CalMHSA
California Mental Health Services Authority

SmartCare Disaster Recovery Overview and Downtime Procedure Overview for County Stakeholders

This document provides a simplified overview of disaster recovery (DR) procedures for counties using the SmartCare Electronic Health Record system. It outlines key processes, timelines, and responsibilities so that counties understand what to expect—and how to participate—during a disaster recovery event.

Disaster Recovery (DR) refers to the steps taken to restore the SmartCare EHR system if it becomes unavailable due to a major outage, such as a cloud data center issue or system corruption. For example, DR may involve switching to a standby environment (for High Availability counties) or restoring from backup (for Non-High Availability counties).

Service Tiers: High Availability (HA) vs. Non-High Availability (non-HA)

SmartCare supports two service tiers for disaster recovery, based on your county's subscription level:

• High Availability (HA): Premium-tier service with automated failover and faster recovery.

• Non-High Availability (Non-HA): Standard-tier service with manual backup restoration procedures.

When Disaster Recovery is Activated

Disaster Recovery is triggered by:

- Regional Azure Cloud Outages
- Critical System Failures
- Specific cybersecurity events

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However, **local events such as**:

- Power outages at a county site
- Internet connectivity issues
- Natural disasters (e.g., earthquakes, wildfires, tornadoes)

do not automatically trigger DR unless they also impact SmartCare's cloud systems.

In these cases, counties should activate their internal Business Continuity Plans (BCP) to maintain clinical operations and reach out to CalMHSA for updates or assistance.

What Counties Are Responsible For

• Designate a county point of contact for disaster communications.

• Report service disruptions to CalMHSA.

• Participate in scheduled disaster recovery testing if any.

• Validate system functionality after a recovery event (login, forms, reports, workflows).

• Coordinate with CalMHSA during recovery for non-HA environments.

• Stay informed about your county's recovery expectations based on service tier.

Recovery Timelines

Tier	RTO (Time to Recovery)	RPO (Data Loss Risk)
High Availability (HA)	30 minutes to 4 hours	Less than 1minute
Non-High Availability (Non-HA)	Up to 48 hours	Up to 15 minutes

Recovery Point Objective (RPO) refers to how much recent data could be lost in a disaster, based on the last backup.
Recovery Time Objective (RTO) is how long it may take to restore full access.

Example (RPO): If the last backup was at 3:00 PM and a crash occurred at 3:15 PM, up to 15 minutes of data may be lost.

Example (RTO): If your system goes down at noon and you are in the HA tier, recovery should occur by 4pm.

Validation After Recovery

Once your system is restored, CalMHSA will contact your designated point of contact for validation. Please be prepared to confirm:

• Staff can log in successfully

• Clinical forms and workflows load correctly

• Reports are accessible

• No critical data is missing

Disaster Recovery Testing Schedule

• Monthly Streamline tests restoring backup databases (non-production) to ensure data can be recovered. Full system failover simulations are also periodically performed for HA environments.

Who to Contact During a Disaster

• First: Contact CalMHSA if you detect a disruption or hear reports from staff.

• Then: CalMHSA will coordinate restoration with Streamline, provide status updates, and request system validation.

• Additional Support: CalMHSA will manage communication between the county and Streamline as needed.

Your Data Is Protected

- All data is encrypted (AES-256 at rest, TLS 1.2+ in transit)
- Only authorized users with MFA and role-based access can reach production systems

Contact and Support

For questions, assistance, or to report any issues related to SmartCare disaster recovery:

• Email CalMHSA at: ehr@calmhsa.org

• Submit a support request at: https://2023.calmhsa.org/support/