CALIFORNIA DEPARTMENT OF
Mental Health

MHSA CSS Other One-Time Funding Request
For A Mental Health Information Technology Project

Date: _____

County: _____

IT Project Title: _____

If more than one IT project, please complete one funding request for each project.

Please check one or more boxes that describe this IT project.

☐ New system
☐ Extend the number of users of an existing system
☐ Extend the functionality of an existing system

Please check one or more boxes that describe overall IT project objective(s).

☐ Supports the Client and Services Information (CSI) System
☐ Supports the MHSA Full Service Partner Data Collection and Reporting (DCR) System
☐ Improves IT system functionality used to collect and report client information

1) Overview of Solution or Product

Please provide a clear description of the solution that this funding will support.

2) Relationship to MHSA CSS Plan: How Does this Solution Benefit Mental Health Consumers and Families?

Describe how this solution supports your county's MHSA plans. Site specific plan sections.

3) Relationship to County IT Strategic Plan

Describe how this solution is incorporated in your county's IT Strategic Plan.

4) Interfaces to Other Systems

Describe how this solution will interface with other systems, including systems in other county agencies, if applicable.

5) Hardware and Software

List the hardware and software that this solution or product will use.

6) Security Management

Explain the security management that this solution or product will use. Note HIPAA compliance.

7) One-Time and On-Going Costs

List the one-time and on-going costs associated with this solution. List the totals for hardware, software, consultants, staffing to be paid for by this request and any matching totals paid by non-MHSA sources.

8) Specific Objectives to be Accomplished with this Funding Request

List the specific objectives that this funding will accomplish for this solution.

9) Schedule of Activities

Provide the schedule of activities for this solution.

County Approvals for a Mental Health IT Project Using MHSA Funding

_____   Submitter

Signature   Date

_____

Printed Name   Title   MH Chief Information Officer
(or in small counties, the person
designated as responsible for
Mental Health IT issues)

_____

Signature   Date

_____

Printed Name   Title

_____   MH HIPAA Security Officer

Signature   Date

_____

Printed Name   Title

_____   MH Director

Signature   Date

_____

Printed Name   Title