



## A. COVER SHEET

**Date:** November 16, 2012

**To:** Arizona Strategic Enterprise Technology (ASET) Office, State of Arizona

**Re:** 2012-ASET-HIE-01, Unconnected Healthcare Providers HIE (Health Integration Exchange) Grant Program

**Organization/Lead:** People of Color Network, Inc.

**Executive Sponsor of Application:** M. Tomás León, Chief Executive Officer

**Contact Information Completing Application:** Laurie Pierce, Resource Development Manager  
lpierce@pocn.com, 602-385-0383

**Amount of Request:** \$100,000

People of Color Network, Inc. (PCN) is submitting a joint grant application for the 2012-ASET-HIE-01 Grant Program with co-applicants EMPACT Suicide Prevention Center (SPC) and Native American Connections (NAC) requesting \$100,000 from ASET. As an Integrated Community Organization, PCN provides behavioral and primary health services through collaborative approaches, culturally and linguistically responsive services, and family involvement serving more than 6,000 adults, youth, children and their families in Maricopa County.

The HIE Grant Program planning and implementation funding comes at a perfect time to assist us in building lasting patient-centered outcomes for the diverse, medically underserved and low income youth, children, and families we serve. PCN is strategically aligned with the Arizona Strategic Enterprise Technology Office (ASET) encouraging Health Information Exchange (HIE) planning and implementation and are prepared to lead this project. As unaffiliated organizations and part of PCN's Children's Network, both EMPACT-SPC and NAC are Quality Service Providers (QSPs) receiving referrals and serving children and families providing intake assessments, developing treatment service plans, and delivering comprehensive behavioral health services for the People of Color Network.

PCN looks forward to working with our co-applicants to demonstrate successful health information exchange to enhance the multiple care transitions handled each day helping us to bring integrated healthcare to better serve diverse communities. We stand ready to support the successful planning and implementation of this funding initiative.

Sincerely,

M. Tomás León  
Chief Executive Officer

Corporate Office 77 E. Thomas Road, Suite 230 Phoenix, AZ 85012 (602) 253-3084 (602) 253-3732 Fax	Children's Services 4520 N. Central Ave., Suite 565 Phoenix, AZ 85012 (602) 253-3084 (602) 265-3280 Fax	Centro Esperanza Clinic 310 S. Extension Mesa, AZ 85210 (480) 615-3800 (480) 615-3861 Fax	Comunidad 1035 E. Jefferson Phoenix, AZ 85034 (602) 251-0650 (602) 322-7799 Fax	Capitol Center 1540 W. Van Buren Phoenix, AZ 85007 (602) 252-7330 (602) 252-4797 Fax
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## B. GRANT APPLICATION

### PROJECT DESCRIPTION

#### 1. Project Description and Partner Relationship/Collaborative Structure

##### *ORGANIZATIONAL DESCRIPTIONS/CURRENT HIE USE AMONG PARTNERS*

As an *Integrated Community Organization*, People of Color Network (PCN) is providing behavioral and primary health services through collaborative approaches, culturally and linguistically responsive services, and family involvement serving more than 6,000 adults, youth, children and their families in Maricopa County. Awarded in 2011 as the Top Provider Network Organization, PCN serves Adults and Children to help close the gap in service disparity to better meet the needs of diverse communities by its' founding members Centro de Amistad, Chicanos Por La Causa, Ebony House, Friendly House, EMPACT-Suicide Prevention Center (SPC), and Native American Connections (NAC). Today, PCN is comprised of several impressive, quality focused, community-based organizations with 22 contracted organizations to deliver behavioral health services and two medical partners to deliver primary care to achieve its mission of "Creating and Maintaining Healthy People of Color Communities" by *Turning Recovery & Resiliency Into Living Well*<sup>SM</sup>...

As unaffiliated organizations and part of PCN's Children's Network, both EMPACT-SPC and NAC are Quality Service Providers (QSPs) receiving referrals and serving children and families providing intake assessments, developing treatment service plans, and delivering comprehensive behavioral health services. PCN has an MOU with both for a collaborative work group focusing on healthcare innovation with the purpose to create innovative partnerships and collaborations in healthcare, which includes this joint ASET application. Current use of health information exchange among partners is a combination of paper, phone, and fax. This is an inefficient use of staff time as well as organizational resources. PCN received more than 3,600 initial referral notifications in 2011 with more than 5,000 coordination of care documents sent to Primary Care Physicians (PCP) annually, and thousands more referrals to PCN's 5 QSPs and more than 20 Direct Service Providers (DSP).

##### *GEOGRAPHIC AREA SERVED & DEMOGRAPHICS*

PCN and co-applicant's geographic area is Maricopa County, AZ serving more than 2800 children in our Children's Network as reported in May 2012. The demographics for the children our network is serving 1,771

males and 1,063 females with 55% identifying as Hispanic/Latino and close to 20% choosing Spanish as their primary language. Age groups served are 466-zero to 5 years; 1,206 ages 6 to 11; and 1,162 ages 12 to 17 as reported June 2012. Each child/youth has some type of issue affecting their overall quality of life as referrals to PCN include Child Protective Services. PCN currently participates in community engagement and outreach efforts to multicultural underserved populations – Hispanics/ Latinos, African-Americans, Native Americans, and Asians – in targeted high-need neighborhoods.

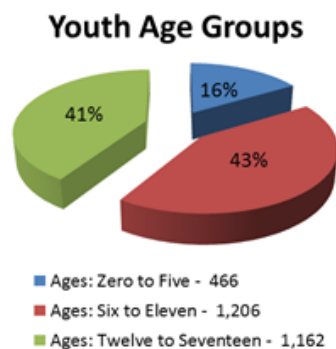


Figure 2 - PCN Children's Network - Jun 2012

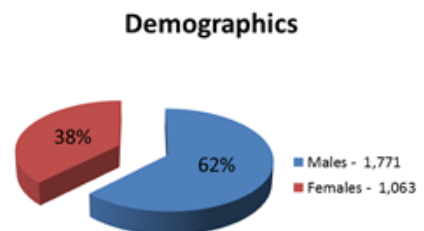


Figure 1- PCN Children's Network - Gender

*DESCRIPTION OF ISSUE/BUSINESS PROCESS HIE WILL ASSIST WITH IMPROVING*

Right now, PCN and our co-applicants have a rudimentary, inefficient health information exchange process in place, which may cause possible delays, duplications, and creates inconsistency with multiple transitions of care with the inability to view real-time and up-to-date health information. Implementing a Health Information Exchange will drastically improve our ability to share information electronically across disparate systems reducing the amount of staff time devoted to sending and receiving these documents, aiding our endeavor to reduce health care costs.

“The most affordable healthcare happens when a person is empowered, informed, and can self-manage their own care over their life span,” said Tomás León, CEO, and this vision is shared by PCN and our co-applicants. As we further examine how being inclusive of children’s preferences, values, experiences and natural supports, at the earliest age possible when making their healthcare decisions, will impact their daily lives and health outcomes, and how it manifests in the change of practice and perspectives among physical and behavioral health professionals. It becomes apparent just how instrumental HIE is moving towards true holistic care coordination and delivery.

*HIE GRANT FUNDS ENABLE BUSINESS OBJECTIVES*

The exchange of health information is a significant concern to PCN and our community partners as we seek ways to adapt to the evolving integrated healthcare environment. A priority business objective for our network, we have launched several care coordination pilots, which only emphasize the need for seamless sharing of healthcare information. The HIE grant funds greatly assists PCN to build capacity for our network partners by creating innovative models and approaches to deliver integrated community healthcare to strengthen provider partners through collaborative ventures like this project creates high-level communications and sharing of data.

PCN has business objectives and tactics specifically relating to Electronic Medical Record (EHR) as the network positions itself for enhanced integrated healthcare delivery approaches. Establishing a Health Information Exchange would enable PCN to share health information data electronically, increasing efficiencies and improving patient-centered care and coordination of holistic services for those we are privileged to serve. With HIE abilities, providers will have near-immediate access to recipient health data and will be able to monitor, track, and trend recipient progress across the whole health spectrum greatly helping PCN to meet our strategic business objectives.

*PROJECT SERVES NEEDS OF UNDERSERVED AND LOW INCOME – CHILDREN & FAMILIES*

The health and well-being of generations to come is in jeopardy; factors include a dysfunctional system of care, fragmented services without whole health (mind, body + spirit) considerations and limited access to effective and affordable care, including antiquated medical records processes. Your ASET HIE project helps serve the needs of underserved and low income populations by increasing PCN and co-applicants’ capacity, efficiency, and effectiveness by facilitating transitions of care and sharing patient care summaries. Eventually, with consistent HIE processes in place – staff at multiple organizations will be able to focus efforts to improve health disparity by providing culturally appropriate support and coordination of care for underserved ethnically/racially diverse children in integrative health home settings, especially children and youth with behavioral health challenges.

As an organization, PCN’s organization is committed to the health and safety of the children, adults and families we have the privilege of serving and have a passion for creating and maintaining healthy people of color communities. More than 98% of children, youth, and families PCN serves qualify for AHCCCS, and we strive to deliver the highest quality of culturally and linguistically responsive services.

This project will impact children, youth and families with the efficiencies it will bring. In Arizona, 203,000 (27%) children under age 19 are uninsured living at/below 200% of poverty level (US Census, 2009) missing out on medically necessary services – physician and hospital visits, well-child care, health screenings, vision care and dental services with 74% eligible yet not enrolled in AHCCCS or KidsCare (RWJ F, 2011).

*ORGANIZATION - FISCAL AGENT*

PCN is strategically aligned with the Arizona Strategic Enterprise Technology Office (ASET) encouraging Health Information Exchange (HIE) planning and implementation and are prepared to serve as the fiscal agent on this project.

*NAME AND RESUME OF PROJECT LEAD*

PCN's Electronic Health Record (EHR) Manager – Jason Rentschler will serve as project lead, and his resume is Attachment 1. As the project lead, he will continue to work collaboratively with PCN staff, partner agencies, and software vendors to implement, maintain and train team members on the accurate and most efficient use of integrated software programs for a successful and complete Electronic Health Record (EHR) with data sharing with physical and behavioral healthcare providers. PCN as lead applicant works to ensure the systems and processes within the company are optimized with continuous improvement strategies and implementation.

*JOINT APPLICATION - LETTER OF SUPPORT*

Ours is a joint application with both EMPACT- SPC and NAC, please find letter of support signed by their Senior Leaders in Section 5. Letters of Support of the grant proposal.

**2. Project Work Plan**

*PCN – PROJECT WORK PLAN*

The next two pages contain PCN's Project Work Plan with milestones and expectations for the project with coordinating time-specific objectives (Due Dates) to achieve each stated objective. The goal of the project is to complete GOAL 1 – Complete Stage 1 – Direct Exchange – to facilitate transition of care by sharing patient care summaries across unaffiliated organizations (PCN, EMPACT, and NAC) an Office of the National Coordinator (ONC) HIE priorities by June 2012. In the far left columns are designations for project management tracking with the Level identifying the Objective/Milestone and the Sub-Level are the steps need to achieve the Objective/Milestone.

The Project Lead will be responsible for the communications plan ensuring all stakeholders are kept informed of project goals and objectives through emails and project management software with assistance from the consultant. Within the project management software, calendars and pertinent details will be shared to ensure accountability tracking project milestones and progress.

The Project Lead will oversee the staff training for all organizations using a train-the-trainer from the HISP, and in turn those staff members will train staff members at their sight. Implementation, continuous evaluation, system operation and maintenance, and technical support resources will be managed by the Project Lead and the responsible parties at each agency. he primary project team members are projected to be EHR Specialists at each agency David Larimer (EMPACT-SPC) and Mary Maytubby (NAC) with responsibilities including coordinating all HIE activities at their individual agencies and reporting progress or issues to the Project Lead. In-kind funds for technical support come from PCN's contractual agreement with Raid Computing who will manage all technically activities at the direction of the Project Lead.

Level	Sub-Level	Objective - Milestone	Responsible	Start Date	End Date	Due Date	Complete Date	Outcomes/Expectations
<b>GOAL - 1</b>		<b>Stage 1 – DIRECT Exchange</b>		<b>1-Jan</b>	<b>30-Jun</b>	<b>30-Jun</b>		<b>Achieve HIE transition of care sharing of patient summaries</b>
1	N/A	EMR Software (ClaimTrak, HMS) Version Check	PCN, EMPACT & NAC	1- Jan		10- Jan		Verified EMR Software (ClaimTrak, HMS) version and CCD/CCR capability.
2	N/A	Confirm ability to generate CCDs	PCN, EMPACT & NAC			15- Jan		Systems generate a CCD. Work with your EHR vendor to install and/or configure options to allow you to do this.
<b>3</b>		<b>Identify HISPs</b>	PCN, EMPACT & NAC	15- Jan		<b>01-Mar</b>		<b>HISPs are identified for direct connection. REC Center /,mnnnnnnnn,,Preferred HISP for DIRECT Connections: GSI Health/ Inpriva</b>
3	1	Participant Counts	PCN, EMPACT & NAC			15-Mar		Count of pilot group ready. Recommend limiting to Test Client's.
3	2	Acquire Accounts	PCN, EMPACT & NAC			30-Mar		Partner agencies have accounts or are able to retrieve data from portal. Topaz can assist in getting quote from GSI for your accounts.
<b>4</b>		<b>Document Workflows</b>	PCN, EMPACT & NAC	30- Mar		<b>15-April</b>		<b>Document new / modified workflow.</b>
4	1	PCN - Agency #1	PCN			15-Apr		Complete PCN – Lead
4	2	EMPACT - Agency #2	EMPACT			15-Apr		Complete - EMPACT – partner
4	2	NAC Agency #3	NAC			15-Apr		Complete - NAC – partner

Level	Sub-Level	Objective - Milestone	Responsible	Start Date	End Date	Due Date	Complete Date	Outcomes/Expectations
5		<b>Testing</b>	PCN, EMPACT & NAC	15-Apr		15-May		<b>PCN – Lead Agency</b>
5	1	Generate CCDs / Other documents	PCN, EMPACT & NAC			30-Apr		Successfully generate a CCD/CCR
5	2	Send to partners / validate receipts	PCN, EMPACT & NAC			05-May		Submit CCD/CCR to HISP
5	3	Receive from partners / consume document	PCN, EMPACT & NAC			10-May		Retrieve CCD/CCR from HISP
5	4	Quality Assurance – Engage Quality Assurance staff at each agency to ensure quality, HIPAA, and security metric is viable and appropriate.	PCN, EMPACT & NAC			10-May		Performance Standard Outcomes: Process meets desired performance, reliability and security outcome measures determined by Quality Analysts.
6	1	<b>Training – Approach to train designated staff at each agency for Train the Trainer HIE training. Then rollout to each agency as needed.</b>	<b>PCN, EMPACT &amp; NAC</b>	10-May		15-May		<b>Team Training Outcomes: Workflow and technology meet planning and implementation outcome measures as determined by Quality Analysts.</b>
7	1	<b>Go Live</b>	<b>PCN, EMPACT &amp; NAC</b>	30-May		30-May		<b>Go Live Date is achieved.</b>
8	1	<b>Develop ASET Report</b>	<b>PCN</b>	30-May		10-Jun		<b>ASET Report is developed, plan for information and data collection is complete according to grant deliverables.</b>
8	2	Submit ASET Report	PCN			30-Jun		ASET Report is submitted.

### 3. Line Item Budget

<b>PCN - ASET Unconnected Healthcare Providers HIE Grant    Jan-13 to    June-13 Program - Line Item Budget</b>						
Item	Basis			Grant Funds	Grant Match	Add'l In-Kind \$
<b>Personnel - Salaries</b>	<i>FTE</i>	<i># Staff</i>	<i>Annual</i>	<b>6 mos</b>		
Penny Visser, Director of IT/CFO	0.10	1	121,000	\$6,050	\$0	\$0
Jason Rentscheler, EHR Manager/Project Lead	0.50	1	53,028	\$13,257	\$0	\$0
	0.60	<b>Total FTE</b>				
	<b>Total Salaries</b>			<b>\$19,307</b>	<b>\$0</b>	<b>\$0</b>
<b>Fringe Benefits- ERE</b>	19.00%					
FICA	7.65%	x	.60 FTE	\$1,477	\$0	\$0
SUI/Worker's Comp	0.042%	x	.60 FTE	\$8	\$0	\$0
Retirement Match 403B	3.00%	x	.60 FTE	\$579	\$0	\$0
Health/Dental/Life Ins	8%	x	.60 FTE	\$1,545	\$0	\$0
Individual Training	0.310%	x	.60 FTE	\$60	\$0	\$0
	<b>Total Benefits</b>			<b>\$3,669</b>	<b>\$0</b>	<b>\$0</b>
<b>Travel -</b>	<b># Miles</b>	<b># FTE</b>	<b>Total</b>			
N/A				\$0	\$0	\$0
			<b>Total Travel</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Equipment</b>	<b>Units</b>	<b>Cost</b>	<b>Total</b>			
"One Time" HIE Interface Onboarding Connection Fee - (PCN and \$25K for providers) <b>(Match In-Kind - PCN)</b>	3	\$25,000	\$75,000	\$25,000	\$10,000	\$40,000
	<b>Total Equipment</b>			<b>\$25,000</b>	<b>\$10,000</b>	<b>\$40,000</b>
<b>Software</b>	<b>Units/#</b>	<b>Cost</b>	<b>Total</b>			
HIE Connection Interface Licence with Software estimated at \$25K Software; Third Party Software; Interfaces; Conversion Services; Implementation) <b>(Match In-Kind - PCN/EMPACT/NAC)</b>	3	\$25,000	\$75,000	\$25,000	\$25,000	\$25,000
Support and Maintenance (Annual Cost Est.)	3.00	\$ 4,750	14,250	\$14,250	\$0	\$0
Subscription Fee per provider model - \$43 per month x 6 mos = 18 mos. for EHR systems x 3 providers	18	\$43	\$774	\$774	\$0	\$0
	<b>Total Supplies</b>			<b>\$40,024</b>	<b>\$25,000</b>	<b>\$25,000</b>
<b>Supplies</b>	<b>Units/#</b>	<b>Cost</b>	<b>Total</b>	<b>6 mos.</b>		
				\$0	\$0	\$0
	<b>Total Supplies</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Consultants/Contracts</b>	<b># Units/ # Mos</b>	<b>Cost</b>	<b>Total</b>			
Implementation Use of HIE Consultant Services- Mark Anderson (up to \$450 per day)	20	\$450	\$9,000	\$9,000	\$0	\$0
Legal Fees - Liabilities Patient Information - including Push/Pull Exchange activities	6	\$500	\$3,000	\$3,000	\$0	\$0
Consultant RAID Computing - Privacy and Security Analysis and Risk Assessments <b>(Match In-Kind - PCN)</b>	6	\$1,500	\$9,000	\$0	\$7,500	\$1,500
	<b>Total Consultants/Contracts</b>			<b>\$12,000</b>	<b>\$7,500</b>	<b>\$1,500</b>
<b>Other Costs</b>	<b>Units/#</b>	<b>Cost</b>	<b>Total</b>			
Training costs (cost per employee) Train PCN and QSP staff members <b>(Match In-Kind - PCN/EMPACT/NAC)</b>	150	\$ 50	7,500	\$0	\$7,500	\$0
	<b>Total Other Costs</b>			<b>\$0</b>	<b>\$7,500</b>	<b>\$0</b>
	<b>TOTAL PROJECT COSTS</b>			<b>\$100,000</b>	<b>\$50,000</b>	<b>\$66,500</b>

#### 4. The Budget Narrative

##### **SALARY AND FRINGE: 22,976 grant funds requested**

Based on annual salaries for six month project time period, The Director of IT/CFO is responsible for oversight of IT strategies including EHR Manager/Project lead. EHR Manager is the Project Lead responsible for oversight, planning, and implement of Work Plan to completion.

**Salary** – Director of IT/CFO .10 FTE - \$6,050 + EHR Manager/Project Lead .50 FTE - \$13,257 (6 mos.) = **\$19,307**

**Fringe** – 19% costs include: FICA 7.65% - \$1,477; SUI/Workers' Comp 0.0042% - \$8; Retirement Match 403B 3% - \$579; Health/Dental/Life Ins 8% - 1,545; and Individual Training .310% - \$60. 19% x \$19,307 = **\$3,669**

**TRAVEL: N/A**

##### **EQUIPMENT: \$25,000 grant funds requested**

"One Time" HIE Interface Onboarding Connection Fee cost estimate of \$25,000 x 3 organizations = \$75,000.

**\$25,000; \$10,000 Matching Grant Funds by PCN;** and \$40,000 Additional Funds/In-Kind by PCN, EMPACT & NAC

##### **SOFTWARE: \$40,024 grant funds requested**

HIE Connection Interface EMR software with third party software; Interfaces; Conversion Services; Implementation estimated up to \$25,000 x 3 organizations = \$75,000. **\$25,000; \$25,000 Matching Grant Funds by PCN, EMPACT & NAC;** and \$25,000 Additional Funds/In-Kind by PCN, EMPACT & NAC

Support and Maintenance annual cost estimate \$4,750 x 3 organizations = **\$14,250**

Subscription Fee per provider model - \$43 per month x 18 mos. (6 mos. x 3 organization) = **\$774**

**SUPPLIES: N/A**

##### **CONSULTANTS/CONTRACTED SERVICES: \$12,000 grant funds requested**

Implementation Use of HIE Consultant Services- Mark Anderson contracted consultant \$450 x 20 days = **\$9,000**

Legal Fees - Liabilities Patient Information - including Push/Pull Exchange activities – PCN's contracted Law Firm with estimated cost of consultations during project \$500 x 6 = **\$3,000**

Contracted RAID Computing - Privacy and Security Analysis and Risk Assessments with estimated cost during project \$1,500 x 6 = \$9,000 **\$1,500 \$7,500 Matching Grant Funds by PCN**

**OTHER COSTS:** Training costs – PCN responsible for Train the Trainer with staff of PCN and co-applicants. Cost per employee \$50 x 150 employees = \$7,500. **\$7,500 Matching Grant Funds by PCN, EMPACT & NAC**

**IN-KIND MATCH: Matching Funds Requirement.** As lead, PCN has identified in-kind matching funds of \$50,000 equal to 50 percent of the award requested from ASET. In-kind matching grant funds are internal sources, project partners, underlined above, and include the amount and source.



## 5. Letters of Support



LA FRONTERA ARIZONA/EMPACT – SUICIDE PREVENTION CENTER

November 14, 2012

M. Tomas Leon  
Chief Executive Officer  
People of Color Network  
77 East Thomas Road, Suite 230  
Phoenix, Arizona 85012

RE: 2012-ASET-HIE-01 – People of Color Network Proposal  
Unconnected Healthcare Providers HIE (Health Integration Exchange) Grant Program

Dear Mr. Leon,

On behalf of EMPACT - Suicide Prevention Center (SPC), we are pleased to provide this letter to People of Color Network (PCN) as one of the joint applicants in support of the 2012-ASET-HIE Grant Program. As an Integrated Community Organization, PCN provides behavioral and primary health services through collaborative approaches, culturally and linguistically responsive services, and family involvement serving more than 6,000 adults, youth, children and their families in Maricopa County. PCN is strategically aligned with the Arizona Strategic Enterprise Technology Office (ASET) encouraging Health Information Exchange (HIE) planning and implementation and are prepared to lead this project.

As an unaffiliated organization and part of PCN's Children's Network since 2008, EMPACT-SPC is a Quality Service Provider (QSP) receiving referrals and serving children and families providing intake assessments, developing treatment service plans, and delivering comprehensive behavioral health services. PCN has an MOU with EMPACT-SPC for a collaborative work group focusing on healthcare innovation with the purpose to create innovative partnerships and collaborations in healthcare. The HIE Grant Program planning and implementation funding comes at a perfect time to assist us in building lasting patient-centered outcomes for the diverse, medically underserved and low income youth, children and families we serve.

EMPACT looks forward to working with PCN to demonstrate successful health information exchange to enhance the multiple care transitions handled each day helping us to bring integrated healthcare to better serve diverse communities. We stand ready to support the successful planning and implementation of this funding initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura Larson-Huffaker".

Laura Larson-Huffaker  
Executive Director  
EMPACT - Suicide Prevention Center, Inc.

618 S. Madison Dr.  
Tempe, AZ 85281  
480.784.1514 Fax 480.967.3528  
www.empact-sp.com

*Your partner for a safe, strong, and healthy community*



**NATIVE** AMERICAN CONNECTIONS

November 14, 2012

M. Tomas Leon  
Chief Executive Officer  
People of Color Network  
77 East Thomas Road, Suite 230  
Phoenix, Arizona 85012

RE: 2012-ASET-HIE-01 – People of Color Network Proposal  
Unconnected Healthcare Providers HIE (Health Integration Exchange) Grant Program

Dear Mr. Leon,

On behalf of Native American Connections (NAC), we are pleased to provide this letter to People of Color Network (PCN) as one of the joint applicants in support of the 2012-ASET-HIE Grant Program. As an Integrated Community Organization, PCN provides behavioral and primary health services through collaborative approaches, culturally and linguistically responsive services, and family involvement serving more than 6,000 adults, youth, children and their families in Maricopa County. PCN is strategically aligned with the Arizona Strategic Enterprise Technology Office (ASET) encouraging Health Information Exchange (HIE) planning and implementation and are prepared to lead this project.

As an unaffiliated organization and part of PCN's Network since 2000, NAC is a Quality Service Provider (QSP) receiving referrals and serving children and families providing intake assessments, developing treatment service plans, and delivering comprehensive behavioral health services. PCN has an MOU with NAC for a collaborative work group focusing on healthcare innovation with the purpose to create innovative partnerships and collaborations in healthcare. The HIE Grant Program planning and implementation funding comes at a perfect time to assist us in building lasting patient-centered outcomes for the diverse, medically underserved and low income youth, children and families we serve.

NAC looks forward to working with PCN to demonstrate successful health information exchange to enhance the multiple care transitions handled each day helping us to bring integrated healthcare to better serve diverse communities. We stand ready to support the successful planning and implementation of this funding initiative.

Sincerely,

Diana Yazzie Devine  
CEO / President  
Native American Connections  
[d.devine@nativeconnections.org](mailto:d.devine@nativeconnections.org)

Attachment: Description of Native American Connections

*"Changing Lives... Building Healthy Communities"*

4520 N. Central Avenue, Suite 600 Phoenix, Arizona 85012 (p) 602.254.3247 (f) 602.256.7356 [www.nativeconnections.org](http://www.nativeconnections.org)

## ATTACHMENT 1

### Jason F. Rentschler People of Color Network Project Manager

#### EDUCATION

##### University of Phoenix - Phoenix, AZ

Masters of Business Administration and Technology Management will be completed June 2014.

##### University of Phoenix - Phoenix, AZ

Bachelors of Science in Business Management Completed February 2011. GPA 3.63

##### CNATTU Whidbey Island, WA - Naval Technical Training

EA-6B Communication, Navigation, and Radar- Career Technician School Completed August, 2005

##### CNATTU Whidbey Island, WA – Naval Technical Training

EA-6B Communication, Navigation, and Radar- Initial Technician School Completed April, 2004

##### NATTC Pensacola, FL- Naval “A” School

Avionics Technician “O-Strand” Training School Completed November, 2003

#### EMPLOYMENT

##### People of Color Network Inc. (EHR Manager) Phoenix, AZ. April 2012 – Present

Responsible for software implementation and maintenance of behavioral and physical health information systems. Working collaboratively with staff, partner agencies, and software vendors to implement, maintain, create workflow efficiencies and train end-users in most efficient and effective ways to use EHR systems. Responsible for coordinating all “paper-less” activities, including electronic prescription submissions. Coordinate all EHR trouble tickets with EHR vendors and manage a network “work group” centered on ways to improve the use of EHR programs. Responsible for initiating Health Information Exchange with PCN and its partner agencies to facilitate data sharing between EHR systems to improve patient care. Coordinate and manage all Meaningful Use activities to ensure continued compliance with all CMS requirements. Identify technology grants to continue to expand and improve network systems and patient care. Additional duties include: manage PCN information technology hardware and software, tracking inventory and condition. Develop and maintain Microsoft SharePoint company intranet sites.

##### Centro de Amistad, Inc. (Quality Manager) Phoenix, AZ. April 2010 – May 2012

Responsible for coordinating all Quality Improvement processes, performing system audits of client charts and employee records to ensure RBHA contract and OBHL compliance, and initiating any applicable plans of correction. Oversight of all Customer Service processes, including complaint management. Managed Licensing activities with DBHS/OBHL. Responsible for maintaining site licenses and licensure requirements. Coordinated AHCCCS and Regional Behavioral Health Authority (RBHA) credentialing. Developed and implemented Performance Improvement Processes as required by the RBHA, DBHS/OBHL. Managed the ClaimTrak system, an Electronic Medical Record and Billing Submission program, and many of Centro de Amistad’s IT systems. Coordinated billing activities for Centro de Amistad including claims denials and Third Party Liability Billing. Oversight for tracking staff training units mandated by the RBHA.

##### Friendly House, LLC (Family Support Specialist) Phoenix, AZ. Oct 2008 – April 2010

Duties included acting as reports editor for ACYF, FPPT, and Family Reunification Programs. Responsible as Parent Aide to coordinate and supervise visits, conducting 1:1 sessions with clients, teaching parenting skills, non-violent Discipline, Active Parenting, child development, Ages-and-Stages growth milestones, home and time management, budgeting, coping, and stress management skills.

##### Texas Roadhouse (Server) Sep 2007 – Sep 2008

Responsible as a customer liaison-acting sales person-problem solver-constantly striving to ensure guest satisfaction.

##### United States Navy (Avionics Technician Petty Officer 3<sup>rd</sup> Class) Apr 2003 – Mar 2007

Education in technical training lead to work Naval Aircraft Avionics Systems. Responsible to troubleshoot and maintained EA-6B Aircraft and Electronic Warfare systems. Responsibilities in Base Energy Office as assistant to Base Energy Manager to monitor base energy consumption, find new ways to reduce energy consumption, prepare energy reports and billing.