



*Dedicated to the Health
Of the Whole Community*

Mental Health Department

Mental Health Services Act Capital Facilities and Technological Needs

County Health Record Integration Project Enclosure 3

April 15, 2009

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

County Health Record Integration Initiative - Enclosure 3

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County Health Record Integration (CHR) – Executive Summary

Project Type:	Clinical and administrative infrastructure
Purpose:	To create a system focused on providing secure, real-time combined County wide client records that can be accessed across various service providing agencies and provide a collaborative cross agency view of registered consumer’s demographic, services and care, medications, physical health services, insurance, employment, housing and other information.
Overview:	<ul style="list-style-type: none"> <input type="checkbox"/> This project will be initiated in a series of small phased-in projects that will enable multiple County agencies to share information about common clients in order to coordinate care and other County services. <input type="checkbox"/> The first phase of the project is to develop a Master Patient Index (MPI) that can be used to capture consumer information within the broader SCVHHS system. <input type="checkbox"/> The CHR objectives include: <ul style="list-style-type: none"> • Improved coordination of care between agencies providing services through integration of data; • Opportunities to reduce costs by eliminating duplicative or, ineffective services and possibly eliminate some multi-agency case management; • Easier navigation through service agencies across the County for consumers with more shared information, such as, demographics; • Better treatment outcomes because of better coordination of care and integrated treatment protocols.
Need:	<p>Many consumers utilize services across multiple agencies both within the SCVHHS umbrella and outside of it. The ability of many of those agencies to obtain information about the range of services a consumer is accessing is currently limited and prohibits effective coordination of care and funding. The CHR supports development of a cross agency view of services, opportunities to identify gaps and measure outcomes through shared information.</p> <p>This need was identified during meetings with consumers, County Health, County Social Service, and County Juvenile Justice and County Criminal Justice liaisons.</p>

<p>Project Management:</p>	<p>Because the CHR is a complex cross agency project, this project will be accomplished in phases. Other agencies participating in the project will be asked to serve on an advisory / governance board to identify projects, establish project priorities, set standards and goals for the projects and monitor their progress.</p> <p>A cross agency task force and workgroup will be established to define data requirements, negotiate methods of data exchange, timelines, perform system and user acceptance testing and resolve problems and issues.</p> <p>The initial project will allow MHD to join other County health facilities under the SCVHHS umbrella in creating a Master Patient Index (MPI) that will allow all County health agencies to view a consolidated health record for every client. Other agencies will be included as the project progresses.</p>
<p>Resources:</p>	<p>Staff: SCVHHS existing resources will lead the project and form the project team. Supplemental staff consisting of contracted staff, IPO project management oversight, and additional development, interface, implementation, testing, user acceptance testing, documentation, migration, report development, training and associated technical and support resources will be required and are documented in the budget.</p> <p>The other agencies that elect to participate will define the resources they will contribute to the task force and workgroups</p> <p>Equipment: Dedicated hardware will be required which will include servers, storage devices and other associated hardware.</p> <p>Any hardware procured and implemented will conform to County standards and the hardware will be housed in the County maintained data center.</p> <p>Software: Off-the-shelf commercially available (COTS) software will be utilized when ever possible for the CHR. Database and server software, reporting and Business Intelligence tool sets, integration and load software and back-up and security solutions will be required.</p> <p>All software procured and implemented will conform to County standards.</p>
<p>Technical Considerations:</p>	<p>Technical support will be provided by County and vendor(s) resources, as appropriate, and will conform with County standards. Existing County security, PHI and HIPAA standards and Business Continuity Planning will be enforced for the EDW.</p>
<p>Timeline:</p>	<p>January 2013 – December 2014</p>
<p>Estimated Cost:</p>	<p>\$ 1.1 million (MHD portion only). Other agencies will be asked to contribute a proportionate amount)</p>

Enclosure 3
Exhibit 3

Technological Needs Project Proposal Description

County **Santa** Date: **4/15/09**
Name: Clara

Project Name: County Health Record Integration Initiative

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.

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

Custom Application

Name of Consultant or Vendor (if applicable):

To be determined during the Project Planning phase. COTS products will be used wherever possible. Custom programming may be needed to obtain required functionality depending on the products selected for interface development.

Commercial Off-The -Shelf (COTS) System Name of Vendor:

The County Health Record will be a phased in project with sharing of information within the SCVHHS umbrella. Where possible, COTS will be utilized.

Product Installation

Name of Consultant or Vendor (if applicable):

To be determined during the Project Planning phase. SCVHHS IS has purchased and installed MPI software.

Software Installation

Name of Vendor:

To be determined during the Project Planning phase. SCVHHS IS has purchased and installed MPI software.

County Health Record Integration Initiative (CHR)

• Introduction to Santa Clara County Organization and Its Acronyms

- The Santa Clara Valley Health and Hospital System (SCVHHS) is the Santa Clara County organization that manages, operates and directs all healthcare services within the County. It is an umbrella organization comprised of the following organizations:
 - The Valley Medical Center (VMC)
 - Public Health Department (PH)
 - Department of Alcohol and Drug Services (DADS)
 - Mental Health Department (MHD)
 - Children's Shelter and Custody Health Services (CSCHS)
 - Valley Health Plan (VHP)
 - Community Outreach Programs
 - School-Linked Services System (SLS)
 - Valley Children's Health Initiative (Valley CHI)
 - Community Health Services (CHS)

SCVHHS has a centralized Information Systems Department (SCVHHS IS) that supports its organizations. In addition, Santa Clara County has a centralized Information Systems Department (ISD) that provides network and computing services to all County agencies.

Project Management Overview

The County Health Record Integration Initiative (CHR) is focused on providing a system for ensuring real-time, secure behavioral health, medical treatment services, social services and outcomes information is available across County agencies to enhance the ability of each agency and provider to offer appropriate and needed services.

This initiative is a series of small phased-in projects that will enable multiple County agencies to share information about common clients in order to coordinate care and other County services. This will enable qualified clients to access County services with a minimum of repetitive paperwork and provide needed services timely.

The first project will be creation of an MPI for SCVHHS. This project has already been started and is being lead by HHS IS. The MPI is a database that contains a unique identifier for every consumer across programs and agencies. All registration systems would look for the MPI to obtain consumer information based on consumer identifiers.

The MPI development will provide a solid infrastructure for cross agency data exchanges and will support not only MHD's EHR development, but also the HHS EHR projects that are currently underway.

The MPI will support the following improvements:

- The MPI will allow for improved care coordination for consumers with the hospital, PCP's and DADS for dually-diagnosed consumers
- Improve treatment outcomes because of improved coordination between medical and Behavioral Health services
- Improved coordination can also provide improved medical care for consumers for both physical health and preventative services
- Enable physical health providers to identify warning signs for behavioral health issues and make referrals to case managers and therapists
- Enable early identification of FSP program candidates by monitoring BAP, EPS and the Urgent Care Center.

Future projects will be designed that expand the effort to coordinate MPI and data exchanges with other agencies, such as, Juvenile Justice, Criminal Justice and Foster Care based on MHSA CSS programs that are already funded and operational within MHD.

The project is considered a medium risk project. The County infrastructure and hardware is in place and available. The nature of the project will require the formation of cross-agency project teams to complete the projects, develop solutions to difficult security and privacy regulations that exist and come to agreement on what data can be shared. They will also have to develop guidelines on data ownership, application ownership and problem resolution processes. Since these types of projects can often lose energy and focus, SCVHHS MHD will create a project structure and methodology that will mitigate the risk.

Independent Project Oversight

The SCVHHS will bring in an independent consultant (IPO) to oversee the project for its duration. The IPO will review all project documentation and meet at regularly with the Project Steering Committee. In between meetings the IPO will have weekly contact with the Project Manager to discuss issues and progress. The IPO will provide a monthly report containing their assessment of the health and progress and report any areas of concern related to the project.

The primary responsibility of the IPO will be to see the successful implementation of the Project. They will be recognized as a project team member who will identify risks and risk mitigation strategies based on their experience. They will be able to contribute to problem resolution and be recognized by all participants as an authority on the 'health' of the project. As such, they must be ready to recommend termination of a failed project and send up adequate warnings in advance of a potential disaster.

The IPO will be an experienced professional, knowledgeable about the business operations of a public sector Mental Health organization and experienced in information technology project management. They will ensure that a standard project management methodology is utilized and that all documents are completed as requested.

Project Management

The Project Manager assigned to each of these projects will be responsible for organizing, documenting, communicating and managing the project. They will use a standard project management methodology and maintain an accurate project plan in MS-Project. The Project Manager will be responsive to the IPO and work collaboratively with them. The Project Manager will assign tasks and deadlines to resources as necessary to ensure success.

The Project Manager will see that, at a minimum, the following will be created and maintained for each project:

- A Project Charter
- A Governance Body incorporating appropriate stakeholders
- A Project Organization Chart
- A Project Plan (including critical path and work breakdown schedule)
- A Project Communication Plan
- An Issue Management Plan
- A Risk Management Plan
- A Project Steering Committee
- A Project Dashboard Report to be submitted to the Steering Committee monthly
- A Monthly Project Status Report
- A Quarterly Project Status Report to the State DMH

The Project Manager will be accountable to the Project’s Executive Sponsor, IPO and Project Director(s). The Project Manager will be responsible for delegating responsibility or directly managing the following aspects of the project:

Project Aspects	Tasks
Integration Management	<ul style="list-style-type: none"> <input type="checkbox"/> Delegated as appropriate <input type="checkbox"/> Incorporated into the test plan for each project
Scope Management	<ul style="list-style-type: none"> <input type="checkbox"/> Responsibility of the Project Manager <input type="checkbox"/> Use Project Plan and Project Charter to manage <input type="checkbox"/> Changes to scope will be addressed in the Issue Resolution Management Plan. <input type="checkbox"/> IPO will monitor changes
Time Management	<ul style="list-style-type: none"> <input type="checkbox"/> Responsibility of the Project Manager <input type="checkbox"/> Use Project Plan and Project Charter to

Project Aspects	Tasks
	manage <input type="checkbox"/> IPO will monitor timelines and deadlines
Cost Management	<input type="checkbox"/> Responsibility of the Project Manager <input type="checkbox"/> IPO will require monthly budget reports to monitor <input type="checkbox"/> Part of the project dashboard presented monthly to the Steering Committee
Quality Management	<input type="checkbox"/> Delegated as appropriate <input type="checkbox"/> Governance Board will review and direct <input type="checkbox"/> Indicators will developed and be incorporated into the test plan and user acceptance criteria
Human Resource Management	<input type="checkbox"/> Responsibility of the Project Manager <input type="checkbox"/> FTEs will be responsible to the Project Manager for this project and to their assigned supervisor. <input type="checkbox"/> Consultants will be managed by the Project Manager. <input type="checkbox"/> Project Manager will coordinate any vendor staff.
Communications Management	<input type="checkbox"/> Responsibility of the Project Manager <input type="checkbox"/> Delegated as appropriate <input type="checkbox"/> Managed using the Communications Plan prepared during the Planning Phase of the project
Procurement Management	<input type="checkbox"/> The Project Team, Governance Body and County procurement officers will work collaboratively to obtain any necessary hardware, software or other resources. <input type="checkbox"/> Delegated as appropriate

This project includes:

- Assessment of the current state of inter-agency exchanges of information, including, but not limited to:
 - Current SCVHHS MPI Initiative
 - Data requirements
 - Data frequency, formats and other information

- Hardware and software needs
- Define the “best” agency or entity to house and maintain the data base
- Identification of staffing resources needed for each phase
- Define security and confidentiality issues that may present with expanded exchanges between County agencies and other business partners.
- ❑ Selection of appropriate software tools to develop, implement and enhance the product.
- ❑ Implementation Planning will be needed to define the long and short range goals of the project and to manage the project through its phases. Planning will be needed to:
 - Establish a County – wide governance structure to support requirements definition, hardware and software decisions, and resolve issues.
 - Identify a project management structure and project team from multiple County agencies
 - Define the funding sources and costs required from each agency
 - Determine data ownership and responsibility, including a problem resolution process
 - Define resolution strategies for issues of security and confidentiality
 - Define the phases of development that will work best with other projects proposed within MHD and within other agencies.
- ❑ Building each of the applications defined
 - Testing of any hardware software purchased or developed
 - User acceptance testing
 - Identification of workflow opportunities offered by the CHR
 - Training of staff
 - Phases in staff hiring, contractor staff, or other resources to support implementation phases and on-going maintenance.
- ❑ Implementation of each phase of the CHR.

Project Costs

The cost estimates for development of the County Health Record are documented in the *Budget Summary* included in Exhibit 4. Each agency will bear a proportional share of the cost of the project, including the ongoing costs. The budget and information here relates to the MHD portion only.

Nature of the Project

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

The County Health Record Integration Initiative (CHR) is an opportunity to collaborate with other agencies across the County. This initiative advances the goal to achieve another part of SCVHHS MHD strategic plan to modernize and transform clinical and administrative systems and ensure quality of care, parity and operational efficiency and effectiveness.

SCVHHS MHD proposes to set aside MHSA IT funding to allow phased-in projects that will support coordination with other County Agencies for MHSA programs. The first phase of the project will encompass development of a Master Patient Index (MPI) for internal organizations that are currently under the SCVHHS umbrella. In other projects that may be developed over time, it is understood that each agency will have to support the funding for their portions of the projects.

The objectives of the CHR are to:

- Develop a County health Master Patient Index (MPI) that can be used to capture consumer information within the broader SCVHHS MHD system initially and with phases, allow for greater cross agency sharing of consumer information.
- Improve the coordination of care between agencies providing services through integration of systems and data.
- Provide opportunities to reduce costs by eliminating duplicative or, ineffective services and possibly eliminate some multi-agency case management.
- Offer easier navigation through service agencies across the County for consumers with more shared information across agencies.
- Achieve better treatment outcomes due to better coordination of care and integrated treatment protocols.

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

SCVHHS is an umbrella organization comprised of the following organizations:

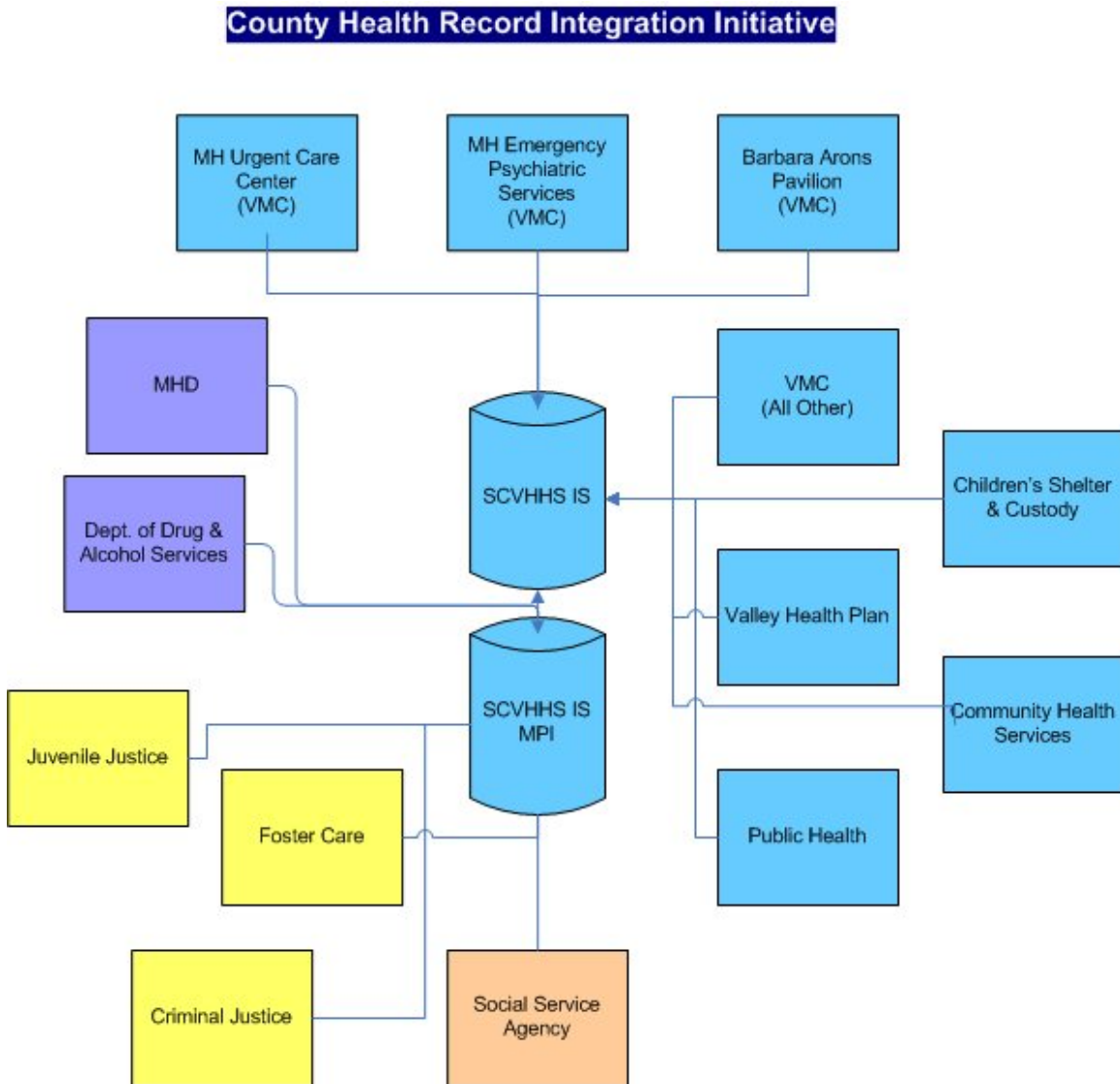
- Valley Medical Center (VMC). An acute care public teaching hospital owned and operated by Santa Clara County. This includes:
 - Barbara Arons Pavilion (BAP) (Inpatient Mental Health)
 - MH Emergency Psychiatric Services (EPS)
- Public Health Department which includes:
 - Emergency Medical Services (EMS)
 - Community Based Services
 - Regional Case Management
 - Disease Registries

- Public Health Laboratory
 - Health Protection / Promotion
 - Immunization Registry
 - WIC
 - HIV
 - Public Health Administration
 - Epidemiology
 - Vital Records
 - Disaster Coordination & Response
- ☐ Mental Health Department (MHD)
- ☐ Department of Alcohol and Drug Services (DADS)
- ☐ Children's Shelter and Custody Health Services (CSCHS)
- ☐ Valley Health Plan (VHP). A state licensed health plan owned and operated by Santa Clara County offering commercial medical insurance coverage to County employees and others.
- ☐ Community Outreach Programs
 - School-Linked Services System (SLS)
 - Valley Children's Health Initiative (Valley CHI)
 - Medi-Cal
 - Health Families
 - Healthy Kids
 - Mobile Health Services (MHS)
 - Community Health Services (CHS)
- ☐ MHD Urgent Care Center (UCC)

The County has centralized IT support for all of its agencies in SCVHHS IS. SCVHHS IS will support and maintain the security of the Master Patient index (MPI) and all other components in a manner currently enforced by secure user access, role appropriate access to all consumer records associated components. The data captured in the integrated health record will contain Personal Health Information (PHI) and will be maintained in a manner required for HIPAA compliance and DMH, State, Federal, and other required security/confidentiality procedures.

- The data communication requirements associated with the activity and;
- The characteristics of the data to be collected and processed, i.e., source, volume, volatility, distribution, and security or confidentiality.

The following diagram is an overview of a model for County Health Record Integration that shows the agencies that eventually may be accessing the MPI and participating in efforts to coordinate services.



During the Project Planning phase of the project, MHD will determine the volume and establish a growth factor in order to obtain the appropriate amount of hardware and infrastructure upgrades. SCVHHS IS understands that sizing and planning are critical to the success of this initiative. As other agency data is defined and negotiated, additional growth factor considerations will be made.

The data captured for the CHR will contain Personal Health Information (PHI) and will be maintained in a secure manner required for HIPAA compliance and DMH, State, Federal, and other required security/confidentiality procedures.

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

The CHR is in essence a major effort to integrate critical information regarding each consumer and make it available in a secure environment across agencies. The purpose is to improve the quality of care, reduce costs and improve outcomes.

Hardware Considerations

- Compatibility with existing hardware, including telecommunications equipment.

SCVHHS IS has a broad set of well defined technology standards in place today.

The systems involved with the County Health Record Integration Initiative (CHR) will be constructed of standard hardware and will utilize existing software and telecommunication standards to the highest extent possible to support interoperability across that range of information technology in place today and in the future.

Further, because MHD systems are hosted in the County's data center several system components, including networking, power, temperature control, security, and other components will leverage existing County systems and facility features wherever possible.

Networking components will be shared wherever possible given data security requirements. Because of the complexity and sheer number of security regulations and requirements for the various and disparate data and information systems in use throughout the county, it is likely that not all networks will be 'sharable' between departments and entities leading to some additional cost and effort, especially in the planning process.

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

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

SCVHHS IS has a centralized data center which hosts all of the patient health applications and all of the MHD applications. Existing resources will be used for this project. SCVHHS has already begun planning for their MPI project and they have estimated growth into their planning process. An evaluation of the data center determined that adequate space currently exists to accommodate the proposed CHR integration points.

- Hardware maintenance.

The SCVHHS IS Department currently manages a wide range of servers and systems for all organizations within their authority. All equipment is serviced under maintenance contracts with the County and technical support is readily available. Currently the County's policy is to own, not lease, hardware equipment and refresh equipment on a 5 year cycle.

A copy of the Network Management and the Table of Contents for a confidential policy related to Business Continuity Plan are included in Appendix B of Exhibit 2.

- Backup processing capability.

The CHR will, to the extent possible, utilize existing hardware and processes so as to conform to existing backup processing practices and the County's Business Continuity Plan.

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

- Existing capability, immediate required capacity and future capacity.

Hardware resources required for this project will be determined during the project planning and design phases. Since this is a multi-agency project, MHD will only be expected to pay for a proportionate share of any hardware purchased to expand capability and implement projects as they are defined.

A key underlying assumption throughout the hardware budget is that SCVHHS will leverage existing purchase agreements and negotiated pricing wherever possible to procure hardware at the lowest possible cost. Hardware expansions will utilize servers of a consistent type and build for ease of administration and configuration.

SCVHHS has a well defined Technology Standards policy that defines hardware and platform requirements. The Technology Standards policy is included in Appendix B of Exhibit 2.

Software Considerations

- [Compatibility of computer languages with existing and planned activities.](#)

The system components of the CHR will leverage existing SCVHHS systems where possible and utilize existing County and Mental Health Department standards with respect to the compatibility of computer languages, software, and all other aspects of operation and technical design.

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

- [Maintenance of the proposed software, e.g. vendor-supplied.](#)

Software, such as networking software, currently maintained by SCVHHS IS data center staff will continue to be maintained by County data center staff. The County will stay current on releases of software. The County currently has appropriate contractual Service Level Agreements (SLA's) for vendor supported software utilized and will add or expand agreements as needed for the development of the CHR.

- [Availability of complete documentation of software capabilities.](#)

End-user and technical documentation will be acquired with all software obtained for this project. Provision has been made in the planning and budgeting process to develop user documentation throughout the development process to support operations. Data dictionaries and guides will be developed by MHD and IS as part of this project.

- [Availability of necessary security features as defined in DMH standards noted in Appendix B.](#)

The SCVHHS and Mental Health Department have a wide ranging set of security responsibilities that it currently is required to meet with respect to existing systems.

These responsibilities include County, State, and Federal as well as other legislated security measures and mechanisms. After reviewing the security features as defined in DMH standards as noted in Appendix B of the MHSA CFTN Request Enclosure 3 Guidelines, we believe that the security features of the systems supporting the CHR initiative will exceed DMH standards and meet all applicable County, State, Federal, and other security requirements.

To ensure compliance, we have planned for an annual security evaluation to be conducted to evaluate the extent to which the CHR meets current and future security standards. This evaluation, as planned, would be conducted by County ISD. Because much of the content for this review would be part of other task areas, where possible cost for this activity resides in those task areas and is not part of the budget estimate for the CHR task area.

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.

SCVHHS has a defined and 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.

Software for the CHR will meet all County standards. The Technology Standards are defined in a County policy included in Appendix B of Exhibit 2.

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 purpose of the CHR is to provide an environment that captures information and offers, at a minimum, a view of key consumer information to assist in providing and coordinating treatment within the SCVHHS umbrella of providers and agencies, described above in the Nature of the Project section.

The MPI may be made available for searching by Contract Provider agencies in the MHD network. This will be considered and determined by the Governance Committee. Access would be made available through a provider portal that will be established in the EHR project.

SCVHHS MHD recognizes the complexity related to the sharing of information internally and across agencies. The development of a set of electronic data Interchange (EDI) transactions that utilize industry-standard (and mutually agreed-upon) formats is imperative and will be a key driver of all planning.

The CHR project will involve the establishment of a multi-agency task force and work groups to:

- Determine and prioritize which agencies can/will participate and the timelines for participation
- Define data requirements across agencies
- Negotiate methods of data entry – EDI, direct entry or other methods
- Define data layout standards, edits and correction processes
- Perform system testing to ensure accurate loads of information and adequate web capabilities
- Perform user acceptance testing
- Define timelines and business rules
- Communicate the project and why it serves consumers and meets agencies goals
- Define up front and on-going training needs for agencies and providers
- Determine reporting, security, access, and other requirements
- Active communication across agencies to capture issues and develop strategies for resolution.

Training and Implementation

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

Training and implementation are two different activities, but both require careful development, sufficient resources and active project management in order to achieve successful results.

- Implementation of the CHR will require:
 - Cross agency recruitment of strong business and user sponsorship and creation of an effective governance structure and issue resolution
 - Clear understanding of the objectives
 - Define the data needed
 - Tie objectives to the best data sources
 - Establish business rules
 - Define users, applications, data load frequency and other issues
 - Establishment of a migration path
 - Procure or build software for migration, loads of data, user testing
 - Development user acceptance test scenarios and process
 - Development of policies and procedures that support the CHR
 - Expansion of security, confidentiality, back-up and other procedures to maintain the systems
 - Procurement, installation, set-up and tuning of hardware and software.
- In addition, prior to implementation, a business and operational assessment will be completed to identify and document:
 - Current workflows processes
 - New workflow opportunities that can/should be implemented to maximize the advantages of the new functionality
 - Documentation of processes that can be used for system configuration decision-making
 - Development of modified policies and procedures.
- Training of business users will be completed via collaborative meetings with end-users, software vendors and project team members and encompass, a minimum, the following:
 - Identification of key users that will access the CHR components
 - Implementation of appropriate security
 - Scheduling of training that aligns with workload and service needs
 - Identification of long term updates and maintenance of training information, and on-going training processes
 - Identification of other basic computer skills training that may be required for end-users that may, now with the CHR, need to utilize the systems.

See Appendix B of the Exhibit 2 for SCVHHS training guidelines that will be considered during the project planning phase and incorporated into the CHR training plan.

MHD is fully aware that the process to ensure the successful rollout and subsequent utilization of the potential of the CHR and reporting capabilities, training and implementation are key success factors. The budget documented in the Exhibit 4 *Budget Summary* includes line items for staff training and implementation costs are factored throughout.

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.](#)

Because the data to be contained in and exchanged as part of the CHR involves Protected Health Information (PHI), it will be necessary to ensure that any proposed solution is fully compliant with all relevant regulatory and legal requirements. In addition to these regulations, compliance with all DMH standards will be part of the development and operations of the CHR.

Further, because of the sensitive nature of Behavioral Health information and existing agreements between the SCVHHS and MHD and other agencies for data sharing and exchange, it is possible that additional security measures will be required to meet existing interagency agreements.

To ensure system and data security, we have included an annual security evaluation as part of the project. The underlying assumption is that this evaluation would be conducted by County ISD who would evaluate the current state of security relative to the systems and process supporting the CHR.

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

- [Protecting data security and privacy.](#)

Data security and privacy will be built in from day one and be enforced by the stringent and fully compliant SCVHHS policies with Federal, State and Local regulations on security and privacy.

Compliance with relevant security requirements will be evaluated on a yearly basis by County ISD.

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

- [Operational Recovery Planning.](#)

MHD currently ensures operational recovery planning through the existing County Wide Business Continuity Planning (BCP) process. The CHR will conform to existing requirements and be part of the County-wide planning, documentation, and testing procedures. The details for the Operational Recovery for the CHR will be incorporated into the BCP during the planning process.

The Table of Contents for the confidential Business Continuity Plan has been included in Appendix B of Exhibit 2.

- Business Continuity Planning.

MHD currently ensures business continuity planning through the existing County Wide Business Continuity Planning (BCP) process. The CHR will conform to existing requirements and be part of the County-wide BCP planning, documentation, and testing procedures.

The Table of Contents for the confidential Business Continuity Plan has been included in Appendix B of Exhibit 2.

- Emergency Response Planning.

MHD currently ensures emergency response planning through the existing County Wide Business Continuity Planning (BCP) process. The CHR will conform to existing requirements and be part of the County-wide BCP planning, documentation, and testing procedures.

The Table of Contents for the confidential Business Continuity Plan has been included in Appendix B of Exhibit 2.

- HIPAA Compliance.

The inclusion of Protected Health Information and other data in the CHR will require MHD to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA will be one of many sets of regulatory compliance that will require planning and operational practice over time. Where possible, the CHR will leverage existing stringent security mechanisms employed by other MHD or County systems.

Compliance with HIPAA and other relevant security requirements will be evaluated on a yearly basis by County ISD.

SCVHHS maintains HIPAA required Business Associate Agreements and ensures compliance with all employees, providers and contractors required training, legal agreements regarding confidentiality, protection and privacy requirements for HIPAA covered paper and electronic records.

A copy of the required Business Associate Agreement is included in Appendix B of Exhibit 2.

- 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.

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

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 Mental Health Department Deputy Director
Dennis Kotecki, SCVHHS Chief Information Officer

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 departmental 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 issues that cannot be resolved at a lower level
- Is accountable for the Project's success and will hold all team members responsible for their contributions and assignments to the project.


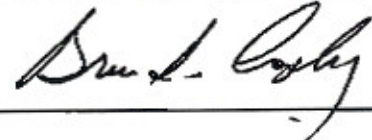


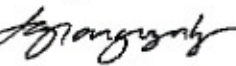

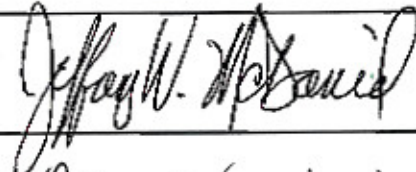

Approvals/Contacts

- 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 sign-off 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

County Health Record Integration Initiative

Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6	2	
	Over \$ 3 million	4		
	Over \$500,000	2		
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "key staff" role	None	3	2	
	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	0
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop /Server	1	0
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	3
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development -		5	5
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	5
	Number of Users	Over 1,000	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	3
		Two- Tier (client / server	2	
Multi-tier (client & web, database, application, etc. servers)		3		
*Commercial Off The Shelf Software				

Total Score	23
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Total Score	Project Risk Rating
25 - 31	High
16 - 24	Medium
8 - 15	Low

CHR Project Plan v2

ID	Task Name	Duration	Start	Finish	Predecessors
1	Create County Health Record (CHR) Integration Initiative Project	887 days	Mon 6/6/11	Tue 10/28/14	
2	Phase 1: Project Planning & Initiation	117 days	Mon 6/4/12	Tue 11/13/12	
3	Organize Project	44 days	Mon 6/4/12	Thu 8/2/12	
4	Create Project Charter	44 days	Mon 6/4/12	Thu 8/2/12	
5	Create Project Organization Plan	44 days	Mon 6/4/12	Thu 8/2/12	4SS
6	Develop staffing plan, determine job descriptions, etc.	44 days	Mon 6/4/12	Thu 8/2/12	5SS
7	Create Issue Management Plan	44 days	Mon 6/4/12	Thu 8/2/12	6SS
8	Create Risk Management Plan	44 days	Mon 6/4/12	Thu 8/2/12	7SS
9	Create Communication Plan	44 days	Mon 6/4/12	Thu 8/2/12	8SS
10	Complete Project Plan	44 days	Mon 6/4/12	Thu 8/2/12	9SS
11	Develop Project Budget	73 days	Fri 8/3/12	Tue 11/13/12	
12	Identify Projects	30 days	Fri 8/3/12	Thu 9/13/12	4
13	Prioritize Projects	30 days	Fri 8/3/12	Thu 9/13/12	12SS
14	Request MHSA IT Funds	10 days	Fri 9/14/12	Thu 9/27/12	13
15	Amend MHSA IT TN Plan	10 days	Fri 9/14/12	Thu 9/27/12	14SS
16	Finalize project budget	43 days	Fri 9/14/12	Tue 11/13/12	12
17	Convene Project Team(s) and Workgroups	30 days	Fri 8/3/12	Thu 9/13/12	
18	Identify Stakeholders	5 days	Fri 8/3/12	Thu 8/9/12	5
19	Establish governance structure - project and interagency steering groups	30 days	Fri 8/3/12	Thu 9/13/12	18SS
20	Create external planning group (other agencies, providers, etc.) - stakeholders	30 days	Fri 8/3/12	Thu 9/13/12	19SS
21	Create internal planning group (MHD team)	30 days	Fri 8/3/12	Thu 9/13/12	20SS
22	Conduct Project Kick-off Meeting	1 day	Fri 8/3/12	Fri 8/3/12	4
23	Phase 2: Requirements Definition	90 days	Mon 8/6/12	Fri 12/7/12	
24	Identify Data Sources	30 days	Mon 8/6/12	Fri 9/14/12	
25	Identify potential data sources for CHR project	30 days	Mon 8/6/12	Fri 9/14/12	22
26	Catalog Data Elements	60 days	Mon 9/17/12	Fri 12/7/12	
27	Determine available and required data elements	60 days	Mon 9/17/12	Fri 12/7/12	25
28	Identify Data Owners and Issues	42 days	Mon 9/17/12	Tue 11/13/12	
29	Identify data sharing relationships with external entities	21 days	Mon 9/17/12	Mon 10/15/12	27SS
30	Identify potential data sharing issues and negotiate solutions	21 days	Tue 10/16/12	Tue 11/13/12	29
31	Identify CHR Toolsets and Data Loading Requirements	30 days	Mon 8/6/12	Fri 9/14/12	
32	Gather hardware requirements	30 days	Mon 8/6/12	Fri 9/14/12	25SS
33	Gather software (applications, operating systems, etc.) requirements	30 days	Mon 8/6/12	Fri 9/14/12	32SS
34	Identify Electronic Data Exchange (EDI) Requirements	30 days	Mon 8/6/12	Fri 9/14/12	33SS
35	Identify Edit Transform Load (ETL) Requirements	30 days	Mon 8/6/12	Fri 9/14/12	34SS
36	Identify reporting requirements	30 days	Mon 8/6/12	Fri 9/14/12	35SS
37	Identify Operations Requirements	30 days	Mon 8/6/12	Fri 9/14/12	
38	Identify Disaster Recovery / Business Continuity Requirements	30 days	Mon 8/6/12	Fri 9/14/12	36SS
39	Identify Security Requirements	90 days	Mon 8/6/12	Fri 12/7/12	
40	Identify data privacy and security requirements	90 days	Mon 8/6/12	Fri 12/7/12	38SS
41	Phase 3: Design	120 days	Mon 12/10/12	Fri 5/24/13	
42	Architecture Design and Process Definition	120 days	Mon 12/10/12	Fri 5/24/13	23
43	Design technical architecture (hardware/software)	60 days	Mon 12/10/12	Fri 3/1/13	
44	Design ETL functionality	30 days	Mon 12/10/12	Fri 1/18/13	35
45	Design data exchange interfaces	60 days	Mon 12/10/12	Fri 3/1/13	34
46	Design data model	120 days	Mon 12/10/12	Fri 5/24/13	

CHR Project Plan v2

ID	Task Name	Duration	Start	Finish	Predecessors
47	Create data dictionary	120 days	Mon 12/10/12	Fri 5/24/13	24
48	Define data relationships and tables	120 days	Mon 12/10/12	Fri 5/24/13	47SS
49	Design user interface (web pages, portal design, etc.)	90 days	Mon 12/10/12	Fri 4/12/13	
50	Identify end-user reporting tools	90 days	Mon 12/10/12	Fri 4/12/13	36
51	Design process for adding data sources	90 days	Mon 12/10/12	Fri 4/12/13	
52	Document process for uploading data	60 days	Mon 12/10/12	Fri 3/1/13	40
53	Document process for adding new data sources	90 days	Mon 12/10/12	Fri 4/12/13	52SS
54	Create data exchange interface	20 days	Mon 12/10/12	Fri 1/4/13	
55	Identify data sources	20 days	Mon 12/10/12	Fri 1/4/13	
56	Create data model	30 days	Mon 12/10/12	Fri 1/18/13	
57	Map data sources to data model	30 days	Mon 12/10/12	Fri 1/18/13	55SS
58	Update CHR data dictionary	30 days	Mon 12/10/12	Fri 1/18/13	57SS
59	Design ETL functionality	3 days	Mon 12/10/12	Wed 12/12/12	58SS
60	Create user interface (web pages, portal design, etc.)	90 days	Mon 12/10/12	Fri 4/12/13	
61	Design Reports	60 days	Mon 12/10/12	Fri 3/1/13	36
62	Design data marts	90 days	Mon 12/10/12	Fri 4/12/13	61SS
63	Develop Project Benchmarks	90 days	Mon 12/10/12	Fri 4/12/13	62SS
64	Phase 4: Development and Implementation	511 days	Fri 8/3/12	Fri 7/18/14	
65	Obtain Hardware	180 days	Mon 9/17/12	Fri 5/24/13	
66	Develop RFP?	90 days	Mon 9/17/12	Fri 1/18/13	32
67	Purchase hardware	90 days	Mon 1/21/13	Fri 5/24/13	66
68	Obtain Software	180 days	Mon 9/17/12	Fri 5/24/13	
69	Develop RFP(?) and determine potential reuse/licensing of existing software compc	90 days	Mon 9/17/12	Fri 1/18/13	33
70	Purchase or License Existing Software Products	90 days	Mon 1/21/13	Fri 5/24/13	
71	ETL Products	90 days	Mon 1/21/13	Fri 5/24/13	69
72	Database Products	90 days	Mon 1/21/13	Fri 5/24/13	71SS
73	End-user Products	90 days	Mon 1/21/13	Fri 5/24/13	72SS
74	Reporting tools	90 days	Mon 1/21/13	Fri 5/24/13	73SS
75	Data mining tools	90 days	Mon 1/21/13	Fri 5/24/13	74SS
76	Operating Systems	90 days	Mon 1/21/13	Fri 5/24/13	75SS
77	Install Hardware	90 days	Mon 5/27/13	Fri 9/27/13	67
78	Install Operating Systems and Software	90 days	Mon 5/27/13	Fri 9/27/13	71,72,73,74,76
79	Configure Products	210 days	Mon 9/30/13	Fri 7/18/14	
80	Establish Environments (Production, Development, and Testing Environments)	30 days	Mon 9/30/13	Fri 11/8/13	78
81	Configure network	30 days	Mon 9/30/13	Fri 11/8/13	78
82	Configure Database(s)	90 days	Mon 11/11/13	Fri 3/14/14	80
83	Configure ETL Tools	60 days	Mon 3/17/14	Fri 6/6/14	82
84	Configure backup and recovery processes	30 days	Mon 6/9/14	Fri 7/18/14	83
85	Software Development	180 days	Mon 9/30/13	Fri 6/6/14	
86	Develop EDI interfaces	180 days	Mon 9/30/13	Fri 6/6/14	78
87	Develop ETL functionality and interfaces	90 days	Mon 9/30/13	Fri 1/31/14	86SS
88	Develop data marts	180 days	Mon 9/30/13	Fri 6/6/14	87SS
89	Develop reports	180 days	Mon 9/30/13	Fri 6/6/14	88SS
90	Staffing	90 days	Fri 8/3/12	Thu 12/6/12	
91	Hire FTEs	90 days	Fri 8/3/12	Thu 12/6/12	6
92	Hire Contractor(s)	90 days	Fri 8/3/12	Thu 12/6/12	91SS

CHR Project Plan v2

ID	Task Name	Duration	Start	Finish	Predecessors
93	Training	30 days	Mon 9/30/13	Fri 11/8/13	
94	Technical Staff	10 days	Mon 9/30/13	Fri 10/11/13	78
95	End-users	30 days	Mon 9/30/13	Fri 11/8/13	94SS
96	Phase 5: Testing	40 days	Mon 6/9/14	Fri 8/1/14	
97	CHR System and other Tests	40 days	Mon 6/9/14	Fri 8/1/14	
98	Perform unit test	5 days	Mon 6/9/14	Fri 6/13/14	85
99	Perform system test	5 days	Mon 6/9/14	Fri 6/13/14	98SS
100	Perform integration test	10 days	Mon 6/9/14	Fri 6/20/14	99SS
101	Perform volume test / stress test	10 days	Mon 6/9/14	Fri 6/20/14	100SS
102	Complete acceptance testing	30 days	Mon 6/23/14	Fri 8/1/14	
103	Acceptance Test sign-off	30 days	Mon 6/23/14	Fri 8/1/14	101
104	Phase 6: Go Live	886 days	Mon 6/6/11	Mon 10/27/14	
105	CHR Go Live	1 day	Mon 8/4/14	Mon 8/4/14	103
106	Process and Functional Improvement	886 days	Mon 6/6/11	Mon 10/27/14	
107	Obtain end-user feedback	60 days	Tue 8/5/14	Mon 10/27/14	105
108	Review performance benchmarks	60 days	Tue 8/5/14	Mon 10/27/14	105
109	Iterative process to enhance system to add value	1 day	Tue 8/5/14	Tue 8/5/14	105
110	IT meetings to coordinate with HHS and other external entities	1 day	Mon 6/6/11	Mon 6/6/11	
111	Steering / Stakeholder meetings	1 day	Mon 6/6/11	Mon 6/6/11	
112	Phase 7: Maintenance and Support	1 day	Tue 10/28/14	Tue 10/28/14	104

Enclosure 3
Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: Santa Clara

Project Name: County Health Record (CHR)

(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				123	123	123
Total Staff (Salaries and Benefits)				123	123	123
Hardware				230	230	12
From Exhibit 2						
Total Hardware				230	230	12
Software				255	255	13
From Exhibit 2						
Total Software				255	255	13
Contract Services (list services to be provided)				400	400	0
NOTE: See below for description						
Total Contract Services				400	400	0
Administrative Overhead				35	35	4
Other Expenses (Describe)				105	105	11
NOTE: See below for description						
Total Costs (A)				1,148	1,148	163
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)				1,148	1,148	163

* 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:

Personnel costs include a full-time resource to serve as the project lead and Department Liaison with other organizations.

Contract Services to be provided include temporary technical staff to assist existing staff with the design, analysis, programming, testing, and implementation of the MPI and other future projects. This will include project oversight and other services as needed and identified during the project planning phase.

Other expenses, as defined in this document, include an allowance for training, documentation, and expenses otherwise not categorized elsewhere.

Costs listed on this summary are for the SCVHHS MHD portion of the project only. Other agencies will be asked to contribute a their proportional share of the project. These costs will be developed as the projects are defined and planned.

**Enclosure 3
Exhibit 5**

**Stakeholder Participation
For Technological Needs Project Proposal**

County Name: Santa Clara

Project Name: County Health Record Integration Initiative

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 (e.g. Contract Provider, Client, Family Member, Clinician)	Meeting Type (e.g. Public Teleconferences)	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-Fler 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