



CALIFORNIA DEPARTMENT OF
Mental Health

**California
Behavioral Health
Electronic Health Record
(CA BH-EHR)
Request for Information**

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Version 1.0

CALIFORNIA DEPARTMENT OF MENTAL HEALTH
Information Technology Division

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A. Preface

Introduction to this Request for Information (RFI)

The passage of Proposition 63, the Mental Health Services Act (MHSA) in November 2004, provided resources to support the delivery of mental health services by California's 58 county mental health programs and to monitor their progress toward statewide goals for mental health care in California. The MHSA provided funding for the infrastructure, technology and training elements that support a county's ability to address a broad spectrum of prevention, early intervention and service needs for children, transition age youth, adults, older adults and families. Improvement in client outcomes is a fundamental expectation throughout the MHSA implementation process.

Under MHSA, each county must develop Technological Needs Project Proposals that address the development of a long-term infrastructure that will facilitate the cost-effective delivery of the highest quality services and supports for consumer and family wellness, recovery and resiliency. Each county is responsible for its own budget and for tailoring its project proposals to meet the needs of the clients in that community.

DMH Technology Goals

All County MHSA Technological Needs Project Proposals must be framed within the context of the guiding principles of MHSA. The specific technology goals are to:

- Increase **CONSUMER AND FAMILY EMPOWERMENT** by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.
- **MODERNIZE AND TRANSFORM** clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.

To facilitate the improvement of behavioral health services in the state of California, the Department of Mental Health (DMH), in collaboration with the County Mental Health Programs, contract providers, and the client, family and vendor communities, has assembled the requirements for an Electronic Health Record (EHR) System that would be a '*secure, real-time, point-of-care, client-centric information resource for service providers*' and would allow for the exchange of client information according to a standards-based model of interoperability.

DMH recognizes that the development of standards is an ongoing process that often reflects competing interests and, that standards are often more developed in some areas than in others. DMH wishes to facilitate the process whereby vendors adapt their systems to adhere to the standards that best serve the needs of California's behavioral health care recipients.

The purpose of this RFI is to share business and functional requirements with vendors and to obtain information about each vendor's ability to deliver standards-based and interoperable behavioral health information systems in California. This RFI will assist in obtaining information from vendors to be shared with the County Mental Health Programs with the intent to aid County/Vendor compliance with requirements. DMH is not building a single statewide system.

Business Requirements

The following business requirements, derived from Enclosure 3 of the *MHSA Capital Facilities and Technological Needs Proposed Guidelines*, reflect the State’s desire that ‘secure, real-time, point-of-care, client-centric information’ be available in an interoperable environment.

<i>To meet the Consumer and Family Empowerment Requirements the system should:</i>
Provide accurate and current information about a consumer’s mental health history to the service provider, the consumer and their family, when appropriate.
Promote client and family awareness and empowerment by emphasizing education and preventative care, and by providing an interface for exchanging data with a Personal Health Record (PHR).
Ensure access to mental health information that enables consumers to be informed and make sensible choices within the mental health system.
Promote informed, collaborative decision-making processes for clients, families, and clinicians.
Assist service providers with recording and monitoring the client needs and provide a means of reporting the utilized treatments that can be linked to the ongoing improvement of service quality and recovery.
Securely provide consumers with the ability to view and enter comments or data in their records, and the ability to share their journey with a designated family member, friend, and service provider.
Provide complete and accurate health information that is crucial in reducing medical errors and improving care coordination such as medication history, lab results, and other clinical information.

<i>To meet the Modernization and Transformation Requirements the system should:</i>
Provide the ability to review treatment and recovery information in a standardized format in order to develop decision support tools for improved client treatment by enabling the measurement of quality indicators as determined by national, state and county standards.
Decrease time in common administrative procedures and efficient communications with clients, family, and service providers.
Provide for integrated outcomes measurements that assess services and determine their cost-effectiveness.
Enable a collaborative decision-making process with service providers, consumers, and families in all aspects of the mental health system.
Automate core business functions – billing/claiming, assessments, workflow processes, etc.

To meet the Modernization and Transformation Requirements the system should:

Aid decision-making by providing access to health record information where and when they need it and by incorporating evidence-based decision support.

Provide clinicians with secure, real-time access to accurate, client-centric, clinical information that is communicable through interoperable behavioral and medical health systems using standards developed by Standards Developing Organizations (SDOs), such as the Certification Commission for Healthcare Information Technology (CCHIT) and Health Level Seven (HL7).

Allow different County systems to share information across a secure network environment both inside and outside their respective counties. Counties and their contract providers, hospital emergency departments, laboratories, pharmacies, and consumers and their families could all securely access information.

Functional Requirement Categories

The functional requirements that support these business requirements were developed by workgroups comprised of representatives from DMH, the County Mental Health Programs, and the client, provider, and vendor communities. These workgroups combined established Ambulatory, Interoperability and Security functional requirements from CCHIT with requirements that are specific to the delivery of behavioral health services in California to develop a set of functional requirements that are grouped into the following categories:

1. Infrastructure Function Requirements

Includes hardware and software with basic level of security and systems ready to deploy software. Interoperable EHRs require a structure for sharing information—a secure network.

2. Practice Management Function Requirements

Includes registration, eligibility, accounts receivable, accounts payable, billing, documentation, and reporting these requirements. Addresses the complex financial and administrative needs of physician practices. These requirements will help County Mental Health Departments formulate the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management and compliance programs, and determine legal implications of business arrangements.

3. Clinical Data Function Requirements

Includes clinical documentation such as assessment, treatment notes, and other clinical measures (such as data elements and corresponding definitions) that can be used in the measurement of patient clinical management and outcomes, and for research and assessment. Clinical documentation elements also help facilitate communication across provider types to enhance communication and improve coordination of care.

4. Computerized Provider Order Entry (CPOE) Function Requirements

Includes internal and external laboratory, pharmacy and/or radiology ordering and history display. These requirements address optimizing physician ordering of medications, laboratory tests with interactive decision support systems. Integration with other hospital information technology systems including electronic patient records, pharmacy, laboratory, and other services provides the prescriber with all information necessary to develop and transmit in an effective, error-free order.

5. Full Electronic Health Record (EHR) Requirements

Includes infrastructure, health record capture, decision support, reporting, data transfer and CPOE components that are interoperable with external systems such as those used by contracted providers using industry standards.

6. Full EHR and Personal Health Record (PHR) Requirements

Includes full EHR functionality and interoperability with a Personal Health Record system.

B. Statement of Intent

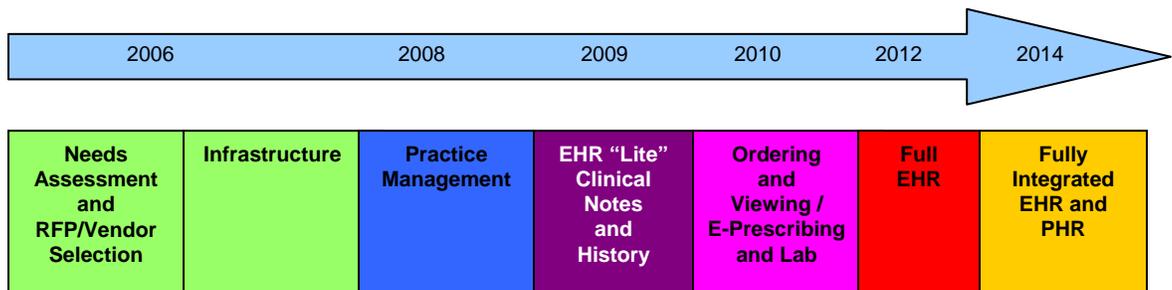
In an effort to provide the counties with a comparison of the different products on the market, the CA Department of Mental Health, is releasing this RFI to vendors. The results of this RFI will be shared with the 58 California Counties as they embark on choosing the vendor(s) and product(s) that will meet their individual county needs and align them with the statewide objectives for Electronic Health Record implementation and interoperability.

The intent of this RFI is to provide a mechanism for County Mental Health Programs to:

1. Evaluate the current vendor offerings available to them.
2. Assess the vendors' capabilities in a common platform of comparison.
3. Determine the vendors' ability to work in partnership to achieve the long term goals of interoperability with a variety of electronic health records and personal health record configurations as described in the DMH Integrated Information System Roadmap (Below).

DMH encourages any interested vendor to respond even though that vendor's solution may not be designed to address all of the Functional Requirement Categories identified by this RFI.

DMH Integrated Information System Roadmap



C. Responding to this RFI

Response Format

In order to aid in the consistency of responses received, vendors are requested to:

1. Submit your responses in Word format using 11 point Arial font.
2. Submit your response in a version of MS-Office no older than version2000.
3. Ensure that typed answers are provided to all questions. If any specific question or item does not apply to your response, please indicate so by answering 'N/A' for Not Applicable.
4. Respond to each of the requirements in the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI document. The Functional Requirements Survey is an essential part of this RFI and must be completed and returned with this RFI document. See Section I in this document for more information about how to complete the Functional Requirements Survey. Vendors are encouraged to respond even if their solution does not address all of the functional categories identified in the RFI. Please be sure to respond to all of the requirements in the RFI. A response of "Not applicable" or "Not addressed" is acceptable when appropriate.
5. In each of the remaining sections of this RFI, a numbered indicator is used to identify a "Required Response". The format of this indicator is "**RR-x-nn**" where "x" is the section letter and "nn" is the number of the question in that section. For example the 1st question in Section D is labeled "RR-D-01".
6. Use Appendix A to append company or product literature to support, but not replace, an answer. **Please ensure that each enclosure within Appendix A contains a reference to the question or requirement for which the additional information is being provided.** Vendors are encouraged to use as much space as necessary to provide answers to all questions.

Response Delivery

This document and the CA BH-EHR Functional Requirements Survey must be submitted in electronic format no later than 5:00 p.m., PST, 11/11/2008. Please E-mail your response to: .

Be sure to append **your company's name** to the end of each file's name to distinguish it from all other responses. For example, if your company name is **ABC Company**, then prior to submission rename your files to:

1. CA BH-EHR RFI **for ABC Company**.doc and
2. CA BH-EHR Functional Requirements Survey **for ABC Company**.xls

If you wish to mail any supplemental information in hard copy it must be postmarked no later than **11/11/2008** and send to:

**California Department of Mental Health
Information Technology
Attention: MHSA-IT
1600 9th Street, Room 141
Sacramento, CA 95814**

D. Company Background

RR-D-01 Please provide the following information regarding the makeup of your company.

CORPORATE INFORMATION	
COMPANY NAME	PLATTON TECHNOLOGIES (DBA OF KRASSONS, INC.)
COMPANY TYPE (C-CORP, S-CORP, LLC, LLP, SOLE PROPRIETORSHIP, ETC.)	C-CORP
LOCATION OF CORPORATE HEADQUARTERS	1300 CLAY STREET, SUITE 600, OAKLAND, CA 94612
LOCATION OF FIELD SUPPORT OFFICES	SANTA BARBARA, CA
LOCATION OF PROGRAMMING/TECHNICAL SUPPORT PERSONNEL	MULTIPLE LOCATIONS IN CALIFORNIA
PRIMARY CONTACT INFORMATION FOR THIS RFI	
NAME	DAVID PLATTON
TITLE	CEO
OFFICE/LOCATION ADDRESS	1300 CLAY STREET, SUITE 600, OAKLAND, CA 94612
PHONE NUMBER	415-924-5315 X213
E-MAIL ADDRESS	DAVID@PLATTON.COM
INTERNET HOME PAGE	HTTP://WWW.PLATTON.COM

RR-D-02 Provide an overview of your firm and its history. Describe the strength of your firm and its ability to meet the needs of California's behavioral health recipients and providers.

Founded in 1997 by David Platton (one of the founders of PSP Information Group) the company has grown to provide one of the premiere EHR solutions for California behavioral health providers. David Platton has over 30 years of experience in the California behavioral health arena, and his team provides state of the art technical expertise and experience.

RR-D-03 List the number of employees (Full-time equivalents) in your organization by category for the last 3 years:

Category	2006	2007	2008
Total Employees	3	4	5
Installation / Setup	1	2	3
Research and Development	2	3	4
Application / Technology Support	1	1	2
Customer Service / Helpdesk Support	1	1	1
Other	0	0	0
Those with Clinical Backgrounds:			
– Physicians	0	0	0
– Psychologists	0	0	0
– Psychiatrists	0	0	0
– Registered Nurses	0	0	0
– Other Clinicians	0	0	0

RR-D-04 Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

No.

RR-D-05 How long has your company been in the business of developing and implementing your Electronic Health Record related products?

8 years.

RR-D-06 What were your firm’s annual revenues for the last 3 fiscal years?

Category	2005	2006	2007
\$1,000,000 to \$5,000,000	<1,000,000	<1,000,000	<1,000,000
\$5,000,000 to \$25,000,000			
\$25,000,000 to \$100,000,000			
Greater than \$100,000,000			

RR-D-07 What percentage of your firm’s annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Resulting from BH Solutions	85%	90%	95%

RR-D-08 What percentage of annual revenue did your company expend for research and development (R&D) on your proposed products during the last 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Expended on R&D	65%	70%	70%

RR-D-09 What percentage is budgeted for R&D in the current and next fiscal year?

Category	2008	2009
Percentage of Annual Revenue Budgeted for R&D	70%	70%

E. Partner and/or Reseller References

RR-E-01 Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

RxNT – E-Prescribing Partner

RR-E-02 For each partner or reseller listed above, please identify the following:

1. Functional areas.
 2. Nature of partnership/relationship.
 3. Length of the relationship.
 4. Referencable customers for whom you have jointly provided services.
- 1) E-Prescribing
 - 2) Tactical development
 - 3) 1 Year
 - 4) Santa Barbara County Alcohol, Drug and Mental Health Services

F. Behavioral Health Solutions Experience

Descriptions of the Functional Requirement Categories referenced in questions RR-F-01 through RR-F-05 of this section are in The Preface (Section A). In your responses to the questions in this section, emphasize your experience in the State of California.

RR-F-01 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems.

30 years in the design, development, and implementation of systems like Insyst, and Clinician's Gateway.

RR-F-02 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems.

30 years in the design, development, and implementation of systems like Insyst, and Clinician's Gateway.

RR-F-03 Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems.

30 years in the design, development, and implementation of systems like Insyst, and Clinician's Gateway.

RR-F-04 Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems.

30 years in the design, development, and implementation of systems like Insyst, and Clinician's Gateway.

RR-F-05 Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems.

We look forward to drawing on our 30 years of experience in the design, development, and implementation of systems like Insyst, and Clinician's Gateway to design and develop a PHR function for Clinician's Gateway.

RR-F-06 Describe your firm's experience and qualifications for Systems Integration.

30 years in the design, development, and implementation of systems like Insyst, and Clinician's Gateway.

RR-F-07 Describe your firm's experience and approach to the conversion of electronic behavioral health data.

30 years in the design, development, and implementation of systems like Insyst, and Clinician's Gateway. Our approach is to convert as much data as possible using a flexible format that allows for capture of all types of data.

RR-F-08 Describe your firm's experience and approach to the conversion of paper-based behavioral health data.

30 years in the design, development, and implementation of systems like Insyst, and Clinician's Gateway. Our approach (and product) allows for the conversion of any and all paper-based data.

G. Solution Product History

RR-G-01 Please provide the following information about the solution product(s) that you propose.

#	PRODUCT NAME AND PRIMARY FUNCTION	WHEN FIRST DEVELOPED	WHEN / WHERE FIRST DEPLOYED	NUMBER OF INSTALLATIONS TO DATE
1	CLINICIAN'S GATEWAY	2001	2002 SANTA BARBARA	5
2				
3				
4				

RR-G-02 For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

Internally developed starting in 2001 at Santa Barbara County.

2. The specific Industry standards that the product was designed to, including any exceptions to those standards.

DMH and local county standards, as they have existed as much as possible.

3. Whether the product is CCHIT certified.

No.

- a. If the product is CCHIT certified, for which category and year is it certified? Examples would be "Ambulatory 2006", "Ambulatory 2007", etc.

- b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

No.

RR-G-03 How are enhancement and new release priorities determined?

In coordination with the Clinician's Gateway User's Group.

RR-G-04 How are clients supported during the release of an enhancement?

The release is first deployed into a 'QA' environment where users have a chance to test and review changes prior to deployment into production.

RR-G-05 Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

Five sites. Number of users vary from about 100 to about 500.

RR-G-06 Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

Clinician's Gateway User's Group meetings are held at 1:30 PM on the second Friday of every other month. The next meeting will be on January 9, 2009 via conference call.

H. Solution Product Technologies

Software Technologies

RR-H-01 Provide the technologies used for each solution product identified above.

#	PRODUCT NAME	PRODUCT TYPE (CLIENT SERVER, WEB, ETC.)	OPERATING SYSTEM (WINDOWS, UNIX, LINUX, ETC.)	DATABASE (SQL SERVER, ORACLE, DB2, ETC.)	APPLICATION LANGUAGE (VB6, VB.NET, C, C++, C#, JAVA ETC.)
1	CLINICIAN'S GATEWAY	WEB	WINDOWS	MS SQL	C#, .NET
2					

Server Hardware Minimum Specifications

RR-H-02 In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

#	PRIMARY SERVER PURPOSE	NUMBER OF PROCESSORS PER SERVER	PROCESSOR TYPE/SPEED (MHZ)	MEMORY (GIG)	STORAGE (GIG)
1	WEB SERVER	1	2 GHZ	2 GB	20 GB
2	DATABASE/IMAGES	1	2 GHZ	4 GB	100 GB

Client Hardware Minimum Specifications

RR-H-03 In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

#	TYPE OF CLIENT HARDWARE	OPERATING SYSTEM	PROCESSOR TYPE / SPEED (MHZ)	MEMORY (GIG)	BROWSER LEVEL (IF APPLICABLE)	REQUIRED DISK SPACE (IF APPLICABLE)
1	WORKSTATION / TABLET PC	WINDOWS	ANY	512 MB	IE 5.5	
2						

Peripheral Hardware Minimum Specifications

RR-H-04 Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	TYPE OF PERIPHERAL HARDWARE	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1	SCANNER	WINDOWS	ANY TWAIN COMPLIANT
2	TOPAZ SIGNATURE CAPTURE PAD	WINDOWS	

Minimum Network/Communication Specifications

RR-H-05 Provide the minimum network/communication technologies employed by your solution software products.

#	TYPE OF NETWORK/COMMUNICATION TECHNOLOGY	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1	TCP/IP		
2			

System Backup/Recovery Considerations

(Not to exceed 4 pages)

RR-H-06 Describe the system backup process for your core product.

Any standard Windows backup software.

RR-H-07 Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

Yes.

RR-H-08 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

Unattended database backups can be scheduled from within Microsoft SQL Server.

RR-H-09 Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

Yes. Microsoft SQL Server supports replication. The disk array can be configured with redundancy, i.e. RAID-1, RAID-5, or HP's ADG aka RAID-6.

Data Archiving Considerations (Not to exceed 4 pages)

RR-H-10 What are the capabilities for archiving data?

N/A

RR-H-11 What are the capabilities for restoring archived data?

N/A

RR-H-12 What tools/media are used for archiving data?

N/A

System Interface Considerations

RR-H-13 Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

If the other third-party system has an existing HL7 specification, we will generally be able to develop a solution (preferably using Web services) that will adhere to it. We create the solution in a test environment and ensure the proper flow of information going both ways. So far, we have not had any disputes to settle over interfaces and have not had the need to develop a resolution process.

RR-H-14 With what version of HL7 is your product compliant?

HL7 v2.3.1

Data Security Considerations

RR-H-15 Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

Our environment support s128 bit SSL encryption. Internally, some data items are RSA encrypted.

Scalability Considerations

RR-H-16 Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

The underlying Microsoft technologies are extremely competent at scaling.

RR-H-17 Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level

This is entirely dependent on hardware design. We have seen 400 to 500 users on a quad-core Xeon 3.8 Ghz server.

RR-H-18 It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additional staff, increase locations and the possible impact to implementation and training schedules, and problem response times.

We would hire additional staff for implementation, training and development. We guarantee to have enough staff available to avoid adversely impacting problem response times.

I. Behavioral Health EHR Functional Requirements Survey

RR-I-01 Please complete the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI. [The Functional Requirements Survey is part of this RFI and must be completed.](#)

Functional Requirement Survey Categories

The CA BH-EHR Functional Requirements Survey contains the functional requirements for each of the following DMH Integrated Information System Roadmap Categories:

1. Infrastructure
2. Practice Management
3. Clinical Data Management
4. Computerized Provider Order Entry (CPOE)
5. Electronic Health Record (EHR)
6. Personal Health Record (PHR)

Descriptions of the DMH Integrated Information System Roadmap Categories are provided in the Preface (Section A) of this document. The following table summarizes the number of functional requirements within each of the DMH Roadmap Categories. Descriptions of the Functional Requirement Categories are available in the spreadsheet.

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
1 Infrastructure	F35	Enforce Confidentiality	5	
	F36	Data Retention, Availability, and Destruction	8	
	F37	Audit Trails	3	
	F38	Extraction of Health Record Information	4	
	F39	Concurrent Use	4	
	F43	Administrative Workflows / EHR Support	10	
	S01	Security: Access Control	12	
	S02	Security: Authentication	14	
	S03	Security: Documentation	1	
	S04	Security: Technical Services	12	
	S05	Security: Audit Trails	7	
	S06	Reliability: Backup/Recovery	4	
	S07	Reliability: Documentation	9	
	S08	Reliability: Technical Services	2	96

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
2 Practice Management	F01	Identify and Maintain a Client Record	11	
	F02	Manage Client Demographics	11	
	F15	Manage Consents and Authorizations	2	
	F15a	Manage Patient Advance Directives	3	
	F20	Support Non-Medication Ordering (Referrals, Care Management)	3	
	F24	Inter-Provider Communication	1	
	F26	Provider Demographics	3	
	F27	Scheduling	5	
	F28	Report Generation	25	
	F30	Service/Treatment Management	3	
	F31	Rules-Driven Financial and Administrative Coding Assistance	6	
	F32	Eligibility Verification and Determination of Coverage	9	
	F33	Manage Practitioner/Client Relationships	4	
	F40	Mandated Reporting	10	
	F41	Administrative A/P EHR Support	14	
F42	Administrative A/R EHR Support	34		
F43	Administrative Workflows EHR Support	18	162	
3 Clinical Data Management	F03	Manage Diagnosis Lists	8	
	F04	Manage Medication Lists	13	
	F05	Manage Allergy and Adverse Reaction Lists	7	
	F06	Manage Client History	2	
	F07	Summarize Health Record	1	
	F08	Manage Clinical Documents and Notes	24	
	F09	Capture External Clinical Documents	2	
	F10	Generate Client Specific Instructions	5	
	F14	Manage Results	3	
	F16	Support Standard Care Plans, Guidelines and Protocols	1	
	F17	Capture Variances from Standard Care Plans, Guidelines, and Protocols	1	
	F19	Support Medication/Immunization Administration or Supply	5	

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
	F21	Present Alerts for Disease Management, Preventive Services and Wellness	8	
	F22	Notifications and Reminders for Disease Management, Preventive Services and Wellness	6	
	F29	Health Record Output	5	
	F30	Service/Treatment Management	3	
	F34	Update Clinical Decision Support System Guidelines	2	
	I04	Clinical Documentation	2	98
4 Computerized Provider Order Entry	F04	Manage Medication Lists	1	
	F11	Order Medications	26	
	F12	Order Diagnostic Tests	7	
	F13	Manage Order Sets	3	
	F14	Manage Results	4	
	F18	Support for Drug Interactions	10	
	F25	Pharmacy Communication	1	
	I02	Imaging	2	54
5 Interoperable EHR	F06	Manage Client History	1	
	F24	Inter-Provider Communication	1	
	I01	Laboratory	5	
	I02	Imaging	3	
	I03	Medications	6	
	I05	Clinical Documentation	9	
	I06	Chronic Disease Management/ Patient Documentation	1	
	I07	Secondary Uses of Clinical Data	4	
	I08	Administrative & Financial Data	3	
	I09	Clinical Trials	4	37

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
6 EHR with PHR	F06	Manage Client History	1	
	F15	Manage Consents and Authorizations	1	
	I03	Medications	1	
	I04	Clinical Documentation	1	
	I05	Chronic Disease Management/ Patient Documentation	3	7
		Total Requirements		454

CA BH-EHR Functional Requirement Survey Responses

STEPS	INSTRUCTIONS
1	<p>Rename the spreadsheet by selecting File, then Save As, then <u>appending "for " and your company name to the end of this filename</u> and selecting Save. The new file name should be:</p> <p>"CA BH-EHR Functional Requirements Survey for <your company name>.xls"</p>
2	Complete the "Company Info" Tab.
3	<p>Please respond to <u>all</u> of the requirements in <u>all 6</u> of the Functional Categories: Infrastructure, Practice Management, Clinical Data, Computerized Provider Order Entry (CPOE), Electronic Health Record (EHR) and Personal Health Record (PHR). Descriptions of the available responses are provided below. Descriptions of the Functional Requirement Categories are provided on the Descriptions tab.</p> <p>For each requirement enter a 1 under the response that <u>best describes</u> your solution's ability to meet that requirement. <u>Respond to every requirement</u> even if your solution does not address a particular functional category. A response of "Not Addressed" has no negative connotation when the solution is not purported to provide that category of functionality.</p> <p>Please provide only <u>one response per requirement</u>. Multiple responses will be regarded as invalid. Use the Summary tab to see whether any functional category has missing or invalid responses.</p>
Responses	Response Descriptions
Existing	The vendor's solution meets the functional requirement as an existing component of its base product without any effort over and above code table configuration. This response indicates that <u>no</u> programming customization is required to meet the requirement.
Planned	The vendor's solution does not <u>presently</u> meet the functional requirement, but an upgrade to the base product that will meet this requirement is planned <u>within the next 12 months</u> . This response indicates that <u>no</u> programming customization will be required to meet the requirement.
Modification	The vendor's solution does not meet the functional requirement, but will meet the functional requirement with a programming modification to the base product.
Custom Development	The vendor's solution does not meet the functional requirement with any level of modification to the existing code base. The vendor will meet this functional requirement by developing <u>custom software</u> .

Third-Party	The vendor's solution does not meet the functional requirement with any level of modification or customization, but will meet the functional requirement by integrating third-party solution(s). Identify the third-party vendor(s) and product(s) in the Comments.
Not Addressed	The vendor's solution does not and will not address this functional requirement.

J. Implementation Planning

RR-J-01 Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to your suggested approach.

Our solution is very easy to implement. After hardware acquisition and installation, the application is installed in about a week. Prior to configuration, MIS users are given the chance to test the system and then a training schedule is developed.

RR-J-02 What is the typical implementation timeframe for your solution? Express your answer as a range (6 to 12 months, 1 to 2 years, etc.) qualified by a size-of-project; factor such as number of users, total project cost, etc. An example would "6 to 12 months for a total project cost not exceeding \$500,000" etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for your solution.

Implementation can happen as quickly as within about 3 to 4 weeks, depending on the number of users to be trained.

K. Training and Documentation

Training

RR-K-01 Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

System Administration

Training the Trainers

End User

RR-K-02 How often is training offered (as needed, or on a set calendar schedule)?

As needed.

RR-K-03 Please give the duration of each class, the location of training and the recommended number of people that should attend training.

Sys Admin – 3 hours – at customer site – up to 10 people

Trainers – 3 hours – at customer site – up to 12 people

End User – 2 hours – at customer sites – up to 20 people

RR-K-04 Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

Classroom style with an instructor

RR-K-05 Who provides the training: employees of your company or sub-contractors?

Both

RR-K-06 Do you provide clinician-specific training?

No.

RR-K-07 Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California?

No.

Documentation

RR-K-07 Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications).
Provided as a PDF document
2. User operator/system administrator manuals.
N/A
3. Hardware/OS manuals.
N/A
4. Network and Security.
N/A
5. Training manuals (initial and ongoing user self-training).
Provided as a PDF document

RR-K-08 Is the documentation available:

1. In hardcopy?
Yes
2. On CD-ROM?
Yes

3. On the Local Area Network?
Yes
4. On the Internet?
Yes

RR-K-09 How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

Twice a year via a new PDF file.

L. Contractual Support

RR-L-01 Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?
Yes
2. Operating system and related environmental software?
No
3. Interface maintenance?
No
4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?
No

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

RR-L-02 What are your normal support hours (specify time zone)? Where is support staff located?

9:00 AM to 6:00 PM Pacific Time. Support staff is located in California.

RR-L-03 Which of the following support features are available? Check all that apply:

- | | |
|-------------------------------|-----|
| 1. Toll-free hotline | Yes |
| 2. Remote monitoring | Yes |
| 3. Remote diagnostics | Yes |
| 4. Training tutorials | Yes |
| 5. Web-based support tracking | Yes |
| 6. 24x7 software support | No |
| 7. 24x7 hardware support | Yes |

RR-L-04 Provide the response time for problems reported during:

1. Regular business hours.
4 hours
2. Off-hours.
Next business day

RR-L-05 Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

Currently using an Internet based package with reporting capabilities that can be viewed and /or downloaded on-line.

RR-L-06 Describe your firm's approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products.

Maintenance releases are provided as needed. Upgrades are available once a month.

M. Cost and Licensing

RR-M-01 Describe your pricing and/or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

Pricing is based on the customer's client caseload. Maintenance is not included in the single-license, module-based price.

RR-M-02 List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

N/A

N. Risks and Issues

RR-N-01 It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when

implementing your solution. Please include examples from prior implementations of your solution.

Acceptance by staff is a common challenge. This can be mitigated by ensuring support by your Departmental Administration, providing typing tutorials, and dealing with union and or civil service job considerations.

O. Project References

RR-O-01 Provide a minimum of three (3) previous implementations of your solution that most closely approximate a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process.
2. System functionality.
3. Vendor support.
4. Documentation.
5. Training.
6. Overall customer satisfaction.

- 1) Dana Fahey, Santa Barbara County, 805-681-5227, dfahey@co.santa-barbara.ca.us
- 2) Natalie Courson, Alameda County, 510-383-1505, ncourson@acbhcs.org
- 3) Fred McGregor, San Francisco County, 415-255-3565, Fred.McGregor@sfdph.org

