Stanislaus County

Mental Health Services Act

Technological Needs
Project Proposal

REVISED DURING APPROVAL

May 2010

Stanislaus County Behavioral Health and Recovery Services
800 Scenic Drive, Modesto, CA 95350 (209) 525-6247 fax (209) 525-6291

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Introduction

Stanislaus County Behavioral Health and Recovery Services (BHRS) received Information Notice No. 08-09 from the California State Department of Mental Health (DMH) stating that in order for BHRS to receive MHSA funding for Capital Facilities/Technological Needs, the County should submit proposals consistent with the guidelines in Information Notice 08-09. Continuously working from BHRS Vision and Mission, MHSA Essential Elements, input from stakeholders, and guidance from DMH regulations, a Capital Facilities/Technological Needs (CF/TN) Component Proposal was developed, submitted and approved by DMH on July 13, 2009. (To view the CFTN Component Proposal as submitted, go to www.stanislausmhsa.com.)

As described in our Component Proposal, BHRS continues to be committed to improving coordination of care and delivery of behavioral health services in a manner consistent with the principles of MHSA. Subsequently, with input from stakeholders, two Technological Needs (TN) Project Proposals have been developed:

- Electronic Health Record
- Consumer Family Access to Computing Resources

Both projects are intended to create greater access to technology and to support empowerment for behavioral health service recipients and providers. In keeping with key goals of MHSA to modernize and transform the mental health service system, these projects will also include training needed to effectively utilize new resources.

The Technological Needs Projects Proposal was offered for 30-day public review and comment from February 17, 2010 – March 18, 2010. An informational meeting was held on March 2, 2010, 4:00 p.m. to 5:00 p.m., at Behavioral Health & Recovery Services, 800 Scenic Drive, Redwood Room, Modesto, California, 95350.

The focus of comments received complimented the overall project proposal, clarified individual stakeholder understanding of technical aspects and how implementation would occur. No substantive changes were made to the overall plan in response to comments submitted. All comments were welcomed and valued.

After BHRS submits the Technological Needs Project Proposal to the California Department of Mental health for review and approval, implementation of the projects is anticipated to begin late in FY2009/2010.

Overview

For the first time, public funding is allocated specifically for modernization of information systems and consumer/family member empowerment in the public mental health service system in California. Technological needs projects must align with and support the transformational concepts inherent in the Mental Health Services Act (MHSA): community collaboration, cultural competence, individual/family-driven programs and interventions, wellness focus including concepts of resilience and recovery, and integrated service experience for individuals and their families. Stanislaus County BHRS is committed to using the funds to achieve the goals of consumer and family member empowerment and modernization of information systems. It is expected that this will improve coordination of care and delivery of mental health information in a manner consistent with a long-standing BHRS commitment to supporting wellness, recovery and empowerment for treatment recipients and their families.

BHRS technological needs (TN) project development was guided by stakeholder input obtained since 2005, during three sizeable and comprehensive community planning processes. Community planning processes for Community Services and Supports (CSS), Workforce Education and Training (WET), and Prevention and Early Intervention (PEI) included education about all components of MHSA and invited input/questions. Community planning processes have included extensive stakeholder involvement obtained through surveys, targeted focus groups, interviews, town hall meetings, and community forums (in Spanish and English) throughout the county. BHRS has encouraged community input and will continue to work in partnership with consumers, family members, ethnic communities, mental health contractors and staff, social and medical service providers, agency partners (e.g., Juvenile Justice), and other community partners across the age span (including adults, older adults, transition-age youth, children and family members).

Focused preparation of Technological Needs (TN) Project Proposals began with workgroups in 2008. All affected work areas of BHRS management and operations, mental health contractors, and consumers and family members were included. Each workgroup assessed the impact of modernizing technology systems through a new electronic health record system, improved business workflows and an on-line clinical documentation process. Input was reviewed by BHRS TN Project Leads and incorporated from each workgroup with cohesive themes emerging. Confidentiality and accessibility of quality health information were key concerns expressed by consumers, family members and staff. Additional focus was given to consumer/family input through a survey process conducted with over 300 consumer and family members of all ages. The survey input was used specifically to determine where to expand and upgrade access to hardware and software and to training needs.

On April 7, 2009, and January 21, 2010, the MHSA Representative Stakeholder Steering Committee considered the scope, purpose and progress of Technological Needs projects. The Representative Stakeholder Steering Committee is comprised of individuals from all required and recommended stakeholder groups to ensure diverse input to all MHSA community planning processes.

A portion (details included in Exhibit 4 – Budget summary for each project) of the one-time allocation of TN funds ($5.7 million in Stanislaus County) will support the long-term goals of consumer and family member empowerment and modernization of information systems with two initial projects:

Project #1: The Electronic Health Record (EHR) project is commonly referred to as "paperless charting system" and, though it includes an online medical record, it is much more. Establishment of an EHR system will mean BHRS has a more integrated information system, better infrastructure and modernized administrative and clinical processes. Business information includes clinical charts, billing systems, outcome tracking and other aspects of BHRS operations. All are necessary for BHRS to deliver quality care to service recipients and their family members. This project will also establish the foundation for continuing improvements in operational efficiency within BHRS and between BHRS and its contract providers. The ability to easily, efficiently and safely share information between service providers and with service recipients is important to care coordination, especially during crisis situations. A key piece of this system is the Personal Health Record (PHR) project. PHR, an additional feature of the EHR, is to be developed in the future as part of the EHR Project. Total estimated cost is $4,144,334. See implementation timeline on page 11.

Project #2: The Consumer Family Access to Computing Resources project will allow placement of computers, technical support and training in easily accessible areas of service locations and behavioral health drop-in centers. A number of locations throughout Stanislaus County will be established to ensure access without the need to travel to Modesto. Additionally, an opportunity for consumers and family members to be providers of training and technical support will be funded as part of the project. Access to on-line resources is intended to enhance a service recipient's ability to be a knowledgeable partner in making treatment decisions and in maintaining personal recovery and resiliency goals. The total cost of providing access is estimated at $660,435, which includes on-going maintenance and training/technical support costs. This is an allowable cost under the Mental Health Services Act and will be covered 100% by these funds. Implementation will occur in FY2010/11.

Additional Projects: It is anticipated that development of several more Technological Needs (TN) projects will occur by 2011. For example, infrastructure projects that will address issues related to modernizing and improving BHRS' ability to more effectively use service outcomes data and decision support, telemedicine, and converting paper files to electronic files may be developed as resources allow. An additional consumer/family project will address expanding and enriching use of on-line information resources such as Network of Care.

Enclosure 3
Exhibit 2

Technological Needs Assessment

County Name: Stanislaus

Project Name: Stanislaus County Behavioral Health Information Technology Projects

Provide A Technological Needs Assessment Which Addresses Each Of The Following Three Elements

1. County Technology Strategic Plan Template
(Small Counties have the Option to Not Complete this Section.)

This section includes assessment of the County's current status of technology solutions, its long-term business plan and the long-term technology plan that will define the ability of County Mental Health to achieve an **Integrated Information Systems Infrastructure** over time.

Current Technology Assessment

List below or attach the current technology Systems In Place.

1.1 Systems Overview

Stanislaus County currently uses INSYST, from the Echo Group, as its primary information system. It provides basic practice management functionality such as client registration, admission/discharge, recording of services, Medi-Cal and other billing, and data collection and reporting required by the California State Department of Mental Health. It is used by both County-operated programs and contract providers in our system of care. INSYST was not designed to support clinical documentation needs or managed care operations. INSYST was installed and became operational at Stanislaus in June 1990. The software resides on computer equipment housed and maintained by information technology staff employed by the county Behavioral Health and Recovery Services (BHRS) department. Managed care operations are supported through a system developed in-house, utilizing Microsoft Access and Excel software. These older systems have not kept pace with changing business requirements. As a result, numerous inefficient workarounds have been developed over the years to address business requirements. This includes the use of Word templates by clinical staff to create progress notes and a multitude of separate spreadsheets and databases to track activities or manage other information in billing, financial, data management, and other areas. These disparate systems are not well integrated and are an impediment to delivering cost-effective, high-quality care to our clients.

List Or Attach A List Of The Hardware And Software Inventory To Support Current Systems.

1.2 Hardware

Server	Description	Operating System
Server 1	Charon-Vax INSYST Emulator	Windows 2003 STD
Server 2	Future Microsoft Exchange Email Server	Windows 2003 STD
Server 3	GroupWise 5.5 mail server	Netware 5X
Server 4	User data files host, Sophos, WSUS, Teleforms, Veritas BackupExec	Windows 2003 STD
Server 5	SQL Server 2000	Windows 2003 STD
Server 6	Intranet, AuditWizard, HelpBox, IIS, Locus Software, SQL 2000	Windows 2003 STD
Server 7	DSL Remote Solution, DENS software, Microsoft Office	Windows 2003 STD
Server 8	Print Server, DNS, DHCP, WINS, DeepFreeze, Pervasive SQL	Windows 2003 STD
Server 9	Microsoft Access Database Host, WINS, DNS	Windows 2000
Server 10	RDP Remote	Windows 2003 STD

Number of workstations: 400
Network printers: 50
Standard Applications: MS-Office 2003, Rumba 2000, GroupWise 5 (migrating to Exchange)

Standard Networking Equipment: CISCO

1.3 Software

INSYST – primary system for basic behavioral health information system needs

CHARON-VAX – software that enables INSYST to run on readily available, general-purpose server equipment instead of obsolete VAX equipment
Rumba 2000 – terminal emulation software required for use of INSYST on personal computers
EVEREST – purchased software used to track complaints of all types and manage activities leading to resolution
SQL Server – to store a copy of the most relevant INSYST data for internal reporting needs (data warehouse)
Microsoft Access – multiple databases used to supplement INSYST and meet other needs of various staff
Microsoft Excel – also used to supplement or interact with INSYST or to meet other spreadsheet needs
Microsoft Word – used for general purpose word processing needs, including templates for progress notes and other clinical documentation in preparation for an integrated behavioral health information system
GroupWise 5 – used for general e-mail communications

Desktop Operating Systems: Windows XP Professional and Windows 2000

Standard Desktop Applications: Microsoft Office 2003, Rumba 2000, GroupWise 5

1.4 Support (i.e., Maintenance and/or Technical Support Agreements)

INSYST is supported and maintained through an agreement with The Echo Group.
The CHARON-VAX software is maintained by Krassons, Inc.

Plan To Achieve An Integrated Information Systems Infrastructure (IISI) To Support MHSA Services

Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISI. (Counties may attach their IT Plans or complete the categories below.)

1.5 Describe how your Technological Needs Projects associated with the Integrated Information System Infrastructure will accomplish the goals of the County MHSA Three-Year Plan.

An integrated information systems infrastructure (IISI) provides the necessary foundation to support key elements of MHSA:

Provider and community collaboration
Cultural competence
Client-centered, client-driven services
Emphasis on wellness, recovery, and resiliency
Integrated, coordinated service delivery

Planned technology projects will:

Improve quality of care by standardizing administrative and clinical processes consistent with evidence-based practices, including on-line clinical-decision support

Facilitate appropriate information sharing among clients, family, and services providers to improve coordination of care, especially during crisis situations

Reduce disparities in access and services to underserved groups by providing better information and tools to report services utilization by population characteristics

Improve operational efficiency of clinical and administrative information systems

Improve the quality of data collected and used to measure outcomes and provide useful information needed to continuously improve the services delivery system

Support wellness, recovery, and resiliency by providing appropriate information to clients, family members, and providers

Improve privacy and security of protected health information (PHI)

Improve the ability to adapt to evolving health information standards and regulatory requirements

1.6 Describe the new technology system(s) required to achieve an Integrated Information System Infrastructure.

The core of the IISI will be an electronic health record system. This will include:

Practice management functionality, including client registration, appointment scheduling, admission/discharge, caseload management, billing, and reporting

Clinical documentation and decision-support, including prompts/reminders of actions needed

Managed care authorizations and claims management

Electronic signature support

Medication and prescription management, including easy on-line access to the Physicians' Desk Reference (PDR) and other important, useful reference materials

Document imaging and records management

Data warehouse with report-writing and data analysis tools for outcomes measurement and reporting needs

To support the functions listed above, sufficient computer server and storage equipment will be required, including desktop or mobile devices as required by specific staff and providers. A flexible, high-speed network will be required to ensure timely communications and information exchange with appropriate parties. This will need to include secure internet connectivity for access to appropriate information by staff and providers, as well as providing clients access to their personal health information and useful on-line resources.

1.7 – Note the Implementation Resources Currently Available.

Oversight Committee:	_X_ Yes	___ No
Project Manager	___ Yes	_X_ No
Budget	___ Yes	_X_ No
Implementation Staff in Place:	___ Yes	_X_ No
Project Priorities Determined:	_X_ Yes	___ No

1.8 – Describe Plan To Complete Resources Marked "No" Above.

Budget needs are being finalized now that the Request For Proposals (RFP) process is complete and a vendor has been selected. Funding for an implementation project manager, necessary staff resources, and the new EHR are expected to be provided through MHSA IT funds. There is no other mental health funding source available at Stanislaus. If any additional staff is needed for a successful implementation of the EHR, they will be identified and addressed as the EHR contract is finalized.

1.9 – Describe the Technological Needs Project priorities and their relationship to supporting the MHSA Programs in the County.

Stanislaus' technology project goals adhere to the following general principles of MHSA:

Increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings.

Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

Guided by these principles, technology projects are planned to achieve the following priorities:

Provide accurate, relevant information to mental health service providers, the client, and the client's family or other authorized parties. This will improve care coordination and empower clients to participate more effectively in their care.

Transform an old paper-based records system into a modern, efficient electronic records system, to facilitate appropriate system-wide access to clinical, administrative and financial information. In particular, this will enhance crisis care by eliminating the hunt for paper records and providing crisis workers with real-time access to a client's current health information. This will also help improve care coordination among multiple providers and reduce inefficiencies, producing cost savings to be redirected to client care.

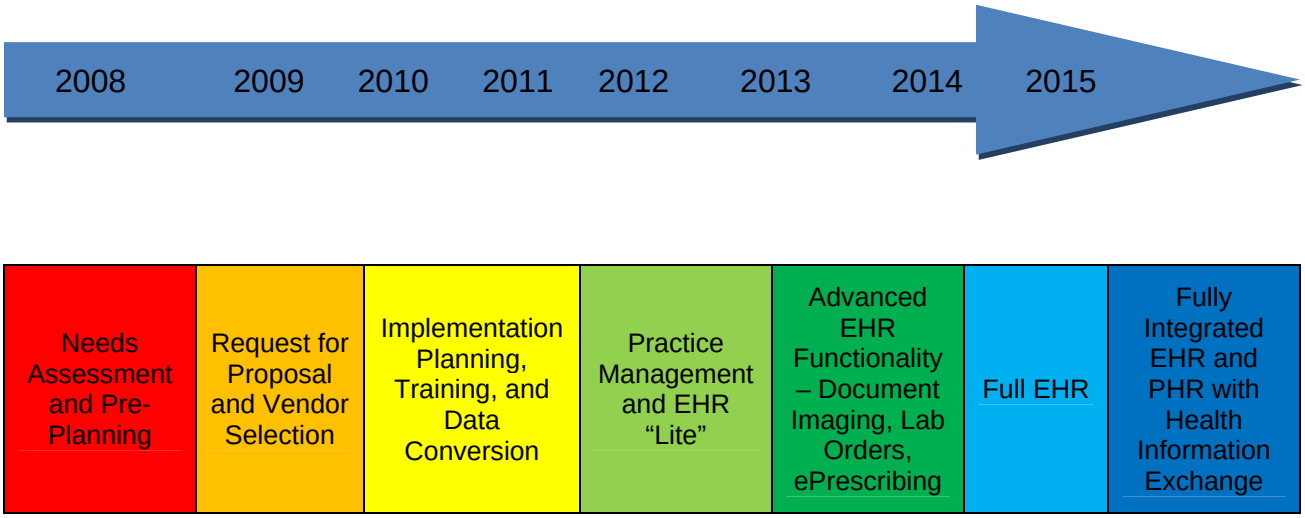
Provide clients and their families with access to computer resources and a Personal Health Record (PHR), including developing the skills needed to effectively utilize these resources to enhance wellness, recovery, and resiliency.

2. Technological Needs Roadmap Template

This section includes a Plan, Schedule, and Approach to achieving an Integrated Information Systems Infrastructure. This Roadmap reflects the County's overall technological needs.

Complete a Proposed Implementation Timeline with the Following Major Milestones.

2.1 List Integrated Information Systems Infrastructure Implementation Plan and Schedule or Attach a Current Roadmap.



2.2 Training and Schedule

The training plan referred to in Section 2.2 below will be fully developed with the EHR vendor. Sample training plans were provided by vendors as part of the RFP process and the selected vendor will be expected to provide the training necessary to ensure effective use of the new EHR. After funding is secured, initial tasks will include contract negotiation and implementation planning, which will also include development of an appropriate training plan. Sample plans provided include all of the expected basic and advanced training for logical groups of users, such as staff in clerical/program support, clinical, billing/financial, IT/operations, managed care, medical records, and QA/QI/research.

2.3 Describe your communication approach to the Integrated Information Infrastructure with Stakeholders (i.e., Clients and Family Members, Clinicians, and Contract Providers).

Initially, workgroups were formed in 2008 that included all affected work areas of BHRS operations, mental health contractors, consumers and family members. Each workgroup met several times over a six-month period. The effect on workflow and the clinical documentation process through a new electronic health record system was reviewed and suggestions incorporated from each workgroup into an RFP that was issued in March 2009.

On April 7, 2009, the MHSA Representative Stakeholder Steering Committee was convened for the purpose of considering the purpose and content of the Capital Facilities/Technological Needs Component Proposal. Members of the BHRS Leadership team, Mental Health Board members, and other stakeholders attended the meeting. The Representative Stakeholder Steering Committee is comprised of the following agencies/communities: consumer partners, family member partners, contract providers of public mental health services, representatives from diverse communities, law enforcement, Courts, education, health care, faith-based community, Disability Resource Agency for Independent Living (DRAIL), labor organizations, probation, social services, Stanislaus County Chief Executive Office, BHRS staff, Senior Services and regional geographical areas of Stanislaus County including South and Westside of the county.

The Behavioral Health Director and MHSA Planning Coordinator offered input to the representative stakeholders on BHRS' recommended use of CF/TN funds for development of technological infrastructure over the next ten years. After addressing questions and discussing concerns, members of the Representative Stakeholder Steering Committee endorsed BHRS' recommendations with regard to this information systems infrastructure. It was additionally agreed upon that all future planning for electronic health record and other technological projects would involve stakeholder input.

On an on-going basis, communication regarding the Integrated Information Systems Infrastructure planning and implementation is provided in a variety of ways:

- Presentations and updates in weekly BHRS Leadership team meetings
- Program-specific staff meetings
- Periodic all-staff meetings
- Contract provider meetings
- RFP leadership group and sub-group meetings
- MHSA Newsletter
- County MHSA website
- Mental Health Board updates
- Needs assessment surveys

2.4 Inventory of Current Systems (May include System Overview provided in County Technology Strategic Plan).

INSYST – provides basic behavioral health practice management software functionality
Locally-developed, basic managed care authorizations and claims processing system, utilizing Access and Excel
EVEREST – complaint logging and resolution tracking software
Data warehouse – locally developed using SQL Server and data downloaded from INSYST

2.5 Please attach your Work Flow Assessment Plan and provide Schedule and List of Staff and Consultants Identified (May complete during the Implementation of the Project or RFP).

Workflow assessments were addressed in the previous CBS Coalition work. These were taken into account in building the current RFP, to reflect current business requirements. Additional work may be needed depending on the implementation plan to be jointly developed with the EHR vendor. This will be taken into account in building the plan, to ensure a smooth transition from the old system.

2.6 Proposed EHR component purchases [May include information on Project Proposal(s)].

The new system will include:

Practice management
Clinical documentation storage and management
Managed care support
Electronic prescriptions and medication decision-support
Electronic scanning and management of external paper documents
Data warehouse or similar repository to facilitate data analysis and reporting
Reporting-writing and data extraction tools to meet decision-support and evaluation needs

2.7 Vendor Selection Criteria (Such as Request for Proposal).

A formal RFP for an Electronic Health Record System was issued on March 2, 2009. This was modeled after the CBS Coalition's RFP and related work several years ago, of which Stanislaus was an active participant. The original RFP was reviewed by several workgroups and updated to reflect the current business requirements of Stanislaus County. As the evaluation process progressed through 2009, finalists were determined, software demonstrations occurred, customer references in other California counties were contacted, and final scoring of proposals was completed by the RFP evaluation committee in December 2009. In January 2010, vendors were advised of the selection of Anasazi EHR software.

2.8 Cost Estimates associated with achieving the Integrated Information Systems Infrastructure.

These details will be included in the required Technological Needs Project Proposal forms as plans for each project are completed. At this time, up to $5,686,800 in CF/TN funding has been reserved entirely for technological projects. The bulk of this is expected to be used for the core EHR system and related infrastructure needs.

3. County Personnel Analysis (Management and Staffing)
(Small Counties have the Option to Not Complete this Section.)

Major Information Technology Positions	Estimated #FTE Authorized	Position Hard to Fill? 1 = Yes 0 = No	Estimated #FTE Needed in addition to #FTE Authorize
A. Information Technology Staff (Direct Services)			
Senior Software Developer/Analyst	1		
Software Developer/Analysts	3		1
Application Specialists	2		1
Subtotal A	6		2
B. Project Managerial and Supervisory			
CEO or Manager Above Direct Supervisor	0.1		
Supervising Project Manager	0.5		
Project Coordinator			1
Other Project Leads			
Subtotal B	0.6		1
C. Technology Support Staff			
Analysts, Tech Support, Quality Assurance	4	1	
Education and Training			6
Clerical, Secretary, Administrative Assistants	0.5		
Other Support Staff (Non-Direct Services)	4		
Subtotal C	8.5	1	6
Total County Technology Workforce (A + B + C)			
	15.1	1	9

Enclosure 3 - Exhibit 1
FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Stanislaus
Project Name: Electronic Health Record System

This Technological Needs Project Proposal 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.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an Integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognize the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director

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Telephone: 209-525-6225
E-Mail: dhunt@stancounty.com

Signature:
Date:

Chief Information Officer

Name: Patricia Ortega-Ruiz (Interim)
Telephone: 209-525-6010
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Signature:
Date:

HIPPA Privacy / Security Officer

Name: Ron Gandy
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E-Mail: rgandy@stancounty.com

Signature:
Date:

Enclosure 3 – Exhibit 3

Technological Needs Project Proposal Description

County Name: Stanislaus **Date:** February 17, 2010

Project Name: Electronic Health Record (EHR) System

Check at Least One Box from Each Group that Describes this MHSA Technological Needs Project

X New System.
_ Extend the Number of Users of an Existing System.
_ Extend the Functionality of an Existing System.
X Supports Goal of Modernization / Transformation.
X Support Goal of Client and Family Empowerment.

Indicate the Type of MHSA Technological Needs Project:

>Electronic Health Record (EHR) System Projects (Check All that Apply)
_X_ Infrastructure, Security, Privacy.
_X_ Practice Management.
_X_ Clinical Data Management.
_X_ Computerized Provider Order Entry.
_X_ Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard Data Exchanges with Other Counties, Contract Providers, Labs, 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.
_X_ Data Warehousing Projects / Decision Support.
_X_ Imaging / Paper Conversion Projects.
___ Other.

Indicate the Technological Needs Project Implementation Approach:

__ **Custom Application –** Name of consultant or Vendor (if applicable):

_X_ **Commercial Off-the-Shelf (COTS) System** – Name of Vendor: Anasazi Software

__ **Product Installation -** Name of consultant or Vendor (if applicable):

__ **Software Installation -** Name of Vendor:

Project Description and Evaluation Criteria (Detailed Instructions)

Small County? Yes__ No X

Complete Each Section Listed Below.
Small counties (under 200,000 in population) have the Option of submitting a Reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project.

A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with an "*".

Project Management Overview (Medium-to-High Risk Projects)

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for Risk Level using the worksheet in Appendix A.

For Projects with Medium to High Risk, the County shall provide information in the following Project management areas.

Independent Project Oversight:

Since the inception of the project, the County's Behavioral Health and Recovery Services (BHRS) has contracted with an experienced consultant to provide independent project oversight consultation. This individual meets regularly with a designated team of senior managers and staff to develop plans for implementation of an EHR. In addition, the County Purchasing Department has been involved with the project team to serve as the central communication point for vendors responding to our RFP for the EHR.

Integration Management:
The County plans to develop a comprehensive contract with the selected EHR vendor that will include details of how the system will be integrated with existing work processes and databases. The original work group that managed the RFP and vendor selection process will now transition into a Steering Committee that will oversee the work of the EHR implementation team, including the project manager. In addition, the County continues to utilize Microsoft Project software and an intranet/extranet server to facilitate the sharing of information for one-time and ongoing projects. For this item and the remaining items in this section, the project manager will have day-to-day management responsibility, with oversight by the Steering Committee.

Scope Management:
The contract with the vendor will include a definition of the scope of the project. The County expects that scope management will be part of the complete implementation plan to be developed with the vendor. This is expected to cover the necessary software, hardware, human resources, and services necessary for a successful implementation of the EHR. The project manager will be responsible for reporting needed changes in project scope to the EHR Steering Committee. This will also include the requirements and responsibilities for approval of any change in project scope.

Time Management:
Time management will be covered in the EHR contract and reflected in the EHR implementation plan.

Cost Management:
Cost management procedures will be delineated in the EHR contract and monitored by the project manager, with assistance from the County's financial accounting division. Expenses outside of the EHR contract, such as purchases of equipment, supplies, and other items needed to complete the implementation will also be monitored in this way. Established County purchasing procedures will be followed as required.

Quality Management:
The Steering Committee will monitor quality management. This will include a review of project milestones and outcomes as the project proceeds. Regular reports of project status will be provided by the project manager to keep the Committee informed.

Human Resource Management (Consultants, Vendors, In-House Staff):
The Steering Committee is headed by the Associate Director of BHRS and includes several senior managers representing all of the major clinical and administrative areas of the department. It will be the responsibility of the Steering Committee to resolve any changes in resources needed to successfully complete the EHR implementation. The services of one or more consultants may be used to augment the EHR implementation team. In addition, where feasible and useful, the vendor will be utilized to complete certain one-time tasks that can best be performed by the maker of the software. These resources will be factored into the completed implementation plan to ensure adequate resources for this major project. BHRS IT staff also consults with the County's central information technology department, which serves as another source of advice and support on technology issues.

Communications Management:
Clear and timely communication of important project information among staff, the Steering Committee, the EHR implementation team, and other participants is critical to a successful EHR implementation. Everyone involved in the project has a responsibility to help develop communication strategies that promote regular, thorough distribution of information, including identification of communication gaps and corrective action. The project manager and Steering Committee have the responsibility to ensure vital, accurate information reaches the right audience in a timely way. Tools are available to facilitate this communication, including well-established e-mail, file sharing, and other BHRS intranet resources, as well as access to various formal and informal workgroups within the department. This includes the senior leadership team and quality improvement committees. Communications between the County and the vendor is particularly important and is being addressed in contract language and reflected in the implementation plan. At a minimum, the Steering Committee will meet monthly, but may meet more often depending on the current tasks in the implementation plan.

Procurement Management:
Stanislaus County was one of more than 25 counties (the CBS Coalition) that jointly developed requirements for a comprehensive behavioral health information system that would meet all California-specific reporting requirements. This resulted in the issuance of an RFP and a thorough evaluation of responses from a number of interested vendors. At the end of this process, Stanislaus and many other counties experienced budget constraints that prevented acquisition of a system and the search for a new system was suspended. Several years later, with the prospect of MHSA funding for technology projects, Stanislaus assembled a multidisciplinary team of 10 senior managers and staff to create a fresh RFP based on the CBS Coalition's work. The RFP was issued in March 2009 and several vendors responded with proposals. RFP responses were evaluated and eventually three qualified vendors were invited to present on-site product demonstrations. Over 40 individuals representing BHRS staff, contract providers, and consumer/family members participated in these demonstrations, utilizing a standardized scoring form with room for comments to help the project team identify relative strengths and weaknesses of each of the EHR products. After review and discussion of the results, the project team conducted a series of reference-check calls to learn more about the experience of the vendors' existing customers. Product pricing was then obtained and factored into the decision-making process. Final scores from each evaluator on the project team were consolidated and reviewed for accuracy. After the highest-ranking vendor was identified, all three finalists were notified of the county's selection. From the beginning, the County Purchasing department provided guidance and monitored the process, to ensure proper procedures were followed for a fair and equitable procurement process. This collaboration with the Purchasing department will continue and County Counsel will become involved to provide legal expertise and advice as a contract with the vendor is developed.

For Low-Risk Projects, as determined by the Worksheet in Appendix A, the above Project Management Reporting is Not Required.
Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

Project Cost

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a Quarterly basis for the life of the Project.

Costs on a Yearly and Total basis will also be required for input on Exhibit 3 - Budget Summary.

Quarter	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
1st Qtr	0	518,599	109,448	141,171	148,229	917,447
2nd Qtr	0	518,599	109,448	141,171	148,229	917,447
3rd Qtr	0	518,597	109,448	141,171	148,229	917,445
4th Qtr	474,544	518,599	109,450	141,171	148,231	1,391,995
Totals	474,544	2,074,394	437,794	564,684	592,918	4,144,334

Nature of the Project

Extent to which the Project is Critical to the Accomplishment of the County, MHSA, and DMH Goals and Objectives:

This project will result in an integrated information systems infrastructure that will modernize and transform the administrative and clinical processes required for quality care for our consumers and family members. This also provides the foundation for continuing improvements in operational efficiency and offers opportunities to enhance consumer empowerment by supporting the flow of information and knowledge between consumers and providers.

Degree of Centralization or Decentralization Required for this Activity:

This project involves centralized equipment necessary to support operation of the EHR. Access will be decentralized to BHRS staff, contract providers, and other authorized individuals or agencies involved in providing or coordinating care to our consumers. Physical security and centralized access control will be maintained by BHRS, using existing standards and procedures, and enhanced as necessary to meet requirements of the new system.

Data Communication Requirements Associated with the Acitivity:

BHRS has an existing network that interconnects County provider sites and those of major contract providers. In addition, the BHRS network is connected to other County departments and agencies through the County's central IT department, which maintains appropriate internet firewall and other security measures. Since the new EHR requires somewhat greater bandwidth than the old legacy system, upgrades to certain portions of the network are planned in preparation for the new system. This will also help prepare BHRS to meet evolving standards for future health information exchange.

Characteristics of the Data to be Collected and Processed (i.e., source, volume, volatility, distribution, and security or confidentiality):

The new EHR will contain demographic, clinical, financial, and other data collected and processed on the approximately 12,000 clients seen each year by the County and contract providers. This includes data used for Medi-Cal claims, other third-party billing, Client Services Information (CSI) reporting, outcomes tracking, cost reporting, and other needs. Much of this information is protected health information (PHI) requiring a high degree of security and privacy protection, as required by HIPAA and other Federal and State laws and regulations. This applies to both data in a stored state (as when stored in a database) or when transmitted (such as when uploaded to DMH). BHRS has HIPAA Privacy and Security Officers to help monitor and ensure compliance with these requirements. The new EHR also provides better security and privacy features than the old legacy system being replaced.

Degree to which the Technology can be Integrated with Other Parts of a System in achieving the Integrated Information Systems Infrastructure:

The new EHR adheres to common computer industry standards and utilizes mainstream, well-supported technology products. Functions within the EHR are well integrated, reducing data redundancy, facilitating efficient workflow, and minimizing errors. This provides a good foundation for integration of future software products and improves the likelihood of effective interoperability with other systems and databases as required. The vendor has also committed to continued adherence to information exchange and interoperability standards as they evolve over time.

Hardware Considerations * (As Applicable):

Compatibility with Existing Hardware, Including Telecommunications Equipment:
A review of hardware requirements provided by the vendor shows no compatibility issues exist. Required hardware can be readily integrated with existing BHRS equipment, which utilizes popular products commonly used in data centers.

Physical Space Requirements Necessary for Proper Operation of the Equipment:
BHRS' current data center has adequate space for the planned new equipment, but additional battery-based power back-up equipment will be installed to support the new system. Cooling and electrical capacity is being evaluated and will be upgraded if necessary.

Hardware Maintenance:
BHRS IT staff maintains most computer hardware. Maintenance contracts with external vendors are considered on a case-by-case basis, depending on risk and business requirements.

Existing Capacity, Immediate Required Capacity and Future Capacity:
Existing hardware and storage capacity will not be adequate to fully implement the new EHR. Requirements for the new system were estimated to meet requirements for five years of operations. This new, required equipment is incorporated in the project budget included in this project proposal.

Back up Processing Capability:
Due to the extensive, additional features of the new EHR, and associated data storage requirements, the current daily backup system will need to be improved. Equipment for this purpose is included in the project budget. This is necessary to prevent the loss of data and ensure the prompt restoration of data when necessary, to ensure reliable access to the EHR.

Software Considerations * (As Applicable):

Compatibility of Computer Languages with Existing and Planned Activities:
The new EHR is compatible with the current BHRS software environment. It complies with commonly used SQL and ODBC standards, allowing the use of popular, useful software such as Crystal Reports.

Maintenance of the Proposed Software (e.g., vendor-supplied):
The vendor is responsible for maintenance of the EHR software. A user group composed of other California county customers meets with the vendor on a regular basis to prioritize software enhancements and share information.

Availability of Complete Documentation of Software Capabilities:
The vendor is required to provide documentation for the core EHR and for any modifications.

Availability of Necessary Security Features as defined in DMH Standards noted in Appendix B:
The planned EHR meets the minimum security requirements described in DMH Information Notice 08-09, Enclosure 3, Appendix B. This includes access controls, audit capabilities, and authentication standards outlined in the CCHIT Ambulatory Security Criteria 2007, as applicable.

Ability of the Software to meet Current Technology Standards or be Modified to meet them in the Future:
The software meets current technology standards and has no known limitations that would prevent modifications to meet future standards.

Interagency Considerations* (As Applicable):

Describe the County's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.

Contract providers currently utilize the old legacy system and will migrate to the new EHR as determined in the implementation plan. BHRS will continue to provide technical support and training to these users. The security provisions currently in place will be replicated in the network modified to support the new EHR. Representatives from contract providers have attended vendor software demonstrations and are aware of BHRS plans. The new EHR also supports current exchanges of information with DMH, including Medi-Cal eligibility verification, Medi-Cal claiming, CSI, and outcomes reporting. Use in other agencies is extremely limited for privacy and other reasons and is usually limited to use by outsourced BHRS staff.

Training and Implementation * (As Applicable):

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

BHRS understands its current workflows and business processes, while the software vendor is thoroughly familiar with the system's design and previous training experiences in other California counties. Together, the two parties expect to jointly develop a training plan to ensure all staff and contractors are able to effectively utilize the new EHR. This will take into account how the software was configured to meet BHRS business needs. A "train the trainer" approach is anticipated. BHRS is currently evaluating options for a training facility adequate to support the extensive training required. BHRS considers training to be one of the most important factors in successful implementation and effective use of a software system.

Security Strategy* (As Applicable):

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes.

Protecting Data Security and Privacy:
The EHR software has comprehensive security and privacy features. BHRS IT staff maintain current data center security and network access controls. Existing policies and procedures will be updated to reflect changes and new requirements resulting from the EHR implementation.

Operational Recovery Planning:
BHRS IT staff currently back up critical data files and databases on a daily basis. Since the new EHR will generate substantial additional data, the current backup equipment will be upgraded for better performance and faster restoration of data when necessary.

Business Continuity Planning:
The current Disaster Recovery Plan will be updated to reflect changes and new requirements resulting from the new EHR. Reliance on a comprehensive EHR requires a heightened level of planning and preparations for continuing business operations.

Emergency Response Planning:
In the event of an emergency, the EHR can be accessed remotely by authorized staff participating in the emergency response using wireless technology, if necessary. Current procedures will be updated, if required, to reflect the differences between the old legacy system and the new one.

Health Information Portability and Accountability Act (HIPAA) Compliance:
The EHR is compliant with HIPAA security requirements. BHRS policies and procedures are updated with direct involvement of BHRS' HIPAA Security and/or Privacy Officers, as appropriate. When necessary, training is provided to the affected staff and business partners to reinforce and promote compliance.

State and Federal Laws and Regulations:
The vendor is required to ensure that the EHR remains compliant with current State and Federal laws and regulations.

Project Sponsor(s) Commitments [Small Counties May Elect to not Complete this Section]

Sponsor(s) Name(s) and Title(s)
Identify the Project Sponsor Name and Title. If multiple Sponsors, identify each separately.

Madelyn Schlaepfer, PhD, Associate Director
Patricia Ortega-Ruiz, BHRS Information Technology Senior Manager (Interim)

Commitment
Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.
The sponsors are completely committed to the success of this project. Implementation of an EHR supports our commitment to providing effective, efficient delivery of services to our consumers and family members, improving services over time through better outcomes tracking, and building the foundation for personal health records that can help empower consumers to better manage their health and well-being. The necessary MHSA Capital Facilities and Technological Needs component funds are being dedicated to this EHR project.

Approvals/Contacts
Please include separate signoff sheet with the Names, Titles, Phone, E-mail, Signatures, and Dates for:

Individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).

Signatures:
Prepared By:

Name: Karen Hurley | **Title:** MHSA Planning Coordinator

Signature: | **Date:**

E-Mail Address: khurley@stancounty.com | **Phone:** 209-525-6229

Name: Madelyn Schlaepfer, PhD | **Title:** Associate Director

Signature: | **Date:**

Email Address: mschlaep@stancounty.com | **Phone:** 209-525-6225

Name: Patricia Ortega-Ruiz | **Title:** IT Manager (Interim)

Signature: | **Date:**

Email Address: pruiz@stancouty.com | **Phone:** 209-525-6010

EXHIBIT 4 - BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

(List Dollars in Thousands)

County: Stanislaus
Project Name: Electronic Health Record (EHR) System

Category	(1) 09/10	(2) 10/11	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel					
Project Manager (Manager II)	29,544	118,175	124,084	271,803	130,288
Systems Engineer 1		99,230	104,191	203,421	109,401
Software Developer II		99,230	104,191	203,421	109,401
Admin Training Staff (3)		243,524		243,524	
Clinical Training Staff (2)		185,255		185,255	
Clinical Training Consultant		101,899		101,899	
Total Staff (Salaries & Benefits)	29,544	847,313	332,466	1,209,323	349,090
Hardware					
Servers	151,600			151,600	
Switches	36,900			36,900	
HP Chassis	18,000			18,000	
Router & Modules	20,000			20,000	
Backup System	44,500			44,500	
UPS Cooling Server Racks	24,000			24,000	
Total Hardware	295,000	0	0	295,000	0
Software					
Practice Management - Anasazi	50,000	631,923		681,923	
e-Prescribing		58,500		58,500	
Server & database licenses		44,850		44,850	
Third party software	100,000	13,000		113,000	
Annual Maintenance		87,606	75,207	162,813	183,967
Total Software	150,000	835,879	75,207	1,061,086	183,967
Contract Services (list services to be provided)					
Installation, training, data conversion		260,776		260,776	
MH Contractors EHR conversion		50,000		50,000	
Total Contract Services	0	310,776	0	310,776	0
Administrative Overhead		75,426	28,121	103,547	29,527
Other Expenses (Describe)					
Employee Travel & Supplies		5,000	2,000	7,000	2,100

Total Costs (A)	474,544	2,074,394	437,794	2,986,732	564,684
Total Offsetting Revenues (B)**	55,711	243,534	51,397	350,642	66,294
MHSA Funding Requirements (A-B)	418,833	1,830,860	386,397	2,636,090	498,390

NOTES:

Stanislaus County Behavioral Health and Recovery Services is an integrated department, providing both mental health and substance abuse services. Therefore, the new Electronic Health Record System will also be used for substance abuse services and the portion to be paid by Drug and Alcohol Services funding is reflected in the Total Offsetting Revenues budget line. The allocation of costs methodology is based on 4,438 total active unique clients as of December 31, 2009. Of these clients, 3,917 were Mental Health (88.26%) vs 521 Drug and Alcohol Services (11.74%).

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Project Proposal, Enclosure 3, Exhibit 4 - Budget Summary March 18,2008

Enclosure 3 - Exhibit 5

Stakeholder Participation
For Technological Needs Project Proposal

County Name: Stanislaus
Project Name: Electronic Health Record (EHR) System

Counties are to provide a short summary of their Community Planning Process (for Projects), to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, and/or the use of regional partnerships.

Stakeholder Type (e.g. Contract Provider, Client, Family Member, Clinician)	**Meeting Type** (e.g., Public Teleconference)	**Meeting Dates**
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	1500+ community stakeholders representing all required and recommended partners participated during Community Services & Supports (CSS) community planning process which included a town hall meeting in each of four key regions of the county, surveys, and representative stakeholder meeting to prioritize need established.	2005
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	2000+ community stakeholders participated in various CSS Plan updates, WET and PEI community planning processes, needs assessment, public review of posted documents, public hearings and other informational meetings.	2006 - 2009
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	Stakeholder meetings to consider the specific purpose of the CFTN Component Proposal; 30 day public review and comment period of CFTN Component Proposal and public hearing.	March - May 2009
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	BHRS Management Team and staff took the lead to develop, with input from community stakeholders, MHSA Technology Needs Projects. Workgroups met at least monthly to give input. During this time needs assessments and vendor demonstrations were conducted.	2008 - 2010
BHRS Consumer Family Member Steering Committee, BHRS staff and general public	MHSA Planning Coordinator worked with Steering Committee to identify existing resources and unmet need, develop and implement TN Survey related to access and training. Meeting dates; July 12, August 11, September 8, October 13, December 8, January 12, March 9.	2009 – 2010
General Public	Notices and documents were posted on the County-wide MHSA website, MHSA Newsletter, Email notifications to all stakeholders who submitted electronic addresses, public notices were published in seven newspapers throughout the county including Spanish language paper, documents were available at County Library resource desks, public hearing notices were published in newspapers.	2005 - 2010
30-day public review and comment period	Open opportunity for all stakeholders to give input on TN Project Proposals	February 17, 2010 - March 18, 2010

APPENDIX A - PROJECT RISK ASSESSMENT
Project: Electronic Health Record

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	4
		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	1
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	3
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	3
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Networking/Cabling	1	3
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	1
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	3
		Over 100	3	
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	2
		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

Enclosure 3 - Exhibit 1
FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Stanislaus
Project Name: Consumer Family Access to Computing Resources

This Technological Needs Project Proposal 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.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an Integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognize the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director

Name: Denise Hunt
Telephone: 209-525-6225
E-Mail: dhunt@stancounty.com

Signature:
Date:

Chief Information Officer

Name: Patricia Ortega-Ruiz (Interim)
Telephone: 209-525-6010
E-Mail: pruiz@stancounty.com

Signature:
Date:

HIPPA Privacy / Security Officer

Name: Ron Gandy
Telephone: 209-602-1328
E-Mail: rgandy@stancounty.com

Signature:
Date:

Enclosure 3 – Exhibit 3

For Technological Needs Project Proposal Description

County Name: Stanislaus **Date:** February 17, 2010

Project Name: Consumer Family Access to Computing Resources

Check at Least One Box from Each Group that Describes this MHSA Technological Needs Project

___ New System.
___ Extend the Number of Users of an Existing System.
___ Extend the Functionality of an Existing System.
___ Supports Goal of Modernization / Transformation.
X Support Goal of Client and Family Empowerment.

Indicate the Type of MHSA Technological Needs Project:

>Electronic Health Record (EHR) System Projects (Check All that Apply)
___ Infrastructure, Security, 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, Pharmacies).

> Client and Family Empowerment Projects
X 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):
Not applicable for this project

__ **Commercial Off-the-Shelf (COTS) System** – Name of Vendor:
Not applicable for this project

__ **Product Installation -** Name of consultant or Vendor (if applicable):
Not applicable for this project

X **Software Installation -** Name of Vendor:
Microsoft Office and other software such as anti-virus, anti-spam will be installed on all computers in consumer/family member stations

Project Description and Evaluation Criteria (Detailed Instructions)

Small County? Yes__ No X

Complete Each Section Listed Below.
Small counties (under 200,000 in population) have the Option of submitting a Reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project.

A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with an "*".

Project Management Overview (Medium-to-High Risk Projects)

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for Risk Level using the worksheet in Appendix A.

For Projects with Medium to High Risk, the County shall provide information in the following Project management areas.

Independent Project Oversight - The Project is considered low risk.
Integration Management – N/A
Scope Management– N/A
Time Management– N/A
Cost Management– N/A
Quality Management– N/A
Human Resource Management (Consultants, Vendors, In-House Staff) – N/A
Communications Management– N/A
Procurement Management– N/A

For Low-Risk Projects, as determined by the Worksheet in Appendix A, the above Project Management Reporting is Not Required.
Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

Stanislaus County BHRS currently maintains computers for consumer/family member access in four service sites; including Wellness Recovery Center and Transitional Age Young Adult Drop-in Center. With input from over 300 consumer and family members a plan is proposed to expand to additional sites and upgrade hardware/software. Because of the established existing resources and the relatively low cost of the project, this is considered a low risk project. All oversight will fit into established organizational management structures

Project Cost

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a Quarterly basis for the life of the Project.

Costs on a Yearly and Total basis will also be required for input on Exhibit 3 - Budget Summary.

Quarter	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
1st Qtr	0	35,859	36,216	38,027	39,928	150,030
2nd Qtr	0	35,859	36,216	38,027	39,928	150,030
3rd Qtr	0	35,859	36,216	38,027	39,928	150,030
4th Qtr	60,313	35,859	36,217	38,027	39,929	210,345
Totals	60,313	143,436	144,865	152,108	159,713	660,435

Costs include a budget for hardware, software and personnel to support implementation including consumer/family positions to fill training and technical support roles.

Nature of the Project

Extent to which the Project is Critical to the Accomplishment of the County, MHSA and DMH Goals and Objectives:

Stanislaus County BHRS is committed to using the funds to achieve the goals of consumer and family member empowerment and modernization of information systems. This project will focus on development of computing resources that offer increased access to service recipients and their families. This access will enhance service recipient's ability to be a knowledgeable partner in making treatment decisions and in maintaining recovery and resiliency goals in a way that is consistent with BHRS' long-standing commitment to recovery and empowerment. It is expected that this will improve coordination of care and delivery of mental health information in a manner consistent with the general standards of MHSA

Degree of Centralization or Decentralization Required for this Activity:

Computers will be distributed strategically, using input from stakeholder surveys, at different geographic locations that are easily accessible (at or near service sites, on bus routes). Maintenance will be centralized through BHRS IT Department. Training will be developed and offered centrally, technical support maybe central or on-site for ease of user access.

Data Communication Requirements Associated with the Activity:

High speed internet that is outside the County's network will be used to address security concerns.

Characteristics of the Data to be Collected and Processed (i.e., source, volume, volatility, distribution, and security or confidentiality):

Not applicable to this project.

Degree to which the Technology can be Integrated with Other Parts of a System in achieving the Integrated Information Systems Infrastructure:

Not applicable to this project.

Hardware Considerations * (As Applicable):

Compatibility with Existing Hardware, Including Telecommunications Equipment:

Standard hardware will be used, along with existing software and telecommunications standards.

Physical Space Requirements Necessary for Proper Operation of the Equipment:
Consumer Family Access to Computing Resources Project equipment will be housed in service sites such as, but not limited to, consumer empowerment center, wellness center, family partnership center, and TAYA drop-in center. In each location equipment will be housed in areas designated for use by consumers and family members. BHRS will ensure that adequate space is made available in each location and that all applicable data security and privacy requirements are met.

Hardware Maintenance:
All hardware maintenance will be performed by BHRS IT staff.

Existing Capacity, Immediate Required Capacity and Future Capacity:
Currently four BHRS locations have a combined total of 12 computers for use by service recipients. Each location has a dedicated or shared network printer use. Limited training and on site technical support is offered at some of the sites. The project is intended to add and upgrade resources to these sites and add new sites that don't yet have resources available.

Back up Processing Capability:

No back up processing capability will be required or provided. No data will be saved to local hard drives and computers will regularly be "cleaned" of any user-generated files or content.

Software Considerations * (As Applicable):

Compatibility of Computer Languages with Existing and Planned Activities:

Microsoft Office and other commercial software will be used. BHRS has identified anti-virus, spyware and spam applications that will be used in this project. No incompatible software or other conflicting applications will be used.

Maintenance of the Proposed Software (e.g., vendor-supplied):
Not applicable to this project

Availability of Complete Documentation of Software Capabilities:
Not applicable to this project

Availability of Necessary Security Features as defined in DMH Standards noted in Appendix B:
Not applicable to this project

Ability of the Software to meet Current Technology Standards or be Modified to meet them in the Future:
Hardware and software applications will be used according to current BHRS standards and upgraded according to current and future upgrade cycles.

Interagency Considerations* (As Applicable):

Describe the County's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.

Not applicable to this project.

Training and Implementation * (As Applicable):

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

Not applicable to this project.

Security Strategy* (As Applicable):

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes.

Protecting Data Security and Privacy:
Not applicable to this project.

Operational Recovery Planning:
Not applicable to this project.

Business Continuity Planning:
Not applicable to this project.

Emergency Response Planning:
Computers used in this project are not considered critical to any local Emergency Response Plan. As such, they are not anticipated to be part of any emergency response testing or support.

Health Information Portability and Accountability Act (HIPAA) Compliance:
Individuals may access their own personal health information from their own portable drives, or Network of Care personal portal. No access to Protected Health Information stored in BHRS records will be possible from these computers. Therefore, most aspects of HIPAA will not apply. Compliance with HIPAA standards as it relates to use of these computers will be evaluated as part of the larger HIPAA assessment conducted across BHRS.

State and Federal Laws and Regulations:
Not applicable to this project.

Project Sponsor(s) Commitments [Small Counties May Elect to not Complete this Section]

Sponsor(s) Name(s) and Title(s)
Identify the Project Sponsor Name and Title. If multiple Sponsors, identify each separately.

Glenn Hutsell, BHRS Manager, Consumer Family Affairs
Patricia Ortega-Ruiz, BHRS Information Technology Senior Manager (Interim)

Commitment

Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.

Under the leadership of Stanislaus County BHRS senior managers, Glenn Hutsell and Patricia Ortega-Ruiz, Stanislaus County is fully committed to implementation of a project to increase access to computing resources to service recipients. Both sponsors are committed to working together, with input from service recipients and BHRS Technology staff and others, to ensure complete and timely implementation of this project.

Approvals/Contacts

Please include separate signoff sheet with the Names, Titles, Phone, E-mail, Signatures, and Dates for:
Individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).

Signatures:
Prepared By:

Name: Karen Hurley, MFT
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Name: Glenn Hutsell
Title: Manager, Consumer Family Affairs
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Phone: 209-525-6225
Email Address: ghutsell@stancounty.com

Name: Patricia Ortega-Ruiz
Title: IT Manager (Interim)
Signature:
Date:
Phone: 209-525-6010
Email Address: pruiz@stancounty.com

EXHIBIT 4 - BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

(List Dollars in Thousands)

County: Stanislaus
Project Name: Consumer Family Access to Computing Resources Project

Category	(1) 09/10	(2) 10/11	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel					
Sr. Systems Engineer	5,313			5,313	
Application Specialist II		8,422	8,843	17,265	9,285
Total Staff (Salaries & Benefits)	5,313	8,422	8,843	22,578	9,285
Hardware					
Computers for Consumers & Family:					
Complete Desktops	32,400			32,400	
Printers	6,500			6,500	
Switches	1,100				
Cabling & Wiring	5,000			5,000	
Total Hardware	45,000	0	0	43,900	0
Software					
Licenses-MS Office, Spyware & Spam	10,000			10,000	
Total Software	10,000	0	0	10,000	0
Contract Services (list services to be provided)					
2 Technical Support Technicians/PSCs		118,176	124,085	242,261	130,289
Internet Access Charges		6,000	6,000	12,000	6,300
Total Contract Services	0	124,176	130,085	254,261	136,589
Administrative Overhead		838	937	1,775	984
Other Expenses (Describe)					
PC Stations Furniture (not allowable per DMH)	0			0	
Employee Travel		2,000	2,000	4,000	2,100
PC Training-MicroSoft Office/Internet Explorer		5,000		5,000	
Brochures & Supplies		3,000	3,000	6,000	3,150
Total Costs (A)	60,313	143,436	144,865	347,514	152,108
Total Offsetting Revenues (B)**	0	0	0	0	0
MHSA Funding Requirements (A-B)	60,313	143,436	144,865	347,514	152,108

NOTES:

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Enclosure 3 - Exhibit 5

Stakeholder Participation
For Technological Needs Project Proposal

County Name: Stanislaus
Project Name: Consumer Family Access to Computing Resources

Counties are to provide a short summary of their Community Planning Process (for Projects), to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, and/or the use of regional partnerships.

Stakeholder Type (e.g. Contract Provider, Client, Family Member, Clinician)	**Meeting Type** (e.g., Public Teleconference)	**Meeting Dates**
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	1500+ community stakeholders representing all required and recommended partners participated during Community Services & Supports (CSS) community planning process which included a town hall meeting in each of four key regions of the county, surveys, and representative stakeholder meeting to prioritize need established.	2005
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	2000+ community stakeholders participated in various CSS Plan updates, WET and PEI community planning processes, needs assessment, public review of posted documents, public hearings and other informational meetings.	2006 - 2009
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	Stakeholder meetings to consider the specific purpose of the CFTN Component Proposal; 30 day public review and comment period of CFTN Component Proposal and public hearing.	March - May 2009
Consumers, Family Members, contract providers, diverse communities, BHRS staff, partner agencies.	BHRS Management Team and staff took the lead to develop, with input from community stakeholders, MHSA Technology Needs Projects. Workgroups met at least monthly to give input. During this time needs assessments and vendor demonstrations were conducted.	2008 - 2010
BHRS Consumer Family Member Steering Committee, BHRS staff and general public	MHSA Planning Coordinator worked with Steering Committee to identify existing resources and unmet need, develop and implement TN Survey related to access and training. Meeting dates; July 12, August 11, September 8, October 13, December 8, January 12, March 9.	2009 – 2010
General Public	Notices and documents were posted on the County-wide MHSA website, MHSA Newsletter, Email notifications to all stakeholders who submitted electronic addresses, public notices were published in seven newspapers throughout the county including Spanish language paper, documents were available at County Library resource desks, public hearing notices were published in newspapers.	2005 - 2010
30-day public review and comment period	Open opportunity for all stakeholders to give input on TN Project Proposals	February 17, 2010 - March 18, 2010

APPENDIX A - PROJECT RISK ASSESSMENT
Project: Consumer Family Access to Computing Resources

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	2
		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	1
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	1
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	1
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Networking/Cabling	1	1
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	1
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	3
		Over 100	3	
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	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