Department of Mental Health

MHSA Data Collection and Reporting Project

Software Requirements Specification

Version 1.0

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Department of Mental Health
Information Technology

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Preface

Document Version Control: It is the reader's responsibility to ensure they have the latest version of this document. Questions should be directed to the owner of this document, or the project manager.

The MHSA DCR project team generated this document. The DCR System will be developed for the Systems of Care Section of the Department of Mental Health.

Lifecycle Stage: The MHSA DCR project is in the Requirements stage of the software lifecycle.

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1 Overview

1.1 Background of the Software Requirements Specification Document

As part of a recently enacted law, the Mental Health Services Act (MHSA) has identified the need to collect a significant amount of service and performance outcome data to support the Community Services and Support component of the MHSA strategy.

Software Requirements Specifications (SRS) are developed to allow the Department of Mental Health Information Technology Section to make accurate estimates of the work to be performed. It is expected that the systems development staff shall thoroughly analyze all requirements for the MHSA Data Collection and Reporting System.

The SRS shall evolve over time as the MHSA stakeholders and system analysts work together to validate, clarify, and expand its contents. As such, these requirements may be added, modified, or deleted depending on the final recommended solution, the outcome of the analysis performed by the DMH/IT Section, or changes to DMH infrastructure strategies.

1.2 Objectives of the SRS

1.2.1 MHSA Data Collection and Reporting (DCR) Objectives

1.2.1.1 Define the database components that will support the MHSA Full Service Partner Data Collection and Reporting requirements.

1.2.1.2 Define the XML schema, based on the MHSA Full Service Partner Data Collection and Reporting database, for use by those counties and/or providers that choose to use their own data collection application and then deliver the data to the DMH.

1.2.1.3 Provide Data Return Specifications based on the published XML Schema.

1.2.1.4 Provide a Companion Guide for the XML Schema

1.2.1.5 Define the web-based, online application for MHSA Full Service Partner Data Collection and Reporting for use by those counties and/or providers that choose to use the application provided by the DMH for data collection.

1.2.1.6 Define data entry format for the online application for MHSA Full Service Partner Data Collection and Reporting.

1.2.1.7 Identify the data validation capabilities to be performed by the MHSA Full Service Partner Data Collection and Reporting system.

1.2.1.8 Define the system specifications required for providing the MHSA Full Service Partner Data Collection and Reporting System.

1.2.1.9 Identify functional and environmental constraints.

1.2.1.10 Define the technical and environmental requirements needed by those counties choosing to use the MHSA Full Service Partner Data Collection and Reporting System.

1.2.2 Decision Support System (DSS) Objectives

1.2.2.1 Identify the functional capabilities to be performed by the MHSA Data Collection and Reporting Decision Support System (DSS).

1.2.2.2 Define the system specifications required for meeting the requested enhancements to the current CSI DSS.

1.2.2.3 Identify the functional requirements for merging CSI and DCR information.

1.2.2.4 Identify functional and environmental constraints.

1.3 Scope of the SRS

The SRS shall include input from several sources describing the requirements for MHSA DCR and DSS. These sources shall include review of documentation relating to the current system, form layouts for interviews with MHSA Full Service Partnership Clients, and Systems of Care reporting requirements.

It shall contain detailed functional, non-functional, and support requirements and upon approval by the stakeholders, establish a requirements baseline for the development of the system.

The requirements contained in the SRS are independent, uniquely numbered, and organized by topic. The SRS shall serve as the official means of communicating user requirements to the DMH/IT Section and provide a common reference point for both the development team and stakeholder. Also, the SRS may be used as a check list to ensure that all topics essential to the system are addressed and as a starting point for further analysis and development.

1.4 References

1.4.1 Federal HIPAA Security Regulation (45 C.F.R., Part 164)

1.4.2 Federal HIPAA Privacy Regulation (45 C.F.R., Part 164)

1.4.3 Federal HIPAA Electronic Transactions Regulation (45 C.F.R., Part 162)

1.4.4 Microsoft Manual of Style for Technical Publications (1998), Microsoft Press.

1.4.5 IEEE Standards Style Manual,
http://standards.ieee.org/resources/glance_at_writing_new.html

1.4.6 IEEE Software Project Management Standards 1058.1 Available from IEEE Computer Society

1.4.7 Supporting Information Technology Infrastructure for California Mental Health System Accountability produced by the Department of Mental Health

1.4.8 California Department of Mental Health, Mental Health Services Act, Information Technology Plan

1.4.9 California Department of Mental Health, Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act (February 2005)

1.4.10 State of California, Department of Mental Health IT Programming Standards (draft I:\IT_Share\STANDRDS\LIVE_STD\Draft Programming Standards.doc)

1.5 Outstanding Issues

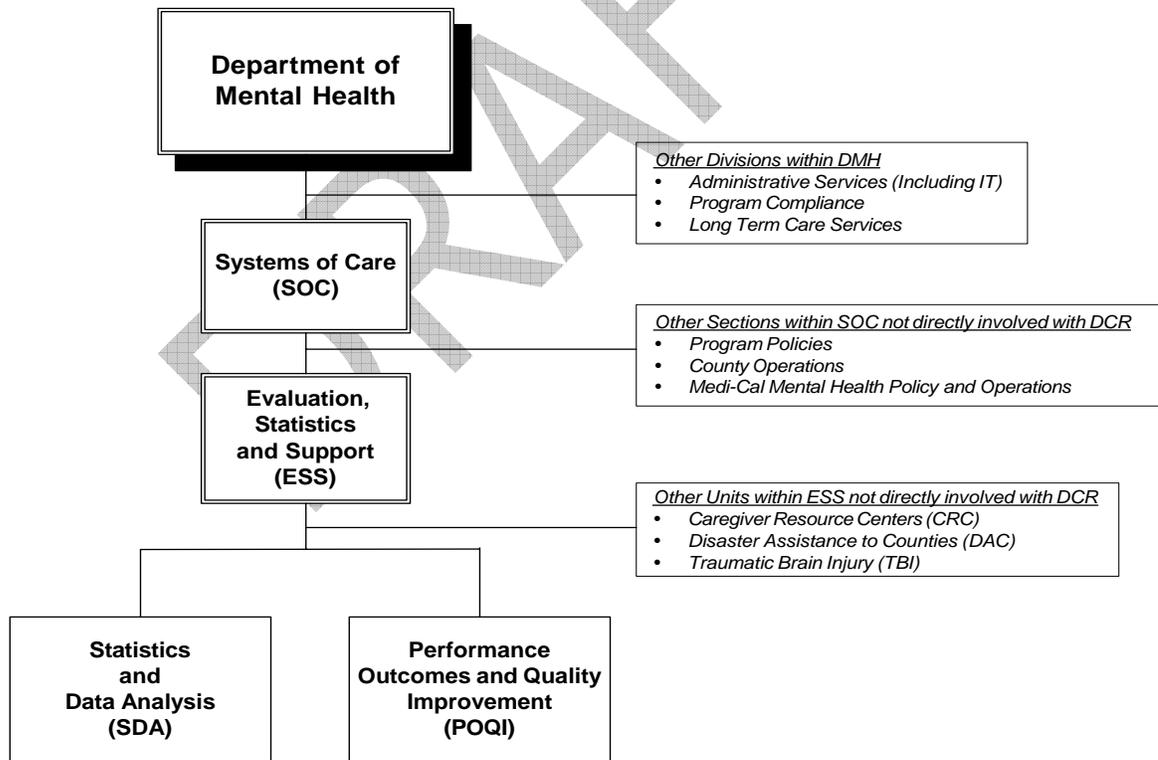There are no outstanding issues known at this time.

2 Current Environment

2.1 Organization Profile

The California Department of Mental Health (DMH), entrusted with leadership of the California mental health system, ensures through partnerships the availability and accessibility of effective, efficient, culturally competent services. This is accomplished by advocacy, education, innovation, outreach, understanding, oversight, monitoring, quality improvement, and the provision of direct services

Within the DMH, the Systems of Care (SOC) Program develops, evaluates, monitors and supports an array of coordinated services that deliver care to California's adults and older adults who are severely mentally ill, and children who are seriously emotionally disturbed.

Within the SOC. the Performance Outcomes and Quality Improvement (POQI) unit is responsible for planning and implementing California's statewide public mental health performance outcome systems including the MHSA Data Collection and Reporting System. These systems are the result of a collaborative effort between the California Department of Mental Health (DMH), California Mental Health Director's Association (CMHDA), and the California Mental Health Planning Council (CMHPC). The goal of California's performance outcomes system is to facilitate a process whereby mental health clients and their families receive the highest quality and most effective services in a manner that both empowers and respects them as individuals.

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│   Department of     │
│   Mental Health     │
└─────────────────────┘
          │            ┌──────────────────────────────────────────┐
          │            │ Other Divisions within DMH               │
          │            │  • Administrative Services (Including IT) │
          │            │  • Program Compliance                    │
          │            │  • Long Term Care Services               │
          │            └──────────────────────────────────────────┘
┌─────────────────────┐
│  Systems of Care    │
│      (SOC)          │
└─────────────────────┘
          │            ┌────────────────────────────────────────────────────┐
          │            │ Other Sections within SOC not directly involved    │
          │            │ with DCR                                           │
          │            │  • Program Policies                                │
          │            │  • County Operations                               │
          │            │  • Medi-Cal Mental Health Policy and Operations    │
          │            └────────────────────────────────────────────────────┘
┌─────────────────────┐
│   Evaluation,       │
│   Statistics        │
│   and Support       │
│     (ESS)           │
└─────────────────────┘
          │            ┌────────────────────────────────────────────────────┐
          │            │ Other Units within ESS not directly involved with  │
          │            │ DCR                                                │
          │            │  • Caregiver Resource Centers (CRC)                │
          │            │  • Disaster Assistance to Counties (DAC)           │
          │            │  • Traumatic Brain Injury (TBI)                    │
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    │ Statistics  │         │   Performance       │
    │    and      │         │ Outcomes and Quality│
    │Data Analysis│         │   Improvement       │
    │   (SDA)     │         │     (POQI)          │
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CA DMH Organizational Setting for the MHSA

Data Collection and Reporting (DCR) Project

3 Goals

3.1 MHSA DCR Goals

3.1.1 Provide user interfaces, data validation processes, business rules, and processing resources required to implement the MHSA DCR system in the first half of 2006. The data collection system should be flexible to the extent that it can easily adapt to new and/or edited questions as mental health programs change.

3.1.2 Provide an XML schema with all data elements from the MHSA DCR database for counties to transfer data to the DMH without using the online application

3.1.3 Provide a web-based, secure data entry application and make it available to authorized counties and providers.

3.2 DSS Goals

3.2.1 Provide a secure, Windows-based ad hoc query environment for all available DCR data elements.

3.2.2 Provide a merging of data from the CSI system and the MHSA DCR system for complete reporting capability

4 Constraints, Assumptions and Dependencies

4.1 DCR Constraints

4.1.1 The DCR system must allow several portals of data delivery in order to accommodate the varying levels of IT capabilities at the counties

4.1.2 Counties must submit FSP information once their CSS County Plan is approved and the county begins to provide MHSA services.

4.1.3 The DCR system will contain Electronic Protected Health Information (EPHI) and must be compliant with all State and HIPAA laws related to the privacy and security of EPHI.

4.2 DCR Assumptions

4.2.1 Database for the DCR system will be SQL

4.2.2 Counties and county-contracted providers will be able to enter information via a web-based portal or XML data transfers

4.2.3 Counties will approve provider data prior to the DMH accepting and processing the information

4.2.4 Counties and county-contracted providers will be able to access their own data and correct when necessary

4.2.5 Counties and county-contracted providers will not be able to access any information not originally submitted by the county or the provider

4.2.6 The DCR system will not be used to transmit data constituting a HIPAA covered transaction, such as an 837 claim transaction.

4.3 Dependencies

4.3.1 The new DSS processes cannot function without the DCR system being in place.

5 Requirements

5.1 Data Collection Functional Requirements

DCRF 01. The DCR System must provide authorization levels for system users. The varying levels may be defined as follows:

1. The user's assigned Role(s) in the DCR system will define:
   a. What screens the user will have access to
   b. What functions the user will be able to perform on those screens
2. DMH will further define user roles based on input from the counties. Currently, we are considering:
   - State System Administrator
   - County System Administrator / Account Manager
   - Partnership Service Coordinator (PSC)
   - Data Entry Staff
3. DMH will further define functions for roles based on input from the counties. Currently, we are considering:
   - View only
   - Insert
   - Update
   - Deactivate
   - Query
   - Enrollment privileges
4. Groups will be defined to the DCR system with a minimum of one assigned user. The groups can consist of a variety of users needed to provide full service to a full service partner:
   - Partnership Service Coordinators (PSCs)
   - Data entry personnel
   - Administrators
5. When a Full Service Partner (FSP) is enrolled in the system, a group (or groups) will be assigned to the partner. The users within the group will be able to perform their individual roles and functions for the FSP.
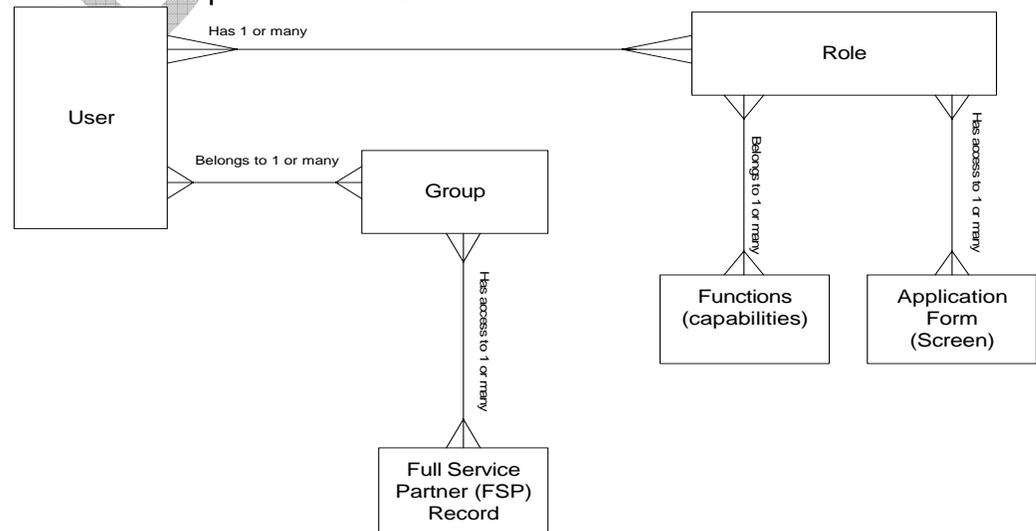
DCRF 02. The DCR system must provide the ability for specific authority levels to create, edit, and delete User IDs and the accompanying authority levels

DCRF 03. The DCR system must support the relationship between User IDs, the county the user belongs to, and the provider group the user belongs to.

DCRF 04. The DCR system must allow each county to define the County FSP Program IDs. These ID numbers will have a numeric value of 01 through 99 and the county will provide text for the definition of each program. DMH staff will administer the Program ID codes. These program IDs will then be available to the owning county only. The table will consist of the following:
1. County Code
2. Program ID
3. Program Description

DCRF 05. The DCR system must use the values provided by the User IDs to populate the County Code, the Provider Site ID, and the Full Service Partnership Program ID when the User is performing data entry tasks.

DCRF 06. The DCR system must allow for the entry of the Initial Partnership Assessment information to establish a Full Service Partner with the required data and the assigning of a Partnership Service Coordinator.

DCRF 07. The DCR system must allow for the editing of the Initial Partnership Assessment information during the first ninety (90) days of the Partnership. After the 90 days have elapsed, the data from the Initial Partnership Assessment must be frozen.

DCRF 08. The DCR system must create a notification record for the Quarterly Assessment Form when the Partnership Assessment Form is created in the system with a due date of three months from the partnership date. Subsequent notification records should be created three months before the due date. All notification records should be created for "Active" FSPs only. Quarterly Assessments will be accessed through the notification record.

DCRF 09. The DCR system must provide a list of FSPs by Quarterly Assessment Due Date, descending, assigned to the user when a user logs into the system determined by the User Authorization Level.

DCRF 10. The DCR system must allow users to **enter** the Quarterly Assessment data within 15 days before or 30 days after the due date. The **actual assessment date** must be within the range of 15 days before or after the due date.

DCRF 11. The DCR system will schedule Quarterly Assessments based on the Partnership Date, not the date of the last assessment.

DCRF 12. The DCR system must allow the PSC to sort and display the caseload list by CCN and by Last Name.

DCRF 13. The DCR system must provide a search function based on CCN or by FSP's Last Name.

DCRF 14. The DCR system FSP list must provide the user the ability to maintain the user's data by selecting the record for the displayed FSP or to add a new FSP.

DCRF 15. The DCR system must create an extract file from the CSI system containing information from the CSI Client records on a nightly basis.

DCRF 16. The DCR system must validate the CCN against the CSI extract file.
1. If the number is found and the names agree, freeze the CSI number and do not allow it to be changed.

2. If the number is not found on CSI, provide the user with a warning message but allow data entry.
3. The DCR system must search the CSI extract file anytime an un-validated CSI number is active for validation and continue warning the user until the number is valid in CSI

DCRF 17. The DCR system must provide the users with six comment fields that are solely for county use. Three of the comment fields will be tracked from the PAF through all quarterly assessments and the other three will be tracked through the PAF and all key event assessments.

DCRF 18. The DCR system must track the status of the FSP as "On Hold", "Incomplete", "Active", "Inactive", etc.

DCRF 19. The DCR system must allow authorized users to enter and submit the Initial Partnership Assessment Form, online, with the information shown on the forms included in **Appendix B.**

DCRF 20. The DCR system must, when the information above is submitted from an authorized provider, put the data on hold and notify the county, via a report, that the information needs to be reviewed and released by the county prior to DMH processing.

DCRF 21. After a Full Service Partnership is established, the DCR system must allow the authorized users to perform Key Event Tracking (when a change occurs) data entry for the following domains:
1. Emergency Intervention
2. Residential / Placements
3. Legal Issues / Designations
4. Education
5. Employment
6. Administrative Information

A detailed list of the domains and associated questions can be found on the forms included in **Appendix B.**

DCRF 22. The DCR system must, when an FSP has been arrested, placed in juvenile hall, placed in an acute medical hospital, placed in an acute psychiatric hospital, placed in an alcohol/substance abuse residential rehabilitation center, or been placed in an emergency shelter, create a trigger file that will enable the system to notify the PSC when the FSP has been in any of those locations for more than 30 days. The notification will be provided through an online display. Do not allow a second KET placing the FSP in any of these involuntary containment locations without a prior release.

DCRF 23. The DCR system must provide a detailed report of key event assessments for a selected FSP

DCRF 24. After a Full Service Partnership is established, the DCR system must allow the authorized users to perform Quarterly Assessment data entry for the following domains:
4. Legal Issues / Designations
5. Education
6. Employment
7. Sources of Financial support
8. Health Status
9. Substance Abuse

10. Index of Independent Activities of Daily Living (ADL) Older Adults ONLY
11. Instrumental Activities of Daily Living (IADL) Older Adults ONLY
12. Date the quarterly assessment performed
A detailed list of the domains and associated questions can be found on the forms included in **Appendix B.**

DCRF 25. The DCR system must provide all information that has a status of "Active" to the DSS at DMH.

DCRF 26. The DCR system must allow assessments to be submitted with an "incomplete" status to provide later additions/modifications to the assessment. The following fields must be entered before submission:
    A. County Number
    B. CSI CCN
    C. Partnership Date
    D. Partner First Name
    E. Partner Last Name
    F. Provider Site ID
    G. FSP Program ID
    H. PSC ID

DCRF 27. The DCR system must allow for changes in Administrative Information. The following administrative-level fields will be updated using the Key Event Assessment form:
    I. New Provider Site ID
    J. Date of Provider Site ID change
    K. New Full Service Partnership Program ID
    L. Date of Full Service Partnership Program ID change
    M. New Partnership Service Coordinator
    N. Date of Partnership Service Coordinator change

DCRF 28. The DCR system must comply with HIPAA requirements for an audit log containing the following information:
    A. County Code
    B. User ID
    C. FSP ID accessed
    D. Date
    E. Time

5.2 Data Collection Field Level Requirements

DCRI 01 County Code:
    a) Required – will be populated by system based on user ID
    b) All age levels
    c) Entered on Initial Partnership Assessment Form (PAF)
    d) Must be valid, two digit county code – see **Appendix A**

DCRI 02 CSI County Client Number
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Display on existing partners
    e) Nine position alpha numeric
    f) DCR system must validate against CSI extract file

DCRI 03   Partnership Date
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Can not be modified
    e) Display on existing partners
    f) MMDDYYYY – leading zeroes MUST be entered (i.e. 01 not 1)
    g) Cannot be prior to 01/01/2006

DCRI 04   FSP First Name
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Display on existing partners
    e) 15 characters alpha numeric

DCRI 05   FSP Last Name
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Display on existing partners
    e) 20 characters alpha numeric

DCRI 06   Provider Site ID
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Can be modified as a Key Event
    e) Four characters alpha numeric
    f) Must validate against the Provider system

DCRI 07   County FSP Partnership Program ID
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Display on existing partners
    e) Can be modified as a Key Event
    f) 4 byte alpha numeric value from drop-down select
    g) Drop-down select from table defined by state in conjunction with the county

DCRI 08   Partnership Service Coordinator ID
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Display on existing partners
    e) Can be modified as a key event
    f) 12 digit alpha numeric county-defined ID number
    g) Validation defined by User ID role

DCRI 09 FSP Date of Birth
    a) Required
    b) All age levels
    c) Enter on Initial PAF
    d) Display on existing partners

e) Once the PAF is final (90 days), can not be modified
f) Month field 2 bytes numeric – if not entered, default to 00
g) Day filed 2 bytes numeric – if not entered, default to 00
h) Year must be entered
i) Cannot be a future date

DCRI 010 In Which programs is the partner CURRENTLY involved?
a) Optional
b) TAY, Adult, and Older Adult
c) Enter on Initial PAF
d) Display on existing partners
e) Allow multiple selections
♦ AB2034
♦ Governor's Homeless Initiative (GHI)
♦ Transition Age Youth Program (TAY only)
♦ More to come……
f) Can be modified as a key event
♦ Date required for key event
♦ Must be valid date
♦ Can not be a future date
♦ Can not be prior to 01/01/2003

DCRI 011 Referral Source (selection values shown in **Appendix C – Data Dictionary**)
a) Optional
b) All age levels
c) Select one
d) Enter on Initial PAF
e) Drop-down selection box

DCRI 012 Residential Information (selection values shown in **Appendix C – Data Dictionary**)
a) Required on PAF
b) Optional on KET – only if a change has occurred
c) All age levels
d) Entered on Initial PAF
♦ Entered for Current (as of 11:59 p.m. the day BEFORE partnership)
1. Select single location from allowed values
♦ Entered for **During** the Last 12 Months - Required
1. Enter on single or multiple locations
2. For selected location, Enter the number of occurrences – If Days entered without an occurrence value, force the occurrence to 1
3. For selected location, Enter the number of days
4. Total number of days for all selections must equal 366
5. Provide a running total of days entered – If total not equal to 365 or 366, force balance into unknown
♦ Entered for **Prior** to the Last 12 Months
1. Select all that apply locations
2. Required
e) Entered on Key Event Tracking (KET)
♦ Date of change MMDDYYYY

♦ Cannot be a future date
♦ Cannot be prior to partnership date
♦ Select Single NEW location
♦ REQUIRED when event actually occurs
♦ If the date is entered, the change MUST be selected
♦ If the change is selected, the date MUST be entered

DCRI 013 Education (selection values shown in **Appendix C – Data Dictionary**)

a) Entered on PAF

♦ Highest Level of Education completed REQUIRED
♦ For Child and TAY: currently receiving special education due to serious emotional disturbance (y/n) REQUIRED
♦ For Child and TAY: currently receiving special education due to another reason (y/n) REQUIRED
♦ For Child and TAY: For partner who is <u>required</u> to attend school:
  1. Estimate of attendance level during past 12 months select one REQUIRED
  2. Estimate of attendance level currently select one REQUIRED
  3. Currently grades are: select one REQUIRED
  4. During the past 12 months, grades were: select one REQUIRED
  5. During the past 12 months, number of suspensions 0 to 99 REQUIRED
  6. During the past 12 months, number of expulsions 0 to 99 REQUIRED
♦ For TAY, Adult, and Older Adult: For partner who is NOT required to attend school:
  1. for list of education settings, indicate the number of weeks the partner was enrolled during the past 12 months
     a. numeric entry
     b. allowed values 00 to 52
  2. for list of education settings, indicate the settings where the partner is currently enrolled
  3. Does one of the partner's current recovery goals include any kind of education at this time? y/n REQUIRED

b) Entered on KET

♦ Date of grade level completion REQUIRED when event occurs
  1. MMDDYYYY
  2. Can not be a future date
  3. Can not be prior to partnership date
  4. all ages
  5. If level of education completed selected, data MUST be entered
♦ Select level of education completed
  1. select one only from list
  2. all ages
  3. If Date of grade level completion entered, level MUST be selected
♦ Date of suspension
  1. MMDDYYYY
  2. Can not be a future date

         3. Can not be prior to partnership date
         4. Child and TAY only
- Date of expulsion
  1. MMDDYYYY
  2. Can not be a future date
  3. Can not be prior to partnership date
  4. Child and TAY only
- Date of educational setting change
  1. MMDDYYYY
  2. Can not be a future date
  3. Can not be prior to partnership date
  4. TAY when not required to attend school, Adults and Older Adults
  5. If new educational setting selected, date MUST be entered
- Indicate new educational settings
  1. selection list
  2. mark all that apply
  3. TAY when not required to attend school, Adults and Older Adults
  4. If Date of educational setting change entered, new educational setting MUST be selected
- If stopping school, did the partner complete a class and/or program?
  1. Yes / No
  2. TAY when not required to attend school, Adults and Older Adults
- Does one of the partner's current recovery goals include any kind of education at this time?
  1. Yes / No
  2. TAY when not required to attend school, Adults and Older Adults

c) Entered on Quarterly Assessment (QA)
- For Child and TAY: currently receiving special education due to serious emotional disturbance (y/n) REQUIRED
- For Child and TAY: currently receiving special education due to another reason (y/n) REQUIRED
- For Child and TAY: For partner who is <u>required</u> to attend school:
  1. Estimate of attendance level currently select one REQUIRED
  2. Currently grades are: select one REQUIRED

DCRI 014 Employment (selection values shown in **Appendix C – Data Dictionary**)
  a) Entered on PAF (all age groups)
- Indicate the partner's employment for each of the following:
  1. From list, select all that apply and enter:
     a. Number of weeks during past 12 months
        i. Numeric 01 to 52
     b. Currently
        i. Mark all that apply
- On average, how many hours per week did the partner work last month?
  1. Numeric
  2. Zero to 99
  3. Required

- On average, how much did the partner earn from employment last month?
  1. Numeric
  2. No decimals
  3. Zero to 99999
  4. Required
- On average, how many hours per week did the partner work during the last 12 months?
  1. Numeric
  2. Zero to 99
  3. Required
- On average, how much did the partner earn from employment during the last 12 months?
  1. Numeric
  2. No decimals
  3. Zero to 999999
  4. Required
- Does one of the partner's current recovery goals include any kind of employment at this time? Y/N Required

b) Entered on KET (all age groups)
- Date of employment change
  1. Required when event occurs
  2. MMDDYYYY
  3. Can not be future date
  4. Can not be prior to date of partnership
  5. If employment status change selected from list, date MUST be entered
- Indicate current employment status
  1. Mark all that apply from selection list
  2. Required when event occurs
  3. If Date of employment change entered, current employment status MUST be selected

c) Entered on QA (all age groups)
- On average, how many hours per week did the partner work last month?
  1. Numeric
  2. Zero to 99
  3. Required
- On average, how much did the partner earn from employment last month?
  1. Numeric
  2. No decimals
  3. Zero to 99999
  4. Required
- Does one of the partner's current recovery goals include any kind of employment at this time? Y/N Required

DCRI 015 Sources of Financial Support (selection values shown in **Appendix C – Data Dictionary**)

a) Entered on PAF (all age groups)
- ♦ Indicate all sources of financial support that help(ed) to meet the needs of the partner
  1. From list, select all that apply :
     a. During the past 12 months
     b. Currently
     c. Required
     d. Single byte selection – positive response only

b) Entered on QA (all age groups)
- ♦ Indicate all sources of financial support that CURRENTLY help to meet the needs of the partner
  1. From list, select all that apply :
     a. Required
     b. Single byte selection – positive response only

DCRI 016 Legal Issues / Designations

a) Entered on PAF
- ♦ Justice System Involvement ALL AGE GROUPS
  1. Arrest Information
     a. Indicate the number of times the partner was arrested during the past 12 months
        i. Required
        ii. Numeric
        iii. Zero to 99
     b. Was the partner arrested anytime prior to the last 12 months
        i. Required
        ii. Yes / No
  2. Probation Information
     a. Is the partner CURRENTLY on probation
        i. Required
        ii. Yes / No
     b. Was the partner on probation DURING the past 12 months
        i. Required
        ii. Yes / No
     c. Was the partner on probation anytime PRIOR to the past 12 months
        i. Required
        ii. Yes / No
  3. Parole Information
     a. Is the partner CURRENTLY on parole
        i. Required
        ii. Yes / No
     b. Was the partner on parole DURING the past 12 months
        i. Required
        ii. Yes / No
     c. Was the partner on parole anytime PRIOR to the past 12 months
        i. Required
        ii. Yes / No

- ♦ Conservatorship / Payee Information ALL AGE GROUPS
  1. Conservatorship Information
     a. Is the partner CURRENTLY on conservatorship
        i. Required
        ii. Yes / No
     b. Was the partner on conservatorship DURING the past 12 months
        i. Required
        ii. Yes / No
     c. Was the partner on conservatorship anytime PRIOR to the past 12 months
        i. Required
        ii. Yes / No
  2. Payee Information
     a. Does the partner CURRENTLY have a payee
        i. Required
        ii. Yes / No
     b. Did the partner have a payee anytime DURING the past 12 months
        i. Required
        ii. Yes / No
     c. Did the partner have a payee anytime PRIOR to the past 12 months
        i. Required
        ii. Yes / No
- ♦ Dependant (W & I Code 300 Status) Information CHILD AND TAY ONLY
     a. Is the partner CURRENTLY a dependant of the court
        i. Required
        ii. Yes / No
     b. Was the partner a dependant of the court DURING the past 12 months
        i. Required
        ii. Yes / No
     c. Was the partner a dependant of the court anytime PRIOR to the past 12 months
        i. Required
        ii. Yes / No
     d. If the partner was ever a dependant of the court, indicate the year the partner was first placed on W & I Code 300 status
        i. Optional
        ii. Numeric
        iii. Four digit year
        iv. Can not be a future year
        v. Can not be prior to year of partner's birth
- ♦ Custody Information ALL AGE GROUPS
  1. Indicate the total number of children the partner CURRENTLY has who are
     a. Placed on W & I Code 300 Status

      i. Required
      ii. Numeric
      iii. Zero to 99
     b. Placed in Foster Care
      i. Required
      ii. Numeric
      iii. Zero to 99
     c. Reunified with partner
      i. Required
      ii. Numeric
      iii. Zero to 99
     d. Adopted out
      i. Required
      ii. Numeric
      iii. Zero to 99

b) Entered on QA - ALL AGE GROUPS
 ♦ Custody Information
  1. Indicate the total number of children the partner CURRENTLY has who are
   a. Placed on W & I Code 300 Status
    i. Required
    ii. Numeric
    iii. Zero to 99
   b. Placed in Foster Care
    i. Required
    ii. Numeric
    iii. Zero to 99
   c. Reunified with partner
    i. Required
    ii. Numeric
    iii. Zero to 99
   d. Adopted out
    i. Required
    ii. Numeric
    iii. Zero to 99

c) Entered on KET when event actually occurs
 ♦ Arrest Information ALL AGE GROUPS
  1. Enter date partner was arrested
   a. Required when event occurs
   b. MMDDYYYY
   c. Can not be future date
   d. Can not be date prior to partnership
 ♦ Probation / Parole Information ALL AGE GROUPS
  1. Enter date of probation status change
   a. Required when event occurs
   b. MMDDYYYY
   c. Can not be future date
   d. Can not be date prior to partnership

     2. Indicate new probation status
       a. Removed from probation OR Placed on probation
       b. Each a selection field
       c. Record positive response only
       d. Required when date of probation change entered
       e. Mutually exclusive
     3. Enter date of parole status change
       a. Required when event occurs
       b. MMDDYYYY
       c. Can not be future date
       d. Can not be date prior to partnership
     4. Indicate new parole status
       a. Removed from parole OR Placed on parole
       b. Each a selection field
       c. Record positive response only
       d. Required when date of parole change entered
       e. Mutually exclusive

♦ Conservatorship / Payee Information ALL AGE GROUPS
     1. Enter date of conservatorship status change
       a. Required when event occurs
       b. MMDDYYYY
       c. Can not be future date
       d. Can not be date prior to partnership
     2. Indicate new conservatorship status
       a. Removed from conservatorship OR Placed on conservatorship
       b. Each a selection field
       c. Record positive response only
       d. Required when date of conservatorship status change entered
       e. Mutually exclusive
     3. Enter date of payee status change
       a. Required when event occurs
       b. MMDDYYYY
       c. Can not be future date
       d. Can not be date prior to partnership
     4. Indicate new payee status
       a. Removed from payee status OR Placed on payee status
       b. Each a selection field
       c. Record positive response only
       d. Required when date of payee status change entered
       e. Mutually exclusive

♦ Dependant (W & I Code 300 status) Information CHILD AND TAY ONLY
     1. Enter date of W & I Code 300 status change
       a. Required when event occurs
       b. MMDDYYYY
       c. Can not be future date
       d. Can not be date prior to partnership
     2. Indicate new W & I Code 300 status
       a. Removed from W & I Code 300 OR Placed on W & I Code 300

b. Each a selection field

c. Record positive response only

d. Required when date of W & I Code 300 status change entered

e. Mutually exclusive

DCRI 017 Emergency Intervention

    a) Entered on PAF - ALL AGE GROUPS

       ♦ Indicate the number of emergency interventions the partner had DURING THE PAST 12 MONTHS that were

          1. Physical Health Related

             a. Optional

             b. Numeric

             c. Zero to 99

          2. Mental Health / Substance Abuse Related

             a. Optional

             b. Numeric

             c. Zero to 99

    b) Entered on KET - ALL AGE GROUPS

       ♦ Enter date of Emergency Intervention

          a. Required when event occurs

          b. MMDDYYYY

          c. Can not be future date

          d. Can not be date prior to partnership

       ♦ Indicate type of Emergency Intervention

          a. Physical Health OR Mental Health / Substance Abuse Related

          b. Each a selection field

          c. Record positive response only

          d. Required when date of Emergency Intervention status change entered

          e. Mutually exclusive

DCRI 018 Health Status

    a) Entered on PAF - ALL AGE GROUPS

       ♦ Did the partner have a primary care physician DURING THE PAST 12 MONTHS

          1. Required

          2. Yes or No

          3. Mutually exclusive

       ♦ Does the partner have a primary care physician CURRENTLY

          1. Required

          2. Yes or No

          3. Mutually exclusive

    b) Entered on QA - ALL AGE GROUPS

       ♦ Does the partner have a primary care physician CURRENTLY

          1. Required

          2. Yes or No

          3. Mutually exclusive

DCRI 019 Substance Abuse

    a) Entered on PAF - ALL AGE GROUPS

     ◆ In the opinion of the PSC, does the partner have a co-occurring mental illness and substance abuse problem
1. Required
2. Yes or No
3. Mutually exclusive

     ◆ Is this an active problem
1. Required
2. Yes or No
3. Mutually exclusive

     ◆ Is the partner CURRENTLY receiving substance abuse services
1. Required
2. Yes or No
3. Mutually exclusive

b) Entered on QA - ALL AGE GROUPS

     ◆ In the opinion of the PSC, does the partner have a co-occurring mental illness and substance abuse problem
1. Required
2. Yes or No
3. Mutually exclusive

     ◆ Is this an active problem
1. Required
2. Yes or No
3. Mutually exclusive

     ◆ Is the partner CURRENTLY receiving substance abuse services
1. Required
2. Yes or No
3. Mutually exclusive

DCRI 020 Index of Independent Activities of Daily Living (ADL)

a) Entered on PAF - OLDER ADULTS ONLY – Please refer to **Appendix C – Data Dictionary** for list of functional areas and allowed selections within each area.

     ◆ For each area of functioning :
1. Required
2. Only positive response recorded
3. Mutually exclusive within each area of functioning

b) Entered on QA - OLDER ADULTS ONLY – Please refer to **Appendix C – Data Dictionary** for list of functional areas and allowed selections within each area.

     ◆ For each area of functioning :
1. Required
2. Only positive response recorded
3. Mutually exclusive within each area of functioning

DCRI 021 Instrumental Activities of Daily Living (IADL)

a) Entered on PAF - OLDER ADULTS ONLY – Please refer to **Appendix C – Data Dictionary** for list of functional areas and allowed selections within each area.

     ◆ For each area of functioning :

1. Required
2. Only positive response recorded
3. Mutually exclusive within each area of functioning

    b) Entered on QA - OLDER ADULTS ONLY – Please refer to **Appendix C – Data Dictionary** for list of functional areas and allowed selections within each area.

♦ For each area of functioning :
1. Required
2. Only positive response recorded
3. Mutually exclusive within each area of functioning

DCRI 022   County Use Fields (6)
a) Not required
b) All age levels
c) Baseline entered on PAF
d) Three use fields for following on QAs
e) Three use fields for following on KETs
f) 15-position alpha-numeric per field
g) No validation will be performed – county use only

DCRI 023 Date of dis-enrollment from partnership
a) Key Event only
b) All age levels
c) Must be a valid date
d) Can not be a future date
e) Can not be prior to date of partnership

5.3 Decision Support System Input Requirements

DSSI 001   The DCR system must deliver data to the DSS for processing

DSSI 002   The DCR system must provide enough detail to DSS to allow synchronization with services data from CSI

5.4 DCR Performance Requirements

DCRP001   The DCR system must meet a volume of 15,000 FSP s annually.

DCRP002   The DCR system must provide for an expected growth in volume of approximately 20% increase per year.

DCRP003   The DCR system must accommodate quarterly changes to the PAF, QA, and KET forms

5.5 DCR Systems Security Requirements

DCRS 001   The DCR system must support stringent password protection for user accounts

DCRS 002   The DCR system must store passwords as encrypted values

DCRS 003   The DCR system must have an authentication data store for user authentication

DCRS 004   The DCR system authentication process must reside behind a firewall

DCRS 005   The DCR system must provide security administration level capabilities to those counties using the online entry system

DCRS 006   The DCR system must provide secure data access to the counties with data delivery and pick-up capabilities

5.6   DCR Table Maintenance

DCRT001   The DCR system must provide online assessment table maintenance functions for the following domains:

1. Partnership Information
2. Residential
3. Education
4. Employment
5. Sources of Financial Support
6. Legal Issues / Designations
7. Emergency Intervention
8. Health Status
9. Substance Abuse
10. ADL / IADL (Older adults only)

DCRT002   The DCR system must control access to the table maintenance functions through the authorizations levels of the users.

DCRT003   The DCR system must provide online lookup table functions for those values needed to be pre-defined for drop-down selections on the various assessment forms.

6 Technical Requirements

6.1   Hardware Requirements

The DCR system will use an n-Tier architecture that will require three servers.

DSSP 001   The DCR system will use a Web server
Minimum hardware configuration
1) Processor –2 x 3.0 Intel Xeon
2) Memory – 2 Gigabytes
3) Storage – 273 Gigabytes effective, RAID 5

DSSP 002   The DCR system will use an Application server
Minimum hardware configuration
1) Processor –2 x 3.0 Intel Xeon
2) Memory – 4 Gigabytes
3) Storage – 273 Gigabytes effective, RAID 5

DSSP 003   The DCR system will use a Database server
Minimum hardware configuration

1) Processor –2 x 3.0 Intel Xeon
2) Memory – 4 Gigabytes
3) Storage – 273 Gigabytes effective, RAID 5

6.2 Software Standards

6.2.1 The DCR system will use the Microsoft Windows 2003 Advanced Server operating system.

6.2.2 The DCR system will use Microsoft's Internet Information Services as the Web server.

6.2.3 The DCR system will use Microsoft's SQL Server 2005 as the Relational Database Management System.

6.2.4 The DCR system will use Microsoft's .Net Framework for the Web-based application.

7 Glossary

Below is a list of terms used in this appendix:

CSI	Client and Services Information
DCR	Data Collection and Reporting
DMH	Department of Mental Health
DSS	Decision Support System
EPHI	Electronic Protected Health Information
FSP	Full Service Partner
HIPAA	Health Insurance Portability and Accountability Act
IT	Information Technology
KET	Key Event Tracking
MHSA	Mental Health Services Act
PAF	Partnership Assessment Form
PSC	Partnership Service Coordinator
QA	Quarterly Assessment
SRS	Software Requirements Specification
TAY	Transitional Age Youth (ages 16 - 25 years)
XML	Extensible Markup Language

8 Appendix A: County Codes

Code	Name
01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange

Code	Name
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
63	Sutter/Yuba
65	Berkeley City
66	Tri-City

9 Appendix B: Forms

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10 Appendix C: Data Dictionary