



*Dedicated to the Health
Of the Whole Community*

Mental Health Department

Mental Health Services Act Capital Facilities and Technological Needs

Bed and Housing Exchange Database Project - (BHX)

(Formerly: County-wide Resource Tracking Project)

Enclosure 3

April 13, 2009

**Mental Health Services Act
Capital Facilities and Technological Needs**

Bed and Housing Database Exchange – Enclosure 3

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**Enclosure 3
Exhibit 1**

**Face Sheet
For Technological Needs Project Proposal**

County Name: Santa Clara

Project Name: Bed and Housing Exchange Database

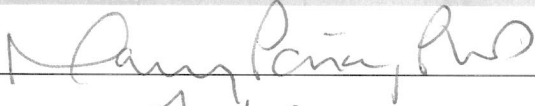
This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives, and proposed actions of the Mental Health Services Act (MHSA) Capital Facilities and Technological Needs Component Proposal.

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

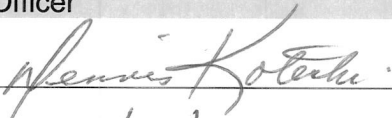
We recognize the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with California Code of Regulations (CCR), Title 9, 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 CCR Section 3410, non-supplant. All documents in the attached Proposal are true and correct.

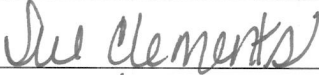
County Mental Health Director

Name: Nancy Pena Ph.D. Signature: 
 Phone: (408) 885-5783 Date: 5/19/09
 Email: Nancy.Pena@hhs.sccgov.org

Chief Information Officer

Name: Dennis Kotecki Signature: 
 Phone: (408) 763-6612 Date: 05/20/09
 Email: Dennis.Kotecki@hhs.sccgov.org

Technological Needs Project Proposal – Point of Contact

Name: Sue Clements Signature: 
 Phone: (408) 885-7082 Date: 5/20/09
 Email: Sue.Clements@hhs.sccgov.org

Bed and Housing Exchange Database Project (BHX) – Executive Summary

Project Type:	Clinical and Administrative Infrastructure
Purpose:	To provide a database with posting and query tools that will allow operators of inpatient/residential Mental Health facilities services to post their open beds whenever they become available so that case managers, clinicians and others authorized to act on behalf of MH clients can quickly see what is available in housing and/or beds. The current approach is by word of mouth or having to call every facility on a rotating basis to learn of vacancies.
Overview:	<ul style="list-style-type: none"> • This project will obtain/build and implement database that will contain up to date postings for available inpatient/residential resources • Postings will be organized by levels of care (e.g. IMD, Residential Care Facility, Board and Care, Board and Care with Services, Temporary Shelter, Emergency Housing and Permanent Housing) • This database will be a secure site accessible via the internet, hosted by the Santa Clara County Mental Health Department (MHD). • Facility operators and/or housing specialists will be able to post their beds on a 24 x 7 basis using an e-form with a secure transaction. Each facility will maintain an up to date profile of their organization, services offered and other essential parameters. • Mental Health 24 Hour care and other case managers and clinicians who place clients in beds will be able to query for specific types of beds on a 24 x 7 basis. • Build a reporting capability to allow analysis of bed availability and request patterns <p>Internal messaging system to indicate interest in a particular bed in a particular facility but actual arrangements for occupying the bed, payor review, etc. will take place outside the system.</p>
Need:	The need for this project was identified during special needs assessment meetings with HHS MHD staff that work in the area of placement of clients in residential or inpatient beds. In other open meetings with contractors and then again with consumer and family members this need was further validated. The specific need is that there is no organized way for case managers or clinicians to determine bed availability for their clients without making calls to every facility each time the need arises. This causes delays in appropriate services delivery as well as missed opportunities for operators to get their open beds filled.
Project Management	<p>This project will be undertaken as one four administrative and clinical MHSA TN projects. Because this is a long standing need, documentation has been developed which outlines the concept and operation of this kind of Bed and Housing Exchange Database. The project planning will begin with the known information and the documented need.</p> <p>This project is a single focus and will not be dependent upon progress with other projects. The database will be accessible through the internet. This straight forward endeavor will take on the traditional software development life cycle: Needs assessment, design stages, development, implementation, training and evaluation.</p>

	<p>An advisory group of County MHD staff from 24 hour Care, Housing Office, clinicians and contract service providers, facility representatives and consumer/family members will be formed to develop the scope, do the planning and monitor the acquisition or development of the system and oversee the implementation</p>
<p>Resources:</p>	<p><u>Staff:</u> SCVHHS Mental Health Dept. and SCVHHS IS Dept staffs in tandem with the selected vendor will accomplish the project. Leadership will come from the project sponsor in Mental Health. Technical support will be provided by existing SCVHHS IS Dept resources and the vendor</p> <p><u>Equipment:</u> Two appropriately-scaled servers may be needed for the database and Web access unless the chosen system will use an ASP model in which case not servers will be needed.</p> <p><u>Software:</u> Any software needed will conform to SCVHHS IS Dept’s IT Standards. It may be modified COTS, custom development or an ASP model. The specific mix of resources needed for development, installation and training will vary depending upon the platform and software selected.</p> <p><u>Training:</u> will be conducted by mixed team of the County Mental Health SME staff and appropriate vendor involvement depending upon the future.</p> <p><u>Operational Workflow Development:</u> This is as important as the database itself. The development of the multiple stream workflows for the application manager and 24 Hour Care managers, MHD clinicians, care facilities will be accomplished in tandem with the system development. Representatives of the major user groups will be included in this process along with the developers and MHD Management.</p>
<p>Technical Considerations:</p>	<p>This system will be accessed via the internet with a secure sign-on and authentication. High speed internet access will be provided for SCVHHS Mental Health staff through the County’s network. All hardware and software will conform to County Standards and be maintained by existing SCVHHS IS staff.</p>
<p>Timeline:</p>	<p>January 2010 – December 2010</p>
<p>Estimated Cost:</p>	<p>\$200,000</p>

**Enclosure 3
Exhibit 3**

Technological Needs Project Proposal Description

County Name: Santa Clara **Date:** April 16, 2009

Project Name: **Bed and Housing Exchange Database Project – (BHX)**
Formerly: Countywide Resources Tracking

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 (Example: Standard Data Exchanges with Other Counties, Contract Providers, Labs, Pharmacies).

> Client and Family Empowerment Projects

- Client/Family Access to Computing Resources Projects.
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging Information-Sharing Services)

> Other Technological Needs Projects that support MHSa Operations

- Telemedicine and Other Rural / Underserved Service Access Methods.
- Pilot Projects to Monitor New Programs and Service Outcome Improvement.
- Data Warehousing Projects | Decision Support.
- Imaging / Paper Conversion Projects.
- Other.

Description

October 30, 2008

> **Indicate the Technological Needs Project Implementation Approach**

Custom Application

Name of Consultant or Vendor (if applicable):

There will be a search for COTS or Application Service Provider (ASP). If is not found, then a custom database will be developed using MS-SQL or similar database utility. A vendor will not be selected until the developmental path is determined and an initial statement of work (SOW) created by County MHD.

Commercial off-The -Shelf (COTS) System

Name of Vendor:

Part of the project plan will be a search for a COTS or ASP that will meet Santa Clara County MHD's needs. Until this search is completed and the proper procurement practices are fulfilled a vendor cannot be named.

Product Installation

Name of Consultant or Vendor (if applicable):

The Mental Health Bed and Housing Exchange Database Project installment will have some variables depending upon the type of application that is chosen; however, the technical installation is just one parameter. The establishment of the workflow, policies and procures so that everyone can use the system productively is necessary. There is no vendor selected at this time.

Software Installation

Name of Vendor:

Software installation will be part of the overall system implementation. There is no vendor selected at this time.

Mental Health Bed and Housing Exchange Database Project (BHX)

Project Management Overview

The County currently has a variety of residential resources along a continuum of care. There is usually high demand for these beds. However the means to get the availability of these beds out to the clinicians and program administrators who are seeking to place their clients is based upon word of mouth or calling up to 20 different facilities to see if they have beds. This solution will allow facility operators to post their beds on a 24x7 basis and for the caregivers to see that availability and respond on a 24x7 basis as well.

Because of the recognized need for this service by both clinicians/staff and operators, the existing models for database and functionality from other fields, existence of proven technology to accomplish the project goals, and IT staff experienced with this level of database technology and the fact that no other project will impinge upon this effort and the relatively low cost, this is considered a low risk project.

This project will:

- Begin by elaborating the concept and needs in an RFI format for the sake of selecting both the platform: COTS, ASP or Custom application as well as determine a line up of possible vendors.
- Perform a thorough search of the market place for COTS and ASP models which will allow the necessary customization to meet Santa Clara's MHD's needs.
- If there is a modifiable COTS or an acceptable ASP a proper County procurement process will be instituted
- If a custom solution becomes the choice, County MHD will make use of proven contractors who have designed and built custom health care databases with web interfaces and a solid reputation for post implementation support
- Whether the route is a COTS, ASP or custom database, the system will be created to MHD specifications and implemented by a contractor. Given the operational environment for this database and turn-key product is required Work flow processes will have been developed in parallel with the system design and creation. This will include specifications of the business rules. Testing and training will take place for caregivers and facility operators.
- Current planning estimates call for the BHX system will go live by December 31, 2010

Project Costs

The cost estimates for development of the Bed and Housing Exchange Database are documented in Exhibit 4 *Budget Summary*.

Nature of the Project

The project consists of an internet accessible, secure database for matching up available beds and housing by level of care with case managers and clinicians acting on behalf of clients and families with a need for these beds.

- The extent to which the Project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives.

The need for this housing information exchange project has been documented in writing since 2006. However until MHSA CFTN funds there were available there was no feasible means to create a secure, web-based, searchable database of available beds and housing on the residential and therapeutic continuum of care. In the past and currently available bed slots could only be located by calling or visiting all of the facilities. This led to many instances where caregivers and placement staff could not locate an appropriate bed for their clients/patients on a timely basis or the converse where facility operators did not have a way to communicate to the therapeutic community important information about their facility or have a means to advertise their beds as they became available.

- The degree of centralization or decentralization required for this activity.

The Bed exchange database application will be run on SQL and web servers within the 24 x 7 data center of SCVHHS Information Services Department. The administration and updating of the data base will be centrally managed by MHD housing staff and other professionals. Training and ongoing application support will be also managed and emanate from a centralized source in the MHD.

Business access to the system will be distributed throughout the Santa Clara County via the internet for all facility operators to post their available beds and for clinicians and case managers to search for the appropriate bed, residential or housing for their clients. .

- The data communication requirements associated with the activity.

Data communication will take place over a secure network within the SCVHHS facilities. Non-County entities including off-site providers and Bed and Housing facility operators will connect using secure access to the internet site.

- The characteristics of the data to be collected and processed, i.e., source, volume, volatility, distribution, and security or confidentiality.

The source of the data will be bed and housing availability from the facilities side and be matched with the queries by case managers and clinicians seeking available and appropriate 24 hour care resources. The volume will vary depending upon the quantity of available beds and housing and the commensurate demand for those resources. The volatility of the data will be high due to the turnover of the resources. Security and confidentiality will be supported using the standards currently followed within the County systems.

- The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure.

This bed exchange project will be standalone database on the County network with secure internet access. The database system will be designed and implemented to protect consumer identity and PHI under HIPAA privacy standards. De-identified data that is generated from internal reporting resources in the database will be shared with MHD administrative and financial systems for planning purposes. This data could include such measures as vacancy rates for level of care, average turnaround time between posting a vacancy to filling it, which parts of the continuum of care were most used, etc.

Hardware Considerations

- Compatibility with existing hardware, including telecommunications equipment.

SCVHHS, of which the Mental Health Department (MHD) is a part, has a broad set of well defined technology standards in place today. The hardware to be used in the project will consist of standard hardware and will utilize existing software and telecommunication standards.

The database will be developed using MS SQL whether it is a COTS or a custom system. This standard product has a proven track record of hosting many successful databases of this size and scope at SCVHHS

A copy of SCVHHS IS Technology Standards and Network Management policies are included in Appendix B of Exhibit 2.

- Physical space requirements necessary for proper operation of the equipment.

The servers for this project will be located in a secure data center that protects all other mission critical applications for the SCVHHS.

- Hardware maintenance.

All hardware maintenance will be performed by existing SCVHHS staff and their associated vendors.

- Backup processing capability.

The servers for this project will be housed in the SCVHHS 24 X 7 Data Center. All data on servers in this center is backed up every night. Regular off – site copies are made.

A copy of the Data Backup policy is included in Appendix B of Exhibit 2.

- Existing capability, immediate required capacity and future capacity.

The SCVHHS data center maintains and an expandable Storage Area Network (SAN) that can accommodate the growth of the Bed and Housing Exchange Database.

Software Considerations

- Compatibility of computer languages with existing and planned activities.

The Bed and Housing Exchange Database Project will make use of industry standard languages such as SQL, Java, HTML, XML, HL7, which are widely used in health care application development. There are no anticipated computer language compatibility issues.

The Technology Standards policy for software is included in Appendix B of Exhibit 2.

- Maintenance of the proposed software, e.g. vendor-supplied.

The Bed and Housing Exchange Database Project will be developed utilizing one or more options: Modified COTS, custom development using SQL and Web development products, or an ASP model

For Options 1 and 2, maintenance will be performed by SCVHHS IS and County MHD staff with vendor support/intervention as needed. Version upgrades and new releases will be done by the vendor. In the ASP model all maintenance will be done by the vendor based upon working with the customer.

- Availability of complete documentation of software capabilities.

The Bed and Housing Exchange Database Project will use four levels of documentation:

1. Technical documentation for the administration and maintenance of the database and the internet site.
2. Application documentation will be developed that will include manuals on the use of the system including but not limited to searches using queries, forms, templates, reports
3. Training materials will be generated from the application manuals for training the two groups of business users: facility operators who need to post their profile and vacancies and care managers or clinicians who are seeking the proper bed for their clients.
4. Documentation of the total workflow keyed to the application's features and functions.

The system developer/vendor will provide this documentation as part of their contract, but the creation of it will involve Housing SME's, system administrators, case managers and other lead-users.

- Availability of necessary security features as defined in DMH standards noted in Appendix B.

While DMH standards for security apply to production IT systems, all applicable client computing requirements will be upheld in the development of the Bed and Housing Exchange Database and the web-based interface to the application. County MHD staff and external users of the BHX application will use the internet to access the database. This will preclude any access to other transaction-based health care systems or other protected data. ARCOT or a similar product will be used to insure the security of the internet site hosting the housing exchange database. Security features, including virus updates will be managed by existing and future SCVHHS IS staff.

An abbreviated version of the IT Security Policy for SCVHHS is included in Appendix B of Exhibit 2.

- Ability of the software to meet current technology standards or be modified to meet them in the future.

The consistent success of SCVHHS to deploy systems, databases, web server hosting, and communication tools, including leading edge groupware; is based upon using proven and up to date software for its O.S. platforms and applications. MS SQL and Oracle are the standards for multi-user databases. SCVHHS relies upon Microsoft for its office productivity products and uses Exchange Server for mail and FTP. In a 500 Bed hospital with 30 Satellite clinics as well as all specialties and subspecialties within the Santa Clara Health and Hospital System, the agency has more than 300 HIT/HIM applications successfully running everyday in-house and offsite with vendors.

SCVHHS has a defined a mature set of current technology standards. These standards were designed with the goal of future growth and in anticipation of technological changes over time. Further, to support these standards, the County has established relationships with a number of vendors and has negotiated pricing and upgrade terms to reflect future growth and change.

Interagency Considerations

- 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 only relevant part of Interagency considerations is that for all parties authorized to use the system, the only requirement will be to accept the security agreement and have access to the internet.

Training and Implementation

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

As described in other sections of this document, the pre-system workflow is based upon not having a central repository of housing and bed resources. Each side of the equation usually was able to connect but only after a lot of effort to contact each facility and ask the same set of questions.

This project will bring together each facility's available beds with the client's 24 hour care or housing needs. One of the of the Project Team's tasks will be to initiate the mapping out of the work flow for 1) Administrators/clerks who will be managing the day to day operation of the system, 2) the facility operators who will develop profile of their resources and services and post immediate changes to the availability and 3) the collective of case managers, clinicians, etc who are authorized to place clients into 24 hour care facilities. It will be essential to work with these three groups so that the real issues that each group faces can be addressed.

The database designers will build the system to accommodate the logical workflow and all relevant data to allow the process to proceed to identifying an appropriate bed for the client. The creation of the business the workflow will be strongly influenced by the standard practices for searchable databases and the uploading of data from the facilities.

This project will not employ new technology. All training will focus on learning how to make productive use of the housing exchange database according to the role of the user.

Security Strategy

- 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.

Policies and procedures related to Privacy and Security will be enforced in the same manner as for all databases with external internet access. The SCVHHS IT Security policy in an abbreviated form is included as an Appendix in Exhibit 2. These standards represent the highest tier for Health and Hospital Systems. All applicable requirements and regulations will be met or exceeded in the BHX environment.

Security for housing exchange database hardware and software will consist of a matrix approach including physical facility and equipment security (e.g., locks, etc.), software-based security (usernames/passwords), and onsite monitoring. Authentications and login/passwords will be managed by ARCOT or a like product. Security features, including virus updates will be managed by existing and future IS staff.

- Protecting data security and privacy.

As referenced throughout this document, standard virus protection will be employed, systems will be subject to SCVHHS network monitoring, and content filters will be deployed to further minimize the risks of malicious software or user activities.

The SCVHHS IT Security policy in an abbreviated form is included as an Appendix in Exhibit 2.

- Operational Recovery Planning.

Recovery planning will consist of a complete 'rebuild' of any systems requiring recovery from a 'standard build' as determined in the planning process.

Aside from asset tracking activities (for replacement in the event of a disaster), no other recovery planning is envisioned for BHX hardware or software.

- Business Continuity Planning.

The Housing Exchange systems will not be a critical component in Business Continuity Planning (BCP) and, as such, are not anticipated to be a part of future BCP or tests. Exclusion of these systems from BPC is not projected to have a material impact on consumer care and/or provision of essential services and exclusion will conserve already scarce IS resources and capacity for more critical disaster recovery activities. However the database will be back-up by the Data Center every night. The SQL application and facility operator profiles will be kept in a separate location for reloading.

- Emergency Response Planning.

The BHX system is not a critical component in Emergency Response Planning (ERP) and, as such, is not anticipated to be a part of future BCP or tests. Exclusion of these systems from ERP is not projected to have a material impact on consumer care and/or provision of essential services and exclusion will conserve already scarce IS resources and capacity for more critical emergency response activities.

- HIPAA Compliance.

The access of Protected Health Information and other data in the BHX systems will require MHD to ensure compliance with relevant aspects of the Health Insurance Portability and Accountability Act (HIPAA).

Further, we anticipate the HIPAA will be one of many sets of regulatory compliance that will require planning and operational practice over time. Where possible, BHX systems, and other hardware and software will leverage existing security mechanisms employed by SCVHHS.

Compliance with HIPAA and other relevant security requirements will be evaluated on a yearly basis by a third party as part of a larger annual HIPAA assessment conducted across MHD and referenced throughout the larger MHSA application and in other task areas.

- State and Federal laws and regulations.

In addition to HIPAA and DMH security requirements there will be a number of State and Federal laws and regulations that will require additional security mechanisms to be considered, implemented, and practiced. Where possible, the BHX system will leverage existing security mechanisms employed by other MHD or County systems. Ultimate responsibility for compliance with State and Federal laws and regulations will lie with the MHD CIO.

Compliance with State, Federal, and other relevant security requirements will be evaluated on a yearly basis by a third party.

Project Sponsor(s)

Commitments

Sponsor(s) Name(s) and Title(s)

- Identify the Project Sponsor name and title. If multiple Sponsors, identify each separately.

Bruce Copley, SCVHHS MHD Deputy Director
Deane Wiley, SCVHHS MHD Division Director

Commitment

- Describe each sponsor(s) commitment to the success of the Project, identifying resource and management commitment.

The Project Sponsor agrees to provide direction and leadership for this project and will:

- Provide Executive Leadership and bidirectional communication on the project.
- Accepts visible department ownership for the project.
- Set strategic direction and goals for projects.
- Has final approval on all project deliverables.
- Serves as the ultimate decision-maker on the issues that cannot be resolved at the lower level.
- Is accountable for the project's success and will hold all team members responsible for their contributions and assignments to the project.

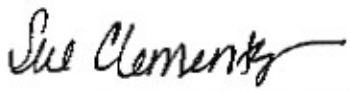
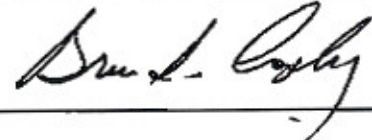

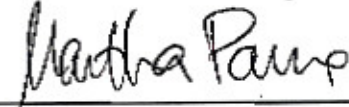
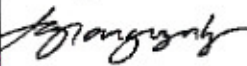

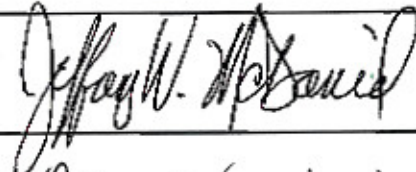

Approvals/Contacts

- 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)

Approval/Contact signoff sheet is attached

MHSA Enclosure 3 - Project Approvals and Contacts

Signoff sheet with the names, titles, phone, e-mail, signatures and dates for individual(s) responsible for the preparation of this Exhibit

Name	Title	Email	Phone	Signature	Date
Sue Clements (Primary Contact)	SCVHHS MHSA Technological Needs Project Manager	Sue.Clements@hhs.sccgov.org	408-885-7082		5-11-09
Bruce Copley	SCVHHS MHD Deputy Director	Bruce.Copley@hhs.sccgov.org	408-885-5773		5-11-09
Deane Wiley, Ph.D.	SCVHHS MHD Learning Partnership Division Director	Deane.Wiley@hhs.sccgov.org	408-792-3901		5-11-09
Martha Paine	SCVHHS Director of General Fund Financial Services	Martha.Paine@hhs.sccgov.org	408-885-6860		5-11-09
Ky Le	SCVHHS MHD MHSA Project Manager	Ky.Le@hhs.sccgov.org	408-885-7543		5/11/09
Cheri Silveira	SCVHHS IS Manager	Cheri.Silveira@hhs.sccgov.org	408-885-6490		5/11/09
Jeff McDaniel	SCVHHS IS Project Leadership	Jeff.McDaniel@hhs.sccgov.org	408-885-4036		5/14/09
Diane Vrenios	Sr. Consultant Outlook Associates, LLC	DVrenios@outlook-associates.com	888-432-0261		5/15/09

APPENDIX A - PROJECT RISK ASSESSMENT

Bed and Housing Exchange Database

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	2
		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	1
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	1
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development -		5	3
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
	Number of Users	Modified COTS	3	3
		Over 1,000	5	
		Over 100	3	
		Over 20	2	
	Architecture	Under 20	1	1
		Browser/thin client based	1	
		Two- Tier (client / server	2	
Multi-tier (client & web, database, application, etc. servers)		3		
*Commercial Off-The Shelf Software				

Total Score	13
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Total Score	Project Risk Rating
25 - 31	High
16 - 24	Medium
8 - 15	Low

Mental Health Bed and Housing Exchange Database Project (BHX)

ID	M	Task Name	Start	End	Days
1		Bed and Housing Exchange Database Project	1/10/2010	12/31/2010	355
2	M	Phase I: Project Initiating and Housing	1/10/2010	3/10/2010	59
3		Initiate Project	1/10/2010	1/22/2010	12
4		Identify Stakeholders			0
5		Develop Project Charter			0
6		Develop Preliminary Scope Statement			0
7		Plan Project	1/25/2010	2/26/2010	32
8		Determine Resources Requirements			0
9		Create Roles and Responsibilities			0
10		Develop Schedule			0
11		Create Activity List			0
12		Estimate Time and Costs			0
13		Develop Budget			0
14		Request MHSA Funds			0
15		Amend MHSA IT TN Plan			0
16		Finalize Project Budget			0
17		Determine Quality Standards			0
18		Determine Communication Requirements			0
19		Create Risk Management Plan			0
20		Create Change Control Plan			0
21		Develop Final Project Management Plan			0
22		Gain Formal Approval of PM Plan			0
23		Hold Kick off meeting			0
24	M	Complete project planning	2/26/2010	2/26/2010	0
25		Phase II: Execute PM Plan	3/1/2010	10/11/2010	224
26		Convene Stakeholder Project Advisory Group			0
27		Identify BHX Application Options: ASP, COTS, Custom			0
28		Study examples of three options			0
29		Use RFI if needed			0
30		Use of SME stakeholders to make recommendation			0
31		Engage with Sponsors to review recommendation			0
32		Make final decision			0
33		Determine Purchasing Method Using MHSA Funds			0
34		Identify Technical Needs Resulting from Choice			0
35		Identify COT software based upon IS Dept. Standards			0
36		Identify Hardware (SQL & Web server)			0
37		Procure Hardware, COTS and Vendor			0
38		Identify Vendor Needs resulting from decision on modality			0
39		Reconfirm scope and timeline			0
40		Procure vendor based upon scope			0
41		Determine technology location and access requirements			0
42		Execute the Development and testing of the application			0
43		Configuration Management			0
44		Test Security Measures			0
45		Test Hardware and Web access			0
46		Test Application in operational simulation			0
47		Live Data Loading			0
48		Receive and Enter facility operators Profiles			0
49		Register all authorized users			0
50		Begin user training-testing			0
51		Use test scenarios to search database for resources			0
52		Move to production testing			0

53		Collect performance and quality data for system tests			0
54		Confer with stakeholders re: essential fixes			0
55		Work with vendor to implement fixes			0
56		Certify Application for going live			0
57		Complete system-wide user training			0
58	M	Go Live with BHX Application Ver. 1	10/11/2010	10/11/2010	0
59		Phase III: Acceptance and Closing	10/12/2010	12/31/2010	80
60		Confirm work is done to requirements			0
61		Gain formal acceptance of the product and performance			0
62		Complete support procedures			0
63		Prepare and publish user and technical documentation			0
64		Hand Off to Maintenance and Support			0
65		Release Resources			0
66		Complete project			0
67	M	Project Completed	12/31/2010	12/31/2010	0
68					

Enclosure 3
Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: Santa Clara

Project Name: Bed and Housing Exchange Database

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel		0	0	0	0	0
Total Staff (Salaries and Benefits)		0	0	0	0	0
Hardware						
Hardware		36	15	0	51	5
From Exhibit 2						
Total Hardware		36	15	0	51	5
Software						
Software		25	10	0	35	5
From Exhibit 2						
Total Software		25	10	0	35	5
Contract Services (list services to be provided)						
Contract Services (list services to be provided)		60	45	0	105	25
NOTE: See below for description						
Total Contract Services		60	45	0	105	25
Administrative Overhead						
Administrative Overhead		5	4	0	9	0
Other Expenses (Describe)		0	0	0	0	0
NOTE: See below for description						
Total Costs (A)		126	74	0	200	35
Total Offsetting Revenues (B) **				0	0	
MHSA Funding Requirements (A-B)		126	74	0	200	35

* 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.

Notes:

The majority of the funding is for consulting services. This project will obtain/build and implement database and build a reporting capability; which will require vendor expertise.

Enclosure 3
Exhibit 5
Stakeholder Participation
For Technological Needs Project Proposal

County Name: Santa Clara

Project Name: Bed and Housing Exchange Database

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 use of regional partnerships.

Stakeholder Type <small>(e.g. Contract Provider, Client, Family Member, Clinician)</small>	Meeting Type <small>(e.g. Public Teleconferences)</small>	Meeting Date
MHSA IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	4/08/2008
MHSA IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	6/10/2008
MH Staff / Mangers	Comprehensive, structured interviews with IT staff to discuss structure, vision, priorities and needs.	6/17/2008
All County and Contractor CFTN Stakeholders	Kick-Off meeting and Presentation of IT Assessment Plan by Outlook Associates	6/18/2008
MHSA Stakeholder and Leadership Committee Meeting (SLC)	Official update on CFTN activities to overall MHSA governing body (SLC)	6/20/2008
MH Staff/Managers/Clinicians	Comprehensive, structured interviews with staff/managers and clinicians from various service areas. Interviews included: Adult Services, Clerical, Older Adult Services, Eligibility and Benefits, Unicare Coordination.	7/08/2008
MHSA IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	7/8/2008
MH Staff/Managers/Clinicians	Comprehensive, structured interviews with Learning Partnership/Decision Support, Contracted providers, General Planning regarding MHSA and Housing needs and a Mental Health Clinic.	7/09/2008

Stakeholder Type (e.g. Contract Provider, Client, Family Member, Clinician)	Meeting Type (e.g. Public Teleconferences)	Meeting Date
Staff/Managers/Clinicians/Other Agencies	Comprehensive, structured interviews with a Mental Health Clinic and another supporting agency - SSA.	7/15/2008
Staff/Managers/Clinicians/Other Agencies	Comprehensive, structured interviews with Finance, Billing and Claims, MHSA Programs, Quality Improvement and Drug and Alcohol Services (DADS).	7/16/2008
Staff/Managers/Clinicians/Contracted Provider Billing Service and Consumers and Families	Comprehensive, structured interviews with contracted provider business solution (ABS), Managed Care Program and Consumer and Family interview at a County sponsored Peer Support Program.	7/17/2008
Staff/Managers/Contracted Providers Group/Clinicians	Comprehensive, structured interviews with Contracted Providers, Contract Services, Clinical, Physician and Pharmacy Services.	7/18/2008
MH Executives/Clinicians	Discussion on vision and contractor strategy.	07/21/2008
Staff/Managers/Contracted Provider	Comprehensive, structured conference call interview regarding the Call Center, Claims and Authorization services and Contracted provider (e.g.Symed).	7/24/2008
Consumer Advocate	Telephone conference call with NAMI representative.	7/28/2008
MHSA IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	8/12/2008
Staff/Managers/Consumer Affairs/Clinicians	Comprehensive, structure interviews with Consumer Affairs, Custody and Court Services and Family and Children Services.	8/13/2008
Staff/Managers/Other Agencies	Comprehensive, structured interviews with the Public Guardian agency, Decision Support and MH IT.	8/14/2008
Country Interdepartmental Stakeholders	Capital Facilities and Technology Needs Steering Committee (Became CFTN Leadership Committee)	8/15/2008
MH and IT Management and Core Team	Presentation Mental Health Services Act CFTN Component IT Visions and Project List	9/9/2008
MH and IT Management and Core	Presentation of assessment of "Current State of	9/18/2008

Stakeholder Type (e.g. Contract Provider, Client, Family Member, Clinician)	Meeting Type (e.g. Public Teleconferences)	Meeting Date
Team	SCC County Mental IT" by Outlook Associates	
MHSa IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	9/23/2008
Consumers & Family	Consumer Focus Groups	9/26/2008
Contract Service Providers	Technology Needs Town Hall Meeting	9/26/2008
MHSa Stakeholder and Leadership Committee Meeting (SLC)	Official update on CFTN activities to overall MHSa governing body (SLC)	9/26/2008
MHSa IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	10/14/2008
MHSa Stakeholder and Leadership Committee Meeting (SLC)	Official update on CFTN activities to overall MHSa governing body (SLC)	10/17/2008
Ethnic Communities (ECCAC) Task Force	MHSa CFTN presentation and receiving input from ethnic group representatives on MHSa CFTN	10/22/2008
Older Adults Services Focus Group	Presentation and receiving input from Older Adults Committee representative on MHSa CFTN	10/28/2008
CFTN Leadership Committee	Mental Health Managers and Contractor Leadership group to review combined Capital, Facilities and Technology Needs plans prior to submitting to SLC	11/13/2008
MHSa IT Fund Planning Meeting	Multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do initial CFTN Needs Assessment Planning	11/14/2008
MHSa IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	11/14/2008
MHSa Stakeholder and Leadership Committee Meeting (SLC)	CFTN Component Proposal Approval by overall MHSa governing body (SLC)	11/17/2008
Special session for Mental Health, IS and Contractor key stakeholders.	Californian Behavioral Health IT System Market Analysis by Outlook Associates	11/24/2008
Health And Hospital Committee (HHC) of Board of Supervisors	Status Report on Mental Health Services Act (Proposition 63) Component Proposals	12/10/2008

Stakeholder Type (e.g. Contract Provider, Client, Family Member, Clinician)	Meeting Type (e.g. Public Teleconferences)	Meeting Date
MHSA Stakeholder and Leadership Committee Meeting (SLC)	Official update on CFTN activities to overall MHSA governing body (SLC)	12/19/2008
Public Hearing on CFTN Component Proposal	Mental Health Board (Reports to Board of Supervisors)	1/6/2009
MH and IT Management and Core Team	Presentation by Outlook Associates of "Gap Analysis and Future State of IT for SCC Mental Health"	1/7/2009
MHSA IT Fund Planning Meeting for Administrative, Technology and Clinical Stakeholders	Original multidisciplinary Committee of MH Staff, IT staff and contractor IT staff to do CFTN Needs Assessment Planning	1/13/2009
Mental Health Internal Clinical Stakeholder event	View the Clinical Features and Functions of Pro-Filer EHR product from Unicare	1/14/2009
Mental Health and IT staff Site Visit to Kern County	Visited Kern County Mental Health System of Care to learn about their EHR implementation experience.	1/21/2009
MHSA Stakeholder and Leadership Committee Meeting (SLC)	Official update on CFTN activities to overall MHSA governing body	1/23/2009
Mental Health Dept. Ops Meeting	MHSA Technical Needs Strategy and Decision Making	2/4/2009
Town Hall Meeting for north Santa Clara County residents	Open Session for all stakeholders during Public Comment Period on CFTN Project Proposal	2/11/2009
Mental Health and IS Internal Stakeholder Review	Presentation of Proposal for Enterprise Data Warehouse Project (Enclosure 3)	2/12/2009
Town Hall Meeting – for central Santa Clara County residents	Open Session for all stakeholders during Public Comment Period on CFTN Project Proposal	2/12/2009
MH Executives / Clinicians / IS staff	Presentation, discussion & review of project.	2/13/2009
Mental Health and IS Internal Stakeholder Review	Presentation of Proposal for Electronic Health Record System Project (Enclosure 3)	2/13/2009
Town Hall Meeting – for south Santa Clara County residents	Open Session for all stakeholders during Public Comment Period on CFTN Project Proposal	2/14/2009
MHSA Stakeholder and Leadership Committee Meeting (SLC)	Official update on CFTN activities to overall MHSA governing body (SLC)	2/20/2009

Stakeholder Type (e.g. Contract Provider, Client, Family Member, Clinician)	Meeting Type (e.g. Public Teleconferences)	Meeting Date
Users Group Meeting attended by MH and IT staff	Guests at California AVATAR Spring 2009 User Group Meeting to learn about EHR product functions and features	3/3/2009
MHSA Comparison Study of EHR products	Special session of MHSA Coordination Meeting	3/9/2009
MHSA Stakeholder and Leadership Committee Meeting (SLC)	Official update on CFTN activities to overall MHSA governing body (SLC)	3/20/2009
MHSA Stakeholder and Leadership Committee Meeting (SLC)	Technology Needs Project Proposal Approval by overall MHSA governing body (SLC)	4/17/2009
Contract Service Providers Stakeholders	Special Session to discuss Contractor Strategy for use of EHR system use by Contract Agencies	5/14/2009
Public Hearing on CFTN Enclosure 3 Project Proposals	Mental Health Board (Reports to Board of Supervisors)	5/18/2009
MHSA Stakeholder and Leadership Committee Meeting (SLC)	Technology Needs Project Proposal Budget Approval by overall MHSA governing body (SLC)	5/21/2009