



Name of Organization/Lead Applicant	Quality Care Network
Contact Information	Brenda Hanserd, COO/CFO
Date Applying for ASET	November 16, 2012
Total Dollar Requested	\$100,000 ASET Grant

5326 E. Washington St
Building B
Phoenix, AZ 85034
602.773.4830 (Phone)

I. Project Description and collaborative Structure

Quality Care Network (QCN) is a children's behavioral health provider organization located in Maricopa County, Arizona. QCN serves children birth to 18 years old and subcontracts with six full-service qualified service providers and over twenty-five direct service specialty or generalist provider agencies to meet a wide range of needs. According to the guidance of the Arizona Department of Health Services (ADHS), QCN is a corporation whose responsibility is to accept Medicaid and Arizona Health Care Cost Containment System (AHCCCS) eligible behavioral health service recipients into service. QCN provides a comprehensive assessment of the client's strengths, clinical and cultural needs to develop an individualized service plan that meets the identified needs of the service recipient and family. QCN maintains a staff of over seventy case managers for high needs children. Through its subcontract with providers offering psychiatry, counseling, and supportive behavioral health services, QCN is able to offer a complete range of coordinated services, including specialty providers whose expertise is specific to issues such as sexual assault, eating disorders, or post-traumatic stress.

QCN has developed this application in collaboration with three other behavioral health provider agencies, Devereux Arizona, Mountain Health & Wellness (MHW), and Arizona Youth & Family Services, Inc. (AYFS) to unite the agencies under a health information direct exchange program and to plan for a full Health Information Exchange (HIE). Devereux Arizona handles a large proportion of QCN's behavioral health needs. The range of services offered by Devereux is broad, and includes therapeutic counseling, treatment for cognitive, behavioral, and developmental disorders, and residential treatment. Devereux also offers comprehensive programs for families at risk of abuse and neglect and parenting support programs which address healthy discipline. MHW is offers children's outpatient and school based counseling, transitional services, psychiatric services, and chemical dependency treatment, including intensive outpatient programs. AYFS offers a fully integrated healthcare campus providing Primary Care Medicine and a full spectrum of behavioral health services. This agency provides home-based crisis management programs, direct support, one-to-one behavior coaching, parent support, and educational programs. The agency participates in ADHS's "Meet Me Where I Am" program, whose goal is to expand the amount and quality of in-home support and rehabilitation for the purpose of helping children live successfully in their own communities.

Due to the organization's wide reach, QCN's service area is considered to be Maricopa County, Arizona. QCN primarily serves children eligible for AHCCCS, and to receive any benefits, children must come from a household that earns an annual income that is 200% of the Federal Poverty Level or below. The Federal Poverty level is currently set at \$20,650 for a family of four, and about one third of Maricopa County residents earn up to 200% of this level (\$41,300) or less¹. There are over 350,000 youth in Maricopa County who are eligible for AHCCCS². About a third of Maricopa County is Hispanic, and the majority of residents are white. The racial breakdown of residents is as follows: 85.4% white, 5.4% African American, 4% Asian or Pacific Islander, 2.7% American Indian, and 2.5% reporting two or more races³.

Over 20% of children in the U.S. meet diagnostic criteria for a mental health disorder with impaired functioning⁴. All children enrolled in the behavioral health systems are considered children with special health care needs. About 14% of children in Arizona are considered children with special health care needs, and they are twice as likely as the general population to have unmet health care needs within the last twelve months⁵. About a third of these children experience unmet health service needs annually⁶.

¹Census 2011, ²AHCCCS 2011, ³Census 2011

The need for quality, coordinated services among the population served by QCN is great. Each child that enters QCN's system has complex needs and receives individualized care according to their treatment plan. The agencies listed above frequently collaborate on individual care treatment plans with the need to constantly exchange sensitive psychiatric and treatment and case management records. The average client served by QCN sees at least three providers to meet their basic behavioral health needs, plus a medical Primary Care Practitioner. For the child's treatment plan to be safe, appropriate, and successful, each of these providers receives documentation from every other provider who serves that client. QCN also must communicate and coordinate with Juvenile Probation, Juvenile Corrections, Child-Welfare and Protective Services, and the Developmental Disabilities and Special Education systems.

QCN currently exchanges health information with the above referenced agencies on a continuous basis using outdated facsimile (fax) technology. Sending faxes between organizations yields an unsatisfactory success rate; fax messages are often never received, delayed, or misplaced. Expecting each provider included in a patient's treatment plan to maintain an updated contact record for all of the other providers serving each client is cumbersome and often unsuccessful. Furthermore, sending multiple faxes to multiple providers every time an agency provides behavioral health services uses an unacceptable amount of highly qualified staff time.

Here is an example of a common exchange of confidential information:

A client, Jenny, is referred to QCN for high needs case management. QCN performs a comprehensive intake assessment, including factors pertaining to Jenny's skills, behavioral health and clinical needs, as well as the personal and cultural preferences of Jenny and her family. QCN refers Jenny to Mountain Health & Wellness (MHW), because she lives in the far East Valley, and enrolls her and her parents in a home-based program through Arizona Youth & Family Services (AYFS). QCN shares the intake assessment with both providers via fax.

The psychiatrist at MHW provides a psychiatric evaluation and prescribes medication for Jenny. Another provider at MHW, a licensed clinical social worker, will be responsible for Jenny's regular therapy sessions. The Child and Family Team from AYFS will provide home-based services but before the referral is complete, AYFS must receive the psychiatric evaluation, notes, prescription information, therapy plan, and intake plan/assessment from each of the agency care team members. Again, all of these documents are transmitted via fax to each of the engaged providers.

Jenny's actual treatment plan is created by QCN high needs case management staff with input from all four provider agencies and other members comprising the Child Family Team. There is

a constant need for secure communication between the constituents who provide Jenny's care. Jenny's medical provider will also need copies of each of these records, so that she can receive appropriate and quality primary care. Other common instances where there is a need for information exchange will arise with any changes in Jenny's prescriptions, when updates are made to Jenny's baseline assessment, or if there are any changes in diagnosis, medications and or treatment strategies and services.

⁴American Academy of Pediatrics 2011, ⁵Arizona Department of Health Services 2007, ⁶Data Resource Center for Children with Special Health Care Needs 2010

Health Information Exchange (HIE) grant funding will allow QCN and its listed partners to reach their organizational mission of serving high-needs children with complex behavioral health needs.

Implementation of such a system will not only allow QCN and its collaborators to better handle case management with clients who have complex health care needs, but it will also expand this opportunity to three organizations with which QCN frequently exchanges health records and other sensitive information. Care transitions will be seamless and easy from the patient's perspective. With the current system, if all documents are not in order when a patient arrives for an appointment, he or she often experiences a delay in care. With a reliable and secure HIE program, delays in needed care due to insufficient documentation will be avoided.

Implementation of a direct exchange and HIE will also positively affect the four organizations' operating costs, as the fragmented, insufficient process currently being used takes an excessive amount of time. A HIE system will serve as a secure method of transmitting protected health information to assure that patients will receive quality care, as no providers will be "left out of the loop" on any changes in a care treatment plan. Other benefits of project implementation include the ability for QCN to pull information about their client base as a whole, which will assist with reporting and disseminating information regarding the population served. The four organizations will easily be able to extract data and statistics that reveal the nature of their referral network, and this knowledge will be used to eliminate redundancies in care and gaps in service. The system built will allow for population based healthcare management, as one of the main challenges facing the population served is that their experience uncoordinated care leads to poor health outcomes. A digital exchange process is also more environmentally sound, as the amount of paper waste created in each care transition will be about three times less as the current process. This becomes increasingly important in a marketplace where the responsibility lies on businesses to be environmentally conservative and reduce excess waste.

In addition to planning and implementing the direct exchange project, QCN would like to leverage these funds to plan and implement a full HIE platform. Implementing the direct exchange capabilities described above will have a significant impact on the organizations that will benefit from the project. A HIE is the next natural step in this process, and QCN and its collaborating organizations are committed to this shared goal. The goal of the proposed project is to plan, successfully implement, and evaluate a direct exchange and a HIE system.

QCN's primary audience is underserved and low income populations. By design, QCN's primary function is to ensure that these vulnerable populations receive the care that they need in a sensitive, competent, and comprehensive manner. Care coordination can be a challenge for families with limited means. When parents are focused on making ends meet, their primary concern is not how one of their health providers relates to the other. It is a challenge for families and caregivers to secure transport and arrive on time for appointments, and expecting them to maintain their own health care records is not feasible. A technology-based system which follows the patient is the perfect solution to meet the needs of high risk clients. Providers are able to push documents out to all constituent providers, and the information is available when it's needed.

QCN will serve as the lead/fiduciary agent on this project. QCN has the capacity to effectively implement the direct exchange and HIE within the limits of this grant. QCN's leadership team has the required experience in grant oversight with dedicated personnel in finance and program-focused units. Both units will provide technical support for grant administration and financial and programmatic

compliance, while working with other departments involved in contract management to ensure accountability for expenditures and managing partner subcontracts.

Brenda Hanserd will be the project lead on this grant. As the organization's CFO, she offers the project extensive expertise in program and fiscal management. To see the candidate's full list of credentials and accomplishments, see his/her resume in Attachment B. Brenda Hanserd and QCN's Information Technology (IT) staff will be responsible for managing project implementation with the three collaborating agencies, as well as Topaz Information Solutions, who will be QCN's contractor for the information technology needs on the project. Please see Attachment C for letters of support from each of the collaborating agencies.

II. Project Work Plan

The process will roll out in two phases; the first phase will focus on a direct exchange, and the second phase on HIE. While the HIE will be under development throughout the six month period, milestones will clustered within the second half of the project span. Project progress will be measured against reaching critical milestones in the process. Evaluation will be ongoing, and the evaluation plan will be designed according to these eight milestones:

Health information direct exchange planning and implementation

- Milestone #1-DE- Test document exchange is successful among the four partners.
- Milestone #2-DE- Staff training on work flow and technology use is complete. Topaz Information Solutions and QCN's IT staff deliver training for all four agencies.
- Milestone #3-DE- Live direct exchange is fully implemented and functional.
- Milestone #4-DE- Program evaluation report is developed by QCN and Topaz.

Health Information Exchange planning

- Milestone #1- HIE- Completed organizational readiness assessment.
- Milestone #2- HIE- Completed Interface Programming and implementation for HIE.
- Milestone #3 - HIE - Live production and consumption of data to and from HIE
- Milestone #4 - HIE - Program evaluation report is developed by QCN and Topaz Information Solutions.

For more information about specific time-bound objectives and activities, please see the Implementation Plan in Attachment A.

Brenda Hanserd or designee, the project lead, will be responsible for facilitating communication between partners on an ongoing basis through phone, email, and in-person meetings. A weekly status report will go out each partner at the end of the business week. Full engagement on behalf of program participants is of utmost importance, and since the system will be designed to meet their needs, every agency's presence is required to build the most appropriate system. Due to the aggressive nature of the timeline, project coordinators from each participating agency will meet twice a month, at minimum. Additional focused working group meetings will be supplement this project on an as needed basis to stay on track with the intensive proposed timeline.

Devereux, MHW, and AYFS will submit monthly reports to QCN's project lead on the fourth Friday of each month. Brenda Hanserd will be responsible for collecting, aggregating, and reporting this

information to the funding agency and back to its partners. She will also be in charge of maintaining matching funds reports and submitting on time to the funding agency. Monthly reports will also include discussion of any noted barriers to project implementation.

Staff training will commence the first week in March, and be complete by the end of March. QCN staff, including QCN IT staff support and end users, will be the first to complete the training facilitated by Topaz Information Solutions. Each employee will need a minimum of ten hours of training, not including post-training support. QCN will take advantage of the opportunity presented to foster the new interagency relationships. Topaz will continue to offer technical support as needed, troubleshoot any problems encountered, and work directly with the agencies' Information Technology departments to provide more in-depth, technical training.

The QCN/Topaz Implementation team will be responsible for coordinating the evaluation plan, which includes both process and outcome objectives related to the implementation plan. Process objectives can be found in the right side column, Documentation, on Attachment A. The process evaluation will be ongoing throughout the project period, and progress reports will be a regular element in the weekly communications. Barriers to project implementation will be tracked and discussed regularly among partners. The outcome measures and be based on the following items:

- Were the eight milestones reached on time according to the implementation plan?
- Assess the level of partner satisfaction at the end of the project period regarding direct exchange implementation. Determine how easy participants perceive the process to be, determine perceived security and reliability, and overall perception of the work flow process. QCN will continue to monitor and track partner satisfaction over time at later intervals (three and six months after the project's end). It is anticipated that as each agency becomes accustomed to and benefits of the new system, their level of satisfaction will increase over time, as will the ease with which documents are exchanged.

Topaz Information Solutions will provide technical expertise and data to guide the evaluation process, as well as training on system operations, and will be available throughout the six month window (and beyond) for system maintenance assistance to the four agencies' IT departments.

The project team is comprised of the following people and organizations: Brenda Hanserd, QCN's Chief Operations and Financial Officer will serve as the project lead and agency-based sponsor. Gary Taylor, QCN's System Analyst in IT will serve as the project co-lead and coordinator within QCN. Topaz Information Solutions will serve as the project's technology consultant. Devon Echols, Director, Kevin Rhode, IT Director, and Javier Favela, Chief Financial Officer, will comprise Topaz's leadership team in support of the project. IT staff from each of the three collaborating community-based behavioral health provider organizations will be engaged throughout the projects' planning and implementation.

In kind staff and technical support will come from the agencies' IT departments. For more information, please see the budget and budget narrative.

III. Line Item Budget

	Hours	Cost
Overall Project Management	844	\$42,816
Grant Funds (Topaz Consulting Services)	240	\$12,000

In-Kind Staff Cost	604	\$30,816
QCN (2 staff co-leaders/sponsor)	361	\$19,881
Devereux (1 IT staff member)	81	\$3,645
Mountain Health & Wellness (1 IT staff member)	81	\$3,645
AYFS(1 IT staff member)	81	\$3,645
Technology Needs for Direct Exchange	50	\$2,450
Grant Funds (Topaz Consulting Services)	40	2,000
In-Kind Staff Cost (QCN IT staff)	10	450
Conduct HIE Organizational Readiness/Configuration	148	\$12,450
Grant Funds (Topaz Consulting Services)	78	\$3,900.00
Grant Funds (NextGen Consulting Services)	30	\$6,750.00
In-Kind Staff Cost	40	\$1,800.00
QCN (1 IT staff)	10	\$450.00
Devereux (1 IT staff member)	10	\$450.00
Mountain Health & Wellness (1 IT staff member)	10	\$450.00
AYFS(1 IT staff member)	10	\$450.00
Testing/QA with all partners	200	\$9,200
Grant Funds (Topaz Consulting Services)	40	\$2,000.00
In-Kind Staff Cost	160	\$7,200.00
QCN (1 IT staff)	40	\$1,800.00
Devereux (1 IT staff member)	40	\$1,800.00
Mountain Health & Wellness (1 IT staff member)	40	\$1,800.00
AYFS(1 IT staff member)	40	\$1,800.00
Staff Training on new Direct Exchange/Implementation	60	\$2,760
Grant Funds (Topaz Consulting Services)	12	\$600.00
In-Kind Staff Cost	48	\$2,160.00
QCN (1 IT staff)	12	\$540.00
Devereux (1 IT staff member)	12	\$540.00
Mountain Health & Wellness (1 IT staff member)	12	\$540.00
AYFS(1 IT staff member)	12	\$540.00
Produce data to/from HIE/Implement	161	\$7,820
Grant Funds (Topaz Consulting Services)	55	\$2,750
In-Kind Staff Cost	106	\$5,070
QCN (1 IT staff)	16	\$720
Devereux (1 IT staff member)	10	\$450
Mountain Health & Wellness (1 IT staff member)	10	\$450
AYFS(1 IT staff member)	10	\$450

Topaz Consulting Services	60	\$3,000
Monitor/Reporting and preliminary evaluation	60	\$2,675.00
In-Kind (Topaz Consulting Services)	40	\$2,000.00
In-Kind Staff Cost	15	\$675.00
	<u>Hours</u>	<u>Cost</u>
Total Consulting Cost	535	\$35,000.00
Total Staffing Cost	1,013	\$45,171.00
HIE Interface for NextGen clients (QCN & AYFS)		\$50,000.00
Programming Charges for Devereux & MH&W Systems		\$20,000.00
Total Grant Costs		\$100,000.00
Total In- Kind Costs		\$50,171.00

IV. Budget Narrative

In-Kind Staff Cost –

- Co-Project Leaders/Project Sponsor – The project leaders/project sponsor (COO/CFO) will allocate an average of 15 hours per month to the project management of the grant. The primary functions will be meeting coordination between all partnering agencies and communication with the governing board. The total amount of in-kind costs contributed over the life of the project will be \$9,801.
- Co-Project Leader/IT System Analyst (QCN) will allocate an average of 57 hours per month to project management, programming, system documentation and training. The total amount of in-kind costs contributed over the life of the project will be 342 hours and \$14,715.
- Partner Agencies – Devereux, Mountain Health & Wellness, AYFS, IT staff member will allocate an average of 25.5 hours per month to attending planning meetings, coordinating and submitting testing, system documentation within their agencies, and programming. The total amount of in-kind costs contributed over the life of the project will be 153 hours and \$6,885 per partner agency.

Software Cost –

- Quality Care Network and AYFS will each purchase a connection to the HIE interface within the NextGen system. The interface is required to link the Electronic Health Record to the HIE process. Each interface costs \$25,000.
- Devereux and Mountain Health & Wellness will each require about \$10,000 in programming expense to modify their systems to connect their Electronic Health Record to a HIE interface. Over the life of the project, the modification will require about 450 hours for each partner.

Consulting Cost –

- QCN leases its Electronic Health Records software from Topaz Information Services and NextGen and will incur 535 consulting hours over the life of the project. Services will include project management, technology assessments for all four partners, organization readiness assessments, system specifications and configuration, testing and quality assurance, staff training, system and user documentation and implementation of both a direct exchange and HIE interface and implementation with the State. The total consulting cost over the life of the program is \$35,000.

Attachment A. Implementation Plan

Activity	Completion Date	Person/Agency Responsible	Documentation
Determine technological needs for the direct exchange of health information and acquire GSI Health accounts for all four agencies	January 18, 2013	Topaz Information Solutions/QCN	Technology profiles of each agency documented, GSI accounts activated
Document pilot test work flow based on a hypothetical, realistic case	January 25, 2013	QCN	Work flow chart
Generate hypothetical Coordination of Care document and send to partnering agencies	February 8, 2013	QCN, Devereux, Mountain Health & Wellness, Arizona Youth & Family Services	Pilot test output and workflow
Confirm receipt of mock document	February 8, 2013	QCN, Devereux, Mountain Health & Wellness, Arizona Youth & Family Services	Pilot test output and workflow
Receive test document from partner agency	February 14, 2013	QCN coordinates, all participate	Meeting minutes
Quality assurance meeting/discussion to ensure that the system provided adequate reliability, security, and desired performance	February 14, 2013	QCN coordinates, all participate	Meeting minutes
Conduct HIE organizational readiness assessment	February 28, 2013	Topaz coordinates, all participate	Assessment output
Determine agencies' HIE configuration needs	March 28, 2013	Topaz Information Solutions	Configuration profiles
Staff training on the work flow and technology at all four agencies	March 29, 2013	Topaz Information Solutions and QCN	Training certificates, sign-in sheets
Configure connectivity for HIE and complete interface programming	April 1, 2013	QCN and Topaz coordinate, all participate	Configuration output, meeting minutes, agency preferences
Implement functional direct exchange program between all four agencies	April 25, 2013	QCN coordinates, all participate	Program performance metrics report
Produce data to HIE/Consume data from HIE testing	May 15, 2013	QCN coordinates, all participate	Pilot test output and workflow
Implement functional HIE program between all four agencies	June 19, 2013	QCN and Topaz coordinate, all participate	Program performance output and metrics report
Monitor process, evaluate implementation process, Topaz provides technical assistance ongoing as the agencies adjust to and master the new modes of communication	July 1, 2013	QCN and Topaz Information Solutions	Topaz will generate a user manual and final report on their guidance for the project, QCN will generate evaluation report
Submit final reports of direct exchange and HIE implementation	July 30, 2013	QCN	Transaction logs, examples of types of data exchanged

Attachment B, resume of BRENDA D. HANSERD

2773 E. Galveston Street
Chandler, Arizona 85225
(480) 963-9910

EXPERTISE

- Over twenty-five years of health care finance and operations, and executive management experience.
- Experience with health plan operational and financial procedures for commercial, Medicaid and Behavioral Health products.
- Development and implementation of strategic business plans & Request for Proposal.
- Experience in management of multiple operational units.

PROFESSIONAL HISTORY

Quality Care Network Phoenix, Arizona April 2008 – Current
(*Quality Care Network is a Children's' behavioral health Provider Network Organization contracted with Magellan Healthcare*)

April 2008 – Current **COO/CFO**
Responsible for the design, monitoring, administration and reporting of the network's financial operations and internal controls. Responsible for the design and administration of the network's \$44 million revenue, medical expense, and general administrative budget. Provide oversight and direction to claims and billing operations, human resources and facilities, contract administration, and information services departments.

United Health Group/AmeriChoice/APIPA Phoenix, Arizona January 2007 to August 2007
Vice President, Operations

Responsible for managing the operations of the Medicaid and SNP Medicare health plans. Provided oversight and direction to claims operations, encounter processing, member services, grievance and appeals, provider network operations. Coordinated and managed relationships in a highly matrix organization. Provided oversight to the member and provider call center. Managed inquires and complaints sent to AHCCCS administration.

Care 1st Health Plan, Arizona Phoenix, Arizona December 2002 to December 2006

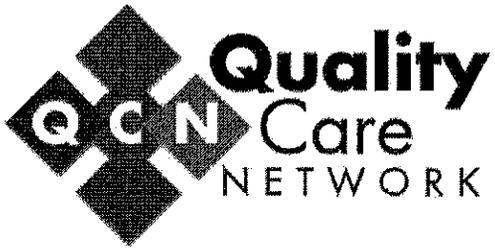
January 2006 to December 2006 **COO/Plan Administrator**
Responsible for managing the operations of the health plan and served as the liaison to AHCCCS administration. Provided oversight and direction to the finance, human resources, claims operations, provider network operations, member services, marketing and sales, and information services departments.

May 2003 to January 2006 **CFO/COO**
Responsible for the design, monitoring, administration and reporting of the health plan's financial operations and internal controls. Responsible for the design and administration of the health plan's \$235 million revenue, medical expense, and general administrative budget. Prepared re-forecast, various financial analysis, cost and trend analysis, and department metrics which identified operational and financial opportunities. Provided oversight and direction to the member services, claims operations, marketing and outreach, and information services departments.

December 2002 – April 2003 **Business Development**
Responsible for successfully managing and contributing to the Arizona Health Care Cost Containment System (AHCCCS) Request For Proposal project.

VALUEOPTIONS, INC. Phoenix, Arizona November 2001 to December 2002
November 2001 – December 2002 **Budget Director**
Budget Director in newly created position. Responsible for creating and managing a \$370 million dollar budget. Created revenue and medical expense forecasting process and model. Created and prepared operating reports for the direct care sites and administrative office.

UNITED HEALTHCARE OF ARIZONA, INC., Phoenix, Arizona June 1997 to June 2001
August 2000 – June 2001 **Program Manager**
Program Manager in newly formed Program Management Office. Responsible for managing the Organization Effectiveness and Process Improvement programs. Provided oversight and direction for the eleven projects within the two programs. Prepared reports for senior leadership on the progress of the projects. Served as a member of the Operations Council.



Letters of Support –

- Devereux Arizona – Lane Barker, Executive Director
- Mountain Health & Wellness – Robert Evans, CEO
- Arizona Youth & Family Services, Inc. – Mark Nixon, CEO

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Building B
Phoenix, AZ 85034
602.773.4830 (Phone)



Inspiring hope. Empowering lives.

11000 N. Scottsdale Rd., Suite 260, Scottsdale, Arizona 85254
p 480-998-2920 f 480-443-5587 devereux.org

November 16, 2012

Gary Brennan
Quality Care Network
5326 E. Washington St. Bldg B
Phoenix, AZ 85034

Dear Mr. Brennan:

Devereux Arizona strongly supports the application of Quality Care Network for funding under the Arizona Strategic Enterprise Technology "Unconnected Healthcare Providers Health Information Exchange Grant Program." This project will plan and implement a secure direct exchange of patient health information, and will replace our current method which is less secure and fragmented.

Devereux Arizona provides a full array of behavioral health services to children and families. We exchange clinical records with Quality Care Network on a daily basis. The nature of our current, uncoordinated exchange means that clients may experience delays in service when records are incomplete or not timely. The complex nature of the care we provide to children in our network would be greatly simplified with the implementation of a direct exchange program. This means Devereux Arizona will better be able to care for each client, and ensure that all providers that share the responsibility of caring for that child have access to complete, timely, and accurate information that will promote seamless care transitions.

Devereux Arizona will benefit by the approval of this grant application by the implementation of the health information exchange program at our agency. Our staff will receive training on the use of the system. We expect great benefits from the implementation of a standardized system. Not only will our organization be able to facilitate more complete and smooth client care transitions, but we expect that adoption of a HIE process with NextGen will also save staff time. This extra time can be used to do what our staff do best- serve clients and take care of families' needs.

We look forward to collaborating with Quality Care Network on the implementation of this system. I would like to urge favorable consideration of their grant application.

Sincerely,


Lane Martin-Barker, LMFT
Executive Director
480-203-8642



November 16, 2012

Robert Evans, CEO
Mountain Health & Wellness

Gary Brennan
Quality Care Network
5326 E. Washington St. Bldg B
Phoenix, AZ 85034

Dear Mr. Brennan:

Mountain Health & Wellness strongly supports the application of Quality Care Network for funding under the Arizona Strategic Enterprise Technology "Unconnected Healthcare Providers Health Information Exchange Grant Program." This project will plan and implement a secure direct exchange of patient health information, and will replace our current method which is less secure and fragmented.

Mountain Health & Wellness provides a full array of behavioral health and integrated primary care services to children and families. We exchange clinical records with Quality Care Network on a daily basis. The nature of our current, uncoordinated exchange means that clients may experience delays in service when records are incomplete or not timely. The complex nature of the care we provide to children in our network would be greatly simplified with the implementation of a direct exchange program. This means Mountain Health & Wellness will better be able to care for each client, and ensure that all providers that share the responsibility of caring for that child have access to complete, timely, and accurate information that will promote seamless care transitions.

Mountain Health & Wellness will benefit by the approval of this grant application by the implementation of the health information exchange program at our agency. Our staff will receive training on the use of the system. We expect great benefits from the implementation of a standardized system. Not only will our organization be able to facilitate more complete and smooth client care transitions, but we expect that adoption of a HIE process with NextGen will also save staff time. This extra time can be used to do what our staff do best- serve clients and take care of families' needs.

We look forward to collaborating with Quality Care Network on the implementation of this system. I would like to urge favorable consideration of their grant application.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Evans", is written over a faint, illegible typed name.

Robert Evans, CEO
Mountain Health & Wellness
480-983-0065 X 5613



ARIZONA YOUTH & FAMILY SERVICES, INC.

November 16, 2012

Gary Brennan
Quality Care Network
5326 E. Washington St. Bldg B
Phoenix, AZ 85034

Dear Mr. Brennan:

Arizona Youth & Family Services strongly supports the application of Quality Care Network for funding under the Arizona Strategic Enterprise Technology "Unconnected Healthcare Providers Health Information Exchange Grant Program." This project will plan and implement a secure direct exchange of patient health information, and will replace our current method which is less secure and fragmented.

Arizona Youth & Family Services provides a full array of behavioral health services to children and families. We exchange clinical records with Quality Care Network on a daily basis. The nature of our current, uncoordinated exchange means that clients may experience delays in service when records are incomplete or not timely. The complex nature of the care we provide to children in our network would be greatly simplified with the implementation of a direct exchange program. This means Arizona Youth & Family Services will better be able to care for each client, and ensure that all providers that share the responsibility of caring for that child have access to complete, timely, and accurate information that will promote seamless care transitions.

Arizona Youth & Family Services will benefit by the approval of this grant application by the implementation of the health information exchange program at our agency. Our staff will receive training on the use of the system. We expect great benefits from the implementation of a standardized system. Not only will our organization be able to facilitate more complete and smooth client care transitions, but we expect that adoption of a HIE process with NextGen will also save staff time. This extra time can be used to do what our staff do best- serve clients and take care of families' needs.

We look forward to collaborating with Quality Care Network on the implementation of this system. I would like to urge favorable consideration of their grant application.

Sincerely,

Mark Nixon, LCSW
Arizona Youth & Family Services, Inc.
602-277-4833