## TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

**County:**

**Project Name:**

**Project Number:**

### Select One:

- [ ] New
- [ ] Existing
- [ ] Completed Project (PIER)

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### TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSA Technological Needs project category:

- [ ] New system
- [ ] Increases the number of users of an existing system
- [ ] Extends the functionality of an existing system
- [ ] Supports goal of modernization/ transformation
- [ ] Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHSA Technological Needs Project and provide the Vendor/Consultant information:

#### ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)

- [ ] Needs Assessment and Vendor Selection
  - [ ] Needs Assessment
  - [ ] Vendor Selection Process
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Infrastructure, Security, and Privacy
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Practice Management
  - [ ] Electronic Registration
  - [ ] Electronic Scheduling
  - [ ] Billing Interface with State
  - [ ] Billing Interface with Contract Providers
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Clinical Data Management
  - [ ] Assessment and Treatment Plan
  - [ ] Document Imaging
  - [ ] Clinical Notes Module
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Computerized Provider Order Entry
  - [ ] Lab – Internal
  - [ ] Lab – External
  - [ ] Pharmacy – Internal
  - [ ] Pharmacy – External
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Interoperability Components
  - [ ] Messaging – Data transfer between different systems with different data standards.
  - [ ] Record Exchange – Data transfer between two systems that share a common structural design.
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Full Electronic Health Record (EHR) with Interoperability Components
  - [ ] (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

#### CLIENT AND FAMILY EMPOWERMENT PROJECTS

- [ ] Client/Family Access to Computing Resources
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Personal Health Record (PHR) System
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal

- [ ] Online Information Resource (Expansion / Leveraging Information Sharing Services)
  - [ ] Vendor/Consultant Not Selected
  - [ ] Vendor/Consultant Selected
    - [ ] Name _________________
  - [ ] Internal
### OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Vendor/Consultant Not Selected</th>
<th>Vendor/Consultant Selected</th>
<th>Name ____________________________________________</th>
<th>Internal</th>
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</thead>
<tbody>
<tr>
<td>Telemedicine and Other Rural / Underserved Service Access Methods</td>
<td></td>
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<td>Pilot Projects to Monitor New Programs and Service Outcome Improvement</td>
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<tr>
<td>Data Warehousing /Decision Support</td>
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<td>Imaging/Paper Conversion</td>
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**TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION**

1. Provide an Executive Summary of your Project:

2. Describe how your Technological Needs Projects will meet MHSA’s goal of the Integrated Information Systems Infrastructure (IISI):

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans?  
   - Yes or  
   - No

   a. Independent Project Oversight
   b. Integration Management
   c. Scope Management
   d. Time Management
   e. Cost Management
   f. Quality Management
   g. Human Resource Management
   h. Communication Management
   i. Procurement Management
   j. Risk Assessment
   k. Change Control Plan
   l. Needs Assessment

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):

   **Integrated EHR Roadmap**

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<tbody>
<tr>
<td>Needs Assessment and RFP/Vendor Selection</td>
<td>Infrastructure</td>
<td>Practice Management</td>
<td>EHR “Lite” Clinical Notes and History</td>
<td>On-Line Ordering and Viewing / E-Prescribing and Lab</td>
<td>Full EHR</td>
<td>Fully Integrated EHR and PHR</td>
</tr>
</tbody>
</table>

   NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)?  
   - Yes or  
   - No

6. EHR and PHR Standards and Requirements:  
   If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: [http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/ TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/ TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf)

7. Project:  
   - Proposed Start Date: ____________________  
   - Proposed End Date: _______________________
Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.
   a. Project manager performance
   b. Project staffing
   c. Requirements not completely defined
   d. Change in scope
   e. Difficulties in customizing COTS
   f. Delay in project start date
   g. Completion date has lapsed
   h. Change in Vendor/Contract services cost
   i. Change in cost of materials (hardware, software, etc.)
   j. Personnel cost increase
   k. Delay in RFP process
   l. Insufficient management support
   m. Training issues
   n. Other

   Explanation:

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.
   a. Project organization
   b. Project management resources
   c. Support resources
   d. Development and maintenance resources
   e. Quality assurance testing resources
   f. Project plan dates (schedule)
   g. Project scope
   h. Project roles and responsibilities
   i. Project monitoring and oversight
   j. Project phasing
   k. Change management plan
   l. Risk management plan
   m. Contract services costs
   n. Hardware costs
   o. Software costs
   p. Personnel costs
   q. Other costs
   r. Training provisions

   Explanation:

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**PROJECT BUDGET**

**A. EXPENDITURES**

<table>
<thead>
<tr>
<th>Type of Expenditure</th>
<th>FY 11/12</th>
<th>FY 12/13</th>
<th>FY 13/14</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>1. Personnel</td>
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<tr>
<td>2. Hardware</td>
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<tr>
<td>3. Software</td>
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<td>4. Contract Services</td>
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<tr>
<td>5. Indirect Administrative Cost</td>
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<tr>
<td><strong>Total Proposed Expenditures</strong></td>
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**B. REVENUES**

1. New Revenues
   a. Medi-Cal (FFP only)
   b. State General Funds
   c. Other Revenues

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</thead>
<tbody>
<tr>
<td><strong>Total Revenues</strong></td>
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</tbody>
</table>

**C. TOTAL FUNDING REQUESTED**

**D. BUDGET NARRATIVE**

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.
TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER)

Basic Information
Actual Start Date: ___/___/______  □ Check if different than planned start date in original project proposal
Actual Completion Date: ___/___/______  □ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?
□ Project was completed on time
□ Project was completed early
□ Project was completed late

What was the final Project Budget Status?
□ Project was completed within approved budget
□ Project was completed over budget – Final Cost: MHSA funds - $__________ Non-MHSA funds - $__________
□ Project was completed under budget – Final Cost: MHSA funds - $__________ Non-MHSA funds - $__________

Objectives Achieved
Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned
Please select the categories which best describe your lessons learned:

a. □ Scope (planning, defining, verifying, and controlling) b. □ Documentation (requirements and use cases) c. □ Development (design, coding, and data) d. □ Quality (assurance, control, metrics, and testing) e. □ Implementation (installation and deployment) f. □ Risk (identification, response, and control) g. □ Time (sequencing, estimating, and scheduling) h. □ Cost (estimating, budgeting, and control) i. □ Human Resources (team acquisition, development, management, and turnover) j. □ Communications (info distribution and reporting) k. □ Procurement (purchase, acquisitions, and contracting) l. □ Training (system education) m. □ User acceptance (sponsorship and buy-off)

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project’s success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions
This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps
Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT
This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.
I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.
All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

<table>
<thead>
<tr>
<th><strong>Chief Information Officer</strong> (Print)</th>
<th><strong>Signature</strong></th>
<th><strong>Date</strong></th>
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<tbody>
<tr>
<td>HIPAA Privacy/Security Officer (Print)</td>
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