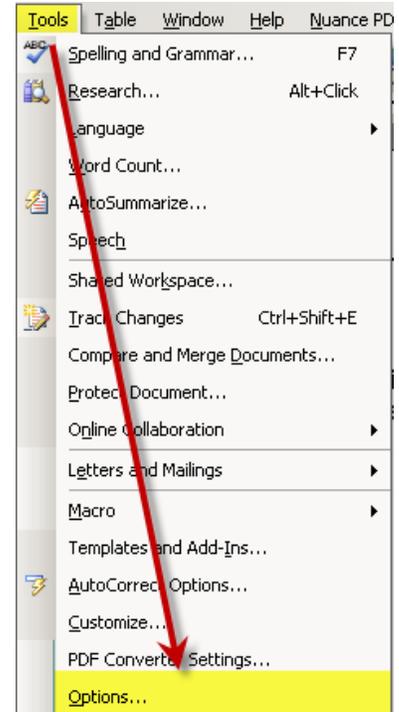
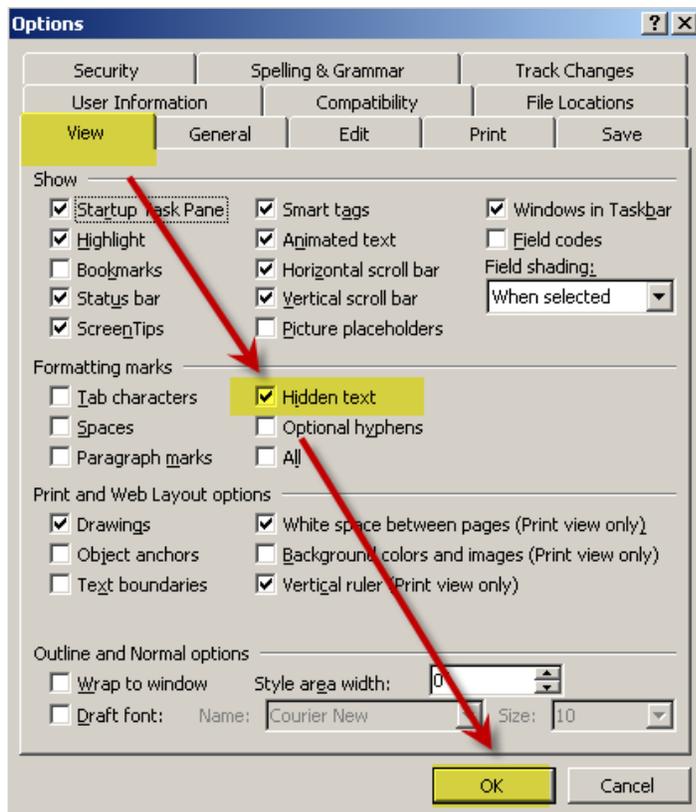


Exhibit 3 - Technological Needs Project Proposal Description

PLEASE NOTE: THIS IS AN INSTRUCTIONAL PAGE ONLY AND IS NOT PART OF THE FINAL DOCUMENT.

The following pages of Exhibit 3 contain instructional text for reference in completing this exhibit. Instructional text is [shown in blue](#).

To view instructional text while drafting your Project Proposal narrative, please go to Tools in the MS Word menu, then Options [As shown on the right].



In the pop-up window, select the View tab, and check the box next to “Hidden text”. Then select “OK.”

You will see the blue text on your screen, but it will not print.

To hide the text, simply follow these directions, but uncheck the box next to “Hidden text.”

Exhibit 3 - Technological Needs Project Proposal Description

Project Title: _____ Consortium (Y/N) _____

Contract Agency Name: _____ Legal Entity Number: _____

Prepared by:

Print Name	Signature	Date	Phone
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Contract Agency Executive Director:

Print Name	Signature	Date	Phone
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- **Please 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
- Supports goal of consumer and family empowerment

- **Please 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 (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
- Electronic Data Interchange (EDI)

➤ **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 Technology Needs Projects That Support MESA 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

- **Please Indicate the Technological Needs Project Implementation Approach**

- Custom Interface/Application Name of Consultant (if applicable) _____
- Commercial Off-The-Shelf (COTS) System Name of Vendor _____
- Application Service Provider (ASP) Name of Vendor _____
- Billing Service/Clearinghouse Name of Vendor/Service _____
- Other _____

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-252-8744**. Email a copy to: CPTT@dmh.lacounty.gov.

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION (Continued)

1. Project Overview:

1.1. Project Description

(a) Project Purpose

Insert your description here.

(b) Background

Insert your description here.

(c) Project Goals and Objectives

Insert your description here.

(d) Project Scope

Insert your description here.

(e) Project Justification

Insert your description here.

1.2. Results or Benefits Expected

(a) Tangible Results or Benefits Expected

Insert your description here.

(b) Intangible Results or Benefits Expected

Insert your description here.

(c) Critical Success Factors

Insert your description here.

1.3. Project Approach

Insert your description here.

1.4. Project Risks (Complete for High Risk Projects)

Insert your description here.

1.5. MHSAs Goals and Objectives:

Insert your description here.

2. Project Management: (Complete for High Risk Projects)

2.1. Scope Management:

Insert your description here.

2.2. Time Management:

Insert your description here.

2.3. Cost Management:

Insert your description here.

3. Costs:

3.1. Cost Justification:

(a) Personnel

Insert your description here.

(b) Hardware

Hardware costs are excluded from maintenance projects.

(c) Software

Insert your description here.

(d) Contract Services

Insert your description here.

(e) Other Expenses

Insert your description here.

(f) Start-up Funds

NOTE: Start-up funds may not be requested for Maintenance Projects.

Non-MHSA Funding of Project

Optional section. Insert your description here, if applicable.

3.2. Ongoing Sustainability of System:

Insert your description here.

4. Hardware Considerations:

4.1. Hardware Maintenance:

Insert your description here.

4.2. Backup Processing Capability:

Insert your description here.

5. Software Considerations:

5.1. Availability of necessary software security features as defined in DMH standards noted in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines, pgs 37 – 41:

Insert your description here.

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

Insert your description here.

6. Training and Implementation:

6.1. Process for Implementing the Technology:

Insert your description here.

6.2. Process for Training:

Insert your description here.

7. Security Planning: If Project Request is EDI/EHR or Includes Protected Health Information (PHI)

7.1. Protecting Data Security and Privacy:

Insert your description here.

7.2. Operational Recovery Planning:

Insert your description here.

7.3. Business Continuity Planning:

Insert your description here.

7.4. State and Federal Laws and Regulations:

Insert your description here.

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