



**Humboldt County  
Department of Health and Human Services  
Mental Health Branch**

**Mental Health Services Act  
Capital Facilities and Information Technology  
Program and Expenditure Plan**

**March 2009**

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

County: Humboldt

Date: March 27, 2009

**County Mental Health Director:**

Karolyn Rim Stein, RN  
Printed Name

Kemp Rim Stein  
Signature

Date: 4/28/09

Mailing Address: Humboldt County Department of Health and Human Services  
Mental Health Branch  
720 Wood Street  
Eureka, Ca 95501

Phone Number: 707 268-2990 Fax: 707 476-4049

E-mail: kstein@co.humboldt.ca.us

Contact Person: Jaclyn Culleton

Phone: 707 268-2923

Fax: 707 476-4049

E-mail: jculleton@co.humboldt.ca.us

**I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Humboldt County and that the following are true and correct:**

This Component Proposal is consistent with the Mental Health Services Act.

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

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

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

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

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

Date: 4/28/09 Signature *Ronald R. Stein*  
Local Mental Health Director

Executed at: Orville, CA

## Introduction

The Mental Health Services Act (Proposition 63) was passed by the voters of California in November 2004. It provides funds for counties to expand and transform mental health services. Transformation has been defined as more than just reorganizing, but a quantum change that reflects radical redesign and new strategic intent for an organization or system.

Humboldt County Department of Health and Human Services (DHHS) is a consolidated and integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the branches of Mental Health, Public Health and Social Services. Since its consolidation in 1999, DHHS has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to:

- Establishing consolidated administrative support infrastructure(s);
- Establishing consolidated program support infrastructures(s);
- Developing governmental "rapid cycle" change management processes;
- Importing or developing Evidence Based Practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;
- Establishing client and cultural inclusion structures/processes that will advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;
- Using a "3 x 5" approach to program design which spans:
  - Three Service Strategies
    - Universal
    - Selective
    - Indicated
  - Five Target Populations
    - Children, Youth and Families
    - Transition Age Youth
    - Adults
    - Older Adults
    - Community
- Working with State Health and Human Services Agency to reduce or eliminate barriers that impede effective service delivery at the County level.

It is through AB315 and these transformational strategies that the Humboldt County Department of Health and Human Services (DHHS) has planned and implemented its Mental Health Services Act (MHSA) programming. Humboldt County's approved Community Services and Supports (CSS) Workplans and approved Prevention and Early Intervention (PEI) Plan were developed and are being implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs.

Consistent with CSS and PEI, Humboldt County's Capital Facilities and Technology Plan has been developed using the transformation strategies and vision that have guided planning and service delivery in Humboldt County for the past ten years.

Developing space that is consistent with its Strategic Plan is one of the transformational strategies that DHHS has employed. DHHS has had a Strategic Space Plan guiding the use of space that reflects the commitment to integrated, co-located and decentralized service delivery across the department. Examples include co-located services for Older Adults which include Mental Health, Adult Protective Services and Public Health Nursing; integrated mobile services to outreach and provide services to the rural, remote and outlying areas of the county; and the department's partnership with more than a dozen Community Family Resource Centers to further decentralize availability of services. Mental Health Services Act programming contributes to this integration. Currently in development is an integrated Children and Families Facility that will include Mental Health, Child Welfare, Public Health Nursing and other children and family programming. This Capital Facilities and Information Technology Plan will further facilitate improved access, service coordination and service delivery in Humboldt County.

The development of its technological infrastructure is another such strategy. DHHS has committed to service development and delivery that is data driven, pursuing and implementing Evidence Based Practices, and to implementing data warehousing strategies to facilitate outcomes tracking across programs and systems. As part of the commitment to creating a technological infrastructure that will enhance and improve the delivery of community services and supports, the DHHS Information Services Division and the Mental Health Branch successfully implemented a document imaging enhancement project using MHPA CSS One-Time Funding.

Humboldt County DHHS looks forward to furthering the vision and the goals of the MHPA through implementation of the Capital Facilities and Technology Plan.

## COMPONENT PROPOSAL NARRATIVE

### 1. Framework and Goal Support

Proposed distribution of funds:

Capital Facilities \$ \_\_\_\_\_ or \_\_\_\_\_ %

Technological Needs \$ 1,403,700 or 100 %

#### 1) Briefly describe how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSa

The County plans to use Capital Facilities and/or Technological Needs Component funds to produce long term impacts with lasting benefits that move the Humboldt County mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups.

These efforts will include the development of an enhanced and up to date technological infrastructure which will support integrated service experiences that are culturally and linguistically appropriate and facilitate the highest quality, cost-effective services and supports for clients and their families.

The current system is outdated and insufficient for current and future needs. A modern integrated clinical and administrative information system is necessary to support increased quality of care and operational efficiencies; to satisfy federal HIPAA requirements for a compliant electronic health record by 2012; further system transformation; and improved outcomes for clients, families and the community.

This modern integrated clinical and administrative information system will be able to:

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

- Capture and report mental health specific cost reporting and performance outcome data.
- Provide a useful and easy to understand interface, making it easy for clinicians and administrative personnel to operate.

And that will move the system forward so that in the future and as technology allows there will be the ability to:

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

Also, funds may be used to support an increase in peer-support and client-run facilities and to invest in the improvement of current facilities to better provide a client centered service experience.

**2) Briefly describe how the County derived the proposed distribution of funds.**

Through the local Community Planning Process one Technological Needs project and three Capital Facilities projects have been identified and prioritized; however due to limited funding the Technological Needs project was prioritized as the greatest immediate need. Capital Facilities Projects will be implemented as funding allows.

Technological Needs Projects may include but are not limited to:

- Integrated clinical and administrative information system

Capital Facilities Projects may include but are not limited to:

- Expansion of current client-run Hope Center
- Development of client-driven facility for the use of transition age youth
- Renovation of the lobby area at the main Mental Health Branch facility

## 2. Stakeholder Involvement

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

Beginning in 2004 the Mental Health Initiative Technology Focus Group and the Mental Health Initiative Capital Projects Task Force began identifying needs and recommending short and long term strategies to address those identified needs.

The findings and recommendations of those two groups were part of an overall strategy that was developed and included:

- The Mental Health Board MHPA Committee providing ongoing input and updates
- DHHS staff and Mental Health Board members contacting local community-based organizations and associations that represent or serve diverse stakeholders to request their participation in planning and gathering initial input
- DHHS sponsoring and conducting targeted MHPA stakeholder planning meetings
- Conducting a stakeholder survey to verify diverse participation
- Planning for an ongoing process which will result in updates and discussions at least annually.

The Capital Facilities and/or Technological Needs Component priorities planning process was built upon knowledge gained from ongoing MHPA activities and Local Review processes including:

- The Mental Health Initiative Technology Focus Group
- The Mental Health Initiative Capital Projects Task Force
- The initial Community Services and Supports planning process
- Community Services and Supports implementation activities
- 2007 Community Services and Supports Progress Report
- 2006 Community Services and Supports Progress Report
- Community Services and Supports FY05/06 Remaining Funds Plan
- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports Expansion Plan
- Community Services and Supports Fiscal Year 2008/2009 Update
- Prevention and Early Intervention planning process
- MHPA Fiscal Year 2009/2010 Update
- Workforce Education and Training planning process

Humboldt County conducted an extensive Community Services and Supports public planning process that included:

- Proposition 63 Steering Committee
- Six regional meetings (see Table 1 below)

- Thirteen targeted stakeholder meetings (see Table 2 below)
- Four age-specific advisory groups
  - Children and youth
  - Transition age youth
  - Adult
  - Older adult
- Community Strengths & Needs Survey
- Client interviews.

Table 1: Six regional meetings

<b>Location</b>	<b>Number of participants</b>
Eureka	30
Arcata	24
Willow Creek	9
Orick	15
Fortuna	8
Redway	15

Table 2: Thirteen targeted stakeholder meetings

<b>Stakeholder Group</b>	<b>Number of participants</b>
Client consumers	19
Families of clients	10
Education/schools	16
Law enforcement/courts/Probation	6
Native American community	15
Hispanic/Latino community	4
Asian/Pacific Islander community	4
DHHS Mental Health Branch organizational providers	8
Community and primary care providers/clinics	30
Transition-age youth	13
Gay/lesbian/bisexual/transgender community	5
Homeless community	23
DHHS Mental Health Branch staff	8

MHSA planning continued with thoughtful, deliberate planning efforts by the Humboldt County Mental Health Board, clients and family members, and Humboldt County DHHS staff to ensure inclusion of diverse stakeholders.

Many of the individuals who participated in the CSS planning process as Mental Health Board members, clients and family members, and DHHS County staff provided insight and lessons learned for further MHSA planning.

Two significant changes were made to the planning process since the CSS process. First, in addition to conducting targeted DHHS-sponsored MHSA stakeholder planning meetings, requests were made for local community-based organizations and associations that represent and/or serve diverse stakeholders to include MHSA at one of their regularly scheduled meetings. This dramatically increased the number of individuals providing input. Second, individuals who provided stakeholder input were asked to complete a voluntary and anonymous questionnaire that captures demographic information to verify diverse participation.

Most recently a robust planning process occurred for the Prevention and Early Intervention Plan (PEI). Although PEI was the initial purpose of the dialogue, rich discussions and valuable input was provided for the Workforce Education and Training component and the Capital Facilities and/or Technological Needs Component.

In addition to conducting demographically targeted regional stakeholder planning meetings, local community-based organizations and associations that represent or serve diverse stakeholders participated in the input process.

MHSA education and stakeholder input was collected from:

- DHHS Family/ Community Resource Center monthly meeting
- Transition Age Youth, first onset of mental illness planning meeting
- Juvenile Justice Commission
- Domestic Violence Coordinating Council, Eureka
- Domestic Violence Coordinating Council, Redway
- The NET (Community Network)
- NAMI (National Alliance on Mental Illness)
- Fetal Infant Mortality Review/Child Death Review Team
- CAST (Child Abuse Services Team)
- Hope Center community meeting
- Hope Center MHSA PEI input meeting
- Paso a Paso meeting
- AIDS Task Force
- Community partners
- In Home Support Services Public Authority Advisory Board
- DHHS organizational provider meeting
- Positive Indian Families Network
- Willow Creek regional meeting
- Redway regional meeting
- McKinleyville regional meeting
- Eureka MHSA PEI public hearing.

MHSA education was provided to:

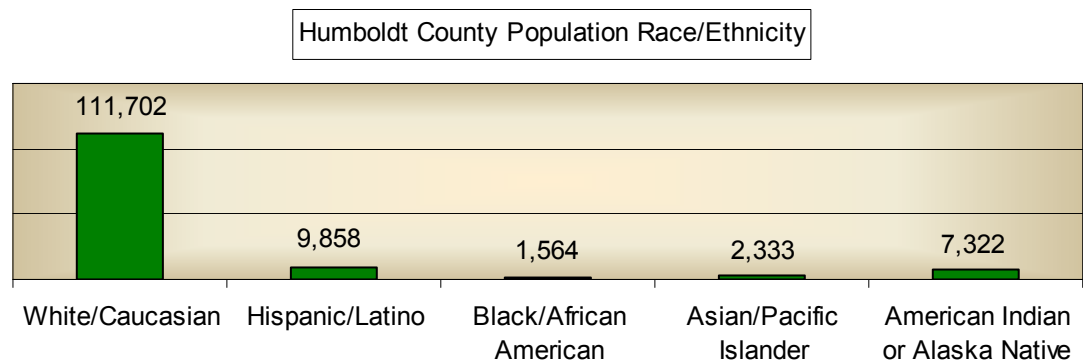
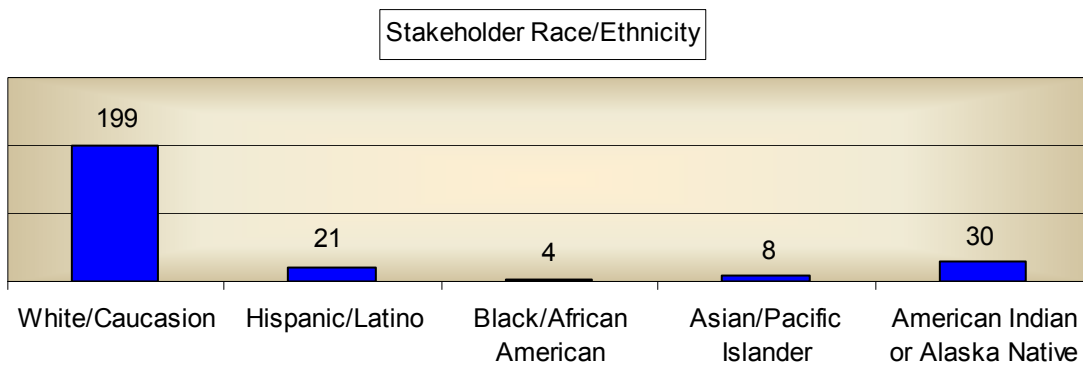
- Alcohol Tobacco and Other Drug Prevention Committee
- Mental Health Board
- Mental Health Branch all-staff meetings
- Alcohol and Drug Advisory Board
- DHHS Human Services Cabinet meeting.

MHSA education and training for county staff and stakeholders participating in the Community Program Planning Process has also been provided through on-going activities and reporting mechanisms such as:

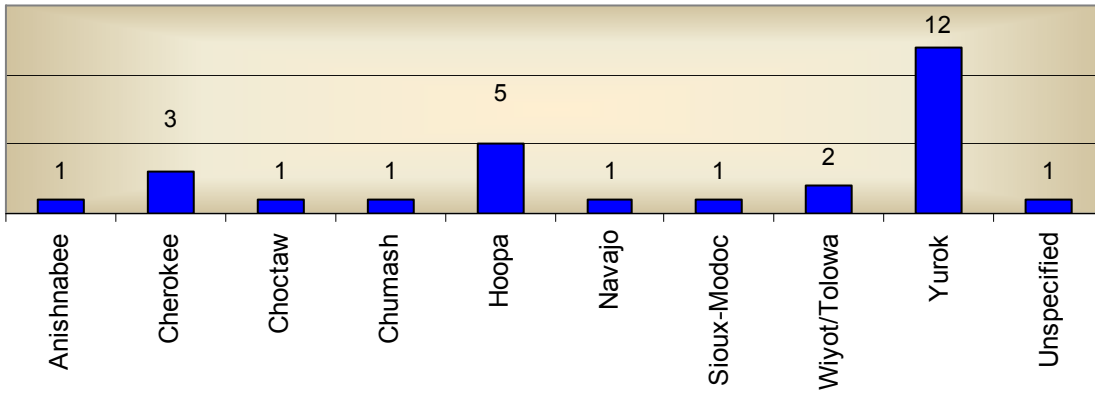
- DHHS Mental Health Branch all-staff meetings
- Program-specific staff meetings
- DHHS Newsletter
- DHHS Trends reports
- Mental Health Branch “Branch Bits” newsletter
- Mental Health Branch Data Book
- Mental Health Board updates
- Local newspapers
- DHHS public education activities.

For the purpose of tracking and validating that the number of individuals participating in the stakeholder process represent different stakeholder groups, all participants were asked to complete a voluntary and anonymous demographic questionnaire. A total of 258 individual stakeholders who provided input completed the demographic questionnaire. The following graphs, compiled from the questionnaires, demonstrate broad-based input from a diversity of stakeholders.

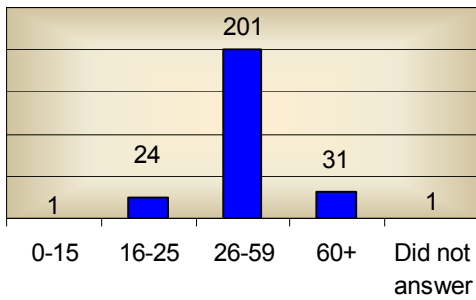
The first two graphs show that the ethnicity of participants in stakeholder meetings generally reflects that of Humboldt County’s population.



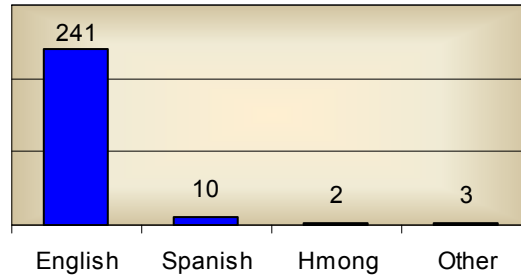
Stakeholder Tribal Affiliation



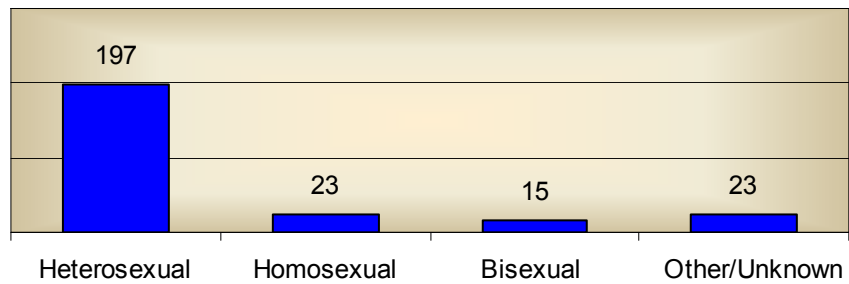
Age Range of Participants



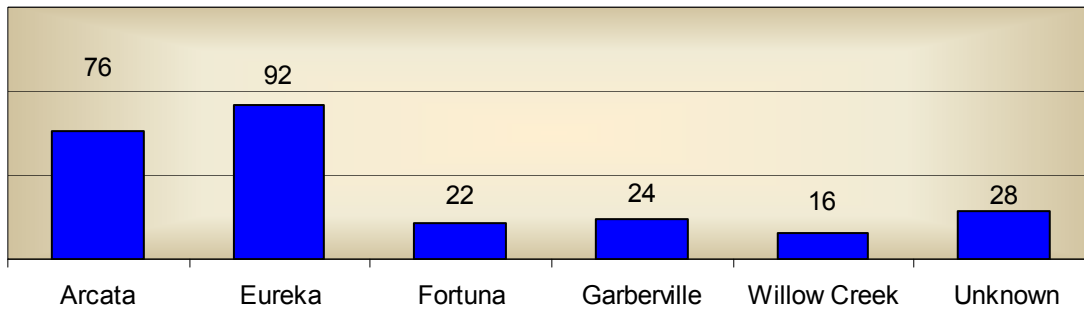
Primary Language



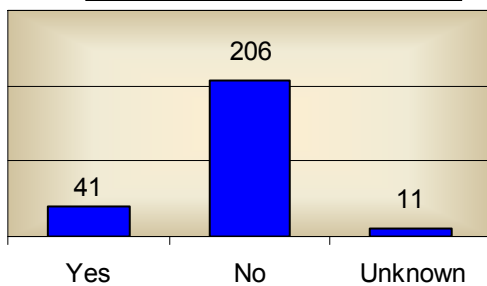
Sexual Orientation



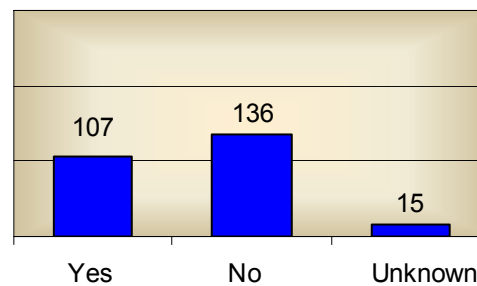
Location of Residence



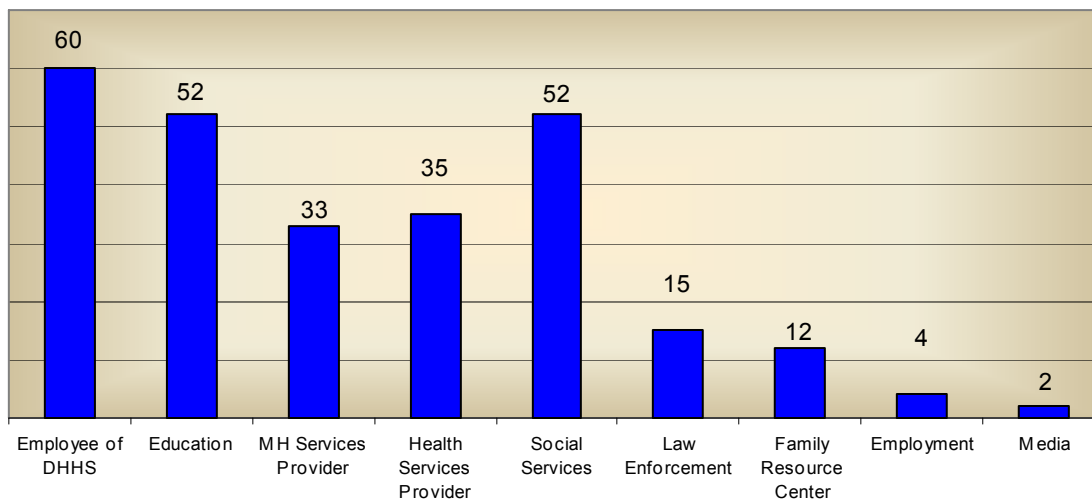
Diagnosed with a Mental Illness



Family Member of a Person Diagnosed with a Mental Illness



Representing/Serving As



The 30-day Public Comment period was from March 28, 2009 through April 26, 2009. The Public Hearing occurred on April 27, 2009 from 4:30 to 5:30pm at the Humboldt County Department of Health and Human Services Large Mezzanine Conference Room at 507 F Street , Eureka, Ca 95501 (Attachment A)

The MHSA Capital Facilities and Information Technology Plan and the Information Technology Project Proposal was available in an electronic format at: the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/> (Attachment B)

The MHSA Capital Facilities and Information Technology Plan and the Information Technology Project Proposal were available in a hard copy format and comments could be placed in the "MHSA Comment Box" at:

- Humboldt County Department of Health and Human Services Professional Building: 507 F Street, Eureka
- Humboldt County Department of Health and Human Services Mental Health Branch: 720 Wood Street, Eureka
- Humboldt County Department of Health and Human Services, Mental Health Branch, Children Youth and Family Services: 1711 3<sup>rd</sup> Street, Eureka
- Hope Center 2933 H Street, Eureka
- Humboldt County Department of Health and Human Services Garberville Office 727 Cedar Street, Garberville
- Humboldt County Department of Health and Human Services Willow Creek Office 77 Walnut Way, Willow Creek

**Comments for the MHSA Capital Facilities and Information Technology Plan and the Information Technology Project Proposal could also be addressed to:**

Department of Health and Human Services  
Mental Health Branch  
Attn: Jaclyn Culleton  
Mental Health Services Act  
720 Wood Street Eureka, Ca, 95501

**By phone:**  
(707) 441-3770

**Or toll free at:**  
(866) 320-8911

**Or by email to:**  
[mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)

- An informational flyer was sent to stakeholders regarding the MHSA Capital Facilities and Information Technology Plan and the Information Technology Project Proposal's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment C)
- Flyers were mailed to over 30 locations around the county, including public libraries, health care clinics, tribes, and senior centers
- Flyers were e-mailed to recipients on more than 10 local e-mail distribution lists including family/community resource centers, organizational providers, and Latino Net
- Plans were e-mailed or mailed to all persons who requested a copy
- Advertisements were placed in the local newspaper on April 11<sup>th</sup>, 18<sup>th</sup>, and 25<sup>th</sup>, 2009 with the MHSA Capital Facilities and Information Technology Plan and the Information Technology Project Proposal's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment D)
- The Mental Health Branch Director and the MHSA Coordinator announced to DHHS staff, community-based organizations and partner agencies in various meetings the MHSA Capital Facilities and Information Technology Plan and the Information Technology Project Proposal's availability including where to obtain it, where to make comments, and where/when the public hearing would be held.

During the public review period, comments from stakeholders were received in a variety of ways, including e-mail, comment boxes, phone calls, and at the public hearing. The comments received were outside of the scope of the MHSA Capital Facilities and Information Technology Plan and the Information Technology Project Proposal and did not require substantive changes. However, they are relevant and important to services provided in the community. All comments were carefully documented and are used to inform planning and implementation of programs and activities throughout the Humboldt County DHHS.

**COMPONENT PROPOSAL: CAPITAL FACILITY NEEDS**

**Please list Capital Facility needs (ex: types and numbers of facilities needed, possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.) See example table below.**

<b>Type of Facility</b>	<b>Number of Facilities Needed</b>	<b>County Location for Needed Facility</b>	<b>MHSA Programs &amp; Services to be Provided</b>	<b>Target Populations to be Served</b>
Hope Center	1	Eureka with annexes in northern, southern and eastern areas	Client – run wellness center	Unserved and underserved people with a severe mental illness
Hope Center	1	Eureka	Client - run and/or driven wellness center	Unserved and underserved Transition age youth with a serious emotional disturbance or a severe mental illness
Mental Health Branch main building	renovation	Eureka	To provide a welcoming and recovery oriented environment for multiple MHSA programs	Unserved and underserved people with a severe mental illness

## COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS

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

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

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

### Client and Family Empowerment Projects

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

### Other Technology Projects That Support MHSA Operations

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

# Attachment A



**MONDAY, APRIL 27, 2009  
4:30-5:30pm  
LARGE MEZZANINE CONFERENCE ROOM  
HUMBOLDT COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PROFESSIONAL BUILDING  
507 F STREET  
EUREKA, CA 95501**

**I. Mental Health Board Meeting**

- A. Call to order
- B. Roll call, introduction of staff and guests
- C. Action items:
  - 1) Mental Health Services Act Public Hearing for the
    - Fiscal Year 2009-2010 Update
    - Workforce Education and Training Plan
    - Capital Facilities and Information Technology Plan
    - Information Technology Project
- D. Adjournment

x = Enclosure

DHHS=Department of Health and Human Services, 507 F Street, Eureka

HCMH = Humboldt County Mental Health, 720 Wood Street, Eureka

CYFS = Children Youth and Family Services, 1711 Third Street, Eureka

# Attachment B



# County of Humboldt

## Department of Health & Human Services

### Mental Health Branch

Karolyn Stein, RN, Branch Director

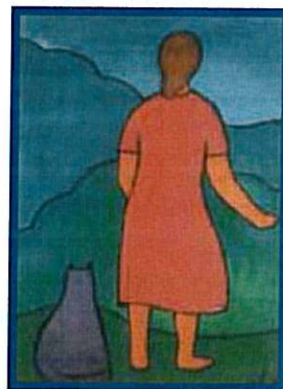


## Mental Health Services Act (MHSA)

### About The Mental Health Services Act

The Mental Health Services Act (MHSA) provides funding to counties to expand and develop innovative and integrated mental health services for children, youth, adults, and older adults. California voters passed Prop 63 in November 2004 as the result of a grassroots coalition intending to transform public mental health care.

The intent of this website is to inform and invite you to participate in the implementation of the MHSA.



"Maggie and Jane"  
Maggie had found a home  
~ Louise Hope ~

- [Full text of the Mental Health Services Act](#)
- [Acta de Servicios de Salud Mental](#)

The Mental Health Services Act addresses a broad continuum of prevention, early intervention, and service needs.

- Older / Dependent Adult Services provides co-located, integrated mental health services by a clinician, with the Adult Protective Services (APS) and In-Home Supportive Services (IHSS) Program.
- Crisis Intervention Services (CIS) provides the coordination of crisis intervention services in partnership with law enforcement.
- The Alternative Response Team (ART) is an innovative, multi-agency program aimed at those at-risk families that would benefit from early intervention and services.
- Comprehensive Community Treatment (CCT) is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.
- Hope Center is a client and family member center, that provides peer-to-peer education, support, prevention services, wellness activities, and system navigation. To contact the Hope Center, call (707) 441-3723.
- Rural Outreach Services Enterprise (ROSE) provides Mental Health, Alcohol and Other Drug, Social Services, and Public Health mobile outreach services to outlying communities.
- Telemedicine services provide medication support to outlying areas.
- Support to Transitional Age Youth (TAY) Organizations.
- The Mental Health Liaison works with families and individuals in the community who have mental health questions, concerns, or need support.

## Public Comment! Participate! Be informed!

Mental Health Services Act Plans and Updates are available for a 30-day comment period before they are submitted to the State Department of Mental Health. When a Plan or Update is available for Public Comment it will be located in the **MHSA Documents Open for Public Comment** section.

### MHSA Plans or Updates may be obtained in several ways:

- Click on the name of the document below to view or print.
- Click on document below to view and on the last page will be listed the locations hard copies are available during the 30-day Comment Period.
- E-mail or call with your mailing address or email address and request the document.

### Submitting a Public Comment during the 30-day Comment Period may be done in several ways:

Click on the document below to view it and on the last page of the document will be listed the locations "MHSA Comment Boxes" are available during the 30-day Comment Period.

- Email: [mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)
- Comment line phone number: **(707) 441-3770**
- Toll Free number: **(866) 320-8911**

### MHSA Documents Open for Public Comment!

- [MHSA Workforce Education and Training Plan](#)
- [MHSA Capitol Facilities & Information Technology \(IT\) Plan and \(IT\) Project Proposal](#)

### Previous MHSA Documents

#### 2009

- [MHSA Fiscal Year 2009-2010 Update](#)
- [Prevention Early Intervention Technical Assistance Request](#)

#### 2008

- [MHSA Housing Assignment Letter](#)
- [MHSA Prevention and Early Intervention Plan](#)
  - [Suicide in Humboldt County 2003-2007](#)
  - [Humboldt County Strategic Prevention Plan](#)
  - [Recommendation Submitted by Advisory groups to MHSA Steering Committee](#)
  - [Integrated Services Initiative 2007-2010 Strategic Plan](#)
  - [California Strategic on Suicide Prevention: Every Californian is part of the Solution](#)
  - [Eliminating Stigma and Discrimination Against Persons with Mental Health Disabilities. A Project of the Mental Health Services Act](#)
  - [Early Intervention for Transitional Age Populations](#)
- [MHSA Prevention and Early Intervention Assignment Letter](#)
- [MHSA Community Services and Supports Fiscal Year 2008-2009 Update](#)

#### 2007

- [Community Services and Supports Implementation Progress Report](#)
- [Community Services and Supports FY05/06 Remaining Funds Plan](#)
- [Community Services and Supports One-Time Augmentation Plan](#)
- [Community Services and Supports Expansion Plan](#)

**2006**

- [Community Services and Supports Implementation Progress Report](#)

**2005**

- [Community Services and Supports Plan](#)
- [Executive Summary Community Services and Supports Plan](#)
- [Framework for Community Input](#)
- [MHSA Advisory Group Recommendations](#)

**Site Links**

- [Comprehensive Community Treatment Program](#)
- [Crisis Intervention Services](#)

**Web Links**

- [California Department of Mental Health \(MHSA\)](#)
- [California Network of Mental Health Clients \(CNMHC\)](#)
- [National Alliance for the Mentally Ill \(NAMI\)](#)

# Attachment C



Humboldt County Department of Health and Human Services  
**Mental Health Services Act**

*Provides funding to expand and develop innovative and integrated mental health services*

*What do you think?*

**Public Comment**

**March 28th – April 26th**

*\*Workforce Education and Training Plan\**

*\*Capital Facilities and Information Technology Plan and Project Proposal\**

*Documents are available and comments may be placed in the*  
**"MHSA Comment Box"**

- Humboldt County DHHS Professional Building:  
507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch  
Children Youth and Family Services:  
1711 3<sup>rd</sup> Street, Eureka
- Humboldt County DHHS Mental Health Branch  
Garberville Office:  
727 Cedar Street
- Humboldt County DHHS Mental Health Branch:  
720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>
- Humboldt County DHHS Mental Health Branch  
Willow Creek Office:  
77 Walnut Way

**Public Hearing on April 27<sup>th</sup>**

Humboldt County Department of Health and Human Services Large Mezzanine

507 F Street in Eureka from **4:30 to 5:30pm**

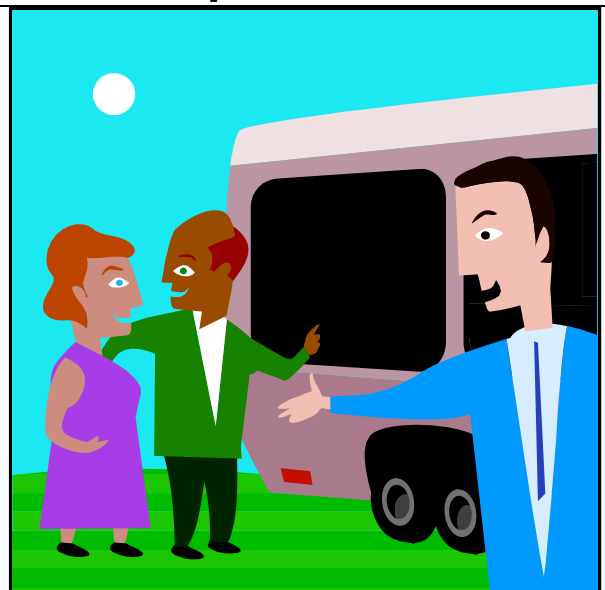
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**Toll free:** (866) 320-8911

**Email:** [mhsacomment@co.humboldt.ca.us](mailto:mhsacomment@co.humboldt.ca.us)

**Address:** Department of Health and Human  
Services, Mental Health Branch  
Attn: Jaclyn Culleton  
720 Wood Street  
Eureka, Ca 95501



# Attachment D

Times-Standard  
 Saturday 4/11/09 page 2

gressed. Police in San Jose have received leads from potential witnesses, Sgt. Ronnie Lopez said, and FBI spokesman Brian Hale said the incident had no connection to terrorism. He did not elaborate on how that determination had been made.

AT&T Inc., which owns six of the severed cables, posted a \$100,000 reward for information leading to an arrest, then raised that to \$250,000 on Friday "as the full scope of the vandalism became more clear."

year-old daughter in the back seat of her car.

Susie Young Kim, 37, of Irvine was found slumped over the wheel of the car and her daughter was unharmed and taken into protective custody at a children's home, police said.

"We don't know what led the officer to shoot," Santa Ana police Cmdr. Tammy Franks said. "I have no reason to believe he knew she had a child in the car."

The chase began just after 12:30 a.m. when an

Anaheim, Fullerton, Tustin and Santa Ana, reaching speeds of up to 110 mph on the southbound Interstate 5 in a chase that lasted 30 minutes, Franks said.

Kim rammed two police cars in Tustin when police tried to trap the car with a maneuver, Kohanek said. An officer saw a child's car seat in the back of her car and told their colleagues over the emergency radio, but Kohanek added that sometimes officers miss radio transmissions.

The district attorney's office was investigating.

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Humboldt County Department of Health and Human Services  
**Mental Health Services Act**  
*Provides funding to expand and develop innovative and integrated mental health services*

*What do you think?*

**Public Comment**  
**March 28th - April 26th**  
 \*Workforce Education and Training Plan\*  
 \*Capital Facilities and Information Technology Plan and Project Proposal\*

*Documents are available and comments may be placed in the "MNSA Comment Box"*

- Humboldt County DHHS Professional Building: 507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch Children Youth and Family Services: 1711 3<sup>rd</sup> Street, Eureka
- Humboldt County DHHS Mental Health Branch Garberville Office: 727 Cedar Street
- Humboldt County DHHS Mental Health Branch: 720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MNSA/>
- Humboldt County DHHS Mental Health Branch Willow Creek Office: 77 Walnut Way

**Public Hearing on April 27<sup>th</sup>**  
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**Humboldt County  
Department of Health and Human Services  
Mental Health Branch**

**Mental Health Services Act  
Information Technology  
Project Proposal**

**March 2009**

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

County Name: **Humboldt County**

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

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

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


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

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

All documents in the attached Proposal are true and correct.


**County Director**

Name Karolyn Stein  
Telephone (707) 268-2990  
E-Mail kstein@co.humboldt.ca.us

Signed   
Date 4/28/09

**Chief Information Officer / Security Officer**

Name Paul Sheppard  
Telephone (707) 441-5407  
E-Mail psheppard@co.humboldt.ca.us

Signed   
Date 4/28/09

**HIPPA Privacy Officer**

Name Shelley Nilsen  
Telephone (707) 441-5516  
E-Mail snilsen@co.humboldt.ca.us

Signed   
Date 4/28/2009

## **EXHIBIT 2 - TECHNOLOGICAL NEEDS ASSESSMENT**

**Provide a Technological Needs Assessment which addresses each of the following three elements:**

### **1. County Technology Strategic Plan Template**

**(Small Counties have the option to not complete this section.)**

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

#### **Current Technology Assessment:**

**List below or attach the current technology systems in place.**

##### **1.1) Systems overview:**

DHHS currently hosts the mental health management server system at the primary mental health facility location at 720 Wood Street in Eureka, Ca. Users connect to the central server via Ethernet routed network from Windows PC's running Microsoft XP with a terminal emulation client. Over the years many bolt-ons and custom applications have been built and purchased to supplement the functionality and operational requirements in the various departments. There is a custom built reporting system that extracts and summarizes the data for management and evidence based practice reporting. The current solution is not fully integrated with the key areas of the operation i.e. our document imaging solution and accounting/financial systems. Current workflows and other major processes are mostly separate software and manual task entities. The process to define, create, and deploy new reports is very costly and time consuming. The current environment is very challenging to support and maintain. The ability to provide real-time information and integration with our organizational providers are impaired or non existent. The lack of systems integration and real-time information access makes providing quality service to our community a challenge. Double entry of data and duplication of efforts are key concerns. Currently the multiple systems and the lack of central integration pose security risks and challenges for support, training and maintenance. The software revision level for our primary business application will soon be unsupported as it is 10 plus years old (We must upgrade).

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

##### **1.2) Hardware:**

All hardware is located at the primary mental health facility at 720 Wood Street, in Eureka, Ca.

- Central Business server is a IBM Model F50 running AIX v4.33 UNIX
- Central Business server backup IBM DAT tape drive internal to F50
- Prescription server is a Dell OPTIPLEX running Windows server 2003
- Reporting server is a Dell OPTIPLEX running Windows server 2000
- 210 Users use Windows based PC's (Running Windows XP)
- Document Imaging server is a Dell PowerEdge 6800
- Printers various DELL, HP and other providers
- Scanners OCE multifunction copiers and various providers

**1.3) Software:**

- Central Business server runs CMHC 4.1 applications from NetSmart
- Central database supporting CMHC is ISAM (hard to access data)
- Prescription server runs Infoscriber from NetSmart (Older version)
- Document Imaging server runs SCERIS v1.7 software
- Electronic forms eForms from SCERIS software
- User PC's utilize Microsoft Office, Exchange email and SCERIS Client

**1.4) Support (i.e. maintenance and/or technical support agreements):**

- Full maintenance and support contract with vendors to cover the primary business system, prescription and document imaging applications
- The hardware for the business, prescription and document imaging servers are self supported by a full redundant setup of hardware configured and ready to swap out the production systems. The applications have been pre-installed and the last backup and swap the backup server are applied into production in the event of a failure. A documented disaster recovery plan is maintained to be executed by trained in-house staff.

**Plan to achieve an Integrated Information Systems Infrastructure (IISI) to support MHSA Services:**

**Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISI.**

**(Counties may attach their IT Plans or complete the categories below).**

**1.5) Describe how your Technological Needs Projects associated with the Integrated Information System Infrastructure will accomplish the goals of the County MHSA Three-year Plan:**

These efforts will include the development of an enhanced and up to date technological infrastructure which will support integrated service experiences that are culturally and linguistically appropriate and facilitate the highest quality, cost-effective services and supports for clients and their families.

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

An integrated multilingual business management system will be implemented to support the core Mental Health Branch operational functions. Key solution elements must include integration or ability to migrate our existing document imaging systems, data warehouse strategies, electronic prescription systems, reporting requirements and support for migration of the existing core data with our current business systems. Key stakeholders and organizational provider integration are primary goals. Reduction of double entry of data and real-time availability of information to all users of a central information system are minimum requirements. Ability to provide current security technologies and features to ensure the confidentiality and safety of client information are core requirements. We plan to implement a hosted solution model Application Service Provider (ASP) to support disaster planning, system redundancy, reduce the overhead of maintenance and support, reduce complexity and retain the ability to stay on the upgrade path. Only solution providers that contractually commit to maintaining compliance with state and federal regulations and requirements will be considered. We plan to implement a solution that would retire many of our third-party purchased and custom build bolt-on solutions to leverage a fully integrated single source software model. Only systems capable of providing key operational and management reporting tools will be considered.

**1.7) Note the Implementation Resources currently available:**

<b>Oversight Committee:</b>	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Project Manager:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>
<b>Budget:</b>	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Implementation Staff in place:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>
<b>Project Priorities determined:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>

**1.8) Describe plan to complete resources marked no above:**

An oversight committee has been established to drive the project. The oversight committee works with stakeholders and management to organize and manage the project process. A Project Manager will be identified and once a solution provider is selected, consulting services will be leveraged to support the majority of the discovery, design and implementation tasks. Internal staff and community stakeholders will help guide, support and work with the consultants throughout the entire process. Once the final project requirements, details and tasks are in place the appropriate staff and other resources for the project will be selected and allocated. DHHS will work with the vendor to establish the project priorities and implementation timelines.

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

Basic overview of project priorities:

- Establish Oversight Committee team (*Management*)
- Acquire funding, budget, timing and project approval
- Discover/establish our core organizational and stakeholder requirements
- Review agency, state and federal requirements
- Develop a vendor selection process
- Select Vendor (*Solution Provider*)
- Perform a full current operations analysis (*Discovery Process*)
  - Processes and procedures
  - Forms and paper flows
  - Data entry/retrieval points
  - Data export and transmission points
  - Reporting and other informational outputs
- Establish new system requirements (*Needs Assessment*)
  - Redesign for efficient processes and procedures
  - Consolidate and redesign form and paper flows
  - Rethink data entry processes and data retrieval
  - Centralize and enhance reporting tools
  - Establish standards and full documentation
- Determine/Design new solution
- Establish project implementation team, define project plan and timing
- Complete Documentation
- Training
- Implement

The current system is outdated and insufficient. These technological needs project priorities will provide a modern integrated clinical and administrative information system to support MHP programs with increased quality of care and operational efficiencies to minimize errors and ensure timely and quality service delivery.

These technological needs project priorities will contribute to the success in reaching the technology goals of modernization, transformation, client and family empowerment, and making health information available to clients and service providers. It will contribute to the long-term plan of promoting the transformation of technology operations from a paper based process to a secure, fully integrated, client-driven electronic environment.

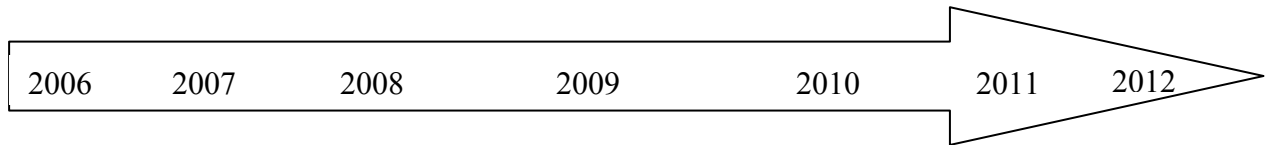
## 2. Technological Needs Roadmap Template

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

Complete a proposed implementation timeline with the following major milestones.

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

The one-time MHSAs funds supported our EHR “Lite” first phase project which was completed in 2008. Humboldt County is now focusing on our second phase of the Full EHR compliance project to be completed prior to the 2012 mandate. Our project includes the core functions of compliant CCHIT security & privacy, HIPAA, HL7 2.X, ICD-9, connectivity standards, client access, practice management, clinical data management, electronic prescription, computerized order entry within a fully integrated EHR system.



		EHR “Lite” Clinical notes and history. SCERIS Document Imaging <i>(COMPLETE)</i>	Funding, Discovery, Needs and Requirements – select solution provider <i>(IN PROCESS)</i>	Redesign, documentation, training, implementation of a Fully integrated EHR solution	Full EHR	
--	--	--	--	--	----------	--

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

Training Schedule for 2010	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admin Staff								✓				
Service Providers									✓			
Support Staff										✓		
Business Partners											✓	

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

Communication regarding the Integrated Information Infrastructure planning and implementation is provided through a variety of means including:

- Targeted DHHS-sponsored Integrated Information Infrastructure stakeholder meetings
- DHHS staff participation at meetings of local community-based organizations and associations that represent and/or serve diverse stakeholders including organizational providers, clients, and family members.
- Informational materials and updates provided for:
  - Program-specific staff meetings
  - DHHS Newsletter
  - DHHS Trends reports
  - Mental Health Branch “Branch Bits” newsletter
  - Mental Health Branch Data Book
  - Mental Health Board updates
  - Local newspapers
  - DHHS public education activities.

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

Please see Exhibit 2 - TECHNOLOGICAL NEEDS ASSESSMENT (Sections 1.1 through 1.4) which includes our small county’s full inventory of software and hardware systems.

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

This will be determined during the selection process.

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

This will be determined during our selection process. Our core selection criteria include solutions that contain the following components and functionality:

- Compliant CCHIT security & privacy, HIPAA
- Role based two factor authentication security model
- Connectivity and communication standards (HL7, ICD-9, etc.)
- Ability to transmit a compliant form of Continuity of Care Records
- Client access
- Multi-lingual support for users and clients
- Practice management

- Electronic workflow management
- Clinical data management
- Electronic prescription
- Real-time data entry and updates
- Document Imaging integration
- Evidence Based Practice management and reporting
- Computerized order entry
- Mobile technologies
- Compatibility with PHR technologies
- Fully integrated EHR system.

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

Below is an overview of some of the key elements that will be included in the selection criteria:

- Established, financially sound provider
- Integrated solution across all systems and modules
- Integrated electronic forms
- Ability to integrate with our existing document imaging system SCERIS
- Hosted solution provider with WEB based technology solution
- Real-time, client centric access & updates to client information
- Organizational providers integration, tools and communications
- Electronic prescribing, forms and transmission of information
- Workflow support for processes, communications and forms routing/status
- Electronic signature and hand-held devices (PDA/Tablet) support
- Support of state and federal claiming and communications interfaces
- Commitment to provide updates and upgrades to support the changing state and federal acts, security and requirements and standards
- Compliant HIPAA, CCHIT Functionality Criteria 2007, HIMSS Definitional Model Version. 1.1
- Support for XML, SOAP, SAML, OASIS and information exchange interfaces
- Support for International Classification of Diseases (ICD-9)
- Support for Common Procedural Terminology (CPT)
- Support for HL7 2.X (with vendor commitment to migrate to HL7 RIM)
- Support for Logical Observation Identifiers Names and Codes (LOINC)
- CCHIT behavioral health criteria within one year of availability
- Compatibility with PHR technologies
- Capture and report California mental health specific cost reporting and performance outcome data
- Ability to transmit an approved form of a Continuity of Care Record
- Role-based two factor authentication security model
- Real-time/historical monitoring of user access for security compliance
- Multi-lingual support for users and clients
- Support for Evidence Based Practice and management reporting

- Support client and family member empowerment
- Quality 24X7 maintenance and support

## **2.1) Cost estimates associated with achieving the Integrated Information Systems Infrastructure:**

To achieve full compliance with the EHR solution Humboldt County will require the following estimated funds:

- Consulting Services \$401,200
- Staff Travel \$12,700
- Software licensing \$251,000
- Hardware \$513,500
- Customizations \$114,400
- Miscellaneous \$5,200

## **3. County Personnel Analysis (Management and Staffing)** **(Small Counties have the option to not complete this section)**

Humboldt is a small county with a low risk project assessment therefore, this section is not required.

## EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 3/27/09

County: HUMBOLDT

**Project Title:** Integrated Clinical and Administrative Information System

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

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

### **Please indicate the type of MHSA Technological Needs Project**

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

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

#### ➤ **Client and Family Empowerment Projects**

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

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

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

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

**Custom Application**

**Name of Consultant or Vendor (if applicable)** \_\_\_\_\_

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

**Name of Vendor:** \_\_\_\_\_

Humboldt County is currently in the evaluation and selection process. A suitable vendor has not been selected.

**Product Installation**

**Name of Consultant and/or Vendor (if applicable)** \_\_\_\_\_

**Software Installation**

**Name of Vendor** \_\_\_\_\_

## **Project Description and Evaluation Criteria – Detailed Instructions**

Complete each section listed below.

Small counties (under 200,000 in population) have the option of submitting a reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project. A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with a “\*”.

### **Project Management Overview**

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for risk level using the worksheet in Appendix A. For Projects with medium to high risk, the County shall provide information in the following Project management areas.

Humboldt is a small County with a low risk project assessment therefore, this section is not required.

- Independent Project Oversight
- Integration Management
- Scope Management
- Time Management
- Cost Management
- Quality Management
- Human Resource Management (Consultants, Vendor, In-House Staff)
- Communications Management
- Procurement Management

**For low risk Projects, as determined by the worksheet in Appendix A, the above Project management reporting is not required.**

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

DHHS will work with the solution provider once a vendor selection has occurred to develop the project plan and timelines.

## Project Cost

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted.

Costs should be forecasted on a quarterly basis for the life of the Project. Costs on a yearly and total basis will also be required for input on Exhibit 4 – Budget Summary.

**Estimated Project Costs**

Category	FY 08/09	FY 09/10			
	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Consulting Services	\$31,956	\$36,922	\$92,306	\$110,767	\$92,306
DHHS Staff Travel	\$2,003	\$3,738	\$3,738	\$2,670	\$534
Software Licensing		\$62,748	\$62,748	\$62,748	\$62,748
Hardware/Upgrades			\$385,125	\$77,025	\$51,350
Customizations		\$28,594	\$28,594	\$28,594	\$17,156
Miscellaneous	\$325	\$650	\$650	\$975	\$975
<b>Quarterly Costs =</b>	\$34,284	\$132,651	\$573,160	\$282,778	\$225,068
<b>Administrative =</b>	\$8,137	\$24,410	\$24,410	\$24,410	\$24,410
<b>Annual Costs =</b>	\$42,421				\$1,311,295

Category	FY 10/11			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Consulting Services	\$18,461	\$18,461		
DHHS Staff Travel				
Software Licensing				
Hardware/Upgrades				
Customizations	\$11,438			
Miscellaneous	\$650	\$325	\$325	\$325
<b>Quarterly Costs =</b>	\$30,549	\$18,786	\$325	\$325
<b>Annual Costs =</b>				\$49,985

Category	Total
Consulting Services	\$401,178
DHHS Staff Travel	\$12,682
Software Licensing	\$250,990
Hardware/Upgrades	\$513,500
Customizations	\$114,375
Miscellaneous	\$5,200
Administrative	\$105,775
<b>Total One Time Costs</b>	<b>\$1,403,700</b>

## Nature of the Project

### Describe:

### **The extent to which the Project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives**

Key critical elements of this project that impact the success of meeting Humboldt County, MHSA and DMH goals:

- It is critical that Humboldt County DHHS upgrade the existing behavioral clinical and administrative software and hardware solutions to comply with state and federal mandates.
- It is cost and time prohibitive to attempt to alter the current production software and hardware environment to comply with state and federal mandates.
- Current legacy software solution is soon to be unsupported as it is outdated, complex and utilizes custom applications and very old technologies.
- Counties are now expected to accomplish more and continue to comply with all changing State and Federal regulations with less relative funding while maintaining staffing levels. Modern software systems provide increase functionality, timely transactions, automation, and effective management information and reduce complexity.
- The overall cost of ownership of a truly integrated solution is less than our current custom legacy environment.
- This Project is critical to Humboldt County's ability to continue to provide quality timely services that are wellness focused and client/family/community driven into the future.
- The ability to provide culturally competent services that lead to effective outcomes.
- The ability to stay on the upgrade path for hardware and software systems.
- The ability to effectively manage staff tasks and increased workloads.
- Increase the ability to support disaster planning and execution.

The expected functionality associated with this Project will lead to achieving the objectives identified in the stakeholder process. A software/solution provider will be selected that can provide a fully integrated system which can comply with current regulations and future state and federal mandates. This project will provide the opportunity to rethink and redesign clinical workflows, provider interfaces, access to documentation, training processes, leverage automation, increase integration with other providers and other systems, ability to maintain and support systems, reduce complexity for transference, and strategically position our county for disaster events. Key benefits include:

- Deployment of a fully compliant EHR system which will remain compliant with state and federal regulations as they are mandated.

- Ability to stay on an upgrade path with all hardware and software systems by leveraging WEB based technologies for our clients and Application Service Provider (ASP) for our backend applications.
- Executable disaster recovery design which includes remote hosting and redundant data centers.
- Integrated system support for mobile technologies for disaster support and rural county consumer support.
- Automated workflow tools to support efficient management of tasks and data.
- Automated tools to manage timely, compliant claiming processes.
- Access to relational key management reporting data.
- Maintainable training and real-time user support integrated into applications.
- Online access to current system and application documentation
- Reduced maintenance overhead and costs of system ownership.
- Role-based two factor authentication security.
- Full security monitoring capabilities.
- Increased ability to comply with HIPAA privacy regulations.

All DHHS clients, families, and communities served will benefit from a fully integrated clinical and administrative information system solution. Key program impacts include:

- Efficient access to important information via WEB based technologies.
- Real-time data updates which provide all users of the system immediate access to accurate data.
- Integrated, complete view of client information to support quality care.
- Ability to automate the management of workflows and tasks via alerts and routings
- Increased ability to provide more granular levels of user access to support privacy and security requirements.
- Increased ability to provide remote client care with the use of mobile technologies.
- Ability to support our county's integrated programs via information consolidation
- Integrated operational management and evidence based practice reporting tools
- Increased system monitoring and reporting for system administration

A fully integrated EHR solution directly supports Humboldt County's long-term strategy to reduce system complexity, increase ability to support disaster events, increase level of care, ability to maintain compliance with changing state and federal regulations.

System complexity strategy: Reduce complexity by retiring various custom, 3<sup>rd</sup> party applications and aging solutions. The current custom environment is extremely hard to maintain and support i.e. multiple vendors, multiple hardware platforms, multiple operating systems, lack of integration, challenges for staff training, numerous software upgrades, complex maintenance & support, upgrade costs, complex disaster planning, complex network of connections and ability to transfer system support knowledge.

Increase ability to support disaster planning: An Application Service Provider (ASP) will be deployed for backend applications. This strategy will locate the primary servers out of county. The providers of ASP have redundant, HIPAA compliant data centers which are accessible via WEB technologies. This will directly support mobile workforce during disaster events and provide options for remote client care in mobile workforce vans. The local logistics of this strategy during disaster events will be greatly reduced and much more executable.

Increased level of care: The goal is to provide the highest level of care possible. Deploying the best technologies to support rural county communities will greatly benefit the ability to support remote needs. Modern integrated information systems will support reduced errors and increase timely access to the key information required to provide and maintain the highest level of care. DHHS strives to provide staff with the 'best' tools to perform their duties for the community. Systems that are easy to use and provide real-time integrated support and documentation will yield the best results.

Maintain compliance with state and federal regulations: Systems and solutions will be deployed which allow the upgrade path for hardware, software, future technologies and regulations. The current custom, patched together environment does not meet this goal. The EHR project is key to the ability to achieve this required compliance goal. Existing legacy applications and systems will be retired as we move toward a fully integrated environment.

### **The degree of centralization or decentralization required for this activity**

This project will be managed centrally; however implementation involves five site locations within a five mile radius. The communication and management plan for this project will involve decentralized activities.

### **The data communication requirements associated with the activity**

The solution must support state and federal electronic (EDI) claiming transactions, email integration for messaging, direct data export/access for reporting, detailed level of transaction data for auditing and tracking and support for exports to data warehousing systems.

### **The characteristics of the data to be collected and processed, i.e., source, volume, volatility, distribution, and security or confidentiality**

Data to be collected and processed includes all data elements collected and reported to DMH as part of Medi-Cal as well as the client services information reporting (CSI) required by the State. There is a high degree of security and confidentiality required for transmission of this data. In addition, data will be expanded due to the Electronic Health Records system.

## **The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure.**

The goal is to fully integrate the next solution into all key systems (Document Imaging, Data Warehouse, Messaging, Electronic Prescription and the existing networks). DHHS plans to explore integration possibilities with organizational providers and stakeholders. We require full integration and compliance with state and federal reporting and claiming systems.

### **Hardware Considerations**

\*(as applicable)

#### **Describe:**

#### **Compatibility with existing hardware, including telecommunications equipment**

The solution will need to integrate or support the ability for migration with the existing document management system SCERIS, Windows (XP or higher) PC clients, Ethernet network, and signature pads. The leverage SMTP compliant messaging systems and standard cell phone technologies will require integration with the software selection. The ability to integrate/replace the existing data transmission systems via Electronic Data Interchange (EDI) are core requirements to continue the claiming and reporting needs to the state and federal agencies. Counties will be required to comply with current and future functionality standards, Interoperability, Client Access, Privacy, Security guidelines and auditing tools of CCHIT, HIMSS, etc.

#### **Physical space requirements necessary for proper operation of the equipment**

No space limitations for this solution. There is dedicated space to support onsite hosting of hardware systems. There will be a hosted solution (ASP) model that will need to only support WEB based technology access verses onsite hosted equipment.

#### **Hardware maintenance**

Support for 24X7 coverage of systems and software. The goal is to utilize a hosted model to leverage a disaster plan; redundant data center topology and reduce overhead for staff expertise, training and support. Contracted Service Level Agreements (SLA) are key elements to providing the level of service to support to clients.

#### **Backup processing capability**

The solution will perform nightly full backs and off-site storage to ensure recovery of all data. Backup event rotation schemes that provide the ability to recover critical historical information will be included in core requirements. The solution will also support a redundant data center model in the event of a disaster.

## **Existing capacity, immediate required capacity and future capacity**

The solution will support a usage load that provides the response times suitable to perform timely work. The solution will have the growth capacity of several times the implementation sizing and incorporate stakeholder needs.

## **Software Considerations \* (as applicable)**

### **Describe:**

- **Compatibility of computer languages with existing and planned activities**

Suitable solutions will include a compliance commitment to provide updates and upgrades to support the changing state and federal regulations, security requirements and standards. Integration or migration options will be required with the existing document imaging solutions, county accounting systems, data warehouse systems, electronic prescription systems and current networking topologies. Support for WEB based client access, XML, HL7, SOAP, SAML, OASIS and information exchange interfaces and future technologies adopted by agencies and other business partners. It will meet the HIPAA/Compliance regulations and CCHIT behavioral health criteria within one year of the availability of final CCHIT behavioral health certification criteria.

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

The approach is to utilize a vendor WEB Client hosted model (off-site hosting with full maintenance for hardware/software systems). The hosted solution will provide superior disaster recovery and reduced overhead and maintenance costs.

- **Availability of complete documentation of software capabilities**

The vendor selection criteria will include requirements for full training, systems and reporting documentation to support all aspects of the system. Core requirements will include tools and processes to maintain and update training materials and documentation to support new staff and refresher courses for existing staff.

- **Availability of necessary security features as defined in DMH standards**

The vendor selection criteria will include full and future compliance with all state, federal security requirements.

- **Ability of the software to meet current technology standards or be modified to meet them in the future**

A major vendor selection criterion is the ability of the solution provider to provide timely compliant updates and upgrades that meet or exceed current technology standards and features.

### **Interagency Considerations\* (as applicable)**

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

As part of the implementation process we will provide a solution that:

- Supports integrations and communications with organizational providers, clients and family members.
- The ability to share information, collect data and provide secure access to remote users.
- Reduced data entry efforts and improve data integrity into an integrated business management solution.
- Provide real-time data (entry, updates, publication and access)
- Compliant import and export tools to support data warehousing, evidence based practice and future integration and migration capabilities are of high importance.

### **Training and Implementation \* (as applicable)**

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

Once the solution has been selected the training plan will be developed with the vendor. The goal is to include, prior to the system implementation, a full training process, and complete user and administrator documentation as part of the project. Context sensitive and user authored help text tools are key requirements that will be part of the needs requirements. The strategy is to provide real-time help tools to support staff which will result in the highest level of service to clients. There is currently a WEB based training tool that supports the publication of training packages and testing facilities. This system will deploy routine training materials required to maintain user skill levels. This training system documents and tracks by individual that progress and status of training completion. Several of the EHR software vendors have similar WEB based training solutions that will be evaluated.

## **Security Strategy \* (as applicable)**

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

**Please address specifics related to:**

- **Protecting data security and privacy**

The solution will have a role-based, multi-level authorization security model for access to all systems and information. The current Network Access Request Process (NARP) requires data area owners to approve and audit all network, application and data access. Routine audits are performed with the data owners to ensure that users with access are approved by the appropriate management/data owners. The solution will also have real-time user activity monitoring within the software to provide alerting, audit trails of all data access and navigation. Currently vendors are being evaluated for network level monitoring, hard drive encryption to secure laptops, desktops, thumb drives (removable storage devices) and file server systems. The current email encryption solution was implemented that covers the transmission of email and attachments. There is an external email filtering and cleansing service. All PC's are centrally managed and automatically updated daily by a virus, malware and spamware server. User PC operating systems are also centrally managed and automatically updated for the latest security patches and updates. All discovery, design, testing and implementation activities will require attention to security by all consultants and staff. Wherever possible a 'best practice' model will be utilized, i.e. encrypted technologies, and security constraints to ensure that all data and client privacy is protected. Vendors will be required to provide proof that all individuals comply with HIPAA and other privacy and security requirements. Users of systems are only provided the level and access content required to perform authorized job functions and duties.

- **Operational Recovery Planning**

The plan is to leverage a remote hosted model solution Application Service Provider (ASP). The solution provider will support secure redundant data centers and disaster recovery plans managed as part of monthly maintenance. Contract Service Level Agreements (SLA) will support local performance requirements. The strategy is to support operational recovery that includes mobile devices to access information and support communications.

- **Business Continuity Planning**

The vendors' remote hosting solution and redundant data center model will be leveraged. Portable wireless devices (Laptops/PDAs/Smart Phones/etc.) that

will utilize wireless cell phone technologies to access the remote WEB based systems in the event of an outage/disaster will be deployed. The Smart phones will provide communications, data access and application access.

- **Emergency Response Planning**

Remotely hosted systems (ASP) within a redundant fault tolerant architecture will be implemented. Portable devices (Laptops/PDAs/Smart Phones/etc.) that will utilize wireless cell phone technologies to access the remote WEB based systems in the event of an emergency will be deployed. The Smart phones and other portable devices will provide communications, data access and application access.

- **HIPAA Compliance**

All solutions will maintain current and future compliance with the state and federal regulations which include HIPAA.

- **State and Federal laws and regulations**

All solutions will be required to contractually agree to maintain current and future compliance with the state and federal regulations.

**Project Sponsor(s) Commitments**  
(Small Counties may elect to not complete this section)

Humboldt is a small County therefore, this section is not required.

**EXHIBIT 4 - BUDGET SUMMARY  
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL (List Dollars in Thousands)**

**County:** HUMBOLDT

**Project Name:** Integrated Clinical and Administrative Information System

Category	(1) 07/08	(2) 08/09	(3) Future Years	(4) Total One- Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
<b>Personnel</b>					
Travel		2,002	10,680		
<b>Total Staff (Salaries &amp; Benefits)</b>		2,002	10,680	12,682	
<b>Hardware</b>					
<b>From Exhibit 2</b>			513,500		
<b>Total Hardware</b>			513,500	513,500	
<b>Software</b>					
<b>From Exhibit 2</b>			250,991		
Recurring Software Maintenance					9,650
<b>Total Software</b>			250,991	250,991	
<b>Contract Services</b>					
<b>Consulting</b>		31,956	312,653		
Recurring Annual Hosting			56,568		113,136
<b>Total Contract Services</b>		31,956	369,221	401,177	
<b>Administrative Overhead</b>					
<b>Administrative Overhead</b>		8,137	97,638	105,775	
<b>Other Expenses (Describe)</b>					
Materials (tools, paper, etc.)		325	4,875	5,200	
Customization Services			114,375	114,375	
<b>Total Costs (A)</b>		42,420	1,361,280	1,403,700	122,786
<b>Total Offsetting Revenues (B) **</b>	0	0	0	0	0
<b>MHSA Funding Requirements (A-B)</b>		42,420	1,361,280	1,403,700	122,786
<b>Notes:</b>					

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

\*\* For Projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

**EXHIBIT 5 - STAKEHOLDER PARTICIPATION  
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL**

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

<b>Stakeholder Type</b>	<b>Meeting Type</b>	<b>Meeting Date</b>
<b>e.g. (contract provider, client, family member, clinician)</b>	<b>e.g. public teleconference</b>	
CiMH Information Mgt Conference	Dir of MHB, Dir of I.S, Fiscal Mgr, Dev staff	4/9-4/10/08
Mental Health Branch Managers	Managers meeting	11/17/08
Behavioral Health Mngt Sys Upgd team	Project team	11/26/08
Behavioral Health Mngt Sys Upgd team	Project team	12/4/08
Behavioral Health Mngt Sys Upgd team	Project team	12/11/08
Behavioral Health Mngt Sys Upgd team	Project team	12/18/08
Behavioral Health Mngt Sys Upgd team	Project team	1/8/09
Behavioral Health Mngt Sys Upgd team	Project team	1/16/09
Behavioral Health Mngt Sys Upgd team	Project team	1/23/09
Client and Cultural Diversity Committee	Stakeholder Input	2/2/09
Training Committee	Stakeholder Input	2/2/09
Behavioral Health Mngt Sys Upgd team	Project team	2/5/09
MHSA Project Team	MHSA Project Planning	2/18/09
Mental Health Branch Managers	Managers meeting	2/23/09
Mental Health Branch Managers	Managers meeting	3/2/09
Organizational Providers	Stakeholder Input	3/9/09
MHSA Project Team	MHSA Project Planning	3/11/09
Client-run Hope Center	Stakeholder Input -clients	3/19/09
National Alliance on Mental Illness	Stakeholder Input-families	3/19/09
Transition Age Youth (TAY)	Stakeholder Input-TAY	3/19/09

**Include a description of stakeholder involvement, including the Community Program Planning Process (CPP Process) and the Local Review Process, in the Technological Needs Project Proposal. The CPP Process may have already been completed through the development of the Capital Facilities and Technological Needs Component of the Plan, as noted in Enclosure 1, in which case, simply attach a copy.**

The CPP Process was completed through the development of the Capital Facilities and Technological Needs Component of the Plan. Please see attached copy of the Capital Facilities and Technological Needs Component of the Plan.

## APPENDIX A - PROJECT RISK ASSESSMENT

Category		Factor	Rating	Score
Estimated Cost of Project		Over \$5 Million	6	2
		Over \$3 Million	4	
		Over \$500,000	2	
		Under \$500,000	1	
<b>Project Manager Experience</b>				
Like Projects completed in a "key staff" role		None	3	2
		One	2	
		Two or More	1	
<b>Team Experience</b>				
Like Projects Completed by at least 75% of Key Staff		None	3	2
		One	2	
		Two or More	1	
<b>Elements of Project Type</b>				
Hardware	New Install	Local Desktop/Server	1	2
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Desktop/Cabling	1	1
		Distributed Network	2	
DataCenter/Network Operations Center		3		
Software	Custom Development		5	1
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	3
		Over 100	3	
		Over 20	2	
Under 20		1		
* Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	1
		Two-Tier (client/server)	2	
		Multi-tier (client & WEB, database, application, etc. servers)	3	
<b>Total</b>			LOW	14

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

**FY 2009/10 Mental Health Services Act  
Capital Facilities and Technological Needs Funding Request**

County: Humboldt

Date: 3/27/2009

Capital Facilities and Technological Needs Work Plans				FY 09/10 Required MHPA Funding	Type of Project	
No.	Name	New (N)/ Approved Existing (E)	Capital Facilities		Technological Needs	
1.	1	Integrated clinical and administrative information system	N	1,263,642		1,263,642
2.						
3.						
4.						
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22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans			\$1,263,642	\$0	\$1,263,642
27.	Plus County Administration			\$97,638		
28.	Plus Optional 10% Operating Reserve					
29.	Total MHPA Funds Required for Capital Facilities and Technological Needs			\$1,361,280		