 Individualized Education Plans 16.0 Notes/Documentation 20.0 Pharmaceutical/Medication Services 22.0 Case Management 30.0 Compliance/Audit</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>wireless assessment that addresses security, performance, and availability prior to asking a vendor to demonstrate its capability to interface to PDAs, smart phones, or similar form factors.)</p> <p><b>3)</b> Ensure that the vendor SOW includes business process re-engineering for the conversion of paper-based processes to electronic with specific consideration given to the automation of the MHS Service Request form.</p>	
5.	Flexibility in Establishing Client Record Structure and Content	Adopt an electronic client record that achieves the Agency’s desire for uniform structure but has the flexibility to define and manage content to achieve the best tools for supporting the client.	<p>The record structure of the new system should allow the documentation to truly reflect what was done, supporting a process that reflects the art of therapy.</p> <p>Providers want the flexibility to be able to create and update an individualized treatment plan for a client. They want to be able to easily update the goals and objectives in a plan.</p> <p>The Agency needs a sound basis for clinical notes, one that is accessible to all end-uses, including therapists (i.e., MHSA field worker) out in the field. This need is addressed both by the format of the note as well as the connectivity constraints imposed by the County infrastructure.</p> <p><b>The Agency requires that the system support a group note structure such that the entire group can be opened, ensure consistent documentation across the group, and make sure that the individualized information is updated properly.</b></p> <p><b>Recommendations:</b></p> <p>1) Prioritize that the system supports the above</p>	<p>10.0 Health Record Management 13.0 Treatment Plans 14.0 Education/ Counseling/ Therapy 15.0 Individualized Education Plans 16.0 Notes/Documentation 20.0 Pharmaceutical/Medication Services 22.0 Case Management 30.0 Compliance/Audit</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			capabilities, including group notes.	
6.	Maintain and Improve the Capability to Address Privacy and Security	<p>Provide improvements through role-based access control (RBAC) and auditing of records</p> <p>Provide flexibility in accommodating unique privacy and security requirements for SLO County (e.g., restrictions to accessing employee records, differing privacy policy established between County and each school system for IEP)</p>	<p>Many fear the electronic record is an open invitation to a reduction in privacy. However, the electronic environment, when properly configured and managed, can afford advantages. For example, an electronic chart would eliminate the potential loss of information that is maintained on a paper chart and that must be either physically routed between locations in the County or copied. Furthermore, it could protect against leakage of information through copying as a record of access to the electronic information is maintained by the system.</p> <p><b>Role-based access can allow the Agency to secure locked charts electronically with additional levels of protection for specific clients (e.g., for HA employees). In RBAC, access can be restricted by role, by chart, and by location (e.g., only specific client records can be viewed at certain locations.)</b></p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Review the County technical infrastructure for its impact on system controls for privacy and security to include confidentiality, integrity, and availability as well as performance in meeting increasing on-line demand imposed on County networks by the new system.</li> <li>2) Ensure that the system fully meets the National Institute of Standards and Technology (NIST) standard for RBAC.</li> <li>3) Consider the development of a RBAC model for current Agency roles in preparation for the</li> </ol>	<p>10.0 Health Record Management</p> <p>15.0 Individualized Education Plans</p> <p>16.0 Notes/Documentation</p> <p>30.0 Compliance/Audit</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>acquisition and configuration of the new system. Some of this modeling will ultimately be based on the structure that a system vendor has implemented for RBAC but defining roles and what data each can access could help the Agency make the process more efficient.</p> <p>4) Encourage all providers to use the new system as the sole source for documentation, avoiding possible violations of HIPAA per County policy. Note: This encouragement may require the development of Agency policy.</p>	
7.	Workflow Development and Support	<p>Develop, design, and implement in a straight forward manner (i.e., without programming) Agency based workflows, coordinated around interaction with the client and the use of the electronic client record. Use system workflow to streamline processes, resolve key action dates, enforce business rules (such as related to auditing and billing), provide accountability as to who should sign, and track the status of mandated tasks, taking the load off Agency staff, both clinical and administrative.</p>	<p>Many Agency processes, both D/AS and MHS, are complex. A provider must pay attention to non-clinical details that can adversely affect the outcome of a process but this attention detracts from his/her main focus on serving a client. (For example, a MH therapist must know billing rules when providing services to a client.)</p> <p>Having a workflow engine in the new system could:</p> <p>1) improve end-user compliance with necessary procedures (i.e., define parameters that would red flag clinical need or eligibility, such as red flag items in provisional assessments (e.g., suicidal, sex offender, IV drug user) and then prompt user for subsequent actions; 2) provide reminders to check sources of information (such as Megan’s Web site for sexual offenders); 3) outline the process and the timing required for the completion of documentation by providers; 4) track items related to the paper record, such as when information should be ‘shredded’ or removed from the system; and 5) enforce business rules relative to an overall</p>	<p>1.0 Application / Enrollment 2.0 Eligibility 4.0 Demographics Management 10.0 Health Record Management 12.0 Screenings/Assessments/Evaluations 13.0 Treatment Plans 15.0 Individualized Education Plans 17.0 Order/Results 18.0 Referrals</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>process such as <b>blocking clinicians from entering notes without an approved</b> treatment plan or setting an alert if 6-month service re-authorizations must be updated, an action that negatively affects the CBO's ability to bill.</p> <p>Workflow should be consistent across roles to account for turnover in staff (esp. physicians). This would allow the Agency to avoid the situation where a laboratory test is ordered, the sample collected, and tests run, BUT the results are never received, incorporated into the record, and/or reviewed. A workflow that alerted the next provider in that role as to the receipt of results (as well as an interface that incorporated the results directly into the electronic client record) would help prevent this issue.</p> <p><b>A workflow capability could help establish and track the handoffs between physicians and staff for orders and results.</b></p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Determine the amount of configurability wanted in the system and ensure that the workflow capabilities in the new system meet the requirements that reflect this decision.</li> <li>2) Design and/or select a scenario to evaluate the vendor's capability to design and manage clinical, administrative, or financial workflows. One example might be a process for clinical documentation and/or treatment plans where the Agency would provide a scenario which alerts specified roles of various deadlines that</li> </ol>	



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			occur a pre-defined number of days after some triggering date or event.	
8.	Improved Reporting for Management, Quality, and Clinical Purposes	Allows the cross-over of information between various elements of the system for better and timely reporting (according to the access of the provider and the client profile). Support standard and ad-hoc reports and queries.	<p>The Agency would like to track and modify reports regarding demographic information, such as penetration rates, call center data, CalOMS/CSI data collection, PQI quarterly reporting.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Establish functional reporting requirements (through examples of reports used currently)</li> <li>2) Establish technical reporting requirements (i.e., management)</li> <li>3) Evaluate the purposes for which the Agency wishes to use the reporting features of the system. If for decision support, determine whether this capability should be allocated to the Agency's current data warehouse, a mandatory part of the new system, or an option that the Agency may wish to exercise upon review of the vendor's proposal</li> </ol>	4.0 Demographics Management 10.0 Health Record Management 13.0 Treatment Plans 15.0 Individualized Education Plan 30.0 Compliance / Audit 31.0 Reporting
9.	Rework MHS Billing and Interface with Notes and Documentation	<p>Need to rework coding and billing approach, aligning coding with industry standards and taking the load off the provider needing to know how to code for billing.</p> <p><b>Specifically, take the opportunity to replace current billing code structure with standard billing codes (e.g., CPT codes and ICD-9/ICD-10).</b></p>	<p><b>The Agency's current billing system is based on Revenue Units (RUs). The Agency has evolved its own internal procedure codes that map to CPT, DSM, and CPT codes. The provider / clinician must know how these procedures codes map to the RUs and hence code for services provided and how these services will be billed.</b></p> <p>The current structure is too complicated to maintain for much longer. There are too many procedure codes to handle the various funding/compliance issues. It is very labor intensive to maintain tables. MHS needs to simplify structure for maintenance</p>	2.0 Eligibility 15.0 Individualized Education Plans 16.0 Notes/Documentation 23.0 Program/Payor Management 26.0 Coding 27.0 Billing / Claims



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>purposes and to reduce the burden on the clinician. The vision is to establish a method that ensures that standard / appropriate service codes are used depending on the services for which the client is authorized without placing an undue burden on the provider in having to know both how to code for services provided and how the service will be billed.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Review the current coding structure developed by the Agency for MHS and determine the actions needed to align it with the use of industry standard code sets for diagnosis and treatment. Document this to aid vendor in addressing item #3 below.</li> <li>2) Evaluate proposed system as to how each accommodates complex billing rules that are based on the rules imposed by programs, clinician licensure, and client/program funding source(s). As part of this evaluation, examine the indicators used to identify billing precedence. See how the vendor’s system handles special variations like IEP (where client is not AB3632). Review how the system links the codes with the documentation and what tools the system provides the clinician to add him/her in documentation/coding.</li> <li>3) Reflect in the vendor’s SOW the process they would use to convert current documentation/coding according to County standards into coding standards used by their system.</li> </ol>	



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
10.	Improve MHS Billing and Collections Process	Bill the right funding source for the right program and have the new system fully support this objective.	<p><b>The current system is not a full billing system with accounts receivable (AR) functions and reconciliation with payments made at the client level. The Agency needs a system that tracks each service provided, billed, and the amount paid, denied, or suspended.</b></p> <p><b>The Agency does not have good tracking on aging AR reports and would look to the new system to supply this capability.</b></p> <p>The Agency also wants a great deal of flexibility in the system that they currently don't have. MHS would like a rule-based system that performs error checks on procedures and services based on billing rules (e.g., certain programs cannot be greater than 4hrs) and allows Reversal bills (i.e., pull out non-allowable charges).</p> <p>The Agency would like the flexibility to set up chart of accounts similar to a medical hospital or practice, allowing them to automatically bills amount allowable per contractual agreement with a provider.</p> <p><b>MHS also mentioned that it needs a way to track claims and payments made to out-of-network providers providing services to SLO County residents, need a way to track and link services delivered to a specific client.</b></p> <p><b>Recommendations:</b></p> <p>1) Review the JAR summary reports for the specific areas of improvement listed under the MHS financial processes (see JAR #5) to ensure that the areas of improvement that are stated</p>	<p>27.0 Billing/Claims 28.0 AR/Collections 34.0 Provider Contract Management 35.0 Provider Network Management</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>similar to a system requirement are indeed incorporated in the system requirements developed during the JARs.</p> <p>2) Establish an evaluation scenario that addresses MHS concerns in the billing and collections process.</p>	
11.	Improve D/AS Billing and Collection Process	Improve the current D/AS billing and collection process.	<p>D/AS would like to improve its billing and collection processes. Many of their limitations are due to the use of three separate Access applications that reflect the evolutionary nature of system development within the County. Separate charges come into all three databases. A “Master Payment Report” must be run against all three databases to determine the source of charges. D/AS would like a single system that provides a single source for charges.</p> <p>Furthermore, D/AS must deal with the fact that each of the three databases does its accounting differently. D/AS would like to ensure accounting consistency across all three.</p> <p><b>Recommendations:</b></p> <p>1) Review the JAR summary reports for the specific areas of improvement listed under the D/AS financial processes (see JAR #5) to ensure that the areas of improvement that are stated similar to a system requirement are indeed incorporated in the system requirements developed during the JARs.</p> <p>2) Review the three Access applications, develop a common structure for all three, document the variations in the three for a vendor to better</p>	<p>23.0 Payor/Program Management 27.0 Billing / Claims 28.0 AR/Collections</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>scope/price its approach to conversion.</p> <p>3) Establish an evaluation scenario that addresses D/AS concerns in the billing and collections process.</p>	
12.	Improve Interaction with Clients	Support Agency strategic initiatives to improve client care as reflected in the project guiding principles established during JAR #1 Guiding Principles. (Also, review Barriers/Enables and Deliverable 5)	<p>The Agency would like to improve its outreach to its clients in accordance with MHSA goals and objectives.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Review current processes to determine which could be re-engineered to be more client-centric, establish indicators and outcome measures to assess quality and compliance. For example, reduction in the time from initial contact to appointment is one objective, reducing the amount of paperwork that has to be completed by a client and family to receive MHS services is another.</li> <li>2) Conduct a specific study / project to define and prioritize client-centric initiatives</li> <li>3) Determine which processes would be a candidate for system-based process improvements, such as being able to actually measure the time from when a client first contacts the Call Center to when an appointment is actually booked and to when the client actually presents.</li> </ol>	<p>1.0 Application / Enrollment 3.0 Wait List 7.0 Registration 11.0 Portal 12.0 Screenings/Assessments/ Evaluations</p>
13.	Scheduling and Appointing	<b>Establish the capability for a master schedule with single point of access</b> that 1) handles both individual client and group appointments, 2) provides appropriate information to the	<p><b>The Agency wishes a robust scheduling and appointing module that will meet a wide variety of requirements including:</b></p> <ul style="list-style-type: none"> <li>• Provide accurate group availability; availability of counselors, not just by available time slots</li> </ul>	<p>3.0 Wait List 6.0 Appointments / Attendance 10.0 Health Record Management 11.0 Portal</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
		<p>scheduler at the time of scheduling/appointing (i.e., what release of information are on-file for a client), 3) supports on-line scheduling for staff (i.e., clinicians and physicians), and 4) meets the regulator requirements imposed on D/AS for wait list functionality and management.</p> <p>The Agency currently has a calendaring, scheduling, and rostering program in each of the three D/AS database (DUI, P36, Clientrak) plus Exchange.</p>	<p>but by case load measured against other factors (e.g., cases that have not been seen in 30 days)</p> <ul style="list-style-type: none"> <li>• Ability to schedule group rooms</li> <li>• Ability to adjust counselor case load at will</li> <li>• Ability to schedule random drug testing</li> <li>• Provide electronic transmittal of referrals out</li> <li>• Ability to automatically notify of enrollment/assessment, check Release of Information (ROI), and inform external referral sources that client has presented for service</li> <li>• Generate of paper schedule for clinicians</li> <li>• D/AS Wait List Management to include:</li> <li>• Track wait list parameters (e.g., how long on, when off) to reduce redundant entry</li> <li>• Pull acuity from assessment to order/prioritize the wait list</li> <li>• Link wait list to DATAR; interface to Web</li> </ul> <p>The group function must also allow the matching of a signed roster to the notes for that session, something that is difficult to achieve in the present system. Ideally, the system should automatically charge an account; integrate client-signed roster with notes and apply to billing.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Review system requirements to ensure that all functionality expressed as an area of improvement is currently in the system requirements.</li> <li>2) Ensure that the proposed system has a robust</li> </ol>	<p>14.0 Education/ Counseling/ Therapy</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>scheduling and appointing module that meets the objective/description of this area of improvement by structuring a scenario-based demonstration that exercises the system's key features.</p> <p>3) Conduct a pilot project that demonstrates the benefits of centralized calendaring and scheduling for providers within the Agency.</p>	
14.	Automation of the Service Request	Automate the Service Request Form (SRF) to improve all processes dependent on that form. (Note: This is a specific instance of data entry, workflow, and the electronic client record.)	<p>The Service Request Form is a semi-automated form in the current environment. Too many people currently have access to and enter same information to and from the SRF (e.g., Central Access, Central Medical records, clinicians), increasing the chance of data loss or error.</p> <p>Additionally, the JAR participants mentioned how information in the SRF should be made available to other processes in the Agency. For example, <b>the new system should link completion of Service Request Form (SRF) with appointments, make available SRF</b> information to the assessment process, and support the tracking of referrals through Managed Care. (Note: Refer to Admin/Referral process flowchart for MHS captured in JAR #2.)</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Review the processes dependent on the SRF and document the points where a fully automated SRF would benefit the County, create an advantage, etc.</li> <li>2) Structure an evaluation scenario around SRF dependent processes, asking the vendor to</li> </ol>	<p>5.0 Call Intake 10.0 Health Record Management 12.0 Screenings/Assessments/ Evaluations 18.0 Referrals</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			demonstrate how automating this form could support improvement in related business processes for the Agency.	
15.	Business Partnerships Based on Electronic Interchange of Data	Improve relationships with business partners through the electronic exchange of data	<p>The JARs revealed specific instances where the exchange of electronic information between the Agency and its business partners could improve the processes, services, and relationships between the Agency and its business partners to include:</p> <ul style="list-style-type: none"> <li>• Electronic submission of referrals from external partners</li> <li>• Standardized exchange of clinical information between outside agencies (specifically for case management)</li> <li>• Bill insurance companies electronically</li> <li>• Exchange electronic information with CBOs for billing and notes, allowing real-time exchange and simplifying the current processes</li> </ul> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Review existing business partner agreements and determine which ones would benefit from the sharing of electronic data</li> <li>2) Revise the policy for the electronic exchange of information with outside entities, If applicable</li> <li>3) Define the interface in terms of data, interface, and characteristics (i.e. ,protocols, frequency)</li> </ol>	5.0 Call Intake 18.0 Referrals 22.0 Case Management 27.0 Billing/Claims 29.0 Electronic Transactions 34.0 Provider Contract Management
16.	Automated System-to-System Interfaces	Improve delivery of services to clients through the on-line, real-time exchange of information with external systems.	<p>System-to-system interfaces are a subset of the item #15 above.</p> <p>Various system-to-system, automatic interfaces were discussed during the JAR sessions to include:</p> <ul style="list-style-type: none"> <li>• An automatic link to Medi-Cal eligibility and</li> </ul>	2.0 Registration 17.0 Orders/Results 19.0 Lab Services 27.0 Billing/Claims 29.0 Electronic Transactions



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>other funding sources to resolve in real time.</p> <ul style="list-style-type: none"> <li>• Fully automated electronic interfaces with laboratory services for MHS and D/AS. This would ensure that a) results would be accounted for when tests were ordered, b) someone would be alerted that results had been returned, and c) abnormal values were flagged according to protocol-based triggers.</li> <li>• Automated internal system interfaces for MHS that interface the electronic order with the population of requisitions, labs, log book, &amp; MAR as well as establishes an interface with external lab services.</li> <li>• Automated internal system interfaces for D/AS that establish a connection between lab services, the D/AS roster, and drug test labeling, possibly accomplished through an internal interface to Web portal. The system should also fetch results from outside lab testing entities, using standards-based interfaces (i.e., HL-7)</li> <li>• Increased use of HIPPA TCS by MHS. The system should generate an 837 and receive an 835 with as little staff intervention as possible for claims generated by the County. Similarly, the system should receive an 837 and generate an 835 for services provided by CBOs and providers outside of the County.</li> <li>• Establish electronic interfaces to bill insurance companies (right now, all on paper, and no electronic agreements are in place).</li> </ul> <p><b>Recommendations:</b></p>	37.0 AP/ Reimbursement



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			1) See item #15 above	
17.	Automate Current Manual Processes	Implement support in the new system for current manual/ad-hoc processes.	<p>Examples of current manual or semi-automated processes named as a candidate for automation in the new system include:</p> <ul style="list-style-type: none"> <li>• Bed Management that is currently an ‘ad-hoc’ manual process that is distributed across multiple staff on the outpatient side and a totally manual process for the PHF inpatient beds</li> <li>• Real time billing (although not completely manual) could be improved.</li> <li>• <b>County works with 10 different school districts that all approach IEPs differently.</b> This is an area where the enforcement of standards would help. A standardized form would help to standardize the capture of information and build/enforce standard processes around the data captured (work with County of Education to develop standard?)</li> <li>• <b>UMDAP/Sliding Scale Business rules:</b> Provide auto-calculation of sliding fee to eliminate the present subjective process where people interpret in innovative ways. Standardization would increase revenue</li> </ul> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Identify top candidates for automation, prioritize in terms of system implementation plan</li> <li>2) Look to top candidates for automation of manual processes as options for scenario-based</li> </ol>	<p>9.0 Bed Management 10.0 Health Record Management 15.0 Individualized Education Plans 18.0 Referrals 20.0 Pharmaceutical/Medication Services 36.0 Share of Cost/ UMDAP/ Sliding Scale/ Co-pay/ ABN</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			evaluation demonstration	
18.	Automation Support for the Referral Process	Establish an automated process that tracks both inbound and outbound referrals, and ensures complete and accurate information is exchanged between the Agency and its partners	<p><b>Referrals are a complex problem for both D/AS and MHS.</b> MHS needs a process that ensures complete and accurate information is exchanged in a timely manner, capturing and tracking the disposition of the referral (i.e., whether or not the client was seen)</p> <p>MHS expressed their desire to improve the referral process through Managed Care, including tracking and following up on out-going referrals. Includes whether client made the contact, but before that whether the referral even made it to Managed Care. The Agency needs confirmation that referrals have been received (e.g., by Managed Care). The first order of priority, therefore, is to track the referrals through Managed Care, a process that is also impacted by the need for a better process to track the Service Request Forms. MHS would like to submit referrals electronically (direct electronic submission). Also to be able to deliver a referral packet electronically or via a means such as the Portal.</p> <p>The CBOs mentioned that they have an issue with incomplete referral documentation and attachments. The incomplete documentation slows down services to the client and causes ineffective use of staff time.</p> <p>D/AS must track both in- and outbound referrals. D/AS tracks incoming CWS and PC 1000 referrals. Validation source is the Court. Huge issue to track disposition after receipt. CWS requires huge</p>	10.0 Health Record Management 18.0 Referrals



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>amount of coordination between BHS and other agencies. Fairly high level of complexity. Would like something that can manage the process and coordinates referrals out with correct discharge status in CalOMS. D/AS also tracks DUI transfers to Title 9 specifications. (21 days to be enrolled / sign transfer out for m+21 days → enroll in new program in/out of County. “Transfer form”)</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Outline referral process as a top candidate for MHS scenario development and have D/AS elect this as one of its top processes.</li> <li>2) Review impact of referral process on business associate agreements with partners (CBOs)</li> <li>3) Identify potential limitations to electronic process (i.e., what are the requirements on the outside agency transmitting or receiving end?)</li> </ol>	
19.	Electronic Order Entry/Results Reporting	<p>Be able to automate the order process, enforced by best clinical practices/protocols, that would enable the doctor to enter the order, and the system completes the process according to the appropriate documentation and protocol business rules.</p> <p>Automate the combining of the order or test with the result.</p> <p>Reduce issues associated with inappropriate filing of results</p> <p>Prevent overlooking the interpretation of results (i.e., system</p>	<p>The current process for orders is largely manual and is time-consuming. Medication orders in particular are complex and cumbersome. There is no way to map various clinical protocols to best clinical practices to avoid bad outcomes and there is no ability to cross check whether results were received from an order placed.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Develop policy regarding electronic order entry – how do you enforce?</li> <li>2) Ensure that the actions surrounding usability and ‘idiot-proofing’ are adequately addressed by both County and vendor implementation needs as well as system requirements: training,</li> </ol>	17.0 Orders/Results



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
		<p>automatically triggers someone to look at results) Flag results that are outside of reference ranges</p>	<p>on-line help, clinical support systems. 3) Develop policies that will help enforce standardization of various order types 4) Reduce number of forms, standardize forms and simplify forms management. (Note: See data standardization above.)</p>	
20.	Pharmacy/Medication Services	Develop automated processes to better support the delivery of pharmacy-related services to Agency clients.	<p>MHS would like to improve their processes in this area. Currently, any pharmacy services provided by MHS are limited to prescribing by staff or contract physicians and administering medications as part of the inpatient services (i.e., PHF). MHS does not dispense medications and looks to outside services for filling and dispensing prescriptions. Currently, MHS manually tracks all medications administered to a client, including medications returned and discontinued by physicians order.</p> <p>The Agency would like the new system to provide an electronic medication history as their current manual processes and lack of patient safeguards create potential risks to the client due to human error. The system would maintain a medication profile for the client, including allergies, and provide the appropriate alerts. This medication profile would automatically be updated when the physician ordered a medication or discontinued it. The system would prompt the physician to obtain medication consents from the client and provide a record (through e-signature) of client sign-off on the medication record.</p> <p>The Agency does not maintain its own inventory. The staff has developed a very complex manual</p>	20.0 Pharmacy/Medication



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>process with paper ‘everywhere’. However, some level of inventory management is required, preferably using bar codes since the Agency does provide samples of medications to its clients. A method is needed that logs system information on medications (even samples) that are dispensed to the clients, a short-coming that the County has been cited on in audits. The PHF has a new medication dispensing unit stocked through agreement with CHC. Needs method to log system information on medications dispensed by lot number, etc. The County wasn’t able to maintain a perpetual inventory.</p> <p>Additional requirements that the system must support include JV220 requirements regarding medications for juveniles who are wards of the court and the PHF REISE process (requiring three forms → Court for approval) for medications administered to juveniles.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Review issues surrounding pharmacy/medication issues in more detail and results of audits where Agency was cited.</li> <li>2) Clearly state the specific business process/case that demonstrates the issue.</li> <li>3) Develop scenario that fully demonstrates the spectrum of activities required to improve pharmacy / medication services.</li> </ol>	
21.	Electronic Signatures/ Authorizations	<b>Support electronic signatures</b>	In a paperless environment, the use of electronic signature is key to an efficient environment. The Agency would like electronic signatures, integrated	10.0 Health Record Management 13.0 Treatment Plans 20.0 Pharmaceutical/Medication



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
			<p>with the workflow, for various approval and acceptance processes. Electronic signature should be extended to clients as well (e.g., for receipt of medications).</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Clarify the use of electronic signature in California, look at technology permitted by legislation, and establish/update Agency policy as to the use of electronic signature</li> <li>2) Differentiate as to level of accountability between electronic signature versus authorization and modify Agency policies as appropriate</li> <li>3) Develop scenario that demonstrates how the vendor has approached the use and implementation of clinician and client electronic signatures in its proposed system</li> </ol>	<p>Services 24.0 Managed Care 34.0 Provider Contract Management</p>
22.	Medication Profile	<p>Create a 'universal' medication profile for a client that correlates medication orders/dispense/administration information with current protocols (e.g., lab) associated with the medication profile and create standing orders / order sets that deal with prescribing, testing, and refills</p>	<p>This capability applies to both D/AS and MHS. For D/AS, this information would be used to request a drug test profile matched to client's drug of choice. The Agency would like to be able to ensure that appropriate tests ordered based on medications reported by client (e.g., if client is on Vicodin, make sure that the test ordered from the lab is appropriate).</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Develop scenario based around the use of a medication profile and demonstrate the end-to-end process from MHS inpatient and outpatient and D/AS clients.</li> </ol>	<p>17.0 Orders/Results 20.0 Pharmaceutical/Medication Services</p>
23.	<b>PHF Automation and</b>	The overall automation needs of the	The County needs to review all processes to ensure	All business processes



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

	Title	Objective/Description	Issue and Recommendations	Process (PDD Reference Name)
	<p><b>System Requirements</b></p>	<p>County inpatient psychiatric facility must be addressed in order for the staff to take advantage of the new system.</p>	<p>that the PHF is defined as an appropriate carve-out for the project.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1) Automate the PHF (i.e., new computers, software, and training).</li> <li>2) Review and assess whether workflows could be improved (independent of the new system) but reflecting the establishment of basic automation. Examples of areas that should be analyzed: Flow of information to all forms; description of process triggered by doctor's order – what is included in the paperwork/documentation; how can the extensive paperwork required for admission and re-admission be reduced, especially if readmission occurs with a short time (i.e., hours) of the initial admission.</li> <li>3) Cut down on laborious process when someone is admitted.</li> <li>4) Assess whether PHF specific requirements should be included in the acquisition of the new system <u>or</u> whether a separate inpatient system should be considered.</li> <li>5) Prioritize and validate PHF requirements.</li> </ol>	



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

## 5. Appendix B: Focus Areas for Improvement Considerations

Guiding Principle	Area of Focus	Considerations
<p><b>Principle One:</b> The new system will result in a management information system for SLO BH and the community that is responsive, integrated, links to other data systems and advances access to care and outcomes for clients</p>	<p>Change Control to include Configuration Management, Requirements Management and Organizational Change Management</p>	<p>The Agency needs to begin its implementation and management of the new system from a ‘known’ starting point. It should maintain a baseline for subsequent management of system performance and change. Hence, a need exists for the Agency to develop and manage an overall configuration baseline, starting with system requirements and other elements such as business drivers.</p> <p>A common barrier to transitioning to and using a new system is staff acceptance. County participants in this project expressed the concern that users may not be able to release their dependence on the current technology. Hopefully, the Agency will select a system that is as close to the Agency business model as practical. Regardless, there will be a transition phase where workload increases as the staff learns the new system. The Agency should establish realistic expectations for the community including the pain of implementation, the near-term losses in productivity and revenue, the need for a proactive approach to developing proficiency with the new system on an ongoing basis, and the need for backfill during training and implementation.</p>



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

Guiding Principle	Area of Focus	Considerations
	Data Standardization	The Agency developed independent applications around the different uses of its data, even though much of that data is similar in nature. It realizes that reliance on these diverse applications will be an impediment to the improvement of its business processes. In order to achieve an integrated system, the Agency will have to define and impose data standards for forms, assessments, and reports (e.g., does the Agency really need four (4) different treatment plans?)
	Data Entry, Access, and Management	The Agency, in general, experiences duplicate data entry to process claims with information being entered into one system; than re-entered into InSyst for billing. Although D/AS is more streamlined, their three Access databases for Client Track, DUI, and Prop 36 also fragment their billing process. Using the outcomes of standardizing data, the Agency needs to streamline its data entry, access, and management.
	Improved Reporting for Management, Quality, and Clinical Needs	The Agency, with better access to data, should realized improved reporting capabilities for almost all information needs.
<b>Principle Two:</b> The new system will allow for adaptability and flexibility within the behavioral health environment.	Data Entry, Access, and Management	The ultimate goal of the Agency is to achieve a fully integrated electronic client record that consolidates MHS and D/AS information and complies with Federal (e.g., 42 CFR, HIPAA) and State (e.g., Title 22) driven privacy and security regulations and County policies. The client record needs to be flexible to



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

Guiding Principle	Area of Focus	Considerations
		accommodate management and/or policy changes, including the addition of new data elements, updates to rules related to all data and the rules regarding its release.
	Process/Workflow Development, Management, and Support	Ultimately, an individual provider will interact with the system according to their needs as well as their style of interacting with the client, something to be explored preferably during vendor evaluation. The initial development of mental health scenarios has revealed the continued need for the manual capture and transcription of notes by the Mobile Crisis Team due to the nature of the encounter with a client, a topic that was widely discussed during the JAR sessions with a focus on only electronic notes being captured.
<b>Principle Three:</b> The new system will be used to increase client involvement to make the treatment more personal, collaborative, and meaningful.	Client-Centric Initiatives	Two (2) areas are identified where this principle is addressed. One area is direct client interaction with the system to improve services by implementation of a self-service Portal or waiting area kiosks. The second area is improved interaction with and outreach to the client accordance with MHSA goals and objectives, with the ability to measure outcomes based on defined metric and outcomes. (See Principle Five also.)
<b>Principle Four:</b> The use of the new system will increase the efficiency of data capture, processing, and reporting.	Training to include on-going needs assessment, system training, and evaluation of the quality and effectiveness of training as measured by County developed metrics	This guiding principle is not just restricted to CBOs. The usability of a system can help lessen the ‘burden’ but the skill of the users and the understanding in using the system are



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

Guiding Principle	Area of Focus	Considerations
	appropriate to the role of the user	<p>also essential to achieve this end.</p> <p>A common barrier to transitioning to and using a new system is staff acceptance of the system and incorporating system skills into the client treatment process. A commitment to training and knowledge transfer is required. The County needs to approach training as part of the selection and implementation of a new system. All users need access to the system (e.g., network) and be proficient in the use of the end-user devices (e.g., workstation, printers).</p> <p>Commitment to training needs to be on-going, especially for new features or functions that are developed in the system. Training that affects client care, such as writing notes, should be adequate and not rushed. Training should take into account the user profile and the environment, rather than just concentrating on illustrating system functions to end-users. Achieving and maintaining the flexibility and the full use of a system means a commitment to continual attention to issues surrounding usability and training.</p>
	Business Partnerships Based on Electronic Exchange of Data	To lessen the burden on CBOs (and other external organizations), the Agency needs to 1) establish business practices and policies to deal with the exchange of client and financial data and 2) identify and automate mandatory system-to-system interfaces.



**San Luis Obispo County  
Health Agency, Behavioral Health Department  
Areas of Improvement Report**

Guiding Principle	Area of Focus	Considerations
	Referrals and Automation of the Process	Referrals are a large part of the Agency business and an area identified where process automation could be an asset.
<p><b>Principle Five:</b> The new system will improve client care as demonstrated by established metrics. For example:</p> <ul style="list-style-type: none"> <li>• Reducing response time</li> <li>• Improving accessibility of important health information by multiple staff</li> <li>• Decreasing errors caused by illegibility of notes</li> <li>• Improve client’s access to their records (e.g., via computers in lobby)</li> </ul>	Client-Centric Initiatives	As mentioned in Principle Three, one goal of the system is improved interaction with and outreach to the client accordance with MHSA goals and objectives, with the ability to measure outcomes based on defined metric and outcomes.
	Improved Reporting for Management, Quality, and Clinical Needs	Improved reporting can aid the measurement and continuous process improvement though reporting on established metrics.