SECOND AMENDMENT TO AGREEMENT WITH DELOITTE CONSULTING TO DEVELOP THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

| THIS AMENDMENT TO AN AGREEMENT, entered into on this | day of |
|---|--------|
| , 2004, by and between the COUNTY OF SAN MATEO, hereinafter called | 1 |
| "County," and DELOITTE CONSULTING, hereinafter called "Contractor". | |

WITNESSETH:

WHEREAS, the parties entered into an Agreement on October 29, 2002, in San Mateo County for the purpose of developing a web-based system for Alcohol and Other Drugs Services division that would allow treatment providers with an easier and accurate process for data entry; and

WHEREAS, the parties entered into a First Amendment on June 24, 2003, to increase the amount and extend the term for the purpose of transitioning the system over to County for system maintenance; and

WHEREAS, the parties now wish to further amend the Agreement to allow the Contractor to develop and assist the County to build a customer-focused extensible Homeless Management Information System (HMIS).

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES AS FOLLOWS:

Section 1: Exhibits is amended to read as follows:

- 1. The following exhibits are attached hereto and incorporated by reference herein:
 - Exhibit A: Statement of Work (FY 2002-03
 - Exhibit A1: San Mateo HMIS Statement of Work New Material
 - Exhibit B: Deloitte Consulting General Business Terms
 - Exhibit C: Statement of Work (transition)
 - Schedule D: HIPAA Business Associate Requirements
- 2. Section 2: Services to be performed by Contractor is hereby amended to read as follows:

In consideration of the payments hereinafter set forth, Contractor shall perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibits A, Exhibits B and C attached hereto, and by this reference made a part hereof.

3. Section 3. <u>Term</u> is hereby amended to read as follows:

The term of this Agreement shall be from 11/1/02 to 12/1/04.

1. Section 4: **Payments** is hereby amended to read as follows:

In consideration of the services rendered in accordance with all terms, conditions and specifications set forth herein and in the Exhibits and Attachments hereto, County shall make payment to Contractor in the manner and amounts specified in the Exhibits and Attachments. In the event that the County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by the County at the time of contract termination. In no event shall total payment under this Agreement exceed \$1,844,005, one million eight hundred forty four thousand and five dollars.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

- 1. The Agreement of October 29, 2002, as amended on June 24, 2003, be further amended as set forth herein.
- 2. This Second Amendment is hereby incorporated and made a part of the original Agreement and is subject to all provisions therein.
- 3. All provisions of the original Agreement and subsequent Amendments shall be binding to all parties hereto.
- 4. All provisions of the original Agreement shall be applicable to all Amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

| | COUNTY OF SAN MATEO |
|--------------------|---|
| ATTEST: | By: Mark Church, President Board of Supervisors |
| | Date: |
| Clerk of the Board | |
| | · · |
| Date: | DELOITTE CONSULTING L.P. By: Deloitte Consulting |
| | By: Alphani Long Stephani Long Principal, Deloitte Consulting |
| | Date: 1/6/04 |



San Mateo HMIS System

Statement of Work

Deloitte Consulting

San Mateo HMIS System

Statement of Work

The San Mateo County Human Services Agency (County) is launching an initiative to
develop the Homeless Management Information System (HMIS). Deloitte Consulting
(hereinafter referred to as Contractor) will develop and assist the County to build a
customer-focused, extensible HMIS. The County HMIS will be a computerized data
collection application designed to capture client level information over time on the
characteristics and service needs of homeless persons and will be deployed on the
internet.

This statement of work includes the following main sections:

- 1.0 Task Narrative describes the tasks of both County and Contractor for developing and implementing the County HMIS.
- 2.0 Project & Deliverable Schedule includes the high level workplan for the HMIS project and the deliverable schedule
- 3.0 Technical Architecture discusses the technical architecture of the HMIS
- 4.0 Project Organization describes the HMIS project organization
- 5.0 Project Cost and Payments includes the Deloitte Consulting fee for professional services for the HMIS project
- 6.0 Assumptions list the assumptions that were used to develop this statement of work

1.0 Task Narrative

The following section includes a description of the tasks to be provided by Contractor in order to design, develop, and implement the HMIS.

1.1 Initiate Project

The Initiate Project task occurs in week 1 of the project. As part of this task the Contractor's Project Manager will work with appropriate county staff to establish the project environment, establish policies and procedures, and conduct the project kick-off meeting as defined below:

Establish Project Environment: The Contractor Team will be assembled and will be located at the project site (Human Services Agency Office, Harbor Boulevard Campus) throughout the life of the project.

Establish Policies and Procedures: The Contractor Team, with input from County staff, will create policies and procedures that will support various aspects of the project. The policies and procedures created at the beginning of the project will include, but are not be limited to:

- Communication and reporting controls
- · Management and reporting standards
- Deliverable review and acceptance

Project Kick-off Meeting: The Contractor will have a Project Kick-off Meeting to formally announce project initiation. During the kick-off meeting Contractor will present the project

strategy to the steering committee members and project staff, highlight the Project Work Plan including major tasks, responsibilities and define the roles and responsibilities of the staff.

1.2 Ongoing Project Management

Also during the first week of the project the Contractor's Project Manager will work with County staff to finalize the project work plan which is the project's first deliverable. Throughout the life of the project, weekly status meetings and monthly Steering Committee meetings will be conducted, and the project work plan will be updated on a weekly basis. The County's homeless program staff will be responsible for all communication to the homeless service providers throughout the life of the project.

1.3 Ongoing Quality Assurance

Contractor will assign a Contractor Manager who will be responsible for the quality of all work and deliverables and will continuously monitor it throughout the life of the project.

1.4 Ongoing Knowledge Transfer

Contractor will provide knowledge transfer that will allow for the operation, maintenance, and expansion of the HMIS at the end of the implementation. Knowledge transfer activities will occur throughout the life of the project.

1.5 Requirements

The requirements task will take place during weeks one through four of the project. The Contractor will produce the System Requirements Definition Deliverable, which will be submitted to County in final form at the end of the fourth week. The Requirements subtasks are discussed in more detail below.

Identify Requirements Participants and Schedule Sessions: Contractor will work with County to schedule requirements sessions during week one of the project. Since this is a brief task it is critical that the County resources and provider staff be available to attend the sessions.

Review Relevant Documentation: The Contractor Team will review documentation relevant to the requirements task. This includes re-reviewing the Department of Housing and Urban Development, Homeless Management Information Systems Data and Technical Standards Notice and reviewing other County documentation such as strategic plans or additional requirements documentation.

Conduct Requirements Sessions: Contractor will conduct joint requirements sessions to validate the existing business and functional requirements for the HMIS and determine new requirements. Appendix A provides high level functional requirements that were provided by the County's Homeless Program during initial discussions. These requirements are very similar to the recently developed Drug and Alcohol Information System for You (DAISY) for the County's AOD program group. Additionally Appendix B includes the client level data requirements as specified in the Department of Housing and Urban Development HMIS data and technical standard notice, July 22, 2003. These requirements will form the basis for the development of the HMIS system for the County. Additionally the Contractor assumes that the Utility Module and Provider Module of the DAISY system will be used "As-Is" with minimal modifications for the HMIS. Please see Appendix A and Appendix B for more details.

Identify Confidentiality Requirements: The Contractor will work with County to identify the requirements necessary to ensure that the HMIS is developed to comply with required Confidentiality state and/or federal laws and regulations, and will maintain the confidentiality of client information as it pertains to HIPAA.

Analyze and Prioritize Requirements: Contractor will work with County to prioritize the requirements to determine which should be met in the initial implementation of the HMIS. County can decide to implement requirements not met in the initial implementation during subsequent releases of the system.

Prepare and Submit Systems Requirements Definition Deliverable: The Contractor will develop the Systems Requirements Definition Deliverable. This deliverable will contain the business and functional requirements of the proposed system, including the requirements for HMIS to comply with confidentiality regulations, as well as Contractor's understanding of the system issues. County staff will be asked to review, and upon approval, formally accept this deliverable.

1.6 Design

Contractor will facilitate interactive group design sessions with the key County Homeless Program staff to facilitate the design of system requirements for the HMIS. This task will take place during weeks five through ten of the project. The Contractor will submit the Systems Design deliverable to County in at the end of the tenth week.

Security Requirements: Contractor will work with County to define security and privacy provisions which will cover maintenance of program integrity, data security and access authority and levels. Given the nature of the homeless data this is important. This will drive the system functionality and design. All user group profiles and roles must be finalized prior to the development task.

GUI Standards: Contractor will work with County to develop Graphical User Interface (GUI) standards that the HMIS will be developed to comply with.

Design Logical and Physical Data Models: The Contractor will design the logical and physical data models based on the HMIS business and functional requirements as well as the security and privacy requirements.

Design Program Specifications: Contractor will create detailed program specifications for each module, Active Server Page (ASP), Component Object Model (COM), stored procedure or Visual Basic program required for the HMIS. These specifications include table access, error handling, business logic and sample web pages. The extract to be used for ad hoc reporting purposes will also be designed at this time.

Prepare and Submit Systems Design Deliverable: The Contractor will produce the Systems Design Deliverable which will contain the security requirements, the GUI standards, the logical and physical data models, program specifications, prototype screen designs, and documentation on extending the system for future enhancements and external system interfaces. County staff will be asked to review, and upon approval, formally accept this deliverable.

1.7 Development

The Development task will take place during weeks 11 through 15. The development strategy will include using structured programming techniques, code reusability, and module independence. The culmination of this task will be a system that has been coded and unit tested, a defined and implemented disaster recovery plan, and a quality assurance deliverable that outlines

the systems, integration, and user acceptance test plans. The sections below outlines the Development subtasks in more detail.

Create Database: Contractor will create the development/test database as defined in the Design task above.

Code Application Components: Contractor will code all components of the HMIS including the ASPs, COM components, stored procedures and Visual Basic programs. An ad hoc report extract will also be created at this time.

Unit Test Application Components: The Contractor staff will unit test each individual application component to verify that it works as intended. If the component fails unit test the Contractor staff will fix the bug and retest. This cycle will continue until the component passes unit test.

Define and Implement Disaster Recovery Plan: Contractor will work with County to define the disaster recovery plan for the HMIS. This will include provisions for restoring the database, software and data to a state prior to the loss of that system.

Quality Assurance (QA): Contractor will work with County to define systems, integration, and user acceptance test plans that thoroughly test all aspects of the system. Each test plan will include:

- Testing approach (i.e., what exactly will be tested and how)
- Approach for orienting testers (User Acceptance Test only)
- Test scenarios
- Approach to tracking test results
- Approach to communicating progress and test results to County

Contractor will assist County staff to develop user acceptance test scripts. These test scripts will conform to the business and technical requirements, technical design and data model definitions. The final activity of this subtask will be to prepare and submit the QA deliverable to County. County staff will be asked to review, and upon approval, formally accept this deliverable.

1.8 Systems Testing

The Contractor will conduct the Systems Testing task during weeks 16 and 17. During the testing tasks the Contractor will conduct thorough and deliberate quality assurance and testing steps. The sections below outline the Systems Testing subtasks in more detail.

Perform Systems Test Scenarios: Contractor will system test the HMIS using the scenarios defined in the QA deliverable.

Complete Bug Fixes: Software problems discovered during this testing task will be fixed.

Retest: After problems are fixed the software will be retested to verify that it now works as intended.

1.9 Integration Testing

The Contractor will conduct Integration Testing during weeks 17 and 18 of the project overlapping the System Testing by a week. Integration Testing will validate that the processes within subsystems work together. This entails testing a series of application components or

modules to verify that related modules pass and share data correctly, in accordance with the Systems Design deliverable. The sections below outlines each subtask in more detail.

Perform Integration Test Scenarios: Contractor will perform integration testing of the HMIS using the scenarios defined in the QA deliverable.

Complete Bug Fixes: Software problems discovered during this testing task will be fixed.

Retest: After problems are fixed the software will be retested to verify that it now works as intended.

1.10 Training

Training tasks will be conducted from weeks five through 21 of the project. The County will be responsible for developing and conducting the training for the HMIS. The Contractor will be in an assistance role during the training tasks. Training tasks include but are not limited to creation of the training plan, creation of the help text for the HMIS screens, creation of the user manual, scheduling and coordinating training facilities and participants and delivering training to HMIS users. Since the HMIS will be very similar to the recently developed DAISY system for the County's AOD program, the HMIS team will be able to leverage a lot of the work and lessons learned from the DAISY training experience.

1.11 Data Conversion

Data Conversion tasks will be conducted from weeks 12 through 23 of the project. The County will be responsible for the conversion of the provider data. The Contractor will be in an assistance role during the data conversion tasks. Data Conversion tasks include but are not limited to creation of the data conversion plan, mapping data elements, cleansing, transforming, matching and loading data, performing test runs and performing production loading. The County's Data Warehousing team will be responsible for performing the data conversion. The Data Warehousing team has the necessary experience, skills and tools to perform the conversion tasks.

1.12 User Acceptance Testing

The purpose of user acceptance testing is to validate that the developed system components realize the functional requirements set forth in the scope of work. After the application has been successfully system and integrated tested, it is ready to be tested by County users during weeks 19 through 21.

Throughout the user acceptance testing process, each test script will be executed independently to address the corresponding business scenario. When a test script is successfully run and meets mutually agreed upon performance specifications, it will be deemed complete. Once a test script is complete, it will not be considered again in the user acceptance testing process. Following this process, when all the identified user acceptance test scripts are passed, the user acceptance test of the HMIS will be deemed complete. Contractor assumes full commitment and dedication of County team members to complete this task within the time allocated in the approved project work plan. The sections below outlines each subtask in more detail.

Orient User Acceptance Testers: Contractor will support County in its acceptance testing efforts by providing high-level system orientation and acceptance test execution instruction to the County testers.

Support User Acceptance Test: After the County testers have been oriented to the system they will begin to test using the scenarios defined in the QA deliverable. Contractor will provide all requisite software support to facilitate the completion of this testing.

Complete Bug Fixes: Problem reports from scenarios will be tracked closely and those problems that are within the contracted scope of work will be systematically corrected. If necessary, Contractor will work with County to prioritize these software fixes.

Prepare and Submit Summary of Acceptance Test Issues and Resolutions: To document User Acceptance Test, Contractor will prepare and submit to County a summary of the problems or issues discovered and the respective resolution for each.

1.13 Retest and Deploy

The County will retest the HMIS during this task. This task will occur during the final two weeks of the project, weeks 22 and 23. The sections below outlines each subtask in more detail.

Retest: After software problems encountered during User Acceptance Test have been fixed they will be retested by County staff during this task.

Prepare and Submit Technical Documentation Deliverable: Contractor will submit to County a final deliverable to summarize the entire project. This deliverable will contain updated documentation from each of the previous deliverables. It will also include the Summary of Acceptance Test Issues and Resolutions as well as any training material used to train the testers.

Prepare for System Deployment: Contractor will help County prepare for the deployment of the HMIS. This includes populating users and their respective roles in the application, populating reference tables if necessary, optimizing the application and database, and testing the disaster recovery processes.

2.0 Project & Deliverable Schedule

Table 2-1 below summarizes the tasks to be performed by Contractor, the duration of the tasks, associated deliverables and a deliverable schedule.

| Tasks | Task Duration | Deliverables | Deliverable Schedule* |
|--------------------------------|------------------|---|--------------------------|
| 1.1 Initiate Project | Week 1 | Project Work Plan | Week 1 |
| 1.2 Ongoing Project Management | Week 1-23 | | |
| 1.3 Ongoing Quality Assurance | Week 1-23 | i de la companya de | |
| 1.4 Ongoing Knowledge Transfer | Week 1-23 | | 0.000 |
| 1.5 Requirements | Week 1-4 | System Requirements Definition Deliverable | Week 4 |
| 1.6 Design | Week 5-10 | Systems Design Deliverable | Week 10 |
| 1.7 Development | Week 11-15 | QA Deliverable | Week 15 |
| 1.8 Systems Testing | Week 16-17 | r cha | |
| 1.9 Integration Testing | Week 17-18 | | |
| 1.10 Training | Week 5-21 | | |
| 1.11 Data Conversion | Week 12-23 | | |
| 1.12 User Acceptance Testing | Week 19-21 | Ann Charles | |
| 1.13 Retest and Deploy | Week 22-23 | Technical Documentation | Week 23 |

Deloitte Consulting

County of San Mateo HMIS System

| - | Tasks | Task Duration | Deliverables | Deliverable Schedule* |
|---|--------------|------------------|--------------|--------------------------|
| | | | Deliverable | |

Table 2-1: Summary of the tasks, task duration, associated deliverables & deliverable schedule

^{*} All deliverables are submitted at the end of the specified week.

County of San Mateo HMIS System
Figure 2-1 below includes a high level work plan for the HMIS project.

| | WBS | 0 | Task Name | Duration | Start | Finish Predeces | S6t Glr 3, 2003 Gtr 4, 2003 Gtr 1 Jul Aug Sep Oct Nov Dec Jan |
|--------------------|--------------|----------|--|---|--|--|--|
| 1 2 | 1 | | E HMS Project Work Plan | 110 days | of any or an arrangement | · · · · · · · · · · · · · · · · · · · | |
| 3 | 1.1 | - | 🖹 initiate Project | 5 days | Amarianih dan mariti | and the same and t | |
| 4 | 1.1.2 | | Establish Policies and Procedures Finalize Project Work Plan | 5 days | A | | |
| 5 | 1.1.3 | | Establish Project Environment | 5 days 5 days | | | |
| 6 | 1.1.4 | 22 | Project Kick-off Meeting | 0 days | damingana inin | | |
| 7 | 1.1.5 | | Deliverable: Finalized Work Plan | 0 deys | | | - Mü |
| 8 | 1.2 | <u> </u> | E Ongoing Project Management | 110 days | | Annia de la compania | |
| 9 | 1:2,1 | | Revise Work Plan as Required | 110 days | in maining war. | de la como | - 1 |
| 10 | 1:22 | | Conduct Weekly Status Medings | 110 days | Mon 9/1/00 | Fri 1/30/04 | - - |
| 11 | 123 | | Conduct Steering Committee Meetings | 110 days | Mon 9/1/03 | Fri 1/30/04 | |
| 12 | 1.3 | | E Ongoing Quality Assurance | 110 days | Mon 9/1/91 | Fri 1/30/04 | |
| 13 | 1,9,1 | | Quality Assurance Tasks | 110 days | Mon 9/1/03 | Fri 1/30/04 | |
| 14 | 1,1 | | ⊖ Ongoing Knowledge Transfer | 110 days | · | Fri 1/30/04 | |
| 15 16 | 1:4.1 | | Knowledge Transfer Activities | 110 days | | | |
| 17 | 1.51 | | S Reguliromente | 16 days | Wed 9/3/03 | | |
| 18 | 1.5.2 | | Identify Requirements Participants and Schedule Sessions Review Relevant Documentation | 3 days | | | 4 4 |
| 19 | 1.5.3 | · | Conduct Requirements Sessions | 3 days | J | · | |
| 20 | 1.5,4 | | Define Confidentially Requirements | 15 days | | | |
| 21 | 1.5.5 | | Analyze and Prioritize Requirements | 15 days 15 days | | · · · · · · · · · · · · · · · · · · · | |
| 22 | 1.5.6 | | Prepare System Requirements Definition Deliverable | 15 days | <u></u> | £ | |
| 23 | 1.5.7 | i | Deliverable: System Requirements Definition | 0 days | Fri 9/26/03 | | - 3,24 |
| 24 | 1.6 | | E Deskin | 25 days | | and the second s | |
| 25 | 1.5.1 | | 🖾 Conduct Decign Secsions | 10 days | | S. Consumer and S. Consumer an | |
| 28 | 1.6.2 | | Prepare Provider Inventory Analysis | 5 days | Mon 9/29/03 | Fri 10/3/03 23 | |
| 29 | 1,6.3 | | Design Logical Data Models | 5 days | Mon 10/6/03 | Fri 10/10/03 28 | |
| 30 | 1:6.4 | | Design Physical Data Models | 15 days | ļ | ,} | |
| 31 32 | 1.65 | | Design Program Specifications | 15 days | | francisco de la constantina della constantina de la constantina della constantina de | |
| 33 | 1.66 | | Prepare System Design Deliverable | 20 days | <u> </u> | | |
| 34 | 1.8.7 1.7 | المحمد | Deliverable: System Design Deliverable | 0 deys | Arminimization and in the line is a second | framili, in minimal management | |
| 3 5 | 1.7.1 | | □ Development Develop & Meirtein Delsbase | ······································ | Mon 18/27/63 | Fri 12/5/03 | - 4 <u>1</u> |
| 36 | 1.7.2 | | Code Application Components | 30 days | ; 0 | <u> </u> | - - - - |
| 37 | 1.7.3 | | Code Application Screens | 30 days | Mon 10/27/03 Mon 10/27/03 | I a market in the second of the second | |
| 38 | 1.7.4 | | ☐ Quality Assurance (QA) | ····· | Mon 10:27:03 | Fri 12/5/03 33 Fri 12/5/03 33 | |
| 39 | 1.7.4.1 | | Develop Systems Test Plan & Scenarios | 30 days | ļ., m., | £ | |
| 40 | 1.7.4.2 | ***** | Develop Integration Test Plan & Scenarios | 30 days | بالتناشية للمستشادة | game amount of the comment of the co | |
| 41 | 1.7.5 | | Prepare GA Deliverable | ****************** | Mon 10/27/03 | 3 | |
| 42 | 176 | | Deliverable: OA Deliverable | 0 dzys | | Fri 12/5/03 41 | 1 2/12/5 |
| 43 | 1.8 | | E System Testing | 10 days | Mon 12:8:03 | Fri 12/19/03 | |
| 44 | 1.8.1 | | Perform Systems Test Scenarios | 10 days | Mon 12/8/03 | Fri 12/19/03 34 | |
| 45 | 1.8.2 | | Complete Systems Test Bug Fixes | 10 daya | Mon 12/8/03 | Fri 12/19/03 34 | |
| 46 | 1.8.3 | | Relest Systems Test Bug Fixes: | 10 days | Mon 12/8/03 | Fn 12/19/03 34 | |
| 47 | 1.9 | | ☐ Integration Testing | | Mon 12/15/03 | Fri 12/26/03 | |
| 48 49 | 1.9.1 | | Perform Integration Test Scenarios | 10 days | | Fri 12/26/03 46SS+5 d | ···(3) |
| 50 | 1.9.3 | | Complete Integration Test Bug Fixes | | Mon 12/15/03 | | |
| 51 | 1.10 | | Retest Integration Test Bug Fixes ⊞ Training | 10 days | in management | | |
| 52 | 1,10,1 | | Create Training Plan | #0 days | | Fri 1/16/04 | |
| 53 | 1.10.2 | | Create Help Text | 10 days | | | 4 2 |
| 54 | 1.10.3 | | Schedule Training Facilities for UAT | *************************************** | Mon 10/13/03 Mon 10/27/03 | | |
| 55 | 1.10.4 | | Create User Manuel | 25 days | | | |
| 56 | 1.10.5 | | Create Training Curriculum | 25 days | 010100000000000000000000000000000000000 | Fri 12/5/03 54 | |
| 57 | 1:10.6 | | Conduct User Training Sessions | 30 days | | Fri 1/18/04 SB. | |
| 58 | 1.11 | | 🗵 Data Conversion | 65 days | | Fri 1/30/04 | |
| 59 | 1,11,1 | | Conduct Conversion Tasks | 65 days | | Fri 1/30/04 24 | |
| EO | 1,12 | | El User Acceptance Testing | | Mon 12/20/03 | Fri 1/16/04 | *** |
| 61 | 1,12,1 | | Prepare for User Acceptance Testing | 1 day | Mon 12/29/03 | Mon 12/29/03 47 | 1 1 |
| 52 | 1,122 | | Prepare UAT Environment | and the second | Mon 12/29/03 | Mon 12/29/03 47 | |
| 63 | 1.12.3 | | Orlers User Acceptance Testers | *************************************** | Mon 12/29/03 | Mon 12/29/03 47 | |
| 5 4 65 - | 1.12.4 | | Conduct User Acceptance Testing | 10 days | | Mon 1/12/04 63 | |
| 66 66 | 1.12.5 | | Support User Acceptance Test | 10 days | | Mon 1/12/04 63 | |
| 57 J | 1.12.6 | { | Complete UAT-Bug Fixes Prepare Summary of Acceptance Test Issues and Resolution | 4 days | Tue 1/13/04 | Fri 1/16/04 65 | |
| 38 | 1:12.8 | | Deliverable: Summary of Acceptance Test Issues and Resolution Deliverable: Summary of Acceptance Test Issues and Resolution | 4 days | Tue 1/13/04 | Fri 1/16/04 65 | |
| 39 | 1.13 | | B Retest and Deploy | 0 days 169 days | Fri 1/16/04 Mon 9/1/03 | Fri 1/16/04 67 | <u> </u> |
| 70 | 1.13.1 | | Retest | 9 days | Mon 1/19/04 | Thu 1/29/04 60 | 1 7 |
| 71 | 1.13.2 | | Prepare Technical Documentation Deliverable | 9 days | Mon 1/19/04 | Thu 1/29/04 60 | |
| 72 | 1.13.3 | | Deliverable: Technical Documentation Deliverable | 0 days | 7hu 1/29/04 | 7hu 1/29/04 71 | - 1 |
| | 1.13.4 | | Prepare for System implementation | 9 days | Mon 1/19/04 | Thu 1/29/04 60 | 4 3 |
| 73 | 4,43,43 | | | | | | |
| A COLUMN | 1,13,5 | | Deliverable: Production Installed System | 0 days | Thu 1/29/04 | 7hu 1/29/04 73 | # # # # # # # # # # # # # # # # # # # |

3.0 Technical Architecture

The County HMIS will use the same architecture and infrastructure that was used to develop the DAISY application. The County will be able to host HMIS using the same infrastructure thereby saving the County additional expenses to procure new infrastructure for HMIS. The proposed architecture for HMIS is a web browser based application that tightly integrates with the central Oracle database. The user interface will be created in HTML using Active Server Pages (ASP) which can be accessed by the County staff and Homeless Providers using Internet Explorer 5.5 or above. The business logic and data access logic will be encapsulated in the middle-tier COM (Component Object Model) objects created in Visual Basic that will be hosted on the Application Server. The user interface, middle-tier objects and database will run on Microsoft Windows 2000 Servers.

4.0 Project Organization

This section describes the proposed roles and staffing resource needs for both the Contractor team and County staff for the development of the HMIS.

4.1 Contractor Team

The team assembled by Contractor is composed of practitioners with functional and technical skills and have experiences that collectively form the capacity to provide a complete set of services. The following table summarizes the classification and number of personnel (in terms of total staff) for the Contractor team.

| Deloitte Consulting Classifications | Total Staff |
|-------------------------------------|-------------|
| Partner | 1 |
| Manager | 1 |
| Senior Consultant | 1 |
| Consultant | 1 |
| System Analyst | 1 . |
| Classification Totals | 5 |

Table 4-1 Classification & Number of Contractor Staff

The Contractor Partner and Manager included in the table above will be responsible for conducting risk, budget and quality reviews of the HMIS project and will not be full-time (FT) on the project.

The table below identifies the number and types of resources that the County should provide, to meet the specified time frames. These figures are expressed in terms of the number of people, as well as either a FT or part-time (PT) status (where FT is 40 hours a week and PT is 5-10 hours a week).

| Tasks | County-BSG | County-Homeless Program | County-Homeless Provider Agencies |
|----------------|----------------------|----------------------------|---|
| Requirements | 1 PT Project Manager | 1 PT Supervisor | 6 PT Provider Agency Representatives |
| Design | 1 PT Project Manager | 1 PT Supervisor | 6 PT Provider Agency Representatives |
| Development | 1 PT Project Manager | 1 PT Supervisor | |
| System Testing | 1 PT Project Manager | | 100 mg (100 mg) |

| County | of San | Mateo | HMIS | System |
|--------|--------|-------|-------------|--------|
|--------|--------|-------|-------------|--------|

| Tasks | County-BSG | County-Homeless Program | County-Homeless Provider Agencies |
|-------------------------|---|----------------------------|--|
| Integration Testing | 1 PT Project Manager | | The state of the s |
| Training | 1 PT Project Manager 1 PT Supervisor (Training) | 1 PT Supervisor | All Users (Only for attending training sessions) |
| Data Conversion | 1 PT Supervisor (Data Warehouse) 1 PT Analyst (ETL) | | |
| User Acceptance Testing | 1 PT Project Manager | 1 PT Supervisor | 6 PT Provider Agency Representatives |
| Retest and Deploy | 1 PT Project Manager | | |

Table 4-2 County & Homeless Provider Resource Requirements

Figure 4-1 Organizational Chart for the County HMIS Project illustrates the Contractor staff and their proposed roles for the project, as well as County staff.

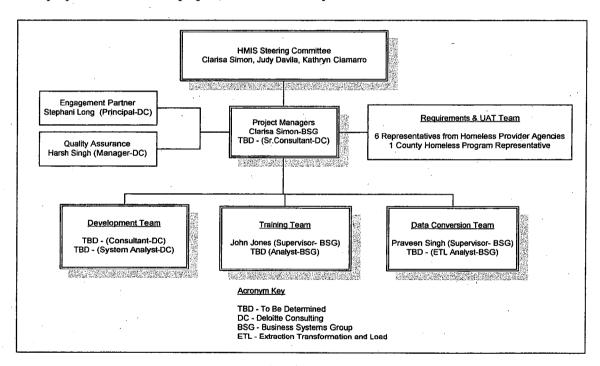


Figure 4-1 Organizational Chart for the County HMIS Project

Note: the project organization assumes that the development team will be able to leverage the services of the Database Administrator and the Business Logic programmer currently staffed on the DAISY maintenance project.

5.0 Project Cost Proposal

The County will pay Contractor according to a deliverable based cost schedule.

The total professional services cost associated with the effort included in this statement of work will not exceed \$375,000.

The Contractor will invoice the County upon the formal completion and acceptance of a deliverable by the County. Upon submittal of an invoice to the Director of the Human Services Agency or her designee, and formal acceptance of deliverables, payment will be made by the County within 30 days.

Table 5-1 includes the deliverables, deliverable schedule and the associated cost for each deliverable.

| Deliverables | Deliverable Schedule* | Cost |
|--|--------------------------|-----------|
| Project Work Plan | Week 1 | \$18,750 |
| System Requirements Definition Deliverable | Week 4 | \$82,500 |
| Systems Design Deliverable | Week 10 | \$93,750 |
| QA Deliverable | Week 15 | \$123,750 |
| Technical Documentation Deliverable | Week 23 | \$56,250 |
| | TOTAL | \$375,000 |

Table 5-1 Cost Schedule for the AOD Project

6.0 Assumptions

Contractor has developed this statement of work with the following assumptions.

Project Management

- The project start date is assumed to be January 31, 2004.
- County will provide timely resolution of the county controlled issues that affect the project plan and schedule.
- Review and comments on deliverables by County representatives will occur in a cooperative, timely, and ongoing manner. Our work plan is predicated upon 5 days of deliverable acceptance period
- County will provide executive support and communications on the importance and priority of the project.
- The cost proposal for professional services included in Section 5.0 is valid till January 31, 2004.

Project Organization

- County will provide staff, as identified in the Organizational Chart in Section 4.0, in a timely manner to support the project.
- County staff assigned to the project will be proficient in basic PC skills. In addition, we assume that all users will be proficient in these skills.
- Contractor assumes that all County technical resources receiving a knowledge transfer will
 have baseline knowledge of the tools and technologies being implemented on the HMIS
 project.

Exhibit A1

Design and User

- County will be responsible for providing resources during the Requirements, Design and User Acceptance Testing phases. The Contractor assumes that the same individuals involved during the Requirements phase will be available for User Acceptance Testing.
- County staff will be available for meetings as required.
- County will provide the facilities, hardware and software including PCs, printers, fax, connectivity to the Local Area Network and the Internet, office supplies, etc. to the Deloitte team working on the project. These facilities will be made available on 24 hours a day, 7 days a week basis.
- County will complete all activities it is responsible for by timeframes as outlined in this proposal.
- Each Contractor team member is currently available to commence work with County when the project starts. Should a team member become unavailable, we will work with County to agree on an equally well-qualified replacement team member.

Technical Architecture

- County will be responsible for the maintenance of the technical infrastructure, which includes installations, configuration, capacity planning, backup/recovery, and maintenance.
- The minimum configuration of the client machines to run the proposed solution is:
 - o Operating System: Windows 98
 - o CPU: Pentium 166 mhz
 - o Memory: 32MB
 - o Hard Drive: 10MB
 - o Browser: Internet Explorer 5.5
- Total number of concurrent users will not exceed 50.
- The users must access the HMIS using Internet Explorer 5.5 or higher.
- Contractor will work with County to define the user groups, roles and the pages that they will have access to during the requirements and design phases of the project. All user group profiles and roles must be finalized prior to the development phase of the project.

Functional Specifications

- Functional and data specifications included in this statement of work (Appendix A and Appendix B) will form the foundation for the requirements sessions as well as the developed system. The Contractor does not anticipate major changes to this foundation.
- The code used to develop the Provider Management Module and the Utility Module for the DAISY system will be leveraged to develop the same with minor modifications for the HMIS. In addition where applicable the development team will use the code and technical framework that was used to develop DAISY to maximize reuse. Examples of such reuse include generation of alerts, referral management, data access, data structures, development standards, etc.
- Total number of screen pages needed for the HMIS will not exceed 30.
- Total number of UAT scenarios will not exceed 25. The number of these scenarios and their content will be mutually agreed upon by Contractor and County before user acceptance testing begins.
- Total number of entities in the data model will not exceed 50.
- Total number of attributes in the data model will not exceed 300. The Client Management Module will include only the attributes included in Appendix B Data Requirements. The County may determine an additional 30 attributes to be included in the HMIS.
- Total number of reports will not exceed 4. In addition, an ad-hoc extract of the entire database will be created.
- The format of the pre-defined reports generated by the HMIS will need to be defined during the detailed design phase of the project.

Appendix A – HMIS Functional Specifications

This section will discuss the central entities in the HMIS, the modules and sub-modules of the application. Functional specifications included in this section will form the foundation for the requirements sessions as well as the developed HMIS. We do not anticipate major changes to this foundation.

A.1 Entities in the HMIS

The new HMIS will be designed around three fundamental entities:

A **client** is defined as an individual who is receiving service(s) which are provided by the CoC. The client module tracks information for the individual client. The HMIS will be built around the concept of an individual client rather than a case which usually ties together more than one individual based on program-specific business rules. However, users will be able to identify the individual as part of a household.

A **provider** is defined as an organization that provides services to the homeless clients. Subcontractors who provide services under a contract that a provider has with County will also be tracked in the system.

A service is defined as an activity which will meet client needs. The service needs for a client are established after client demographic and assessment information is entered. A facility is a location where a service is provided. A service offering is a combination of a service, a specific provider and a specific facility. Clients are referred to providers for services at a service offering level. By architecting the application around these fundamental concepts, the application can be easily extended to include other business processes at a later time.

A.2 Securing the Application

Security in the application will be implemented using User-Groups, User-Roles, and Individual Users. Each user is given a user name and password that will authenticate them to the application. Once they are authenticated the modules, sub-modules and actual screens that user can see are determined by the group(s) defined for a particular user.

The groups also determine the privileges (read, update, and create) that a user has on a screen they have access to. Roles will be used to enforce data isolation. Such architecture provides a robust mechanism of securing the application. It also makes the application flexible to support the future extension of this application to other business units within County. The HMIS will include functionality in the utility module which will help to maintain this security architecture through a set of easy-to-use screens for defining groups, roles, users and security profiles.

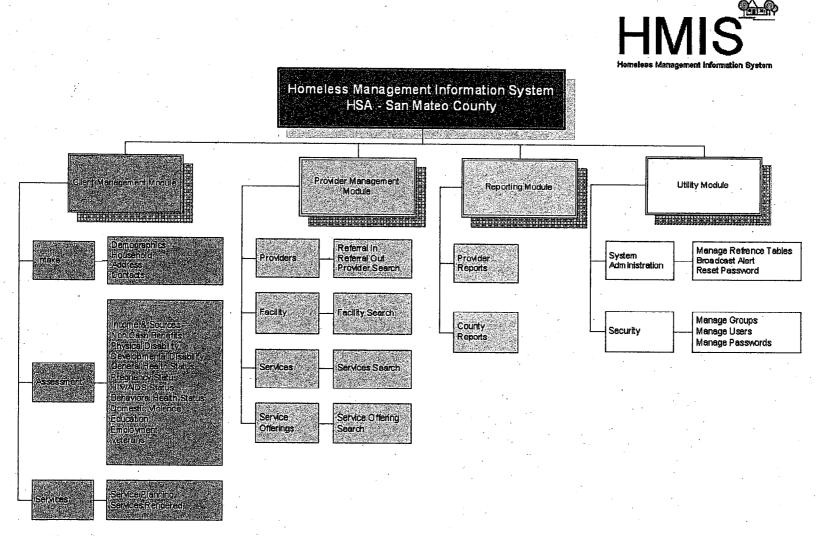


Figure A-1: Modules and Sub Modules of the County HMIS

A.3 Application Modules

The HMIS will consist of four modules: Client Management, Provider Management, Reporting, and Utilities.

Client Management Module

This module contains the screens used to capture information on a client, perform assessments, identify client service needs, plan client services, admit client, record the services rendered, and discharge the client. The first screen a user sees when they enter the client management module will be the client search screen. This ensures that a record does not already exist for the client in the system.

The client management module is broken down into three menus: Intake, Assessment, and Services. Each of these menu is further broken down into sub-menus and/or screen. Please see The Client Management module's functionality is explained in greater detail below.

The Client Management module's functionality is explained in greater detail below.

Client Search

The client search functionality will allow a user to search the database to determine if a client already exists in the HMIS. The user can conduct a search on a variety of criteria including first name, last name, gender, birth year and SSN (these criteria will be finalized during the requirements task. The name search capability will include the ability to do a phonetic search on last name as well as search aliases. Once a client is found, a user can view data related to that client. A client search must be performed prior to entering a new client in an effort to reduce the potential for creating duplicate client records.

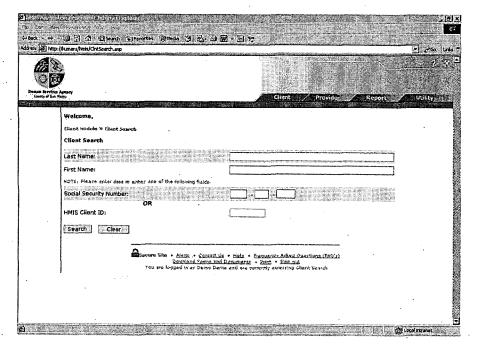


Figure A-2: Mock HMIS Client Search Screen

Client Intake

The client intake functionality will give the user the ability to enter or update client information in the system. By searching for and selecting a client, the worker can view the client intake information that has been previously entered. Client demographic information such as name, SSN, birth date, race, ethnicity, etc. will be captured in this intake section. Separate screens will capture information related to contacts, addresses and households.

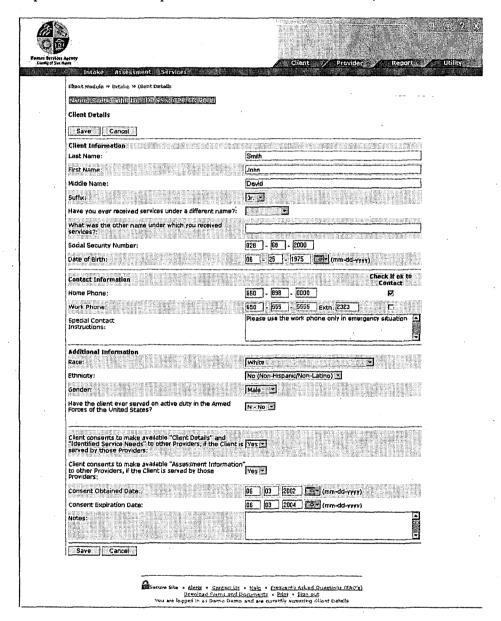


Figure A-3: Mock HMIS Client Intake Screen

Assessments

The assessments module will comprise of screen/s to capture the following categories of information:

- Income & Sources
- Non Cash Benefits
- Physical Disability
- Developmental Disability
- General Health Status
- Pregnancy Status
- HIV/AIDS Status
- Behavioral Health Status
- Domestic Violence
- Education
- Employment
- Veterans

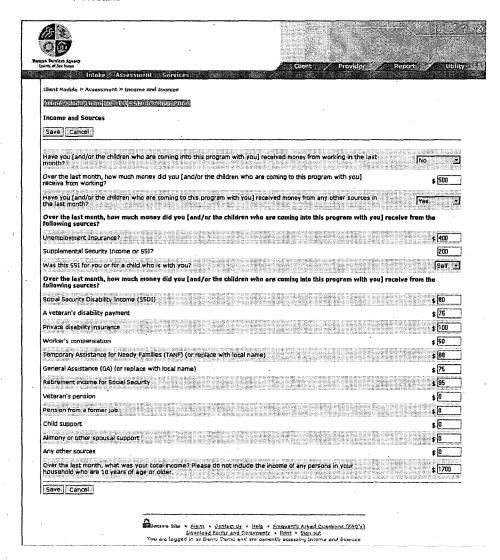


Figure A-4: Mock HMIS Client Sources of Income Screen

A separate screen will present a history of assessments performed for the client.

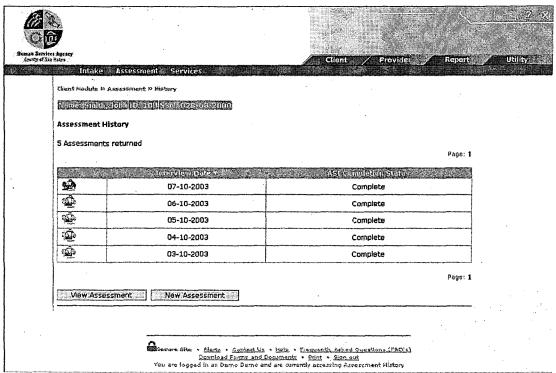


Figure A-5: Mock HMIS Client Assessment History Screen

Service

The sub-module will permit the user to enter and edit service episodes for the client. This will include information such as date of admission, transaction type, type of service, etc. The user can retrieve previously entered service episodes and add or remove service episodes if the security profile permits it. This same screen will allow the user to enter information on a client being discharged after receiving service.

Service Planning: This screen will deal with the identification of service needs for the client. Once the needs are identified the providers will use the Service Planning screen to determine the service plan for the client or to refer a client to another provider. In the event that they wish to refer the client to other providers they will use the Service Provider Search screen.

Services Rendered: The Services Rendered screen will be used by the providers to enter information on units and periods of service provided to a client. Additionally the same screen may be used to record outcomes for the client. This screen will also be used to view the history of services that have been delivered to a client.

Provider Management Module

The provider management functionality to be included in the system will provide a common repository for provider related information. The first screen a user using the provider management module sees is the Provider Search screen. Once the user has identified a provider they can then use the four sub-modules: Provider, Facility, Service, and Service Offering to view and edit the provider details, services provided, facility, and service offering

information respectively. If the user is a provider they will directly be taken to the screen showing their details and will not have access to the Provider Search screen.

Provider & Provider Search

The user will be able to search for providers based on a number of criteria, including name, address, type of provider, or services provided. The Provider screen will enable the user to view and edit detailed provider information. Addition of providers to the system will also be achieved through this screen. The Provider Contacts screen will be used to view and maintain contact information for the provider.

Service & Service Search

The Service screen will enable the user to view and edit detailed services information. Addition of services to the system will also be achieved through this screen. The same screen will be used to search for a service. The search functionality will be at the top of the screen and the details will be on the lower part of the screen. Depending on whether the user is searching or viewing the details the appropriate part of the screen will automatically collapse.

The user will be able to search for providers based on a number of criteria, including name, address, type of provider, or services provided. This functionality is provided to the user in case they want to view services outside of those the currently selected provider is offering.

Facility & Facility Search

The facility screen will enable the user to view and edit detailed facility information. Addition of facilities to a provider will also be achieved through this screen. The Facility Search screen will be used to search for a facility. The search functionality will be at the top of the screen and the details will be on the lower part of the screen. Depending on whether the user is searching or viewing the details the appropriate part of the screen will automatically collapse.

Service Offering & Service Offering Search

The screen will enable the user to view and edit detailed service offering information. Addition of service offerings to a provider will also be achieved through this screen. The Service Offering screen will be used to search for a service offering. The search functionality will be at the top of the screen and the details will be on the lower part of the screen. Depending on whether the user is searching or viewing the details the appropriate part of the screen will automatically collapse.

Referral In and Referral Out

The referral In and Referral Out screen will be used to display the clients that are either referred in to the provider or have been referred out to another provider.

Reporting

Four reports will be developed as part of the application. This will include the annual APR reports and any other reports identified during requirement. The reports will be generated automatically and will be available for all the users to view depending on their security profile. The format of the pre-defined reports generated by the HMIS will need to be defined during the detailed design phase of the project.

Utilities

This module will provide the support functions that are used to help coordinate data and maintain the HMIS. The privileges the user has on the screens will depend on their security profile. The Utility module will have two main menus – Security and System Administration. Within the Security Module there will be three separate screens – one each for Managing Groups, Users and changing the password of the system administrator. The users and groups screen is explained in more detail below:

Users

This screen will provide user name, address, telephone number, and user identification information. New users can be added and existing users' information can be updated using this screen. This screen will also be used to assign users to roles.

Groups

This screen will provide the functionality to create, view, update information on user-groups. It will also be used to view and assign users to groups. This screen will be used to create and maintain security profiles. The screens accessible to a group and the privileges a group will have on a screen will also be defined here.

The System Administration menu will include three screens – one each to manage reference tables, broadcast alerts and change passwords of any user in the system.

Manage Reference Tables

Users with appropriate access will be able to view all the reference tables in the application. Users with appropriate access will be able to add, delete, look up, and maintain reference table values

Broadcast Alerts

Users with the appropriate access will be able to send an alert message to any user or groups of users in the system.

Manage Passwords

Users with the appropriate access will be able to reset the password of any user or groups of users in the system.

3.4 Ad-hoc Reporting

In addition to the four pre-defined reports that are available within the reporting module, a de-normalized extract will be provided to facilitate ad-hoc reporting. This extract will be loaded into the SHARP Data Warehouse by the SHARP team and existing reporting tools will be used to create reports by querying this data. The extract will be produced on a monthly basis. The layout of this extract will be finalized during the detailed design phase of the project

Appendix B – HMIS Data Requirements (Extracted from the HMIS Data and Technical Standards Notice, July 22, 2003)

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|-------------------------------|--------------|---|--|
| 2.1 Name | | What is your first, middle, and last name?" (legal names only; avoid aliases or nicknames) | |
| | | Have you ever received services under a different name? | 0-No 1Yes 88Don't know 99Refused |
| | | What was the other name under which you received services? | |
| 2.2 Social Security Number | | What is your Social Security number?" (use ``X" for missing numbers) [If client declines to provide his/her SSN, he/she cannot be declined services on that basis]. | |
| 2.3 Date of Birth | | What is your birth date? | |
| 2.4 Ethnicity and Race | | Are you Hispanic or Latino? | 0-No (Non-Hispanic/Non-Latino) 1-Yes (Hispanic or Latino) 88Don't know 99Refused |

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|-----|-----|------|-----|----|---|
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| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|--|--------------|---|--|
| | | What is your race (you may name more than one race)? | 1American Indian or Alaska Native (A person having origins in any of the original peoples of North and South Americaincluding Central Americaand who maintains tribal affiliation or community attachment.) 2Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian |
| | | | subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) 3Black or African American (A person having origins in any of the black racial groups of Africa. Terms such |
| | | | as ``Haitian" or ``Negro" can be used in addition to ``Black or African American".) 4-Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific |
| | | | Islands.) 5White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) 88Don't know 98Not applicable 99Refused |
| | | | 99Reluseu |
| 2.5 Gender | | Are you male or female? | 0Male 1Female 88Don't know 99Refused |
| 2.6 Veteran Status | | Have you ever served on active duty in the Armed Forces of the United States? | 0No 1Yes 88Don't know 99Refused |
| 2.7 Residence Prior to Program Entry | | Where did you stay last night? | 1Emergency shelter 2Transitional housing for homeless persons 3Permanent housing for formerly homeless persons 4Psychiatric facility 5Substance abuse treatment facility 6Hospital |
| | | | 7Jail 8Prison 9Hotel or motel 10Foster care home 11Own room, apartment, or house 12Living with someone else (family and friends) 13A car or other vehicle |
| | . ' | | 14An abandoned building 15At a transportation site (bus station, airport, subway station, etc.) 16Anywhere outside (streets, parks, campgrounds, cardboard boxes, etc.) |

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| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|--|--------------|--|--|
| South Burney of South Control of South Control of South | | Talling to providing processing and activities are supplied to the control of the | 17Other 88Don't know 99Refused |
| | | How long did you stay at that place? | 1Less than one week 2One to two weeks 3Three weeks to one month |
| | | | 4Two to three months 5Four to six months 6Seven months to one year 7More than one year |
| | | | 88Don't know 99Refused |
| 2.8 Zip Code of Last Permanent Address | | What is the zip code of the apartment, room, or house where you last lived for six consecutive months or more? | |
| | ; | If zip code is unknown, ask: "What was the street address?" | |
| 2.9 Month and Year Person Left Last Permanent Address | | What month and year did you leave the last apartment, room, or house where you lived for six months or more? | |
| 2.10 Program Entry Date | | | |
| 2.11 Program Exit Date | : | | |
| 2.12 Unique Person Identification Number | | | |
| | | | |
| | | | |
| | | Have you ever been served by this [name of facility or program] before? | 0No 1Yes 88Don't know 99Refused |

| | | Recommended | |
|--|--------------|---|---|
| Data Elements | Data Section | Interview Questions | Required Response Categories |
| 2.13 Program Identification Number | | | |
| | | | • |
| | | | |
| | | | · |
| 2.14 Program Event Number | | | |
| 0.4514 | | | |
| 2.15 Household Identification Number | | | |
| | | If it is not evident that others are applying for or receiving assistance with the client, then ask: - "Who else is applying for (or receiving) assistance with you?" - "What is their first, middle, and last name?" (legal names only; avoid aliases and nicknames) | |
| 2.16 Children's Questions | | Do you have any children under 18 years of age with you? | 0No 1Yes 88Don't know 99Refused |
| | | What is (are) the first, middle, and last name(s) of the child(ren) with you? What is (are) the Social Security number(s) for [name of child]? | |
| | | What is the birth date of [name of child]? | |
| | | Is [name of child] Hispanic or Latino? | 0No (Non-Hispanic/Non-Latino) 1Yes (Hispanic or Latino) 88Don't know 99Refused |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|---------------|---------------------------|--|---|
| | | What is the race of [name of child] (you may name more than one race)? | 1American Indian or Alaska Native (A person having origins in any of the original peoples of North and Sout Americaincluding Central Americaand who maintain tribal affiliation or community attachment.) 2Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) 3Black or African American (A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to |
| | | | "Black or African American".) 4Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) 5White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) |
| | | | 88Don't know 98Not applicable 99Refused |
| | | Is [name of child] male or female? | 0Male 1Female 88Don't know |
| | Residence | | 99Refused |
| | Prior to Program Entry | Where did [name of child] stay last night? | 1Emergency shelter 2Transitional housing for homeless persons 3Permanent housing for formerly homeless persons |
| | | | 4Psychiatric facility 5Substance abuse treatment facility 6Hospital 7Jail 8Prison 9Hotel or motel 10Foster care home |
| | | | 11Own room, apartment, or house 12Living with someone else (family and friends) 13A car or other vehicle 14An abandoned building 15At a transportation site (bus station, airport, subway |
| | | | station, etc.) 16Anywhere outside (streets, parks, campgrounds, cardboard boxes, etc.) 17Other |
| | | | |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories | |
|--|---|--|--|--|
| Hilliand (19. 1995) to the date of lighterwhich of | | How long did [name of child] stay at that place? | 1Less than one week 2One to two weeks 3Three weeks to one month 4Two to three months 5Four to six months 6Seven months to one year 7More than one year 8Don't know 9Not applicable 10Refused | |
| | | | | |
| | Zip Code of Last | | | |
| | Permanent Address | Was [name of child] living with you at the last place you lived for six consecutive months or more? | 0No 1Yes 88Don't know 99Refused | |
| | Month and Year Child Left Last Permanent | | | |
| | Address | What month and year did [name of child] leave the last place where [he or she] lived for six months or more?" (use ``X" for missing numbers) | | |
| | • | Program Entry Date | | |
| | • | Program Exit Date Unique Person Identification Number | | |
| | | | | |
| | : | | | |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|--|--|--|------------------------------|
| 10 th the state of | The state of the s | Program Identification Number | |
| | | | |
| | | | |
| | | | |
| | | | |
| * | | Program Event Number | |
| | | | |
| | <i>t</i> | Household Identification | |
| | | Number | |
| 3.1 Income and Sources | | Have you [and/or the children who are coming into | 0No 1Yes |
| | | this program with you] received money from working in the last | 88Don't know 99Refused |
| | % | month? Over the last month, how much money did you [and/or | |
| | | the children who are coming to this program with you] | |
| | | receive from working? | |
| | | Have you [and/or the children who are coming to this program | 0No 1Yes 88Don't know |
| | | with you] received money from any other sources in the last month? | 99Refused |
| | | Over the last month, how much money did you [and/or the | |
| | | children who are coming into this program with you] | |
| | | receive from the following sources? - Unemployment | |
| | | Insurance? - Supplemental Security Income or SSI? | |
| | | Was this SSI for you or for a child who is with you? | 1Self 2A child |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|--------------------------|--------------|---|--|
| | | Over the last month, how much money did you [and/or the children who are coming into this program with you] receive from the following sources? a—Social Security Disability | |
| | | Income (SSDI) b—A veteran's disability payment c—Private disability insurance | |
| | | d-Worker's compensation e-Temporary Assistance for Needy Families (TANF) (or replace with local name) f-General Assistance (GA) | |
| | | (or replace with local name) g-Retirement income for Social Security hVeteran's pension iPension from a former job | |
| | | j-Child support kAlimony or other spousal support I-Any other sources Over the last month, what | |
| | | was your total income? Please do not include the income of any persons in your household who are 18 years of age or older. | |
| 3.2 Non-Cash Benefits | | Have you [and/or the children who are coming into this program with you] received food stamps or money for food on a benefits card in the past month? | 0No 1Yes 88Don't know 99Refused |
| | | Do you participate in the MEDICAID health insurance program?" (or replace with local name) | 0No 1Yes 88Don't know 99Refused |
| | | Do you participate in the MEDICARE health insurance program?" (or replace with local name) | 0No 1Yes 88Don't know 99Refused |
| | | Do you participate in the State Children's Health Insurance Program (SCHIP)?" (or replace with local name) | 0No 1Yes 88Don't know 99Refused |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|------------------------------------|--|--|--|
| | tim duning to be in the control of t | Do you participate in WIC? | 0No 1Yes 88Don't know 99Refused |
| | | Do you receive Veteran's Administration (VA) Medical Services? | 0No 1Yes 88Don't know 99Refused |
| | | Do you receive TANF Child Care services?" (or replace with local name) | 0No 1Yes 88Don't know 99Refused |
| | | Do you receive TANF transportation services?" (or replace with local name) | 0No 1Yes 88Don't know 99Refused |
| | | Do you receive any other TANF-funded services?" (or replace with local name) | 0No 1Yes 88Don't know 99Refused |
| | | Do you receive help paying for your rent, for instance, Section 8, public housing, or a housing voucher? | 0No 1Yes 88Don't know 99Refused |
| 3.3 Physical Disability | | Do you consider yourself to have a physical disability? By physical disability, I mean that you have a physical problem that is not temporary and that limits your ability to get around or work, or your ability to live on your own. | 0No 1Yes 88Don't know 99Refused |
| 3.4 Developmental Disability | | Have you ever received benefits or services (such as an income supplement or special education classes) for a developmental disability? | 0No 1Yes 88Don't know 99Refused |
| 3.5 General Health Status | | Compared to other people your age, would you say your health is excellent, very good, good, fair, or poor? | 1Excellent 2Very Good 3Good 4Fair 5Poor 88Don't know 99Refused |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|---------------------------------|--------------|---|--|
| 3.6 Pregnancy Status | | Are you pregnant? | 0No 1Yes 88Don't know 98Not applicable 99Refused |
| | | What is your due date? | |
| 3.7 HIV/AIDS Status | | Have you been diagnosed with AIDS or have you tested positive for HIV? | 0No 1Yes 88Don't know 99Refused |
| 3.8 Behavioral Health Status | | Have you ever been in a residential, day, or outpatient treatment program (detox) or hospitalized for the treatment of alcoholism? | 0No 1Yes 88Don't know 99Refused |
| | | Do you feel that you have a problem with alcohol? | 0No 1Yes 88Don't know 99Refused |
| | | Have you ever been in a residential, day, or outpatient treatment program (detox) or hospitalized for treatment of | 0-No 1-Yes 88Don't know 99Refused |
| 6 | | drug dependency? Do you feel that you have a problem with drugs? | 0No 1Yes 88Don't know 99Refused |
| | | Have you ever been treated or hospitalized for a psychiatric problem? | 0No 1Yes 88Don't know 99Refused |
| | | Do you feel that you have any current psychiatric or emotional problem(s) such as serious depression, serious anxiety, hallucinations, violent | 0No 1Yes 88Don't know 99Refused |
| 3.9 Domestic Violence | | behavior, thoughts of suicide? Have you experienced domestic or intimate partner violence? | 0No 1Yes 88Don't know 99Refused |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|-----------------|---|---|---|
| | Authority consults Authority to the Paper | How long ago did you have this experience? | 1within the past three months 2three to six months ago 3from six to twelve months ago 4more than a year ago 88Don't know 99Refused |
| 3.10 Education | | Are you in school now, or working on any degree or certificate? | 1Yes 0No 88Don't know 98Not applicable 99Refused |
| | | Have you received any vocational training or apprenticeship certificates? | 1Yes 0No 88Don't know 98Not applicable 99Refused |
| 4 | | What is the highest level of school that you have completed? | 0No schooling completed 1Nursery school to 4th grade 25th grade or 6th grade 37th grade or 8th grade 49th grade 510th grade |
| | | | 611th grade 712th grade, No diploma 8High school diploma 9GED 10More than twelve years 88Don't know 99Refused |
| | | Have you received any of the following degrees? | aBachelors bMasters cPhD dOther graduate degree [Ask about each degree until the client answers ``no."] Code each response as: 0No; 1Yes; 88Don't know; 98Not |
| 3.11 Employment | | Are you currently employed? | applicable; 99 Refused] 1Yes 0No 88Don't know |
| | | How many hours did you work last week? | 99Refused |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|---------------|--------------|---|--|
| | | Was this permanent, temporary, or seasonal work? | 1Permanent 2Temporary 3Seasonal 88Don't know 99Refused |
| | | Are you currently looking for work? | 1Yes 0No 2Disabled 3Retired 88Don't know 99Refused |
| 3.12 Veterans | | In which military service eras did you serve (choose all that apply)? | [Ask each. Code each response as: 1Yes; 0No; 88Don't know; 99Refused] a. World War I (April 1917November 1918) b. Between WWI and WWII (December 1918August 1940) c. World War II (September 1940July 1947) d. Between WWII and Korean War (August 1947May 1950) |
| | | Hou many months did you | e. Korean War (June 1950January 1955) f. Between Korean and Vietnam War (February 1955July 1964) g. Vietnam Era (August 1964April 1975) h. Post Vietnam (May 1975July 1991) i. Persian Gulf Era (August 1991Present) |
| | | How many months did you serve on active duty in the military? Did you serve in a war zone? | 1Yes 0No 88Don't know 99Refused |
| , . | | What war zone(s) (choose all that apply)? | [Ask each. Code each response as: 1Yes; 0No; 88Don't know; 99Refused] a. Europe b. North Africa c. Vietnam d. Laos and Cambodia e. South China Sea |
| | | | f. China, Burma, India g. Korea h. South Pacific i. Persian Gulf j. Other |
| | | What was the number of months served in a war zone? | |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|---------------------------|--------------|--|---|
| | | Did you ever receive hostile or friendly fire in a war zone? | 1Yes 0No 88Don't know |
| | | What branch of the military did you serve in? | 99Refused 1Army 2Air Force |
| | | | 3Navy 4Marines 5Other |
| | | | 88Don't know 99Refused |
| | | What type of discharge did you receive? | 1Honorable 2General 3Medical |
| | | | 4Bad Conduct 5Dishonorable 6Other 88Don't know |
| | | | 99Refused |
| 3.13 Services Received | | | For each service encounter, the following information should be recorded: 1. Date of Service |
| | | | / (example: 01/31/2002)(Month) (Day) (Year) 2. Encounter Type |
| | | | 1Referral 2Service Provided 3. Type of Service Provided |

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| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|---|---------------------------------------|--|--|
| 3.14 Destination | | After you leave this program, where will you be living? | 1Emergency shelter 2Transitional housing for homeless persons 3Permanent housing for formerly homeless persons 4Psychiatric facility |
| | | | 5Substance abuse treatment facility 6Hospital 7Jail 8Prison 9Hotel or motel |
| | | | 10Foster care home 11Own room, apartment, or house 12Living with someone else (family and friends) 13A car or other vehicle |
| | | | 14An abandoned building 15At a transportation site (bus station, airport, subway station, etc. 16Anywhere outside (streets, parks, campgrounds, cardboard boxes, etc.) 17Other |
| | | | 88Don't know 99Refused |
| | # # # # # # # # # # # # # # # # # # # | | |
| | | Is this move permanent (more than 90 days) or temporary? | 1Permanent 2Temporary 88Don't know 99Refused |
| | | Did your agency provide assistance for this move | 0No 1Yes 88Don't know |
| 3.15 Follow-Up After Program Exit | | Obtain follow-up information on six data elements previously described in this notice: 3.1 Income and Sources 3.2 Non-Cash Benefits 3.10 Education 3.11 Employment | |
| | | Read names of members of household at exit and then ask: | O No |
| | | Are they all living with you now? | 0No 1Yes 88Don't know 98Not applicable 99Refused |
| | | Who is not? | |

| Data Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|---------------------------------------|---|--|--|
| | | Does anyone else live with you now? | 0No 1Yes 88Don't know 99Refused |
| | | How many new additional adults? | |
| | | How many new additional children? | |
| | | For each time a follow-up interview occurs, when did the interview happen? | |
| 3.16 Children's Education | All children between 5 and 17 years of age | Is [name of child] currently enrolled in school? | 1Yes 0No 88Don't know 98Not applicable 99Refused |
| | | What is the name of the child's school(s)? | |
| | | What type of school is it? Is it a public or private school? | 1Public school 2Parochial or other private school 88Don't know 98Not applicable 99Refused |
| 7 | | | 331\eluseu |
| | · | When was [name of child] last enrolled in school?" (use "X" for missing numbers) | ; |
| | | I'm going to read a list of problems that you may have had getting your child into a school. Please tell me if you have experienced any of these problems for [name of child]. | [Ask each. Code each response as: 0No; 1Yes; 88Don't know; 98Not applicable; 99Refused] a. Residency requirements b. Availability of school records c. Birth certificates d. Legal guardianship requirements e. Transportation f. Lack of available preschool programs g. Immunization requirements h. Physical examination records i. Other |
| 3.17 Other Children's Questions | | Do you consider [name of child] to be physically disabled? | 0No 1Yes 88Don't know 99Refused |
| | | Has [name of child] ever received benefits or services (such as an income supplement or special education classes) for a | 0No 1Yes 88Don't know 99Refused |

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| Ð | ata Elements | Data Section | Recommended Interview Questions | Required Response Categories |
|---|--------------|--------------|---|---|
| | | | developmental disability? | |
| | | | | |
| | | | · · | |
| | , * | | Compared to other children [name of child's] age, would you say [name of child's] | 1Excellent 2Very Good 3Good |
| | | | health is excellent, very good, good, fair, or poor? | 4Fair 5Poor 88Don't know |
| | | | | 99Refused |
| | *• . | | Services Received Record all services received by children, including the | |
| | | | date and type of service (see 3.13 above). | |
| | | | Will [name of child] be staying with you? | 0No 1Yes 88Don't know |
| | | | : | 98Not applicable 99Refused |
| | | | In what kind of place will [name of child] be staying? | 1Residence of other parent 2Residence of friends or family (excluding other parent) |
| | • | | | 3-Foster care home 4-Child care residential institution |
| | | | | 5Runaway facility 6Substance abuse treatment facility 7Psychiatric facility |
| | : | | | 8Juvenile detention center 9Hospital 10Anywhere outside (streets, parks, campgrounds, |
| | | | | cardboard boxes, etc.) 11Other |
| | | | | |