Contra Costa Mental Health Commission
Public Hearing-Draft Technologies Project Proposal
3/11/10
Minutes – Approved 4/8/10

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 7:25 pm by Chair Mantas.

Commissioners Present:
Dave Kahler, District IV
Peter Mantas, District III, Chair
Carole McKindley-Alvarez, District I-Excused
Colette O'Keeffe, MD, District
Floyd Overby, MD, District II
Annis Pereyra, District II
Teresa Pasquini, District I

Commissioners Absent:
Supv. Gayle Uilkema, Dist. II
Anne Reed, District II
Sam Yoshioka, District IV

Attendees:
Evelyn Centeno
Brenda Crawford, MHCC
Robert Heaston, Jr.
Ralph Hoffmann, NAMI
Anne Heavy, NAMI
Gail Hunt
Charles Madison
Ryan Nestman
Connie Steers, MHCC
Staff:
Donna Wigand, MHA
Sherry Bradley, MHA
Steve Hahn-Smith, MHA
David Carrillo, MHA
Susan Medlin, MHA
Holly Page, MHA
Erin McCarty, MHA
Caroline Sison, MHA
Cindy Downing, MHA

Sherry Bradley had the translators from IEC introduce themselves: Thuy Trinh-Vietnamese and Barry Barlow-American Sign Language. If no one identifies or arrives to use their services within the first 10 minutes, they are free to leave.

Introductions were made around the room.

2. MHSA DRAFT TECHNOLOGICAL NEEDS PROJECT PROPOSAL
MHSA PROGRAM MANAGER SHERRY BRADLEY AND RESEARCH AND
EVALUATION MANAGER DR. STEVE HAHN-SMITH.

Sherry Bradley said the Technologies Project Plan Proposal is one half of the support component of MHSA. Capital facilities and technology were included together as one component; in 1/09 the State approved the Component Proposal for Capital Facilities/IT needs. The approval functioned as a letter of intent with the specific Capital Facilities and IT Proposals to be submitted once the needs assessments were completed and projects developed. This public hearing addresses the Technologies Project Plan Proposal being submitted to the State. *(The Power Point presentation handouts follow these minutes.)*

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Steve Hahn-Smith stated the heart of the MHSA IT Proposal is the electronic health record and the components that are included: electronic medical record, personal health record, e-prescribing and computer resource centers.

The County began looking at vendors approx. 5 years ago along with other counties. CC County has reviewed other counties' implementations and learned from them. There used to be 8 vendors in contention; due to the requirements of Medi-cal billing and electronic health records, there are only 2 viable county level vendors viable at this point. The medical billing component is required and may have disallowed some vendors.

The IT proposal timeline was reviewed that included focus groups, public comment periods and a survey as part of the planning process to develop the Plan.

Sherry Bradley stated the original component proposal was $10.2 million dollars. The original split was $2 million for IT and $8.2 million for capital facilites. During the stakeholder process it was discovered a complete IT system cannot be procured and implemented for $2 million. The purchase of an IT system is only part of the total cost; indirect costs (implementation, license renewals, backfilling of positions) must be included as well. One of the results of the stakeholder process was to increase the share of the $10.2 million going toward IT. A shared decision making model has now been included as well.

Sherry Bradley appreciated Commissioner Yoshioka's desire to learn all he could about the IT Project Proposal development process by requesting copies of RFP that 22 counties worked on together.

Steve Hahn-Smith said CC County has learned a great deal about implementation from watching other county's projects not go well. CC County has tried to include all costs in this proposal.

3.   PUBLIC COMMENT ON PLAN
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.

Bob Heaston wondered how implementation of a new IT system would interweave with County's current system of medical records. Steve Hahn-Smith said although he isn't sure of the details yet, the new CIO is very involved with integration. The system the County is considering is flexible and can pull in information from other systems.

Brenda Crawford wanted to support the shared decision making model at the recovery centers where consumers can communicate with their providers. Although not addressed in the IT plan, she would like to be sure the money allocated for IT and the other half of Capital Facilities funds are not compromising services to consumers at the cost of upgrading the IT system. She is specifically concerned about the other half of the fund to be used for Capital Facilities because she has heard there may not be enough funds left for some of the proposed services given the cost of the proposed IT system.

Ralph Hoffmann voiced his concern about electronic medical records, identity theft and stigma around mental illness diagnoses included in medical records.

4.   CLOSE PUBLIC COMMENT ON PLAN
Chair Mantas closed public comment.

5.   MHC COMMENT ON THE PLAN

Commissioner O'Keeffe – the interface between medical and mental health records. Kaiser has combined the two types of records and there can be advantages to that since both types of providers can access the information. One issue consumers have encountered is when a consumer is seen for a physical ailment and a diagnosis of severe mental illness is written on the chart, the physical ailment can easily be dismissed or interpreted incorrectly (ie. the person is "crazy" therefore his/her physical health issue is not really the problem). Consumers almost need an advocate with them to make sure they are taken seriously. Steve Hahn-Smith said the rules haven't been written yet, but the County will look for input about concerns on this issue.

Commissioner O'Keeffe asked why IT is being funded by MHSA Capital Facilities/IT vs. general funding. Donna Wigand said because the MHSA funds are there and available at this time. The County will not dip into the general fund to fund IT, especially given the budget reductions currently being proposed; the same situation is happening in counties all around the state. Different counties allocate the funds differently; some use all of the Capital Facilities/IT funds for IT while others use 2/3 for IT.

Commissioner Overby asked if other counties have the same IT system and a Contra Costa County patient is treated in one of those counties, will the patient record be accessible? Steve Hahn-Smith said the vendor they are considering may be able to set up an information exchange between counties with the same IT system. He's not sure of the status of that part of the project at this time, but there has been discussion and planning around that goal.

Commissioner McKindley-Alvarez asked how would county staff be trained to use the new system? Steve Hahn-Smith said the model consists of several parts: 1) approx. a week long intensive training for those involved in the system set up and 2) a "train the trainer" model where individuals are trained well in their functional area (different departments may utilize different screens based on function) and then function as a departmental expert. It hasn't been finalized yet.

Commissioner McKindley-Alvarez would like to request MHA/Sherry Bradley make sure employees are trained and retrained; a new IT system may be a huge change/challenge for some employees who are not experienced computer users. Systems are only as good as the people operating them. Sherry Bradley said pre-training has already begin with staff as they gear up for a new IT system including 1) every clinician has access to a computer and 2) keyboarding classes.

Commissioner McKindley-Alvarez asked about confidentiality and security for laptops being taken into the community? Steve Hahn-Smith said the technical solution is the server is accessible through the internet so information is not stored locally on the laptop and information is encrypted as it is sent back and forth. Technically someone could save information on a laptop, but all County laptops are encrypted so locally stored information would be secure.

Commissioner Pereyra questioned the hard freeze. If Steve Hahn-Smith vacates his position to coordinate the IT implementation, how does someone get hired to fill in his current job? Sherry Bradley said in the past if there has been a dedicated funding source, an exemption from the hard freeze is possible. Donna Wigand and Suzanne Tavano are researching whether this recent hard freeze includes exemptions for MHSA as in the past.

Commissioner O'Keeffe said Kaiser worried about similar problems brought up tonight. They trained a subgroup who went to the next subgroup and provided sequential training; proved to be a partnership. Sherry Bradley said the challenge is to identify "frontline champions" for the new IT system (ie. clincians, psychiartrists, nurses) to become the experts and trainers.

Chair Mantas wondered about the portability of information within the county system, service providers and/or other health providers (ie. Kaiser); how is portability being addressed and is the funding included in the project? Steve Hahn-Smith said yes, but we are not there yet. Sherry Bradley said it will be part of the project, but may not be part of the funding because no one truly knows the direct costs involved yet. Interoperability is different than portability. This is the first attempt; policy and privacy issues need to be established between all parties.

Chair Mantas said the reason for bringing up the issue is for the consumer who has an advocate, he/she has a list of meds the advocate walks around with. A consumer without an advocate may not have that information with them as different providers see them. For instance Kaiser does not share mental health diagnosis information between mental health and physical health care providers, but they do share what medications a person is taking to avoid mistakes. He feels medication sharing is important early on in the process. He wanted confirmation that is being looked at. Suzanne Tavano responsded the business rules are being established.

Susan Medlin said she supports sharing medication information, but if a physical health care doctor is even aware a patient is taking a psychiatric drug, she is concerned about discrimination and stigma. Stigma is still so great, some safeguards need to be developed possibly including advocacy or a rule stating no medication information will be shared without the patient's consent.

Evelyn Centeno agrees the portability and privacy issues must be addressed. Resolving privacy issues inside of the county is simple; there may need to be a wall for non-county providers such as John Muir because of privacy issues.

Commissioner Overby asked what happens if the system goes down; are there technicians available? Steve Hahn-Smith said the County is looking at a system hosted on 2 mirrored servers; if one server goes down, the down time should be minimal before it switches to the other server. The shorter the downtime in case of a failure, the higher the cost.

> **ACTION: Motion made to approve the Technologies Project Proposal with the minor conditions that substantive comments be brought up and included in the Plan by MHA. (M-McKindley-Alvarez/S-Pereya/P-Unanimous, 7-0, Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra)**

6. **CLOSE PUBLIC HEARING**

➤ **ACTION:** **Motion made to close the public hearing at 7:55 pm (M-Pasquini/S-Pereyra/ P-Unanimous, 7-0, Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra)**

Meeting Handouts

The following documents were presented

at the 3/11/10 MHSA Draft Technologies Project Proposal Public Hearing

(but not included in the agenda packet)

For all other materials reviewed and discussed at the 3/11/10 meeting, please see the agenda packet on the MHC Meeting Agendas and Minutes webpage at

http://www.cchealth.org/groups/mental_health_com/agendas_minutes.php

MHSA IT Proposal Update

Public Hearing, March 11, 2010

4 Major Components in Proposal

- Electronic Medical Record
- Personal Health Record
- E-Prescribing
- Computer Resource Centers

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IT Proposal Timeline

DATE	MEETING	OUTCOME
10/23/2008	Mental Health Commission Meeting	REPORT: MHSA Program Manager provides update on all MHSA components, including Capital Facilities and Technology Needs Component Proposal, to be posted for public comment within the next several weeks.
12/18/2008	MH Consumer Focus Group on IT Project	Consumer focus group meets to go over proposed IT project as defined in Component Proposal and gather feedback and input
12/9/2008 - 1/22/2009	Public Comment Period	Capital Facility and Technology Needs Component Proposal posted for public review and comment period from 12/9/2008 through 1/22/2009.
1/19/2009	Consumer and Family Member Survey for MHSA Technology Component	Deadline for returning MHSA Technology Survey. A six-page survey was made available to consumers who attended focus groups, at NAMI meetings, and at MHCC.
1/21/2009	MHSA Technology Component	Consumer staff focus group meets to go over proposed IT project as defined in Component Proposal and gather feedback and input.
1/22/2009	MH Commission Special Meeting - Public Hearing	Three draft MHSA component plans were presented for the Public Hearing: Workforce Education & Training; Prevention & Early Intervention; Capital Facility and Technology Need Component Proposal
2/5/2009	Letter from State Department of Mental Health	State DMH Approves CCCounty Mental Health Capital Facility and Technology Need Component Proposal
6/4/09	CPAW Regular Meeting	The Draft Information Technology Project Proposal was presented, and reviewed, and ACTION: Recommend Approval of the draft Information Technology Project Proposal. It will be posted for public review and comment for 30 days.
1/6/10	Capital Facilities and Information Technology Needs Assessment Survey Results	The Survey Results from the Capital Facilities and Information Technology Needs assessment (completed by county staff, cbo's)
1/14/10	MHC Capital Facilities/IT Workgroup Report to MH Commission	Summarized report from MHC Capital Facilities/IT Workgroup Report to Mental Health Commission
2/5/10	Public Comment Period	The 30 day public comment period begins for IT Proposal

County of Contra Costa
Mental Health Services Act (MHSA)
MHSA Technology Needs Project Proposal – Tracking of Public Comments & Responses

Public Comment Compiled

MHSA Technology Needs Project Proposal – Input from public & stakeholder comments, and from public hearing, for the period February 5, 2010 - March 8, 2010 and during the public hearing on March 11, 2010.

Reading from left to right: the first column references the comment number, the second column contains the section of the plan referenced in the comments, the third column shows stakeholder name, the fourth column identifies the public comment and/or stakeholder input, and the fifth column provides the County MHSA team response, and whether or not any substantive changes in the plan were made.

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
			There were no Public Comments received for the MHSA Technology Needs Project Proposal during the 30-Day Public Comment period.	