

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # *B-1

Urgent

Routine

AGENDA DATE April 3, 2012

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval to Use \$135,970 of Public Facilities Fees for the Substance Use Treatment Component of Enhancements to the Behavioral Health and Recovery Services Electronic Health Record System

STAFF RECOMMENDATIONS:

Authorize the use of \$135,970 of Public Facilities Fees (PFF) funds for the substance use treatment component of enhancements to the Behavioral Health and Recovery Services Electronic Health Record system.

FISCAL IMPACT:

Enhancements to the Department's Electronic Health Record System are estimated to cost \$1,303,999 over a three year period. Funding from the State Mental Health Services Act Capital Projects and Technological Needs component will fund \$1,162,498 of the total cost. The Department is requesting Public Facilities Fees in the amount of \$135,970 to assist in funding the portion attributed to substance use treatment. The Department's PFF account has a balance of \$156,224 as of February 29, 2012.

Fiscal Impact Continued on Page 2

BOARD ACTION AS FOLLOWS:

No. 2012-133

On motion of Supervisor Chiesa, Seconded by Supervisor Withrow

and approved by the following vote,

Ayes: Supervisors: Chiesa, Withrow, Monteith, De Martini, and Chairman O'Brien

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No. M-64-I-14

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FISCAL IMPACT (Continued):

The remaining amount of \$5,531 that is not funded through PFF, will be covered by the Alcohol and Drug Program fund balance, which has a current unencumbered balance of approximately \$257,000.

The Department estimates that \$516,975 of the total cost will be needed in Fiscal Year (FY) 2011-2012 for staffing, operating, contracts and software. Appropriations and estimated revenue, including an estimated amount from Public Facilities Fees, were approved by the Board of Supervisors as part of the FY 2011-2012 Final Budget. No additional budget adjustments are necessary. Funding to support this request in future budget years will be included in subsequent budget requests. There is no impact to the County General Fund.

DISCUSSION:

In November 2004, residents of California passed Proposition 63, the Mental Health Services Act (MHSA). The new law provides funding to counties to *transform* the public mental health system in the following areas:

- Community Services and Supports to provide services to children, adults, transition age youth, and seniors;
- Prevention and Early Intervention;
- Innovative Programs;
- Capital Facilities and Technological Needs; and
- Workforce Education and Training.

The Capital Facilities and Technological Needs component was specifically intended to assist County Mental Health departments to upgrade aging facilities and information technology (IT) systems in order to better serve the community. Following a lengthy stakeholder process, a decision was made to use the entire Capital Facilities and Technology Needs allocation of \$5,686,800 for a new IT system and equipment to support consumer and access to computer resources.

During the Spring of 2010, Behavioral Health and Recovery Services (BHRS) began the process of developing and implementing the new Electronic Health Record system. The Department's existing IT system, known as INSYST was implemented in June, 1990. After conducting a Request for Proposals process, the Department selected a system from Anasazi Software, Inc. The new system cost \$2,449,000 and was funded through

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a combination of MHSA, Public Facilities Fees, and Alcohol and Drug fund balance. The Board of Supervisors authorized the Department to enter into the agreement with Anasazi Software, Inc. and to purchase the necessary equipment on June 29, 2010. The Anasazi system went "live" in January, 2012.

With the passage of Assembly Bill 100 in March 2011, County Mental Health departments were notified by the California Department of Mental Health that the balance of their MHSA funding was available. Departments were asked to submit a request for these funds prior to June 30, 2011. BHRS received \$1,368,576 on June 23, 2011. These funds were deposited into a Deferred Revenue account.

With additional input from stakeholders, the Department has identified three projects that will enhance and support the new system and provide additional equipment and support for consumer access to computing resources. These enhancements include:

1. Consumer Family Access to Computing Resources

This is an existing project that was approved by the Board of Supervisors as part of the initial system request in 2010. The Consumer Family Access to Computing Resources project allows placement of computers, technical support and training in easily accessible areas of service locations and behavioral health drop-in centers. A number of locations throughout Stanislaus County were established to ensure access without the need to travel to Modesto. Additionally, an opportunity for consumers and family members to be providers of training and technical support was funded as part of the project, and two technicians are currently working within the BHRS.

BHRS is expanding that initial project, consistent with the purpose of the original project. This project is central to successful implementation of the anticipated Personal Health Record aspect of the ongoing Electronic Health Record implementation. The expanded project is a broadening of the scope that increases resources, primarily for youth, and is based on input from transition aged youth who actively use technology to support their emotional health and wellness goals. The expansion includes monies for additional computers, Internet access spots, projectors, printers, and software licenses.

2. Electronic Data Warehousing

The purpose of this project is to implement an integrated Electronic Health Data Warehouse that can serve as the system-of-record for internal quality improvements, maintenance, surveillance, reporting and auditing requirements. The Data Warehouse will combine data from the department's Electronic Health Record as well as other BHRS Information Systems to provide timely, accurate, and actionable information via user-focused dashboards to coordinators, managers and senior leadership.

Building out a Data Warehouse capability will enable the Department to strengthen its strategy of developing its own Integrated Information Systems Infrastructure (IISI) that aligns with Mental Health Services Act's IISI goals. The components of the IISI will ultimately include public-facing services such as a community portal; partnership-supporting elements such as shared document management solutions and our Electronic Health Record; and outcomes-focused tools such as a dashboard for measuring to what extent the Department's services are making a difference in the lives of its clients. The common link between these components is data; data extracted, compiled, or computed from multiple sources. The Data Warehouse is the structure to support making sense of all of that data.

Components of the Data Warehouse will include databases, reporting tools, storage management and business continuity elements. In order to make the most efficient use of the hardware to be purchased for the Data Warehouse project, server virtualization technologies will be used, as well as data de-duplication software and shared storage solutions. A Storage Area Network ("SAN") product is included in this project. SANs are a solution that is becoming a standard for cost-effective, high-reliability, high-performance shared storage. An initial public-facing portal will be developed, though a more robust portal will be considered as another measure.

Dashboard software will be procured and implemented under the Data Warehouse project that will provide timely and effect data to departmental supervisors, managers and leadership. The Data Warehouse will support the Electronic Health Record already being implemented, as well as document imaging requirements described below.

3. Document Imaging

The Document Imaging Project will provide both a repository of historical charts and other client data in electronic form that will act as a key component in improved quality of health service delivery as well as a capability going forward to reduce and ultimately eliminate paper-based processes currently used by BHRS.

Hand-in-hand with our Data Warehouse and Electronic Health Record projects, the Document Imaging project will help close the “paper gap” limitations currently imposed by hardcopy-based processes. Today, whenever paper-based business practices occur, BHRS is confined to one-to-one transactions, meaning only the individual in physical possession of the document can make use of the data present therein. Additionally, there is limited ability to monitor what occurs with the piece of paper. Paper documents may be altered, damaged or lost. Revising documents that exist on paper often require appending a second document to the first, doubling all of the challenges described above.

BHRS interacts with multiple partners, public, non-profit, and private. Moving forward, the ability to share documents electronically will become an expectation. The Federal government’s *Meaningful Use* requirements will also depend on data being in electronic form. Document Imaging will put BHRS in a better position to comply.

The Document Imaging project will encompass two primary facets; point-forward document imaging and historical document imaging. The point-forward component will require developing a capacity, including hardware document scanners, document management systems for collecting, cataloging and managing access to documents; electronic forms creation and management tools; and optical character recognition software for turning images of paper documents into records that are appropriately indexed and from which critical metadata is captured. A significant change to current business practice will need to be effected.

The historical document imaging component of the Document Imaging project will involve BHRS records management staff working with appropriately backgrounded and trained contractors to manage the efficient and secure imaging of the department’s current paper-based records using the same technology and tools required in the point-forward component. This second facet will be a short-term (18-24 months) project. Point-forward scanning requires an

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on-going commitment to scan all appropriate documents as near as possible to the time of their creation.

BHRS' IISI requires an electronic document infrastructure, and the Document Imaging project will create that critical capability. Combined with a robust Data Warehouse system and a modern Electronic Health Record, the Department will be better positioned to assist clients and the community to help themselves.

MHSA funds will be used, as regulations allow, to fund the costs of these projects. However, BHRS is an integrated department, providing both mental health and substance use treatment services. MHSA funds cannot be used for the portion of the system benefitting substance use treatment services. Therefore, consistent with the Department's original 2010 request, the use of Public Facilities Fees (PFF) under the 2003 PFF Plan is requested for the substance use treatment portion of the system.

The anticipated cost of the new projects is \$1,303,999 over a three-year period. The MHSA allocation will fund 88.3% of this cost, estimated to be \$1,162,498, based on the ratio of mental health services to the total services provided. Use of Public Facilities Fees for information technology purposes is allowed under the 2003 Public Facilities Fees guidelines. In 2003, the County's population was 469,505. The current County population is 518,461. This increase is 10.43%, justifying \$135,970 of the total cost based on population growth in the impact years. This is the amount BHRS is requesting for the substance use portion of the enhancements. There is currently \$156,224 available in this account. The remaining \$5,531 will be funded by the Department's Alcohol and Drug Program fund balance. Use of these funds for the new IT projects was approved by the Public Facilities Fees Committee on February 16, 2012.

POLICY ISSUE:

Approval of this item supports the Board of Supervisors' priorities of A Healthy Community and Efficient Delivery of Public Services by providing staff and County residents with the tools needed to modernize and transform the administrative and clinical processes required for quality care for our consumers and family members.

STAFFING IMPACT:

Existing staff is available to support this project.

CONTACT PERSON:

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