



TRI-CITY MENTAL HEALTH CENTER

MENTAL HEALTH SERVICES ACT

Capital Facilities and Technology Needs

Project Proposal

April 2013

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INTRODUCTION

Tri-City Mental Health Center (TCMHC) received Information Notice No. 08-09 from the California State Department of Mental Health (DMH), now a division of the California Department of Health Care Services (DHCS), stating that in order for TCMHC to receive MHSAs funding for Capital Facilities/Technological Needs, TCMHC should submit proposals consistent with the guidelines in Information Notice 08-09. Continuously working from TCMHC Vision and Mission, MHSAs Essential Elements, input from stakeholders, and guidance from MHSAs regulations, a Capital Facilities/Technological Needs (CF/TN) Component Proposal has been developed, submitted and approved by the TCMHC Governing Board on _____. (To view the CFTN Component Proposal as submitted, go to www.tricitymhs.org.)

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

- Improving Electronic Health Record & Systems Enhancement
- Consumer and Family Access to Computing Resources
- Program Monitoring and Service Outcome Support

These projects are intended to create greater access to technology, to support empowerment for mental health service recipients and providers and establish a higher level of program monitoring and outcome analysis. In keeping with key goals of MHSAs 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 is offered for 30-day public review and comment from April 19, 2013 to May 22, 2013. An informational meeting was held on April 11, 2013, at Taylor Hall in Claremont, California.

The comments received were [*to be completed in final proposal, after comment period*].

After TCMHC submits the Technological Needs Project Proposal to Tri-City Mental Health Center's Mental Health Commission for recommendation to Tri-City's Governing Board for review and approval, implementation of the projects is anticipated to begin late in FY 2012-13.

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. Tri-City Mental Health Center (TCMHC) 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 TCMHC commitment to supporting wellness, recovery and empowerment for treatment recipients and their families.

TCMHC Technological Needs (TN) project development was guided by stakeholder input obtained since 2009, during a sizable and comprehensive community planning processes. Community planning processes for Community Services and Supports (CSS), Workforce Education and Training (WET), Innovations (INN) and Prevention and Early Intervention (PEI) included education about all components of MHSA and invited input/questions. Community planning processes have included stakeholder involvement obtained through surveys, delegates' meetings, targeted focus groups and work groups throughout TCMHC catchment area. TCMHC has encouraged community input and will continue to work in partnership with consumers, family members 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 2012. All affected work areas of TCMHC management and operations and community groups were included. Each workgroup assessed the impact of modernizing technology systems through an improved electronic health record system, improved business workflows and an on-line clinical documentation process. Input was reviewed by TCMHC TN Project Leads and incorporated from each workgroup with cohesive themes emerging were as follows:

- Increasing the availability of service data;
- Easier methods to gather, collect, and analyze data;
- Collection of data to report the impact of mental health and community support services provided throughout TCMHC system of care;
- The requirement for more interoperability between mental healthcare providers and programs.

A portion (details included in Exhibit 4 – Budget summary for each project) of the one-time allocation of CF/TN funds (\$2,706,700 in TCMHC) will support the long-term goals of modernization of information systems, provision of program analysis and outcome results, and consumer and family member empowerment and modernization of information systems with three initial projects:

Project #1: The Improving Electronic Health Record (EHR) & Systems Enhancement Project is commonly referred to as “paperless charting system” and, though it includes an online medical record, it is much more. Improving our EHR system will mean TCMHC 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 TCMHC operations. All are necessary for TCMHC 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 TCMHC and between TCMHC 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. Initial estimated cost of this project is \$552,400. Implementation will begin in FY 2012-13.

Project #2: The Consumer and Family Access to Computing Resources Project will allow placement of computers, technical support and training in easily accessible areas of TCMHC service locations. Various locations throughout TCMHC will be established. 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 estimated cost of this project is \$96,000. Implementation will begin in FY 2012-13.

Project #3: Program Monitoring and Service Outcome Support Project. TCMHC has a goal of collecting measurable data on existing and new programs in an effort to create a Center of Excellence by improving our quality of care and identifying areas of opportunity. One of the data collecting processes is called Results-Based Accountability (RBA) which identifies performance measures, gathers any existing data or develops data in order to analyze trends, commonalities, or ways to improve the performance of TCMHC and community partner programs. Other systems will be identified to collect and interpret data to increase the benefit of the consumer well-being. The systems will include the requirements of surveys, data collection, evaluation, and presentations. Outside consultants might be used for developing the systems, the validity of the data, and metric standardization. In addition, processes to meet DHCS reporting requirements, including CSI reporting, will be streamlined. The total estimated cost of this project is \$385,000. Implementation will begin in FY 2013-14.

**Enclosure 3
Exhibit 2
Technological Needs Assessment**

County Name: Tri-City Mental Health Center Project Name: TCMHC 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 TCMHC's current status of technology solutions and the long-term technology plan that will define the ability of TCMHC 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

Tri-City Mental Health Center currently uses WELLIGENT as its primary client information system. Welligent software contains comprehensive scheduling tools; call center; client check-in and payment collection; individual and group progress notes with supervisor co-signature; clinical features including medication management and John Wiley treatment libraries, e-forms, classroom management/attendance tracking, health management module, billing and reporting. It also enables Tri-City to manage all of its clients from one system. The Welligent software is used to track, document, and collect data for program management and reporting required by the California Department of Health Care Services (DHCS).

The transition to Welligent began in July 2009 and became integrated at Tri-City in April 2011. The browser based system software is installed on Welligent's host-based servers in New Hampshire and Arizona. It is maintained and upgraded by Welligent staff.

The current staff hardware is insufficient to meet the CPU tasking and network requirements of the hosted software. Internet access speeds are not at a level capable of keeping up with the high bandwidth requirements needed for the Internet based Electronic Health Record system. There is also a need for a locally-kept real-time server environment that will house a Data Warehouse system containing client records capable of managing and creating post-hoc and ad-hoc reporting.

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

1.2 Hardware

Server	Description	Operating System
Server 1	Domain Controller	Windows 2003 STD
Server 2	Microsoft Exchange Email Server	Windows 2003 STD
Server 3	Windows NT backup Server	Windows 2003 STD
Server 4	Windows NT backup Server	Windows 2003 STD
Server 5	User data files host, Teleforms	Windows 2003 STD
Server 6	Intranet, Joomla	Windows 2003 STD
Server 7	Blackberry Enterprise Server	Windows 2003 STD
Server 8	Print Server, DNS, DHCP, WINS,	Windows 2003 STD
Server 9	Microsoft Access Database, WINS, DN	Windows 2000
Server 10	VPN Remote server	Windows 2003 STD

Number of workstations: 150

Network printers: 25

Standard Applications: MS-Office 2003/2010, Access2003, Exchange2003, MS RDS

Standard Networking Equipment: HP Routers and switches

1.3 Software

Welligent – Primary EHR for behavioral health information system needs

MS RDS – Remote Desktop Software required for connecting to Access2003 databases

Joomla – Open source software used to track complaints of all types and manage activities leading to resolution

SQL Server – to store a copy of the most relevant Welligent data for internal reporting needs (data warehouse)

Microsoft Access – multiple databases used to supplement Welligent and meet other needs of various staff
Microsoft Excel – also used to supplement or interact with Welligent 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

Outlook – used for general e-mail communications

Desktop Operating Systems: Windows XP Professional and Windows 7

Standard Desktop Applications: Microsoft Office 2003/2010, Access2003, RDS, Adobe Reader

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

Welligent is supported and maintained by Welligent Systems.

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:

1. Improve quality of care by standardizing administrative and clinical processes consistent with evidence-based practices, including on-line clinical-decision support
2. Facilitate appropriate information sharing among providers to improve coordination of care, especially during crisis situations
3. Reduce disparities in access and services to underserved groups by providing better information and tools to report services utilization by population characteristics
4. Improve operational efficiency of clinical and administrative information systems
5. Improve the quality of data collected and used to measure outcomes and provide useful information needed to continuously improve the services delivery system
6. Support wellness, recovery, and resiliency by providing appropriate information to clients, family members, and providers
7. Improve privacy and security of Protected Health Information (PHI)
8. 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 enhanced electronic health record system. This will include:

1. Improved network speeds for connecting to Welligent (upgrade internet speeds, better wifi, network monitoring software etc.)
2. Improved computer equipment for better access (better PC's, signature pads, Acrobat software for signatures)
3. Remote connectivity – VPN, remote desktop software, laptops and tablets for staff to access Welligent remotely or in the field
4. Improved security such as perimeter scanning, malware protection, wifi security, and controls to monitor hand-held devices
5. Improved data backup infrastructure to backup and warehouse data
6. Develop and create an internal database to collect exports from Welligent
7. Upgrade Exchange Email server for improved collaboration features, document sharing, etc.
8. Create in-house database (server) to collect information from various departments for Results-Based Accountability
9. New hardware to increase capacity for the evaluation and timely presentation of outcome measurement data (increased SPSS and Teleform Training and licenses).
10. Welligent Outside Consulting (will be utilized by clinical staff - video training that will include how to use the Welligent Electronic Health Record. The trainings would be in several modules that would be determined by the Manager of Best Practices and QA Team)

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.

1.7 Note the Implementation Resources Currently Available.

Steering Committee:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Project Manager	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Budget	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Implementation Staff in Place:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Project Priorities Determined:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1.8 Describe Plan To Complete Resources Marked “No” Above.

Budget needs will be available once the TN Plan has been approved. Funding for implementation staff resources and enhancements to the IISI system are expected to be provided through MHA CF/TN funds approved under this TN Plan proposal. There is no other mental health funding source available at TCMHC. If any additional staff is needed, they will be identified and addressed as the TN projects are finalized.

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

TCMHC’s technology project goals adhere to the following general principles of MHA:

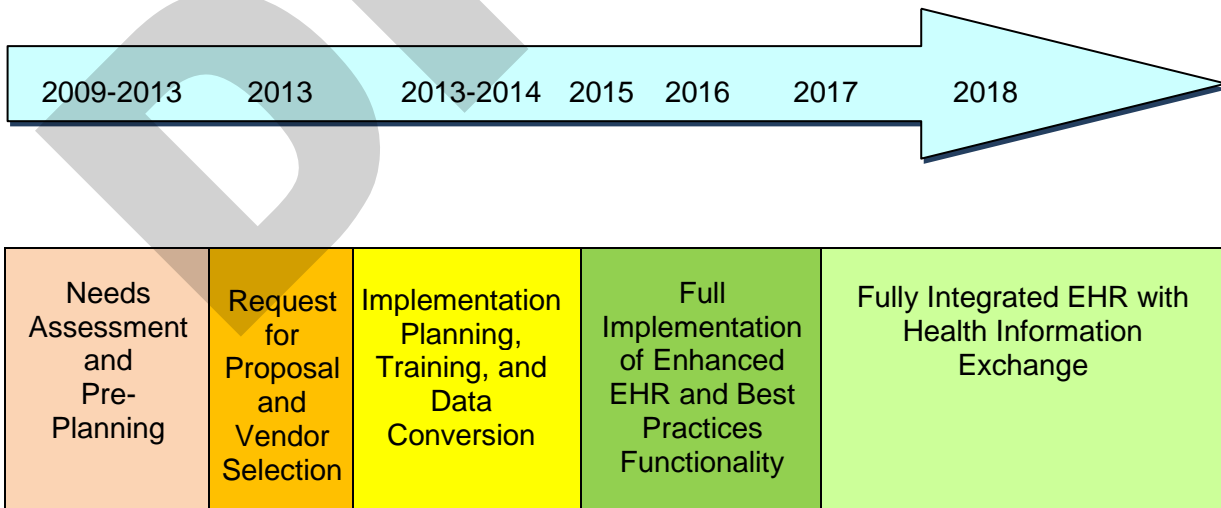
- Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.
- Increase client and family empowerment and engagement by providing the tools to access on-line health information resources through the use of computers and software established at TCHMC locations.
- Provide current and analytical data on program outcomes to determine effectiveness of services provided.

2. Technological Needs Roadmap Template

This section includes a Plan, Schedule, and Approach to achieving an Integrated Information Systems Infrastructure. This Roadmap reflects TCMHC’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

After funding is secured, initial tasks will include implementation planning, which will include development of an appropriate training plan for the logical groups of users, such as staff in clerical/program support, clinical, billing/financial, IT/operations, medical records, and QA/QI as well as community partners.

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

Workgroups were formed in 2009 that included TCMHC staff, all affected work areas of TCMHC operations, community members and consumers. Each workgroup met several times over a three year period to discuss EHR, performance measures and outcomes and consumer access to computer resources. The effect on workflow and the clinical documentation process through use of a new electronic health record system was reviewed and suggestions for improvement and enhancement to the system were recommended. Easy access to data captured in a data warehouse for program monitoring and evaluation were major concerns as was the need for consumers to have more access to computing resources.

In February, 2013, a 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 TCMHC staff including the Executive Team, managers and supervisors, and other stakeholders attended the meeting.

The Executive Director and MHSa Manager offered input to the representative stakeholders on TCMHC's recommended use of CF/TN funds for development of technological infrastructure over the next five years. After addressing questions and discussing concerns, members of the Representative Stakeholder Steering Committee endorsed TCMHC's recommendations with regard to this information systems infrastructure. It was additionally agreed upon that all future planning for 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 TCMHC Leadership team meetings
- Program-specific staff meetings
- Periodic all-staff meetings
- Quarterly community partnership meetings
- TCMHC website
- Needs assessment surveys

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

Welligent – provides basic behavioral health practice management software functionality utilizing web based technologies.

JOOMLA – complaint logging and resolution tracking software

Data warehouse – locally developed using Microsoft Access and data downloaded from Welligent

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).

To be provided during the implementation of the Project.

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

See individual project proposals.

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

TCMHC has not yet identified specific vendors to assist in the enhancement of the current EHR system. As the projects begin to be implemented and consulting requirements are identified, TCMHC will develop criteria for vendor selection through a Request for Proposals (RFP).

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 \$1,033,400 in CF/TN funding has been identified for technological projects. The major portion of this is expected to be used for the improvement of the EHR and system enhancements 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 & Allocated to Projects	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	0.25	1	
Software Developer/Analysts		1	1
Application Specialists	1.00		
Subtotal A	1.25	2	1
B. Project Managerial and Supervisory			
CEO or Manager Above Direct Supervisor	.55		
Supervising Project Manager	0.25		
Project Coordinator			1
Other Project Leads			
Subtotal B	.80		1
C. Technology Support Staff			
Analysts, Tech Support, Quality Assurance	1.50	1	
Education and Training			
Clerical, Secretary, Administrative Assistants	0.20		
Other Support Staff (Non-Direct Services)	0.10		
Subtotal C	1.80	1	
Total County Technology Workforce (A + B + C)			
	3.85	3	2

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

County Name: Tri-City Mental Health Center

Project Name: #1-Improving Electronic Health Record (EHR) and Systems Enhancement

Tri-City Mental Health Center currently uses Welligent as its primary client information system. Welligent software contains comprehensive scheduling tools, call center, client check-in and payment collection, individual and group progress notes with supervisor co-signature, clinical features including medication management and John Wiley treatment libraries, e-forms, classroom management/attendance tracking, health management module, billing and reporting. It also enables Tri-City to manage all of its clients from one system. The Welligent software is used to track, document, and data collection and reporting required by the California Department of Health Care Services (DHCS).

The transition to Welligent began in July 2009 and became integrated at Tri-City in April 2011. The browser based system software is installed on Welligent's host based servers in New Hampshire and Arizona. It is maintained and upgraded by Welligent staff.

The current staff hardware is insufficient to meet the CPU tasking environment of the hosted software. In addition the local internet access capabilities are not at a level to keep up with the high bandwidth of the Internet-based Electronic Health Record system. Also there is a need for a locally-kept real-time server environment that will house the Data Warehouse system containing client records capable of managing and creating post-hoc and ad-hoc reporting.

This proposed Project has been developed with contributions from stakeholders and the public 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: Jesse H. Duff
Telephone: (909) 623-6131
E-Mail: jduff@tricitymhs.org

Signature: _____
Date: _____

IT Manager / HIPPA Security Officer

Name: Don Whitney
Telephone: (909) 784-3192
E-Mail: dwhitney@tricitymhs.org

Signature: _____
Date: _____

Director of Operations / HIPPA Privacy Officer

Name: Nancy L. Gill
Telephone: (909) 784-3250
E-Mail: ngill@tricitymhs.org

Signature: _____
Date: _____

**Enclosure 3
Exhibit 3
Technological Needs Project Proposal Description**

County Name: Tri-City Mental Health Center
Project Name: #1-Improving Electronic Health Record (EHR) and Systems Enhancement

Check at Least One Box from Each Group that Describes this MHA 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
- Support Goal of Client and Family Empowerment

Indicate the Type of MHA 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 (Ex: Standard Data Exchanges with Other Counties, Contract Providers)

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 MHA 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: Welligent 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, TCMHC 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 improving our current EHR.

Integration Management:

TCMHC has a comprehensive contract with the selected EHR vendor that will be updated to include details of how the systems will be integrated with existing work processes and databases. The Steering Committee consisting of TCMHC Director of Operations, Chief Financial Officer, Manager of Best Practices and Information Technology Manager will oversee the work of the project. In addition, TCMHC continues to utilize Microsoft Project software, Microsoft Exchange and an intranet server to facilitate the sharing of information for 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:

Any contract entered into with a vendor will include a definition of the scope of the project. TCMHC 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 new EHR enhancements. The project manager will be responsible for reporting needed changes in project scope to the Steering Committee. This will also include the requirements and responsibilities for approval of any change in project scope.

Time Management:

Time management will be the responsibility of the project lead and included in any contract with a vendor to support the EHR enhancement project.

Cost Management:

Cost management procedures will be delineated in the project implementation plan and any EHR contract entered into for support. These procedures will be monitored by the project manager, with assistance from TCMHC's financial accounting division. Expenses outside of any EHR enhancement support contract, such as purchases of equipment, supplies, and other items needed to complete the implementation will also be monitored in this way. Established TCMHC 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 members of TCMHC Executive Team and 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 enhancement implementation. The services of one or more consultants may be used to augment the EHR implementation team. In addition, where feasible and useful, vendors 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.

Communications Management:

Clear and timely communication of important project information among staff, the Steering Committee, the EHR enhancement implementation team, and other participants is critical to a successful implementation of EHR enhancements. 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 TCMHC intranet resources, as well as access to various formal and informal workgroups within the agency. This includes the Executive Team and quality improvement committees. Communications between TCMHC and the vendor is particularly important and will be 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.

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.

<u>QUARTER</u>	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>YEAR 4</u>	<u>YEAR 5</u>	<u>TOTAL</u>
	<u>FY 2012/13</u>	<u>FY 2013/14</u>	<u>FY 2014/15</u>	<u>FY 2015/16</u>	<u>FY 2016/17</u>	
1st Quarter	0	\$ 179,845	\$ 19,731	\$ 19,731	\$ 20,718	\$ 240,025
2nd Quarter	0	\$ 99,312	\$ 19,731	\$ 19,731	\$ 20,718	\$ 159,492
3rd Quarter	0	\$ 87,711	\$ 19,732	\$ 19,732	\$ 20,718	\$ 147,893
4th Quarter	\$ 98,705	\$ 86,811	\$ 19,732	\$ 19,732	\$ 20,718	\$ 245,698
Total	\$ 98,705	\$ 453,679	\$ 78,926	\$ 78,926	\$ 82,872	\$ 793,108

Nature of the Project

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

This project will result in an improved 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 TCMHC staff 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 TCMHC, using existing standards and procedures, and enhanced as necessary to meet requirements of any improvements to the system.

Data Communication Requirements Associated with the Activity:

TCMHC has an existing network that interconnects its provider sites and is connected to other TCMHC departments through TCMHC's central IT department, which maintains appropriate internet firewall and other security measures. Since the enhanced EHR will require greater bandwidth than the current system, upgrades to certain portions of the network are planned in preparation for this. This will also help prepare TCMHC 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 enhancements to the EHR will contain demographic, clinical, financial, and other data collected and processed on the approximately 1500 clients seen each year by TCMHC 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 LA DMH and CDHCS). TCMHC has HIPAA Privacy and Security Officers to help monitor and ensure compliance with these requirements.

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

The EHR adheres to common computer industry standards and utilizes mainstream, well-supported technology products. This provides a good foundation for integration of software products and improves the likelihood of effective interoperability with other systems and databases as required. TCMHC's current vendor has 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 TCMHC equipment, which utilizes popular products commonly used in data centers.

Physical Space Requirements Necessary for Proper Operation of the Equipment:

TCMHC's 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:

TCMHC 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 network capacity will not be adequate to fully implement the new EHR features. 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 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 to ensure the prompt restoration of data when necessary, and to ensure reliable access to the EHR.

Software Considerations * (As Applicable):

Compatibility of Computer Languages with Existing and Planned Activities:

The EHR is compatible with the current TCMHC 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. Maintenance of internal databases will be handled by TCMHC staff.

Availability of Complete Documentation of Software Capabilities:

The vendor is required to provide documentation for the core EHR and for any modifications. Any in-house database applications will be documented by TCMHC staff.

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.

The enhanced EHR supports current exchanges of information with LA DMH and DHCS, 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 TCMHC 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.

TCMHC 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 features. This will take into account how the software was configured to meet TCMHC business needs. A "train the trainer" approach is anticipated. TCMHC 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. TCMHC IT staff maintains current data center security and network access controls. Existing policies and procedures will be updated to reflect changes and new requirements resulting from the improvements to the EHR system and system enhancements. Extending these security procedures will help prepare TCMHC for future hardware including handheld devices and tablets.

Operational Recovery Planning:

TCMHC IT staff currently back up critical data files and databases on a daily basis. However, we have outgrown our existing backup solutions and since the new EHR enhancements will generate substantial additional data, the current backup equipment will need to be upgraded to meet these demands and for 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 system and the new one.

Health Information Portability and Accountability Act (HIPAA) Compliance:

The EHR is compliant with HIPAA security requirements. TCMHC policies and procedures are updated with direct involvement of TCMHC' 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.

Antonette Navarro, Director of Clinical Program Services
Margaret Harris, Chief Financial Officer
Nancy Gill, Director of Operations
Elizabeth Owens, Manager of Best Practices
Don Whitney, Information Technology Manager

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).

Name: Antonette Navarro **Title:** Director of Program Services
Signature: _____ **Date:**
E-Mail Address: anavarro@tricitymhs.org **Phone:** (909) 784-3017

Name: Margaret Harris **Title:** Chief Financial Officer
Signature: _____ **Date:**
E-Mail Address: mharris@tricitymhs.org **Phone:** (909) 784-2308

Name: Nancy L. Gill **Title:** Director of Operations
Signature: _____ **Date:**
Email Address: ngill@tricitymhs.org **Phone:** (909) 784-2250

Name: Elizabeth Owens **Title:** Manager of Best Practices
Signature: _____ **Date:**
Email Address: eowens@tricitymhs.org **Phone:** (909) 784-3022

Name: Don Whitney **Title:** IT Manager
Signature: _____ **Date:**
Email Address: dwhitney@tricitymhs.org **Phone:** (909) 784-3192

**EXHIBIT 4 - BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL**
(List Dollars in Thousands)

County: Tri-City Mental Health Center
Project Name: #1-Improvement to Electronic Health Record (EHR) and Systems Enhancement

Category	(1) 12/13	(2) 13/14	(3) 14/15	(4) Future Years	(5) Total One- Time Costs (1+2+3+4)	Estimated Annual Ongoing Costs*
Personnel						
Project Manager	2	14			16	9
Senior Software Developer/Analyst	1	13			14	8
Application Specialists	3	34			37	37
Technology Support Staff	4	41			45	
Other Staff	1	11			12	
Total Staff (Salaries & Benefits)	11	113			124	54
Hardware						
From Exhibit 2	59	258			317	21
Total Hardware	59	258			317	21
Software						
From Exhibit 2	1	14			15	1
Total Software	1	14			15	1
Contract Services (list services to be provided)						
Installation, training, data conversion	24	33			57	
Total Contract Services	24	33			57	
Administrative Overhead	4	36			40	3
Other Expenses (Describe)						
Total Costs (A)	99	454			553	79
Total Offsetting Revenues (B)**						
MHSA Funding Requirements (A-B)	99	454			553	79

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: Tri-City Mental Health Center

Project Name: #1-Improvement to Electronic Health Record (EHR) and Systems Enhancement

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,	Meeting Type (e.g., Public Teleconference)	Meeting Dates
Consumers, Family Members, contract providers, diverse communities, TCMHC 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.	2009 – 2013
TCMHC Executive Team, Department Managers and TN Steering Committee	MHSA Manager worked with Steering Committee to identify existing resources and unmet need, develop and implement TN Survey related to access and training. Meeting dates; July 11, August 15, September 19, November 7 and November 21, 2012; and February 13, March 13, and March 25, 2013	2012 – 2013
TCMHC Executive Team, Department Managers and TN Steering Committee	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.	Feb – May 2013
General Public	Notices and documents were posted on the TCMHC website, MHSA Newsletter, Email notifications to all stakeholders who submitted electronic addresses, documents were available at City Library resource desks, public hearing notices.	April 2013 – May 2013
30-day public review and comment period	Open opportunity for all stakeholders to give input on TN Project Proposals	April 19, 2013 to May 22, 2012

APPENDIX A – PROJECT RISK ASSESSMENT

Project: #1-Electronic Health Record (EHR) System and Systems Enhancement

Category		Factor	Rating	Score	
Estimated Cost of Project		Over \$5 million	6	1	
		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: Tri-City Mental Health Center Project Name: #2-Consumer and Family Access to Computing Resources
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This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHS Capital Facilities and Technological Needs Component Proposal.

We recognize the need for increasing client and family empowerment by providing tools for client and family access to computer resources to access 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: Jesse H. Duff
Telephone: (909) 623-6131
E-Mail: jduff@tricitymhs.org

Signature: _____
Date: _____

IT Manager / HIPPA Security Officer
--

Name: Don Whitney
Telephone: (909) 784-3192
E-Mail: dwhitney@tricitymhs.org

Signature: _____
Date: _____

Director of Operations / HIPPA Privacy Officer

Name: Nancy L. Gill
Telephone: (909) 784-3250
E-Mail: ngill@tricitymhs.org

Signature: _____
Date: _____

**Enclosure 3
Exhibit 3
For Technological Needs Project Proposal Description**

County Name: Tri-City Mental Health Center
Project Name: #2-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
- 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 (Ex: Standard Data Exchanges with Other Counties, Contract Providers)

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 or Vendor (if applicable):
- 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.

Tri-City Mental Health Center currently maintains computers for consumer/family member access in two service sites; including the Wellness Center and Adult Program site. With input from over 1,500 of consumer and community stakeholders 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.

<u>QUARTER</u>	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>YEAR 4</u>	<u>YEAR 5</u>	<u>TOTAL</u>
	<u>FY 2012/13</u>	<u>FY 2013/14</u>	<u>FY 2014/15</u>	<u>FY 2015/16</u>	<u>FY 2016/17</u>	
1st Quarter	0	\$ 3,637	\$ 8,700	\$ 8,700	\$ 9,135	\$ 30,172
2nd Quarter	0	\$ 3,637	\$ 8,700	\$ 8,700	\$ 9,135	\$ 30,172
3rd Quarter	0	\$ 3,638	\$ 8,700	\$ 8,700	\$ 9,135	\$ 30,173
4th Quarter	\$ 81,410	\$ 3,638	\$ 8,699	\$ 8,699	\$ 9,134	\$ 111,580
Total	\$ 81,410	\$ 14,550	\$ 34,799	\$ 34,799	\$ 36,539	\$ 202,097

Costs include a budget for hardware, software and personnel to support implementation.

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

Tri-City Mental Health Center 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 TCMHC' 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 at different geographic locations that are easily accessible (at or near service sites, on bus routes). Maintenance will be centralized through TCMHC 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 TCMHC'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, wellness center and clinical program sites. In each location equipment will be housed in areas designated for use by consumers and family members. TCMHC 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 TCMHC IT staff. PC's will be imaged using imaging hardware and software. Printer maintenance will be outsourced to a 3rd party.

Existing Capacity, Immediate Required Capacity and Future Capacity:

Currently two TCMHC locations have a combined total of 18 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 by re-imaging the computers.

Software Considerations * (As Applicable):

Compatibility of Computer Languages with Existing and Planned Activities:

Microsoft Office and other commercial software will be used. TCMHC 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 TCMHC 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:

No access to Protected Health Information stored in TCMHC 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 TCMHC.

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.

Rimmi Hundal, MHSA Manager
Elizabeth Owens, Manager of Best Practices
Don Whitney, Information Technology Manager

Commitment

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

Under the leadership of Tri-City Mental Health Center Executive Team, TCMHC 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 TCMHC 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).

Name: Rimmi Hundal

Title: MHSA Manager

Signature: _____

Date:

E-Mail Address: rhundal@tricitymhs.org

Phone: (909) 784-3016

Name: Elizabeth Owens

Title: Manager of Best Practices

Signature: _____

Date:

E-Mail Address: eowens@tricitymhs.org

Phone: (909) 784-3022

Name: Don Whitney

Title: IT Manager

Signature: _____

Date:

Email Address: dwhitney@tricitymhs.org

Phone: (909) 784-3192

**EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL
(List Dollars in Thousands)**

County: Tri-City Mental Health Center

Project Name: #2-Consumer and Family Access to Computing Resources Project

Category	(1) 12/13	(2) 13/14	(1) 15/16	(4) Future Years	(5) Total One-Time Costs (1+2+3+4)	Estimated Annual Ongoing Costs*
Personnel						
Project Manager		1			1	4
Senior Software Developer						4
Application Specialists	2	11			13	26
Total Staff (Salaries & Benefits)	2	12			14	34
Hardware						
From Exhibit 2	46				46	
Total Hardware	46				46	
Software						
From Exhibit 2	32				32	
Total Software	32				32	
Contract Services (list services to be provided)						
2 Technical Support						
Total Contract Services						
Administrative Overhead	1	3			4	
Other Expenses (Describe)						
Total Costs (A)	81	15			96	34
Total Offsetting Revenues (B)**						
MHSA Funding Requirements (A-B)	81	15			96	34
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: Tri-City Mental Health Center
Project Name: #2-Consumer and 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,	Meeting Type (e.g., Public Teleconference)	Meeting Dates
Consumers, Family Members, contract providers, diverse communities, TCMHC staff, partner agencies.	1500+ community stakeholders representing all required and recommended partners participated during Community Services & Supports (CSS) community planning process which included delegate meetings in the TCMHC catchment area, surveys, and representative stakeholder meeting to prioritize need established.	2008 – 2009
Consumers, Family Members, contract providers, diverse communities, TCMHC staff, partner agencies.	2000+ community stakeholders participated in various CSS Plan updates, INN, WET and PEI community planning processes, needs assessment, public review of posted documents, public hearings and other informational meetings.	2010-2012
TCMHC Executive Team, Department Managers and TN Steering Committee	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 11, August 15, September 19, November 7 and November 21, 2012; and February 13, March 13, and March 25, 2013	2012-2013
TCMHC Executive Team, Department Managers and TN Steering Committee	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.	Feb-April 2013
General Public	Notices and documents were posted on TCMHC-wide MHSA website, MHSA Newsletter, Email Notifications to all stakeholders who submitted electronic addresses, documents were available at TCMHC Library resource desks, public hearing notices..	April 2013- May 2013
30-day public review and comment period	Open opportunity for all stakeholders to give input on TN Project Proposals	April 19 - May 22, 2013

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

Category		Factor	Rating	Score	
Estimated Cost of Project		Over \$5 million	6	1	
		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

**Enclosure 3 – Exhibit 1
FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL**

County Name: Tri-City Mental Health Center
Project Name: #3-Program Monitoring and Service Outcome Support

TCMHC has a goal of collecting measurable data on existing and new programs in an effort to create a Center of Excellence by improving our quality of care and identifying areas of opportunity. One of the data collecting processes is called Results-based Accountability (RBA) in which programs identify performance measures, gather any existing data or develop data in order to analyze trends, commonalities, or ways to improve the performance of their programs. Other systems will be identified to collect and interpret data to increase the benefit of the consumer well-being. The systems will include the requirements of surveys, data collection, evaluation, and presentations. Outside consultants might be used for developing the systems, the validity of the data, and metric standardization.

This proposed Project has been developed with contributions from stakeholders, the public and our community partners, 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: Jesse H. Duff
Telephone: (909) 623-6131
E-Mail: jduff@tricitymhs.org

Signature: _____
Date: _____

IT Manager / HIPPA Security Officer

Name: Don Whitney
Telephone: (909) 784-3192
E-Mail: dwhitney@tricitymhs.org

Signature: _____
Date: _____

Director of Operations / HIPPA Privacy Officer

Name: Nancy L. Gill
Telephone: (909) 784-3250
E-Mail: ngill@tricitymhs.org

Signature: _____
Date: _____

**Enclosure 3
Exhibit 3
For Technological Needs Project Proposal Description**

County Name: Tri-City Mental Health Center
Project Name: #3-Program Monitoring and Service Outcome Support

Check at Least One Box from Each Group that Describes this MHPA 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
 Support Goal of Client and Family Empowerment

Indicate the Type of MHPA 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 (Ex: Standard Data Exchanges with Other Counties, Contract Providers)

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 MHPA 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 or Vendor (if applicable):
 Software Installation - Name of Vendor: Teleform, SPSS, MS Access

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.

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.

<u>QUARTER</u>	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>YEAR 4</u>	<u>YEAR 5</u>	<u>TOTAL</u>
	<u>FY 2012/13</u>	<u>FY 2013/14</u>	<u>FY 2014/15</u>	<u>FY 2015/16</u>	<u>FY 2016/17</u>	
1st Quarter	0	\$ 63,282	\$ 26,800	\$ 9,342	\$ 9,809	\$ 109,233
2nd Quarter	0	\$ 83,282	\$ 26,800	\$ 9,342	\$ 9,809	\$ 129,233
3rd Quarter	0	\$ 63,282	\$ 26,800	\$ 9,342	\$ 9,809	\$ 109,233
4th Quarter	\$ 4,700	\$ 63,281	\$ 26,799	\$ 9,341	\$ 9,808	\$ 113,929
Total	\$ 4,700	\$ 273,127	\$ 107,199	\$ 37,367	\$ 39,235	\$ 461,628

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 DHCS Goals and Objectives:

Tri-City Mental Health is committed to becoming a behavioral health center of excellence. In order to achieve this goal, it is necessary for Tri-City to invest in infrastructure and expand/enhance current system capabilities to more thoroughly track, evaluate and report on the effectiveness of current services. Additionally, quality service outcome reporting is critical in assuring that moving forward, Tri-City will be able to update, modify and develop new projects based valid, reliable, and objective data. This Project will include system enhancements to provide agency-based data collection for ready and available access to the range of information needed for the timely and relevant evaluation and reporting of identified performance measures. This Project also includes funding for new software and training to develop the capacity of existing Tri-City staff to more effectively analyze outcome data, identify trends and provide reporting that will support future program refinement and the development of new services.

Degree of Centralization or Decentralization Required for this Activity:

Computer hardware & software that is used by staff for this project will be located and used at different locations. Upgrading computing equipment and software will be required to collect and process the need surveys, facts, and other raw data to evaluate and the process the outcome results. The centralized data warehouse which will be located at our main network services environment will be used to collect and allow for data mining on the raw facts needed to produce the outcome information. Maintenance will be centralized through TCMHC IT Department. Hardware, software and regular backups will be the responsibility fo the IT Department.

Data Communication Requirements Associated with the Activity:

TCMHC Service Outcome staff will use various tools such as surveys and questionnaires to collect the verbal and written data. These items will be converted to raw digital data that will be used with Teleform and statistical software to produce informational and measurable results. Other application software that may be used to process the data will be MS Access and MS Excel. Increased network bandwidth will be required for all the TCMHC sites to access the centralized data warehouse server where the raw data will reside.

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

It is expected that the raw data will be in the form of SQL data, SPSS data files, Access mdb files, Excel spreadsheets, etc. The estimated volume of data would be as minimum of several hundred gigabytes worth of data, if not multiple terabytes. The data warehouse and local computers will have updated and maintained anti-virus and security software installed. The data stored in the data warehouse servers will be backed up on a regular basis. Only authorized staff members with current login credentials will have access to the data, reports, or other outcome material.

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

The goal of TCMHC IT would be for constant and compatible upgrades to meet the needs of the entire company and to allow seamless integration to existing systems.

Hardware Considerations * (As Applicable):

Compatibility with Existing Hardware, Including Telecommunications Equipment:

Statistical and form software will be purchased and used. The new software is compatible with existing software systems and hardware. Standard hardware will be used, along with existing software and telecommunications standards.

Physical Space Requirements Necessary for Proper Operation of the Equipment:

The necessary network and server equipment will be located in the local server network room.

Hardware Maintenance:

All hardware maintenance will be performed by TCMHC IT staff. PC's will be imaged by hardware imaging software. Printer maintenance will be outsourced to third party vendor.

Existing Capacity, Immediate Required Capacity and Future Capacity:

Total TCMHC data stored on existing servers is approximately 4 terabytes (4tb). The addition of the Data Warehouse server is expected to increase that by at least another 2tb of data. Our future capacity would be expected to be around 12tb of data in the next few years.

Back up Processing Capability:

TCMHS servers complete a nightly and weekly backup of all server data. The proposed equipment will extend the usability of the backup hardware.

Software Considerations * (As Applicable):

Compatibility of Computer Languages with Existing and Planned Activities:

The company's existing software is compatible with the proposed software.

Maintenance of the Proposed Software (e.g., vendor-supplied):

Vendor will supply maintenance and upgrades.

Availability of Complete Documentation of Software Capabilities:

Vendor will complete documentation.

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 TCMHC 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.

Training and implementation will require staff be trained in the Teleform and Statistical Package for the Social Sciences (SPSS) software. Teleform is used to develop surveys as a resource for gathering data. Teleform eliminates manual data entry from paper forms. Once the survey forms are developed, they are administered and then scanned. Raw data is created as a result of the scanning process and the SPSS software is then used for statistical analysis of the raw data.

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:

TCMHC IT staff maintains current data center security and network access controls. Existing policies and procedures will be updated to reflect changes and new requirements resulting from new monitoring and data collection systems.

Operational Recovery Planning:

TCMHC IT staff currently back up critical data files and databases on a daily basis. However, we have outgrown our existing backup solutions and since the new monitoring and data collection systems to provide program outcomes will generate substantial additional data, the current backup equipment will need to be upgraded to meet these demands and for faster restoration of data when necessary.

Business Continuity Planning:

Not applicable to this project.

Emergency Response Planning:

All servers used are part of the standard backup cycle.

Health Information Portability and Accountability Act (HIPAA) Compliance:

All equipment and software meet HIPAA compliance.

State and Federal Laws and Regulations:

The vendor is required to ensure that the PHI data contained in the data warehouse 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.

Rimmi Hundal, MHSA Manager
Elizabeth Owens, Manager of Best Practices
Don Whitney, TCMHC Information Technology Manager

Commitment

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

Under the leadership of Tri-City Mental Health Center Executive Team, TCMHC 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 TCMHC 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).**

Name: Rimmi Hundal

Title: MHSA Manager

Signature: _____

Date:

E-Mail Address: rhundal@tricitymhs.org

Phone: (909) 784-3016

Name: Elizabeth Owens

Title: Manager of Best Practices

Signature: _____

Date:

E-Mail Address: ewens@tricitymhs.org

Phone: (909) 784-3022

Name: Don Whitney

Title: IT Manager

Signature: _____

Date:

Email Address: dwhitney@tricitymhs.org

Phone: (909) 784-3192

**EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL**
(List Dollars in Thousands)

County: Tri-City Mental Health Center
Project Name: #3-Program Monitoring and Service Outcome Support

Category	(1) 12/13	(2) 13/14	(2) 14/15	(4) Future Years	(5) Total One-Time Costs (1+2+3+4)	Estimated Annual Ongoing Costs*
Personnel						
Project Manager		13	7		20	9
Senior Software Developer/Analyst		12	7		19	9
Application Specialists		32	19		51	13
Technology Support Staff		58	34		92	
Other Staff		10	6		16	
Total Staff (Salaries & Benefits)		125	73		198	31
Hardware						
From Exhibit 2	5	20			25	
Total Hardware	5	20			25	
Software						
From Exhibit 2		50			50	
Total Software		50			50	
Contract Services (list services to be provided)						
Implementation and training		36	10		46	
Total Contract Services		36	10		46	
Administrative Overhead		42	24		66	6
Other Expenses (Describe)						
Total Costs (A)	5	273	107		385	37
Total Offsetting Revenues (B)**						
MHSA Funding Requirements (A-B)	5	273	107		385	37
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: Tri-City Mental Health Center
Project Name: #3-Program Monitoring and Service Outcome Support

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,	Meeting Type (e.g., Public Teleconference)	Meeting Dates
Consumers, Family Members, contract providers, diverse communities, TCMHC 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.	2010 - 2013
TCMHC staff, consultants	Support Session – Wellness Center Performance Measures and Survey development (3:30 – 4:30pm)	July 16, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) Planning Meeting (8:30 – 4:00pm)	July 19, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) Team phone conference (7:30 – 9:00am)	August 1, 2012
TCMHC staff, consultants	Community Wellbeing Technical Support Training – Step #3 (10:30 – 12:00pm) *Agenda attached	August 8, 2012
TCMHC staff, consultants	Survey Learning Process, Steps #1 and #2 (1:00 – 3:00pm)	August 20, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) Team meeting. Claremont 103 (8:30 – 4:00pm)	August 22, 2012
TCMHC staff, consultants	Wellness Center Performance Measure Maps support (Ken’s office 3628 Lynoak Dr. Pomona) (2:00–4:00 pm)	August 23, 2012
TCMHC staff, consultants	Performance Measure Maps support – phone conference (12:00 – 1:00pm)	August 27, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) Team phone conference (7:30 – 9:00am)	September 5, 2012
TCMHC staff, consultants	Wellness Center Survey Learning Process and Focus Group (2:30 – 4:00pm)	September 12, 2012
TCMHC staff, consultants	Community Wellbeing and Mental Health First Aid workflow meeting (1:00 – 4:00pm)	September 18, 2012

TCMHC staff, consultants	Performance Measure Maps and meeting summary support – phone conference (12:00 – 1:00pm) *No official agenda	September 20, 2012
TCMHC staff, consultants	Performance Measure Maps and meeting summary support – phone conference continuation meeting (9:00 – 10:30am) *No official agenda	September 24, 2012
TCMHC staff, consultants	Support Session phone conference to check in on the process for the updates on Cohort 1 (9:00 – 10:30am)	September 25, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) Team phone conference (7:30 – 9:00am) *Agenda attached	October 3, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) Claremont 103 (8:30 – 4:00pm)	October 11, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) conference call with QI Team (4:00 – 4:30pm)	October 24, 2012
TCMHC staff, consultants	Conference call for PEI workflow preparation (7:30 – 9:00am)	October 24, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) workplan /timeline for next steps in MHFA QI process (9:00 – 10:00am)	October 25, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) workplan /timeline for next steps in CWB QI process (10:00 – 11:00am)	October 25, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) workplan /timeline for next steps in Peer-to-Peer QI process (11:00 – 12:00pm)	October 25, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) conference call with QI Team update from Wellness Center Performance Measures (3:30 – 4:30pm)	October 25, 2012
TCMHC staff, consultants	Conference call update to PEI workflow/Summary feedback/Wellness Center (9:00 – 12:00pm)	October 26, 2012
TCMHC staff, consultants	MHFA – training on input of MHFA survey into National MFHA website	October 29, 2012
TCMHC staff, consultants	Conference call review on Performance Measure maps with Revenue Department	November 1, 2012
TCMHC staff, consultants	Conference call review on Performance Measure maps with Operations Department	November 2, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) Claremont 103 (8:30 – 4:00pm)	November 5, 2012
TCMHC staff, consultants	Support Session to go over workflow for T2 CWB surveys and provide feedback (10:00 – 1:00pm)	November 6, 2012
TCMHC staff, consultants	Support Session workflow discussion continuation from 11/6/12	November 7, 2012

TCMHC staff, consultants	Support Session – Wellness Center conference call to discuss Performance Measures workflow plan (11:00 – 12:00pm)	November 9, 2012
TCMHC staff	Results Based Accountability (RBA) team meeting regarding Cohorts 1 – 4	November 16, 2012
TCMHC staff	Results Based Accountability (RBA) team meeting regarding Cohorts 1 – 4	November 30, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) conference call (7:30 – 9:00am)	December 5, 2012
TCMHC staff	Results Based Accountability (RBA) team meeting regarding Cohorts 1-4	December 6, 2012
TCMHC staff	Results Based Accountability (RBA) team meeting regarding Cohorts 1-4	December 14, 2012
TCMHC staff, consultants	Results Based Accountability (RBA) conference call (7:30 – 9:00am)	January 10, 2013
TCMHC staff, consultants	Results Based Accountability (RBA) Claremont 103 (8:30 – 4:00pm)	January 17, 2013
TCMHC staff	Quality Improvement Process: Workflow process Timeline for next steps in Operations QI process (11:00 – 12:00pm)	February 5, 2013
TCMHC staff, consultants	Results Based Accountability (RBA) Claremont 103 (8:30 – 3:30pm)	February 19, 2013
TCMHC staff	Annual Review Performance Measures (12:00 – 1:00pm)	March 4, 2013
TCMHC staff	Annual Update data slides (1:00 – 5:00pm)	March 19, 2013
TCMHC staff	Performance Measures follow-up for Housing and Outreach (1:00 – 2:00pm)	March 20, 2013
TCMHC staff	Annual Update Data Packet draft (10:00 – 11:00am)	March 21, 2013
TCMHC staff, consultants	Results Based Accountability (RBA) Claremont 103 (8:30 – 12:30pm) – Annual Review Update data	March 28, 2013
TCMHC staff, consultants	Conference call regarding Annual Update Data finalization (10:00 – 12:00pm)	April 2, 2013
General Public	Notices and documents were posted on TCMHC-wide MHSA website, MHSA Newsletter, Email notifications to all stakeholders who submitted electronic addresses, documents were available at TCMHC Library resource desks, public hearing notices.	April 2013-May 2013
30-day public review and comment period	Open opportunity for all stakeholders to give input on TN Project Proposals	April 19- May 22, 2013

APPENDIX A - PROJECT RISK ASSESSMENT
Project: MHA Program Monitoring & Service Outcome Support

CATEGORY		FACTOR	RATING	SCORE	
Estimated Cost of Project		Over \$5 million	6	1	
		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		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