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
<u>Indicate the type of MHSA Technological Needs Project</u>
Electronic Health Record (EHR) system projects (check all that apply). 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
☐ 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
<u>Indicate the Technological Needs project implementation approach</u>
☐ 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. Provide a summary of the TN Project:
2. Describe how this project is critical for accomplishing the County's and Department's MHSA goals and objectives.
3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

4. **List the inventory of new software, hardware, and licenses to be purchased for this project.**

5. **Attach a detailed project plan for this project.**
   Anticipated Start Date: [_____]   Anticipated End Date: [_____]

6. **Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.**

7. **If this 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.**

8. **If this project is an EHR related project, checkmark all components in the Major Milestones for this project.**

Needs Assessment and Vendor Selection
☐ Needs Assessment
☐ Vendor Selection Process

Infrastructure
An interoperable EHR requires a secure network structure for sharing information
☐ Infrastructure

Practice Management (Web-Based Vendor)
Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.
☐ Electronic Registration
☐ Electronic Scheduling
☐ Billing Interface with State
☐ Billing Interface with Contract Providers

Clinical Data Management (EHR "Lite" Clinical Notes and History)
Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.
☐ Assessment and Treatment Plan
☐ Document Imaging
☐ Clinical Notes Module

| **Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)** |
|---|
| Optimizing physician ordering of medications, laboratory tests with interactive decision support system. |
| ☐ Lab - Internal |
| ☐ Lab - External |
| ☐ Pharmacy - Internal |
| ☐ Pharmacy – External |
| ☐ Lab and Pharmacy - Both |

Interoperability Components (Data Transfer - Connectivity and Language Standards) The ability of the system to transfer data outside the County clinic.
☐ Messaging – Data transfer between different systems with different data standards.
☐ Record Exchange – Data transfer between two systems that share a common structural design.
☐ Messaging and Record Exchange - Both

Fully Integrated EHR and PHR Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.
☐ Fully Integrated EHR and PHR

Other
☐ Other:

9. **If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:**

Major Milestones Timeline
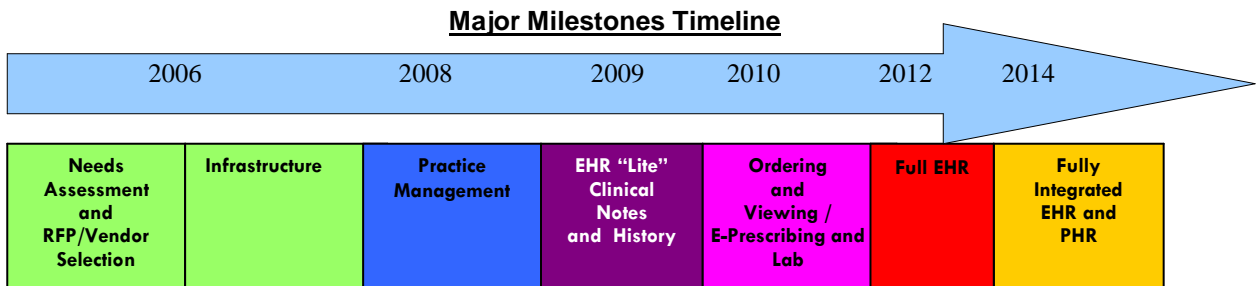
10. **Assess the Project's risk rating using the following Project Risk Assessment.**

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	

*Commercial Off-The-Shelf Software	Architecture	Over 20	2	
		Under 20	1	
		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

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met?   Yes [_____]   No [_____]

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

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	i. ☐ Change in cost of materials (hardware, software, etc.)
b. ☐ Project staffing	
c. ☐ Requirements not completely defined	j. ☐ Personnel cost increase
d. ☐ Change in scope	k. ☐ Delay in RFP process
e. ☐ Difficulties in customizing COTS	l. ☐ Insufficient management support
f. ☐ Delay in project start date	m. ☐ Training issues
g. ☐ Completion date has lapsed	n. ☐ Other
h. ☐ Change in Vendor/contract services cost	

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:

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:

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