



Los Angeles County
DEPARTMENT OF MENTAL HEALTH

JONATHAN E. SHERIN, M.D., Ph.D.
DIRECTOR

March 12, 2018

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Jonathan E. Sherin, M.D., Ph.D.
Director

SUBJECT: **REPORT RESPONSE ON MENTAL HEALTH RESOURCE DATABASE
(ITEM 11, AGENDA OF DECEMBER 12, 2017)**

On December 12, 2017, the Director of Mental Health was instructed to prepare a plan to improve the process by which the Department uses to locate and refer clients to appropriate care facilities, statement of work (SOW) for soliciting the development of a resource database, and an implementation plan for the database to present to the Board and report back in 90 days.

PROCESS IMPROVEMENT

The Department of Mental Health (DMH), Chief Information Office Bureau, in coordination with departmental leadership, examined the processes by which DMH staff currently look for available mental health resources and place clients in them.

We engaged with several DMH entities responsible for placing clients in beds at 24-hour mental health treatment facilities. These include:

- The Psychiatric Mobile Response Team (PMRT) office, which typically tries to place its clients who are under 5150 or 5585 psychiatric holds at one of DMH's contracted Fee-For-Service (FFS) acute psychiatric inpatient hospitals.
- The Countywide Resources Management (CRM) office, which is responsible for triaging, authorizing, and placing clients at 24-hour treatment facilities other than the FFS acute psychiatric inpatient hospitals.

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- The Continuing Care Unit (CCU) within DMH's ACCESS 24/7 call center, which is managed by CRM and primarily responsible for handling client placements at short-term acute psychiatric facilities other than the FFS acute psychiatric inpatient hospitals.
- The Inpatient Treatment Authorization Request (TAR) unit within DMH's Managed Care office, which is not currently responsible for placing clients but, due to upcoming regulatory changes, will likely have to coordinate with CRM to facilitate client placements in the near future.
- The Public Guardian office, which often interfaces with CRM and our Full Service Partnership (FSP) programs to facilitate appropriate placement for its conservatee clients and sometimes handles placements itself.

There are additional entities at DMH with whom we have not yet engaged who also place clients in beds, including our FSP programs who sometimes try to place their clients in board and care facilities and supportive housing. We will engage with these entities collaboratively as the application is developed.

As a result of these discussions, we developed a set of general requirements for a centralized Mental Health Resource Locator and Manager (MHRLM) database and application which were incorporated into the SOW for soliciting its development.

STATEMENT OF WORK AND IMPLEMENTATION PLAN

In addition to the process improvement summary in this memorandum, we prepared a draft sample SOW subject changes/revisions for soliciting the development of the MHRLM application, as well as an implementation plan, as instructed in the December 12, 2017, motion (see attached).

If you need additional information, please contact Mirian Avalos, DMH Chief Information Officer, at (213) 251-6481 or msavalos@dmh.lacounty.gov.

JES:MA;jh

Attachments

c: Executive Office, Board of Supervisors
Chief Executive Office
Mirian Avalos, DMH

Board Response: Mental Health Resource Locator and Manager

Introduction

On December 12, 2017, your Board approved a motion by Supervisors Kathryn Barger and Sheila Kuehl which directed the Department of Mental Health (DMH) to prepare a plan to improve the process by which the Department locates and then refers clients to appropriate mental health care facilities – such as Institutions for Mental Disease (IMDs), crisis residential treatment, and board and cares – along with a statement of work for soliciting the development of an applicable resource database and a corresponding implementation plan, and report back in 90 days.

Process Improvement – Overview

It is typically “best practice” to look for opportunities to improve a process in conjunction with efforts to add new technology to it. In this spirit, DMH’s Chief Information Office Bureau (CIOB), in coordination with departmental leadership, has begun examining the processes by which DMH staff currently look for available mental health resources and place clients in them.

Thus far we have engaged with several DMH entities which are responsible for placing clients in beds at 24hr mental health treatment facilities. These include:

- The Psychiatric Mobile Response Teams (PMRT) office, which typically tries to place its clients who are under 5150 or 5585 psychiatric holds at one of DMH’s contracted fee-for-service (FFS) acute psychiatric inpatient hospitals.
- The Countywide Resources Management (CRM) office, which is responsible for triaging, authorizing, and placing clients at 24hr treatment facilities other than the FFS acute psychiatric inpatient hospitals.
- The Continuing Care Unit (CCU) within DMH’s ACCESS 24/7 call center, which is actually managed by CRM and is primarily responsible for handling client placements at short term acute psychiatric facilities other than the FFS acute psychiatric inpatient hospitals.
- The Inpatient Treatment Authorization Request (TAR) unit within DMH’s Managed Care office, which is not currently responsible for placing clients but, due to upcoming regulatory changes, will likely have to coordinate with CRM to facilitate client placements in the near future.
- The Public Guardian’s (PG) office, which often interfaces with CRM and our Full Service Partnership (FSP) programs to facilitate appropriate placement for its conservatee clients and sometimes handles placements itself.

There are other entities at DMH with whom we have not yet engaged who also place clients in beds, including our FSP programs who sometimes try to place their clients in board and care facilities and supportive housing. We will engage with these entities collaboratively as the application is developed.

As a result of these discussions, we developed a set of general requirements for a centralized Mental Health Resource Locator and Manager (MHRLM) database and application which were incorporated into

the attached draft sample statement of work (SOW) subject to changes and revisions for soliciting its development. The following is a high-level summary of the process improvement findings from these discussions as well as a plan for how DMH will work to improve the relevant processes.

Process Improvement – Current Findings

The entities at DMH which place clients in beds have each over time developed different associated processes and workflows based on their specific needs and focus areas. That said these processes can still be grouped into two general categories:

1. Client triage (including associated medical documentation workflows), gatekeeping, waitlist management, payment (re)authorization, and referral management.
2. Searching for available beds, either at a specific facility or more generally based on client needs, and tracking bed availability and the census of clients placed at facilities.

DMH has not yet developed a fully integrated, centralized, and uniform IT solution for either category. The IBHIS electronic medical record is being used for significant parts, especially for processes within category #1, but relevant DMH entities are still typically utilizing their own bespoke forms within IBHIS, in addition to some combination of custom Access databases, excel spreadsheets, and paper records, to facilitate processes in each category.

That said we believe that at present the processes in category #2 are the most in need of a centralized and uniform application, especially one which will allow the use of mobile devices. It is this category of processes which currently has the least amount of uniformity and which we believe is also the most ripe for a centralized IT solution.

This is why we have recommended seeking the development of an application which will primarily support processes for searching for and tracking bed availability and client placements County-wide (category #2). For now, all DMH processes and associated applications in category #1 will remain unchanged. However, we plan to develop the MHRLM application using a flexible platform which could potentially also incorporate processes from this category should DMH leadership and/or your Board decide to pursue further technological integration.

This MHRLM application should help to create needed continuity in how beds are found and clients placed in them across the Department, ideally cutting down on the potential for miscommunication and errors in this process. That said it still remains the case that there are several different units which place clients in beds, each of which forms part of a continuum of care for clients receiving the most intensive mental health services. It is possible that these units have developed such distinct workflows and applications to facilitate them because they have historically lacked a robust structural mechanism for coordinating them.

While we did not look to identify any specific anecdotes of problems arising from this status quo as part of our analysis, organizational fragmentation in health care in general is a common source of error and poor care continuity for client treatment. In addition to developing a centralized application to help with

mental health resource location and management, which will help to enable better care continuity, we will also work to improve the organizational structures and processes which facilitate its proper use.

Process Improvement – Future Steps

DMH is currently in the midst of a re-organization effort in order to create better functional clarity within its various divisions as well as to facilitate better flows of information and coordination of operations between them. As part of this effort we will be examining our continuum of intensive services to look for ways to improve care continuity, coordination, and client flow throughout, including as relates to client bed placement.

There are granular aspects to improving bed placement processes throughout the Department. These include improving workflows for updating bed availability information on a regular basis (which for the time being must still be done manually) as well as improving workflows for tracking placed clients as they flow through the continuum of care. As instructed in the attached statement of work, the Contractor responsible for developing the MHRLM application will, in coordination with CIOB and other DMH leadership, work to develop these bed placement aspects of the application to facilitate high ease of use. And in tandem, DMH will develop and codify new workflow standards for the use of this new application which will utilize it most effectively and efficiently toward high-quality client care.

In broader terms, DMH will also be examining and improving the structural and informational connections between its various entities responsible for bed placement. It's imperative that technological change to allow for better continuity in bed placement processes is accompanied by organizational change that actually facilitates this continuity in daily operations. This will be an ongoing effort which DMH will conduct alongside the MHRLM Contractor's application development and implementation and which will involve continuous feedback from all bed placement entities and their stakeholders. And as part of this effort, DMH will attempt to find cross-cutting solutions that address all of your Board's priorities for DMH's intensive services system of care in a holistic manner.

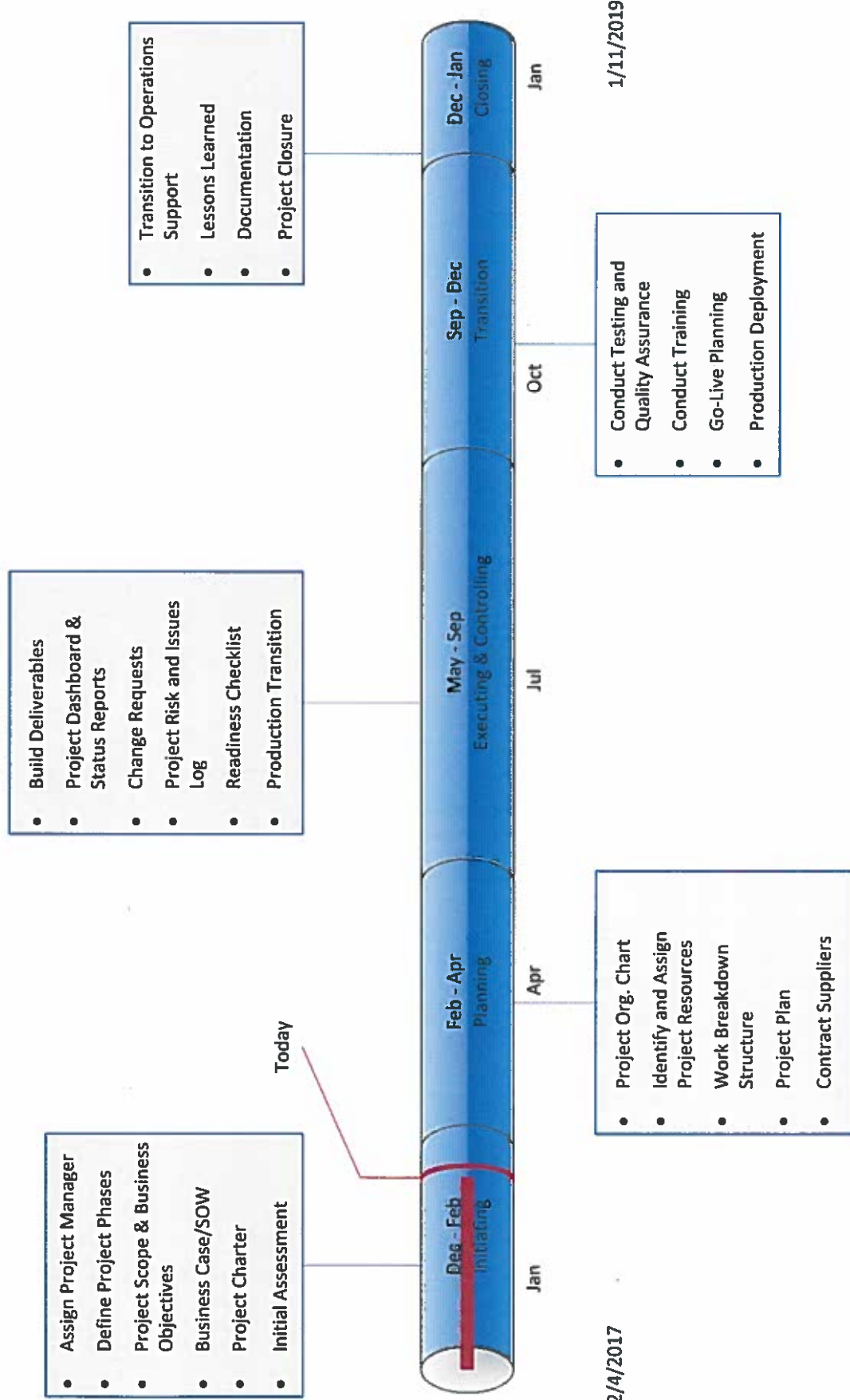
In summary, future process improvement efforts will include:

- Examining the structure and operations of all DMH bed placement entities in more detail
- Mapping of distinct relevant workflows in each as necessary
- The creation of harmonized and standardized workflows incorporating the new MHRLM application which still allow for necessary unique aspects of each entity's bed placement needs
- Ongoing evaluation and refinement of relevant structural and operational characteristics

Statement of Work and Implementation Plan

In addition to the process improvement summary in this letter, we prepared a draft sample statement of work (SOW) subject to changes and revisions for soliciting the development of the MHRLM application, as well as an implementation plan, as instructed in the December 12, 2017 motion. These documents have been attached to this letter.

Mental Health Resource Locator & Manager
High Level Project Time Line



**COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
CHIEF INFORMATION OFFICE BUREAU
MENTAL HEALTH RESOURCE LOCATOR AND
MANAGER (MHRLM) PROJECT**



DRAFT SAMPLE STATEMENT OF WORK

Work Order Objective and Project Goals

The Los Angeles County Department of Mental Health (DMH) desires to develop a centralized resource manager and locator application that incorporates all County-operated or contracted 24hr mental health resources – beds – at facilities such as IMDs, acute psychiatric inpatient hospitals, crisis residential treatment programs, and board and cares. This application will be used by various DMH groups to provide services to their clients.

Background

The Los Angeles County Department of Mental Health (DMH) is the largest county operated mental health department in the United States. On average, DMH annually serves 250,000 County residents through programs and services at over 300 sites. A notable segment of DMH's vision is to "provide easy access to the right services and the right opportunities at the right time in the right place from the right people."

Providing easy access to a quality continuum of care is most easily achieved through a combination of proactive engagement and a streamlined process. Currently, locating the most effective and readily available mental health resources is a significant challenge for both DMH and the individual in need of those resources.

The MHRLM project seeks to create a database that actively tracks 24/7 mental health resources (such as IMD beds, crisis residential treatment, board and care facilities, etc.) in and around Los Angeles County, which would help streamline the process and provide a valuable option to the individual if they wish to be connected with more meaningful mental health treatment and care.

Scope of Work

The Contractor shall provide consulting and professional services to DMH in developing and or configuring a web based application like or similar to Microsoft Dynamics CRM and shall be responsible for the following objectives:

A searchable and updatable database with information about 24hr DMH resources

- Contractor shall deliver a MHRLM portal application that will store, display and allow for update of key 24hr mental health services information. For example:
 - Facility information
 - Name, contact info
 - Location (routable address and/or GPS coordinates)
 - Type of facility (e.g. IMD/SNF/board and care, locked/unlocked)
 - Languages served
 - Bed information
 - Types of beds at facility (e.g. acute/sub-acute, male/female, adult/adolescent/child)
 - Amount of each bed type potentially available according to most recent information
 - Date/time bed availability information for each type of bed was last updated, as well as a log of changes
 - DMH client census
 - Names of DMH clients currently placed at facility
 - Which type of bed each client is placed into
 - Date/time of each client placement and current length of placement
 - Date/time census was last updated and a log of changes

Client placement and updates

- Users should be able to use this application to place a client at a facility and update any leaves/discharges. For example, they should be able to search this MHRLM database directly, either through filter criteria or just by looking up a specific facility. And upon finding potentially available beds of a suitable type, there should be a simple link to initiate a client placement action for that bed type. This action would: guide users through the process of calling the facility to verify bed availability; allow them to update current bed availability based on their call; allow users to either create a case for client placement or reference an existing one; and place the client on the census list for that facility.

Data and system integration

- The MHRLM application should be able to produce a data file containing facility, bed, census, placement, notes and any other relevant information in a standard format so that it can be consumed by requesting system/s such as DMH's IBHIS electronic medical record.
- The MHRLM application should integrate with ArcGIS – geographic information system (GIS) to provide 24hr Mental Health resources information.

Mobile access

- The MHRLM application should allow users to search for available beds, modify bed availability and client census information, take action to place a client in a bed, and take action to indicate a client leave or discharge – using either desktop or mobile devices. Ideally this mobile

application would be able to take into account their current location (via GPS) and search for facilities based on availability, proximity, and any other specified needs.

User access control

- This 24hr MHRLM application should have user access control for viewing information in it, updating that information, placing clients, and updating placement information. Furthermore, it should be possible to create user access groups dedicated to certain 24hr MH facilities. For instance, we may want to limit all interactions with this tool (viewing/modifying information and placing/updating clients) for some facilities to only certain DMH staff, while for other facilities it may be ok if a broader group of DMH staff can view availability but only a subset of them should be able to modify that information. The security controls should meet all DMH/County security requirements.

Branding

- Contractor shall provide a MHRLM Portal application branded with a theme consistent with the current DMH.lacounty.gov site and will function as a central hub and entry way for accessing key 24hr mental health resource information.

Dashboards and other data analyses

- This tool should support dashboards and trend analyses on the data within it, so that managers can track historical utilization patterns both for clients and for the facilities themselves.

Work Order Statement of Work

Tasks and deliverables

The Contractor shall work closely with County Project Team, Subject Matter Experts (SMEs), and Technical Staff to complete the tasks and deliverables. The Contract Project Manager will review all Tasks and Deliverables and provide feedback or revisions. Upon finalization, the Contract Project Manager will approve the Tasks and associated Deliverables.

Contractor Task 1: Project Initiation, Project Planning and Project Management

Contractor shall work with the County Project Team to establish a kickoff meeting that will set the stage for the management of this Work Order (WO) by developing a project plan that will ensure the efficiency and effectiveness of the activities and the timely submission of deliverables.

Contractor shall prepare a Project Plan as determined in this Task 1 which shall be reviewed and approved by the County Project Manager.

- Project Kick-Off – Contractor and all project team members shall attend the kick-off meeting to review the scope of the project and deadlines for project deliverables; develop format and identify delivery method for project documentation.

- **Project Plan** – Contractor(s) shall work with County Project Management Team to develop a project plan to include, but not be limited to, Project scope, Assumptions, Constraints, Stakeholders, risks and a detailed schedule of tasks, discovery sessions, deliverables, and milestones. The project schedule shall be developed in Microsoft Project and must include all Contractor and DMH tasks, start and finish dates, predecessors, durations, resource names, etc. The other components of the project plan shall be developed in Microsoft Word. The project schedule, risk log and issues log shall be updated weekly and provided to DMH's Project Manager.
- **Weekly Status Meetings** – Contractor(s) shall prepare weekly detailed status reports and participate in weekly status meetings with County Project Manager and appropriate project team members to review progress for the duration of the project. The weekly status reports shall include completed tasks, tasks in progress, tasks expected to be completed by next reporting period, open and closed issues. The status reports shall be delivered to DMH in Microsoft Word. The project schedule shall be updated weekly and provided to DMH in Microsoft Project.
- **Issue and Risk Management** - Identify and document project issues (current problems) and risks (potential events that impact the project). Perform impact analysis and determine the highest priority risks and issues that will be managed actively. Determine how high-priority risks are to be managed and assign responsibility for risk management and issue resolution. Monitor and report the status of risks and issues and communicate issue resolutions. Reported issues and risks shall be remediated within 48 hours of being reported/ identified. Review the effectiveness of the risk and issue management actions. Active issues and risks will be monitored and reassessed on a weekly basis.

Deliverable 1.1: Detailed Project Plan

- Contractor shall provide the Detailed Project Plan prior to project kickoff.

Deliverable 1.2: Weekly Status Reports

- Contractor shall provide Weekly Status Reports documenting the progress of the tasks in this Task 1 and for the duration of the Work Order.

Deliverable 1.3: Issue and Risk Management

- Contractor shall maintain a prioritized list of issues and risk log and provide weekly status update documenting the progress of High/Medium/Low risks and issues for the duration of the Work Order.

Task 1 Deliverable Acceptance Criteria:

Contractor shall carry out the activities described in this task and produce a Project Plan document containing the contents described in Deliverables 1.1 and 1.2 above which shall be reviewed and approved by the County Project Manager.

Contractor shall provide weekly status reports and project plan updates as described in Deliverables 1.1 and 1.2, both of which shall be reviewed and approved by the County Project Manager.

Contractor shall create and maintain prioritized issues and risk log and provide weekly status updates as described in Deliverables 1.3, which shall be reviewed and approved by the County Project Manager.

Task 2: Discovery Analysis

Contractor shall work with County Project Management Team to develop an agenda for a discovery and design session for the MHRLM application. The agenda for each session shall include specific objectives of each session, materials to be distributed, the dates and times for each session.

- Contractor shall work with County Project Management Team and SMEs from each DMH area to conduct site discovery/design sessions described above to document site layout, form interface, usability and security requirements, and end user scenarios.
- Contractor shall provide a design requirements document incorporating functionality found in the scope of work above for the MHRLM application.

Deliverable 2.1: Detailed Business Requirements and Functional Requirements Document

- Contractor shall provide a detailed business requirements document containing (but not limited to) must have requirements, current state processes, future state processes, flow diagrams and use cases and the corresponding functional requirements document containing site layout, form interface, usability and security requirements, and end user scenarios.
- Contractor shall provide a design requirements document containing the functionality detailed in the above scope of work.

Task 2 Deliverable Acceptance Criteria:

Contractor shall carry out the activities described in this task and produce the detailed business requirements document and functional requirements document containing the contents described in Task2 and Deliverables 2.1 above, which shall be reviewed and approved by the County Project Manager.

Contractor shall provide weekly status reports and project plan updates as described in Task 1, both of which shall be reviewed and approved by the County Project Manager.

Task 3: Solution Design Documentation

Contractor shall develop solution design documentation that includes a proposed layout and prototype demonstrations for MHRLM application.

Deliverable 3.1

- Solution design documents and prototype demonstrations.

Deliverable Acceptance Criteria:

Contractor shall carry out the activities described in this task and provide solution design documents and the Solution Design Milestone Acceptance Form which shall be reviewed and approved by the County Project Manager. Design documents shall be provided to County Project Manager in Microsoft Word.

Contractor shall provide weekly status reports and project plan updates as described in Task 1, both of which shall be reviewed and approved by the County Project Manager.

Task 4: MHRLM Application User Acceptance Testing

Contractor shall develop and conduct integration system testing scripts for the MHRLM application. The integration system testing scripts shall include end user testing scenarios.

Contractor shall also work with ISD and or DMH Technical staff to determine and document system performance parameters for the application.

Contractor shall develop and conduct user acceptance testing scripts for the application. The user acceptance testing scripts shall include end user testing scenarios and functional validation. Contractor shall conduct a UAT session with DMH end users.

Deliverable 4.1

- System performance parameters report
- Integration system testing scripts
- User acceptance test Scripts
- UAT Completion Acceptance Form

Deliverable Acceptance Criteria:

Contractor shall carry out the activities described in this task and system performance parameters report, integration system testing scripts, user acceptance test scripts and UAT Completion Acceptance Form which shall be reviewed and approved by the County Project Manager.

Contractor shall provide weekly status reports and project plan updates as described in Task 1, both of which shall be reviewed and approved by the County Project Manager.

Task 5: Application Implementation and Knowledge Transfer

Contractor shall provide MHRLM system.

Contractor shall provide implementation system cutover and go-live activities for the application and interfaces.

Contractor shall develop and provide knowledge transfer documentation that includes the development and maintenance documentation of the application and interfaces.

Contractor shall also conduct two (2) knowledge transfers-sessions on the development and maintenance of the application and interfaces.

Deliverable 5.1

- Application and interfaces cutover and go-live activities

Deliverable 5.2

- Knowledge transfer documentation
- Two knowledge transfer sessions

Deliverable Acceptance Criteria:

Contractor shall carry out the activities described in this task and provide the knowledge transfer documentation, the two knowledge transfer sessions and the system cut-over plan as described above which shall be reviewed and approved by the County Project Manager.

Contractor shall also provide the final status report which shall be reviewed and approved by the County Project Manager.

Task 6: Post-Production Support & Project Close

Contractor shall provide 40 hours of post-production support and complete a project Completion acceptance Form. The post-production support tasks include monitoring key system indicators and assisting in troubleshooting and resolving any user or technical issues.

Deliverable 6.1

- 40 hours of Post-Production Support
- Project Completion Acceptance Form

Deliverable Acceptance Criteria:

Contractor shall carry out the activities described in this task and shall provide a project completion report detailing issues reported and resolution of the issues and a Project Completion Acceptance Form both of which shall be reviewed and approved by the County Project Manager and County Project Team.

Task 7 – Provide additional/Optional Services

DMH may from time to time, during the term of this Work Order, submit to Contractor written requests for additional/optional Services not included in Contractor's original SOW. In response to such request, Contractor shall prepare and submit a proposed fixed price Work Order Amendment to DMH for such Optional Services.

DMH and Contractor shall agree on the Optional Services Work Order tasks, deliverables and acceptance criteria to be performed, schedule of completion, acceptance criteria and the Amendment Total Maximum Amount, if applicable, for such Optional Services and submit the proposed Work Order Amendment to County's ESMA Administrator for Work Order Amendment approval and execution.

Change Management

During the project, either party may request, in writing, additions, deletions, or modifications to the services described in this ESMA Statement of Work. Change requests and subsequent Work Order Amendments are subject to Paragraph 15.0 (Amendments and Change Notices) in the ESMA Master Agreement.

Warranty Period

60 Days, as provided for in the ESMA Master Agreement.

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