TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: _____

Project Number/Name: _____

Date: _____

Select one:
☐ **New**
☐ **Existing**

TECHNOLOGICAL NEEDS NEW PROJECT
Check at least one box from each group that describes this MHSA Technological Needs project
☐ 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 of MHSA Technological Needs Project
Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/TechnologyNeedsComponent/AppendixB
☐ Infrastructure, security, and privacy ☐ Practice Management ☐ Clinical Data Management ☐ Computerized Provider Order Entry ☐ Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)
Client and family empowerment projects ☐ Client/Family access to computing resources projects ☐ Personal Health Record (PHR) system projects ☐ Online information resource projects (expansion/leveraging information-sharing services)
Other technological needs projects that support MHSA operations ☐ Telemedicine and other rural/underserved service access methods ☐ Pilot projects to monitor new programs and service outcome Improvement ☐ Data Warehousing projects/decision support ☐ Imaging/Paper conversion projects ☐ Other
Indicate the Technological Needs project implementation approach ☐ Custom application: Name of Consultant or Vendor (If applicable)   _____ ☐ Commercial Off-The-Shelf (COTS) System: Name of Vendor   _____ ☐ Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ ☐ Software Installation: Name of Vendor   _____
Technological Needs New Project Description
1.   Describe how the project is critical for accomplishing the County, MHSA, and DMH goals and objectives.
2.   Describe how the proposed technology can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

3.   Describe the inventory of new software licenses and hardware to be purchased.

4.   Describe the County's policies and procedures related to the Project's privacy and security.

5.   Please attach a detailed project Work Flow Assessment Plan and Project Schedule.

6.   Please describe your proposed EHR project purchases.

7.   Provide information about your vendor selection criteria (such as a Request for Proposal).

8.   Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISI.

9.   Complete a proposed implementation timeline with the following major milestones:

Major Milestones Timeline

2006	2008	2009	2010	2012	2014
Needs Assessment and RFP/Vendor Selection	Infrastructure	Practice Management	EHR "Lite" Clinical Notes and History	Ordering and Viewing / E-Prescribing and Lab	Full EHR	Fully Integrated EHR and PHR

10. Assess the Project's risk rating using the following Project Risk Assessment.

11. If the proposed project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

New Project Risk Assessment			
Category	**Factor**	**Rating**	**Score**
Estimated Cost of Project	Over $5 million	6	
	Over $3 million	4	
	Over $500,000	2	
	Under $500,000	1	

Project Manager Experience				
Like Projects completed in a "Key Staff" Role		None	3	
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of users	Over 1,000	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

	Total Score	**Project Risk Rating**
☐	25 - 31	High
☐	16 - 24	Medium
☐	8 - 15	Low

TECHNOLOGICAL NEEDS EXISTING PROJECT
Please provide the following information when requesting additional funds for existing projects only:
1. Provide a summary of the TN project:
2. Provide a justification how this request is a continuation of a previously approved project and not a new project.
3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

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:

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.	

a.	☐ Hire additional staff or other personnel	g.	☐ Expand existing software
b.	☐ Acquire new contract services (vendors)	h.	☐ Acquire other materials
c.	☐ Expand existing contract scope of work	i.	☐ Training costs
d.	☐ Acquire new hardware (provide list below)	j.	☐ Other
e.	☐ Expand existing infrastructure		
f.	☐ Acquire new software (provide list below)		

Explanation:

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5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

a.	☐ Project organization	j.	☐ Project phasing
b.	☐ Project management resources	k.	☐ Change management plan
c.	☐ Support resources	l.	☐ Risk management plan
d.	☐ Development and maintenance resources	m.	☐ Contract services costs
e.	☐ Quality assurance testing resources	n.	☐ Hardware costs
f.	☐ Project plan dates (schedule)	o.	☐ Software costs
g.	☐ Project scope	p.	☐ Personnel costs
h.	☐ Project roles and responsibilities	q.	☐ Other costs
i.	☐ Project monitoring and oversight	r.	☐ Training provisions
		s.	☐ None

Explanation:

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6. Explain how the stakeholders were provided an opportunity to participate in the decision.

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.

All documents in the funding request are true and correct.

_ ___ _____   _____

   Chief Information Officer (Print)   Signature   Date

_____   _____

   HIPAA Privacy/Security Officer (Print)   Signature   Date