Project #25-07

IT Project Proposal Report - Detail
Agency: 025 - DEPT OF HEALTH & HUMAN SERVICES
Budget Cycle: 2013-2015 Biennium   Version: AF - AGENCY FINAL REQUEST

IT Project : Behavioral Health Data System

General Section

Contact Name : Heather Wood
E-mail : heather.wood@nebraska.gov
Address : Behavioral Health, NE DHHS, PO Box
Telephone : 402-471-1423
City : Lincoln
State : Nebraska
Zip : 68509

Agency Priority :
NITC Priority :
NITC Score :

Expenditures

IT Project Costs	Total	Prior Exp	FY12 Appr/Reappr	FY14 Request	FY15 Request	Future Add
Contractual Services						
Design	0	0	0	0	0	0
Programming	0	0	0	0	0	0
Project Management	0	0	0	0	0	0
Data Conversion	0	0	0	0	0	0
Other	0	0	0	0	0	0
Subtotal Contractual Services	0	0	0	0	0	0
Telecommunications						
Data	0	0	0	0	0	0
Video	0	0	0	0	0	0
Voice	0	0	0	0	0	0
Wireless	0	0	0	0	0	0
Subtotal Telecommunications	0	0	0	0	0	0
Training						
Technical Staff	0	0	0	0	0	0
End-user Staff	0	0	0	0	0	0
Subtotal Training	0	0	0	0	0	0

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Expenditures

IT Project Costs	Total	Prior Exp	FY12 Appr/Reappr	FY14 Request	FY15 Request	Future Add
Other Operating Costs						
Personnnel Cost	0	0	0	0	0	0
Supplies & Materials	0	0	0	0	0	0
Travel	0	0	0	0	0	0
Other	0	0	0	0	0	0
Subtotal Other Operating Costs	0	0	0	0	0	0
Capital Expenditures						
Hardware	0	0	0	0	0	0
Software	0	0	0	0	0	0
Network	0	0	0	0	0	0
Other	0	0	0	0	0	0
Subtotal Capital Expenditures	0	0	0	0	0	0
TOTAL PROJECT COST	0	0	0	0	0	0

Funding

Fund Type	Total	Prior Exp	FY12 Appr/Reappr	FY14 Request	FY15 Request	Future Add
General Fund	0	0	0	0	0	0
Cash Fund	0	0	0	0	0	0
Federal Fund	0	0	0	0	0	0
Revolving Fund	0	0	0	0	0	0
Other Fund	0	0	0	0	0	0
TOTAL FUNDING	**0**	**0**	**0**	**0**	**0**	**0**
VARIANCE	**0**	**0**	**0**	**0**	**0**	**0**

IT Project: Behavioral Health Data System

EXECUTIVE SUMMARY:

The Division of Behavioral Health (DBH) faces substantial obstacles in collecting, organizing and accessing data, from behavioral health regions and providers. The data is necessary for DBH to efficiently, accurately and completely fulfill its obligations for reporting, monitoring and managing care in the Nebraska Behavioral Health System. Data is held in multiple different forms, systems and data bases, causing data aggregation to be an ever increasing difficulty for DBH and necessitating multiple verification processes that result in delays discharging its responsibilities.

Personnel at DBH and in the behavioral health regions spend many hours combing data from paper reports, spreadsheets and disparate databases and lack quick, reliable access to information. In addition to its planned reporting, a wide variety of requirements and report breakdowns for various funders and stakeholders are often requested on an ad-hoc basis.

A new centralized data system (CDS) is necessary to overcome these immediate challenges in data access and reporting compliance while also providing DBH, behavioral health regions and providers with data necessary to improve the NE public behavioral health system, especially in an environment of health information exchange and performance monitoring.

The NE DHHS Division of Behavioral Health (DBH) Centralized Data System (CDS) will track outcomes of managed care, measure performance of managed care (in real time), measure funding for managed care, provide for greater fiscal accountability for managed care, meet reporting needs of DBH to Federal and State entities, unify existing databases and technology, fill data gaps for improved management of care and utilize health information exchange efficiencies by interfacing with the State Health Information Exchange (HIE). An example of improvement: data driven, evidence-based, incentives to providers for improved performance.

Attachments:

BehavioralHealth-MainDoc.docx

GOALS, OBJECTIVES, AND OUTCOMES (15 PTS):

The system will be owned by DBH as a customized application suite, overcoming many inefficiencies and operational challenges in the existing Administrative Service Organizations ownership and operation of the current data limited treatment data system and effectively integration, billing, payment and treatment/prevention information into a unified system.

Primary objectives of the centralized data system are to:

1. Improve resource utilization for publically funded DBH stakeholders including regions, providers, tribal providers.
2. Enable timely access to information at all levels of participation
3. Develop nightly batch processes
4. Improve operational efficiencies and processes
5. Reduce or eliminate duplication of consumer services received by ensuring data initiatives of stakeholders and DBH are compatible and can be integrated
6. Identify gaps in consumer services more accurately
7. Enable informed decision making, problem solving and enhanced strategic planning
8. Streamline the dissemination of information and key metrics
9. Reduce the need for outsourcing data analysis
10. Comply with the American Recovery and Reinvestment Act of 2009 (ARRA)
11. Achieve quality improvement through a data driven process that validates expenditures by service category.

Expected beneficiaries of the project include:

1. DBH
2. Behavioral Health Regions
3. Providers
4. Tribal Providers
5. Non-DBH Providers
6. Those receiving care in the DBH system
7. State and Federal funding entities requiring or requesting reporting from DBH

Expected outcomes of the project include:

1. A platform to interface with other system partners by which a broader picture of the behavioral health delivery system is obtained.
2. Access to data at the provider, region and state levels to more efficiently and effectively plan and deliver a public behavioral health system.
3. Data driven decision making.
4. Improved monitoring of state and federal clinical performance data.
5. Identification of trends and outcomes that will improve the service delivery system and prevention efforts, thereby impacting mental illness and substance abuse.
6. Improved state and federal funding accountability by linking expenditures to outcomes.
7. Informed evidence-based treatment practices through use of fidelity and outcome data.

Measurement:

Bench mark performance data for key performance indicators (KPI) will be collected, in those areas of the stated objectives that are quantitative in nature, for a before and after comparison post implementation.

Additionally, stakeholder feedback has been documented in a needs assessment already complete and will be compared with stakeholder feedback post implementation.

Current costs to gather, organize, aggregate and disseminate information are known. These will be compared to costs, post-implementation.

Information Technology Plan:

The DHHS Information Systems and Technology department (IS&T) has been consulted at frequent intervals during pre-implementation activities to allow guidance, ensure conformity and produce alignment between technology in this project that is consistent with DHHS IS&T's long term technology direction.

This project will not conflict with any agency division's plan or that of IS&T. Further, this project is supported by DHHS IS&T.

PROJECT JUSTIFICATION / BUSINESS CASE (25 PTS):

Tangible Benefits:

Minimally, a system meeting these objectives will improve the delivery of behavioral health care through quicker access to accurate data for all stakeholders. Replacing the current system of disparate data sources, (i.e. stand-alone applications, reports, databases and paper) will save time and money. A DBH needs analysis conducted and documented in June of 2010 conservatively estimated cost savings with the use of a new CDS at approximately $360,000.00 per year. That information is available by request.

Other Solutions:

Alternatives include:

1. **Extend the existing Magellan Contract.** Live with current deficiencies including inaccurate reports from invalid entry or data, lack of reports, a time consuming billing and payment authorization process, increased expenditure for data aggregation, inefficiently managed managed-care, an inability to integrate with the NE HIE, incomplete compliance reporting for National Outcomes Measures (NOMS) reported through the State Outcomes Management and Measurement System (SOMMS), incomplete data access for DBH regions and providers, increased expenditures for 3rd party vendor customized data reporting, etc….

   This alternative is not considered viable due to the implications to managed care or operational sustainability. Timely and accurate SOMMS/NOMS data reporting of individualized clinical performance measures is essential and required to comply with the Government Performance and Results Act (GPRA) or Federal Block Grant Funds.

2. **Contract with another 3rd Party provider of managed care data.**

   DBH believes timely access to ad-hoc, customizable data by all stakeholders at all levels to be compromised when using a 3rd party provider because of the cost and time involved to order and receive reports. Vendor programming changes necessary to comply with DBH related SOMMS and NOMS reporting has been frustratingly slow and likely would continue without specific contract guarantees that would increase the cost of alternative systems.

Further, the level of effort to replace the current provider at all levels would likely rival or represent a substantial amount of that for implementing a new, DBH owned and customizable solution.

3. **Do Nothing; let the existing contract terminate.** This alternative is not viable and unacceptable. The managed care data is a vital and necessary part of the provision of DBH services and the required state and federal compliance compelled of DBH.

DBH is compelled to provide tracking of individuals in the DBH emergency system to comply with NE LB1083 reporting requirements. DBH also must provide accurate and timely reports to SAMHSA with regard to performance targets and outcomes tied to Federal Block Grants and the Government Performance Results Act. DBH must also annually report to the State Legislature on other measures / services such as the Gambling Assistance Program (GAP) and for other State or Federal requirements such as Nebraska Prevention Information Reporting System (NPIRS), Criminal Justice Reporting, the NE Uniform Reporting System and many others.

TECHNICAL IMPACT (20 PTS):

Technology Enhancement:

The design for a new system, and therefore the technology enhancements impacting current systems and technology, is not fully known at this time. However, it is clear that a centralized data system available to DBH stakeholders at all levels is a vast improvement over current practice. Benefits, outlined in previous sections of this document, abound. A CDS would eliminate systems and technology duplication, gaps, errors and inefficiencies, while positioning DBH to interface with important and critical distribution channels such as the State HIE. CDS systems, by their nature, are flexible and scalable, thus fitting future needs for growth.

Envisioned is a commercial, off the shelf (COTS) solution, 3rd party licensed but DBH owned and customized. It is expected to make use of a Service Oriented Architecture (SOA), providing support for established standards for Behavioral Health Information Exchange (BHIE). The solution will also enable standard data formats that support interoperability among healthcare applications. The solution will be compliant with HIPAA and all other statutory and regulatory requirements, as well as minimum Certification Commission for Health Information Technology (CCHIT) standards.

The solution will compare and contrast data with other DHHS manage applications, including CHARTS, N-FOCUS and MMIS to avoid duplication of services.

It will offer DBH maximum data access, flexibility and response time. It will provide strong benefit to all stakeholders in the DBH spectrum through universal, secure access and distribution.

PRELIMINARY PLAN FOR IMPLEMENTATION (10 PTS):

Plan for Implementation:

Work has been completed thus far on:

1. A Needs Analysis
2. High Level Business Requirements
3. Solution Discovery (an RFI & evaluated responses).
4. Preliminary budget estimates

Next steps include:

1. A Request For Proposal (RFP)
2. Acquisition of software, hardware and vendor support for a large scale data consolidation and aggregation project to implement the CDS.
3. Interim activity needed to fulfill operational and reporting needs for a period of transition between old systems and new.

A DHHS IS&T Work Breakdown Structure (WBS) with major tasks and milestones has not been developed in advance of solution selection.

Scot Adams, as Director of the Division of Behavioral Health, will serve as the Project's Executive Sponsor. Other project governance, including a panel of affected stake holders, will be developed by the project team after funding is secured. An internal project team (with self-evident roles) is envisioned to minimally include the following positions:

Project Manager / Director
Business Analyst # 1
Business Analyst # 2
Developer # 1
Developer # 2
Database Analyst # 1
Database Analyst # 2
Network Support Resource # 1
Subject Matter Expert # 1
Subject Matter Expert # 2
Subject Matter Expert # 3
Subject Matter Expert # 4
Test Manager

Tester # 1
Tester # 2
Tester # 3
Tester # 4
Tester # 5

On-going support:

Once implemented, a DBH CDS will need on-going operational support with positions (roles, self-evident) envisioned as follows:

On Going Support Role
Executive Lead (part time)
Application Manager
Help Desk Support #1
Data Analyst # 1
Data Analyst # 2
Interface Support (part time)
Trainer (part time)
IT Infrastructure FTE # 1 (part time)
Departmental Support # 1 (part time)
Departmental Support # 2 (part time)
Departmental Support # 3 (part time)

<u>RISK ASSESSMENT (10 PTS):</u>

Risks:

Major risks for a project of this type include:

1. **Risk – <u>data security</u>:** Because new processes for distributing data will be implemented it is vital to ensure adherence to DHHS/DBH security policies that are currently in place. These policies are rigorous and based on best practices. Best practices in data security include but are not limited to:

   A. Maintain an understanding of potential environmental risks such as viruses, intruders and disasters.
   B. Performance of a periodic analysis of the consequences of and countermeasures to security breaches.
   C. Development of an implementation strategy for integrating security measures into all aspects of an application.

   Mitigation: A risk assessment will be undertaken to identify sensitive information for both data in motion (data that is coming into and going out of the CDS) and data at rest (data that is stored in the CDS) as well as vulnerable system components

1. **Risk – <u>data integrity</u>:** For data to be trusted, it cannot have been altered between the data source and the decision maker. Data elements must be able to be uniquely identified and source data must be the same as data in the destination.

   Mitigation: Quality Assurance and data integrity will be built into the CDS project implementation plan.

1. **Risk - <u>data normalization</u>:** Critical to data integrity is establishment of a data normalization process. Normalization is the process of efficiently organizing data in a database and involves eliminating redundant data and ensuring data dependencies make sense. Table structures and relationships are the key part of this process. Data normalization for the CDS will be especially challenging given the multiple data sources and formats. For example, many different electronic medical record systems and practice management systems exist within the regions, in addition to the managed care system and scores of paper reports. Data elements are named and interpreted differently among these many systems and the relationships among various pieces of data are handled differently.

   Mitigation: An effective data scheme and relationship map is essential before implementation and constitute a significant amount of work in the project.

<u>FINANCIAL ANALYSIS AND BUDGET (20 PTS):</u>

The “Financial” information tab in the Nebraska Budget Request and Reporting System (NBRRS) is used to enter the financial information for this project. However, the Excel template with the data used to update the financial tab is attached below.

Attachments:

BehavioralHealth-Financial.xlsx

Nebraska Information Technology Commission

Project Proposal Form

Funding Requests
for Information Technology Projects

FY2013-2015 Biennial Budget

IMPORTANT NOTE: Project proposals should only be submitted by entering the information into the Nebraska Budget Request and Reporting System (NBRRS). The information requested in this Microsoft Word version of the form should be entered in the NBRRS in the "IT Project Proposal" section. The tabs in the "IT Project Proposal" section coincide with sections contained in this Microsoft Word version of the form. Information may be cut-and-pasted from this form or directly entered into the NBRRS. ALSO NOTE that for each IT Project Proposal created in the NBRRS, the submitting agency must prepare an "IT Issue" in the NBRRS to request funding for the project.

Project Title	**Centralized Data System**
Agency/Entity	**DHHS / Division of Behavioral Health**

Notes about this form:

1. **USE.** The Nebraska Information Technology Commission ("NITC") is required by statute to "make recommendations on technology investments to the Governor and the Legislature, including a prioritized list of projects, reviewed by the technical panel..." Neb. Rev. Stat. §86-516(8). "Governmental entities, state agencies, and noneducation political subdivisions shall submit all projects which use any combination of general funds, federal funds, or cash funds for information technology purposes to the process established by sections 86-512 to 86-524. The commission may adopt policies that establish the format and minimum requirements for project submissions." Neb. Rev. Stat. §86-516(5). In order to perform this review, the NITC and DAS Budget Division require agencies/entities to complete this form when requesting funding for technology projects.
2. **WHICH TECHNOLOGY BUDGET REQUESTS REQUIRE A PROJECT PROPOSAL FORM?** See the document entitled NITC 1-202 "Project Review Process" available at http://nitc.ne.gov/standards/. Attachment A to that document establishes the minimum requirements for project submission.
3. **COMPLETING THE FORM IN THE NEBRASKA BUDGET REQUEST AND REPORTING SYSTEM (NBRRS).** Project proposals should only be submitted by entering the information into the NBRRS. The information requested in this Microsoft Word version of the form should be entered in the NBRRS in the "IT Project Proposal" section. The tabs in the "IT Project Proposal" section coincide with sections contained in this Microsoft Word version of the form. Information may be cut-and-pasted from this form or directly entered into the NBRRS. ALSO NOTE that for each "IT Project Proposal" created in the NBRRS, the submitting agency must prepare an "IT Issue" in the NBRRS to request funding for the project.
4. **QUESTIONS.** Contact the Office of the CIO/NITC at (402) 471-7984 or ocio.nitc@nebraska.gov

Section 1: General Information

Project Title	Centralized Data System
Agency (or entity)	DHHS / Division of Behavioral Health

Contact Information for this Project:

Name	Heather Wood
Address	Division of Behavioral Health, NE DHHS, P.O. Box 95026
City, State, Zip	Lincoln, NE, 68509-95026
Telephone	402-471-1423
E-mail Address	Heather.Wood@Nebraska.Gov

Section 2: Executive Summary

The Division of Behavioral Health (DBH) faces substantial obstacles in collecting, organizing and accessing data, from behavioral health regions and providers. The data is necessary for DBH to efficiently, accurately and completely fulfill its obligations for reporting, monitoring and managing care in the Nebraska Behavioral Health System. Data is held in multiple different forms, systems and data bases, causing data aggregation to be an ever increasing difficulty for DBH and necessitating multiple verification processes that result in delays discharging its responsibilities. Personnel at DBH and in the behavioral health regions spend many hours combing data from paper reports, spreadsheets and disparate databases and lack quick, reliable access to information. In addition to its planned reporting, a wide variety of requirements and report breakdowns for various funders and stakeholders are often requested on an ad-hoc basis.

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The NE DHHS Division of Behavioral Health (DBH) Centralized Data System (CDS) will track outcomes of managed care, measure performance of managed care (in real time), measure funding for managed care, provide for greater fiscal accountability for managed care, meet reporting needs of DBH to Federal and State entities, unify existing databases and technology, fill data gaps for improved management of care and utilize health information exchange efficiencies by interfacing with the State Health Information Exchange (HIE). An example of improvement: data driven, evidence-based, incentives to providers for improved performance.

Section 3: Goals, Objectives, and Projected Outcomes (15 Points)

The system will be owned by DBH as a customized application suite, overcoming many inefficiencies and operational challenges in the existing Administrative Service Organizations ownership and operation of the current data limited treatment data system and effectively integration, billing, payment and treatment/prevention information into a unified system.

Primary objectives of the CDS are to:

1. Improve resource utilization for publically funded DBH stakeholders including regions, providers, tribal providers.
2. Enable timely access to information at all levels of participation
3. Develop nightly batch processes
4. Improve operational efficiencies and processes
5. Reduce or eliminate duplication of consumer services received by ensuring data initiatives of stakeholders and DBH are compatible and can be integrated
6. Identify gaps in consumer services more accurately
7. Enable informed decision making, problem solving and enhanced strategic planning
8. Streamline the dissemination of information and key metrics
9. Reduce the need for outsourcing data analysis
10. Comply with the American Recovery and Reinvestment Act of 2009 (ARRA)
11. Achieve quality improvement through a data driven process that validates expenditures by service category.

Expected beneficiaries of the project include:

1. DBH
2. Behavioral Health Regions
3. Providers
4. Tribal Providers
5. Non-DBH Providers
6. Those receiving care in the DBH system
7. State and Federal funding entities requiring or requesting reporting from DBH

Expected outcomes of the project include:

1. A platform to interface with other system partners by which a broader picture of the behavioral health delivery system is obtained.
2. Access to data at the provider, region and state levels to more efficiently and effectively plan and deliver a public behavioral health system.
3. Data driven decision making.
4. Improved monitoring of state and federal clinical performance data.
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6. Improved state and federal funding accountability by linking expenditures to outcomes.
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Measurement:

Bench mark performance data for key performance indicators (KPI) will be collected, in those areas of the stated objectives that are quantitative in nature, for a before and after comparison post implementation.

Additionally, stakeholder feedback has been documented in a needs assessment already complete and will be compared with stakeholder feedback post implementation.

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Information Technology Plan:

The DHHS Information Systems and Technology department (IS&T) has been consulted at frequent intervals during pre-implementation activities to allow guidance, ensure conformity and produce alignment between technology in this project that is consistent with DHHS IS&T's long term technology direction. This project will not conflict with any agency division's plan or that of IS&T. Further, this project is supported by DHHS IS&T.

Section 4: Project Justification / Business Case (25 Points)

Tangible Benefits:

Minimally, a system meeting these objectives will improve the delivery of behavioral health care through quicker access to accurate data for all stakeholders. Replacing the current system of disparate data sources, (i.e. stand-alone applications, reports, databases and paper) will save time and money. A DBH needs analysis conducted and documented in June of 2010 conservatively estimated cost savings with the use of a new CDS at approximately $360,000.00 per year. That information is available by request.

Other Solutions:

Alternatives include:

1. Extend the existing Magellan Contract. Live with current deficiencies including inaccurate reports from invalid entry or data, lack of reports, a time consuming billing and payment authorization process, increased expenditure for data aggregation, inefficiently managed managed-care, an inability to integrate with the NE HIE, incomplete compliance reporting for National Outcomes Measures (NOMS) reported through the State Outcomes Management and Measurement System (SOMMS), incomplete data access for DBH regions and providers, increased expenditures for 3rd party vendor customized data reporting, etc….

   This alternative is not considered viable due to the implications to managed care or operational sustainability. Timely and accurate SOMMS/NOMS data reporting of individualized clinical performance measures is essential and required to comply with the Government Performance and Results Act (GPRA) or Federal Block Grant Funds.

2. Contract with another 3rd Party provider of managed care data.

   DBH believes timely access to ad-hoc, customizable data by all stakeholders at all levels to be compromised when using a 3rd party provider because of the cost and time involved to order and receive reports. Vendor programming changes necessary to comply with DBH related SOMMS and NOMS reporting has been frustratingly slow and likely would continue without specific contract guarantees that would increase the cost of alternative systems.

   Further, the level of effort to replace the current provider at all levels would likely rival or represent a substantial amount of that for implementing a new, DBH owned and customizable solution.

3. Do Nothing; let the existing contract terminate. This alternative is not viable and unacceptable. The managed care data is a vital and necessary part of the provision of DBH services and the required state and federal compliance compelled of DBH.

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such as Nebraska Prevention Information Reporting System (NPIRS), Criminal Justice Reporting, the NE Uniform Reporting System and many others.

Section 5: Technical Impact (20 Points)

Technology Enhancement:

The design for a new system, and therefore the technology enhancements impacting current systems and technology, is not fully known at this time. However, it is clear that a centralized data system available to DBH stakeholders at all levels is a vast improvement over current practice. Benefits, outlined in previous sections of this document, abound. A CDS would eliminate systems and technology duplication, gaps, errors and inefficiencies, while positioning DBH to interface with important and critical distribution channels such as the State HIE. CDS systems, by their nature, are flexible and scalable, thus fitting future needs for growth.

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The solution will compare and contrast data with other DHHS manage applications, including CHARTS, N-FOCUS and MMIS to avoid duplication of services.

It will offer DBH maximum data access, flexibility and response time. It will provide strong benefit to all stakeholders in the DBH spectrum through universal, secure access and distribution.

Section 6: Preliminary Plan for Implementation (10 Points)

Plan for Implementation:

Work has been completed thus far on:

1. A Needs Analysis
2. High Level Business Requirements
3. Solution Discovery (an RFI & evaluated responses).
4. Preliminary budget estimates

Next steps include:

1. A Request For Proposal (RFP)
2. Acquisition of software, hardware and vendor support for a large scale data consolidation and aggregation project to implement the CDS.
3. Interim activity needed to fulfill operational and reporting needs for a period of transition between old systems and new.

A DHHS IS&T Work Breakdown Structure (WBS) with major tasks and milestones has not been developed in advance of solution selection.

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Subject Matter Expert # 1
Subject Matter Expert # 2
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Subject Matter Expert # 4
Test Manager
Tester # 1
Tester # 2
Tester # 3
Tester # 4
Tester # 5

On-going support:

Once implemented, a DBH CDS will need on-going operational support with positions (roles, self-evident) envisioned as follows:

On Going Support Role
Executive Lead (part time)
Application Manager
Help Desk Support #1
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Data Analyst # 2
Interface Support (part time)
Trainer (part time)
IT Infrastructure FTE # 1 (part time)
Departmental Support # 1 (part time)
Departmental Support # 2 (part time)
Departmental Support # 3 (part time)

Section 7: Risk Assessment (10 Points)

Risks:

Major risks for a project of this type include:

1. Risk – data security: Because new processes for distributing data will be implemented it is vital to ensure adherence to DHHS/DBH security policies that are currently in place. These policies are rigorous and based on best practices. Best practices in data security include but are not limited to:

   A. Maintain an understanding of potential environmental risks such as viruses, intruders and disasters.

   B. Performance of a periodic analysis of the consequences of and countermeasures to security breaches.

   C. Development of an implementation strategy for integrating security measures into all aspects of an application.

   Mitigation: A risk assessment will be undertaken to identify sensitive information for both data in motion (data that is coming into and going out of the CDS) and data at rest (data that is stored in the CDS) as well as vulnerable system components

2. Risk – data integrity: For data to be trusted, it cannot have been altered between the data source and the decision maker. Data elements must be able to be uniquely identified and source data must be the same as data in the destination.

   Mitigation: Quality Assurance and data integrity will be built into the CDS project implementation plan.

3. Risk - data normalization: Critical to data integrity is establishment of a data normalization process. Normalization is the process of efficiently organizing data in a database and involves eliminating redundant data and ensuring data dependencies make sense. Table structures and relationships are the key part of this process. Data normalization for the CDS will be especially challenging given the multiple data sources and formats. For example, many different electronic medical record systems and practice management systems exist within the regions, in addition to the managed care system and scores of paper reports. Data elements are named and interpreted differently among these many systems and the relationships among various pieces of data are handled differently.

   Mitigation: An effective data scheme and relationship map is essential before implementation and constitute a significant amount of work in the project.

Section 8: Financial Analysis and Budget (20 Points)

15. Financial Information

The “Financial” information tab in the Nebraska Budget Request and Reporting System (NBRRS) is used to enter the financial information for this project (NOTE: For each IT Project Proposal created in the NBRRS, the submitting agency must prepare an “IT Issue” in the NBRRS to request funding for the project.)

Worksheet in Project Proposal Form.xls

Nebraska Information Technology Commission
Project Proposal Form
Section 8: Financial Analysis and Budget

(Revise dates as necessary for your request.)

	Estimated Prior Expended	Request for FY2014 (Year 1)	Request for FY2015 (Year 2)	Request for FY2016 (Year 3)	Request for FY2017 (Year 4)	Future	Total
1. Personnel Costs	$ -	$ 485,000.00	$ 485,000.00	$ -	$ -	$ -	$ 970,000.00
2. Contractual Services							
2.1 Design	$ -	$ 102,000.00	$ 102,000.00	$ -	$ -	$ -	$ 204,000.00
2.2 Programming	$ -	$ 51,000.00	$ 51,000.00	$ -	$ -	$ -	$ 102,000.00
2.3 Project Management	$ -	$ 180,000.00	$ 180,000.00	$ -	$ -	$ -	$ 360,000.00
2.4 Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Supplies and Materials	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Telecommunications	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Other Operating Costs	$ -	$ 102,000.00	$ 102,000.00	$ -	$ -	$ -	$ 204,000.00
8. Capital Expenditures							
8.1 Hardware	$ -	$ 60,000.00	$ 60,000.00	$ -	$ -	$ -	$ 120,000.00
8.2 Software	$ -	$ 500,000.00	$ 490,000.00	$ -	$ -	$ -	$ 990,000.00
8.3 Network	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8.4 Other	$ -	$ 50,000.00	$ -	$ -	$ -	$ -	$ 50,000.00
TOTAL COSTS	$ -	$ 1,530,000.00	$ 1,470,000.00	$ -	$ -	$ -	$ 3,000,000.00
General Funds	$ -	$ 1,530,000.00	$ 1,470,000.00	$ -	$ -	$ -	$ 3,000,000.00
Cash Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Federal Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Revolving Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL FUNDS	$ -	$ 1,530,000.00	$ 1,470,000.00	$ -	$ -	$ -	$ 3,000,000.00