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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4601
Fax: (213) 386-1297

January 13, 2009

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL OF THE INFORMATION TECHNOLOGY PLAN OF THE CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS COMPONENT OF THE MENTAL HEALTH SERVICES ACT
AND
REQUEST FOR APPROPRIATION ADJUSTMENT FOR FISCAL YEAR 2008-09
(ALL SUPERVISORIAL DISTRICTS)
(4 VOTES)
CIO RECOMMENDATION: APPROVE (X)

SUBJECT

Request approval of the Mental Health Services Act Information Technology Plan included in the Capital Facilities and Technological Needs Component of the Mental Health Services Act for submission to the California Department of Mental Health.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the Mental Health Services Act (MHSA) Information Technology Plan (MHSA IT Plan) in the amount of $69,779,360 for submission to the California Department of Mental Health (CDMH) and authorize the Director of Mental Health (DMH), or his designee, to make modifications to the MHSA IT Plan in response to comments from CDMH and to submit future amendments to revise previously approved projects, add new projects and/or request future funding.

2. Authorize DMH to fill four ordinance or four Full-Time Equivalent (FTE) positions in addition to what is provided for in DMH's staffing ordinance, pursuant to Section 6.06.020 of the County Code and subject to allocation by the Chief Executive Office (CEO), to administer and monitor the MHSA IT Contract

Provider Technology Project. These positions will be funded by MHSA funding included in the MHSA IT Plan.

3. Approve the attached appropriation adjustment in the amount of $12,888,000 to increase the Department's appropriation and revenue to fund the components of the MHSA IT Plan scheduled for expenditure in Fiscal Year (FY) 2008-09 and authorize the Auditor-Controller to process the appropriation adjustment when the MHSA IT Plan is approved by the CDMH.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the proposed MHSA IT Plan, Attachment I, will allow DMH to submit the MHSA IT Plan to CDMH, thereby allowing DMH to commence the development of an infrastructure that will technically support the programs, services and goals of the MHSA Community Services and Supports (CSS) Plan. The MHSA funds are intended to assist the DMH mental health services delivery system including Contract Providers and consumer/family empowerment. The projects included in the MHSA IT Plan are intended to make clinical, administrative, and financial data available to authorized users when and where they need it and in the format most appropriate to their intended use. The MHSA IT Plan allows for participation by consumers, family members, caregivers, the providers of service (whether DMH operated or contracted), DMH, in its role as the Local Plan Administrator, and the CDMH.

In the MHSA IT Plan, DMH has identified six IT projects that are consistent with the overarching MHSA technology goals of:

- Increasing consumer and family empowerment by providing the tools for secure consumer and family access to health information, and

- Modernization and transformation of clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

The Department is requesting delegated authority to make modifications to the MHSA IT Plan as CDMH may request changes following their review of the plan. In addition, DMH is requesting delegated authority to submit amendments to CDMH to revise previously approved projects, add new projects to the MHSA IT Plan and/or to request future MHSA IT funding.

The Department is also requesting four new positions, as detailed in Attachment II, to administer and monitor the Contract Provider Technology Project included in the MHSA

IT Plan. These positions are essential to ensure effective management and oversight of this project.

Implementation of Strategic Plan Goals

The recommended Board actions are consistent with the principles of the County Strategic Plan Goal 7, "Health and Mental Health." Board approval of the recommended actions will help DMH establish a consumer-centered, information-based mental health services delivery system that provides cost-effective and quality services within DMH and prepares DMH to collaborate more effectively with other County departments.

The recommended Board actions are consistent with the County's Chief Information Office Goals 1, 2, and 3. Board approval of the recommended actions will help DMH conduct County business electronically, provide secured access to electronic applications and utilize enterprise solutions to meet common needs.

The recommended Board actions are consistent with DMH Business Goals 1, 4, and 5. Board approval of the recommended actions will help DMH implement, manage, and report on the major new programs funded through MHSA; implement the plan for the cost-effective replacement of the legacy Mental Health Management Information System (MHMIS) and Integrated System (IS); and improve the collection of data for children (including foster children), adults, and older adults to be used for Performance Counts and other initiatives.

The recommended Board actions are consistent with DMH IT Strategies 8 and 9. Board approval of the recommended actions will help DMH facilitate appropriate provider access to consumer information and clinical functionality regardless of the location of the provider or the consumer, and minimize paper and focus on digital information captured as close as possible to the point of origin.

FISCAL IMPACT/ FINANCING

These actions do not increase net County cost. The Capital Facilities and Technology Needs Component of the MHSA provides $69,779,360 of MHSA funding for the MHSA IT Plan. These funds can be expended for a period of up to ten (10) years and will be utilized to implement the following IT projects, which are further described in the Facts and Provisions section.

MHSA IT Project	Project Cost
• Integrated Behavioral Health Information System	$35,721,890
• Contract Provider Technology Project	$26,571,591
• Consumer/Family Access to Computer Resources Project	$ 4,033,998
• Personal Health Record Awareness and Education Project	$ 552,468
• Data Warehouse Re-Design	$ 2,336,507
• Telepsychiatry Feasibility Study and Recommendations	$ 562,906
Total	**$69,779,360**

The $12,888,000 appropriation adjustment, Attachment III, reflects the anticipated amounts needed to encumber funds for the MHSA IT projects, including contract providers accessing the Contract Provider Technology Project Funds, as contracts are negotiated, and pay for the salaries of four (4) administrative staff and their associated operating expenses in FY 2008-09, as shown in Attachment IV. Funding for future years will be included by DMH as part of the annual budget process.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In November 2004, voters in California passed Proposition 63, now called the Mental Health Services Act. MHSA provides a great opportunity for DMH to reengineer the way it delivers mental health services, but it also requires significantly improved automated support in order to meet expectations for performance and outcome measures reporting. DMH cannot meet MHSA program transformation and reporting expectations with its current automation.

On January 31, 2008, CDMH released the Capital Facilities and Technological Needs Planning Estimate, Attachment V, in the amount of $99,684,800 for FY 2007-08 through FY 2017-18 to DMH for the development and implementation of Capital Facilities and Technology Projects that support MHSA programs and services. The Department proposes to use seventy percent (70%) or $69,779,360 of funds provided under the Capital Facilities and Technological Needs Planning Estimate for information technology projects, the remaining thirty percent (30%) or $29,905,440 of the funds has been designated to support capital facilities projects. The Department will submit a plan for Capital Facilities Projects at a later date.

On July 24, 2008, CDMH released a revised Capital Facilities and Technological Needs Planning Estimate, Attachment VI, increasing the planning estimate for Los Angeles

County by $31,322,200. At a later date, DMH will develop an amended plan detailing specific uses for these additional funds. A revision of the Capital Facilities and Technological Needs Planning Estimate was anticipated and stakeholders were included in discussions regarding the likely need to augment projects included in this MHSA IT Plan with additional MHSA funds. The Department will develop a plan for the use of these additional funds through a stakeholder planning process. Upon completion of the plan, your Board will be notified prior to DMH submitting the amended MHSA IT Plan to CDMH.

The MHSA IT Plan was distributed, reviewed, and approved by three committees/boards that have oversight roles in the planning, development, and implementation of MHSA-related activities in Los Angeles County. The members of these committees/boards (Mental Health Commission (MHC), MHSA System Leadership Team (SLT) and MHSA Stakeholder Delegates Committee) represent the interests of mental health services stakeholders.

Mental health consumers and family members or caregivers of mental health consumers comprise a significant portion of the membership of these committees/boards. Prior to approval by the Board of Supervisors, the MHSA IT Plan was reviewed and approved by the DMH Executive Management Team, CEO, Chief Information Office (CIO), and County Counsel.

Furthermore, in accordance with the State's guidelines for the funds, DMH posted the proposed MHSA IT Plan on the DMH MHSA web site http://dmh.lacounty.info/mhsa/ from July 23 through August 21, 2008, for the required thirty-day public comment period. All comments received during the public comment period were documented, and minor revisions to the MHSA IT Plan were made. No substantive revisions to the MHSA IT Plan or any of the six IT projects were necessary.

Although the SLT does not vote on nor endorse MHSA plans, the MHSA IT Plan received considerable positive feedback when presented to its members. The MHSA IT Plan was also presented to the MHSA Stakeholder Delegates which voted to endorse the plan. The MHC unanimously approved the MHSA IT Plan when presented for Public Hearing held by the MHC on July 30, 2008. In addition, during discussions at the State-wide level as the plan was developed, the draft plan and DMH's process for developing it were complimented, and other counties were encouraged to use a similar process.

The IT projects under the MHSA IT Plan are described as follows:

- Integrated Behavioral Health Information System (IBHIS): The IBHIS will provide integrated clinical, administrative and financial functionality to DMH in its role as a provider of mental health services and in its role as the Local Plan Administrator. The IBHIS will provide DMH clinicians access to consumer clinical records regardless of where the consumer was seen previously in the DMH network. Clinicians will have access to medication history information, recent assessments, laboratory and psychological test results, and when appropriate, clinician notes from prior visits.

- Contract Provider Technology Project: The Contract Provider Technology Project is an umbrella project encompassing a mix of technology projects within the range of projects identified in the MHSA Capital Facilities and Technological Needs Guidelines released by the State on March 18, 2008. This umbrella project is intended to provide a means for Contract Providers within the DMH provider network to obtain the funding necessary to address their technological needs to meet the MHSA goals of modernization/transformation or consumer/family empowerment and fully participate in an integrated information systems infrastructure.

- Consumer/Family Access to Computer Resources Project: Mental health consumers, family members, and caregivers need access to computer resources as well as computer training and technical assistance. Computer skills training and technical assistance are essential to ensure that consumers are able to effectively use computer resources made available to them. Through this project, DMH plans to set-up consumer/family dedicated computer workstations in service settings and secure residential settings. Other settings also are being considered. Videoconferencing is being explored in at least one service location in each of the eight Service Planning Areas.

- Personal Health Record Awareness and Education Project (PHR): Through the stakeholder process, DMH received considerable feedback suggesting that many mental health consumers have limited awareness of PHR(s) and how a PHR may be used as a recovery and wellness tool. MHSA IT funds will support the development of written and online PHR awareness and education materials. Online materials will include both written and video content. Content will be developed with two specific target audiences, consumer/family and mental health service providers.

- Data Warehouse Re-Design: Implementation of the IBHIS necessitates re-designing the current DMH data warehouse. Along with new data collected in the IBHIS, forthcoming MHSA programs (Prevention and Early Intervention, Workforce Education and Training, and Innovation) will require new clinical, administrative, and financial data that must be stored in the data warehouse. This project will prepare DMH for warehousing data from disparate data sources as well as establish appropriate resources for warehousing existing information systems data. This project will make more data available for business intelligence and ad hoc reporting and to support the DMH Strategies for Total Accountability and Total Success (STATS) process.

- Telepsychiatry Feasibility Study and Recommendations: Los Angeles County covers over 4,000 square miles and some areas are sparsely populated and remote from major medical centers and mental health service delivery resources. MHSA IT funds will support a feasibility study to identify opportunities for a variety of telepsychiatry programs; identify the possible benefits and risks of a more wide-spread and systematic adoption of telepsychiatry; and make a recommendation as to the programmatic value of a systematic implementation of telepsychiatry in DMH.

DMH recognizes the need for ongoing stakeholder participation in each of the projects included in this MHSA IT Plan. Future stakeholder participation in many projects such as the IBHIS, Contract Provider Technology Project, Consumer/Family Access to Computer Resources Project, and Personal Health Record Awareness and Education Project will be continued using existing groups that were formed to develop these project plans. Additional stakeholder groups will be formed as needed.

Plans for ongoing stakeholder participation in the Data Warehouse Re-design Project and Telepsychiatry Feasibility Study and Recommendations projects have been developed and are described in detail in their respective project plans.

The CEO, County Counsel and CIO have reviewed the proposed actions.

CONTRACTING PROCESS

After State approval, DMH will return to your Board for approval to enter into agreements with vendors, as they are developed, to implement the MHSA IT Plan.

IMPACT ON CURRENT SERVICES

Board approval of the proposed MHSA IT Plan will modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. At the core of each IT project is the desire to develop an integrated information systems infrastructure that improves the overall well-being of consumers receiving public mental health services in Los Angeles County.

CONCLUSION

DMH will need one copy of the adopted Board actions. It is requested that the Executive Officer, Board of Supervisors, notify DMH's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Respectfully submitted,

Robin Kay for

Marvin J. Southard, D.S.W
Director of Mental Health

Reviewed by:

Greg Melendez for

Richard Sanchez
Interim Chief Information Officer

MJS:LW:RG:RK

Attachments (6)

c: County Counsel
Chief Executive Officer
Chief Information Officer
Chairperson, Mental Health Commission

CIO ANALYSIS

INFORMATION TECHNOLOGY PLAN FOR THE CAPITAL FACILITIES AND TECHNOLOGY NEEDS COMPONENT OF THE MENTAL HEALTH SERVICES ACT AND APPROPRIATION ADJUSTEMENT FOR FISCAL YEAR 2008-09

CIO RECOMMENDATION: ☒ APPROVE ☐ APPROVE WITH MODIFICATION ☐ DISAPPROVE

Contract Type:
☐ New Contract ☐ Contract Amendment ☐ Contract Extension
☐ Sole Source Contract ☐ Hardware Acquisition ☒ Other

New/Revised Contract Term: Base Term: N/A # of Option Yrs: N/A

Contract Components:
☐ Software ☐ Hardware ☐ Telecommunications
☐ Professional Services

Project Executive Sponsor: Marvin J. Southard, D.S.W., Director, DMH

Budget Information :

Y-T-D Contract Expenditures	$ 0
Requested Amount	$69,779,360
Aggregate Amount	$69,779,360

Project Background:

Yes	No	Question
☐	☒	Is this project legislatively mandated?
☒	☐	Is this project subvented? If yes, what percentage is offset? 100% of the MHSA IT Plan is subvented by the California Department of Mental Health.
☒	☐	Is this project/application applicable to (shared use or interfaced) other departments? If yes, name the other department(s) involved? Several of the projects proposed under the MHSA IT Plan will create collaboration opportunities between DMH and other County departments.

Strategic Alignment:

Yes	No	Question
☒	☐	Is this project in alignment with the County of Los Angeles Strategic Plan?
☒	☐	Is this project consistent with the currently approved Department Business Automation Plan?
☒	☐	Does the project's technology solution comply with County of Los Angeles IT Directions document?

☒	☐	Does the project technology solution comply with preferred County of Los Angeles IT standards?
☒	☐	This contract and/or project and its milestone deliverables must be entered into the Information Technology Tracking System (ITTS).

Project/Contract Description:

The Department of Mental Health (DMH) is requesting Board approval to:

- Approve the Mental Health Services Act (MHSA) Information Technology Plan in the amount of $69,779,360 for submission to the California Department of Mental Health (CDMH), and authorize the Director of DMH, or his designee, to make modifications to the MHSA IT Plan in response to comments from the CDMH, and to submit future amendments to revise previously approved projects, add new projects and/or request future funding;
- Authorize DMH to fill four ordinance or four Full-Time Equivalents (FTE) positions in addition to what is provided for DMH's staffing ordinance to administer and monitor the MHSA IT Contract Provider Technology Project. These positions will be funded by MHSA funding included in the MHSA IT Plan; and
- Approve an appropriation adjustment in the amount of $12,888,000 to increase the Department's appropriation and revenue to fund the components of the MHSA IT Plan scheduled for expenditure in Fiscal Year (FY) 2008-09, and authorize the Auditor-Controller to process the appropriation adjustment when the MHSA IT Plan is approved by the CDMH.

Background:

In November 2004, voters in California passed Proposition 63, now called the Mental Health Services Act (MHSA). MHSA provides the funding and opportunity for DMH to reengineer the way it delivers mental health services, but it requires improved automation to support this effort. DMH cannot meet MHSA program expectations with its current automation. However, funding made available through the CDMH facilitates improvements in applications and infrastructure that will enable the solutions to meet MHSA expectations.

Project Justification/Benefits:

Approval of the proposed MHSA IT Plan will allow DMH to submit the plan to the CDMH. The MHSA funds are intended to ensure the delivery of mental health services. The projects included in the MHSA IT Plan are intended to make clinical, administrative, and financial data available to authorized users when and where needed, and in the format most appropriate for their intended use.

In the MHSA IT Plan, DMH has identified six projects that are consistent with the MHSA technology goals. These projects are:

- Integrated Behavioral Health Information System (IBHIS) – This system will be the repository of clinical, administrative and financial information for DMH. It will be connected to an interface that will serve as the central broker for information exchanges between the

IBHIS and other DMH information systems. IBHIS will assist in addressing the lack of system integration in the current environment, as well as the fragmented and local solutions and processes.

- Contract Provider Technology Project – This is an umbrella project intended to provide a means for DMH's Contract Providers to obtain funding necessary to fully participate in the MHSA Guidelines.
- Consumer/Family Access to Computer Resources Project – This project is intended to promote client/family access to computer resources and relevant health information, provide basic computer skills training to clients allowing them to efficiently utilize the computer resources made available to them, and provide access to technical assistance.
- Personal Health Record Awareness and Education Project – DMH will develop on-line Personal Health Record awareness and education materials. The two target audiences will be client/family and mental health service providers.
- Data Warehouse Re-Design – The current data warehouse will have to be redesigned to accommodate the increased scope of information it will host after the implementation of IBHIS, and increased reporting required under MHSA.
- Telepsychiatry Feasibility Study and Recommendations – This project will assist DMH in determining whether selected mental health services can be made available in locations where they have been unavailable or scarce. DMH will also determine policies and procedures related to telepsychiatry solutions, and provide cost estimates to facilitate them.

The Chief Information Office (CIO) has reviewed the project descriptions and related plans for each of these projects as well as the entire MHSA IT Plan. On the IBHIS project, which is likely DMH's most critical information technology undertaking, the CIO is providing ongoing Independent Verification and Validation (IV&V). It will also be providing guidance, consultation and oversight to DMH on other MHSA-related projects.

Project Metrics:

The DMH Project Management Office (PMO) will utilize project management best practices and metrics to measure the outcomes of the six (6) distinct projects outlined in the MHSA IT Plan.

Impact On Service Delivery Or Department Operations, If Proposal Is Not Approved:

Approval of the MHSA IT Plan will enable DMH to embark on projects that are consistent with the principles of the County Strategic Plan Goal 7, consistent with the goals of the Chief Information Office, the Department's Business Goals and the Department's IT Strategies.

Alternatives Considered:

None.

Project Risks:

Project risks include the CDMH's ability to provide full funding for these projects, and the Department's ability to effectively manage multiple complex projects simultaneously.

Risk Mitigation Measures:

The Department's risk mitigation measures include submitting the MHSA IT Plan to the CDMH as soon as possible to secure funding. As far as the ability to manage multiple complex projects simultaneously, the Department is committed to utilizing project management best practices, and a strong internal and external oversight process.

Financial Analysis:

These actions will result in no increase net County costs. Of the $99,684,800 being released in the CDMH's Capital Facilities and Technological Needs Planning Estimate, 70% ($69,779,360) will be utilized to implement the information technology projects. These funds can be expended for a period up to 10 years.

Subsequent to the original release of funds, the CDMH released a revised Capital Facilities and Technological Needs Planning Estimate, increasing the planning estimate for LA County by $31,322,200. The Department will develop an amended plan detailing specific uses for these additional funds, and will notify the Board prior to submission to the CDMH. It is anticipated that 70% of this amount will be utilized to implement information technology projects.

The $12,888,000 appropriation adjustment reflects the amount needed to cover project costs and operating expenses in FY 2008-09.

CIO Concerns:

None.

CIO Recommendations:

Based on our review of the Board letter and discussions with the Department, we recommend Board approval of the recommended actions.

CIO APPROVAL

Date Received: December 24, 2008

Prepared by: Henry Balta

Date: December 26, 2008

Approved: [signature]

Date: 12/29/2008

ATTACHMENT I

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS
COMPONENT PROPOSAL

AUGUST 2008

DRAFT for review
August 2008

TABLE OF CONTENTS

Capital Facilities and Technological Needs Component Proposal

Exhibit 1: Face Sheet....1
Exhibit 2: Component Proposal Narrative....3
Exhibit 3: Capital Facilities Needs Listing....10
Exhibit 4: Technological Needs Listing....11

Technological Needs Assessment

Exhibit 1: Face Sheet....12
Exhibit 2: Technological Needs Assessment....13

Technological Needs Project Proposals

Integrated Behavioral Health Information System Project
Exhibit 1: Face Sheet....25
Exhibit 3: Technological Needs Project Proposal Description....26
Exhibit 4: Budget Summary....45
Exhibit 5: Stakeholder Participation....46
Appendix A: Project Risk Assessment....48

Contract Provider Technology Project
Exhibit 1: Face Sheet....49
Exhibit 3: Technological Needs Project Proposal Description....50
Exhibit 4: Budget Summary....65
Exhibit 5: Stakeholder Participation....66
Appendix A: Project Risk Assessment....68

Consumer/Family Access To Computer Resources Project
Exhibit 1: Face Sheet....69
Exhibit 3: Technological Needs Project Proposal Description....70
Exhibit 4: Budget Summary....84
Exhibit 5: Stakeholder Participation....85
Appendix A: Project Risk Assessment....86

Personal Health Record Awareness and Education Project
Exhibit 1: Face Sheet....87
Exhibit 3: Technological Needs Project Proposal Description....88
Exhibit 4: Budget Summary....99
Exhibit 5: Stakeholder Participation....100
Appendix A: Project Risk Assessment....101

Data Warehouse Re-Design Project
Exhibit 1: Face Sheet....102
Exhibit 3: Technological Needs Project Proposal Description....103
Exhibit 4: Budget Summary....117
Exhibit 5: Stakeholder Participation....118
Appendix A: Project Risk Assessment....119

Telepsychiatry Feasibility Study and Recommendations Project

Exhibit 1: Face Sheet....120
Exhibit 3: Technological Needs Project Proposal Description....121
Exhibit 4: Budget Summary....131
Exhibit 5: Stakeholder Participation....132
Appendix A: Project Risk Assessment....133

ATTACHMENTS

Attachment 1: MHSA I/T Plan Approval Letter....1
Attachment 2: Los Angeles County Dept. of Mental Health Business Automation Plan....2
Attachment 3: Systems Resources Conceptual Model....111
Attachment 4: Integrated Behavioral Health System RFP (Pending Release of RFP)....113
Attachment 5: Roadmap – Integrated Information Systems Infrastructure....114
Attachment 6: MHSA I/T Plan Training Schedule....118
Attachment 7: Integrated Behavioral Health System Project Communication Plan....119
Attachment 8: Integrated Behavioral Health System Workflow Table of Contents....128
Attachment 9: Contract Provider Project Request Process....133
Attachment 10: Data Integration Flow Diagram....174

Component Exhibit 1

Capital Facilities and Technological Needs Face Sheet

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS
COMPONENT PROPOSAL

County: Los Angeles Date: 08/28/2008

County Mental Health Director:

Marvin J. Southard
Printed Name

Signature

Date: 9/9/08

Mailing Address: 550 South Vermont Avenue
12th Floor
Los Angeles, California 90020

Phone Number: (213) 738-4601 Fax: (213) 386-1297
E-mail: msouthard@dmh.lacounty.gov
Contact Person: Robert Greenless
Phone: (213) 251-6481
Fax: (213) 736-9360
E-mail: rgreenless@dmh.lacounty.gov

Component Exhibit 1 (continued)

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental health Services in and for Los Angeles County and that the following are true and correct:

This Component Proposal is consistent with the Mental Health Services Act.

This Capital Facilities and Technological Needs Component Proposal is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3320.

The County certifies that if proposing technological needs projects(s), the Technological Needs Assessment, including the Roadmap for moving toward an Integrated Information Systems Infrastructure, will be submitted with the first Technological Needs Project Proposal.

This Component Proposal has been developed with the participation of stakeholders, in accordance with title 9, CCR Sections 3300, 3310, and 3315, and with the participation of the public and our Contract Providers. The draft local Capital Facilities and Technological Needs Component Proposal was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board. All input has been considered, with adjustments made, as appropriate.

Mental Health Service Act funds are and will be used in compliance with title 9, CCR Section 3410, Non-Supplant.

All documents in the attached Component Proposal for Capital Facilities and Technological Needs are true and correct.

Date: 10/28/08 **Signature**

Executed at:

Component Exhibit 2

1. Framework and Goal Support

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technologic Needs Component funds to support the programs, services and goals implemented through the MHSA, 2) how you derived the proposed distribution of funds below, and 3) the stakeholder process used to derive the distribution and use of funds.

Technological Needs Component Funds will be used for a coordinated program of technology-enabled improvements to the Los Angeles County (LAC) mental health services delivery system including Contract Provider projects and consumer/family empowerment projects. Every MHSA program is information dependent. The projects included in the LAC Department of Mental Health (LAC-DMH) MHSA Information Technology Plan (MHSA I/T Plan) are intended to make the right information available to authorized users when and where they need it and in the format most appropriate to their intended use. This approach includes consumers and family members, the providers of service (whether LAC-DMH operated or contracted), LAC-DMH in its role as the Local Plan (LP) administrator, and the State Department of Mental Health (SDMH).

The key elements of the LAC-DMH strategy include:

- Broad stakeholder involvement to assure that the MHSA I/T Plan delivers strategic improvements across the entire spectrum of the LAC mental health services and mental health consumer community
- Information captured in digital form as close to the source as possible
- Adherence to applicable standards where they are available to facilitate lawful and appropriate movement of information throughout the mental health services delivery system in support of:
    - Secure access to information by consumers and families
    - Continuity of care
    - Simplification and streamlining of processes to improve convenience for consumers and families and operational efficiency for providers and administrators

Long-term benefits will derive from:

- An emphasis on the <u>system</u>
- Foundation projects upon which the LAC mental health community can continue to build its information capabilities
- Empowering consumers and their families to use computer technology to access and manage health information to make more informed decisions
- Providing consumers and their families with access to tools that will improve communication with their providers and promote recovery, wellness, resiliency, and autonomy

To achieve the benefits stated above, LAC-DMH has identified Technology Projects that are consistent with the overarching MHSA technology goals of increasing consumer and family empowerment by providing the tools for secure consumer and family access to health information and modernization and transformation of clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness. Although stated as

distinct goals, LAC-DMH views the consumer as the focus of each project included in the enclosed proposal. At the core of each is the desire to develop an integrated information systems infrastructure that improves the overall well-being of consumers receiving public mental health services in LAC.
Consumers served by LAC-DMH may receive mental health services at service locations directly operated by LAC-DMH and/or service locations operated by Contract Providers. To achieve parity, the technology needs of Contract Providers have been considered as these providers are critical to achieving technological integration and seamless service delivery. Building technological infrastructure on one side of the LAC-DMH enterprise without providing a mechanism to support the other achieves nothing.

LAC-DMH is proposing 6 projects for which MHSA Information Technology funds are requested as follows:

I. Integrated Behavioral Health Information System
II. Contract Provider Technology Projects
III. Consumer/Family Access to Computer Resources
IV. Personal Health Record Awareness and Education
V. Data Warehouse Re-Design
VI. Telepsychiatry Feasibility Study and Recommendations

Integrated Behavioral Health Information System (IBHIS): The IBHIS will provide integrated clinical, administrative and financial functionality to LAC-DMH in its role as a provider of mental health services and in its role as the Local Plan Administrator. The IBHIS will provide LAC-DMH clinicians access to consumer clinical records regardless of where each consumer was seen previously in the LAC-DMH network. Clinicians will have access to medication history information, recent assessments, laboratory and psychological test results, and, when appropriate, clinician notes from prior visits.

Contract Provider Technology Projects: The Contract Provider Technology Project is an umbrella project encompassing a mix of technology projects within the range of projects identified in the MHSA Capital Facilities and Technological Needs Guidelines. This umbrella project is intended to provide a means for Contract Providers within the LAC-DMH provider network to obtain the funding necessary to fully participate in the Integrated Information Systems Infrastructure and address their technological needs consistent with the MHSA Capital Facilities and Technological Needs Guidelines.

Consumer/Family Access to Computer Resources Project: Mental health consumers, and family members need access to computer resources and they should have access to computer training and technical assistance. Computer skills training, and technical assistance are essential to ensure that consumers and family members are able to effectively use computer resources made available to them. Through this project LAC-DMH plans to set-up one or more consumer/family dedicated computer workstations in service settings and secure residential settings. Other settings are being considered. Videoconferencing is being explored in at least one service location in each of 8 Service Planning Areas. This project also includes implementation of a computer skills training program and providing technical assistance during normal business hours to consumer/family users.

Personal Health Record Awareness and Education Project (PHR): Through the stakeholder process, LAC-DMH received considerable feedback suggesting that many mental health consumers have limited awareness of PHR(s) and how a PHR may be used as a recovery and

wellness tool. LAC-DMH is requesting MHSA Information Technology funds to support the development of written and online PHR awareness and education materials. Online materials will include both written and video content. Content will be developed with two specific target audiences, consumer/family and mental health service providers.

Data Warehouse Re-Design: Implementation of the electronic health record necessitates re-designing the current LAC-DMH data warehouse. Along with new data collected in the IBHIS, forthcoming MHSA programs (Prevention and Early Intervention, Workforce Education and Training, and Innovation) will bring in additional new clinical, administrative, and financial data that must be stored in the data warehouse. This project will prepare LAC-DMH for warehousing these data from disparate data sources as well as establish appropriate resources for warehousing legacy data.

Telepsychiatry Feasibility Study and Recommendations: LAC-DMH encompasses over 4,000 square miles and some areas are sparsely populated and remote from major medical centers and mental health service delivery resources. LAC-DMH is requesting MHSA funding to support a feasibility study to identify opportunities for a variety of telepsychiatry programs; identify the possible benefits of a more wide-spread and systematic adoption of telepsychiatry; document possible negatives associated with telepsychiatry; and make a recommendation as to the programmatic value of a systematic implementation of Telepsychiatry in LAC-DMH.

LAC-DMH proposes to use 70 percent ($69,779,360) of the funds provided under the LAC Capital Facilities and Technological Needs Component Planning Estimate (January 31, 2008) for information technology projects. Thirty percent ($29,905,440) of Capital Facilities and Technological Needs Planning estimate funds have been designated to support capital facilities projects. For LAC-DMH, the need is such that either Capital Facilities or Technology could use all of the allocated funding appropriately and effectively. On balance, however, the information technology need was considered the more urgent.

On July 30, 2008, SDMH released a revised Capital Facilities and Technological Needs Planning Estimate increasing the planning estimate for Los Angeles County by $31,322,200. At a later date, LAC-DMH will initiate planning activities to consider specific uses for these additional funds. Although specific uses have not been determined, LAC-DMH will need to use a portion of these additional funds to augment one or more of the technology projects described above. A revision of the Capital Facilities and Technological Needs Planning Estimate was anticipated and stakeholders were included in discussions regarding the likely need to augment projects included in this Component Proposal with additional MHSA funds. Additional funding included in the revised Capital Facilities and Technological Needs Planning Estimate may be used, for example, to support the following:

- Additional allocations of MHSA funds to support Contract Provider Technology Projects
- Expanding the Consumer/Family Access to Computer Resources Project to include the deployment of additional technology resources, enhanced computer skills training programs, expansion of technical assistance resources, and/or augmenting the Consumer/Family Access to Computer Resources Project as currently proposed to support sustainability
- Implementation of an expanded PHR project to include adding functionality to PHR software solutions to allow for links to PHR(s) and the IBHIS, upon consumer-request, including consumer training on any new functionality

- Implementation of a Telepsychiatry Program if findings from the Telepsychiatry Feasibility Study and Recommendations Project suggest an expanded Telepsychiatry program is prudent.

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

Stakeholder Approval of the MHSA Technology Plan:

The Los Angeles County Department of Mental Health (LAC-DMH) MHSA I/T Plan was reviewed and approved by four committees or boards that play oversight roles in the planning, development, and implementation of MHSA-related activities in LAC. The members of these committees and boards represent the interests of mental health services stakeholders in Los Angeles County (LAC). These stakeholder committees/boards are; 1) LAC Board of Supervisors; 2) LAC Mental Health Commission (MHC); 3) MHSA System Leadership Team (SLT); and 4) MHSA Stakeholder Delegates Committee.

With the exception of the Board of Supervisors, mental health consumers and family members of mental health consumers comprise a significant portion of the membership of these committees/boards. Prior to approval by the LAC Board of Supervisors, the enclosed MHSA I/T Plan was reviewed and approved at multiple County levels including, LAC-DMH Executive Management Team, LAC Chief Executive Office, LAC Chief Information Office, and LAC County Counsel.

The MHC consists of 16 members. By law, one of the members must be a member of the Board of Supervisors. Fifty percent of the members are consumers or parents, spouse, sibling, or adult children of consumers who are receiving or have received mental health services. Consumers constitute at least 20 percent of the total membership and families of consumers constitute at least 20 percent of the membership. The MHC serves as the County mental health board and is responsible for conducting public hearings for all MHSA planning activities that, by State regulation, require a public hearing.

The SLT serves as a quick response advisory and monitoring team on issues related to MHSA Plan implementation and to the broader public mental health system. The SLT develops process and structural frameworks to support the overall system transformation. Membership is comprised of representatives from the MHC, mental health service providers, consumers, family, law enforcement agencies, and DMH employees.

The MHSA Stakeholder Delegates Committee consists of DMH staff, consumers, family members, law enforcement, educators, and a variety of mental health service providers. This group serves as an advisory and planning body that maintains active communication with the SLT, receives recommendations from workgroups, and develops recommendations for new MHSA plans or recommendations for the integration of MHSA Plans.

Stakeholder Participation in the Development of the MHSA Technology Plan – Consumer/Family:

LAC-DMH recognized the need for Consumer/Family stakeholder input beyond that provided through the membership of the MHC, SLT, and MHSA Stakeholder Delegates. Efforts to identify consumers and family representatives to provide input into the LAC-DMH MHSA I/T Plan began immediately following the release of the final MHSA Capital Facilities and Technological Needs Guidelines document. LAC-DMH Chief Information Office Bureau (CIOB) held two Consumer/Family Focus Groups (March 26, 2008 and April 7, 2008). The focus groups were used to get feedback on the preliminary outline of the LAC-DMH MHSA I/T Plan and to solicit ideas for the development of specific consumer/family empowerment projects. These informal needs assessments and brainstorming sessions were very productive in generating ideas and identifying opportunities for the use of technology in support of consumers and their families.

A subset of the focus group participants volunteered to participate in a Consumer/Family Technology Planning Advisory Group. This advisory group met on three occasions between April and May 2008 to review a summary of the focus group data, establish a list of consumer/family empowerment projects, and provide input into the development of project plans. The information gathered from the focus and advisory groups was instrumental in the resultant Consumer/Family Access To Computer Resources Project and PHR Awareness and Education Project included in this grant request. Consumer/family input significantly shaped project plans and strongly influenced considerations regarding consumer-focused security and privacy, access to computer resources and information, computers skills-building, and technical assistance needs.

Stakeholder Participation in the Development of the MHSA Technology Plan – Contract Providers:

Stakeholder participation in planning for the transformation of information technology support for mental health service delivery under MHSA began well before the MHSA Capital Facilities and Technological Needs Guidelines were released on March 18, 2008. Since a cornerstone of the transformation is the efficient and secure movement of information throughout the network of consumers, families and providers, LAC-DMH formed a Contract Providers Transition Team (CPTT) in March, 2007. The CPTT was formed to facilitate, guide, and encourage Contract Providers of mental health services in LAC to begin the transition to Electronic Data Interchange (EDI) in preparation for the LAC-DMH implementation of the IBHIS. Under the IBHIS, direct data entry of consumer, episode and claim information via the LAC-DMH Integrated System (IS) will no longer be available.

When the first draft of the MHSA Capital Facilities and Technological Needs Guidelines document was released in May 2, 2007, the CPTT group gradually broadened its discussion beyond the IBHIS and transition to universal EDI for claiming among Contract Providers to include other MHSA Information Technology initiatives that might be appropriate under the Guidelines. CPTT reviewed the Draft guidelines, met on May 18, 2007, and assisted DMH-CIOB in drafting questions and comments that were sent to State DMH on May 25, 2007. In the months that followed, the CPTT and an ad-hoc subcommittee of this group have convened on numerous occasions to discuss the Draft LAC-DMH MHSA I/T Plan and review proposed projects. Through this process, the CPTT and LAC-DMH determined an allocation methodology for MHSA Information Technology funds and developed an application process that will be used to support Contract Provider initiated MHSA Information Technology projects. Through this mechanism, LAC-DMH will be in the best position to achieve a fully integrated, consumer-centric information system that benefits all mental health service recipients within the system.

Stakeholder Participation in the Development of the MHSA Technology Plan – LAC-DMH:

In September 2007, LAC-DMH initiated an MHSA Information Technology Advisory Group to begin the process of developing the MHSA I/T Plan. This group consisted of LAC-DMH staff from the CIOB, Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate, Office of Planning, and Office of the Medical Director. One of the important functions of this group was to identify LAC-DMH specific and other County policy or procedural issues that might need to be addressed prior to finalization of the LAC-DMH MHSA I/T Plan. The advisory group also provided input on all projects included in the MHSA I/T Plan and provided advice on stakeholder involvement in various aspects of the planning process. Over the course of several months, a draft list of technology projects was developed and a Powerpoint® presentation describing initial planning efforts and a Fact Sheet describing our preliminary technology project plans were developed. These materials were used to inform stakeholders of our preliminary planning efforts and solicit their participation in the planning process. As part of the MHSA Information Technology Advisory Group process, documentation of the initial CSS stakeholder process was reviewed.

A representative from CIOB has been participating in the local Prevention and Early Intervention (PEI) planning process since its inception in August 2008. Although specific PEI programs and services have not been determined as of this writing, LAC-DMH is aware that specific PEI program outcome measures will be required, and adjustments may be required in service claiming processes to accommodate new services and new service providers prior to the implementation of PEI programs.

A representative from CIOB has been participating in the local Workforce Education and Training (WET) planning process. Although specific WET programs and services have not been determined as of this writing, CIOB is aware that specific WET program outcome measures will be required. CIOB has advocated, through the WET planning process, for coordination of training efforts to ensure that where permissible under MHSA, WET resources will be brought to bear to ensure that basic computer literacy training is available to maximize the potential for successful implementation of all technology projects.

The draft list of technology projects, estimated project costs, and proposed funding allocations to Technology and Capital Facilities were presented to the SLT on January 18, 2008 and March 10, 2008, at which time the SLT deferred a vote on the distribution of funds pending further information regarding proposed Capital Facilities expenditures. On April 11, 2008 the SLT was given the additional information they requested and voted to approve the distribution of Capital Facilities and Technology funds at 70 percent to support Information Technology projects and 30 percent to support Capital Facilities projects. Although the initial recommendation of LAC-DMH was 60 percent Information Technology and 40 percent Capital Facilities, LAC-DMH supports the decision of the SLT regarding the distribution of funding.

Public Comment and Public Hearing:

The MHSA Information Technology Plan (MHSA I/T Plan) was posted at the LAC-DMH MHSA website (http://dmh.lacounty.info/mhsa/) from July 23 through August 21, 2008. The plan was presented to the SLT on July 11, 2008. Although the SLT does not vote on or endorse MHSA plans, the MHSA I/T Plan received considerable positive feedback when presented to the SLT members. The MHSA I/T Plan was presented to the MHSA Stakeholder Delegates on July 25, 2008 and the Delegates voted to endorse the plan. The plan was presented

for Public Hearing held by the MHC on July 30, 2008. The MHC unanimously approved the MHSA I/T Plan (Attachment 1, Letter of Approval).

All comments received during the public comment period were documented, and where appropriate and feasible, revisions were made. No substantive revisions to the MHSA I/T Plan Component Proposal were necessary. The preponderance of comments were specific to the Technological Needs Project Proposals, where again, none of the comments necessitated substantive revisions to any of the six projects included in the MHSA I/T Plan. Comments specific to Technological Needs Project Proposals were documented and where appropriate and feasible, revisions were made.

Ongoing Stakeholder Participation:

LAC-DMH recognizes the need for ongoing stakeholder participation in each of the projects included in this MHSA I/T Plan. Future stakeholder participation in many projects such as the IBHIS, Contract Provider Technology Project, Consumer/Family Access to Computer Resources Project, and Personal Health Record Awareness and Education Project will be continued using existing groups that were formed to develop these project plans. Additional stakeholder groups will be formed as-needed.

Plans for ongoing stakeholder participation in the Data Warehouse Re-design Project and Telepsychiatry Feasibility Study and Recommendations projects have been developed and are described in detail in their respective project plans (Enclosure 3, Exhibit 3: Data Warehouse Re-Design Project and Enclosure 3, Exhibit 3: Telepsychiatry Feasibility Study and Recommendations Project).

Component Exhibit 3

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

Please list Capital Facility needs (ex: types and numbers of facilities needed, possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.)

Capital Facilities needs have not been addressed in this Component Proposal. LAC-DMH will submit a request to support Capital Facilities Project Proposals at a later date.

Component Exhibit 4

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS

Please check-off one or more of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed below and described in further detail in Enclosure 3. If no technological needs are identified, please write "None" in the box below and include the related rational in Exhibit 1.

- **Electronic Health Record (EHR) System Projects (check all that apply)**
  - ☒ Infrastructure, Security, Privacy
  - ☒ Practice Management
  - ☒ Clinical Data Management
  - ☒ Computerized Provider Order Entry
  - ☒ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
- **Client and Family Empowerment Projects**
  - ☒ Client/Family Access to Computer Resources Projects
  - ☒ Personal Health Record (PHR) Systems Projects
  - ☒ Online Information Resource Projects (Expansion / Leveraging information sharing services)
- **Other Technological needs Projects That Support MHSA Operations**
  - ☒ Telemedicine and other rural/underserved service access methods
  - ☒ Pilot Projects to monitor new programs and service outcome improvement
  - ☒ Data Warehousing Projects / Decision Support
  - ☒ Imaging / Paper Conversion Projects
  - ☒ Other (Briefly Describe)

Other:

Through the Contract Provider Technology Project LAC-DMH will support Contract Providers who request MHSA Information Technology funds to support Treatment Planning Libraries that are consistent with MHSA treatment models, automation of eligibility verification, forms translations, and software and hardware to support e-signatures.

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Los Angeles County

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognized the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director
Name Marvin Southard, D.S.W. Signed
Telephone (213) 738-4601
E-Mail msouthard@dmh.lacounty.gov Date 9/9/08

Chief Information Officer
Name Robert Greenless, Ph.D. Signed
Telephone (213) 251-6481
E-Mail rgreenless@dmh.lacounty.gov Date 8/29/08

HIPPA Privacy / Security Officer
Name Jeff Zito Signed
Telephone (213) 251-6480
E-Mail jzito@dmh.lacounty.gov Date 8/25/08

EXHIBIT 2 – TECHNOLOGICAL NEEDS ASSESSMENT

Provide a Technological Needs Assessment which addresses each of the following three elements:

1. County Technology Strategic Plan Template

(Small Counties have the option to not complete this section.)

This section includes assessment of the County's current status of technology solutions, its long-term business plan and the long-term technology plan that will define the ability of County Mental Health to achieve an **Integrated Information Systems Infrastructure** over time.

Current Technology Assessment:

List below or attach the current technology systems in place.

1.1) Systems Overview:

Current technology systems in place include 36 software applications used to support Los Angeles County Department of Mental Health (LAC-DMH) programs and services including the current consumer information and billing system, the "Integrated System" (IS). The IS will be decommissioned sometime after successful implementation of the electronic health record project.

Each software application is described in the LAC-DMH Business Automation Plan – Fiscal Year 2008-2009 (BAP) [Attachment 2: Los Angeles County Mental Health Business Automation Plan, Fiscal Year 2008-2009, p. 58-92]. An itemized list of current and planned technology infrastructure to support technology systems is included in the BAP (p. 97-98).

Two conceptual models of systems resources are included in Attachment 3. These models represent the current "as-is" systems overview and the desired "to-be" integrated systems overview. The as-is diagram shows the lack of integration in the current environment, fragmented and often redundant local solutions, and processes that require duplicate data entry and a lot of labor intensive work to keep processes in sync.

The to-be diagram shows approximately what we expect to be the environment when LAC-DMH implements the Integrated Behavioral Health Information System (IBHIS). Much of the functionality will be from the IBHIS vendor and thus effectively integrated across functional areas of the LAC-DMH operation. This will reduce redundant data entry and inconsistent information across the organization. The IBHIS will be connected to an interface engine that will serve as a central broker for information exchanges between the IBHIS and other LAC-DMH information systems. Fragmented and partially effective local solutions will become obsolete with the introduction of the IBHIS.

List or attach a list of the hardware and software inventory to support current systems:

1.2) Hardware:

A complete hardware inventory is provided in Attachment 2: Los Angeles County Mental Health Business Automation Plan, Fiscal Year 2008-2009, pages 94-96.

1.3) Software:

A complete software inventory is provided in Attachment 2: Los Angeles County Mental Health Business Automation Plan, Fiscal Year 2008-2009, pages 102-104.

A complete Security software inventory is provided in Attachment 2: Los Angeles County Mental Health Business Automation Plan, Fiscal Year 2008-2009, pages 98-101.

1.4) Support (i.e. maintenance and/or technical support agreements):

A complete listing of maintenance and/or technical support agreements is provided in Attachment 2: Los Angeles County Mental Health Business Automation Plan, Fiscal Year 2008-2009, pages 107-108.

Plan to achieve Integrated Information Systems Infrastructure (IISI) to support MHSA Services:

Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISI. (County may attach their I/T Plan or complete the categories below)

1.5) Describe how your technology products associated with the Integrated Information System Infrastructure will accomplish the goals of the county MHSA Three-year Plan.

All MHSA programs included in the Three-year Plan are information dependent. In Los Angeles County, the core of the DMH Integrated Information System Infrastructure (IISI) will be the IBHIS with an interface engine serving a very important supporting role. The IBHIS electronic health record project will enable a coordinated program of technology-enabled improvements to the LAC-DMH mental health services delivery system. It will be the repository of clinical, administrative and financial information for all consumers served and all services delivered under the LA County Local Plan.

The technology products associated with the integrated information systems infrastructure proposed in the LAC-DMH MHSA I/T Plan are intended to make the right information available to authorized users when and where they need it and in the format most appropriate to their intended use. This approach includes consumers and families, the providers of service (whether LAC-DMH directly-operated or Contract Providers), LAC-DMH in its role as the Local Plan administrator, and the State Department of Mental Health (SDMH).

Current clinical and business operations rely on labor intensive, paper-based manual processes and many non-integrated technology solutions that result in fragmented information, poor access to and sharing of information, and considerable duplication of

effort for both consumers and service delivery staff. Current hardware and software systems are barely adequate to support the service, administrative, program monitoring, and consumer/family needs of existing MHSA Community Services and Supports (CSS) programs and services, much less the anticipated information technology needs of future programs and services that will be developed for the Prevention and Early Intervention (PEI), Workforce Education and Training (WET), and Innovation components.

The technology products associated with the IBHIS, and the technology projects submitted in the enclosed MHSA I/T Plan will facilitate accomplishment of the goals of the LAC-DMH MHSA Three-year Plan in the following ways:

- Facilitate appropriate system-wide access to clinical, administrative and financial information in digital format
- Allow the capture of digital information as close to the source as possible, moving away from a paper-based system
- Improve sharing information across the service-delivery system including appropriate and secure sharing of information at the county and state level
- Providing a standards-based integration of information with contract providers of mental health services, appropriate county agencies, and SDMH
- Provide source data for populating a Personal Health Record (PHR) which will serve as a tool for promoting consumer recovery, wellness, and resiliency, and promote more consumer-centered, consumer-directed mental health service delivery
- Increase awareness and education of online resources such as PHR(s) and other tools to enhance wellness, recovery, and resiliency
- Improve the capture and reporting of outcomes data for monitoring the effectiveness of MHSA programs
- Promote ready access to and analysis of service data to enhance quality improvement, and other decision support functions
- Providing consumers and their families with access to computer resources and the skills needed to effectively utilize these resources to enhance wellness, recovery, and resiliency
- Facilitate a more flexible and timely response to changing State and other regulatory requirements

1.6) Describe the new Technology System(s) required to achieve an Integrated Information System Infrastructure:

The core technology systems associated with achieving IISI are:

-IBHIS
-Interface Engine
-Enterprise Master Patient Index (EMPI)
-Data Warehouse
-Contract Provider electronic health record systems
-Personal Health Record

The LAC-DMH data warehouse is not fundamentally new technology, but the data warehouse will have to be entirely redesigned, including substantial server and data storage upgrades, to accommodate the much increased scope of information it will host post IBHIS implementation and the increased scope of reporting required under MHSA. Data sources will include the IBHIS and other LAC-DMH data systems including

Credentialing, Pharmacy, and the MHSA Outcome Measures Application (Community Services and Supports, Prevention and Early Intervention, Workforce Education and Training, and Innovation). While it may be possible for LAC-DMH and its partners to transform mental health service delivery without the redesigned LAC-DMH data warehouse, it is very hard to imagine that the transformation could be demonstrated without the implementation of a redesigned data warehouse.

The IBHIS will provide integrated clinical, administrative and financial functionality to LAC-DMH in its role as a provider of mental health services and in its role as the Local Plan Administrator. The IBHIS will provide LAC-DMH clinicians access to consumer clinical records regardless of where each consumer was seen previously in the LAC-DMH network. Clinicians will have access to medication history information, recent assessments, laboratory and psychological test results, and, when appropriate, clinician notes from prior visits.

The interface engine is software running on a dedicated high-end server that receives messages, transforms them when necessary, and then routes them to a destination system or systems. The IISI cannot be achieved without it. IISI involves a great deal of information exchange using standards-based messaging between LAC-DMH and contract providers. The interface engine will in all likelihood be the means by which those messages are managed.

The EMPI is another essential component of the IISI. LAC-DMH shares consumers with contract providers, other counties within California, providers outside of California, the LAC Department of Health Services, the Department of Probation, and the Department of Children and Family Services. The appropriate coordination of care across such a diverse array of partners requires that LAC-DMH exercise great care in assuring that we are in fact referring to the same and correct consumer.

As an example of where the EMPI is becoming a necessity, as contract providers move into a more Electronic Data Interchange (EDI) intensive world and no longer log on to a LAC-DMH information system to register consumers, whatever consistency in consumer identification and registration that came from all LAC-DMH providers registering their consumers directly into the LAC-DMH legacy Integrated System (IS) will be lost. The EMPI provides a means to reconcile identifying information for consumers across multiple sources of data and greatly improve the accuracy of consumer identification and registration transactions. This will lead to improved data quality, reduction in duplicate record creation, and reduction of risk to consumers because there will be improved assurance that the consumer is associated with the correct health record information.

The full vision of the IISI requires all parts of the service delivery network to be prepared to participate in the appropriate and secure exchange of information in order to improve outcomes for consumers and their families. Since half of all consumers seen in the LAC-DMH Local Plan are seen at contracted service provider sites, contract providers are an essential participant in the IISI. The largest number of projects in the LAC-DMH MHSA IT Plan is in the contract provider category. The single requirement that cuts across all of these projects is that each provider achieves the ability to exchange standards-based EDI transactions with LAC-DMH's IBHIS consistent with the MHSA Capital Facilities and Technological Needs Guidelines. There are other types of projects in the contract provider portfolio, but whatever projects the provider selects; standards-based EDI with

the LAC-DMH IBHIS must be among the provider's capabilities within the term of the MHSA IT Plan funding.

Through the Contract Provider Technology Project, LAC-DMH proposes to distribute MHSA Information Technology funds to over 125 Contract Providers for the following types of information technology projects:

- Electronic Health Record (EHR) System Projects including hardware and software to support field-based services, remote access to EHR, and EHR training
- Electronic Data Interchange Projects
- Consumer/Family Access to Computer Resources Projects
- Personal Health Record Projects
- Online Information Resource Projects
- Telemedicine and other rural/underserved access methods Projects
- Pilot Projects to monitor new programs and service outcome improvement
- Data Warehousing/Decision Support Projects
- Imaging/Paper Conversion Projects

Additionally, LAC-DMH will support Contract Provider requests for Treatment Planning Libraries that are consistent with MHSA treatment models, automation of eligibility verification, forms translations, and software and hardware to support e-signatures.

Consumers and their families also are expected to be participants in, not just the beneficiaries of, the IISI. Those consumers that chose to use a Personal Health Record (PHR) will have the option to elect an automated download of selected information from the IBHIS to their PHR. This is a capability that will be at least two years away, and possibly longer, but it is a direct opportunity for consumers and their families to participate in the IISI.

The telepsychiatry feasibility project is not explicitly required to achieve an IISI, but if it can be done cost effectively across the entire LAC-DMH provider network, it would be a very powerful enhancement of the IISI. It would improve access to certain types of care and make the service delivery system more efficient by optimizing the direct services hours available from the system's most expensive and most in-demand resources. LAC-DMH has selectively piloted telepsychiatry with some success, but it is not clear whether the service delivery improvements or productivity gains warrant a more aggressive adoption of this promising technology. In advance of committing MHSA funds to a countywide telepsychiatry project, LAC-DMH has determined that conducting a feasibility study is the best use of MHSA Information Technology funds at this time. In the event that findings from this feasibility study result in recommendations for expansion of telepsychiatry, future MHSA funding will be sought to support telepsychiatry in appropriate locations countywide.

1.7) Note the Implementation Resources currently available

Oversight Committee	Yes _X_	No ___
Project Manager	Yes _X_	No ___
Budget	Yes ___	No _X_
Implementation Staff in Place	Yes ___	No _X_
Project Priorities Determined	Yes _X_	No ___

1.8) Describe plan to complete resources marked no above:

Of the two items marked "No" above, budget is perhaps the simpler of the two to address. This MHSA IT Plan for LAC-DMH is intended to result in a grant of funds to LAC-DMH from the State in order to turn that No into a Yes.

LAC-DMH has had some MHSA One-Time Funding for IT that has allowed LAC-DMH to plan and prepare for the IBHIS implementation and address some other MHSA IT needs. That funding is no longer available, so further MHSA funding is required to allow LAC-DMH to carry on with IT projects in support of the MHSA IT Plan.

There is a portion of the IBHIS project that will not be funded under the MHSA IT Plan funding request. That portion of the IBHIS that replaces existing claims processing functionality will be funded from the LAC-DMH IT budget for FY 08-09 and FY 09-10. The FY 08-09 funding is available in the LAC-DMH IT budget and continuing funding will be requested in the FY 09-10 LAC-DMH IT budget request.

Some of the funding being requested will help pay for the staffing necessary to turn the Implementation Staff in Place item from a No to a Yes. The necessary budgeted items are available in the LAC-DMH IT budget for FY 08-09 and there is funding for them at least through mid-FY 08-09. LAC-DMH has for several months now been conducting an aggressive recruitment and hiring campaign in order to assure that properly skilled and trained people are in place when a contract is signed with an electronic health record system vendor. Of the 56 items LAC-DMH has identified to support MHSA IT projects, 27 have been hired as of June 23, 2008, 5 more hiring appointments are being processed, and there is active recruitment taking place on all remaining items.

1.9) Describe the technology project priorities and their relationship to supporting the MHSA Programs in the County:

LAC-DMH MHSA I/T Project Priorities are listed as follows in rank order:

I. Integrated Behavioral Health Information System
II. Contract Provider Technology Projects
III. Consumer/Family Access To Computer Resources
IV. Personal Health Record Awareness and Education
V. Data Warehouse Re-Design
VI. Telepsychiatry Feasibility Study and Recommendations

Integrated Behavioral Health Information System (IBHIS):

All MHSA programs included in the Three-year Plan are information dependent. In Los Angeles County, the core of the DMH Integrated Information System Infrastructure (IISI) will be the IBHIS with an interface engine serving a very important supporting role. The IBHIS electronic health record project will enable a coordinated program of technology-enabled improvements to the LAC-DMH mental health services delivery system. It will be the repository of clinical, administrative and financial information for all consumers served and all services delivered under the LA County Local Plan.

The IBHIS project will support local MHSA programs in the following ways, each of which is identical to the ways in which the IBHIS project will support the goals of the LAC-DMH MHSA Three-year plan:

- Facilitate appropriate system-wide access to clinical, administrative and financial information in digital format
- Enable the capture of digital information as close to the source as possible, moving away from a paper-based system
- Enable the appropriate, standards-based, and secure sharing information with business partners across the service-delivery system, including other County departments, Contract Providers and the State
- Provide source data for populating a PHR if elected by the consumer, which will serve as a tool for promoting consumer recovery, wellness, and resiliency, and promote more consumer-centered, consumer-directed mental health service delivery
- Improve the capture and reporting of outcomes data for monitoring the effectiveness of MHSA programs

Contract Provider Technology Projects:

The LAC-DMH provider network includes Contract Providers delivering mental health services. The Contract Provider Technology Project is an umbrella project encompassing a mix of technology projects within the range of projects identified in the MHSA Capital Facilities and Technological Needs Guidelines. This umbrella project is intended to provide a means for contract providers within the LAC-DMH provider network to obtain the funding necessary to fully participate in the IISI and address their technological needs consistent with the MHSA Capital Facilities and Technological Needs Guidelines.

To guide Contract Providers in determining their information technology project priorities, LAC-DMH has identified as the first priority, the electronic exchange of clinical, financial and administrative information with the County's new IBHIS. In order to support this priority, contract providers will need to assess their readiness, define business requirements, review available options, select an approach, implement the approach and continue to manage and upgrade their solution over time to meet new standards and requirements.

The electronic exchange of data will allow providers to capture digital information at the source, and allow data sharing with other contract provider agencies, Los Angeles County, across Counties, the State and the Federal level. More timely information will be available to provide better integrated and coordinated services to the consumers of the County. All data exchanged will be based on available standards.

Consumer/Family Access to Computer Resources Project:

The third project priority in the LAC-DMH MHSA I/T Plan is the Consumer/Family Access to Computer Resources Project. This project is third not because it is of lower importance, but because the full value of consumer/family access to computer resources can only be realized when there is a rich store of information available to consumers that is specific to their care. In LAC-DMH, that can only be accomplished through the IBHIS and Contract Provider Technology Projects.

The Consumer/Family Access to Computer Resources Project can start roughly in parallel to the IBHIS and Contract Provider projects because there will be a great deal of preliminary work to get this project going before any consumer touches a computer as the result of this project. This project is intended to:

1) Promote consumer/family growth and autonomy by increasing access to computer resources, relevant health information, and trainings;
2) Provide basic computer skills training to consumers allowing them to effectively utilize the computer resources made available to them; and
3) Provide appropriate access to technical assistance resources when needed.

The proposed project will support local MHSA programs in the following ways:

- Provide consumers with access to computer resources and tools that can be used to foster more informed interactions with their providers and support more consumer-driven service delivery
- Provide consumers and their families with access to information that will promote wellness, recovery, and resiliency
- Facilitate using on-line consumer satisfaction surveys and program needs assessments to obtain more timely and accurate feedback on MHSA program initiatives
- Facilitate access to on-line training resources that may promote the well-being of consumers and family by enabling them to acquire skills that improve their opportunities for gainful employment

Personal Health Record Awareness and Education Project (PHR):

This project is situated in the fourth position because ready access to computing resources, the purpose of the third ranked project, is viewed as a prerequisite for the PHR to achieve the critical mass necessary for it to have a significant impact on consumer outcomes.

LAC-DMH will develop written and on-line PHR awareness and education materials. Online materials will include both written and video content. LAC-DMH expects to use the resources of an experienced consultant to develop the project materials. Content will be developed with two specific target audiences, consumer/family and mental health service providers.

The proposed PHR Education and Awareness Project will support local MHSA goals and programs in the following ways:

- Increase consumer awareness of PHR(s) as a tool for promoting wellness and recovery
- Inform consumers of the range of PHR(s) available to them so they can make informed choices about a PHR
- For those consumers who choose to use a PHR, it is anticipated that use of a PHR will improve consumer/family communication with providers of mental health services
- For those consumers who choose to use a PHR, the PHR will provide a means for consumers to share their recovery with others in their support network

- Educate mental health service providers about PHR(s) and how they can be used as a tool to enhance the consumer/provider therapeutic relationship and potentially improve consumer outcomes

Data Warehouse Re-design:

Implementation of the electronic health record necessitates re-designing the current LAC-DMH data warehouse, the fifth position project in the LAC-DMH MHSA I/T Plan. Forthcoming MHSA programs (Prevention and Early Intervention, Workforce Education and Training, and Innovation) will bring in new data that must be stored in the data warehouse. The LAC-DMH data warehouse is expected to be the primary, if not the only, source for all State mandated reports produced by LAC-DMH. It will be the one place where IBHIS data is brought together with data from contract provider systems, other DMH systems, and possibly even data from other County agencies to provide a view of Departmental activity across programs, across organizational units, and across time. This project will prepare LAC-DMH for warehousing new clinical, administrative, and financial data sources as well as establish appropriate resources for warehousing legacy data.

Ready access to digitally captured information is vital to the accomplishment of the transformational goals of MHSA and to monitoring progress towards transformational goals over time. Mental health program planning and development, outcomes assessment, quality improvement, coordination with Contract Providers, implementation of evidence-based practices, and cost-efficient streamlined business processes cannot be fully realized without structured improvements in the processes for consolidating, storing, and reporting information from disparate data sources.

The LAC-DMH data warehouse is not just an internal behind-the-scenes data tool for LAC-DMH. Data from the data warehouse is and will be provided securely and routinely to LAC-DMH Contract Providers and other stakeholders. Contract Providers use the data to, among other things, reconcile their internal records with LAC-DMH records.

Telepsychiatry Feasibility Study and Recommendations:

Telepsychiatry Feasibility Study and Recommendations project is last among the priorities because the IISI can be accomplished without it and MHSA programs adequately supported without it, but it is such a promising opportunity to use technology to cost effectively improve services to consumers that it warranted a place on the list.

LAC-DMH encompasses over 4,000 square miles and some areas are sparsely populated and remote from major medical centers and mental health service delivery resources. LAC-DMH proposes hiring a consultant to identify opportunities for a variety of telepsychiatry programs; identify the possible benefits of a more widespread and systematic adoption of telepsychiatry; document possible negatives associated with telepsychiatry; and make a recommendation as to the programmatic value of a systematic implementation of Telepsychiatry in LAC-DMH.

This Telepsychiatry Feasibility Study and Recommendations Project will support MHSA programs by:

- Determining whether selected mental health services can be made available, or at least more timely available, in locations where they have been unavailable or very scarce
- Determining the policies and procedures necessary to facilitate the effective use of various telepsychiatric solutions
- Identifying solutions and providing cost estimates to facilitate solution design, funding requests and more detailed project planning

2. Technological Needs Roadmap Template

This section includes a plan, schedule and approach to achieving an Integrated Information Systems Infrastructure. This Roadmap reflects the County's overall technological needs.

Complete a proposed implementation timeline with the following major milestones.

2.1) List Integrated Information Systems Infrastructure Implementation Plan and schedule or attach a current Roadmap (example below):

See Attachment 5: "Integrated Information Systems Infrastructure Roadmap"

2.2) Training and schedule (List or provide in timeline format, example below):

See Attachment 6: "MHSA I/T Plan Training Schedule"

2.3) Describe your communication approach to the Integrated Information Infrastructure with stakeholders (i.e. Clients and Family Members, Clinicians and Contract Providers):

LAC-DMH will employ a variety of communication strategies to ensure effective communication with stakeholder groups and committees that were involved in developing the MHSA I/T Plan. Each project will have a Communications Plan based upon an assessment of the communication needs of each project. Across all projects, updates of project plans and progress reports on the implementation of each project will be provided to the following stakeholder groups quarterly; 1) LAC-DMH Executive Management Team (EMT); 2) MHSA System Leadership Team (SLT); 3) Contract Provider Transition Team (CPTT); 4) LAC-Mental Health Commission; and 5) MHSA Stakeholder Delegates Committee. Each of these groups is described in detail in the Component proposal.

In addition to the stakeholders referenced above, updates of project plans and progress reports will be disseminated widely via the LAC-DMH – MHSA website at http://dmh.lacounty.info/mhsa/. When additional stakeholder input is needed during the implementation of each project identified in the MHSA I/T Plan, LAC-DMH will form ad-hoc stakeholder groups to ensure an inclusive process.

2.4) Inventory of Current Systems: (may include system overview provided in County Technology Strategic Plan):

Current technology systems in place include 36 software applications used to support LAC-DMH programs and services including the current consumer information and billing system, the "Integrated System". Each software application is described in Attachment 2: Los Angeles County Mental Health Business Automation Plan, Fiscal Year 2008-2009, pages 59 - 93.

2.5) Please attach your Work Flow Assessment Plan and provide a schedule and list of staff and consultants identified (may complete during the implementation of the Project or RFP):

LAC-DMH completed an "as is" workflow assessment in preparation for the IBHIS project. As part of the implementation of the IBHIS project, the "as is" workflow will be used as a foundation for mapping the "to be" process.

A workflow assessment would not be relevant to the Client/Family Access To Computer Resources Project, the PHR Awareness and Education Project, LAC-DMH Data Warehouse Redesign, or the Telepsychiatry Feasibility Study and Recommendations Project.

The Contract Provider Technology Project, as a roll-up of over 400 projects, will have many work flows involved and those work flows will be the responsibility of the contract providers executing the projects. LAC-DMH will, as part of their oversight of those projects, assure that work flows are documented where appropriate.

2.6 Proposed EHR component purchases: (may include information on Project Proposal(s)):

Overall services and components to be acquired through the IBHIS vendor agreement will include, but are not limited to the components listed in the table below:

Call Center Tracking	Resource Schedule Maintenance
Information and Referral Maintenance	Treatment/Care Plan Management
Client Registration	Clinical Workflow Reminders
Assessment Management	Progress Notes Management
Financial Screening & Management	Service Capture
Order Communication	Caseload Management
Benefits Determination	Medication Management
Billing/Accounts Receivable Management	Field Operations Support
Appointment Management	Pharmacy Inventory Management
Contact Tracking	Outcomes Data Capture
Eligibility Management	Program Management
Authorization Management	Provider Network Management
Claims Processing	

See Attachment 4, "Request for Proposals For An Integrated Behavioral Health Information System (IBHIS)", for additional information regarding proposed EHR component purchases.

Contract providers, under the umbrella Contract Provider Technology Project, will be purchasing many of these same components.

2.7 Vendor selection criteria: (such as Request for Proposal):

LAC-DMH will select a vendor via an RFP process. The RFP was released in early FY 08-09. Proposal review and vendor selection will be conducted in a manner consistent with County policies and procedures for vendor selection via a RFP process.

See Attachment 4, "Request for Proposals For An Integrated Behavioral Health Information System (IBHIS)", for specific vendor selection criteria.

2.8 Cost estimates associated with achieving the Integrated Information Systems Infrastructure:

LAC-DMH is estimating the cost of achieving the Integrated Information Systems Infrastructure at $88,847,850. Specific project estimates are listed below:

Project	MHSA IT Plan Costs	Non-MHSA IT Plan Costs	Total Cost
IBHIS	*$35,721,890	*$12,256,996	*$47,978,886
Data Warehouse Redesign	$2,336,507	$467,301	$2,803,808
Telepsychiatry	$562,906	$112,581	$675,487
PHR Awareness & Education	$552,468	$110,494	$662,962
Consumer/Family Access to Computing Resources	$4,033,998	$806,800	$4,840,798
Contract Provider Projects (estimated 20% non-MHSA IT Plan for now)	$26,571,591	$5,314,318	$31,885,909
Totals	$69,779,360	$19,068,490	$88,847,850

* **Reported costs should not be construed to reflect contract costs. They include administrative overhead, County purchased hardware, project and support staff salaries and employee benefits, space costs, and operating costs paid to another County department.**

3. County Personnel Analysis

A detailed personnel analysis is included in the annual LAC-DMH Business Automation Plan. See Attachment 2, Los Angeles County Mental Health Business Automation Plan – Fiscal Year 2008-2009, p. 21.

As of this writing, 29 personnel positions within LAC-DMH, CIOB are vacant. Recruitment for these positions is active. Job bulletins for these positions are in development. Only one position is deemed hard to fill – a Principal Information Systems Analyst who will work in the CIOB Information Security Division.

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Los Angeles County
Project: Integrated Behavioral Health Information System

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognized the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director
Name Marvin Southard, D.S.W. Signed
Telephone (213) 738-4601
E-Mail msouthard@dmh.lacounty.gov Date 9/9/08

Chief Information Officer
Name Robert Greenless, Ph.D. Signed
Telephone (213) 251-6481
E-Mail rgreenless@dmh.lacounty.gov Date 8/29/08

HIPPA Privacy / Security Officer
Name Jeff Zito Signed
Telephone (213) 251-6480
E-Mail jzito@dmh.lacounty.gov Date 9/25/08

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Integrated Behavioral Health Information System (IBHIS)

- ***Please check at least one box from each group that best describes this MHSA Technological Needs Project***

  ☒ New system
  ☐ Extend the number of users of an existing system
  ☐ Extend the functionality of an existing system
  ☒ Supports goal of modernization/transformation
  ☒ Supports goal of client and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    ☒ Infrastructure, Security, Privacy
    ☒ Practice Management
    ☒ Clinical Data Management
    ☒ Computerized Provider Order Entry
    ☒ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
  - **Client and Family Empowerment Projects**
    ☐ Client/Family Access to Computer Resources Projects
    ☐ Personal Health Record (PHR) Systems Projects
    ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technological needs Projects That Support MHSA Operations**
    ☐ Telemedicine and other rural/underserved service access methods
    ☐ Pilot Projects to monitor new programs and service outcome improvement
    ☐ Data Warehousing Projects / Decision Support
    ☐ Imaging / Paper Conversion Projects
    ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Application
  Name of Consultant or Vendor (if applicable) _____

  ☒ Commercial Off-The-Shelf (COTS) System
  Name of Vendor To Be Determined via RFP process

  ☐ Product Installation
  Name of Consultant or Vendor (if applicable) _____

  ☐ Software Installation
  Name of Vendor _____

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County: Los Angeles County

Project Title: Integrated Behavioral Health Information System (IBHIS)

I. Project Management:

A. Independent Project Oversight:

The IBHIS project has numerous sources of independent project oversight which include: 1) LAC-DMH Information Technology Advisory Board (ITPAB); 2) LAC-DMH Project Management Advisory Board (PMAB); 3) IBHIS Project Steering Committee (PSC); 4) LAC Chief Executive Office (CEO); 5) LAC Chief Information Office (CIO); 6) LAC County Counsel; and 7) LAC Board of Supervisors. Oversight of the IBHIS project is a continuing activity that has been in place since 2006 when MHSA one-time funds were provided to begin project planning and develop a Request for Proposals (RFP) to solicit a vendor. Each source of independent project oversight and their role in the IBHIS project is described below.

The ITPAB provides strategic, operational, and clinical guidance to information technology (I/T) planning and ensures that I/T projects are consistent with LAC-DMH Business Goals and I/T objectives. The ITPAP establishes priorities for projects within the Department's project portfolio, assesses risks, monitors progress, and ensures that appropriate resources are deployed to complete the project. The ITPAB meets at least quarterly.

The PMAB was formed specifically for the IBHIS project to shepherd the project through the County system. PMAB members provide advice regarding County business processes and serve to assist LAC-DMH in the facilitation and coordination of the project. The PMAB assists the project management team in navigating the system to expedite actions essential to timely accomplishment of key project-related tasks. The PMAB also assists in project documents review and comment for the purpose of refinement of sections of the IBHIS RFP.

The PSC is comprised of the LAC-DMH Executive Management Team. This committee has a granular oversight role and serves as the gateway to various County levels of project approval. The PSC serves as the review and decision point before any actions pertinent to the project are submitted to the Board of Supervisors for approval. This committee is chaired by the Director of LAC-DMH, Dr. Marvin Southard, who also serves as the Executive Sponsor of the IBHIS project.

The CEO evaluates whether LAC-DMH has the financial resources to complete the project, whether the project is a good value for County, and evaluates the project's consistency with County's overall strategic direction.

The CIO has designated a representative, Henry Balta, who provides direct oversight to the IBHIS project. Mr. Balta attends PMAB and PSC meetings. He provides the critical function of independent verification and validation. In that capacity, Mr. Balta reviews the project to determine project adherence to County standards and examines opportunities for process improvement. He is also very focused on risk assessment and risk mitigation.

County Counsel has assigned a representative to this project, Jose Silva. Mr. Silva is responsible for shepherding the IBHIS project RFP document through the legal approval process. County Counsel has been very involved in the development of the RFP and will be involved in the development and negotiation of the final contract upon vendor selection. Further, DMH has contracted with a private legal firm to work in conjunction with County Counsel in the development of the IBHIS RFP.

The County Board of Supervisors also provides independent project oversight. Each Supervisor has a Health Deputy. All Health Deputies have demonstrated considerable interest in the IBHIS project and project status reports are provided to the Board periodically at meetings of the health deputies. Similar to the CEO, the Board of Supervisors is interested in the overall value of the project to County and its consistency with County's strategic plan.

B. Integration Management:

Through an RFP process, LAC-DMH will be purchasing a commercial off-the-shelf (COTS) integrated system to meet the specific business needs of LAC-DMH. As such, this project will be managed by a LAC-DMH project manager, Adrina Moreno, who will work in conjunction with a Project Manager assigned by the vendor. The vendor Project Manager will work with Ms. Moreno during the development of the IBHIS project work plan. The detailed work plan will include all project activities including application delivery, configuration, testing, integration, training, conversion, system cutover, pilot tests, and system close-out phases of the project.

The responsibility for integration management will reside with the vendor Project Manager. The vendor Project Manager will be responsible for determining how the IBHIS system will integrate with other component systems (e.g. Pharmacy and Credentialing systems). To manage integration, the vendor's Project Manager will coordinate with each LAC-DMH Project Manager overseeing related component systems projects. Additionally, the vendor's Project Manager will coordinate with LAC-DMH's Data and Integration Services and Information Security Divisions to ensure that, upon completion of the IBHIS project, LAC-DMH has achieved a fully integrated, HIPAA-compliant information system. The LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D., who serves as Co-Director of the IBHIS project, will have overall responsibility for ensuring effective integration management.

C. Scope Management:

The IBHIS project scope of work includes all services, products and other work to install, set-up, configure, replicate, integrate, convert data, test, train County staff to use, and otherwise implement the IBHIS software application consistent with the functional and technical requirements, Statement of Work, and maintenance and support services requirements set forth in the IBHIS RFP Sample Agreement (See Attachment 4, IBHIS RFP, Appendix E). Within the Sample Agreement, functional and technical requirements are listed in Attachment B.1, the Statement of Work is included in Appendix A, and maintenance and support services requirements are listed in Appendix D.

Project scope will be managed by the LAC-DMH IBHIS Project Manager, Adrina Moreno. Ms. Moreno will work closely with the vendor's Project Manager to ensure effective scope management. Baseline project scope will include all requirements and project objectives identified in the IBHIS RFP. LAC-DMH will require that scope management methods for

this project conform to the standards set forth in the Department's written guidelines for managing project scope (document available upon request).

In summary, the project plan will include a project scope statement that articulates; 1) the scope of the project; 2) how scope changes will be identified and documented; and 3) how scope changes will be approved and by whom. To organize and define the scope of the project, the vendor will be required to develop a detailed work breakdown structure (WBS) consistent with identified requirements and objectives identified in the IBHIS RFP. Regular performance status reports will be required to provide information on scope performance measured against the project plan and formal change control processes will be in place to manage scope.

The functionality listed in the table below will be included in the scope of the IBHIS project. Claims processing will be included in the project scope, but MHSA funds will not be requested to support claims processing.

Table 1
IBHIS Software Requirements

Call Center Tracking	Resource Schedule Maintenance
Information and Referral Maintenance	Treatment/Care Plan Management
Information & Referral Reference	Clinical Workflow Reminders
Assessment Management	Progress Notes Management
Financial Screening & Management	Service Capture
Order Communication	Caseload Management
Benefits Determination	Medication Management
Billing/Accounts Receivable Management	Field Operations Support
Appointment Management	Pharmacy Inventory Management
Contact Tracking	Protocol/Rules Administration
Eligibility Management	Program Management
Authorization Management	Provider Network Management
Claims Processing	Master Client Index
Client Registration	Formulary Management

D. Time Management:

The LAC-DMH Project Manager will be responsible for working with the vendor Project Manager to develop a detailed project schedule and monitoring adherence to the schedule. A WBS and organizational breakdown structure will be required for use as the basis for schedule development. Assumptions made in developing the project schedule will be documented. The overall responsible party for ensuring adherence to the project schedule will be the LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D.

LAC-DMH has selected Microsoft Project Professional as its scheduling tool of choice. LAC-DMH will require that time management methods for this project conform to the standards set forth in the department's written guidelines for managing project schedules (document available upon request).

E. Cost Management:

Cost management will be the dual responsibility of LAC-DMH and the vendor selected for the IBHIS. LAC-DMH will require that cost management methods for this project conform to the standards set forth in the department's written guidelines for budgeting and cost estimation (document available upon request).

F. Quality Management:

To monitor quality assurance, LAC-DMH will require the IBHIS software vendor to provide written status reports to the LAC-DMH IBHIS Project Manager on a monthly basis. Status reports will compare actual progress against the vendor's detailed work plan and report any start and end date variances. Additionally, the vendor's project manager will be required to meet with the LAC-DMH IBHIS Project Manager not less than weekly to review project status.

The IBHIS vendor will be required to develop and deliver to County a system test plan for County's review and approval. The test plan must include plans for module tests, reporting tool tests, system integration tests, performance tests, and data conversion tests. Upon completion of a successful delivery, installation and configuration of the requisite system software components, both the vendor and County shall perform systems tests as outlined in the IBHIS RFP Statement of Work. All systems tests must be repeated until successfully completed in accordance with pre-determined system test acceptance criteria. The vendor will be required to correct all system deficiencies.

G. Human Resource Management:

Human resource management will be the dual responsibility of the IBHIS Project Manager and the vendor Project Manager. LAC-DMH will be responsible for the management of all County personnel assigned to this project. The vendor will be responsible for appointing and managing a project team that will include a Project Manager and a team of technical staff. The LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D., who serves as Co-Director of the IBHIS project will be the overall responsible party for ensuring effective human resource management. Additionally, as part of the oversight function of the County CIO, the adequacy of the staffing assigned to this project will be evaluated throughout the course of the project.

LAC-DMH has managed human resources to ensure that appropriate personnel have been available to support the IBHIS project. First, LAC-DMH has taken a proactive stance with regard to staffing this project by requesting one-time MHSA funding in the amount of $3.177M in fiscal year 06/07 to support the timely acquisition of project-specific personnel positions. This action was taken to ensure that key personnel positions would be available to fully support the planning for the IBHIS project and development of the RFP. Secondly, since the IBHIS project is largely focused on the clinical and business needs of LAC-DMH, over 150 clinical and administrative employees, who have no budgeted positions within the IBHIS project, have actively participated in developing the business requirements and "as-is" workflow analysis for this project. Clinical and administrative input will continue throughout the planning and implementation phases under the guidance of the Department's Clinical Informaticist, Paul Arns, Ph.D.

MHSA funds are requested as part of this project request to fund positions to be specifically assigned to this project, including the Clinical Informaticist position.

As stated above, the selected vendor will be required to designate a project team that will be dedicated to the project. LAC-DMH will require that the vendor Project Manager have five years of experience managing large software implementation projects and five years of experience in the healthcare industry. Technical staff members on the project team responsible for system configuration, database management, troubleshooting, interface development, custom programming modifications, business analysis, testing, quality assurance, technical and application training and manuals for software and processing systems developed for consumers, will be required to have at least two years of qualifying experience within the last 5 years.

H. Communications Management:

Communications management will be the responsibility of the IBHIS Project Manager and the vendor Project Manager. A detailed communications plan was developed for this project to manage communications specific to project planning activities from the Initiation Phase of the project through the release of the IBHIS RFP. See Attachment 7, "Integrated Behavioral Health Information System – Communication Management Plan".

After release of the IBHIS RFP and selection of a vendor, LAC-DMH, in conjunction with the vendor, will develop a communications management plan specific to the implementation phase of the project to ensure efficient and effective communication with all project stakeholders.

I. Procurement Management:

The IBHIS Project Manager will be responsible for procurement management with oversight from the County CIO, CEO, and Board of Supervisors. All procurement related to this project will follow established County procurement processes and shall receive a level of oversight that is customary to County procurement processes.

II. Cost:

A. Cost Justification:

The costs associated with this project are based upon estimates developed by Outlook Associates, the consultant assisting LAC-DMH to prepare its RFP, recent vendor agreements for similar systems with other California counties, and LAC specific experience with systems of similar scope and scale. The difficulty for this project is that there are no directly comparable agreements to which LAC-DMH can refer. LAC-DMH is by far the largest County mental heath system in California and one of the largest in the Country.

A significant portion of the cost associated with the IBHIS project is the staff support for the project. Execution of the IBHIS implementation and its continuing support and maintenance will require staffing support significantly above what LAC-DMH required pre-MHSA. The new resources will be in the following areas:

- IBHIS implementation team (most will transition to the continuing support and maintenance post implementation)
- IBHIS system administration

- Infrastructure necessary to the implementation and continuing operation of the IBHIS
- Information security
- Contract development and administration
- Project management
- Administrative and clerical support

B. Appropriate Use of Resources:

The project Co-Directors and the IBHIS Project Manager will assure that all resources funded under this project proposal are used to support the implementation and continuing use of the IBHIS. This applies to hardware, software, services and employees.

An area of specific attention for the project Co-Directors and the IBHIS Project Manager is supplantation. The IBHIS, as an integrated clinical, administrative, and financial information system, will have some functionality currently available to LAC-DMH in its Integrated System (IS). The IS is exclusively a claims processing system. That portion of the IBHIS project hardware, software, and support staff associated with claims processing will be paid for out of the LAC-DMH information technology budget. Funding for the claims processing portion of the IBHIS, estimated at this point to be approximately 15 percent of the total cost of the IBHIS, is not being requested in this proposal. The percentage associated with the claims processing portion of the IBHIS may be adjusted after a vendor agreement is finalized and LAC-DMH and the vendor can better define the portion of the IBHIS associated with claims processing.

C. Ongoing Sustainability of System:

LAC-DMH made the decision at the inception of the IBHIS project to procure a proven COTS integrated behavioral health information system specifically to address the sustainability of the system. A vendor maintained information system to some extent insulates this critical tool from the vicissitudes of the State and County budget cycles and vacancies in local positions. It also provides the Department with a tool that has been refined through use in many other behavioral health organizations and is maintained, through contract and vendor self-interest in staying in business, compliant with State and Federal laws and regulations.

There is more to sustainability of the solution than maintaining the vendor software. The long-term funding plan for this project includes periodic hardware refresh. That has proven essential in other large LAC information systems and if not planned from the beginning, can become a serious constraint on the value of an information system over time.

LAC-DMH has also planned for the skilled human resources necessary to provide expert technical and operational support to IBHIS users so that they continue to realize the full value of the solution.

III. Nature of the Project:

A. Extent To Which The Project Is Critical To The Accomplishment Of The County, MHSA, and DMH Goals and Objectives:

The two overarching transformational goals of MHSA are; 1) modernization and transformation of clinical and administrative information systems to improve quality of care, operational efficiency, and cost effectiveness; and 2) increasing consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings. The essential information technology project that will facilitate achievement of those goals is migration to a paperless health care record environment by obtaining a software application that will enable the Department to meet federal and state mandates for an Electronic Health Record (EHR).

LAC-DMH lacks comprehensive, integrated, and accessible clinical information systems to support the effective and efficient delivery of behavioral health services. Assessment, care planning, and documentation of clinical services delivery are performed manually. To track and monitor care, LAC-DMH prepares multiple paper forms, logs and charts, and enters data into multiple, non-integrated spreadsheets and stand-alone applications. These manual processes consume a large portion of our clinician's time and limit the number of consumers that clinicians can assist in a day. Clinician productivity and effectiveness could be significantly improved by access to current and comprehensive clinical information for consumers and basic, automated clinical tools for effective planning and management of consumer care.

The need for an IBHIS is especially critical in Los Angeles County where geographic size and a complex network of service providers presents unique challenges to service coordination. The LAC-DMH delivery system is spread out over four-thousand (4,000) square miles with over one-hundred (100) Directly Operated provider sites/programs and approximately five-hundred (500) Contract Providers of varying size. Consumers can, and often do, receive care at more than one location within the system. When a consumer receives care at multiple locations, especially in emergency situations, the clinicians would ideally have access to all of the available information about the consumer's diagnoses, previous treatments, and current medications. While the clinicians are able to determine electronically whether a consumer has previously received care within the LAC-DMH system, very little other information is available electronically for review at all sites because clinical information is currently kept in paper charts at each clinic site. And what minimal clinical information is available in electronic form is not reliably accessible by field staff.

The IBHIS is expected to provide LAC-DMH clinicians direct access to current consumer clinical records regardless of where each consumer was seen previously in the LAC-DMH network. The clinicians should have immediate access to medication history information, recent assessments, treatment plans, laboratory and psychological test results, and, when appropriate, clinical notes from prior visits.

The IBHIS project also advances the goals of MHSA by providing a better means by which clinical outcomes may be measured, routinely reported, and used to improve MHSA programs and services. The clinical and administrative information that is expected to be captured by the IBHIS should feed a Data Warehouse that can provide mandated reports such as Client Service Index and MHSA outcome measures, and also support custom ad-hoc reports. Having these data readily available is expected to assist the planning of future service delivery initiatives.

The IBHIS, once implemented, will advance consumer/family empowerment by making it possible to, when elected by the consumer, deliver a selected subset of IBHIS data to a consumer-controlled Personal Health Record (PHR). Consumers will have much more

complete information about their care available to them in a form that allows them to share it safely with other health care providers, their families, or anyone else they choose. Consumers will also benefit by having less fragmented service delivery when moving between service locations, ease of scheduling services, improved continuity of care, and better protection of their personal health information.

Lastly, multiple County departments and agencies collect and rely upon clinical data similar to that used by LAC-DMH for the overlapping consumer populations. Sharing of data is currently limited, fragmented, and labor intensive. As such, the IBHIS project supports Goal 7 of the Los Angeles County Strategic Plan, "Health and Mental Health," in which County is seeking to establish a consumer-centered, information-based health and mental health delivery system that provides cost-effective and quality services across County departments.

B. The Degree of Centralization or Decentralization Required:

Currently, all mental health services delivered through both directly-operated clinics and private Contract Providers are entered into a central repository, the Integrated System (IS). Most services are entered into the IS through direct data entry (DDE) via connection to the LAC-DMH intranet. A growing percentage of Contract Providers submit approved transactions through electronic data interchange (EDI) in which batched transactions are processed.

This current system has a number of drawbacks. First, the centralized DDE model is costly for LAC-DMH to maintain. Secondly, it forces Contract Providers to use a system that may not be a good fit for their business. Lastly, for those Contract Providers who already have an electronic health record or practice management system, the current system necessitates duplicate data entry and the maintenance of user access rights in two systems.

Through IBHIS, LAC-DMH will move towards greater decentralization of clinical information system functionality by interfacing with Contract Providers via EDI transactions while maintaining a centralized repository of data that serves the entire LAC-DMH consumer population and provider network. Through EDI transactions, Contract Providers will interface with the IBHIS for the transfer of clinical, billing, and other administrative information. A decentralized system will be more cost-efficient for LAC-DMH and will allow LAC-DMH to choose a software solution that meets its own specific business needs. Contract Providers, so long as they comply with the interface standards identified in the MHSA IT Plan Guidelines, will have more control over their local information system environment and greater freedom to choose technical solutions that make sense for their business needs rather than being forced to conform to a solution chosen by LAC-DMH. And they will be less reliant upon LAC-DMH for operational support.

C. Data Communication Requirements:

LAC-DMH has included in the IBHIS RFP data communication requirements consistent with the goals of a fully integrated standards-based information system that will allow the appropriate exchange of information between LAC-DMH and its Contract Providers, relevant local County departments, State-DMH, and other counties within California. For specific information regarding data communication requirements, please see the IBHIS RFP, Appendix B.2; Technical Requirements Response.

D. Characteristics of the Data to be Collected and Processed:

Data collected in the IBHIS will include demographic, clinical, administrative, and financial data on all consumers served by LAC-DMH. LAC-DMH serves approximately 200,000 unique consumers per year representing an average annual volume of 5.5 million service claims.

The data will be a mix of relatively stable elements such as gender and more volatile elements such as some of the clinical outcome measures that are expected to change over the course of treatment.

Local data distribution includes a comprehensive network of directly operated and Contract Provider locations and administrative offices. The LAC-DMH delivery system is spread out over four-thousand (4,000) square miles with over one-hundred (100) Directly Operated provider sites/programs and approximately five-hundred (500) Contract Providers of varying size. Approximately fifty percent of consumers served by LAC-DMH are served by contract providers. Upon full implementation of the IBHIS, data will be distributed across many different systems throughout the county, all of which will be fed into the IBHIS and the LAC-DMH data warehouse as the central data repository.

With regard to security and confidentiality of the data to be collected, LAC-DMH will require that the IBHIS vendor provide a software product that is compliant with the security and privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA). Documentation of this requirement is provided in Attachment 4, IBHIS RFP, Appendix B.2. Additionally, through the RFP process, vendor applicants will be required to provide a thorough description of the security features of their product including access and audit controls, authentication, protection, and electronic signature functionality (Attachment 4, IBHIS RFP, Appendix B.2).

E. Degree Technology Can Be Integrated With Other parts of a system in Achieving the Integrated Information Systems Infrastructure:

Not only can the IBHIS integrate with other parts of the "system" in achieving the Integrated Information Systems Infrastructure (IISI), it must integrate with other parts of the system to play its role in achieving the IISI and to facilitate the two major goals of the MHSA Capital Facilities and Technological Needs Guidelines.

Integration of the IBHIS with other parts of the IISI will be facilitated by an interface engine and possibly an enterprise master patient index (EMPI) product. The interface engine will enable EDI transactions and distributions of data such as delivery of consumer-elected PHR feeds. Because of the size and complexity of the LAC-DMH consumer base, the EMPI is viewed as an important tool to assure that records coming from disparate systems and sources are correctly identified and linked so that clinical information in the IBHIS is both accurate and reliable.

IV. Hardware Considerations: (Review the alternative hardware configuration options capable of effecting the successful implementation of a given technology activity considering the factors below.)

A. Compatibility With Existing Hardware Including Telecommunications Equipment:

The primary systems and software with which the IBHIS will be expected to operate are detailed in the IBHIS RFP, including required compatibility with County-standard server hardware and operating systems, user hardware, and communications infrastructure. County will purchase system hardware and associated operating system software under a contract that will be separate from the IBHIS vendor agreement established through the RFP process. LAC-DMH will be responsible for ensuring that any system hardware and operating system software will be compatible with existing hardware and telecommunications equipment.

LAC-DMH uses an existing County data center through a Memorandum of Understanding (MOU) with the LAC Internal Services Department (ISD). The IBHIS system will operate on County-approved system hardware located in two locations – the County's primary shared Data Center at ISD and the County's Local Recovery Center in Orange County. The Los Angeles County Enterprise Network (LAnet/EN) will be the wide area network (WAN) over which the IBHIS is accessed. The network uses TCP/IP protocols. All LAC-DMH directly operated clinic and administrative sites are connected to LAnet/EN. For more specific information regarding requirements for IBHIS system compatibility with existing hardware and telecommunications equipment, please refer to the main body of the IBHIS RFP, within Attachment 4, IBHIS RFP, Section 2.5.2.

B. Physical Space Requirements:

LAC-DMH has identified available space for the IBHIS system; therefore no funds are requested to support system space requirements. LAC-DMH will be housed in two existing data centers as described in Section IV-A immediately above.

The only funding requested for physical space is that required to house the staff necessary to implement, maintain, and support the IBHIS.

C. Hardware maintenance:

As stated in Section IV-A, LAC-DMH will be responsible for the purchase of all IBHIS system hardware through a purchase agreement separate from the IBHIS vendor agreement. Maintenance of all IBHIS system hardware is paid through the County's ISD.

D. Backup Processing Capability:

The IBHIS vendor will be required to provide a system that provides for fully automated backups of data, security credentials, and log and audit files. The IBHIS must be able to restore results in a fully operational and secure state, including application data, security credentials, and log and audit files. The IBHIS must have the capability to perform complete backups of a running system in production use without shut down or suspension of operations. For additional information regarding back-up processing capability, see Attachment 4, IBHIS RFP, Appendix B.2.

E. Capacity:

LAC-DMH serves approximately 200,000 unique consumers per year representing an average annual claims volume of 5.5 million. As LAC-DMH continues the process of service transformation to provide services consistent with the goals of MHSA and to include the capture of clinical, administrative, and outcomes data for all MHSA service components

(Community Services and Supports, Prevention and Early Intervention, Workforce Education and Training, and Innovation), a considerable increase in the number of consumers served and the volume of digitally-captured data per consumer is anticipated. LAC-DMH has carefully considered future capacity needs in developing its RFP.

V. Software Considerations: (Review the software options available to achieve successful implementation of a given technology activity considering the factors below.)

A. Compatibility of Computer Languages with Existing and Planned Activities:

LAC-DMH will purchase a COTS product that will be maintained by the vendor. The specific development language is of less importance in that circumstance than it would be with a custom developed product. So long as the vendor is using a modern application development language suitable for the application LAC-DMH will be buying and for which there is a reasonable expectation the vendor will be able to hire people to continue to maintain the application, there is some latitude in what is acceptable. What is much more immediately important is that communications is standards-based, and accomplished using XML, X.12 EDI transactions, HL7 2.x and 3.x, Security Assertion Markup Language, Object Linking and Embedding, and Simple Object Access Protocol. Through the RFP process, proposers will be required to provide a thorough description of these and other system communication standards (Attachment 4, IBHIS RFP, Appendix B.2).

B. Maintenance of the proposed software (e.g. vendor-supplied):

Maintenance of the proposed software will be vendor-supplied. Upon selection of a vendor, the resultant contract will include provisions for maintenance and support services 24 hours per day, 7 days per week. The IBHIS vendor will be required to support all system software including IBHIS software located at the County's Data Center and Local Recovery Center. As new versions of the IBHIS software are released, the vendor will be expected to support at least the most recent two major version releases.

C. Availability of complete documentation of software capabilities:

The vendor selected for the IBHIS will be required by contract to provide current comprehensive documentation for all system software in printable electronic format. Further, the vendor will be required to maintain all documentation for the application software including documentation of all application enhancements and procedural changes throughout the contract term. Documentation must be delivered simultaneous with the delivery of any enhancement, addition to the system, or change in application procedure (Attachment 4, IBHIS RFP, Appendix D, Section II-A).

D. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

The IBHIS will meet the security criteria outlined in the CCHIT Ambulatory Security Criteria 2007 as applicable. The vendor contract will call for meeting applicable evolving security standards such as ISO 26000, "Standard on Social Responsibility," within a reasonable and specified time after adoption. Through an RFP process, proposers will be required to provide a thorough description of the security features of their product including access and audit

controls, authentication, protection, and electronic signature (Attachment 4, IBHIS RFP, Appendix B.2.1).

E. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

The IBHIS vendor will be required by contract to ensure that the system software is maintained compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), Certification Commission for Healthcare Information Technology (CCHIT), HIPAA and MHSA Capital Facilities and Technological Needs Guidelines and Regulations. See Paragraph 22 (Compliance with Applicable Law to Appendix E [Sample Agreement] of the IBHIS RFP).

VI. Interagency Considerations: (Analyze the county's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.)

A. Interfaces with Contract Service Providers:

In order to develop the IISA, Contract Providers will submit data electronically to the IBHIS when the new IBHIS is implemented. Contract Providers, along with assistance from LAC-DMH, have established a Contract Provider Transition Project (CPTP) and a Contract Provider Transition Team (CPTT) Workgroup to support universal transition to EDI as the means of delivering data to the LAC-DMH. The primary goal of the CPTP is to assist the Contract Providers in identifying and planning for execution of the tasks necessary to complete their transition to EDI.

Contract Providers will need to assess their readiness, define business requirements, review available options, select an approach, implement the approach and continue to manage and upgrade their solutions over time to meet new standards and requirements. LAC-DMH will provide support and assistance to Contract Providers to define the requirements for data exchange based on evolving standards, IBHIS interface requirements and State MHSA Capital Facilities and Technological Needs Guidelines and resultant Regulations.

B. Interfaces with State Agencies:

All IBHIS interfaces with State agencies will be standards-based including HIPAA claims transactions, cost reporting, and outcomes reporting. All such interfaces will be governed by federal and state standards, including but not limited to the CCHIT, and MHSA Capital Facilities and Technological Needs Guidelines and Regulations. It is recognized that the standards governing interfaces with State agencies will evolve over time.

C. Interfaces with Local Agencies:

Interfaces with local agencies, other than the State and Contract Provider agencies, will also be standards-based. As mentioned in Section III-A of this exhibit, multiple County LAC departments and agencies collect and rely upon clinical data similar to that used by LAC-DMH for overlapping consumer populations. More specifically, LAC-DMH must routinely coordinate service delivery with LAC Probation, Department of Children and Family

Services, Department of Health Services, and Jail Mental Health, and potentially others. Sharing of data is currently limited, fragmented, and labor intensive.

With the IBHIS, County will move toward a more integrated service delivery system, allowing a more fluid exchange of information, when such exchange is appropriate and within existing laws and regulations. Standards-based data exchange will improve the continuity and quality of services to consumers served by multiple local agencies. LAC included in its Strategic Plan, Goal 7, "Health and Mental Health," that describes this intended consumer-centered, information-based health and mental health delivery system that provides cost-effective and quality services across County departments. The IBHIS is an essential component of meeting Goal 7 because, without it, LAC-DMH has no means to capture, store, and report clinical information to anyone. Before Goal 7 can be fully realized, numerous legal issues regarding the sharing of consumer information must be resolved. In support of
Goal 7, County is actively engaged in the process of legal review and has established a Goal 7 Committee comprised of representatives of multiple County departments and County Counsel. The EMPI described in Section III-E of this exhibit also plays a role in Goal 7.

VII. Training and Implementation: (Include a description of the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.)

A. Current Workflow:

Between August and November 2006, "As-Is" workflows of the clinical, business and administrative functions of LAC-DMH were documented to assist in determining specifications for the IBHIS project and to generate the requirements for the IBHIS RFP. These workflows were obtained through dozens of meetings with over 150 departmental experts in each of the relevant business areas. The workflows were organized into a framework that allowed the classification of different programs and processes into a common set of core business operations or phases as follows; 1) Referral In; 2) Screening; 3) Authorization; 4) Intake; 5) Service Delivery; 6) Billing; and 7) Closure.

These extensive workflows are available upon request. For reference, the Workflow Overview is included as Attachment 8, "Los Angeles County Department of Mental Health: Workflows from the Integrated Behavioral Health Information Project", February 8, 2007.

B. Process for Assessing New Technology:

LAC-DMH has outlined in the IBHIS RFP its process for assessing the IBHIS COTS product and any required customizations. LAC-DMH has developed the following assessment tools included in the IBHIS RFP to evaluate proposer responses in the following areas; 1) Functional Requirements; 2) Technical Requirements; 3) Technical Narrative Requirements; 4) Vendor Information Response; 5) System Hardware Response; and 6) System Software Response. Please refer to the IBHIS RFP, Appendices B.1 and B.2 – B.5 for these assessment tools.

Beyond the RFP, LAC-DMH has an annual Business Automation Plan (BAP) planning process that includes consideration of opportunities presented by new or emerging technologies. LAC-DMH CIOB employees also routinely read the relevant professional

literature and bring to the attention of their colleagues any new technology that may solve a LAC-DMH business problem.

C. Process for Implementing the Technology:

As specified in the IBHIS RFP, the vendor will be required to outline and describe in detail their approach to providing the required work of this project and develop a detailed project schedule. In their response, vendors will be asked to describe an implementation plan that includes each of the deliverables listed in the table below.

Table 2
Project Approach and Schedule of Deliverables

Project Planning	Project Resources
Develop Detailed Work Plan	Project Status Reports
Verify System Hardware Specifications	Application Software Delivery
Load Baseline Application Software	Synchronize Application & Database Replication
Develop Training Plan	Conduct Training
Training Materials	Configure System
Integration	System Test Plan
Conduct Module Tests	Conduct Reporting Tool Tests
Conduct System Integration Test	System Performance Test
Data Conversion Plan	Data Conversion Programs
Conduct Data Conversion Test	System Cutover Plan
Pilot Tests	Final System Acceptance
Close-Out Plan	Data Files
Claims Run-Out Services	

D. Process for Training:

As specified in the IBHIS RFP, the vendor will be required to develop a training plan and schedule for County's approval which shall include training on all aspects of the system. The vendor must, in developing the training plan, employ a training methodology which ensures that training, training requirements and training materials will be effectively applied throughout all instances of training.

VIII. Security Planning: (Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Address all categories below.)

A. Protecting Data Security and Privacy:

LAC-DMH information security and privacy policies and procedures are consistent with County information security policy, HIPAA requirements and all security and confidentiality controls outlined in the current MHSA Community Services and Supports agreement between State DMH and LAC-DMH. Although there is nothing unique about the IBHIS project that would require significant changes to existing security and privacy policies and procedures, it is expected that some existing policies and procedures currently in place for paper records may require modification to address the shift to information in digital form. For example,

procedures for disclosure of information, data retention, archiving, and disposal, may differ for digital data. The extent and nature of these changes has not been determined, but will be carefully considered during the planning phase of this project.

Implementing HIPAA compliant systems is not new to LAC-DMH and sufficient staff resources exist to ensure an effective information security program. With the implementation of its current billing and consumer information system, the Information System (IS), LAC-DMH CIOB gained considerable experience implementing a large-scale HIPAA compliant system. LAC-DMH has a team of information technology personnel working in the CIOB Security Division who are dedicated full-time to ensuring that appropriate security and privacy policies and procedures are in place and enforced. Further, a CIOB Information Security Division employee will be assigned full-time to the IBHIS project.

LAC-DMH will also ensure that the IBHIS software meets applicable security and privacy standards. The IBHIS vendor will be required to ensure that the system software is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), CCHIT, and MHSA Capital Facilities and Technological Needs Guidelines and Regulations. See Paragraph 22 (Compliance with Applicable Law to Appendix E [Sample Agreement] of the IBHIS RFP).

B. Operational Recovery Planning:

The IBHIS vendor will be required to fully test and certify in writing that system recovery functionality is operational. The vendor will be required to confirm successful recovery functionality in situations including but not limited by (a) removal from the network of the County Data Center System Hardware, (b) removal of power from the County Data Center System Hardware, and (c) reboot of the County Data Center System Hardware; in each case followed by restoring the system to normal operation at both system hardware sites and full and successful resynchronization.

C. Business Continuity Planning:

As stated above, the IBHIS vendor will be required to provide a software product that has the ability to create synchronized instances of the System at primary and recovery data center sites. The software product must provide high availability capabilities to the recovery data center for users in the event of a System failure and the software product must provide an auto-save function for all user updates. For additional information regarding back-up processing capability, see Attachment 4, IBHIS RFP, Appendix B.2.

D. Emergency Response Planning:

The same functionality that provides for business continuity will also assure the availability of the IBHIS in the event of an emergency. In addition to the redundancy involved in having the IBHIS operating at two data centers, LAC-DMH has implemented Web-EOC. Web-EOC is a disaster incident management system with full FEMA reporting capabilities. While not yet fully configured, the intent would be to include within the Web-EOC set up, procedures to be followed by IBHIS support staff in the event of an emergency.

E. HIPAA Compliance:

The IBHIS vendor will be required to provide a software product that is compliant with the information security and privacy provisions of HIPAA and to maintain their product in compliance during the term of the Agreement. Documentation of this requirement is provided in Attachment 4, IBHIS RFP, Appendix B.2.

Of course HIPAA compliance involves a great deal more than software features. LAC-DMH is committed to maintaining the necessary policies and procedures, staff training, continuing audit activity, and planning for changes to the regulations.

F. State and Federal Laws and Regulations:

By contract, the IBHIS vendor will be required to ensure that the system software is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), CCHIT, and MHSA Capital Facilities and Technological Needs Guidelines and Regulations. See Paragraph 22 (Compliance with Applicable Law to Appendix E [Sample Agreement] of the IBHIS RFP).

PROJECT SPONSOR(S):

Name	Role	Title
Dr. Marvin Southard	Executive Sponsor	Director, LAC-DMH
Nancy Kless	Co-Project Director	Mental Health Clinical District Chief
Dr. Robert Greenless	Co-Project Director	Chief Information Officer, LAC-DMH

PROJECT SPONSOR COMMITMENTS:

Dr. Marvin Southard:

As Director of LAC-DMH, Dr. Southard has overall responsibility for the implementation and management of all MHSA programs and services in Los Angeles County. Additionally, he has overall responsibility for all MHSA component planning activities. Dr. Southard is very committed to the IBHIS Project. He has been actively involved in the project since the project kick-off meeting on June 2006. In his role, he will respond to requests from the Project Co-Directors when removing obstacles to project success cannot be resolved by the co-directors.

Further, he will ensure that all project expenditures are consistent with County fiscal policies and procedures and appropriate to the guiding principles of the MHSA Capital Facilities and Technological Needs Guidelines.

Nancy Kless:

Ms. Kless has been very involved in the IBHIS project from its inception in 2006. In conjunction with Dr. Robert Greenless, Ms. Kless will provide overall direction for the project. She will work closely with the Project Managers to ensure effective and efficient implementation of the IBHIS at LAC-DMH directly-operated clinics. She will serve as a resource to the Project Managers when they are encountering obstacles that they cannot resolve. Ms. Kless works closely with the Clinical Informaticist assigned to the IBHIS project and she will work with the Project Managers to ensure that clinical and medical records staffs are adequately prepared for the roll-out of the IBHIS system.

Dr. Robert Greenless:

As Chief Information Officer of LAC-DMH, CIOB, Dr. Greenless has overall responsibility for the planning and implementation of all technology and technology projects supporting MHSA programs and services in Los Angeles County. Dr. Greenless is very committed to the IBHIS project. In conjunction with Ms. Kless, Dr. Greenless will provide overall direction for the IBHIS project. Dr. Greenless will work closely with the LAC-DMH Project Manager and the IBHIS Vendor Project Manager to ensure the goals and objectives of this project are met. He will serve as a resource to the Project Managers when they are encountering obstacles that they cannot resolve.

PROJECT TITLE: **Integrated Behavioral Health Information System (IBHIS)**

APPROVALS/CONTACTS:

Name	Title	Role	Phone	E-mail	Signature	Date
Dr. Marvin Southard	Director, LAC-DMH	Executive Sponsor	(213) 738-4601	msouthard@dmh.lacounty.gov		
Nancy Kless	Mental Health Clinical District Chief, LAC-DMH	Project Co-Director	(213) 738-2130	nkless@dmh.lacounty.gov		10/21/08
Dr. Robert Greenless	CIO, LAC-DMH	Project Co-Director	(213) 251-6481	rgreenless@dmh.lacounty.gov		8/29/08
Adrina Moreno	IBHIS Project Manager	Project Manager	(213) 251-6420	amoreno@dmh.lacounty.gov		

EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: Los Angeles
Project Name: Integrated Behavioral Health Information System

Category	Year 1 (08/09)	Year 2 (09/10)	Future Years	Total One-Time Costs (08/09-12/13)	Estimated Annual Ongoing Costs*
Personnel					
Total Staff (Salaries & Benefits)					
Hardware					
Total Hardware					
Software					
Total Software					
Contract Services (list services to be provided)					
Report Development, Documentation					
System Interfaces, Software Maintenance					
Vendor Implementation Management					
Administrative and User Training					
Hardware Maintenance, Consulting					
ISD Midrange Computing Operating Cost					
Interface Engine Consulting and Training					
Pharmacy & Credentialing Integration					
Total Contract Services					
Administrative Overhead					
Other Expenses (Describe)					
Total Costs (A)	2,363,580	11,043,927	22,314,383	35,721,890	9,942,005
Total Costs (B)**	0	0	0	0	0
MHSA Funding Requirements (A-B)	2,363,580	11,043,927	22,314,383	35,721,890	9,942,005
NOTES:					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Exhibit 5 – Stakeholder Participation
For Technological Needs Project Proposal

PROJECT TITLE: Integrated Behavior Health Information System (IBHIS)

Stakeholder Type	Meeting Type	Meeting Date
DMH Program/ Administrative/Executive staffs, County Gov't officials, Clinicians, other County Departments, Consumer/Family	IBHIS Project kick-off meeting – over 100 attendees	June 22, 2007
Consumer/Family, Clinicians, Mental Health Quality Improvement Committees, Service Area Committees, Psychological Services Development Committee, Board of Supervisors Health Deputies	IBHIS "Road Shows" – Presentations of IBHIS project goals and objectives including Q & A and solicitation of stakeholder feedback – over 12 Road Show events reaching an estimated 300 stakeholders	October 2007 through November 2007
LAC-DMH internal stakeholders including: Executive Management, Program Heads, Clinical Managers, Revenue Management, Finance, Personnel, Administrative Services, Office of Communications, and Medical Records	Business Requirements Gathering & As-Is Workflow Analysis – over 85 LAC-DMH employees participated	August 2006 – January 2007
Contract Provider Legal Entities and Association of Community Human Service Agencies (ACHSA), which represents over 75 nonprofit, contract provider agencies within the DMH enterprise.	Contract Provider Transition Project (CPTP) Advisory Board meeting. The CPTP Advisory Board provides project oversight for the EDI transition process, monitors progress status and reviews issues, risks and changes as appropriate. The CPTP Advisory Board consists of eleven Contract Provider legal entity representatives and one ACHSA representative.	Monthly meetings held on the first Thursday of each month
Contract Provider Legal Entities, ACHSA, and health Information Technology (IT) consultants	Contract Provider Transition Team (CPTT) Workgroup meeting. The workgroup consists of 133 contract provider legal entities, ACHSA and Health IT consultants with almost 300 individual members. The CPTT Workgroup meetings provide a means of information sharing including lessons learned from the contract agencies to assist in the transition and production use of EDI for claims processing with DMH.	Monthly meetings held on the third Tuesday of each month

Stakeholder Type	Meeting Type	Meeting Date
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	System Leadership Team – the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/18/2008 03/10/2008 04/11/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	MHSA Delegates Committee - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/30/2008 04/25/2008 05/16/2008 07/25/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	Mental Health Commission - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	06/12/2008 06/26/2008 07/30/2008
Consumers/Family	Consumer/Family Focus Groups	03/26/2008 04/07/2008

APPENDIX A – PROJECT RISK ASSESSMENT - IBHIS

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	**6**
		Over $3 million	5	
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	**1**
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	**2**
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	**3**
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	**1**
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	**1**
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	**5**
		Over 100	3	
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	**3**
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	**22**

Total Score	Project Risk Rating	
25 – 31	High	
16 – 24	Medium	√
8 – 15	Low	

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Los Angeles County
Project: Contract Provider Technology Project

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognized the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director
Name Marvin Southard, D.S.W. Signed
Telephone (213) 738-4601
E-Mail msouthard@dmh.lacounty.gov Date 9/9/08

Chief Information Officer
Name Robert Greenless, Ph.D. Signed
Telephone (213) 251-6481
E-Mail rgreenless@dmh.lacounty.gov Date 8/25/08

HIPPA Privacy / Security Officer
Name Jeff Zito Signed
Telephone (213) 251-6480
E-Mail jzito@dmh.lacounty.gov Date 9/25/08

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Contract Provider Technology Projects

- ***Please check at least one box from each group that best describes this MHSA Technological Needs Project***

  ☒ New system
  ☒ Extend the number of users of an existing system
  ☒ Extend the functionality of an existing system
  ☒ Supports goal of modernization/transformation
  ☒ Supports goal of client and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    [53] Infrastructure, Security, Privacy
    [21] Practice Management
    [41] Clinical Data Management
    [16] Computerized Provider Order Entry
    [82] Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
  - **Client and Family Empowerment Projects**
    [32] Client/Family Access to Computer Resources Projects
    [05] Personal Health Record (PHR) Systems Projects
    [06] Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technological needs Projects That Support MHSA Operations**
    [05] Telemedicine and other rural/underserved service access methods
    [22] Pilot Projects to monitor new programs and service outcome improvement
    [21] Data Warehousing Projects / Decision Support
    [35] Imaging / Paper Conversion Projects
    [13] Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☒ Custom Application
  Name of Consultant or Vendor (if applicable) Vendors to be chosen by Contract Providers

  ☒ Commercial Off-The-Shelf (COTS) System
  Name of Vendor Vendors to be chosen by Contract Providers

  ☒ Product Installation
  Name of Consultant or Vendor (if applicable Vendors to be chosen by Contract Providers

  ☒ Software Installation
  Name of Vendor Vendors to be chosen by Contract Providers

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles County

Project Title Contract Provider Technology Project

I. Project Management:

A. Independent Project Oversight:

The Contract Provider Technology project will have numerous sources of independent project oversight, which includes the following; 1) LAC-DMH Information Technology Advisory Board (ITPAB); 2) LAC-DMH Executive Management Team (EMT); 3) LAC Chief Executive Office (CEO); 4) LAC Chief Information Office (CIO); and 5) LAC Board of Supervisors. Each source of independent project oversight and their roles in this project is described below.

The ITPAB provides strategic, operational, and clinical guidance to information technology (I/T) planning and ensures that I/T projects are consistent with LAC-DMH Business Goals and I/T objectives. The ITPAB establishes priorities for projects within the department's project portfolio, assesses risks, monitors progress, and ensures that appropriate resources are deployed to complete the project. The ITPAB meets at least quarterly.

The EMT will provide oversight of this project to ensure that the project supports the broad goals of MHSA across the full spectrum of MHSA plans.

The CEO evaluates whether LAC-DMH has appropriate financial controls on the project

The CIO has designated a representative, Henry Balta, who will evaluate whether the project has appropriate Project Management controls in place.

Given the number of contracts that will be initiated as part of this project, the County Board of Supervisors will provide independent project oversight. Each supervisor has a Health Deputy. All Health Deputies will be given regular written project status reports and occasional presentations of project status at meetings of the health deputies. Similar to the CEO, the Board of Supervisors will be interested in the overall value of the project to County, project consistency with County's strategic plan, and the appropriate distribution of resources across the County's 8 Service Planning Areas and 5 Supervisorial Districts.

B. Integration Management:

LAC-DMH, CIOB will assign a Project Manager to this project. The Project Manager will be responsible for ensuring appropriate integration of the Contract Provider Electronic Data Interchange (EDI) and Electronic Health Record (EHR) projects with the LAC-DMH Integrated Behavioral Health Information (IBHIS) project. The project manager will monitor the EDI certification process.

The LAC-DMH, CIOB, Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective integration management.

C. Scope Management:

The Project Manager will manage the overall project scope. LAC-DMH will be requesting project proposals from each participating Contract Provider. The Project Manager and a team of technical experts will evaluate each project proposal for consistency with the goals and objectives outlined in the MHSA Capital Facilities and Technological Needs Guidelines. The combined project proposals will define the overall project scope for the umbrella project. Each Contract Provider will be responsible for managing the scope of each technology project they undertake. The LAC-DMH Project Manager will be responsible for monitoring each Contract Provider project to ensure that each project stays within its defined scope as specified in each project proposal. The LAC-DMH Project Manager will work with each Contract Provider to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

Contract Providers will be required to submit Project Status Reports quarterly. The status reports will provide information on scope compliance and performance measured against individual project proposals. Formal change control processes will be required to manage scope. Each Contract Provider receiving MHSA technology funding will enter into a contract with LAC-DMH in which the scope of work will be defined by attached project plans or Statement of Work included in each contract. Each contract will have specific language regarding performance expectations, reporting requirements, and consequences for poor performance and/or failure to perform according to the terms and conditions of the contract.

The LAC-DMH, CIOB Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective scope management.

D. Time Management:

Each Contract Provider participating in this umbrella project will be responsible for ensuring appropriate time management. Through quarterly status reports and periodic site visits, LAC-DMH will monitor each Contract Provider's progress over time. In the event that a Contract Provider falls behind schedule on a project, LAC-DMH will work with that provider to identify obstacles and assist the Contract Provider to develop an action plan to move each project forward to completion.

The LAC-DMH, CIOB Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective time management.

E. Cost Management:

Each Contract Provider will be responsible for managing project costs. LAC-DMH will be responsible for monitoring Contract Provider expenditures specific to each information technology project. Under the supervision of the Project Manager (Information Technology Specialist I), two Senior Information Systems Analysts (SISA), and an Administrative Assistant III (AA-III) will be devoted full-time to this project. A Senior Information Systems Analyst will be assigned to each contract to review invoices and monitor contractor performance. The AA-III will be responsible for processing and tracking Contract Provider invoices associated with approximately 125 legal entity contracts.

As part of this project, Contract Providers will be transitioning from a Direct Data Entry (DDE) model to an Electronic Data Exchange (EDI) model. Contract Providers are an essential part of the LAC-DMH network providing mental health services to over 50 percent of the consumer population served. To assist in this transition, MHSA funds have been requested to support a consultant. The primary role of the consultant will be to proactively assist Contract Providers to understand, plan and execute the necessary tasks to complete the transition from DDE to EDI for all data exchanged (clinical, financial and administrative) between DMH and the Contract Providers. The consultant will focus on communication, education and implementation activities throughout the transition process.

LAC-DMH will require the Contract Providers to provide invoices no more than monthly and no less than quarterly depending upon the type of project and the preferences of the Contract Provider. The AA-III will maintain an invoice tracking system to track expenses against each contract award amount, and track expenses associated with up-front costs and expenses to be reimbursed in arrears. The AA-III will forward invoices submitted by Contract Providers to the SISA(s). The SISA(s) will evaluate expenses against project deliverables to determine the appropriateness of each expense. Upon review and approval by a SISA, the AA-III will forward invoices to DMH Finance. DMH Finance will maintain a log of all invoices paid.

LAC-DMH recognizes that additional Contract Providers may be added to the local public mental health service provider network over time. A reserve of $300,000 of MHSA Information Technology funds requested as part of this grant application will be set aside to support the technology needs of new Contract Providers where appropriate.

The LAC-DMH, CIOB Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective cost management.

F. Quality Management:

To monitor quality assurance, LAC-DMH will require that each Contract Provider submit written project-specific status reports quarterly. Status reports will compare actual progress to date against the Contract Provider's project work plans and report any start and end date variances. For Contract Providers undertaking EDI and EHR projects, LAC-DMH will measure quality objectively by monitoring each provider's EDI certification status and assessing their ability to reliably deliver EDI transactions to LAC-DMH.

The LAC-DMH, CIOB Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective quality management.

G. Human Resource Management:

Each Contract Provider will be responsible for managing human resources required to complete their technology projects. LAC-DMH will oversee the Project Manager, SISA(s), AA-III, and any other human resources required to ensure that this project has appropriate management, financial tracking, performance measurement, and contract monitoring.

The LAC-DMH, CIOB Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective human resource management.

H. Communications Management:

Each Contract Provider will be responsible for communications within their organization regarding their MHSA information technology projects including the project purpose, scope, objectives, timeline, budget, and project status.

LAC-DMH will be responsible for communications to the Contract Providers via the Contract Provider Transition Team (CPTT) workgroup, the MHSA Contract Provider Workgroup, the CPTP Website and other informal mechanisms. These communications are described in the Contract Provider Transition Project (CPTP) Communications Plan.

Specific areas for communication include the interpretation of the final MHSA Guidelines, State directives that may affect the Contract Providers, MHSA questions and answers, project requests process and ongoing communications through the various workgroups.

The LAC-DMH, CIOB Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective communications management.

I. Procurement Management:

The LAC-DMH Project Manager, SISA(s), and AA-III will be responsible for reviewing invoices submitted by Contract Providers to assess the appropriateness of all technology project expenditures. Invoices will be retained by LAC-DMH to document all expenditures supported by MHSA Technology funds. The technology contracts established through this umbrella project will include language allowing County to reclaim any equipment purchased under these contractual agreements in the event of early contract termination, poor performance, or failure to perform according to contract terms.

The LAC-DMH, CIOB Chief Information Officer, Robert Greenless, Ph.D., who serves as Director of the Contract Provider Technology project will be the overall responsible party for ensuring effective procurement management.

II. Cost:

A. Cost Justification

Within the Los Angeles County public mental health services system, Contract Providers provide mental health services to more than 50 percent of consumers served in the system and provide nearly two-thirds of billable services annually.

MHSA information technology funding is intended to support technology projects to build a technical infrastructure that ultimately results in improved consumer services and provides tools to empower consumers and family. Building that technical infrastructure without including a means for Contract Providers to improve their technical resources would likely create inequities in the quality of services consumers receive. LAC-DMH must ensure that the benefits of MHSA information technology funding are distributed so that all mental health consumers benefit regardless of where they receive services.

Staffing requirements for this project are described in detail in Section I-E of this exhibit.

B. Appropriate Use of Resources:

Contract Providers are an integral part of the LAC-DMH mental health service enterprise. Failure to include Contract Providers in the MHSA I/T Plan would likely result in disparities in the level of care provided to consumers.

With the implementation of the Integrated Behavioral Health Information System (IBHIS), LAC-DMH will transition from a centralized consumer information and billing system to a decentralized model. This shift will require Contract Providers throughout the LAC-DMH enterprise to interact with the LAC-DMH IBHIS via EDI transactions. MHSA technology funds are requested to assist Contract Providers in acquiring information systems appropriate to their business model that will, at a minimum, provide the capability to submit EDI transactions to LAC-DMH, as well as assist them in overall efforts to move toward an integrated information systems infrastructure.

C. Ongoing Sustainability of System:

LAC-DMH seeks to provide funds to Contract Providers to move them in the direction of acquiring sustainable information systems that will allow them to efficiently and effectively interface with LAC-DMH, and develop sustainable technology programs that empower the consumers/family they serve. Additionally, these funds will support their capacity to effectively sustain their participation in the delivery of services they provide. However, the use of MHSA information technology funding to support Contract Provider Technology projects will not by itself ensure sustainable technology programs. Contract Providers, in developing their project plans, must take into consideration their business model, current resources, and their means for obtaining resources to sustain their technology projects over time.

III. Nature of the Project:

A. Extent To Which The Project Is Critical To The Accomplishment Of The County, MHSA, and DMH Goals and Objectives:

As stated earlier in this exhibit, Contract Providers provide mental health services to more than 50 percent of consumers served in the LAC-DMH system and provide nearly two-thirds of billable services annually. Many of the Contract Providers in the LAC-DMH enterprise provide MHSA-funded services. This project is essential to provide Contract Providers with a means to pursue technology improvements in support of MHSA activities. Providing a mechanism to support the technology needs of Contract Providers benefits the entire LAC-DMH enterprise by supporting efforts to achieve seamless distribution of services across the

enterprise. Failure to include Contract Providers would render LAC-DMH incapable of fully realizing the goals of an integrated information system infrastructure, create unnecessary imbalances in achieving the goals of modernization and transformation, and hamper efforts to accomplish local MHSA program goals and objectives.

Through the Contract Provider Technology Project, LAC-DMH proposes to distribute MHSA information technology funds to over 125 Contract Providers for the following types of technology projects:

1) Electronic Health Record (EHR) System Projects including hardware and software to support field-based services, remote access to EHR, and EHR training;
2) Electronic Data Interchange (EDI) Projects;
3) Consumer/Family Access to Computer Resources Projects;
4) Personal Health Record Projects;
5) Online Information Resource Projects;
6) Telemedicine and other rural/underserved access methods projects;
7) Pilot Projects to monitor new programs and service outcome improvement;
8) Data Warehousing/Decision Support Projects; and
9) Imaging/Paper Conversion Projects.

Additionally, LAC-DMH will support Contract Provider requests for Treatment Planning Libraries that are consistent with MHSA treatment models, automation of eligibility verification, forms translations, and software and hardware to support e-signatures.

LAC-DMH has developed a review process to evaluate all technology project proposals submitted by Contract Providers within the LAC-DMH enterprise. Contract Providers will be required to submit project proposals describing project goals and objectives, indicate high-level project milestones, and provide project budgets (Attachment 9: MHSA Technology Program Contract Provider Project Proposal Process). All projects must meet the MHSA goals of modernization/transformation or consumer/family empowerment within a framework of an Integrated Information System Infrastructure. Contract Providers must choose from the project types outlined above. The first priority is EDI. LAC-DMH has discouraged requests for funding to support custom software development for EHR/EDI projects. A review team comprised of LAC-DMH, CIOB staff will review all Contract Provider project proposals.

As described is Section I-E of this exhibit, LAC-DMH is requesting funding to support the personnel resources required for fiscal tracking and management of these Contract Provider technology projects. Additionally, the two SISA(s) will be responsible for monitoring the progress of each Contract Provider project and conducting site visits as needed to verify contractor performance and appropriate use of funds.

Electronic Health Record Projects:

One-hundred-nineteen Contract Providers have requested funding to support EHR projects. Of these, 82 have requested funding to support a full EHR, and 64 have requested funding to support EDI. Fifty-three Contract Providers are requesting funding to support Infrastructure/Security/Privacy, 21 to support Practice Management, 41 to support Clinical Data Management, and 16 have requested funding to support Computerized Order Entry.

The EHR technology project implementation approaches proposed by Contract Providers will vary. LAC-DMH will not know the project implementation approaches until detailed project

proposals are submitted. LAC-DMH will support EHR project implementation approaches such as commercial-off-the-shelf (COTS), Application Service Provider (ASP), and Billing Services/Clearinghouses.

Consumer/Family Empowerment Projects:

Thirty-six Contract Providers have requested funding to support Consumer/Family Empowerment projects. Thirty-two Contract Providers have requested funding to support Consumer/Family Access to Computer Resource Projects, 5 have requested funding to support Personal Health Record Systems Projects and 6 have requested funding to support Online Information Resource Projects.

Consumer/Family Computer Access Projects: LAC-DMH will support Contract Provider technology projects that make computer resources such desktop computers, peripheral devices, and videoconferencing tools available to consumers/family in mental health service settings and other appropriate and secure residential settings. LAC-DMH will also support Contract Provider projects that make computer skills training programs and technical support available to the consumers/family they serve.

PHR Projects: LAC-DMH will support PHR projects, particularly those involving the Network of Care PHR, proposed by Contract Providers that accomplish one or more of the following objectives: 1) PHR awareness and education; 2) PHR systems and/or system enhancements such as linking Contract Provider EHR data with a PHR; and 3) PHR training programs for consumers/family and service providers.

Other Technological Needs Projects that Support MHSA Operations:

Fifty-three Contract Providers have requested funding to support Other Technological Needs projects. Five Contract Providers have requested funding to support Telemedicine/Telepsychiatry and/or other rural/underserved service access methods and 22 have requested funding to support Pilot Projects to Monitor New Programs and Service Outcome Improvement. Twenty-one Contract Providers have requested funding to support Data Warehousing/Decision Support Projects and 35 have requested funding to support Imaging/Paper Conversion Projects. Thirteen have requested funding to support "Other" technological needs projects.

Telemedicine/Telepsychiatry: Some Contract Providers within the LAC-DMH enterprise deliver services to consumers in rural/underserved areas of Los Angeles County. Telemedicine/Telepsychiatry is promising technology for increasing access to mental health services. LAC-DMH will support Contract Providers proposing Telemedicine/Telepsychiatry Projects.

Pilot Projects: Many Contract Providers provide MHSA services other than Full Service Partnership (FSP) services. FSP outcome measures are already captured in the Outcomes Measures Application (OMA). No similar applications are available to capture the outcomes of non-FSP MHSA services. LAC-DMH proposes to support Contract Providers who wish to develop technology systems to monitor the outcomes of non-FSP mental health services. These projects will allow the assessment of program effectiveness and assist in service program planning.

Imaging/Paper Conversion: As stated earlier, 119 Contract Providers are requesting funds to support EHR/EDI technology projects. To support the conversion of mental health record files from hard-copy to digital format, LAC-DMH proposes to support Contract Providers that request MHSA funds to support Imaging/Paper Conversion projects.

Data Warehousing/Decision Support: LAC-DMH proposes to support Contract Providers that request MHSA funds to support Data Warehousing/Decision Support projects. Ready access to digitally captured information is vital to the accomplishment of the transformation goals of MHSA and to monitoring progress towards transformational goals over time. Mental health program planning and development, outcomes assessment, quality improvement, implementation of evidence-based practices, and cost-efficient streamlined business processes cannot be fully realized without structured improvements in the processes for consolidating, storing, and reporting information from disparate data sources.

LAC-DMH will support other MHSA information technology project initiatives that cover a variety of contracted services such as legal services to assist in preparing and reviewing vendor contracts, technical writing services to create training, technical and business process documentation essential to the successful implementation of the EHR(s), contracted training services for new applications and contracted technical support to assist in hardware/network/software installations to support the EHR(s).

Other funding requests submitted by Contract Providers for inclusion in the Contract Provider Technology Project include projects that were not specifically identified in the MHSA Capital Facilities and Technological Needs Guidelines but do relate to overall MHSA goals. These projects include a Community-based Treatment Quality Improvement Project, an Electronic Clinical Assessment Project, automated treatment libraries for mental health, and costs for signature pads and EHR e-signature integration.

B. The Degree of Centralization or Decentralization Required:

Efforts for centralization will be focused on standards for interoperability for claiming and reporting to State DMH. As described earlier in this exhibit, LAC-DMH is moving toward a decentralized mental health information model. Use of the IBHIS will be limited to LAC-DMH directly-operated clinics and administrative bureaus. Contact Providers will be required to interact with LAC-DMH via EDI transactions.

Through this umbrella project, Contract Providers will be offered a means to support technology projects that are consistent with the goals, objectives, and guidelines set forth in the MSHA Capital Facilities and Technological Needs Guidelines. LAC-DMH has established EDI/EHR projects as the first priority in evaluating the technology funding requests of Contract Providers.

C. Data Communication Requirements:

Upon implementation of the IBHIS, LAC-DMH will require all Contract Providers to meet the appropriate certification requirements for submitting data consistent with the data communication requirements of the IBHIS and interoperability requirements as specified in the MHSA Capital Facilities and Technological Needs Guidelines.

D. Characteristics of the Data to be Collected and Processed:

Contract Providers who request MHSA Technology funding to support EDI/EHR projects will collect and transmit clinical, administrative, financial, and outcomes data to LAC-DMH via EDI transactions. LAC-DMH will store the data in the IBHIS and the LAC-DMH Data Warehouse.

E. Degree Technology Can Be Integrated With Other parts of a system in Achieving the Integrated Information Systems Infrastructure:

Through this umbrella project, LAC-DMH will assist Contract Providers in enhancing their technology systems to participate collectively with LAC-DMH in furthering the goal of achieving an integrated information systems infrastructure and supporting the use of technology to empower consumers/family.

IV. Hardware Considerations: (Review the alternative hardware configuration options capable of effecting the successful implementation of a given technology activity considering the factors below.)

A. Compatibility With Existing Hardware Including Telecommunications Equipment:

Each Contract Provider will be required to evaluate their current technology environment and determine the compatibility of any proposed system with existing hardware and telecommunications equipment they possess.

B. Physical Space Requirements:

Each Contract Provider will be required to evaluate the space requirements for any proposed technology system. LAC-DMH will not reimburse Contract Providers for space costs associated with any technology project supported by MHSA information technology funds.

C. Hardware maintenance:

Contract Providers will be responsible for establishing maintenance/service agreements for any hardware, software, and/or any other equipment purchased using MHSA information technology funds.

D. Backup Processing Capability:

Contract Providers will be responsible for evaluating their business needs and determining the appropriate backup processing capabilities of any system(s) purchased using MHSA information technology funds.

E. Capacity:

Contract Providers will be responsible for evaluating their business needs and determining the appropriate system(s) to meet their current and projected capacity requirements.

V. Software Considerations: (Review the software options available to achieve successful implementation of a given technology activity considering the factors below.)

A. Compatibility of Computer Languages with Existing and Planned Activities:

Contract Providers are encouraged to select COTS software solutions for any project activity using MHSA information technology funding. Compatibility of computer languages is much less a concern for COTS software solutions because they are vendor maintained.

Where appropriate and consistent with the MHSA Capital Facilities and Technological Needs Guidelines, LAC-DMH will support Contract Provider funding requests to develop custom interfaces for existing software solutions. If a Contract Provider requests MHSA information technology funding to support a custom interface, LAC-DMH, CIOB will review the computer language proposed to ensure an appropriate language is selected.

B. Maintenance of the proposed software (e.g. vendor-supplied):

Where applicable, Contract Providers will be permitted to request funding to support the continuing maintenance costs of any proposed software solution that has been reviewed and approved by LAC-DMH through the MHSA information technology project request process.

C. Availability of complete documentation of software capabilities:

Contract Providers will be responsible for ensuring that they obtain complete documentation for any new software solution or software customization supported by MHSA information technology funds. This requirement will be addressed in the contracts established with each Contract Provider.

D. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

By contract, Contract Providers will be required to meet, at a minimum, all security standards set forth in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines.

E. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

All Contract Providers receiving MHSA information technology funding to support EHR/EDI projects will be required to ensure that the EHR/EDI system software they select is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), Certification Commission for Healthcare Information Technology (CCHIT), and MHSA Capital Facilities and Technological Needs Guidelines and Regulations.

VI. Interagency Considerations: (Analyze the county's interfaces with Contract Service Providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology

needs of Contract Service Providers must be considered in the local planning process.)

A. Interfaces with Contract Service Providers:

As SDMH, LAC-DMH, and LAC-DMH Contract Providers move towards IISI, electronic interfaces between systems will be more numerous, more routine, and entirely necessary to conducting business and serving consumers and their families. The foundation set of interfaces is identified in the MHSA Capital Facilities and Technological Needs Guidelines and Regulations and includes the X.12 EDI transactions from the HIPAA Transactions and Code Sets rules, XML exchanges related to outcomes measures, and HL7 for health-related transactions. LAC-DMH has focused on standards-based interfaces in order to facilitate communication with Contract Providers.

B. Interfaces with State Agencies:

Interfaces with State agencies will occur through the Contract Provider's reporting to LAC-DMH and will be based on the standards identified in the Capital Facilities and Technological Needs Guidelines and Regulations.

C. Interfaces with Local Agencies:

Interfaces with Local agencies will occur through the Contract Provider's reporting to LAC-DMH and will be based on the standards identified in the Capital Facilities and Technological Needs Guidelines and Regulations.

VII. Training and Implementation: (Include a description of the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.)

A. Current Workflow:

Where appropriate to the type of project supported by MHSA information technology funds, Contract Providers will be responsible for documenting workflow.

B. Process for Assessing New Technology:

Where appropriate to the type of project supported by MHSA information technology funds, Contract Providers will be responsible for assessing new technology to ensure that it meets the business needs the technology is intended to serve.

C. Process for Implementing the Technology:

Where appropriate to the type of project supported by MHSA information technology funds, Contract Providers will be responsible for determining appropriate implementation strategies to ensure successful project completion. LAC-DMH will perform appropriate monitoring to regularly assess the implementation status of each technology project supported by MHSA information technology funds.

D. Process for Training:

Where appropriate to the type of project supported by MHSA information technology funds, Contract Providers will be responsible for determining appropriate training processes to ensure successful project implementation.

VIII. Security Planning: (Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Address all categories below.)

A. Protecting Data Security and Privacy:

By contract, Contract Providers are responsible for developing and maintaining effective security and privacy policies and procedures. Additionally, per contract, Contract Providers will be responsible for ensuring compliance with local, State, and Federal security and privacy laws and regulations as they pertain to each project activity supported by MHSA information technology funds.

B. Operational Recovery Planning:

For EDI and EHR projects only, Contract Providers will be required to address operational recovery planning in project requests submitted to LAC-DMH.

C. Business Continuity Planning:

For EDI and EHR projects only, Contract Providers will be required to address business continuity planning in project requests submitted to LAC-DMH.

D. Emergency Response Planning:

For EDI and EHR projects only, Contract Providers will be required to address emergency response planning in project requests submitted to LAC-DMH.

E. HIPAA Compliance:

By contract, Contract Providers are required to comply with all security and privacy of health data provisions of HIPAA.

F. State and Federal Laws and Regulations:

Contract Providers will be required to ensure that any technology solution implemented using MHSA information technology funds is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), CCHIT, and MHSA Capital Facilities and Technological Needs Guidelines and Regulations.

PROJECT SPONSOR(S):

Name	Role	Title
Dr. Marvin Southard	Executive Sponsor	Director, LAC-DMH
Dr. Robert Greenless	Project Director	Chief Information Officer, LAC-DMH

PROJECT SPONSOR COMMITMENTS:

Dr. Marvin Southard:

As Director of LAC-DMH, Dr. Southard has overall responsibility for the implementation and management of all MHSA programs and services in Los Angeles County. Additionally, he has overall responsibility for all MHSA component planning activities. Dr. Southard is very committed to the Contract Provider Technology Project. In his role, he will ensure that sufficient LAC-DMH resources are available to develop and monitor the Contract Provider contracts associated with this project consistent with established County contracting policies and procedures. Further, he will ensure that all project expenditures are consistent with County fiscal policies and procedures and appropriate to the guiding principles of the MHSA Capital Facilities and Technological Needs guidelines.

Dr. Robert Greenless:

As Chief Information Officer of LAC-DMH CIOB, Dr. Greenless has overall responsibility for the planning and implementation of all technology and technology projects supporting MHSA programs and services in Los Angeles County. Dr. Greenless is very committed to supporting the role of Contract Providers in advancing the goals of MHSA programs and services. Dr. Greenless will work closely with the Project Manager assigned to the Contract Provider Technology Project to ensure the success of this umbrella project. He will be very involved in the review of Contract Provider Technology Project plans, and will ensure that appropriate resources are devoted to monitoring contract performance and project costs.

PROJECT TITLE: **Contract Provider Technology Project**

APPROVALS/CONTACTS:

Name	Title	Role	Phone	E-mail	Signature	Date
Dr. Marvin Southard	Director, LAC-DMH	Executive Sponsor	(213) 738-4601	msouthard@dmh.lacounty.gov		9/9/08
Dr. Robert Greenless	CIO, LAC-DMH	Project Director	(213) 251-6481	rgreenless@dmh.lacounty.gov		8/29/08

EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: Los Angeles
Project Name: Contract Provider Technology Projects

Category	Year 1 (08/09)	Year 2 (09/10)	Future Years	Total One-Time Costs (08/09-12/13)	Estimated Annual Ongoing Costs*
Personnel	0	0	0	0	0
Total Staff (Salaries & Benefits)	0	0	0	0	0
Hardware	0	0	0	0	0
Total Hardware	0	0	0	0	0
Software	0	0	0	0	0
Total Software	0	0	0	0	0
Contract Services (list services to be provided)	12,000,000	11,250,142	0	0	0
Total Contract Services	12,000,000	11,250,142	0	23,250,142	0
Administrative Overhead @ 12.5%	298,794	1,045,183	1,977,472	3,321,449	0
Other Expenses (Describe)	0	0	0	0	0
Total Costs (A)	12,298,794	12,295,325	1,977,472	26,571,591	0
Total Costs (B)**	0	0	0	0	
MHSA Funding Requirements (A-B)	12,298,794	12,295,325	1,977,472	26,571,591	
NOTES: Personnel funded via Administrative Costs					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Exhibit 5 – Stakeholder Participation
For Technological Needs Project Proposal

PROJECT TITLE: Contract Provider Technology Project

Stakeholder Type	Meeting Type	Meeting Date
Contract Provider Agencies, including CFOs, CEOs, Agency Directors, COOs, Information Technology staff and clinical staff.	Contract Provider Transition Project (CPTP) kick-off meeting	March 21, 2007
Contract Provider Legal Entities and the Association of Community Human Service Agencies (ACHSA), which represents over 75 nonprofit, contract provider agencies within the DMH network.	Contract Provider Transition Project (CPTP) Advisory Board meeting. The CPTP Advisory Board provides project oversight for the EDI transition process, monitors progress status and reviews issues, risks and changes as appropriate. The CPTP Advisory Board consists of eleven contract provider legal entity representatives and one ACHSA representative.	Monthly meetings held on the first Thursday of each month
Contract Provider Legal Entities, ACHSA, and health Information Technology (IT) consultants	Contract Provider Transition Team (CPTT) Workgroup meeting. The workgroup consists of 133 contract provider legal entities, ACHSA and Health IT consultants with almost 300 individual members. The CPTT Workgroup meetings provide a means of information sharing including lessons learned from the contract agencies to assist in the transition and production use of Electronic Data Interchange (EDI) for claims processing with DMH.	Monthly meetings held on the third Tuesday of each month
Contract Provider Legal Entities and ACHSA.	MHSA Technology Workgroup meeting. The workgroup consists of 31 contract provider legal entities and ACHSA with 42 individual representatives. The MHSA Technology Workgroup represents all Contract Provider Legal Entities in the implementation of the MHSA Technology Plan guidelines. The purpose of the workgroup is to provide Contract Provider input to the Department of Mental Health (DMH) MHSA I/T Plan. The group meetings are held as needed to develop the policies, procedures, exhibits and plans to submit, evaluate and track approved MHSA Technology projects that will be allocated funds through the MHSA I/T Plan.	Three meetings held in 2008. Additional meetings will be scheduled beginning in July 2008.

Stakeholder Type	Meeting Type	Meeting Date
Service Area Executive Providers including Contract Providers and Directly Operated Providers	Service Area (SA) Executive Providers meeting. These meetings include both a business session and presentations. Presentations on the EDI Transition Project and Readiness Assessment techniques were conducted with four Service Areas.	Meetings were held with four of the eight Service Areas in 2007 and 2008.
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	System Leadership Team – the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/18/2008 03/10/2008 04/11/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	MHSA Delegates Committee - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/30/2008 04/25/2008 05/16/2008 07/25/2008

APPENDIX A – PROJECT RISK ASSESSMENT – CONTRACT PROVIDER TECHNOLOGY PROJECT

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	**6**
		Over $3 million	5	
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	**3**
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	**3**
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	**3**
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	**2**
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	**1**
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	**5**
		Over 100	3	
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	**2**
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	**25**

Total Score	Project Risk Rating	
25 – 31	High	√
16 – 24	Medium	
8 – 15	Low	

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Los Angeles County
Project: Consumer/Family Access To Computer Resources

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognized the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director
Name Marvin Southard, D.S.W.
Telephone (213) 738-4601
E-Mail msouthard@dmh.lacounty.gov
Signed
Date 10/28/08

Chief Information Officer
Name Robert Greenless, Ph.D.
Telephone (213) 251-6481
E-Mail rgreenless@dmh.lacounty.gov
Signed
Date 10/20/08

HIPPA Privacy / Security Officer
Name Jeff Zito
Telephone (213) 251-6480
E-Mail jzito@dmh.lacounty.gov
Signed
Date 10/27/08

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Consumer/Family Access To Computer Resources Project

- ***Please check at least one box from each group that best describes this MHSA Technological Needs Project***

  ☐ New system
  ☐ Extend the number of users of an existing system
  ☐ Extend the functionality of an existing system
  ☒ Supports goal of modernization/transformation
  ☒ Supports goal of client and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    ☐ Infrastructure, Security, Privacy
    ☐ Practice Management
    ☐ Clinical Data Management
    ☐ Computerized Provider Order Entry
    ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
  - **Client and Family Empowerment Projects**
    ☒ Client/Family Access to Computer Resources Projects
    ☐ Personal Health Record (PHR) Systems Projects
    ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technological needs Projects That Support MHSA Operations**
    ☐ Telemedicine and other rural/underserved service access methods
    ☐ Pilot Projects to monitor new programs and service outcome improvement
    ☐ Data Warehousing Projects / Decision Support
    ☐ Imaging / Paper Conversion Projects
    ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Application
  Name of Consultant or Vendor (if applicable) _____

  ☐ Commercial Off-The-Shelf (COTS) System
  Name of Vendor _____

  ☒ Product Installation
  Name of Consultant or Vendor (if applicable) To Be Determined

  ☒ Software Installation
  Name of Vendor To Be Determined

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles County

Project Title Consumer/Family Access to Computer Resources Project

I. Project Management:

A. Independent Project Oversight:

LAC-DMH Information Technology Advisory Board (ITPAB) and the MHSA Stakeholder Delegates will provide independent oversight of the Consumer/Family Access to Computer Resources project.

The ITPAB provides strategic, operational, and clinical guidance to information technology planning and ensures that I/T projects are consistent with LAC-DMH Business Goals and IT objectives. The ITPAB establishes priorities for projects within the department's project portfolio, assesses risks, monitors progress, and ensures that appropriate resources are deployed to complete the project. The ITPAB meets at least quarterly.

The County MHSA Stakeholder Delegates Committee is described in detail in the enclosed Component Proposal. LAC-DMH, CIOB will provide monthly updates to the delegates at their regularly scheduled meetings.

B. Integration Management:

Computers and peripheral devices dedicated for consumer/family use will not be connected to the LAC-DMH computer network. Therefore, from the standpoint of technology, integration management will not be needed. However, the LAC-DMH Project Manager will be required to coordinate the deployment of consumer/family technology resources with LAC-DMH Administrative Services Bureau (ASB), as ASB is managing numerous space planning projects such as the build-outs of Wellness Centers, and Transitional Age Youth Drop-In and Resource Centers. Additionally, the Project Manager will work with ASB to coordinate the purchase of any furnishings and other office product needs that will be required to set-up workstations/computer labs and provide supplies on an ongoing basis to support consumer use of the consumer/family technology resources in each physical location.

C. Scope Management:

The Consumer/Family Access to Computer Resources project scope of work will include all services, products and other work to install, set-up, and configure computer workstations and/or computer labs designated for mental health consumer/family use at Wellness Centers, Transitional Age Youth Drop-In and Resource Centers, Institutes of Mental Disease, other LAC-DMH directly-operated clinics and service settings, and selected group residential settings that primarily serve mental health consumers. Residential settings considered include Independent Living Centers and Board and Care homes. For the purposes of this project, caregivers are included in all references to "family".

The scope of work will include review of consumer volume and consumer demographics at each proposed location, evaluation of available space, and assessing the number of

workstations that can be reasonably installed at each location. The scope of work will also include provision of basic computer skills training and technical support for consumers and family members.

LAC-DMH may outsource the deployment of personal computers (PC), connection to the Internet, training, and technical support functions to a commercial vendor, another County department, or a non-governmental agency prepared to execute this project appropriately. The LAC Library system, for instance, has substantial successful experience providing public access computers throughout LAC. This may be a logical extension of that capability to different settings. LAC-DMH is not staffed to handle these responsibilities for such a large population, almost certainly will not ever be staffed for the level of service required, and has no significant prior experience in this type of service delivery.

Planning and implementation of this project will require the resources of a LAC-DMH Project Manager and a Project Manager designated by a vendor or agency selected to deliver this project. It is possible that more than one contractor may be involved if PC deployment and technical support is handled separately from training. The Project Manager will work closely with the vendor's Project Manager to ensure effective scope management. LAC-DMH will require that scope management methods for this project conform to the standards set forth in the department's written guidelines (LAC-DMH Project Management Methodology) for managing project scope. These guidelines are available upon request.

In summary, the project plan will include a project scope statement that articulates; 1) the scope of the project; 2) how scope changes will be identified and documented and; 2) how scope changes will be approved and by whom. To organize and define the scope of the project, the vendor will be required to develop a detailed work breakdown structure (WBS) consistent with requirements and objectives that will be identified in a Statement of Work. The LAC-DMH Project Manager will be responsible for developing the Statement of Work. Regular status reports will be required to provide information on scope performance measured against the project plan and formal change control processes will be required to manage scope. Any requests for significant changes in project scope will be presented to project stakeholders for review.

In the event that additional MHSA information technology funds are available in the future, it is anticipated that the scope of this project may change. One area of known interest that could become feasible if more funding becomes available is video conferencing.

D. Time Management:

The Project Manager assigned by the vendor will be responsible for developing a detailed project schedule and monitoring adherence to the schedule. A WBS and organizational breakdown structure will be required for use as the basis for schedule development. Assumptions made in developing the project schedule will be documented. The overall responsible party for ensuring adherence to the project schedule will be the LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D.

LAC-DMH has selected Microsoft Project Professional as its scheduling tool of choice. LAC-DMH will require that time management methods for this project conform to the standards set forth in the department's written guidelines for managing project schedules.

E. Cost Management:

Cost management will be the dual responsibility of the LAC-DMH Project Manager and the Project Manager assigned by the vendor. Cost management methods for this project will conform to the standards for budgeting and cost estimation set forth in the LAC-DMH Project Management Methodology (document available upon request). The LAC-DMH Project Manager will be responsible for overseeing all project costs including review and approval of invoices received by the vendor. Vendor costs will be evaluated for appropriateness and consistency with the project plan and any contract or agreement in force. LAC-DMH will be responsible for monitoring vendor adherence to appropriate cost management methods to ensure the project stays within budget.

Additionally, LAC-DMH Project Manager will be responsible for coordinating with ASB to ensure that MHSA Community Services and Supports, Prevention and Early Intervention, and other administrative funds are allocated to support non-technology products (e.g. furniture, toner, general office supplies) where appropriate. The allocation of MHSA resources to support this project across relevant MHSA component programs will ensure that MHSA information technology funds are maximized for the purchase of technology products and services consistent with the MHSA Capital Facilities and Technological Needs Guidelines.

F. Quality Management:

To monitor quality assurance, LAC-DMH will require the vendor to provide written status reports to the LAC-DMH Project Manager on a monthly basis. Status reports will compare actual progress to-date against the vendor's detailed work plan and report any start and end date variances. Additionally, the vendor's Project Manager will be required to meet with the LAC-DMH Project Manager not less than monthly to review project status.

G. Human Resource Management:

Human resource management will be the dual responsibility of the LAC-DMH Project Manager and the Project Manager assigned by the vendor. LAC-DMH will be responsible for the management of all County personnel assigned to this project. The LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D., will be the overall responsible party for ensuring effective human resource management.

H. Communications Management:

Communications management will be the responsibility of the LAC-DMH Project Manager and the Project Manager assigned by the vendor. During the planning phase of this project, the LAC-DMH Project Manager will develop a communications management plan to ensure efficient and effective communication with all project stakeholders. The communications plan for this project will include internal LAC-DMH stakeholders such as executive management, clinical management personnel, Office of the Medical Director, Office of Planning, Office of Quality Improvement, and the Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate. Additionally, regular status reports on this project will be communicated to Contract Providers, County CEO, and MHSA planning and oversight groups such as the System Leadership Team, MHSA Stakeholder Delegates, and Mental Health Commission.

I. Procurement Management:

Although LAC-DMH intends to select a vendor to implement this project and provide ongoing training and technical support, LAC-DMH may be responsible for hardware and software purchases associated with this project. The LAC-DMH Project Manager will be responsible for procurement management, including vendor selection and contract monitoring. All procurement related to this project will follow established County procurement and contracting processes and shall receive a level of oversight that is customary to County procurement and contracting processes. Procurement will be coordinated with LAC-DMH Administrative Support Bureau where indicated as purchases of some items, such as furnishings, basic supplies, privacy screens, and other items will not be supported by MHSA information technology funds and not directly managed by the Project Manager assigned to this project.

II. Cost:

A. Cost Justification

LAC-DMH estimates the cost of this project at $4,034,000. This estimate includes the costs of setting up one or more consumer/family dedicated computer workstations in a variety of settings across all 8 Service Planning Areas, implementation of a computer skills training program, and providing technical assistance during normal business hours to consumer/family users. Hardware costs are estimated at $500,000 and software costs are estimated at $150,000 for the project term. The combined costs of setting up Internet access at each identified location and monthly access charges over the project term is estimated at $500,000. These estimates are based on the expectation of setting-up approximately 100 consumer/family computers countywide and allowing for replacement of hardware within 5 years of initial installation. Training costs are estimated at $800,000 and personnel costs, including technical support staffing, and administrative costs, are estimated at $2,084,000.

LAC-DMH may select a vendor to implement this project, including the deployment of computer resources in service and residential locations, and provision of training and technical support. LAC-DMH may purchase hardware and software. All costs identified above are combined in the "Consultant" line item of Exhibit 4 with the exception of hardware and software costs.

Contract providers requested funding to support Consumer/Family Computer Resources Projects as part of the Contract Provider Technology Project, an umbrella project that includes multiple projects proposed by Contract Providers. LAC-DMH has received funding requests from 36 contract providers for Consumer/Family Computer Resources Projects for a total of $514,268. Combining the contract provider funding requests for consumer/family computer resource projects with the consumer/family computer resource project proposed by LAC-DMH in this exhibit, represents $4,548,268 of the $69,779,360 allocated to Technology via the stakeholder process.

Given the geographic size of L.A. County, the number of consumers served by LAC-DMH, the cultural diversity of the LAC-DMH consumer population, and other priorities for MHSA information technology funds, LAC-DMH considers the funds requested to support this project are adequate for an initial deployment to prove the concept and demonstrate the benefits. LAC-DMH recognizes that additional funding will be required to develop and maintain a more robust consumer/family technology program over time.

B. Appropriate Use of Resources:

Consumer/Family access to computer resources is strongly supported by all LAC-DMH stakeholders who have participated in the local MHSA community planning process. Additionally, the MHSA Capital Facilities and Technological Needs Guidelines clearly support inclusion of consumer/family access projects in local technology planning. All components of this project including the deployment of hardware and software, provision of basic and software specific computer skills training, and provision of ongoing technical support were identified through the stakeholder process and are consistent with guidance provided by SDMH.

C. Ongoing Sustainability of System:

LAC-DMH intends to approach the implementation of this project in phases to ensure that all consumer/family resources deployed to the community can be appropriately maintained and supported. Training will focus first on basic computer skills and specific software applications trainings will be phased in over time as resources allow. At the completion of each phase, resource utilization will be evaluated, estimated future resource needs will be assessed, and projected growth will be considered to ensure that resources will be available in future years to support a sustainable program.

III. Nature of the Project:

A. Extent To Which The Project Is Critical To The Accomplishment Of The County, MHSA, and DMH Goals and Objectives:

The Consumer/Family Access to Computer Resources Project is intended to; 1) promote consumer/family growth and autonomy by increasing access to computer resources and health information; 2) provide basic computer skills training to consumers allowing them to effectively utilize the computer resources made available to them; and 3) provide appropriate access to technical assistance resources when needed.

The proposed project will support local MHSA programs in the following ways:

- Provide consumers with access to computer resources and tools that can be used to foster more informed interactions with their providers and support more consumer-driven service delivery
- Provide consumers and their families with access to information and other online resources (i.e. e-mail, chat rooms, etc.) that will promote wellness, recovery, and resiliency
- Many LAC-DMH surveys such as consumer satisfaction surveys and program needs assessments can be placed online and accessed by consumers at service-delivery settings
- Computer skills training will support the acquisition of skills that will promote the well-being of consumers by increasing their capacity to make use of the computer resources made available to them and provide greater opportunities for gainful employment
- It may be possible to broadcast meetings over the Internet to increase consumer/family participation without the necessity of travel

B. The Degree of Centralization or Decentralization Required:

LAC-DMH envisions a centralized technical architecture that will be set-up, installed and managed by a qualified vendor or other agency. Consumers/Family will access computer resources at designated locations managed through a central server. Software access will be deployed and managed centrally by the vendor. LAC-DMH will work with the vendor to select an appropriate technology solution that provides consumers/family with a means to access secure file storage that is accessible to them from any computer with an Internet connection.

C. Data Communication Requirements:

Not Applicable

D. Characteristics of the Data to be Collected and Processed:

Not Applicable

E. Degree Technology Can Be Integrated With Other parts of a system in Achieving the Integrated Information Systems Infrastructure:

As LAC-DMH and its Contract Provider partners implement EHRs, it is possible that some functions of value to consumers and their families will be made available through secure Internet portals. This could include scheduling appointments or requesting prescription refills as just two examples. They would also be able to search for providers of specific services or pursue health care or other benefit plans. Those choosing to implement a PHR will also be able to elect automated electronic downloads of EHR information to their PHR.

IV. Hardware Considerations: (Review the alternative hardware configuration options capable of effecting the successful implementation of a given technology activity considering the factors below.)

A. Compatibility With Existing Hardware Including Telecommunications Equipment:

Computers and other technology dedicated for consumer/family use will not be linked to the LAC-DMH network. As such, compatibility with existing hardware and telecommunications equipment will not be an issue.

LAC-DMH will work with the vendor to determine appropriate hardware configuration options.

B. Physical Space Requirements:

Included in the scope of this project is a thorough assessment of available space at the locations identified through the consumer/family stakeholder process (e.g. Wellness Centers, LAC-DMH directly-operated clinics, select residential settings, etc). The LAC-DMH Project Manager will work closely with executive management to identify appropriate space for consumer/family workstations and space for computer labs. LAC-DMH will attempt to increase the number of computer labs available to consumers with a target goal of having at least one computer lab available in each of the 8 Service Planning Areas in Los Angeles

County. Where appropriate, LAC-DMH may seek partnerships with other County departments or contract agencies.

It should be acknowledged at the outset that locating appropriate space is going to be one of the major challenges of this project. Clinics, Wellness Centers, and even residential facilities tend to be space constrained. In some Wellness Centers, the only currently available space is in the waiting area; hardly an optimum setting for viewing or maintaining your PHR.

C. Hardware maintenance:

Maintenance of all hardware will most likely be included in a vendor agreement.

D. Backup Processing Capability:

Not Applicable.

E. Capacity:

The intent is to deliver as much capacity as the funding will support. The need is beyond any funding currently available or likely to be available. This means very careful attention will be paid to the cost of equipment, software, and supporting services. Volume pricing may be helpful and it may be that for a project with so much value to the community, some vendors may be willing to participate in creative solutions that deliver good value for the price.

V. Software Considerations: (Review the software options available to achieve successful implementation of a given technology activity considering the factors below.)

A. Compatibility of Computer Languages with Existing and Planned Activities:

LAC-DMH received considerable input from stakeholders regarding the software programs that would be the most useful for consumers/family. Stakeholders strongly recommended basic computer software packages such as Microsoft Office® that will allow users to perform word-processing, spreadsheet development, and slide presentations. Stakeholders also recommended learning resource software such as basic computer skills, reading and language, creative writing, etc. Considering that consumer/family software needs are likely to change over time, LAC-DMH will develop a mechanism to monitor software requests and make appropriate decisions regarding software deployment. One alternative to achieve this is to form a consumer/family committee that meets periodically each year to evaluate requests for software packages and address other project issues as needed.

B. Maintenance of the proposed software (e.g. vendor-supplied):

Only Commercial-Off-The-Shelf software will be available to consumers/family and it will all be supported by maintenance agreements from the vendor.

C. Availability of complete documentation of software capabilities:

All software purchased will come with complete documentation of features and functionality.

D. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

Appropriate firewall and anti-virus software will be part of the software package for any computers deployed under this program. This is important in order to protect the privacy of consumer and family use of the Internet and to keep the computer itself from becoming corrupted and therefore unusable to anyone else. The LAC Library public access computers are re-imaged nightly to limit the number of operational problems that require technician intervention during the day. This may be a model for this program as well.

E. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

Not Applicable

VI. Interagency Considerations: (Analyze the county's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.)

A. Interfaces with Contract Service Providers:

Some contract provider agencies are requesting MHSA information technology funds to support consumer/family computer access projects through the Contract Provider Technology Project included in this grant application. Thirty-six contract provider agencies submitted requests to LAC-DMH to support consumer/family computer resource access projects as part of the Contract Provider Technology Project. Contract Provider requests for funding to support consumer/family computer resource access projects represent $514,268 dollars of $23,250,142 LAC-DMH proposes to allocate to Contract Providers to support information technology. Funding requests for consumer/family computer resource access projects to be completed by Contract Providers range from $1,800 to $65,700 dollars.

As LAC-DMH and its Contract Provider partners implement EHRs, it is possible that some functions of value to consumers and their families will be made available through secure Internet portals. This could include scheduling appointments or requesting prescription refills as just two examples. They would also be able to search for providers of specific services or pursue health care or other benefit plans. Those choosing to implement a PHR will also be able to elect automated electronic downloads of EHR information to their PHR.

B. Interfaces with State Agencies:

Only to the extent that State agencies choose to make information available via the Internet.

C. Interfaces with Local Agencies:

Only to the extent that local agencies choose to make information available via the Internet.

VII. Training and Implementation: (Include a description of the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.)

A. Current Workflow:

Not Applicable

B. Process for Assessing New Technology:

Not Applicable

C. Process for Implementing the Technology:

LAC-DMH is considering a number of options for implementing this project; 1) establishing a Memorandum of Understanding (MOU) with another County department to implement the project; 2) outsourcing the project to a qualified vendor through a Request for Proposal (RFP) process; and 3) implementing the project "in-house" using LAC-DMH resources. Options 1 and 2 are viewed as the most promising at this time.

One option is to negotiate a MOU with another local County government entity such as County Library (Library). Library has considerable experience deploying computer resources for public use countywide and Library has an existing infrastructure in place to purchase, deploy, and support computer resources for public use and provide technical assistance and computer skills training. There are numerous benefits to collaborating with a local County department that has experience implementing similar projects:

- In contrast to an RFP, an interdepartmental MOU can be established quickly and requires fewer staff resources to administer
- An existing infrastructure is in place to implement the project
- Library resources and programs can be leveraged to further benefit mental health consumers
- Library already has the staffing and technology resources in place to support a countywide consumer computer access program that can be augmented to meet the specific requirements of this project

Another option is to select a vendor through an open competitive RFP process. The vendor will be responsible for implementation of the project, including but not limited to, the deliverables described earlier in this exhibit, Section I, Paragraph C "Scope Management". All project goals and objectives can be met using this option. The limiting factor is the likely delay in implementation due to the time required to initiate and complete an RFP process and negotiate a contract with a vendor.

The least favorable option considered for implementing this project and managing ongoing operations following implementation is using "in-house" resources exclusively. This option would require additional staffing, which is always a slow process, and would likely be the least cost-effective because there is no existing infrastructure or base of experience to leverage.

D. Process for Training:

LAC-DMH, CIOB and Consumer Family Empowerment and Advocacy Division will work closely with the vendor or agency to develop an appropriate and comprehensive process for

training mental health consumers and family. Through the stakeholder process, a number of recommendations regarding training were made. LAC-DMH recognizes that consumer/family stakeholder involvement in this project will be an ongoing process to ensure that over time, this project evolves to more fully meet the needs of consumers. At a minimum, LAC-DMH supports the following stakeholder recommendations and will ensure that these recommendations are incorporated into the training plan developed by the vendor:

- Basic Computer Literacy Training
- Basic Computer Terminology
- Internet Literacy/Basic Web Navigation
- Protecting the security and privacy of personal information
- Microsoft Office products introductory training (Word, Excel, Powerpoint)
- Videoconferencing (when and if it becomes available)
- Hands-on Workshops
- Online Training
- Computer Clubs
- Computer Labs
- Train the Trainer (Training Consumers to become basic computer skills trainers and technical assistants as a path to gainful employment)
- Collaborating with local community colleges/universities (Training Vouchers/Scholarships)
- Developing a Master Calendar of computer training events and locations
- Resource guide to Web-based resources (employment, education, housing, etc.)
- Linguistic Diversity including offering trainings in multiple languages and software availability in core languages

VIII. Security Planning: (Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Address all categories below.)

A. Protecting Data Security and Privacy:

Computers placed in LAC-DMH settings for consumers/family will not be integrated with other departmental information systems. Computers and other devices dedicated for consumer/family use will not be linked to the LAC-DMH computer network.

LAC-DMH will draft agreement language that consumers must read and accept upon log-in. Language will include absolving LAC-DMH of any responsibility if personal identifying information or PHI is inadvertently disclosed due to consumer/family actions such as failure to appropriately secure a memory stick or failure to secure any written materials that may contain Personal Identifying Information (PII)/ Protected Health Information (PHI).

All computers in this program will be equipped with antivirus software and firewalls to protect, to the extent possible, the security and privacy of PII/PHI when consumers and family members use the computers.

B. Operational Recovery Planning:

LAC-DMH will require the vendor to develop an operational recovery plan.

C. Business Continuity Planning:

LAC-DMH will require the vendor to develop a business continuity plan.

D. Emergency Response Planning:

In the event of an emergency or natural disaster in LAC, the computers in this program could become an important resource for consumers and their families to connect to needed services, reestablish contact with family members, or even arrange to get a prescription filled when travel is more than ordinarily difficult. These computers would not have the same operational redundancy requirements as an EHR for instance, but the vendor or agency operating them would be required to provide a reasonable plan to restore service timely and keep them available.

E. HIPAA Compliance:

Technically, HIPAA would likely not apply since the users will not be HIPAA covered entities. However, the privacy and security of consumer PHI is of uppermost importance to all concerned with this project.

LAC-DMH will ensure that computers and all peripheral devices dedicated for consumer/family use are not linked to the LAC-DMH network to prevent unauthorized access to individually identifiable health information (IIHI) or other PHI. Computers and peripheral devices dedicated for consumer/family use will, whenever possible, be located so as to prevent inadvertent exposure of IIHI or PHI. Appropriate signage will be posted in multiple languages informing consumers to take appropriate measures to safeguard any personal information they bring with them or generate during each use of consumer/family computer resources.

LAC-DMH employees will not be permitted to use consumer/family computer resources to conduct any work or personal activities. This restriction will ensure that the PHI of LAC-DMH consumers is not physically placed at consumer/family workstations or entered into any non-LAC-DMH computer system. It also assures that the computers will be available to the intended users.

F. State and Federal Laws and Regulations:

Not Applicable

PROJECT SPONSOR(S):

Name	Role	Title
Dr. Marvin Southard	Executive Sponsor	Director, LAC-DMH
Dr. Robert Greenless	Project Director	Chief Information Officer, LAC-DMH

PROJECT SPONSOR COMMITMENTS:

Dr. Marvin Southard:

As Director of LAC-DMH, Dr. Southard has overall responsibility for the implementation and management of all MHSA programs and services in Los Angeles County. Additionally, he has overall responsibility for all MHSA component planning activities. Dr. Southard is very committed to the Consumer/Family Access to Computer Resources Project. In his role, Dr. Southard will respond to requests from the Project Director when he is unable to remove obstacles to project success.

Further, he will ensure that all project expenditures are consistent with County fiscal policies and procedures and appropriate to the guiding principles of the MHSA Capital Facilities and Technological Needs guidelines.

Dr. Robert Greenless:

As Chief Information Officer of LAC-DMH, CIOB, Dr. Greenless has overall responsibility for the planning and implementation of all technology and technology projects supporting MHSA programs and services in Los Angeles County. Dr. Greenless is very committed to the Consumer/Family Access to Computer Resources project. Dr. Greenless will work closely with the LAC-DMH Project Manager to ensure the goals and objectives of this project are met. He will serve as a resource to the Project Manager when obstacles to the project are difficult to resolve.

PROJECT TITLE: **Consumer/Family Access to Computer Resources Project**

APPROVALS/CONTACTS:

Name	Title	Role	Phone	E-mail	Signature	Date
Dr. Marvin Southard	Director, LAC-DMH	Executive Sponsor	(213) 738-4601	msouthard@dmh.lacounty.gov		10/28/08
Dr. Robert Greenless	CIO, LAC-DMH	Project Director	(213) 251-6481	rgreenless@dmh.lacounty.gov		10/20/08

EXHIBIT 4 – BUDGET SUMMARY FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: Los Angeles
Project Name: Consumer/Family Access To Computer Resources

Category	Year 1 (09/10)	Year 2 (10/11)	Future Years	Total One-Time Costs (11/12-12/13)	Estimated Annual Ongoing Costs*
Personnel	0	0	0	0	0
Total Staff (Salaries & Benefits)	0	0	0	0	0
Hardware	250,000	150,000	100,000	500,000	50,000
Total Hardware	250,000	150,000	100,000	500,000	50,000
Software	100,000	20,000	30,000	150,000	20,000
Total Software	100,000	20,000	30,000	150,000	20,000
Contract Services (list services to be provided)					
Workstation Set-up and support, Consumer-					
Family training, & Internet Services	1,050,000	750,000	1,063,158	2,863,158	510,000
Total Contract Services	1,050,000	750,000	1,063,158	2,863,158	510,000
Administrative Overhead	169,279	169,279	182,282	520,840	148,000
Other Expenses (Describe)	0	0	0	0	0
Total Costs (A)	1,569,279	1,089,279	1,375,440	4,033,998	728,000
Total Costs (B)**					
MHSA Funding Requirements (A-B)	1,569,279	1,089,279	1,375,440	4,033,998	728,000
NOTES: Personnel funded via Administrative Overhead					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.
** For Projects providing services to multiple program clients (e.g. Mental health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Exhibit 5 – Stakeholder Participation
For Technological Needs Project Proposal

PROJECT TITLE: Consumer/Family Access to Computer Resources Project

Stakeholder Type	Meeting Type	Meeting Date
Consumers/Family	Consumer/Family Focus Group - Roundtable	03/26/2008 04/07/2008
Consumers/Family	Consumer Family Advisory Group - Roundtable	04/16/2008 04/30/2008 06/04/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	System Leadership Team – the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/18/2008 03/10/2008 04/11/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	MHSA Delegates Committee - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/30/2008 04/25/2008 05/16/2008 07/25/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	Mental Health Commission - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	06/12/2008 06/26/2008 07/30/2008

APPENDIX A – PROJECT RISK ASSESSMENT – CONSUMER/FAMILY ACCESS TO COMPUTER RESOURCES

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	4
		Over $3 million	5	
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	3
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	3
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	3
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	1
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	1
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	5
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	1
		Two-Tier (client / server)	2	
*Commercial Off-The-Shelf Software		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	**24**

Total Score	Project Risk Rating	
25 – 31	High	
16 – 24	Medium	√
8 – 15	Low	

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Los Angeles County
Project: Personal Health Record Awareness and Education

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognized the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director
Name Marvin Southard, D.S.W. Signed
Telephone (213) 738-4601
E-Mail msouthard@dmh.lacounty.gov Date 9/9/08

Chief Information Officer
Name Robert Greenless, Ph.D. Signed
Telephone (213) 251-6481
E-Mail rgreenless@dmh.lacounty.gov Date 8/29/08

HIPPA Privacy / Security Officer
Name Jeff Zito Signed
Telephone (213) 251-6480
E-Mail jzito@dmh.lacounty.gov Date 9/25/08

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Personal Health Record Awareness and Education Project

- ***Please check at least one box from each group that best describes this MHSA Technological Needs Project***

  - ☐ New system
  - ☐ Extend the number of users of an existing system
  - ☐ Extend the functionality of an existing system
  - ☒ Supports goal of modernization/transformation
  - ☒ Supports goal of client and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☐ Practice Management
    - ☐ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computer Resources Projects
    - ☒ Personal Health Record (PHR) Systems Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technological needs Projects That Support MHSA Operations**
    - ☐ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot Projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Application
  Name of Consultant or Vendor (if applicable) _____

  ☐ Commercial Off-The-Shelf (COTS) System
  Name of Vendor _____

  ☐ Product Installation
  Name of Consultant or Vendor (if applicable) _____

  ☐ Software Installation
  Name of Vendor _____

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Personal Health Record – Awareness and Education

I. Project Management:

A. Independent Project Oversight:

The County MHSA Stakeholder Delegates Committee will provide independent oversight of the Personal Health Record Awareness and Education project. This committee is described in detail in the enclosed Component Proposal. LAC-DMH, CIOB will provide monthly updates to the delegates at their regularly scheduled meetings.

B. Integration Management:

Not Applicable

C. Scope Management:

The scope of this project will be defined in the Project Charter. LAC-DMH will use change control methods for this project that conform to the standards set forth in the department's Project Management Methodology.

LAC-DMH will identify a Project Manager. The Project Manager will develop a detailed project plan. The project plan will include a project scope statement that articulates; 1) the scope of the project; 2) how scope changes will be identified and documented; and 3) how scope changes will be approved and by whom. To organize and define the scope of work, the project manager and consultant will jointly develop a WBS consistent with identified requirements and objectives. Regular project status reports will be required including identification of scope issues.

D. Time Management:

The Project Manager in conjunction with a training consultant will be responsible for developing a detailed project schedule and monitoring adherence to the project schedule. A WBS and organizational breakdown structure will be used as the basis for schedule development. Assumptions made in developing the project schedule will be documented. The overall responsible party for ensuring adherence to the project schedule will be the Project Director.

LAC-DMH has selected Microsoft Project Professional as its scheduling tool of choice. LAC-DMH will require that time management methods for this project conform to the standards set forth in the department's written guidelines for managing project schedules. The LAC-DMH Project Management Methodology manual is available upon request.

E. Cost Management:

The Project Manager will be responsible for managing project costs. Consultant costs represent a significant proportion of the costs of this project. As part of the consultant agreement, a detailed scope of work and project plan will be established. The consultant will be required to routinely provide written status reports describing progress toward project deliverables and will be required to meet routinely with the Project Manager to review project status. The Project Manager will be responsible for ensuring that the consultant is performing all project tasks as specified and according to schedule.

The Project Director will be the overall responsible party for ensuring cost management.

F. Quality Management:

The Project Manager will be responsible for developing a quality management plan for this project. The Project Manager will be responsible for ensuring that all training materials are developed in a manner that is user-friendly and at an appropriate reading level. Written materials and video will be developed in English, Spanish, and Chinese. Where future resources permit, additional translations may be made available. Prior to release, all materials will be reviewed for language/cultural competency.

User feedback will be surveyed periodically so that the feedback may be used to improve the program.

G. Human Resource Management:

The principle human resource for this project will be the training consultant. The Project Manager will be responsible for regular meetings with the consultant to monitor progress and ensure timely progress toward project deliverables.

The Project Director will be the overall responsible party for ensuring effective oversight of the consultant.

H. Communications Management:

During the planning phase of this project, the Project Manager will develop a communications management plan using the same format as the communications plan developed for the IBHIS project to ensure efficient and effective communication with all project stakeholders. The communications plan for this project will include internal LAC-DMH stakeholders such as the Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate, executive and clinical management personnel, Office of the Medical Director, and the Office of Planning. Additionally, regular status reports on this project will be communicated to contract providers, County CEO, and MHSA planning and oversight groups such as the System Leadership Team, MHSA Delegates, and Mental Health Commission.

I. Procurement Management:

The LAC-DMH assigned Project Manager will be responsible for procurement management. All procurement related to this project, including establishing a contractual agreement with a consultant, will follow established County contracting and procurement processes and shall

receive a level of oversight that is customary to County contracting and procurement processes.

II. Cost:

A. Cost Justification:

In initial discussions with consumers and family members, the MHSA IT Plan project team assumed an awareness of PHR(s) and assumed that many in the consumer community were already using them. That was not a good assumption and it led to changing the nature of the PHR project intended for this Plan. There was also a clarification in a MHSA Delegates meeting that the Network of Care was the preferred PHR for integration into the LAC-DMH environment when that capability became available.

With those two issues clarified, the apparent immediate need is for greatly improved awareness of PHR(s) among consumers and their families, and particularly the Network of Care PHR, and an opportunity to acquire a working knowledge of how a PHR can be used as an aid to recovery and how and when it is appropriate to share PHR information. A carefully crafted awareness and education program is called for that requires expertise and resources not currently available in LAC-DMH.

In order to accelerate the delivery of this most important information, a consultant is the most likely route to timely acquire the needed expertise and resources to develop and deliver a PHR awareness and education program across the County. Part of the training materials must be in digital format suitable for on-line training or periodic refresher courses for people who have questions about using a PHR.

B. Appropriate Use of Resources:

The Project Manager, under the direction of the Project Director, will be responsible for assuring that human and financial resources are used consistent with this Plan, the Capital Facilities and Technological Needs Guidelines, and the purposes of MHSA generally.

C. Ongoing Sustainability of System:

While there is no "system" involved in this project, the intent is to create a PHR awareness and education program that, once developed, can be maintained, enhanced, and continued. This may mean continuing a consulting arrangement to maintain training content and possibly retaining consulting resources to continue to deliver this training as necessary.

At this point it is difficult to determine what the continuing requirements will be. It may be that once a critical mass of consumers makes the transition to PHR(s), availability of on-line content to inform new consumers will be adequate to maintain the program. Only experience over several years will be adequate to make that judgment.

III. Nature of the Project:

A. Extent To Which The Project Is Critical To The Accomplishment Of The County, MHSA, and DMH Goals and Objectives:

In this funding request we are proposing a PHR basic awareness and education project. MHSA information technology funds are requested to support the development of written and online PHR awareness and education materials. Online materials will include both written and video content. LAC-DMH will use the resources of an experienced consultant to develop the project materials. LAC-DMH, CIOB and the Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate will collaborate in the development of the scope of work and selection of the consultant. Content will be developed with two specific target audiences, consumer/family and the mental health services provider. Stakeholders feel strongly that PHR awareness and education efforts must include both audiences in order to receive the desired benefits of an effective PHR program that maximally supports a collaborative therapeutic relationship.

The following content will be included:

- What is a PHR
- What PHR software solutions are currently available
- Using the Network of Care PHR
- Security, privacy, and confidentiality considerations
- How to initiate discussions with consumers about maintaining a PHR
- Reviewing a PHR with a consumer as part of the therapeutic process
- Sharing information in a PHR with providers and significant others
- What is an Electronic Health Record (EHR)
- How data collected in an EHR can be fed to a PHR
- Adding Advance Psychiatric Directives to a PHR

Through the Consumer/Family Access to Computer Resources project, there will be considerable opportunity to incorporate the PHR training materials into the basic computer skills trainings that will be provided as part of the computer access project. In the basic computer skills training, consumers will be directed to the Network of Care PHR to teach the following basic skills:

- Creating a user name and password
- Using a Mouse
- Field navigation
- Navigation to the web-based Network of Care PHR
- Entering and Saving data
- Screen Printing
- Saving to Favorites

LAC-DMH in conjunction with stakeholders considered a number of factors in determining that a PHR awareness and education project would be the best initial course of action for working toward increased consumer/family comfort with and knowledge of PHR(s):

- It was apparent from stakeholder focus groups that a sizeable number of consumers may have little to no basic knowledge of PHR(s) and the PHR options currently available
- Even those consumers who may have some knowledge of PHR(s) may not know how they might benefit from using a PHR or may not understand how data maintained in a PHR can be secured against unauthorized access

- Management of a PHR, especially a robust PHR as articulated in the MHSA Capital Facilities and Technological Needs Guidelines, will require a level of computer skills above what many consumers/family members may possess
- Standards for data transfer and the technology to develop a robust PHR are maturing but are not yet at a level of maturity to realize the vision of a PHR as articulated in the MHSA Capital Facilities and Technological Needs Guidelines
- Adding functionality to Network of Care such as uploading information from electronic health records must necessarily follow implementation of the IBHIS for LAC-DMH consumers

The proposed PHR education and awareness project will support local MHSA goals and programs in the following ways:

- Increase consumer awareness of PHR(s) as a tool for promoting wellness and recovery
- For those consumers who choose to use a PHR, it is anticipated that use of the PHR will improve consumer/family communication with providers of mental health services
- For those consumers who choose to use a PHR, the PHR will provide a means for consumers to share their recovery with others in their support network

B. The Degree of Centralization or Decentralization Required:

Not Applicable

C. Data Communication Requirements:

Not Applicable

D. Characteristics of the Data to be Collected and Processed:

LAC-DMH will track the number of consumers/family exposed to the online training. The training consultant will be responsible for developing a mechanism to track the number of individuals who complete the training. We are anticipating incorporating a brief survey that will follow the online training. This survey will serve as a proxy measure for the number of consumers/family who complete the training and also provide some useful information regarding their perceptions of the online content and likelihood of using a PHR. LAC-DMH will also maintain a record of the number of hits to the online training web-page as another proxy for training completion.

E. Degree Technology Can Be Integrated With Other parts of a system in Achieving the Integrated Information Systems Infrastructure:

No integrations with other systems are planned at this time. The scope of this project does not include adding new functionality to an existing PHR, such as creating a link to the LAC-DMH electronic health record (IBHIS) that will allow uploading of information from the IBHIS to a PHR. LAC-DMH will consider such options in a second phase PHR project. As additional MHSA information technology funds become available and implementation of the IBHIS is complete, LAC-DMH will likely seek additional MHSA funds to support integration of the Network of Care PHR with the IBHIS.

IV. Hardware Considerations: (Review the alternative hardware configuration options capable of effecting the successful implementation of a given technology activity considering the factors below.)

A. Compatibility With Existing Hardware Including Telecommunications Equipment:

Not Applicable

B. Physical Space Requirements:

Not Applicable

C. Hardware maintenance:

Not Applicable

D. Backup Processing Capability:

Not Applicable

E. Capacity:

Not Applicable

V. Software Considerations: (Review the software options available to achieve successful implementation of a given technology activity considering the factors below.)

A. Compatibility of Computer Languages with Existing and Planned Activities:

Not Applicable

B. Maintenance of the proposed software (e.g. vendor-supplied):

Not Applicable

C. Availability of complete documentation of software capabilities:

Not Applicable

D. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

Not Applicable

E. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

Not Applicable

VI. Interagency Considerations: (Analyze the county's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.)

A. Interfaces with Contract Service Providers:

Approximately 50 percent of consumers served in the LAC-DMH system receive mental health services through Contract Providers. All written and online PHR training materials developed through this project will be equally accessible to consumers at clinic locations throughout the LAC-DMH enterprise. LAC-DMH will ensure that contract service agencies are included in the development of all hard-copy and online training content. Any public awareness materials developed as part of this project will be distributed throughout the LAC-DMH provider community.

B. Interfaces with State Agencies:

Not Applicable

C. Interfaces with Local Agencies:

Not Applicable

VII. Training and Implementation: (Include a description of the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.)

A. Current Workflow:

Not Applicable

B. Process for Assessing New Technology:

Not Applicable

C. Process for Implementing the Technology:

Not Applicable

D. Process for Training:

Video and online educational materials will be developed for this project covering, at a minimum, the topic areas described in Section III – A. Consumers/Family will be able to access the educational materials online using consumer-owned personal computers, consumer-dedicated computers at LAC-DMH and contract provider service settings, and consumer-dedicated computers at residential settings, among other sources for online access.

Most LAC-DMH directly-operated clinics and many contract provider clinics have TV/Video capability in waiting rooms. Video content developed by the consultant will be made

available for use in clinic waiting rooms and appropriate residential settings. Additionally, LAC-DMH is in the process of developing clinic-orientation videos specific to each directly-operated clinic. These videos will include information specific to each clinic, public service announcements, and other content of interest. Video content developed for this PHR project will be included in clinic orientation videos.

VIII. Security Planning: (Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Address all categories below.)

A. Protecting Data Security and Privacy:

No individually identifiable health information or personal identifying information will be collected or retained as part of this project.

B. Operational Recovery Planning:

Not Applicable

C. Business Continuity Planning:

Not Applicable

D. Emergency Response Planning:

Not Applicable

E. HIPAA Compliance:

Not Applicable

F. State and Federal Laws and Regulations:

Not Applicable

PROJECT SPONSOR(S):

Name	Role	Title
Dennis Murata, M.S.W.	Executive Sponsor	Deputy Director, LAC-DMH
TBD	Project Director	

PROJECT SPONSOR COMMITMENTS:

Dennis Murata, M.S.W.:

As Deputy Director of LAC-DMH, Dennis Murata is responsible for overseeing the implementation and management of all MHSA programs and services in Los Angeles County. Additionally, he has direct oversight of all MHSA component planning activities. Mr. Murata is very committed to the PHR Awareness and Education Project. In his role, Mr. Murata will respond to requests from the Project Director when he is unable to remove obstacles to project success.

PROJECT TITLE: Personal Health Record (PHR) Awareness and Education

APPROVALS/CONTACTS:

Name	Title	Role	Phone	E-mail	Signature	Date
Dennis Murata, M.S.W.	Deputy Director, LAC-DMH	Executive Sponsor	(213) 738-4978	dmurata@dmh.lacounty.gov	DM	9/26/08
TBD		Project Director				

EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: Los Angeles
Project Name: Personal Health Record Awareness and Education

Category	Year 1 (09/10)	Year 2 (10/11)	Future Years	Total One-Time Costs (09/10-10/11)	Estimated Annual Ongoing Costs*
Personnel	0	0	0	0	0
Total Staff (Salaries & Benefits)	0	0	0	0	0
Hardware	0	0	0	0	0
Total Hardware	0	0	0	0	0
Software	0	0	0	0	0
Total Software	0	0	0	0	0
Contract Services (list services to be provided)					
Awareness/Education Consultant	385,000	115,000	0	500,000	0
Total Contract Services	385,000	115,000	0	500,000	0
Administrative Overhead	34,047	18,421	0	52,468	0
Other Expenses (Describe)	0	0	0	0	0
Total Costs (A)	419,047	133,421	0	552,468	0
Total Costs (B)**					
MHSA Funding Requirements (A-B)	419,047	133,421	0	552,468	0
NOTES: Personnel funded via Administrative Overhead					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Exhibit 5 – Stakeholder Participation
For Technological Needs Project Proposal

PROJECT TITLE: Personal Health Record Awareness and Education Project

Stakeholder Type	Meeting Type	Meeting Date
Consumers/Family	Consumer/Family Focus Group - Roundtable	03/26/2008 04/07/2008
Consumers/Family	Consumer Family Advisory Group - Roundtable	04/16/2008 04/30/2008 06/04/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	System Leadership Team – the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/18/2008 03/10/2008 04/11/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	MHSA Delegates Committee - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/30/2008 04/25/2008 05/16/2008 07/25/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	Mental Health Commission - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	06/12/2008 06/26/2008 07/30/2008

APPENDIX A – PROJECT RISK ASSESSMENT – PHR AWARENESS & EDUCATION

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	**1**
		Over $3 million	5	
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	**3**
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	**3**
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	**0**
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	**0**
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	**0**
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	**0**
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	**0**
		Two-Tier (client / server)	2	
*Commercial Off-The-Shelf Software		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	**7**

Total Score	Project Risk Rating	
25 – 31	High	
16 – 24	Medium	
8 – 15	Low	√

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Los Angeles County
Project: Data Warehouse Re-Design

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognized the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director
Name Marvin Southard, D.S.W. Signed
Telephone (213) 738-4601
E-Mail msouthard@dmh.lacounty.gov Date 9/9/08

Chief Information Officer
Name Robert Greenless, Ph.D. Signed
Telephone (213) 251-6481
E-Mail rgreenless@dmh.lacounty.gov Date 8/25/08

HIPPA Privacy / Security Officer
Name Jeff Zito Signed
Telephone (213) 251-6480
E-Mail jzito@dmh.lacounty.gov Date 9/25/08

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Data Warehouse Re-Design Project

- ***Please check at least one box from each group that best describes this MHSA Technological Needs Project***

  ☐ New system
  ☐ Extend the number of users of an existing system
  ☒ Extend the functionality of an existing system
  ☒ Supports goal of modernization/transformation
  ☐ Supports goal of client and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    ☐ Infrastructure, Security, Privacy
    ☐ Practice Management
    ☐ Clinical Data Management
    ☐ Computerized Provider Order Entry
    ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
  - **Client and Family Empowerment Projects**
    ☐ Client/Family Access to Computer Resources Projects
    ☐ Personal Health Record (PHR) Systems Projects
    ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technological needs Projects That Support MHSA Operations**
    ☐ Telemedicine and other rural/underserved service access methods
    ☐ Pilot Projects to monitor new programs and service outcome improvement
    ☒ Data Warehousing Projects / Decision Support
    ☐ Imaging / Paper Conversion Projects
    ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☒ Custom Application
  Name of Consultant or Vendor (if applicable) _____

  ☐ Commercial Off-The-Shelf (COTS) System
  Name of Vendor _____

  ☐ Product Installation
  Name of Consultant or Vendor (if applicable) _____

  ☒ Software Installation
  Name of Vendor To Be Determined

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title: Data Warehouse Re-Design

I. Project Management:

A. Independent Project Oversight:

LAC-DMH Information Technology Advisory Board (ITPAB) and LAC Chief Information Office (CIO) will provide independent oversight of the Data Warehouse Re-Design project. Both sources of independent project oversight are described below.

The ITPAB provides strategic, operational, and clinical guidance to information technology planning and ensures that I/T projects are consistent with LAC-DMH Business Goals and IT objectives. The ITPAB establishes priorities for projects within the Department's project portfolio, assesses risks, monitors progress, and ensures that appropriate resources are deployed to complete the project. The ITPAB meets at least quarterly.

The CIO has designated a representative, Henry Balta, who as part of his role in the oversight of the IBHIS project will provide oversight of the Data Warehouse Re-Design project as well. His focus will primarily be limited to the integration of this project with the IBHIS project. In that capacity, Mr. Balta will review the project to determine project adherence to County standards and will examine opportunities for process improvement.

B. Integration Management:

LAC-DMH has designated a Project Manager, Roxanne Lockett, who will be responsible for integration management. In this capacity, she will coordinate with Project Managers assigned to the IBHIS, Credentialing, and Pharmacy projects. Additionally, a consultant will be hired to review existing and new data systems that will feed into the LAC-DMH data warehouse and develop the new data warehouse design. The Project Manager will coordinate work assigned to the design consultant, LAC-DMH system administration staff, Information Security Division staff, and the Section Head for Integration Services. Each will play a role in setting up the integration of data sources.

LAC-DMH CIOB, Chief Information Officer, Dr. Robert Greenless, will have overall responsibility for ensuring effective integration management.

C. Scope Management:

The scope of this project will be defined in the Project Charter. LAC-DMH will use change control methods for this project that conform to the standards set forth in the department's Project Management Methodology (Project Management Methodology document available upon request).

In summary, a project plan will be developed by the Project Manager. The project plan will include a project scope statement that articulates; 1) the scope of the project; 2) how scope

changes will be identified and documented; and 3) how scope changes will be approved and by whom. To organize and define the scope of work, the Project Manager and the consultant will jointly develop a WBS consistent with identified requirements and objectives. Regular project status reports will be required including identification of scope issues.

D. Time Management:

The Project Manager will be responsible for developing a detailed project schedule and monitoring adherence to the project schedule. A WBS will be used as the basis for schedule development. Assumptions made in developing the project schedule will be documented. LAC-DMH, CIOB, Chief Information Officer, Dr. Robert Greenless, will have overall responsibility for ensuring adherence to the project schedule.

LAC-DMH has selected Microsoft Project Professional as its scheduling tool of choice. LAC-DMH will require that time management methods for this project conform to the standards set forth in the Department's written guidelines for managing project schedules (Project Management Methodology document available upon request).

E. Cost Management:

The Project Manager will be responsible for managing project costs. Consultant costs represent a significant proportion of the costs of this project. As part of the consultant agreement, a detailed scope of work and project plan will be established. The consultant will be required to routinely provide written status reports describing progress toward project deliverables and will be required to meet routinely with the Project Manager to review project status. The Project Manager will be responsible for ensuring that the consultant is performing all project tasks as specified and according to schedule.

F. Quality Management:

The Project Manager will be responsible for developing a quality management plan for this project including identification of project deliverables, consultant deliverables, acceptance criteria for relevant deliverables and a milestone checklist. Additionally, the Project Manager will define quality assurance activities for the project including test and acceptance processes, documentation, requirement verification processes, schedule, and communication activities.

G. Human Resource Management:

The Project Manager will be responsible for human resource management including oversight of the consultant responsible for setting-up the new structure for the data warehouse and LAC-DMH CIOB staff assigned to this project to assist in determining design specifications and implementing the new data warehouse structure. As part of developing a detailed project plan, the Project Manager will be responsible for working with other LAC-DMH information technology and business representatives to determine the appropriate personnel resources to ensure timely accomplishment of the goals and objectives of this project. Progress will be evaluated at least quarterly to assist in determining the appropriate level of personnel resources required for timely completion of the project.

The LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D. will have overall responsibility for ensuring effective human resource management.

H. Communications Management:

During the planning phase of this project, the Project Manager will develop a communications management plan to ensure efficient and effective communication with all project stakeholders. The communications plan for this project will include internal LAC-DMH stakeholders who are regular consumers of data services such as executive management, administrative management, financial management and clinical management personnel, Office of the Medical Director, Office of Planning, Office of Quality Improvement, and the Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate. Additionally, regular status reports on this project will be communicated to contract providers, County CEO, and MHSA planning and oversight groups such as the System Leadership Team, MHSA Stakeholder Delegates Committee, and the Mental Health Commission.

I. Procurement Management:

The LAC-DMH Project Manager assigned to this project will be responsible for procurement management with oversight from the County CIO and CEO. All procurement related to this project, including establishing a contractual agreement with a consultant, will follow established County contracting and procurement processes and shall receive a level of oversight that is customary to County contracting and procurement processes.

II. Cost:

A. Cost Justification:

This project is critical to the goal of modernization in that it will prepare LAC-DMH for storing new clinical, administrative, and financial data not previously captured in LAC-DMH. It will also establish the appropriate resources for warehousing historical data gathered before the implementation of the IBHIS. The re-designed LAC-DMH data warehouse will bring together data from the IBHIS and other DMH systems so that there is a single integrated and trusted source for regulatory reporting, business intelligence, and ad-hoc reporting. This project is essential to getting full value from the data captured by the IBHIS.

Funds are requested to support a full-time Information Technology Specialist I (ITS-I), a part-time ITS-1, and an Information Systems Analyst II (ISA-II). The full-time ITS-I, Roxanne Lockett, will serve as the Project Manager. In addition to the roles and responsibilities of this position described in Section I of this exhibit, the Project Manager will work closely with the consultant to evaluate the current structure of the existing data warehouse and develop the framework for the re-designed data warehouse. The Project Manager will chair a Data Standards Committee comprised of subject matter experts within the LAC-DMH enterprise to review current data systems to develop and document data standards and new reporting requirements. The Project Manager will supervise the ISA-II. In the first year of this project, the ISA-II will provide administrative support to the Data Standards Committee, assist the Project Manager with management of the consultant engagement, and document data requirements and data standards for the re-designed data warehouse. In the second year of this project, the ISA-II will provide technical support functions to implement the new data warehouse architecture.

The part-time ITS-I, Presley Becerra, will function as the lead for business intelligence and reporting and serve as a technical advisor to the project on data standards and available software tools to support the project. This staff position will assist the consultant's evaluation of the existing data warehouse architecture and current enterprise data reporting requirements. Additionally, this position will serve as Co-chair of the Data Standards Committee.

LAC-DMH will acquire a consultant who will serve for the first year of the project as the principal architect of the re-designed data warehouse. An experienced consultant is essential to the success of this project as current personnel have no prior experience designing an enterprise data warehouse that incorporated electronic health record information. Given the immediate and relatively short-term need for these skills, using a consultant is the most efficient and cost-effective strategy.

Long-term future data storage needs will exceed the storage capacity available to the current LAC-DMH data warehouse. Funds are requested to purchase servers sufficient to meet estimated future processing and data storage needs and to provide backup servers to accommodate routine backups of these data and provide business continuity protection to the data warehouse. Funds are also requested to purchase server software. The newly designed LAC-DMH data warehouse will be of central importance to the Department and could be of critical importance in an emergency situation. Assuring its availability is simple prudence.

B. Appropriate Use of Resources:

This project is driven by the nature of MHSA data capture and reporting requirements, including the substantial increase in data in digital form that will be captured in the electronic health record, IBHIS. Much of the information in the Department's current data warehouse is claims data. The re-designed data warehouse will include the full scope of MHSA program and service data including clinical, administrative, financial, and outcomes data.

LAC-DMH does not yet have personnel with the skills to re-design the existing structure of the data warehouse to accommodate the implementation of the IBHIS and the addition of other MHSA data not presently stored in the current data warehouse. This task will be best accomplished by acquiring a highly experienced consultant. Given the complexity of this project, a full-time Project Manager will be required to effectively manage the project for the anticipated 2-year term of the project. Additional staff resources identified in Section II-A of this exhibit will be required to assist in the process of documenting data standards and reporting requirements in the first year of the project, providing technical support functions in the second year of the project during the implementation phase, and continuing operational functions for the data warehouse upon completion of the re-design project.

After implementation of the re-designed data warehouse, the Project Manager will continue in the role of the Manager of the data warehouse. Each change in State reporting requirements, HIPAA regulations, or other regulatory changes will have an impact on the IBHIS and will need to be reviewed for impact on the data warehouse and accommodated where necessary. Each IBHIS version upgrade will require similar review and possible accommodation. Changes to internal reporting needs, business intelligence direction, or other systems that interface to the data warehouse may all require review and possible accommodation by the data warehouse. This will be a continuing responsibility.

C. Ongoing Sustainability of System:

One of the specific requirements of this project will be to create a re-designed data warehouse structure that can be effectively maintained and, when necessary, modified by LAC-DMH staff. As one-time funds for this project are exhausted, County resources representing a mix of MHSA-supported and non-MHSA supported employees are expected to be sufficient to sustain data warehouse activities in future years.

III. Nature of the Project:

A. Extent To Which The Project Is Critical To The Accomplishment Of The County, MHSA, and DMH Goals and Objectives:

The primary driver for the Data Warehouse Re-Design project is the implementation of the electronic health record. Forthcoming MHSA service programs (Prevention and Early Intervention and Innovation) will bring in new data that must be accommodated in the data warehouse. This project will prepare LAC-DMH for storing new clinical, administrative, and financial data sources as well as establish appropriate resources for warehousing legacy data. Data sources will include the IBHIS and other LAC-DMH data systems including Credentialing, Pharmacy, and the FSP Outcomes Measures Application, among others.

Ready access to digitally captured information is vital to the accomplishment of the transformational goals of MHSA and to monitoring progress towards transformational goals over time. Mental health program planning and development, outcomes assessment, quality improvement, coordination with Contract Providers, implementation of evidence-based practices, and cost-efficient streamlined business processes cannot be fully realized without structured improvements in the processes for consolidating, storing, and reporting information from disparate data sources.

LAC-DMH is expected to be the primary, if not the only, source for all State mandated reports produced by LAC-DMH. It will be the one place where IBHIS data is brought together with data from Contract Provider systems, other DMH systems, and possibly even data from other County agencies to provide a view of Departmental activity across programs, across organizational units, and across time. While it may be possible for LAC-DMH and its various partners to transform mental health service delivery without the re-designed LAC-DMH data warehouse, it is very hard to imagine that the transformation could be demonstrated without the implementation of a re-designed LAC-DMH data warehouse.

B. The Degree of Centralization or Decentralization Required:

The design, build, maintenance, and operation of the data warehouse will be centralized within LAC-DMH. While the data warehouse itself is centralized by definition, it will be fed with data from a variety of decentralized sources and the data will be used in a variety of organizations.

Direct access to the LAC-DMH data warehouse will be limited to authorized users within LAC-DMH. Data from the LAC-DMH data warehouse, including in some cases subsets of the data or summary level data, will be made available to Contract Providers, other County agencies, and others consistent with applicable law and regulation and County policy.

C. Data Communication Requirements:

To facilitate data loading, the links between the IBHIS server location, other feeder systems, and the data warehouse server location will be among the key considerations of this project. These links exist currently, but greater bandwidth will be required to achieve real-time data loading. Other potential links to the data warehouse will be reviewed during the course of this project.

D. Characteristics of the Data to be Collected and Processed:

Data will include clinical, administrative, and financial elements. Source data will come from the IBHIS, Credentialing System, and Pharmacy, the Outcomes Measures Application, among other data sources. Some will be relatively stable data elements, like gender, and others, such as some outcome measures, will be expected to change over the course of the consumer's involvement with DMH. This will be a relatively large data warehouse compared to other mental health organizations given the size of the LAC-DMH consumer population and service delivery network, but there are many data warehouses in other lines of business that are many times larger than what LAC-DMH plans.

E. Degree Technology Can Be Integrated With Other parts of a system in Achieving the Integrated Information Systems Infrastructure:

The re-designed LAC-DMH data warehouse must integrate with other elements of the Integrated Information Systems Infrastructure (IISI) in order to deliver any value to DMH, its business partners, and its consumers. Through an interface engine, which is THE key to the integration with IISI, the data warehouse will be integrated with all essential data sources including State DMH, the IBHIS, the Credentialing System, the Pharmacy System, the LAC-DMH ACCESS Center call center application, and Contract Provider systems. A diagram of the integration of the data warehouse with the data sources described above is included in Attachment 10, Los Angeles County – Department of Mental Health Data Integration Flow Diagram.

IV. Hardware Considerations: (Review the alternative hardware configuration options capable of effecting the successful implementation of a given technology activity considering the factors below.)

A. Compatibility With Existing Hardware Including Telecommunications Equipment:

LAC-DMH purchases server and communication equipment consistent with County standards. All equipment purchased for the re-designed data warehouse will be compatible with the existing infrastructure. Exact hardware requirements will be difficult to determine until the new data warehouse design has been completed. Additional production and backup servers will be needed. Based upon initial estimates of need, funds are requested to support the purchase of additional servers.

B. Physical Space Requirements:

Server virtualization has contributed to making some space available in the LAC-DMH data center. Server virtualization is a continuing process at LAC-DMH that is expected to make more space available in the data center. At this point, LAC-DMH does not anticipate needing additional space to accommodate the LAC-DMH re-designed data warehouse. As such, additional physical space will not likely be required.

In the event that, by the time the LAC-DMH re-designed data warehouse is ready for implementation, there are issues or unacceptable constraints at the LAC-DMH data center, LAC-DMH always has the option of hosting the data warehouse at the County's data center at the Internal Services Department.

C. Hardware maintenance:

All hardware purchased by LAC-DMH for this project will be under maintenance agreements through the vendor.

D. Backup Processing Capability:

The re-designed data warehouse will have two layers of backup protection. First, the database and associated software will be replicated on a redundant set of servers at a location remote from the LAC-DMH data center to provide business continuity protection. Secondly, the database will be backed up to tape nightly with copies of the backup tapes stored off site. Access to the redundant set of servers and the ability to restore the database from tape will be tested periodically.

E. Capacity:

Existing data warehouse storage capacity is adequate for current and near-term future needs. There are two servers that comprise the data warehouse with 1.83TB of total disk capacity with only 600GB currently used. However, long-term future data storage needs will be far beyond what these two servers are equipped to handle. As indicated above, funds are requested to purchase servers and software sufficient to meet estimated long-term future data storage needs. Specifications for the additional hardware and software will be finalized after the initial re-design work allows a more refined capacity projection than is available now.

V. Software Considerations: (Review the software options available to achieve successful implementation of a given technology activity considering the factors below.)

A. Compatibility of Computer Languages with Existing and Planned Activities:

The primary software for a data warehouse is an enterprise database management system (DBMS). In earlier planning for the current data warehouse, LAC-DMH considered two products for this task, Oracle and SQL Server. Both products are compatible with LAC standards. LAC-DMH selected SQL Server. As part of the Data Warehouse Re-design project, the DBMS platform choice will be reviewed and reconsidered if necessary.

B. Maintenance of the proposed software (e.g. vendor-supplied):

Maintenance of existing DBMS and operating software is provided under vendor maintenance agreements. All software purchased to support the re-designed data warehouse will be maintained by the respective vendors through maintenance agreements.

C. Availability of complete documentation of software capabilities:

Through standard licensing agreements, LAC-DMH will have complete documentation of DBMS and operating software purchased for the data warehouse.

The actual design of the re-designed LAC-DMH data warehouse will be thoroughly documented by the consultant and the project team under the direction and oversight of the Project Manager.

D. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

Microsoft SQL Server 2008 offers security feature enhancements that help provide effective management of security feature configuration, strong authentication and access control, powerful encryption and key management capabilities, and enhanced auditing. The necessary security features can be effectively implemented using Microsoft SQL Server 2008 and the operating software.

LAC-DMH also has intrusion detection software on its network and anti-virus software on its servers to further protect its data stores.

LAC-DMH conducts periodic risk assessments of its systems that contain Protected Health Information (PHI). The risk assessment tools that are used provide vulnerability discovery at the network, database, and application layers.

E. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

SQL Server 2008 is an Enterprise DBMS that meets current technology standards for storing data from disparate systems. This Enterprise DBMS also allows for the flexibility of modification to these data sets. As part of the Data Warehouse Re-Design project, LAC-DMH will evaluate the need to shift from SQL Server 2008 to Oracle.

VI. Interagency Considerations: (Analyze the county's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.)

A. Interfaces with Contract Service Providers:

In general, Contract Provider information systems will not interface directly to the LAC-DMH data warehouse. Data submitted by Contract Providers to the IBHIS or other LAC-DMH systems will be incorporated into the LAC-DMH data warehouse so that it will provide

the basis for a comprehensive view of services provided through LAC-DMH. The LAC-DMH data warehouse will be the source for reporting to the State and other regulatory agencies, internal business intelligence applications, and ad-hoc reporting. Contract Providers will, consistent with current practice, receive a copy of selected data in the data warehouse via a Secure Information File Transfer (SIFT) system. This system will allow each Contract Provider legal entity to download PHI from a secure Internet location.

B. Interfaces with State Agencies:

Most, if not all, routine transactions, such as claims related EDI transactions between LAC-DMH and State systems will be handled by the IBHIS or a combination of the IBHIS and an interface engine. Data reporting to the State, on the other hand, will likely be generated from the LAC-DMH data warehouse and, using the interface engine, transmitted to the State in the required format. Some reports may be produced by the IBHIS, especially where they are established and routine reports using data only from the IBHIS.

C. Interfaces with Local Agencies:

LAC-DMH may, so long as it is consistent with applicable law and regulation and County policy, share data with other County departments. Multiple County departments and agencies collect and rely upon clinical data similar to that used by LAC-DMH for overlapping consumer populations. LAC-DMH must routinely coordinate service delivery with the Department of Probation, Department of Children and Family Services, Department of Health Services, and Jail Mental Health. Sharing of data is currently very limited, fragmented, and labor intensive.

The Data Warehouse Re-Design Project, supports Goal 7 of the Los Angeles County Strategic Plan, "Health and Mental Health" in which County is seeking to establish a consumer-centered, information-based health and mental health delivery system that provides cost-effective and quality services across County departments. It presents the opportunity to expand the scope of data sharing with other County departments where appropriate. However, before Goal 7 can be fully realized, numerous legal issues regarding the sharing of consumer information must be resolved. In support of Goal 7, County is actively engaged in the process of legal review and has established a Goal 7 Committee comprised of representatives of multiple County departments and County Counsel.

VII. Training and Implementation: (Include a description of the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.)

A. Current Workflow:

Not applicable to this project.

B. Process for Assessing New Technology:

LAC-DMH has an annual Business Automation Plan (BAP) planning process that includes consideration of opportunities presented by new or emerging technologies. LAC-DMH CIOB employees also routinely read the relevant professional literature and bring to the

attention of their colleagues any new technology that may solve a LAC-DMH business problem.

C. Process for Implementing the Technology:

Implementation of the new data warehouse design will be accomplished using in-house staff with guidance from the design consultant.

D. Process for Training:

Training will be accomplished by one-on-one interaction with the consultant over the course of the project and review of design documentation. Where the need is identified, additional outside training can be obtained to raise skill levels of staff in the tools planned for this project.

VIII. Security Planning: (Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Address all categories below.)

A. Protecting Data Security and Privacy:

The re-designed data warehouse will be structured and managed in a manner that is consistent with security and privacy policies and procedures currently in effect at LAC-DMH. The data warehouse will be isolated from the Internet via a firewall and will reside within a physically secure environment. Provisioning and termination of access to the data warehouse for reporting purposes will be governed by the LAC-DMH, CIOB Data Integration and Services Division.

B. Operational Recovery Planning:

Development of a written disaster recovery plan for the re-designed data warehouse will be included in the project plan. The intent is to implement the data warehouse on redundant servers at two locations.

C. Business Continuity Planning:

LAC-DMH intends to maintain an off site, redundant copy of the Data Warehouse that allows the Department to respond to unforeseen events. This Data Warehouse copy will be updated on a regular basis and maintain all stored procedures necessary for critical functions after an interruption. Funding for this redundant environment is included in this request.

D. Emergency Response Planning:

Although the LAC-DMH Data Warehouse is not identified as a Critical system for life and safety, the intent of the redundant server implementation described above is to assure that is will be available to assist Departmental administrators and clinicians in emergency situations. The Data Warehouse will be used to provide information to Disaster Operations Center and on-site emergency personnel in the event of a disaster.

E. HIPAA Compliance:

As a covered department within the County of Los Angeles' declared hybrid entity, LAC-DMH has established both Privacy and Security programs that comply with HIPAA requirements for maintaining the confidentiality and security of PHI.

F. State and Federal Laws and Regulations:

LAC-DMH will ensure that the re-designed Data Warehouse is compliant with all applicable federal, state, and local laws, ordinances, rules, and regulations regarding the security and privacy of PHI, including, but not limited to HIPAA and California Welfare and Institutions Code.

PROJECT SPONSOR(S):

Name	Role	Title
Robert Greenless	Project Sponsor	Chief Information Officer, LAC-DMH
John Ortega	Project Director	Chief, Data Integration and Services, LAC-DMH

PROJECT SPONSOR COMMITMENTS:

Dr. Robert Greenless:

As Chief Information Officer of LAC-DMH, CIOB, Dr. Greenless has overall responsibility for the planning and implementation of all technology and technology projects supporting MHSA programs and services in Los Angeles County. Dr. Greenless is very committed to the Data Warehouse Re-Design project. He will provide overall direction for the project. He will work closely with the Project Manager and the consultant to ensure the goals and objectives of this project are met and will serve as a resource to the Project Manager when obstacles to the project are difficult to resolve.

John Ortega:

As Chief of the LAC-DMH, CIOB Data Integration and Services Division, Mr. Ortega will provide direct oversight of the Project Manager and work closely with the design consultant. He will serve the principle management role for this project. He will be very involved in the project planning process and he will work closely with the Project Manager to ensure that appropriate resources are available to ensure the success and timely completion of the project.

PROJECT TITLE: Data Warehouse Re-Design

APPROVALS/CONTACTS:

Name	Title	Role	Phone	E-mail	Signature	Date
Robert Greenless	Chief Information Officer, LAC-DMH	Project Sponsor	(213) 251-6481	rgreenless@dmh.lacounty.gov		8/25/08
John Ortega	Chief – Data Integration & Services, LAC-DMH	Project Director	(213) 251-6424	jortega@dmh.lacounty.gov		8/29/08
Roxanne Lockett	Inf. Tech. Specialist I, LAC-DMH	Project Manager	(213) 251-6609	rlockett@dmh.lacounty.gov		9/3/2008

EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: Los Angeles
Project Name: Data Warehouse Re-Design

Category	Year 1 (09/10)	Year 2 (10/11)	Future Years	Total One-Time Costs (09/10 – 12/13)	Estimated Annual Ongoing Costs*
Personnel	347,931	339,482	640,369	1,327,782	300,000
Total Staff (Salaries & Benefits)	347,931	339,482	640,369	1,327,782	300,000
Hardware					
Servers	200,000	40,000	80,000	320,000	40,000
Total Hardware	200,000	40,000	80,000	320,000	40,000
Software					
Server Software	100,000	20,000	40,000	160,000	20,000
Total Software	100,000	20,000	40,000	160,000	20,000
Contract Services (list services to be provided)					
Design Consultant	125,000	125,000		250,000	0
Total Contract Services	125,000	125,000		250,000	0
Administrative Overhead @ 12.5 %	77,278	76,728	124,719	278,725	69,000
Other Expenses (Describe)	0	0	0	0	0
Total Costs (A)	850,209	601,210	885,088	2,336,507	429,000
Total Costs (B)**	0	0	0	0	
MHSA Funding Requirements (A-B)	850,209	601,210	885,088	2,336,507	
NOTES:					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Exhibit 5 – Stakeholder Participation
For Technological Needs Project Proposal

PROJECT TITLE: Data Warehouse Re-Design Project

Stakeholder Type	Meeting Type	Meeting Date
LAC-DMH Executive Management Team	Executive Management Roundtable	Meeting Date not recorded
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	System Leadership Team – the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/18/2008 03/10/2008 04/11/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	MHSA Delegates Committee - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	01/30/2008 04/25/2008 05/16/2008 07/25/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	Mental Health Commission - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	06/12/2008 06/26/2008 07/30/2008

APPENDIX A – PROJECT RISK ASSESSMENT – DATA WAREHOUSE RE-DESIGN

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	2
		Over $3 million	5	
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	2
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	1
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	3
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	3
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	5
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	3
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	3
		Two-Tier (client / server)	2	
*Commercial Off-The-Shelf Software		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	**22**

Total Score	Project Risk Rating	
25 – 31	High	
16 – 24	Medium	√
8 – 15	Low	

EXHIBIT 1 – FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County Name: Los Angeles County
Project: Telepsychiatry Feasibility Study and Recommendations

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognized the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Director
Name Marvin Southard, D.S.W. Signed
Telephone (213) 738-4601
E-Mail msouthard@dmh.lacounty.gov Date 9/9/08

Chief Information Officer
Name Robert Greenless, Ph.D. Signed
Telephone (213) 251-6481
E-Mail rgreenless@dmh.lacounty.gov Date 8/29/08

HIPPA Privacy / Security Officer
Name Jeff Zito Signed
Telephone (213) 251-6480
E-Mail jzito@dmh.lacounty.gov Date 9/25/08

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Telepsychiatry Feasibility Study and Recommendations Project

- ***Please check at least one box from each group that best describes this MHSA Technological Needs Project***

  - ☐ New system
  - ☐ Extend the number of users of an existing system
  - ☐ Extend the functionality of an existing system
  - ☒ Supports goal of modernization/transformation
  - ☒ Supports goal of client and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☐ Practice Management
    - ☐ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computer Resources Projects
    - ☐ Personal Health Record (PHR) Systems Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technological needs Projects That Support MHSA Operations**
    - ☒ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot Projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Application
  Name of Consultant or Vendor (if applicable) _____

  ☐ Commercial Off-The-Shelf (COTS) System
  Name of Vendor _____

  ☐ Product Installation
  Name of Consultant or Vendor (if applicable) _____

  ☐ Software Installation
  Name of Vendor _____

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: 08/28/2008 County Los Angeles

Project Title Telepsychiatry Feasibility Study and Recommendations Project

I. Project Management:

A. Independent Project Oversight:

LAC-DMH Information Technology Advisory Board (ITPAB) and the County Board of Supervisors will provide independent oversight of the Telepsychiatry Feasibility Study and Recommendations project.

The ITPAB provides strategic, operational, and clinical guidance to information technology planning and ensures that I/T projects are consistent with LAC-DMH Business Goals and IT objectives. The ITPAB establishes priorities for projects within the department's project portfolio, assesses risks, monitors progress, and ensures that appropriate resources are deployed to complete the project. The ITPAB meets at least quarterly.

The County Board of Supervisors (BOS) passed a motion in support of Telemedicine/Telepsychiatry on February 6, 2008. In this motion, the BOS directed the County CEO, LAC-DMH, and the CIO to collaborate with the Hospital Associations Behavioral Health Services Committee on drafting policies and procedures that would facilitate the use of Telepsychiatry to provide prompt screening, assessment and treatment in non-designated hospital emergency departments in underserved regions. Further, the BOS requested exploration of the use of MHSA funds to establish a Telepsychiatry pilot project for the Palmdale or Antelope Valley Mental Health Centers, urban areas and other underserved portions of the County. Given BOS interest in and support of Telepsychiatry, the BOS will provide independent project oversight. Project status reports will be given to the BOS quarterly.

B. Integration Management:

Since this project is a feasibility study, there is no integration to perform, however, the study will address integration into the County's telecommunications infrastructure. Since this project will involve retaining a consultant to perform the study, the consultant, in conjunction with the LAC-DMH Project Manager will be responsible for assuring that the final recommendations address integration with the County telecommunications infrastructure.

C. Scope Management:

The scope of this project will be defined in the Project Charter. LAC-DMH will use change control methods for this project that conform to the standards set forth in the department's Project Management Methodology (document available upon request).

In summary, a project plan will be developed by the Project Manager. The project plan will include a project scope statement that articulates; 1) the scope of the project; 2) how scope changes will be identified and documented; and 3) how scope changes will be approved and by whom. To organize and define the scope of work, the project manager and consultant will

jointly develop a WBS consistent with identified requirements and objectives. Regular project status reports will be required including identification of scope issues.

D. Time Management:

The Project Manager will be responsible for developing a detailed project schedule and monitoring adherence to the project schedule. A WBS will be used as the basis for schedule development. The overall responsible party for ensuring adherence to the project schedule will be the LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D.

LAC-DMH has selected Microsoft Project Professional as its scheduling tool of choice. LAC-DMH will require that time management methods for this project conform to the standards set forth in the department's written guidelines for managing project schedules (document available upon request). Consistent with the Department's Project Management Methodology, this project will be developed and managed using Project Management Express methods which are specifically suited for less complex, low-cost, and low-risk projects.

E. Cost Management:

The Project Manager will be responsible for managing project costs. The consultant will be required to submit invoices at least quarterly. The Project Manager will review invoices against progress toward defined project deliverables to monitor the appropriateness of all charges and to ensure that the project is completed as scheduled and within budget.

F. Quality Management:

The Project Manager will be responsible for meeting with the consultant at least weekly to review progress and assess the quality of the consultant's work.

G. Human Resource Management:

The Project Manager will be responsible for oversight of the consultant and managing any LAC-DMH staff resources who play a supporting or contributing role in the project.

The LAC-DMH CIOB, Chief Information Officer, Robert Greenless, Ph.D. will be the overall responsible party for ensuring effective human resource management.

H. Communications Management:

During the planning phase of this project, the Project Manager will develop a communications management plan to ensure efficient and effective communication with all project stakeholders. The communications plan for this project will include internal LAC-DMH stakeholders including, but not limited to the Executive Management Team, Office of the Medical Director, Office of Planning, Office of Quality Improvement, and Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate, and Contract Providers. Additionally, regular status reports on this project will be communicated to County BOS, the County CIO, CIOB, and CEO, and MHSA planning and oversight groups such as the System Leadership Team, MHSA Stakeholder Delegates, and Mental Health Commission.

I. Procurement Management:

The Project Manager will be responsible for procurement management. All procurement related to this project, including establishing a contractual agreement with a consultant, will follow established County contracting and procurement processes and shall receive a level of oversight that is customary to County contracting and procurement processes.

II. Cost:

A. Cost Justification:

Telepsychiatry can be an effective and cost-efficient strategy for delivering mental health services, especially to consumers in rural and underserved areas. LAC-DMH has selectively piloted Telepsychiatry with some success, but it is not clear whether the service delivery improvements or productivity gains warrant a more aggressive adoption of this promising technology. In advance of committing MHSA funds to a countywide telepsychiatry project, LAC-DMH has determined that conducting a feasibility study is the best use of MHSA Technology funds at this time. In the event that findings from this feasibility study result in recommendations for expansion of Telepsychiatry, future MHSA funding will likely be sought to support Telepsychiatry in appropriate locations.

B. Appropriate Use of Resources:

LAC-DMH does not have personnel with the requisite skills to evaluate the feasibility of implementing a county-wide Telepsychiatry program. This task will be best accomplished by acquiring a highly experienced consultant. Additionally, given the short term of this project, use of a consultant is appropriate.

C. Ongoing Sustainability of System:

Since funds are not being requested to support the current telepsychiatry pilot or expansion beyond the pilot, sustainability is not an issue at this time.

III. Nature of the Project:

A. Extent To Which The Project Is Critical To The Accomplishment Of The County, MHSA, and DMH Goals and Objectives:

LAC-DMH encompasses over 4,000 square miles and some areas are sparsely populated and remote from major medical centers and mental health service delivery resources. LAC-DMH proposes hiring a consultant to identify the opportunities for a variety of Telepsychiatry programs; identify the possible benefits of a more wide-spread and systematic adoption of Telepsychiatry; document possible negatives associated with Telepsychiatry; and make a recommendation as to the programmatic value of a systematic implementation of Telepsychiatry in LAC-DMH. If Telepsychiatry is programmatically valuable, the consultant would be charged with documenting any operational, policy, or technology issues that would need to be resolved; identifying available solutions; evaluating those solutions, making a recommendation for the best solution for LAC-DMH, and estimating the cost of that solution.

This Telepsychiatry Feasibility Study and Recommendations Project will support the MHSA programs by:

- Determining whether selected mental health services can be made available, or at least more timely available, in locations where they have been unavailable or very scarce
- Determining the policies and procedures necessary to facilitate the effective use of various Telepsychiatric solutions
- Identifying solutions and providing cost estimates to facilitate solution design, funding requests and more detailed project planning

Without such a systematic analysis and planning process, Telepsychiatry could be confined to piecemeal and inconsistent point-to-point solutions rather than becoming a resource available to the entire service delivery network

B. The Degree of Centralization or Decentralization Required:

Centralization/Decentralization will be assessed as part of the feasibility study.

C. Data Communication Requirements:

Data communication requirements will be assessed as part of the feasibility study.

D. Characteristics of the Data to be Collected and Processed:

Not Applicable

E. Degree Technology Can Be Integrated With Other parts of a system in Achieving the Integrated Information Systems Infrastructure:

Integration will be assessed as part of the feasibility study.

IV. Hardware Considerations: (Review the alternative hardware configuration options capable of effecting the successful implementation of a given technology activity considering the factors below.)

A. Compatibility With Existing Hardware Including Telecommunications Equipment:

The consultant's scope of work will include making a determination of the feasibility of expanding Telepsychiatry beyond the current pilot. This scope of work will include optional additional deliverables in the event that the results of this evaluation favor expanding Telepsychiatry. Additional deliverables will include an assessment of available technology and evaluation of hardware and telecommunications considerations, including an evaluation of compatibility with existing LAC-DMH hardware and telecommunications equipment.

B. Physical Space Requirements:

This will be evaluated as part of the feasibility study.

C. Hardware maintenance:

Not Applicable

D. Backup Processing Capability:

Not Applicable

E. Capacity:

Not Applicable

V. Software Considerations: (Review the software options available to achieve successful implementation of a given technology activity considering the factors below.)

A. Compatibility of Computer Languages with Existing and Planned Activities:

Not Applicable

B. Maintenance of the proposed software (e.g. vendor-supplied):

Not Applicable

C. Availability of complete documentation of software capabilities:

Not Applicable

D. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

Evaluation of security and privacy issues will be included as part of the feasibility study.

E. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

Not Applicable

VI. Interagency Considerations: (Analyze the county's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.)

A. Interfaces with Contract Service Providers:

Approximately 50 percent of mental health consumers served by LAC-DMH receive services through a Contract Provider. As such, Contract Providers represent an essential resource in the LAC-DMH network of care. In the proposed feasibility study, possible interfaces between LAC-DMH and Contract Providers will be assessed. Contract Providers in underserved areas will be an area of focus.

B. Interfaces with State Agencies:

Not Applicable

C. Interfaces with Local Agencies:

LAC-DMH and multiple County departments have overlapping consumer populations. More specifically, LAC-DMH must routinely coordinate service delivery with local Probation, Department of Children and Family Services, Department of Health Services, and Jail Mental Health. Telepsychiatry may be a means of improving access to mental health services for consumers served by multiple County departments. Assessment of these interfaces and the potential benefits of Telepsychiatry for consumers served by multiple County Departments will be included in the proposed feasibility study.

VII. Training and Implementation: (Include a description of the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.)

A. Current Workflow:

Not Applicable

B. Process for Assessing New Technology:

Not Applicable

C. Process for Implementing the Technology:

Not Applicable

D. Process for Training:

Not Applicable

VIII. Security Planning: (Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Address all categories below.)

A. Protecting Data Security and Privacy:

The consultant will work with LAC-DMH, CIOB Security Division staff to evaluate security and privacy issues.

B. Operational Recovery Planning:

Not Applicable

C. Business Continuity Planning:

Not Applicable

D. Emergency Response Planning:

Not Applicable

E. HIPAA Compliance:

Evaluation of HIPAA privacy rules as they apply to telemedicine/telepsychiatry will not be included as part of this feasibility study. This evaluation will be conducted by internal resources who have that expertise.

F. State and Federal Laws and Regulations:

Evaluation of State and Federal Laws and Regulations as they apply to telemedicine/telepsychiatry will not be included as part of this feasibility study. This evaluation will be conducted by internal resources.

PROJECT SPONSOR(S):

Name	Role	Title
Roderick Shaner, M.D.	Executive Sponsor	Medical Director, LAC-DMH
Robert Greenless, Ph.D.	Project Co-Director	Chief Information Officer, LAC-DMH
TBD	Project Co-Director	

PROJECT SPONSOR COMMITMENTS:

Roderick Shaner, M.D.:

Dr. Shaner is the Medical Director at LAC-DMH. In this role, he has overall responsibility for medical services provided within the LAC-DMH enterprise. Dr. Shaner is very committed to exploring the Department's options for expanding its telepsychiatry pilot program. He views telepsychiatry as a potentially valuable tool to expand service delivery that may not otherwise be possible to mental health consumers living in rural and underserved areas. Dr. Shaner will work closely with the Project Director to ensure a comprehensive evaluation of the potential benefits, negatives, and costs of expanding telepsychiatry services countywide.

Robert Greenless, Ph.D.:

As Chief Information Officer of LAC-DMH, CIOB, Dr. Greenless has overall responsibility for the planning and implementation of all technology and technology projects supporting MHSA programs and services in Los Angeles County. Dr. Greenless is very committed to the Telepsychiatry Feasibility Study and Recommendations project. As Co-Director, he will provide overall direction for the project. He will work closely with the Project Manager and the consultant to ensure the goals and objectives of this project are met and will serve as a resource to the Project Manager when obstacles to the project are difficult to resolve.

PROJECT TITLE: Telepsychiatry Feasibility Study and Recommendations Project

APPROVALS/CONTACTS:

Name	Title	Role	Phone	E-mail	Signature	Date
Roderick Shaner	Medical Director, LAC-DMH	Executive Sponsor	(213) 738-4603	rshaner@dmh.lacounty.gov		9-8-08
Robert Greenless	Chief Information Officer, LAC-DMH	Project Co-Director	(213) 251-6481	rgreenless@dmh.lacounty.gov		8/25/08
TBD		Project Co-Director				

EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: Los Angeles
Project Name: Telepsychiatry Feasibility Study and Recommendations

Category	Year 1 (09/10)	Year 2 (10/12)	Future Years	Total One-Time Costs (09/10-10/11)	Estimated Annual Ongoing Costs*
Personnel	0	0	0	0	0
Total Staff (Salaries & Benefits)	0	0	0	0	0
Hardware	0	0	0	0	0
Total Hardware	0	0	0	0	0
Software	0	0	0	0	0
Total Software	0	0	0	0	0
Contract Services (list services to be provided)					
Feasibility Consultant	322,000	178,000	0	500,000	0
Total Contract Services	322,000	178,000	0	500,000	0
Administrative Overhead	40,614	22,292	0	62,906	0
Other Expenses (Describe)					
Total Costs (A)	362,614	200,292	0	562,906	0
Total Costs (B)**					
MHSA Funding Requirements (A-B)	362,614	200,292	0	562,906	0
NOTES: Personnel funded via Administrative Overhead					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Exhibit 5 – Stakeholder Participation
For Technological Needs Project Proposal

PROJECT TITLE: Telepsychiatry Feasibility Study and Recommendations

Stakeholder Type	Meeting Type	Meeting Date
LAC-DMH Executive Management Team	Executive Management Roundtable	Meeting Date not recorded
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	System Leadership Team – the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	03/10/2008 04/11/2008
Consumers/Family	Consumer/Family Focus Group - Roundtable	03/26/2008 04/07/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	MHSA Delegates Committee - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	04/25/2008 05/16/2008 07/25/2008
Clinicians, Mental Health Administrators, Consumers/Family, other County Departments	Mental Health Commission - the purpose and composition of this group is described in detail in Enclosure 1: Component Proposal	06/12/2008 06/26/2008 07/30/2008

APPENDIX A – PROJECT RISK ASSESSMENT – TELEPSYCHIATRY FEASIBILITY

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	1
		Over $3 million	5	
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	1
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	1
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	0
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	0
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	0
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 1,000	5	0
		Over 100	3	
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	0
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	**3**

Total Score	Project Risk Rating	
25 – 31	High	
16 – 24	Medium	
8 – 15	Low	√

DRAFT

DRAFT

DRAFT

ATTACHMENTS

Los Angeles County Mental Health Commission

550 South Vermont Avenue, 12th Floor
Los Angeles, California 90020
TEL: (213) 738-4772 ~ FAX (213) 738-2120
Email: mentalhealthcommission@dmh.lacounty.gov
Website: http://dmh.lacounty.info/mhc

Board of Supervisors

Gloria Molina
First District
Yvonne Brathwaite-Burke
Second District
Zev Yaroslavsky
Third District
Don Knabe
Fourth District
Michael D. Antonovich
Fifth District

Executive Committee

Jerry Lubin, AICP
Chair
Larry Gasco, PhD, LCSW
Vice Chair
Hayward McNeill, MPH
Commission Secretary
Frank C. Baron
CALMHB/C Representative
Delores Huffman
Member-at-Large
Greg Thompson MSW, LCSW
Member-at-Large
Victoria A. Sofro
Member-at-Large
Barry Perrou, PsyD
Past Chairman

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Carlos Sosa

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Frank C. Baron
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Jerry Lubin, AICP

FOURTH DISTRICT
Greg Thompson, MSW, LCSW
Ilean Rabens, MA
Larry Gasco, PhD, LCSW

FIFTH DISTRICT
Barry Perrou, PsyD
Victoria A. Sofro
Helen B. Wolff, MD, MPH

HEALTH DEPUTY, 5TH DISTRICT
Phillip Chen

EXECUTIVE DIRECTOR
Terry G. Lewis–Nwachie, MS

STAFF
Canetana Hurd, BS

August 26, 2008

Marvin J. Southard, DSW
Director, Department of Mental Health
550 S. Vermont Ave., 12th Floor
Los Angeles, CA 90012

Dear Dr. Southard,

MENTAL HEALTH SERVICES ACT
MANDATED PUBLIC HEARING OF THE
LOS ANGELES COUNTY MENTAL HEALTH COMMISSION

On Wednesday, July 30, 2008, the Los Angeles County Mental Health Commission hosted two Public Hearings. The purpose of the hearings, were to inform the public of the current status of the following MHSA plans and to provide a forum for open comments:

- **Information Technology Plan** – The Los Angeles County Department of Mental Health is expecting to receive the award funding in Fiscal Year 2008/2009 and the funding term is ten years.
- **Implementation Progress Report for the Community Services and Supports (CSS) Plan** - This report covered January 1- December 31, 2007 and June 30, 2008 updates.

The hearings were attended by over 200 constituents, including clients, family members and local political activists. Spanish translators were available to ensure that Latino constituents could actively participate in the hearings, as well as American Sign Language services. Supervisor Michael Antonovich sponsored outreach transportation for constituents residing in the remote areas of Palmdale and Lancaster.

After hearing the public comments, the Mental Health Commission unanimously passed a motion that approved the process for the plans and commended the Department of Mental Health's staff for the outreach and support of the mental health constituents.

Sincerely,

Jerry Lubin
Chair

JL:TGLN:tgln

ch/mhsa/approval-it-css

LOS ANGELES COUNTY
Mental Health

FISCAL YEAR 2008-2009
BUSINESS AUTOMATION PLAN

FY 2008-2010 STRATEGIC PLANNING

DEPARTMENTAL BUSINESS MISSION & PROGRAMS

Mission

The Los Angeles County Department of Mental Health (DMH) enriches lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency for clients and their families.

Business Programs

DMH is organized primarily into eight (8) geographic Service Planning Areas, service population bureaus and major administrative bureaus/divisions. Service bureaus are organized by age groups and countywide functions as follows:

Adult System of Care Bureau
Child, Youth and Family Program Administration
Emergency Outreach Bureau
Office of the Public Guardian
Older Adult System of Care Bureau
Specialized Children and Youth Services Bureau

Major administrative bureaus and divisions are organized by function as follows:

Chief Information Office Bureau
Contracts Development and Administration Division
Finance Service Bureau
Human Resources
Managed Care
Office of Administrative Deputy
Program Review, Quality and Outcome
Standards & Records

Some specialized administrative functions are carried out by separate smaller administrative units as follows:

Community & Government Relations Division
Empowerment and Advocacy Division
Office of Compliance
Patients' Rights Office
Revenue Management

Business Goals

Department Business Goals	Alignment with County Strategies
PREVENTION & EARLY INTERVENTION PLAN ACCEPTED BY STATE & APPROVED BY BOARD By June 30, 2009, the State Department of Mental Health will accept the Mental Health Services Act (MHSA) Prevention and Early Intervention Plan and the Board of Supervisors approves any State funding granted to Los Angeles County under that Plan.	1.2 Ensure efficient, high quality and responsive services to residents 5.4 Enhance the ability of families to live in safe supporting communities
COMPLETE ACCESS CENTER IMPROVEMENTS By June 30, 2009, complete hardware, telephone system, and infrastructure upgrades for the ACCESS Center Improvement Project.	1.2 Ensure efficient, high quality and responsive services to residents
BOARD APPROVAL OF IBHIS VENDOR AGREEMENT By January 31, 2009, obtain Board approval of the Integrated Behavioral Health Information System (IBHIS) vendor Agreement.	1.2 Ensure efficient, high quality and responsive services to residents 3.3 Develop effective contract administration and monitoring programs 3.6 Implement standards for Countywide electronic information sharing 4.3 Implement programs to reduce the County's cost of litigation 5.1 Enhance access by children and families to access quality health care 7.1 Achieve seamless electronic exchange of health & human services data 7.2 Implement an outcomes measurement system for quality Health services 8.2 Data Interoperability
EXPAND STATS TO ADMINISTRATIVE SERVICES BUREAU AND CHIEF INFORMATION OFFICE BUREAU By January 31, 2009, expand the STATS process to include the Department of Mental Health Administrative Services Bureau and the Chief Information Office Bureau.	2.2 Align performance with County or departmental objectives & values 1.2 Ensure efficient, high quality and responsive services to residents 4.2 Implement performance-based management decision-making

STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN By June 30, 2009, the Department of Mental Health will obtain State acceptance of the Mental Health Services Act, Information Technology Plan and Board approval of any State funding granted under that Plan. By June 30, 2009, the Department of Mental Health will obtain State acceptance of the Mental Mental Health Services Act, Capital Facilities Plan and Board approval of any State funding granted under that Plan.	1.2 Ensure efficient, high quality and responsive services to residents 3.6 Implement standards for Countywide electronic information sharing 7.1 Achieve seamless electronic exchange of health & human services data 7.2 Implement an outcomes measurement system for quality Health services 8.5 Inter-Departmental Communications Integration
STATE AND BOARD APPROVAL OF WORKFORCE EDUCATION & TRAINING PLAN By June 30, 2009, the Department of Mental Health will obtain State approval of the Mental Health Services Act, Workforce Education and Training Plan and Board approval of any State funding granted to Los Angeles County under that Plan.	1.2 Ensure efficient, high quality and responsive services to residents 2.1 Improve workforce quality via employee development systems 2.2 Align performance with County or departmental objectives & values 5.5 Enhance educational and workforce readiness
ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED By June 30, 2009, all components of the Mental Health Services Act, Community Services and Supports Plan will be implemented.	1.2 Ensure efficient, high quality and responsive services to residents 2.1 Improve workforce quality via employee development systems 2.2 Align performance with County or departmental objectives & values 3.3 Develop effective contract administration and monitoring programs 3.4 Ensure effective oversight of social services contracts & services 5.1 Enhance access by children and families to access quality health care 5.2 Enhance the ability of families to achieve economic well-being 5.3 Enhance ability of children to live in safe,stable, nurturing families 5.4 Enhance the ability of families to live in safe supporting communities 5.5 Enhance educational and workforce readiness

DEPARTMENTAL STRATEGIC IT PLANNING (2008-2009)

Department IT Introduction

I begin this Introduction with essentially the same words I used last year, "The Department of Mental Health (DMH) will enter Fiscal Year (FY) 2008-2009 facing a large and intractable structural budget deficit." This year, however, it is exacerbated by a similar problem at the State level that is resulting in cuts that will impact DMH service levels. And DMH is still working to absorb the operational changes introduced by the Mental Health Service Act (MHSA). FY 2008-2009 is like last year, only more so.

The DMH Chief Information Office Bureau (CIOB) on the other hand has experienced improvements in two areas - staffing and budget. Through MHSA one-time funds, CIOB is planning based on a budget of about 2.7 percent of the DMH budget, rather than the 1.7 percent reported last year. That is still short of the 3 percent minimum for IT in most health care organizations and still short of what is necessary to meet DMH demand for IT products and services, but it is a vast improvement over the recent past and enough to make a noticeable difference in IT service delivery. The MHSA IT Plan, which DMH expects to submit to the State early in FY 08-09, provides a vehicle to obtain additional IT funding which can be spent over a ten year period. However, DMH estimates these funds will last from four to five years. There are means elsewhere within MHSA to sustain funding beyond that which can be obtained through the MHSA IT Plan.

On the staffing side, CIOB obtained approval for 48 new FTEs in the FY 2007-2008 budget. Unfortunately, because of the County human resources processes which I discussed as a problem in last year's BAP, CIOB didn't get authority to hire on those items until December 2007 and has, as of this writing, been able to fill only a few of the items. As each item is filled, it means an increase in CIOB's capabilities. The increase is just happening more slowly than CIOB, and those that depend on CIOB, had hoped.

The largest and strategically most important IT project for DMH continues to be acquiring and implementing an Electronic Health Record (EHR) system; known in DMH as the Integrated Behavioral Health Information System (IBHIS) Project. This is still being done in the absence of MHSA planning guidelines from the State with regard to what it expects in an EHR for a MHSA funded program. Release of the MHSA IT Plan Guidelines is now expected about two months after this BAP is submitted and probably about concurrent with the DMH release of its IBHIS RFP. DMH is working as closely as possible with the State in an effort to assure that DMH's acquisition of an EHR will meet State guidelines when they are released.

DMH still operates the Integrated System (IS) health care claims processing application and the legacy Mental Health Management Information System (MHMIS). DMH is working with ISD to shut down the MHMIS is soon as possible. We are targeting stopping the transfer of outpatient units of service from the IS to the MHMIS about the beginning of FY 08-09. This transfer is the most common IS transaction and stopping the transfer will result in lower operating costs for the MHMIS. The MHMIS cannot be completely shut down until DMH either shuts down the Pharmacy Accounting and Tracking System (PATS) or redirects its data feeds from the MHMIS to the IS. DMH is working aggressively to replace PATS with a Pharmacy Benefits Management (PBM) service. Once the outpatient units of service feed to MHMIS is stopped, the continuing cost of MHMIS may be low enough that DMH can tolerate it until the PBM is in place.

With projects on the scale of the IBHIS and approximately 30 other projects in the FY 08-09 BAP, it is fortunate that DMH continued to make progress in improving its project management capabilities. The Enterprise Project Management Software Solution is in production use, many employees have been trained on its use, and projects are being loaded into it as resources allow. We have the methodology and we have the tools; the constraint continues to be the people necessary to get full value from both. CIOB is working with all possible speed to fill items and bring in the skills needed.

The other factor in obtaining full benefit to DMH from the DMH Project Management Methodology is improving governance. In this case that means increasing the number, level, and regularity of involvement in IT decision making by

people outside of CIOB. It takes work to make this happen and CIOB simply has not had the resources necessary to support the types of processes that make effective governance possible.
Staffing is THE challenge for FY 08-09. We have the items and we have the supporting budget, but filling 48 items in this County simply can't be done quickly. Expectations for FY 08-09 should be tempered by that fact. CIOB is still very much a work in progress and not yet the much more capable organization we intend to be by the end of FY 08-09.

Department IT Mission

To facilitate the accomplishment of the DMH Mission through the strategic and tactical application of carefully selected, well maintained, and cost effective information technology products and services.

Department Strategic IT Initiatives

Facilitate Appropriate Access To Clinical Information

Emerging Technologies:

- Biometric User Authentication
- Single Sign-On

Business Need:

DMH is spread out over 4,000 square miles with 52 Directly Operated Clinics and about 500 contractor providers of mental health services of varying size. Clients can show up anywhere and, especially in an emergency situation, it is important that the clinician involved have access to all of the available information about the client's previous treatment.

Clinical information is currently kept in paper charts at each clinic site; very little clinical information beyond the fact that a client has been seen in DMH is available electronically. And even that little information is not always readily accessible by field staff.

The need here is two fold. First, move as much clinical information into digital format as possible. MHSA all but requires an electronic medical record and, for an organization of the size and complexity of DMH, it is the only practical solution to meeting the demands and realizing the opportunities of MHSA. Second, make that information available, with appropriate security, to authorized users whether they are at a clinic, a hospital, or in the field responding to a psychiatric emergency.

Projected Benefits:

- Improved clinical outcomes because clinicians will have access to the information they need to make appropriate clinical decisions

- More than one clinician at a time, even at different locations, can access the client clinical record. This could be a significant aid to multifunctional teams attempting to coordinate services for a client

- Streamlined clinical operations because less time will be spent creating, filing, and retrieving paper charts

- Reduced need for storage space for paper records – this is highly important because clinics are typically space constrained

- Reduced risk of record loss or damage as the result of fire or natural disaster
  - Improved ability to appropriately share clinical information for the benefit of the client
  - More staff time spent with the clients rather than the mechanics of accessing and maintaining the paper record
  - May actually reduce costs in the long run
  - Compliance with the MHSA and State expectations with regard to an EHR

Estimated Duration:

Two to three years, after which this will become a continuing operational responsibility.

Estimated Cost:

15M-
20M, 85 percent of which is expected to be funded through MHSA.

Continue To Improve Information Security

Emerging Technologies:

- Public Key Infrastructure (PKI)
- Digital Signature
- Single Sign-On

Business Need:

MHSA all but forces DMH to move to an EHR in order to meet service delivery, data collection, and data reporting requirements. MHSA aside, DMH service delivery responsibilities and fiscal prudence are sufficient to justify the IBHIS project. Moving from a paper-based clinical record to an EHR involves an increase in risk of inappropriate exposure or loss of Protected Health Information (PHI). Critical to the safeguarding of PHI within the EHR/IBHIS, DMH must implement improved security controls, security oversight and business continuity planning consistent with Federal and State rules and County policy.

Projected Benefits:

- Implementation of improved security controls and oversight will allow the Department to timely accommodate the rapid and significant increase in Protected Health Information (PHI) issues resulting from the implementation of programs under the Mental Health Service Act (MHSA)
- DMH will be able to move to an EHR confident that they are appropriately safeguarding client PHI
- DMH will continue to maintain HIPAA Security Rules Compliance

Estimated Duration:

Continuing responsibility into the foreseeable future.

Estimated Cost:

1M to
2 million per year, a significant portion of which may be embedded in projects such as the IBHIS. MHSA may fund some portion of this work, but the amount is unknown at this time.

<u>Select A Realistic Portfolio Of Projects That Support Departmental Goals</u>

Emerging Technologies:

- Enterprise Project Management Software

Business Need:

DMH has more "opportunities" than it can possibly realize. The "business need", however, is for demonstrable progress on the Department's highest IT priorities. Despite good progress in the past, it would be a potentially fatal error for CIOB to over-reach. Progress on the Department's IT agenda can best be accomplished by focusing on projects that can be appropriately funded and staffed and have concrete deliverables that make a measurable difference to the organization spaced not more than one year apart.

Not all projects can be completed in a single year and often these are the most strategically significant projects in the portfolio. The IBHIS is an example of a project that will transform the delivery of mental health services in DMH, but with a payoff at least two years away. When such a project is part of the project portfolio, it is important that the portfolio is balanced with projects that deliver value in a much shorter time frame (one year or less when possible).

The perception of progress that this approach fosters is critical to maintaining project staff and project sponsor commitment to projects and obtaining buy-in for new initiatives. It is also critical when it is necessary to defer a project that the affected project's sponsor recognizes that progress is being made and that their project's turn will in fact arrive.

Projected Benefits:

- DMH IT plans are viewed as actual plans because of a track record of delivering on commitments
- Project sponsors become more realistic in their demands for delivery dates when they perceive a track record of success in meeting delivery dates
- Instills the perception that the future can be different from the past; that things actually can change for the better
- Improved credibility at the County level and with Board offices
- Less grandiose projects, or project phases, also present the opportunity to intervene more timely to prevent the waste of scarce resources in a project that is not meeting expectations

Estimated Duration:

This will be a focused strategy for at least the next Fiscal Year, but it is the prevailing philosophy of the DMH CIO. As such, it will likely guide the Department's approach to IT for the foreseeable future.

Estimated Cost:

FY 2008-2009 costs for the Enterprise Project Management Software environment are expected to be limited to a relatively small annual charge for software maintenance.

<u>Build An I/T Team With The Right Skills At The Right Level And Quantity</u>

Emerging Technologies:

- None that are emerging, but relevant technology includes the Countywide Learning Management System and the anticipated Performance Management System

Business Need:

DMH needs cost-effective maintenance of existing IT products and services and appropriate staffing for new projects and initiatives. This document is only an actual plan if DMH has the right number of human resources, at the appropriate level, with the right skills and knowledge to execute it. In recognition of the significant gap that existed between the demand for IT products and services in DMH and the resources available to provide them, CIOB obtained in FY 2007-2008 authority to hire 48 new FTEs funded through MHSA. The unique numbers for these items, which makes it possible to actually hire people against them, were not available until December 19, 2007, so as of this writing, none of those items have been filled.

The task now is to hire well and timely, train new staff appropriately, adjust management processes to accommodate this now larger and more complex organization. This is a rare opportunity in the County to realize a 33 percent increase in IT resources.

Projected Benefits:

- Improved ability to meet DMH needs for IT products and services
- Reduced cost for IT human resources by reducing the number of contractors and increasing the number of budgeted IT items
- Improved continuity of service and organizational effectiveness by retaining institutional knowledge
- Develop next generation of IT leaders and establish a core group of effective IT professionals
- Develop a sense of professional pride by being part of a successful organization
- Improved management and end-user satisfaction with IT services and products
- Improved level of credibility with Executive Sponsors for IT projects, the Board of Supervisors, and other stakeholders

Estimated Duration:

This will be a focused strategy for at least the next two Fiscal Years, but it is the prevailing philosophy of the DMH CIO. As such, it will likely guide the Department's approach to IT human resources for the foreseeable future.

Estimated Cost:

The annual cost of these new MHSA items is
4,885,579 including salary and employee benefits.

Capture Information Digitally As Close As Possible To The Point Of Origin

Emerging Technologies:

- Electronic Health Record
- Enterprise Content Management

These are not particularly emerging technologies, but they are new to DMH.

Business Need:

DMH is spread out over 4,000 Square miles with 52 Directly Operated Clinics and about 500 contractors of varying size. Many essential business documents are stored at DMH Headquarters and clinical records are spread out over service delivery sites throughout the County. People who need access to the documents may not necessarily be where the documents are.

DMH uses an enormous amount of space to store paper records that are rarely used that may be needed for audit purposes and other regulatory compliance reasons. When they are needed, it is very labor intensive to retrieve them. DMH also has documents that are widely used and often exist as many duplicate copies, sometimes with uncertainty about which is the latest or authoritative version.

Two-thirds of DMH services are delivered through contract providers. The contracts are large and complex and storing them and providing appropriate access are labor intensive.

The demand for rapid turnaround on requests for information from the Board, County Counsel, the media, and a wide range of mental health stakeholders creates frequent episodes of frantic effort to locate and deliver key documents.

Between the staffing, space, and file shelves/cabinets, handling paper is expensive and inefficient for a geographically dispersed organization.

All of this needs attention, but in the absence of adequate human or financial resources to take it all on at once, DMH recognized that it's most common and mission critical paper record was the paper mental health clinical record. These records take up space in every clinical site managed by DMH and they have the added disadvantage of being readily available only to those who work at the specific site that houses the record.

The knee-jerk solution of paper records issues tends to be scanning the documents into a document imaging system. DMH prefers to simply avoid creating the documents in the first place. The IBHIS project addresses that need. Once IBHIS enables transitioning to an EHR for mental health that is accessible across DMH, other items of interest on the list above will be addressed and with a similar strategy of digitizing at the source rather than scanning paper after the fact.

Projected Benefits:

- Reduced need for space to store document
- Reduced costs associated with staff, materials, and equipment for handling, storing and retrieving paper documents

- Improved ability to reliably retrieve documents timely
  - Multiple simultaneous access to information with full knowledge of which is the current or authoritative version
  - More staff time spent on the information in the document and less time spent on the mechanics of getting access to a document
  - The possibility of redesigned and streamlined workflows

Estimated Duration:

Two to three years, after which this will become a continuing operational responsibility.

Estimated Cost:

15M-
20M over the next two Fiscal Years, 85 percent of which is expected to be funded through MHSA.

Promote Project Management And Systems Lifecycle Methodology

Emerging Technologies:

- Enterprise Project Management Software

Business Need:

DMH IT projects have, in the past, been inconsistently planned, documented and executed. DMH has made enormous strides in introducing a DMH Standard Project Management Methodology, training a significant number of people on the Methodology, and delivering robust tools such as the Enterprise Project Server software to support the Methodology. The work, however, is not complete.

The training delivered to DMH employees, not just CIOB staff, needs to be consolidated through continued use of the newly learned skills. The standardization introduced for project management needs to be broadened to address the specific needs of application development work and application maintenance and support work. DMH employees need to become proficient in the use of tools that are still new to them.

Projected Benefits:

- Successful projects will be more frequent and unsuccessful projects less frequent
- DMH management, not just CIOB management, will have visibility into the entire IT project portfolio
- There will be a single authoritative source for status information on all DMH IT projects
- Project goals, objectives, scope, assumptions, constraints and risks will be identified and effectively

communicated to stakeholders and project team members

- Project Managers and team members will have software tools available to them to help plan, analyze, schedule, track and report on projects enterprise-wide

- Early assessment of risks will allow corrective action to be taken when necessary

- More consistent processes for supporting applications in production use and planning their retirement and/or replacement as part of a standardized application life cycle

- Improved financial control of IT assets

- Improved efficiency in the use of human and financial resources

Estimated Duration:

The delay in obtaining the ability to hire on the 48 new items approved in the FY 2007-2008 budget process until December 19, 2007, means that it will be one more year to significant value realization; a continuing responsibility thereafter.

Estimated Cost:

Approximately
100,000

Sustain A Program Of Technology Infrastructure Enhancement

Emerging Technologies:

- VOIP

- Encrypted e-mail

- Digital Signature

Business Need:

In order to implement the information technology solutions required to support MHSA program implementation, particularly the IBHIS/EHR, DMH will need to eliminate obsolete desktop and laptop PCs from clinical service delivery and administrative sites, assure that the DMH network has the required bandwidth and reliability, provide a great deal more data storage, and improve both the level of and convenience to users of information security measures. DMH will also need to reconsider its entire application architecture to accommodate and build upon the IBHIS.

By moving DMH clinical information to digital form and requiring clinicians to work on-line, DMH is imposing a very significant increase in performance requirements on its computing and communications infrastructure. Improved IT

infrastructure life cycle management will be required to assure that this is not a one-time event, but rather a transition to a higher level of computing and communications performance that can be sustained through a proactive replacement program as once-new equipment ages and becomes obsolete.

The expansion of the DMH Data Warehouse and the prospect of a great deal more clinical information in digital form make it necessary to increase our data storage capacity. In addition to expanding the DMH SAN, storage virtualization and management tools will be deployed for better storage forecasting and analysis. DMH has already deployed server virtualization technology to reduce the number of servers in maintains.

There are approximately 1,200 PCs in the DMH environment that are at or beyond the end of their expected life cycle and need to be replaced. Nearly all of them are incapable of running Windows XP, let alone Vista. In addition, DMH anticipates as many as 200 additional employees under MHSA that will require PCs. DMH will acquire PCs that are Windows Vista ready and they will be managed under a formal life cycle process.

With much greater clinical functionality and information available on-line, DMH field staff that do outreach and engagement work or provide emergency and crisis intervention services will need mobile computing/communications devices if they are to take advantage of it. DMH will continue to expand the use of Wireless broadband, tablet PCs and other mobile devices to provide secure access to information for field-deployed staff.

In line with County standard, new telephone services implementations in DMH facilities will be based on Voice-Over-Internet-Protocol (VOIP) technology. DMH has already established one VOIP-based call center at the CIOB IT Help Desk with mixed success and is currently working on plans for a second, probably VOIP, call center at the 24/7 emergency mental health hotline at the ACCESS Center. Given the type of calls handled by the ACCESS Center, the call center implementation issues that occurred at the CIOB IT Help Desk will need to be avoided. The ACCESS Center implementation has to be right the first time.

Projected Benefits:

- Improved speed and reliability of access to information and computing resources regardless of location
- Ability to handle more sophisticated applications, including broad clinical and administrative functionality
- Greatly improved access to information for field-deployed staff using handheld and other mobile devices
- Secure and reliable enterprise wide access for authorized users, including contract providers, to clinical data
- Increased productivity
- More problems solved through planned enhancements to the IT infrastructure and fewer solved through heroic efforts of gifted technical staff working evenings and weekends

Estimated Duration:

At least one more year, after which it will become a continuing operational responsibility.

Estimated Cost:

4.5 million, some portion of which may be funded by MHSA, however this most important strategy is at this point only partially funded.

<u>Increase DMH Capacity To Conduct E-Business With Contract Providers</u>

Emerging Technologies:

- Health Level 7 (HL7) messaging – not exactly emerging, but new to DMH and its contract provider community

Business Need:

DMH delivers as much as two-thirds of its services to consumers through contract providers. Each of those contract providers submits claims to DMH for reimbursement for services delivered and they also submit clinical, workload, and outcomes measures information. Under the IS, providers can enter claims directly into the IS or submit them electronically using HIPAA standard transactions. The majority of the providers are doing direct data entry (DDE) into the IS. Many of these providers have their own information systems, some of them more advanced, or at least with broader functionality, than the IS. These providers, under the current process, are necessarily doing double data entry. This is clearly not efficient; not to mention that it increases the probability of erroneous or inconsistent data.

The currently dominant DDE-centric model places a burden on DMH CIOB to provide IS, and in some cases infrastructure technology support, to a contract provider community that is growing, typically marginally staffed, and sometimes technically unsophisticated. It is a burden DMH CIOB is not staffed to bear, even with the new items approved in FY 2007-2008.

In the short-term, DMH is adding resources to its Electronic Data Interchange (EDI) group and working to improve the process by which providers get certified to submit claims, and other HIPAA transactions, electronically. The hope is that the balance between DDE and EDI can be shifted in the direction of EDI.

In the longer term, as DMH plans for the IBHIS, we believe the correct model is that all data exchange between DMH and its contract providers occur electronically. This view is reinforced by the DRAFT MHSA IT Plan Guidelines. As part of the IBHIS project, DMH will need to work with providers to guide them in their transition to a pure EDI environment. Smaller contract providers that either do not have or simply cannot fund or support their own information systems, will need guidance on how to obtain the functionality they need within their limited resources, most likely through subscription to an application service provider or billing service, to manage their business and exchange data with DMH.

DMH's role in the transition of its contract providers to purely electronic exchange of information with DMH is necessarily limited. DMH can:

- Provide guidance on the process of acquiring appropriate information systems

- Provide information about what data will need to be provided to or received from DMH electronically and the form in which it will be exchanged

- Provide information about emerging standards related to EHR information exchange

- Provide access to certain types of expertise, and

- Make sure that DMH has the appropriate EDI expertise and adequate numbers of support staff so that when a contract provider is ready to begin testing EDI transactions, DMH is not an obstacle to progress

DMH cannot:

- Tell providers what information system to obtain

- Tell providers whether it is in their best interest to buy a system or subscribe to an application service provider (ASP)

- Buy or contract for an information system for contract providers

- Do it for them

DMH consumers, or potential consumers, have access to information on the DMH Internet site. That site has been recently redesigned and now the focus is on improving the variety, quality, and timeliness of the content available. MHSA programs involve a reconsideration of the role of the consumer and their participation in the recovery process and the DMH Internet site is expected to become a more central part of the interaction between DMH and the consumer community.

Projected Benefits:

- Eliminate duplicate entry of claim information for contract providers that have their own information systems

- Improve accuracy and reliability of the data

- Decrease CIOB support burden

- More timely submission of contract provider claims

- More accurate and reliable collection and reporting of clinical, workload, and outcomes measures information

- Improved availability of mental health resource information to our consumer community

Estimated Duration:

EDI expansion will extend through the next two fiscal years until all contract providers move to electronic submission of claims, work load, and outcomes data. This will be a phased process that will begin with claims and then progress to other content.

The improvements to the DMH Internet site are already in production and continuing to improve that site will be a continuing Departmental responsibility into the foreseeable future.

Estimated Cost:

CIOB has supplemented EDI resources and reorganized them within CIOB to improve communications, especially with regard to revenue related transactions. That cost is now part of the overall CIOB staffing cost for FY 08-09.

CIOB is funding one contract resource, at a cost of
190,000 per year, to assist and guide contract providers in the transition to an EDI model for data exchanges with DMH. Additional resources for this effort will be requested as part of the MHSA IT Plan which CIOB anticipates submitting near the end of FY 2007-2008.

IT Goal Alignment with County

Department IT Initiative	Department Business Goal	County Key Initiative
Facilitate Appropriate Access To Clinical Information	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT	1.1 Utilize technologies to better support countywide service delivery
Continue To Improve Information Security	ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED	2.1 IT Security Management and Organization
Select A Realistic Portfolio Of Projects That Support Departmental Goals	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN	1.3 Adopt formal IT decision making structures and processes
Build An I/T Team With The Right Skills At The Right Level And Quantity	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN	4.1 Improve skills and competencies of County IT professionals
Capture Information Digitally As Close As Possible To The Point Of Origin	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT	1.1 Utilize technologies to better support countywide service delivery
Promote Project Management And Systems Lifecycle Methodology	EXPAND STATS TO ADMINISTRATIVE SERVICES BUREAU AND CHIEF INFORMATION OFFICE BUREAU	1.3 Adopt formal IT decision making structures and processes
Sustain A Program Of Technology Infrastructure Enhancement	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN	1.1 Utilize technologies to better support countywide service delivery
Increase DMH Capacity To Conduct E-Business With Contract Providers	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT	1.1 Utilize technologies to better support countywide service delivery

ORGANIZATIONAL ASSESSMENT

FUND ORGANIZATION: 20500

ORGANIZATIONAL UNITS

DATA INTEGRATION AND SERVICES

This division is comprised of six sections: Application Development, Application Analysis and Documentation, Business Intelligence and Reporting, Database Admin., Integration Services, and Data Warehouse Design and Documentation. This division is responsible for the development and maintenance of DMH clinical applications, warehousing of clinical and financial data, as well as the reporting and development of Business Intelligence tools for administrative use.

ENTERPRISE APPLICATIONS

This division has three sections: Electronic Health Record System (EHR), Revenue Systems and Ancillary Applications. EHR System includes selection, acquisition, & implementation of the new Integrated Behavioral Health Information System (IBHIS). This section will provide support for admin., and clinical functionality. Revenue Systems supports the DMH Integrated System (IS) and will support IBHIS financial functionality. Ancillary Applications supports non-IS and non-IBHIS applications.

ENTERPRISE PROJECT MANAGEMENT

This division is comprised of five sections: IT Project Management (ITPM), IT Contracts, CIOB Admin., and IT Help Desk. ITPM includes project management (PM) and business analysis; project portfolio over-site; governance; PM methodology, standards & compliance. IT contracts provides consultation in the technical field of IT contracting. CIOB Administration includes fiscal management, HR, asset mgmt., and facility operations. IT Help Desk provides support for IT applications and technologies.

INFORMATION SECURITY DIVISION

Pursuant to County, State, and Federal guidelines, this division is responsible for implementing IT-Security policies, procedures and standards, to prevent unauthorized use, release, modification, loss or destruction of departmental data. The division is comprised of three sections: Technical Security, Administrative Security, and Enterprise Systems Access Control.

TECHNOLOGY SERVICES DIVISION

This division includes Desktop Support, Network/Data Center Operations, and Technical Architecture and Standards. The Desktop Support Unit provides end-user support to 3,700 DMH employees. The Network and Data Center Operations Unit provides infrastructure support to over 120 DMH sites and operates the DMH data center. The Technical Architecture and Standards Unit works with other divisions within DMH CIOB to establish infrastructure, software platform and application standards for the DMH.

ORGANIZATIONAL ALLOCATION

RESOURCE ALLOCATION BY FUNCTIONAL WORK GROUP	IT FTE	Services	ITSS	Contract	Outsourced	Other	Total
Application Development	11.00	0.00	0.00	2.00	0.00	0.00	**13.00**
Application Maintenance	34.00	0.00	5.00	0.00	0.00	0.00	**39.00**
Business Analysis	15.00	0.00	0.00	2.00	0.00	0.00	**17.00**
Information Security	14.00	0.00	0.00	0.00	0.00	0.00	**14.00**
Network Administration	8.00	0.00	0.00	0.00	0.00	0.00	**8.00**
Operations/Data Center	5.00	0.00	0.00	0.00	0.00	0.00	**5.00**
Desk Top Support/Help Desk	30.00	0.00	0.00	0.00	0.00	0.00	**30.00**
Server Administration	1.00	0.00	0.00	0.00	0.00	0.00	**1.00**
Administrative (Purchase, Contracts, Asset Mgmt	16.00	1.00	0.00	0.00	0.00	0.00	**17.00**
Project Management	16.00	0.00	0.00	1.00	0.00	0.00	**17.00**
Management	9.00	0.00	0.00	0.00	0.00	0.00	**9.00**
Other	27.00	0.00	0.00	0.00	0.00	0.00	**27.00**
Total Allocation	**186.00**	**1.00**	**5.00**	**5.00**	**0.00**	**0.00**	**197.00**

PROJECT PROFILES

PROJECT PROFILE: ACCESS CENTER PROCESS/TECHNOLOGY RE-ENGINEERING

Property	Value

Objective

The DMH ACCESS Center is a centralized point-of-contact and referral center for public mental health services. Calls to the ACCESS Center come from State, County, and other local government agencies, private sector mental health professionals, and private citizens. Currently, the ACCESS Center utilizes outdated telephonic and data systems technologies hinder efficient and effective coordination of mental health services. Aligning the performance of the DMH ACCESS Center with the mission of DMH is a high priority. DMH ACCESS Center is looking for ways to better serve the community and provide world class mental health service today and in the future.

Cisco Systems, Internet Business Solutions Group (IBSG) has provided assistance in the form of a strategic alignment engagement for the DMH ACCESS Center. IBSG provided DMH with a high-level report identifying opportunities for improved alignment of ACCESS Center services with the DMH Mission and improved operational performance. Additionally, IBSG assisted DMH in defining and documenting a plan for the ACCESS Center to pursue and realize selected opportunities. The overall transformation of the ACCESS Center will involve much more than only IT enhancements. The workstations will be replaced with more state of the art systems including multiple computer monitors, ergonomic seating and more. Everything from business practices to manual and electronic processes will be evaluated for improvements. Some of the data needs will be served by either existing applications or new applications such as the Integrated Behavioral Health Information System that when implemented, will provide an electronic medical record.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Infrastructure Enhancement
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. MARVIN SOUTHARD / JC DUVALL jcduvall@dmh.lacounty.gov 2132516411
Planned Start Date	06/2006
Planned End Date	11/2009
Project Funding	State
Project Budget	$2,030,045

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	37%	25%	18%	20%	**100%**

Project Milestones	Target Date	Status
Initial Project Workplan	12/2007	Completed

Workflow Processes	02/2008	Planned
Information Resources and Systems Gap An	01/2008	Planned
Performance Metrics	03/2008	Planned
Telephony Requirements	04/2008	Planned
Call Center System Requirements	05/2008	Planned
Risk Mitigation/Business Continuity	06/2008	Planned
Supporting Infrastructure	07/2008	Planned
Cultural/Technical Readiness Assessment	07/2008	Planned
Physical Layout	07/2008	Planned
Vendor Solicitations	10/2008	Planned
Implementation	10/2009	Planned

PROJECT PROFILE: AUTOMATE SUPERVISOR/SUBORDINATE LIST TLN/PAF

Property	Value

Objective

This project is to build an automated application that will allow DMH to capture and maintain supervisors and subordinates relationship.

The purpose of this project is to allow supervisors to identify their subordinates utilizing the Electronic Time Keeping system and Personnel Action Form (PAF).

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Capture Information Digitally As Close As Possible To The Point Of Origin
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / JOHN ORTEGA jortega@dmh.lacounty.gov 2132516424
Planned Start Date	01/2009
Planned End Date	12/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Gather User Requirements	02/2009	Planned
Product Purchase Feasibility Study	03/2009	Planned
Gather System Requirements	06/2009	Planned

PROJECT PROFILE: BENEFITS ESTABLISHMENT SYSTEM

Property	Value

Objective

The purpose of this project is to automate the tracking of DMH Client Benefit Establishment. The application will provide DMH Directly Operated Clinic providers with a mechanism for developing and tracking SSI benefit applications through the submittal and rebuttal process. This application will provide each DMH agency with a list of new clients and track each client through their benefits establishment process. This application will include enterprise wide access to each application submitted to eliminate duplicate submissions within the system.

This project will be accomplished by the following steps:

1. Develop a Project Plan and Charter
2. Gather system requirements

Project Type	Business Continuity
Project Status	Active
Business Purpose	Mental Health
Business Value	Revenue Generation
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. MARVIN SOUTHARD / JOHN ORTEGA jortega@dmh.lacounty.gov 2132516424
Planned Start Date	07/2008
Planned End Date	06/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Develop Project Plan and Charter	12/2008	Planned
Gather System Requirements	06/2009	Planned

PROJECT PROFILE: BUSINESS INTELLIGENCE PLANNING

Property	Value

Objective

The Business Intelligence Planning Project (BIPP) will address how best to accommodate the wealth of new clinical, administrative, and financial information into the DMH BI program when the Integrated Behavioral Health Information System (IBHIS) project is implemented. The BIPP will determine who needs to see what data on what schedule in order to facilitate mental health service delivery, improvements to quality of care, planning, and management decision making. BIPP will review existing tools, organizational structure and staffing, and procedures in order to adjust to what will certainly be higher expectations for routine and timely access to data.

Project Type	Business Intelligence
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / JOHN ORTEGA jortega@dmh.lacounty.gov 2132516424
Planned Start Date	12/2008
Planned End Date	06/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Develop Project Charter	02/2009	Planned
Develop Project Plan	04/2009	Planned
Review IBHIS Data Dictionary	06/2009	Planned
Determine User Requirements	12/2009	Planned
Review Tools, Org.Structure & Staffing	12/2009	Planned
Develop Plan to Meet User Requirements	02/2010	Planned

PROJECT PROFILE: CLINICAL EMPLOYEE CREDENTIALING SYSTEM (CECS)

Property	Value

Objective

DMH Office of the Medical Director (OMD) is responsible for credentialing and re-credentialing all licensed and waivered clinical employees within DMH. To date, DMH relies on a labor intensive, paper-based manual process with some non-integrated technology solutions to credential all psychiatrists employed in DMH directly operated clinics. Our existing tracking and data collection system will not be sufficient to re-credential psychiatrist employees later this year or meet DMH requirements for credentialing and re-credentialing all clinical employees (including registered nurses, social workers, marriage family therapists, psychologists, etc.). Human Resources Bureau (HRB) will be unable to accurately track and identify current licenses and query the Office of the Inspector General (OIG) exclusion list. Additionally, OMD does not have the space to store and secure credentialing files for all clinical employees.

DMH needs an enterprise-wide information technology system that will credential and re-credential all clinical employees in our directly operated clinics and fee for service (FFS) network providers. This IT system will be utilized by the OMD, Medi-Cal Professional Services and HRB to capture, retain and store all clinical employee professional data (e.g., license, board certification, education, specialties, etc.) This IT system will be used by HRB to track and ensure that professional licenses are current for all employees, which licensure is required, and query the OIG exclusion list. The proposed IT system will allow OMD, Medi-Cal Professional Services and HRB to efficiently identify employee credentialing/re-credentialing expiration dates, track receipt of all credentialing materials, including applications, NAPCEN reports, CVO summary reports, and weekly status CVO status reports. Electronic ticklers will alert the credentialing coordinator to send out letters (reminders, disciplinary process, etc.) or follow-up on missing/pending information. This system will electronically store all credentialing documents as well as maintain a streamlined, integrated credentialing database.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	NANCY KLESS / MARK CHENG mcheng@dmh.lacounty.gov 2132516705
Planned Start Date	05/2007
Planned End Date	12/2008
Project Funding	State
Project Budget	$0

Project Budget Allocation	S & E B	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Vendor Selection	03/2008	Initiated
COTS Procurement & Acquisition	06/2008	Planned

COTS Configuration	08/2008	Planned
COTS Implementation	12/2008	Planned
Requirement Gathering	09/2007	Completed

PROJECT PROFILE: CLINICAL SITE SWITCH UPGRADE

Property	Value
Objective	
Replace 60 obsolete edge switches.	
Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Infrastructure Enhancement
Departmental IT Initiative	Sustain A Program Of Technology Infrastructure Enhancement
Departmental Business Goal	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN
Project Sponsor & IT Contact	ROBERT GREENLESS / CHUCK CHIU cchiu@dmh.lacounty.gov 2132516704
Planned Start Date	07/2008
Planned End Date	05/2009
Project Funding	Local
Project Budget	$600,000

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	10%	80%	10%	0%	**100%**

Project Milestones	Target Date	Status
Hardware purchase	09/2008	Planned

PROJECT PROFILE: COUNTY GOAL 7

Property	Value

Objective

This is a collaborative project among DMH, DHS, DCFS to implement a client centered, information based health and mental health services delivery system. The purpose of this project is to improve health and mental health outcomes, maximize utilization of scarce resources, and provide cost effective and quality services across participating county departments.

This will be accomplished by the following steps that DMH, DHS and DCFS have already started; 1) Establish a project team comprised of members from the three departments representing Information Technology, Operation/Clinical, Administration and legal functions; 2) Conduct monthly meetings for the project team to coordinate project activities; 3) Monitor progress using an approved project plan which was developed in MS Project; 4) Provide the Guiding Coalition with periodic status update reports; 5) Develop and implement pilot projects; 6) Develop and implement outcome measures.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Multi-Agency Collaboration
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. MARVIN SOUTHARD / KATIA KERMOYAN kkermoyan@lacdmh.org 2132516471
Planned Start Date	10/2006
Planned End Date	06/2013
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Est. legal/policy/procedural framewor	12/2008	Planned
Est. IS Foundation for data exchange	06/2010	Planned
Implement system	06/2013	Planned
Develop Outcomes Measures	06/2013	Planned

PROJECT PROFILE: DATA SHARING: KATIE A

Property	Value

Objective

The Katie A Data Sharing Project is an interdepartmental project to coordinate efforts between DMH, DCFS, and DHS with the assistance of Urban Research. This project will allow each department to better track foster care children throughout the County's health care system. This project is currently under review from a court mandated panel to oversee progress and provide direction where needed.

This project will be accomplished by the following steps: 1) Establish coordinated data elements between DMH, DCFS, and DHS database systems to effectively identify clients jointly served across each Department; 2) Gather preliminary data set from DMH, DCFS, and DHS which will be used to establish a baseline for future reporting; 3)Urban Research will crossmatch Departmental data and provide an identified list to each department for individual reporting; 4) Develop requirements for Cognos Cube and Administrative reporting; and 5) Develop preliminary reports for Katie A. Panel to review.

Project Type	Business Intelligence
Project Status	Active
Business Purpose	Mental Health
Business Value	Public Service Enhancement
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. MARVIN SOUTHARD / JOHN ORTEGA jortega@dmh.lacounty.gov 2132516424
Planned Start Date	07/2008
Planned End Date	12/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Est. Minimum Dataset Requirements	07/2008	Planned
Test Data To Urban Research	08/2008	Planned
System Requirements: Cognos Cube	09/2008	Planned
Preliminary reports to Katie A. Panel	10/2008	Planned
System Requirements: Admin. Reporting	10/2008	Planned

PROJECT PROFILE: DATA WAREHOUSE REDESIGN

Property	Value

Objective

The Data Warehouse Re-design project is being initiated in anticipation of the IBHIS implementation. The purpose of this project is to prepare for new clinical data sources as well as establish appropriate resources for warehousing legacy data. This project will be a coordinated effort between the IBHIS implementation team and the Data Warehouse development team.

Project Type	Business Intelligence
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / JOHN ORTEGA jortega@dmh.lacounty.gov 2132516424
Planned Start Date	11/2008
Planned End Date	06/2009
Project Funding	State
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
IBHIS Data Dictionary Documentation	12/2008	Planned
System Documentation: Legacy System Data	03/2009	Planned
Database Specs. Legacy System Data Store	04/2009	Planned
Database Specs. IBHIS Data Feeds	06/2009	Planned

PROJECT PROFILE: DATA WAREHOUSE REPLICATION

Property	Value

Objective

The Data Warehouse Replication project is being initiated to provide an off-site data store of DMH clinical and financial information. These data will be used primarily in case of emergency to provide DMH administrative personnel access to data that is essential to business continuity.

This project will be accomplished by the following steps: 1) Gather system requirements for data to be stored off site; 2) Determine possible uses of data to establish appropriate cutover procedures; 3) Coordinate effort with DMH Data Security and ISD Networking for access to off-site data store; 4) Develop system procedures for periodic data feeds to off-site data store; and 5) Edit legacy applications to provide seamless cutover of DMH applications.

Project Type	Business Intelligence
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. ROBERT GREENLESS / JOHN ORTEGA jortega@dmh.lacounty.gov 2132516424
Planned Start Date	12/2008
Planned End Date	06/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Develop Project Plan	12/2008	Planned
Develop Periodic Data Feeds	04/2009	Planned
Develop Application Modifications Plan	06/2009	Planned

PROJECT PROFILE: DENY/CORRECT HIPAA TRANSACTION CHANGE REQUEST

Property	Value

Objective

This is a State DMH Mandated change that allows counties to correct previously denied SD/MC claims through a standard 837 transaction. The purpose of this project is to eliminate the suspense process currently in place where counties either electronically or via paper correct their claims. This new process will move a county once they adopt this new way of handling claims to an approved/deny status on all claims.

This will be accomplished by the following steps:1) Establish a project team comprised of members from CIOB, RMD, and Sierra to develop and establish the necessary system changes to set up the current claiming system within DMH to process the Deny/Correct HIPPA transaction; 2) Conduct regular meetings to review the system changes; 3) Develop business rules and/or requirements; 4) Develop testing scenarios; and 5) Incorporate and provide the necessary system changes to Sierra necessary to process the Deny/Correct HIPPA transaction.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Increase DMH Capacity To Conduct E-Business With Contract Providers
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / SOFIA HURTADO shurtado@dmh.lacounty.gov 2132516423
Planned Start Date	02/2008
Planned End Date	09/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Form Project Team	02/2008	Planned
Business Rules/Requirements Documented	06/2008	Planned
Complete Testing Phase With State DMH	09/2008	Planned
System Deployment	10/2008	Planned

PROJECT PROFILE: DMH WEBSITE WEBSPHERE MIGRATION

Property	Value

Objective

DMH, in collaboration with County CIO and ISD, plan on migrating DMH's Web site from the existing Stellant based platform to IBM's WebSphere. This migration is necessary to ensure that DMH builds and maintains its Web site(s) utilizing this standard platform.

On major pre-requisite DMH must satisfy prior to this migration, is its' own internal migration from a .INFO site to a .GOV site. DMH is also getting ready to launch its' MHSA Web site some time in February. DMH's MHSA Web site is a very important consideration to the WebSphere migration design. DMH will also plan on executing a testing phase after the migration to ensure the Web site features are up and operational. A post implementation review will be performed to document facts and lessons learned for the benefit of future migrations. DMH will be looking forward to collaborating with County CIO and ISD to ensure as seamless a migration as possible.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Capture Information Digitally As Close As Possible To The Point Of Origin
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / MARK CHENG mcheng@dmh.lacounty.gov 2132516705
Planned Start Date	04/2008
Planned End Date	04/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
DMH .Info to .Gov Migration	07/2008	Planned
WebSphere Migration Design	10/2008	Planned
WebSite Migration	01/2009	Planned
Testing	03/2009	Planned
Implementation	04/2009	Planned
Post-Implementation Review	06/2009	Planned

PROJECT PROFILE: e-CAPS ELECTRONIC TIMEKEEPING

Property	Value

Objective

DMH plans to implement the county-wide eCAPS Time Collection application. Employees with internet access will enter time into the eCAPS Employee Self Service (ESS) application. The ESS application will allow employees to view, enter and update timesheets. Employees will be able to access their own individual timesheets. For each new pay period, timesheets will be created by the individual employee. The hours and event types on their timesheets will automatically be populated based upon values as designated by their work cycle. Employees will determine appropriate hours to be charged as MHSA. Any exceptions to predefined values will be entered by the employee including changes to MHSA hours worked. Once the pay period has ended and all hours have been entered, the employees will electronically sign their timesheet, validate the timesheet against system edits, and submit for manager's approval.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Capture Information Digitally As Close As Possible To The Point Of Origin
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	LYNN WALLENSAK / SHARON CARLSON scarlson@dmh.lacounty.gov 2132516703
Planned Start Date	01/2009
Planned End Date	06/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Project Kickoff Meeting	01/2009	Planned
Publish Project Plan/Timeline	02/2009	Planned
Conclude Departmentwide Implementation	06/2009	Planned

PROJECT PROFILE: ENCRYPTED E-MAIL

Property	Value

Objective

Central to exchanging data with interdepartmental and external business partners, DMH must acquire the ability to transmit and receive email in a secure manner. In the wake of HIPAA and State information security mandates, the current messaging platform for DMH lacks the extended capability necessary to safeguard confidential email correspondence.

Under the direction of the County CISO, DMH participates in an interdepartmental workgroup that has been tasked with implementing a secure (encrypted) messaging solution for the County's HIPAA covered departments. The goal of this workgroup is to select a secure messaging product that can coexist with the disparate messaging systems of the County's covered departments, while providing secure email capability for correspondence within beyond the County boundaries. Completion of this project will satisfy Federal and State information security requirements for patient confidentiality.

Project Type	Security
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Continue To Improve Information Security
Departmental Business Goal	ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED
Project Sponsor & IT Contact	ROBERT GREENLESS, PH.D. / JEFF ZITO jzito@lacdmh.org 2132516480
Planned Start Date	03/2005
Planned End Date	06/2009
Project Funding	
Project Budget	$0

Project Budget Allocation	S & E B	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Finalize Secure Messaging RFP	03/2008	Planned
Select Secure Messaging Vendor	06/2008	Planned

PROJECT PROFILE: ESI: DISCOVERY, COMPLIANCE, ARCHIVING & RETENTION

Property	Value

Objective

The Department of Mental Health (DMH) hopes to acquire funding through the CEO Grant program to retain consulting services to provide expert assistance in the development and implementation of Electronically Stored Information (ESI) Discovery, Compliance, Archiving and Retention (DCAR) policies required by the new Federal Rules of Civil Procedure (FRCP), which took effect on December 1, 2006. This project will enable the Department of Mental Health to meet the following objectives:

• Produce all available digital records in response to a Discovery request thereby minimizing County's legal and financial risk.

• Develop a retention policy for digital records, specifically for potential or current litigation in order to comply with County Counsel and CEO direction.

• Enable the retention of digital information according to the law supporting an internal culture that fosters high standards of conduct and demonstrates organizational responsibility and commitment to maintaining the public trust.

Project Type	Content/Document Management
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Continue To Improve Information Security
Departmental Business Goal	ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED
Project Sponsor & IT Contact	SHARON CARLSON / MARY ANN O'DONNEL modonnel@dmh.lacounty.gov 2136374588
Planned Start Date	10/2008
Planned End Date	/////
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Confirm Funding from CEO Grant Program	07/2008	Planned
Obtain Consultant Services via ITSSMA	10/2008	Planned

PROJECT PROFILE: EXCHANGE 2007 UPGRADE PLAN

Property	Value
Objective	
Develop a migration plan to upgrade DMH Exchange platform to 2007.	
Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Infrastructure Enhancement
Departmental IT Initiative	Sustain A Program Of Technology Infrastructure Enhancement
Departmental Business Goal	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN
Project Sponsor & IT Contact	ROBERT GREENLESS / CHUCK CHIU cchiu@dmh.lacounty.gov 2132516704
Planned Start Date	08/2008
Planned End Date	12/2008
Project Funding	Local
Project Budget	$100,000

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	100%	**100%**

Project Milestones	Target Date	Status
ActiveDirectory assessment	10/2008	Planned
Cosolidation recommendation	11/2008	Planned

PROJECT PROFILE: INFORMATION SECURITY AWARENESS TRAINING

Property	Value

Objective

With the recent announcement of the Los Angeles County Learning Net (TLN), DMH will take advantage of this online Learning Management System to train its employees on the fundamentals of Security Awareness.

Security Awareness fundamentals will include various topics to educate all employees on the importance of information security and the vital role they play in protecting data and equipment from damage or loss. The Security Awareness content on TLN can easily be accessed by DMH employees at their desk who have a DMH network account.

Utilizing TLN to conduct Security Awareness Training will complement DMH's Security Awareness Training Program that is being developed. As a HIPAA 'covered entity', DMH is looking forward to the benefits the online Learning Management System can offer in assisting the Department in complying with Security Rule requirements.

Project Type	Security
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Continue To Improve Information Security
Departmental Business Goal	ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED
Project Sponsor & IT Contact	ROBERT GREENLESS / JEFF ZITO jzito@dmh.lacounty.gov 2132516480
Planned Start Date	01/2008
Planned End Date	01/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Review functionality of TLN	01/2008	Initiated
Test DMH network connectivity	02/2008	Planned
Review Training Content	03/2008	Planned
Course Pilot Test at CIOB	04/2008	Planned
Evaluate Pilot findings	05/2008	Planned
Complete DMH enterprise-wide training	12/2008	Planned

PROJECT PROFILE: INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM

Property	Value

Objective

The IBHIS project is essential because DMH does not have information systems to adequately support the delivery of behavioral health services. A health services delivery network on the scale of DMH cannot operate effectively and efficiently without a fully integrated information system supported by an electronic health record (EHR). Further, multiple County departments and agencies serve the same client population as DMH. In the absence of an EHR, sharing data is currently limited, fragmented, and laborious. A driving force for the IBHIS project is the Mental Health Services Act (MHSA). MHSA requires improved automation support for clinical services delivery and improved ability to capture and report client outcome and program performance measures. Central to the ability of CIOB to effectively support the Department's execution of the intent of MHSA is selection, implementation and ongoing support of the IBHIS and subsequent transition to an EHR. DMH plans to select a COTS software EHR application that has a track record of success in other large mental health service organizations. The application will be vendor supported and integrated with broad functionality to meet the requirements of DMH and MHSA. DMH and the vendor will be jointly responsible for system maintenance. DMH intends to purchase a COTS application that has comprehensive clinical functionality and fully integrated financial and claims processing modules.

This is a continuing project, initiated in 05/06. When fully implemented, IBHIS will provide functionality to virtually every clinical and administrative business component of DMH. DMH anticipates that improvements in clinical functionality resulting from IBHIS will allow more effective and timely capture of clinical service revenue.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. MARVIN SOUTHARD / ROBERT GREENLESS rgreenless@lacdmh.org 2132516481
Planned Start Date	06/2006
Planned End Date	12/2010
Project Funding	State
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Develop Specifications	04/2008	Initiated
Vendor Selection	05/2009	Planned
Acquire Software	03/2010	Planned
Configure Software	03/2011	Planned

Test Pilot Sites	08/2011	Planned
Production Roll-out	08/2011	Planned
System Acceptance	08/2011	Planned
Post-Implementation Review	07/2012	Planned

PROJECT PROFILE: JAIL MENTAL HEALTH ACCESS/DMH COMPUTING RESOURCES

Property	Value

Objective

DMH has been researching a Terminal Services tool to provide unlimited Internet and DMH Intranet web site access to Jail MHC staff located at the Twin Towers,
Men's Central Jail and Central Region Detention (Lynwood) facilities. Even though Jail MHC staff has been set up with network accounts on the Sheriff Network, current security policy configurations in the Sheriff's firewall provides limited and at most times restricted Internet and DMH Intranet web site access.

DMH has determined that the best terminal services solution available is Citrix Presentation Server 4.5. Citrix works well with Windows based devices and will provide a secure on-demand access to the DMH network from Jail MHC workstations that are connected to the Sheriff network. Citrix will meet and exceed DMH's CIOB/Information Security requirements for providing secured Internet, DMH Intranet and Integrated System (IS) network access for Jail MHC staff.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Multi-Agency Collaboration
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / JEFF ZITO jzito@dmh.lacounty.gov 2132516480
Planned Start Date	02/2008
Planned End Date	12/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Acquire Hardware/Software/Services	06/2008	Planned
Server set-up and test	09/2008	Planned
Install Citrix software and test	10/2008	Planned
Conduct Pilot	11/2008	Planned
Citrix Implementation	01/2009	Planned

PROJECT PROFILE: MHMIS SHUT-DOWN

Property	Value

Objective

The Mental Health Management System (MHMIS) is the DMH legacy HIPAA non-compliant billing system that was augmented by the Integrated System (IS) as a "wrapper" in February 2004 to achieve HIPPA compliance. The project purpose is to cut mainframe costs by reducing and/or eliminating mainframe functions, jobs or applications that are not critical to DMH operations. It is the objective of this project to identify functions, jobs or applications that can be discontinued or redirected from the mainframe environment, plan their 'decommission' and execute the plan.

The primary objective is to implement mainframe cost reductions through evaluation of system and database use to determine what can be reduced, re-directed or eliminated while still meeting DMH business needs. The following activities will be performed in order to develop a cost justification for executing this project: 1) Identify the mainframe function, job or application still in use after IS implementation; 2) Identify the function, job or application critical to DMH operations; 3) Identify the cost to maintain the function, job or application; 4) Identify alternatives to the existing mainframe function, job, or application; 5) Identify the cost and time to disable the function, job or application; 6) Identify the cost to re-direct or replace the function, job or application to another data source; and 7) Identify and assign the resources to make the identified changes.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Cost Avoidance
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / SOFIA HURTADO shurtado@dmh.lacounty.gov 2132516423
Planned Start Date	03/2007
Planned End Date	12/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E B	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Document Day Treatment/TBS Business Rules	02/2008	Initiated
Stop Writing UOFS to MHMIS	08/2008	Planned

PROJECT PROFILE: MHSA OUTCOMES MEASURES DATA CAPTURE & REPORTING

Property	Value

Objective

This purpose of this project is to modify the Outcomes Measures Application (OMA) to meet the needs of MHSA programs that have requested customization of the OMA, and integrate outcomes measures reports into the application to provide readily accessible feedback on program effectiveness to providers and program administrators. Further, this project will include an evaluation of the future needs of other MHSA and non-MHSA programs for capturing outcomes data through this application.

During the 08-09 BAP period, customization of OMA will be limited to outcomes measures for Field Capable Clinical Services (FCCS). Also during this BAP period, CIOB will evaluate the needs of other mental health programs that may require customization of OMA including Alternative Crisis Services (ACS), Prevention and Early Intervention (PEI), and Psychiatric Diversion Program (PDP).

Project Type	Business Intelligence
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. MARVIN SOUTHARD / JOHN ORTEGA jortega@dmh.lacounty.gov 2132516424
Planned Start Date	01/2008
Planned End Date	01/2008
Project Funding	State
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
60 of 84 Current Report Requests Completed	08/2008	Initiated
OMA Cognos Cube Completed	08/2008	Initiated
Customize OMA for FCCS	09/2008	Planned
Evaluate ACS Outcomes Requirments	11/2008	Planned
Integrate Data Reports Into OMA	11/2008	Planned
Remaining 84 Report Requests Completed	12/2008	Planned
Evaluate PEI Outcomes Requirements	01/2009	Planned
Evaluate PDP Outcomes Requirements	03/2009	Planned

PROJECT PROFILE: PERPETUAL INVENTORY SYSTEM

Property	Value

Objective

The department requires a perpetual inventory system to keep track of its information technology equipment and supplies. A perpetual inventory is required as part of the County's Internal Control Certification Plan (ICCP) that requires a perpetual inventory system for all County departments that maintain an inventory of assets in excess of $50,000.

DMH maintains three information technology storage rooms at different physical locations. This is done to maximize its storage capacity and to establish immediate access to equipment and supplies at its largest facilities.

DMH requires a perpetual inventory system that can track the receipts and distributions of equipment and supplies in its three storage rooms individually and collectively. The system must provide re-order points as well as system notifications. The system must address merchandise returns as well as equipment and supply restocking. The system also must have the ability to reconcile orders to receipts to disbursements and manage surplus and salvage equipment.

Project Type	Asset Management
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Capture Information Digitally As Close As Possible To The Point Of Origin
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / THOMAS LUDD tludd@dmh.lacounty.gov 2132516482
Planned Start Date	01/2008
Planned End Date	06/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Develop "As Is" Workflow	10/2007	Initiated
Decide on COTS for Customization	12/2007	Planned
Review various COTS - Seek Demos	12/2007	Initiated
Purchase Application	04/2008	Planned
Begin Planning & Installation	08/2008	Planned
Begin Testing	10/2008	Planned

Begin Documentation & Review	02/2009	Planned
Project Evaluation	04/2009	Planned
Project Completion	06/2009	Planned

PROJECT PROFILE: PHARMACY BENEFITS MANAGEMENT INTEGRATION

Property	Value

Objective

DMH is planning on replacing its current antiquated mainframe based pharmacy information system with a Pharmacy Benefits Manager (PBM). A PBM offers many operational benefits, but also offers the opportunity for the department to realize a significant cost savings.

This project profile addresses the development of a plan to integrate the PBM with DMH's future Integrated Behavioral Health Information System (IBHIS). Three benefits of integrating a PBM service with the IBHIS are: (1) it will prevent redundant data entry into two systems by integrating pharmacy data into the IBHIS via an integration engine, (2) we will know if an ordering clinician is credentialed to prescribe medication, and (3) it will allow DMH to generate important reports that compare the total number of prescriptions vs. the total number of medications dispensed.

A pre-requisite to the formulation of this integration plan is the selection and contractual agreement with a PBM and an Integrated Behavioral Health Information System vendor. This should take place on or around April of 2009.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	DR. RODERICK SHANER / MARK CHENG mcheng@dmh.lacounty.gov 2132516705
Planned Start Date	02/2008
Planned End Date	06/2009
Project Funding	State
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
PBM Selection	09/2009	Planned
PBM Contract	12/2009	Planned
Project Charter Creation	01/2010	Planned
Project Plan Development	02/2010	Planned
Integration Study	04/2010	Planned

PROJECT PROFILE: PROCUREMENT AUTOMATION PLAN

Property	Value

Objective

CIOB Administration and Budget Division has the primary responsibility for the Department of Mental Health (DMH) Information Technology (IT) procurement. The goal of the CIOB is to minimize turnaround time (request to delivery) for IT procurement requests. The plan will document the current workflow process, distinguish what works and what does not work, identify problem areas, create to-be workflow diagrams, analyze potential automation tools, and determine how procurement processes can be made more efficient.

The Special Request (SR) form is one of the primary documents used by department staff to request IT goods and services. The SR form must be reviewed and approved by the program/division before it is routed to CIOB for review and approval. The routing is done via County mail or messenger delivery which is time consuming and often results in lost requests or requests that must be returned because proper protocols for routing were not followed. Improperly routed SRs and attempting to track lost SRs results in wasted staff time and management frustration over delays in acquiring goods and services.

The project plan involves the use of the department's Project Management Methodology to develop an "As-Is" workflow model. The "As-Is" workflow model will be used to analyze processing inefficiencies in the existing procurement system. The assigned business analyst will discuss the "As-Is" workflow model and its inefficiencies with the stakeholder/user community in order to develop business requirements that will represent the "To-Be" workflow model. Workflow models will be used to determine whether the 'best-fit' solution for DMH.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Capture Information Digitally As Close As Possible To The Point Of Origin
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / MARK CHENG mcheng@dmh.lacounty.gov 2132516705
Planned Start Date	04/2008
Planned End Date	11/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Project Charter Creation	04/2008	Planned
Project Plan Development	06/2008	Planned
Document "As-Is" Workflows	08/2008	Planned

Determine Automation Strategy	10/2008	Planned
Determine "To-Be" Future State	12/2008	Planned

PROJECT PROFILE: SAFEND USB PORT CONTROL

Property	Value

Objective

DMH has numerous unprotected Flash Drives (USB memory sticks) within its enterprise. Many of these flash drives are utilized by DMH employees without approval from DMH's Chief Information Office Bureau. As a result of this situation, DMH is unable to determine the criticality of data onboard these devices. The proliferation of unsecured flash drives is putting DMH at risk for confidential data exposure and potential sanctions under the HIPAA security rule.

In an effort to address the issue of unprotected flash drives, DMH has purchased the Safend Port Protector solution. By implementing Safend Port Protector, DMH will acquire the ability to limit flash drive usage to only authorized staff members, and prevent all unknown and unauthorized devices from connecting to DMH desktops/laptops. Moreover, Safend Port Protector has the ability to encrypt data contents of flash drives for use outside of the DMH environment. With Safend, if a flash drive is lost or stolen its contents will be protected and inaccessible to anyone who finds it. Additionally, Safend has the ability to block non-business related devices (I-Pods, wireless devices, key loggers etc.) that could otherwise introduce malicious attacks or viruses against the DMH network.

By implementing Safend Port Protector, DMH will mitigate its risks associated with unsecured flash drives and will thereby demonstrate due diligence in its efforts to comply with the HIPAA security rule.

Project Type	Security
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Continue To Improve Information Security
Departmental Business Goal	ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED
Project Sponsor & IT Contact	ROBERT GREENLESS / JEFF ZITO jzito@dmh.lacounty.gov 2132516480
Planned Start Date	11/2007
Planned End Date	06/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Eval./Purchase Device Control Solution	07/2007	Completed
Implement: Directly Operated Sites	10/2008	Planned
Implement: DMH Headquarter Sites	06/2009	Planned

PROJECT PROFILE: SELF-CERTIFICATION OF INTERNAL HIPAA CONTROLS

Property	Value

Objective

In order to maintain Countywide compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Auditor-Controller has just recently developed an Annual Self-Certification Program and an audit tool for 'covered entities'. As a 'covered entity, DMH is bound by the HIPAA Security Rule to protect PHI (protected Health Information). The HIPAA Security Rule requires DMH to insure the confidentiality, integrity and availability of PHI when it is electronically stored, maintained or transmitted.

The Annual Self-Certification of Internal HIPAA Controls audit tool is comprised of Privacy and Security rule controls that must be verified, documented and forwarded to the Auditor-Controller's Chief Privacy Officer upon completion. The audit tool is quite extensive and will require a joint collaborative team effort from the DMH HIPAA Privacy Office and Information Security Division to visit all the DMH directly operated programs/facilities. The DMH Privacy Officer and Security Officer will complete their respective subject matter area of responsibility.

DMH is proactively addressing schedule and resource issues that will be associated with this project.

Project Type	Security
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Continue To Improve Information Security
Departmental Business Goal	ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED
Project Sponsor & IT Contact	ROBERT GREENLESS / JEFF ZITO jzito@dmh.lacounty.gov 2132516480
Planned Start Date	01/2008
Planned End Date	01/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Countywide Project Planning Meeting	10/2007	Completed
Review/Revise HIPAA Security Audit Too	11/2007	Completed
Prepare Self-Certification Procedures	01/2008	Initiated
Begin Evaluation Site Visits	03/2008	Planned
Complete Annual Self-Certification	10/2008	Planned

PROJECT PROFILE: SERVER UPGRADE

Property	Value
Objective	
Replace 30 obsolete servers.	
Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Infrastructure Enhancement
Departmental IT Initiative	Sustain A Program Of Technology Infrastructure Enhancement
Departmental Business Goal	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN
Project Sponsor & IT Contact	ROBERT GREENLESS / CHUCK CHIU cchiu@dmh.lacounty.gov 2132516704
Planned Start Date	07/2008
Planned End Date	04/2009
Project Funding	Local
Project Budget	$600,000

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	10%	70%	20%	0%	**100%**

Project Milestones	Target Date	Status
Hardware purchase	09/2008	Planned

PROJECT PROFILE: STAR PHASE II

Property	Value

Objective

This project is a system change to be in compliance with State mandates. The current System for Treatment Authorization Request (STAR) does not account for State Timeline and Medical Necessity Criteria Fulfillment. STAR needs to differentiate and record when a Treatment Authorization Request has been denied for timelines (hospital denial), or for Medical Necessity Criteria Fulfillment.

The purpose of this project is to: 1) Allow for complete decision to be recorded; 2) eliminate confusion; 3) allow timeline appeals to be captured in STAR; and 4) provide a data system that could one day lead to a State electronic Treatment Authorization Request (TAR).

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Facilitate Appropriate Access To Clinical Information
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	PANSY WASHINGTON / MARK CHENG mcheng@dmh.lacounty.gov 2132516705
Planned Start Date	07/2008
Planned End Date	03/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Gather System Requirements	10/2008	Planned
Complete Project Plan	11/2008	Planned
Complete System Change	02/2009	Planned
Complete System Testing	03/2009	Planned
System Deployment	04/2009	Planned

PROJECT PROFILE: SYMANTEC ANTIVIRUS UPGRADE

Property	Value
Objective	
Upgrade the Symantec Antivirus solution to the newest version.	
Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Infrastructure Enhancement
Departmental IT Initiative	Continue To Improve Information Security
Departmental Business Goal	ALL COMPONENTS OF MHSA COMMUNITY SERVICES AND SUPPORTS PLAN IMPLEMENTED
Project Sponsor & IT Contact	ROBERT GREENLESS / CHUCK CHIU cchiu@dmh.lacounty.gov 2132516704
Planned Start Date	08/2008
Planned End Date	06/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Compatibility testing	12/2008	Planned

PROJECT PROFILE: VISTA/OFFICE 2007 MIGRATION PLAN

Property	Value
Objective	
Assess the hardware readiness for Vista/Office 2007 upgrade and plan the DMH migration strategy.	
Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Infrastructure Enhancement
Departmental IT Initiative	Sustain A Program Of Technology Infrastructure Enhancement
Departmental Business Goal	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN
Project Sponsor & IT Contact	ROBERT GREENLESS / CHARLES LU clu@dmh.lacounty.gov 2132516479
Planned Start Date	07/2008
Planned End Date	12/2009
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Hardware inventory by processor	08/2008	Planned

PROJECT PROFILE: VOID/REPLACE HIPAA TRANSACTION CHANGE REQUEST

Property	Value

Objective

This is a State DMH Mandated change that allows counties to void and replace a previously approved SD/MC claim through a standard 837 transaction. The purpose of this project is to replace the State's Disallow Claims system and provide the counties the ability to void and replace with a new claim a previously approved claim preserving the original received date.

This will be accomplished by the following steps:1) Establish a project team comprised of members from CIOB, RMD, Finance,and Sierra to develop and establish the necessary system changes to set up the current claiming system within DMH to process the Void/Replace HIPPA transaction; 2) Conduct regular meetings to review the system changes; 3) Develop business rules and/or requirements; 4) Develop testing scenarios; and 5) Incorporate and provide the necessary system changes to Sierra necessary to process the Void/Replace HIPPA transaction.

Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Mandated Change
Departmental IT Initiative	Increase DMH Capacity To Conduct E-Business With Contract Providers
Departmental Business Goal	BOARD APPROVAL OF IBHIS VENDOR AGREEMENT
Project Sponsor & IT Contact	ROBERT GREENLESS / SOFIA HURTADO shurtado@dmh.lacounty.gov 2132516423
Planned Start Date	02/2008
Planned End Date	09/2008
Project Funding	Local
Project Budget	$0

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	0%	0%	0%	**0%**

Project Milestones	Target Date	Status
Form Project Team	02/2008	Planned
Business Rules/Requirements Documented	06/2008	Planned
Complete Testing Phase With State DMH	09/2008	Planned
System Deployment	10/2008	Planned

PROJECT PROFILE: XP UPGRADE

Property	Value
Objective	
Continue to upgrade DMH desktop and notebook computers to Windows XP. Replace obsolete hardware (800 PCs) along the OS upgrade. This is a multiyear project.	
Project Type	Other
Project Status	Active
Business Purpose	Mental Health
Business Value	Internal Operations Enhancemen
Departmental IT Initiative	Sustain A Program Of Technology Infrastructure Enhancement
Departmental Business Goal	STATE AND BOARD APPROVAL OF CAPITAL FACILITIES AND I/T PLAN
Project Sponsor & IT Contact	ROBERT GREENLESS / JOE SHEPARD JShepherd@dmh.lacounty.gov 2132516686
Planned Start Date	07/2008
Planned End Date	06/2010
Project Funding	Local
Project Budget	$550,000

Project Budget Allocation	S & E.B.	Infrastructure	Hardware	Software	Service	**Total**
Values	0%	0%	80%	20%	0%	**100%**

Project Milestones	Target Date	Status
First hardware purchase	09/2008	Planned
Second hardware purchase	02/2009	Planned

APPLICATION PROFILES

APPLICATION PROFILE: AB3632 RESIDENTIAL PLACEMENT

Property	Value
Purpose	Mental Health
Description	Tracks efforts to place children placed out of home in out of county and out of state facilities; supports monitoring social workers.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	State
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	Other DBMS
User Base	<50
Host Location	Department
Year Implemented	1990
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	0	2	3	3	2	13

APPLICATION PROFILE: ACCESS CENTER CONTACT MANAGER (ACCM)

Property	Value
Purpose	Mental Health
Description	ACCM collects data from our call center and displays it along with MIS, MEDS, and FFS. It is used for client referral and includes CTI components that integrate with the Center's ACD.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	State
Hardware Platform	x86 Novell Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	Department
Year Implemented	2000
Year Retired	
Year Refreshed	2007
Annual Cost	$50,000 - $100,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	2	3	3	1	3	15

APPLICATION PROFILE: BENEFITS ASSESSMENT APPLICATION

Property	Value
Purpose	Mental Health
Description	A Web Application that allows clinicians to help clients fill out Social Security Information (SSI) forms to keep track of applications submitted.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	Department
Year Implemented	2007
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	1	3	16

APPLICATION PROFILE: BOARD LETTERS APPLICATION

Property	Value
Purpose	Mental Health
Description	Internet Web Application that allows users to view memos and letters sent to Board Offices pertaining to the Department of Mental Health and its services.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Novell Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2006
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
1	3	3	3	1	3	14

APPLICATION PROFILE: CLAIMS HISTORY SUMMARY APPLICATION

Property	Value
Purpose	Mental Health
Description	Claim Search and Summary Screen of Medi-Cal Claims submitted.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2008
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	2	1	3	15

APPLICATION PROFILE: CLINICAL APPOINTMENT SCHEDULING SYSTEM

Property	Value
Purpose	Mental Health
Description	Application maintains clinician appointments and provides client co-pay amount.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	Department
Year Implemented	2002
Year Retired	2009
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	1	3	16

APPLICATION PROFILE: CONTRACT PROVIDER TRANSITION PROJECT ISSUES

Property	Value
Purpose	Mental Health
Description	Microsoft Access user interface connected to SQL Server database designed to describe, organize, prioritize, track and display project issues and action items.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	ISD/Downey
Year Implemented	2007
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
2	3	3	3	1	3	15

APPLICATION PROFILE: DATA SERVICE REQUEST WEB APPLICATION

Property	Value
Purpose	Mental Health
Description	Web-based application for the submission of data analysis and data service requests.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	Department
Year Implemented	2003
Year Retired	
Year Refreshed	2006
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	3	3	1	2	13

APPLICATION PROFILE: DAY TREATMENT

Property	Value
Purpose	Mental Health
Description	Internet web application that allows clinicians to request services for day treatment intensive (DTI), and therapeutic behavioral services (TBS).
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	ISD/Downey
Year Implemented	2004
Year Retired	
Year Refreshed	
Annual Cost	$50,000 - $100,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	2	3	1	1	11

APPLICATION PROFILE: DEPARTMENT OF MENTAL HEALTH (DMH) TELEPHONE DIRECT

Property	Value
Purpose	Mental Health
Description	Search DMH Telephone list thru Intranet Application Category by (1)First Name (2) Last Name (3) Division.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	Department
Year Implemented	2002
Year Retired	
Year Refreshed	2004
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	1	3	16

APPLICATION PROFILE: EMPLOYEE APPLICATION REQUEST SYSTEM (EARS)

Property	Value
Purpose	Mental Health
Description	A database used by the Applications Access Team to track receipt and progress of applications access requests.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2006
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
2	3	3	3	1	3	15

APPLICATION PROFILE: EOB FIELD CONTACT FORM

Property	Value
Purpose	Mental Health
Description	Web Application that provides DMH field staff ability to record encounters with clients.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	ISD/Downey
Year Implemented	2007
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
2	3	3	3	0	3	14

APPLICATION PROFILE: FULL SERVICE PARTNERSHIP AUTHORIZATION APPLICATION

Property	Value
Purpose	Mental Health
Description	This application is used to submit Full Service Partnership enrollment requests, and track the enrollment status, of client's. Application also tracks client transfers and disenrollments.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	State
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	Department
Year Implemented	2006
Year Retired	
Year Refreshed	2007
Annual Cost	$50,000 - $100,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	1	3	16

APPLICATION PROFILE: HUMAN RESOURCES SENIORITY LISTING ONLINE WEB APPLI

Property	Value
Purpose	Mental Health
Description	Web Application that provides DMH employees to view their seniority ranking information and ensure it is accurate in the event the Department experiences any workforce reduction.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	Department
Year Implemented	2005
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
1	3	3	3	1	3	14

APPLICATION PROFILE: IBHIS ISSUES WEB APPLICATION

Property	Value
Purpose	Mental Health
Description	Internet web based application that allows project managers to track and recode issues for the IBHIS project
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	Department
Year Implemented	2006
Year Retired	2010
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	1	3	16

APPLICATION PROFILE: INTEGRATED SYSTEM

Property	Value
Purpose	Mental Health
Description	Provides front end for MHMIS application users; generates, processes, transmits and receives HIPAA compliant transactions; tracks selected clinical data.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - HP
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	ISD/Downey
Year Implemented	2004
Year Retired	2009
Year Refreshed	2006
Annual Cost	> $1,000,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Hot
Alternate Backup Site	ISD/Downey
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	1	3	1	1	10

APPLICATION PROFILE: INTEGRATED SYSTEM (IS) ISSUES

Property	Value
Purpose	Mental Health
Description	Allows users to develop a prioritized list of enhancements and modifications to the Integrated System (IS), designed to improve ease of use, provider workflow, claiming success, and info. access.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	ISD/Downey
Year Implemented	2006
Year Retired	2009
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
1	3	3	3	1	3	14

APPLICATION PROFILE: JAIL MENTAL HEALTH SERVICES DATABASE (EDAR)

Property	Value
Purpose	Mental Health
Description	Used to maintain services and medications to inmates under jurisdiction of Jail Mental Health Services. Populates from MHMIS.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	Department
Year Implemented	2000
Year Retired	
Year Refreshed	2005
Annual Cost	$50,000 - $100,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Hot
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	2	1	1	1	9

APPLICATION PROFILE: JUVENILE JUSTICE SYSTEM (JJIS)

Property	Value
Purpose	Mental Health
Description	Previousy called Electronic Clinical Record System (ECRS). Accepts non-HIPAA compliant transactions from FFS providers or billers. Processes transactions for payment and submittal to Medi-Cal.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2004
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
1	1	1	3	1	1	8

APPLICATION PROFILE: LEGAL ENTITY EXTRACT APPLICATION

Property	Value
Purpose	Mental Health
Description	WinForms standalone application allows the Data Integration Admin to dynamically create Data Extracts for over a 100 Legal Entities at once.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2006
Year Retired	
Year Refreshed	2007
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	2	1	3	15

APPLICATION PROFILE: LOS ANGELES MENTAL HEALTH PLAN SYSTEM (LAMHPS)

Property	Value
Purpose	Mental Health
Description	Internet Web application that allows users to enter Fee-for-Service providers credentials, contracts, licenses, and billing information.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	Mid-range UNIX/AIX/Linux/VM - HP
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	ISD/Downey
Year Implemented	2001
Year Retired	
Year Refreshed	2007
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	2	2	1	1	10

APPLICATION PROFILE: MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)

Property	Value
Purpose	Mental Health
Description	Provides electronic capture of Medi-Cal administrative activities used for State billings for client services.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - HP
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	ISD/Downey
Year Implemented	2003
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	2	2	1	1	10

APPLICATION PROFILE: MENTAL HEALTH MANAGEMENT INFORMATION SYSTEM (MHMIS

Property	Value
Purpose	Mental Health
Description	This application is Department's core information system which collects, stores and retrieves clinical and financial data on client services, providers and staff.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	Mainframes - IBM
OS Platform	UNIX
Software Platform	IBM DB2
User Base	50 - 500
Host Location	ISD/Downey
Year Implemented	1972
Year Retired	2009
Year Refreshed	
Annual Cost	> $1,000,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Mirrored
Alternate Backup Site	ISD/Downey
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	1	2	1	1	9

APPLICATION PROFILE: MULTILINGUISTIC MH PROVIDERS APPLICATION

Property	Value
Purpose	Mental Health
Description	This application provides all directly operated clinics and contract providers a guide to make appropriate cultural and/or linguistic referrals to the different ethnic individuals and/or communities.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	Mid-range UNIX/AIX/Linux/VM - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	ISD/Downey
Year Implemented	2005
Year Retired	
Year Refreshed	2007
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	3	3	18

APPLICATION PROFILE: OLDER ADULT ELECTRONIC ASSESSMENT TOOLS (OAEAT)

Property	Value
Purpose	Mental Health
Description	This application records ongoing monitoring of client progress to ensure that appropriate, timely assessments and interventions are provided.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2005
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
1	3	3	3	1	3	14

APPLICATION PROFILE: OUTCOMES MEASURES APPLICATION

Property	Value
Purpose	Mental Health
Description	Web-enabled record keeping system that enables clinicians and other agency staff to keep track of indicators that measure the outcomes of mental health services provided to clients, per MHSA.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	State
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	ISD/Downey
Year Implemented	2005
Year Retired	
Year Refreshed	2007
Annual Cost	$350,000 - $700,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	1	2	1	3	13

APPLICATION PROFILE: OUTPATIENT TREATMENT AUTHORIZATION REQUEST

Property	Value
Purpose	Mental Health
Description	Application that tracks authorizations approved by client and provider for specialized outpatient treatment requests from FFS 2 providers.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	Mid-range UNIX/AIX/Linux/VM - HP
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	>500
Host Location	ISD/Downey
Year Implemented	2008
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	1	3	16

APPLICATION PROFILE: PARADOX CLIENT TRACKING SYSTEM

Property	Value
Purpose	Mental Health
Description	The Paradox Client Tracking System is a database that tracks clients medical and other background information for the San Pedro Mental Health Clinic.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Other NOS
Software Platform	Other DBMS
User Base	<50
Host Location	Department
Year Implemented	2006
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
2	3	3	3	1	3	15

APPLICATION PROFILE: PERSONNEL ACTION FORM SYSTEM

Property	Value
Purpose	Mental Health
Description	The Personnel Action Form System automates the processing of personnel actions and tracks the status of the various stages of the actions department wide.
Application Status	Active
Contact Information	JC DUVALL 2132516411 jduvall@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	Department
Year Implemented	2007
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	2	3	2	1	2	13

APPLICATION PROFILE: PROCUREMENT SYSTEM

Property	Value
Purpose	Mental Health
Description	System to track special procurement requests.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2003
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
2	3	3	3	0	3	14

APPLICATION PROFILE: PROGRAM MAINTENANCE APPLICATION

Property	Value
Purpose	Mental Health
Description	DMH Program Maintenance Application was developed to collect and maintain information specific to each DMH Program. The application relates each program to a District Chief and supervisor.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	Mid-range UNIX/AIX/Linux/VM - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2007
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
2	3	3	3	0	3	14

APPLICATION PROFILE: PSYCHOTROPIC MEDICATION AUTHORIZATION SYSTEM (PMA)

Property	Value
Purpose	Mental Health
Description	A network application that allows doctors to enter medical and other background information about Child and Transition Age Youth for whom they wish to prescribe medication.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	50 - 500
Host Location	Department
Year Implemented	2005
Year Retired	
Year Refreshed	2006
Annual Cost	< $50,000
Confidential Data	Yes
Authentication Type	Two/Multi Factor
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	3	3	3	1	3	16

APPLICATION PROFILE: SYSTEM FOR TREATMENT AUTHORIZATION REQUEST (STAR)

Property	Value
Purpose	Mental Health
Description	Electronically approves/denies TARs from provider impatient acute psychiatric facilities. Handles any TARs that are appealed. Integrates tightly with MHMIS/IS.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	Mainframes - IBM
OS Platform	UNIX
Software Platform	IBM DB2
User Base	50 - 500
Host Location	Department
Year Implemented	1998
Year Retired	
Year Refreshed	
Annual Cost	$50,000 - $100,000
Confidential Data	Yes
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
3	1	1	2	1	1	9

APPLICATION PROFILE: TRAC

Property	Value
Purpose	Mental Health
Description	This application is used to track Civil Service examinations.
Application Status	Active
Contact Information	Kevin Atteberry 2137382216 katteberry@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Other NOS
Software Platform	Other DBMS
User Base	<50
Host Location	Department
Year Implemented	2004
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	Password Only
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
2	2	3	3	1	3	14

APPLICATION PROFILE: TRAINING BULLETINS

Property	Value
Purpose	Mental Health
Description	This application maintains and tracks training applications.
Application Status	Active
Contact Information	John Ortega 2132516424 jortega@dmh.lacounty.gov
Mandated System	Local
Hardware Platform	x86 Windows Servers - Dell
OS Platform	Windows Server 2003
Software Platform	MS SQL Server
User Base	<50
Host Location	Department
Year Implemented	2003
Year Retired	
Year Refreshed	
Annual Cost	< $50,000
Confidential Data	No
Authentication Type	No Authentication Required
Offsite Backup	Cold
Alternate Backup Site	Department
Comments	

Ratings (Highest possible value is 3)

Key LOB	Flexibility	Cost Effective	Satisfaction	Multi-Agency	Lifecycle	**Overall**
1	2	3	3	1	2	12

INVENTORIES

Hardware Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Hybrid			
Blackberry/PDA/Phone	377	0	0
MS OS/PDA/Phone (Motorola Q, BlackJack, etc.)	0	0	0
Other Portable Hybrid Device	0	0	0
PALM OS/PDA/Phone	0	0	0
Networking and Other Communication Devices			
802.11 Access Points	12	4	8
IP Telephones - Cisco	600	0	0
IP Telephones - Other	0	0	0
Personal Video Conferencing Units (webcams)	0	0	0
Routers - Cisco	80	11	15
Routers - Other	0	0	0
Switches - Cisco	215	155	175
Switches - Other	0	35	35
Workgroup Video Conferencing Systems	3	0	0
Peripherals			
Multi-Function Printer/Plotter/Scanner/Fax	0	0	0
Plotters	3	4	0
Printers	650	374	400
Scanners	60	37	37
Personal Computers			
Desktop: Intel Core or equivalent (AMD)	0	333	500
Desktop: Other	0	0	0
Desktop: Pentium III and below	0	795	500
Desktop: Pentium IV or equivalent (AMD)	4000	1142	0
Dumb Terminals	0	0	0
Laptop: Intel Core or equivalent (AMD)	0	299	350
Laptop: Other	0	0	0
Laptop: Pentium III and below	200	20	0
Laptop: Pentium IV or equivalent (AMD)	350	53	53

Hardware Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Personal Computers			
Macintosh	0	0	0
Tablet PC	35	1	0
UNIX Workstation	0	0	0
Portable Communication Devices			
Blackberry only	400	437	550
Cell Phones	296	400	400
Other Single Purpose Device	0	0	0
PDA only - MS Windows Mobile	0	0	0
PDA only - Palm OS	0	0	0
SANS			
Dell	3	0	0
EMC	0	0	0
HP/Compaq	0	0	0
IBM	0	0	0
Other SANS	0	0	0
Servers			
Mainframes - IBM	0	0	0
Mainframes - Other	0	0	0
Mid-range UNIX/AIX/Linux/VM - Dell	0	0	0
Mid-range UNIX/AIX/Linux/VM - HP	0	0	0
Mid-range UNIX/AIX/Linux/VM - IBM	0	0	0
Mid-range UNIX/AIX/Linux/VM - Other	0	0	0
x86 Novell Servers - Dell	0	0	0
x86 Novell Servers - HP	0	0	0
x86 Novell Servers - IBM	0	0	0
x86 Novell Servers - Other	0	0	0
x86 Windows Servers - Dell	200	165	165
x86 Windows Servers - HP	0	0	0
x86 Windows Servers - IBM	0	0	0
x86 Windows Servers - Other	0	0	0
Virtualization and Blades			
Total # of Blades Cards	0	0	0

Hardware Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Virtualization and Blades			
Total # of Physical Blade Enclosures	0	0	0
Total # of Physical Virtual Servers	1	1	1
Total # of Virtual Servers	2	2	2

Infrastructure	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Auto-Discovery/Inventory			
ASAP Software	0	0	0
Bindview	0	0	0
MS SMS/System Center Configuration Manager	0	0	0
Novell ZENworks	0	0	0
Other Auto Discovery/Inventory	0	0	0
Peregrine Systems	0	0	0
Symantec Altiris	4200	4500	4500
Client Software Distribution			
IBM Tivoli	0	0	0
MS SMS/System Center Configuration Manager	0	0	0
Novell ZENworks	0	0	0
Other Client Software Distribution	5280	4200	4200
Symantec Altiris	4200	4500	4500
Collaboration			
MS Office SharePoint Server	2	1	1
MS Windows SharePoint Services	2	1	1
Other Collaboration	0	0	0
Database Server Software			
IBM DB2	0	0	0
Lotus Notes/Domino	0	0	0
MS SQL Server	24	20	20
MySQL or other Open Source DBMS	0	0	0
Oracle	0	0	0
Other DBMS	0	0	0
Network Operating System			
Linux	0	0	0
Novell NetWare 4.x	0	0	0
Novell NetWare 5.x	0	0	0
Novell NetWare 6.x	0	0	0
Novell Open Enterprise	0	0	0
Other NOS	0	0	0
UNIX	0	0	0

Infrastructure	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Network Operating System			
Windows NT Server	0	0	0
Windows Server 2000	0	0	0
Windows Server 2003	185	165	165
Windows Server 2008	0	0	0
Virtualization Software			
EMC VMware	0	0	0
Microsoft Virtual Server	2	3	4
Other Server Virtualization Software	0	0	0

Security Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Anti-Spam			
Cisco IronPort	0	0	0
Other Anti-Spam	0	0	0
Symantec Brightmail	5000	5000	5000
Anti-Spyware			
Lavasoft Ad-Aware	0	0	0
McAfee Anti-Spyware	0	0	0
Microsoft Windows Defender	0	0	0
Other Anti-Spyware	0	0	0
PepiMK Spybot-S&D	0	0	0
Symantec Anti-Spyware	0	0	0
Webroot Spy Sweeper	0	0	0
Anti-Virus			
McAfee Anti-Virus	0	0	0
Other Anti-Virus	0	0	0
Symantec Anti-Virus	4000	4500	4700
Application Vulnerability Assessment Scanner			
HP SPI Dynamics	0	0	0
Database Encryption			
Microsoft SQL Server Encryption	0	0	0
Oracle Encryption	0	0	0
Other Database Encryption	0	0	0
Protegrity	0	0	0
Host Firewall			
Check Point/Zone Labs	0	0	0
McAfee Host Firewall	0	0	0
Microsoft Windows Firewall (enabled)	0	0	0
Host Intrusion Prevention System			
Cisco Security Agent	0	0	0
McAfee Host IPS	0	0	0
Other Host Intrusion Prevention System	0	0	0
Machine-Assigned Digital Certificates			
Entrust (machine cert)	0	0	0

Security Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Machine-Assigned Digital Certificates			
Other Machine-Assigned Digital Certificates	0	0	0
RSA (machine cert)	0	0	0
VeriSign (machine cert)	0	0	0
Multi-Factor Authentication			
Biometrics	0	0	0
RSA SecurID	3000	2713	3000
Smart Cards	0	0	0
Network Firewall			
Cisco PIX	0	0	0
Other Network Firewall	0	0	0
Patch Management			
Lumension Security PatchLink	200	200	200
Microsoft Automatic Updates/Windows Update	0	0	0
Microsoft SMS/System Center Configuration Manager	0	0	0
Microsoft WSUS	0	0	0
Movell ZENworks	0	0	0
Other Patch Management	0	0	0
Symantec Altiris	4400	4500	4700
PC Encryption			
Check Point Pointsec PC	0	400	500
Encryption Solution Bundled w/ PC	0	0	0
Microsoft Windows EFS	0	0	0
Other PC Encryption	112	112	0
PDA/Smartphone Encryption			
Check Point Pointsec Mobile	0	0	0
Encryption Solution Bundled w/ PDA/Smartphone	0	0	0
Other PDA/Smartphone Encryption	400	437	500
Personally-Assigned Digital Certificates			
Entrust (personal cert)	0	0	0
Other Personally-Assigned Digital Certificates	0	0	0
RSA (personal cert)	0	0	0
VeriSign (personal cert)	0	0	0

Security Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
USB/Peripheral Storage Encryption			
Check Point Pointsec Protector	0	0	0
Encryption Solution Bundled w/ USB/Peripheral Storage	0	0	0
Other USB/Peripheral Storage Encryption	0	4000	4700
Vulnerability Assessment Scanner			
eEye Retina	0	0	0
McAfee Foundstone	4000	4500	5000
Microsoft MBSA	0	0	0
Other Vulnerability Assessment Scanner	250	250	0

Software Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Business Intelligence and Report Writing			
Cognos	100	2	2
Crystal Reports	100	10	10
Other Report Writing	0	0	0
Desktop Database (not part of Office Suite)			
Corel Paradox	0	0	0
Lotus Notes	0	0	0
MS Access	0	0	0
MS FoxPro	0	0	0
Open Source Desktop Database	0	0	0
Other Database	0	0	0
Desktop Operating System			
Linux	0	0	0
Macintosh	0	0	0
Other Desktop OS	0	0	0
Windows 2000	0	1089	500
Windows NT/ME/98/95/3.x	0	0	0
Windows Vista	2200	13	20
Windows XP	2000	2758	3200
Development Tools			
Adobe ColdFusion	0	0	0
Adobe DreamWeaver	0	6	6
Java (various)	0	0	0
MS Visual Studio	0	26	26
Other Development Tools	0	0	0
E-Mail			
Lotus Notes	0	0	0
MS Outlook 2000	0	1089	500
MS Outlook 2002	0	0	0
MS Outlook 2003	2000	2758	3200
MS Outlook 2007	2200	20	0
MS Outlook Older Versions	0	0	0
Novell GroupWise	0	0	0

Software Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
E-Mail			
Other E-Mail	0	0	0
GIS			
ESRI	1	1	1
Non-ESRI	0	0	0
Groupware/Collaboration			
Groupware Lotus Notes	0	0	0
MS Groove	0	0	0
MS SharePoint	0	0	0
Other Groupware	0	0	0
Internet Browser			
Apple Safari	0	0	0
Firefox	0	0	0
MS Internet Explorer 6	0	2758	3200
MS Internet Explorer 7 or higher	3500	13	0
Netscape	0	0	0
Opera	0	0	0
Other Browser	0	0	0
Office Suites			
Corel WordPerfect Office	0	0	0
MS Office 2000	0	1089	500
MS Office 2003	0	2758	3200
MS Office 2007	4200	20	20
MS Office Older Versions	0	0	0
MS Office XP	0	0	0
Open Source Office Variations	0	0	0
Other Office Suites	0	0	0
Other			
Adobe Acrobat (Full Version)	50	68	70
DHR LMS Client	0	0	0
IBM 3270 Emulation	0	0	0
MS Project	300	79	80
MS Visio	150	118	120

Software Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
Presentation (not part of Office Suite)			
Corel Presentations	0	0	0
MS PowerPoint	0	0	0
Open Source Presentation	0	0	0
Other Presentation	0	0	0
Remote Access/Control			
Cisco VPN Client	100	100	100
Citrix	0	0	0
Other Remote Access/Control	0	0	0
PCAnywhere or equivalent	0	0	0
Spreadsheets (not part of Office Suite)			
Corel Quattro Pro	0	0	0
Lotus 1-2-3	0	0	0
MS Excel	0	0	0
Open Source Spreadsheet	0	0	0
Other Spreadsheet	0	0	0
Web-based Spreadsheet	0	0	0
Word Processing (not part of Office Suite)			
Corel WordPerfect	0	0	0
MS Word	0	0	0
Open Source Word Processing	0	0	0
Other Word Processing	0	0	0
Web-based Word Processing	0	0	0

User Inventory	Planned # FY 2007 - 2008	Actual # FY 2007 - 2008	Planned # FY 2008 - 2009
User Utilization			
County Intranet	3500	3726	3700
Department Intranet	3500	3726	3700
E-Mail	3500	3726	3700
Total Number of Employees	3500	3726	3700
Voicemail	3500	3726	3700

STRATEGIC IT INVESTMENT INVENTORY

Infrastructure Type	2-3 Years	4-5 Years	6-7 Years	> 7 Years
Server Software				
Mainframe	$0.00	$0.00	$0.00	$0.00
Mid-Range Server	$0	$0	$0	$0
x86 Server	$300,000	$200,000	$200,000	$200,000
Server Hardware				
Mainframe and Peripherals	$0	$0	$0	$0
Mid-Range Server and Peripherals	$0	$0	$0	$0
x86 Server and Peripherals	$2,000,000	$1,600,000	$1,600,000	$1,600,000
PC/Mobile (SmartPhone, PDA, etc.) HW and SW				
Desktop PC and Software	$1,500,000	$1,500,000	$1,500,000	$1,500,000
Laptop/Tablet PC and Software	$500,000	$500,000	$500,000	$500,000
Other Mobile Devices and Related Software	$0	$0	$0	$0
Networking and Other Communications Equipment				
Routers	$0	$0	$0	$0
Switches	$600,000	$300,000	$300,000	$300,000
Wireless Equipment	$50,000	$50,000	$50,000	$50,000
Wiring	$50,000	$50,000	$50,000	$50,000
VoIP	$200,000	$200,000	$200,000	$200,000
Other				
Storage	$1,000,000	$1,600,000	$1,500,000	$1,500,000
Multi-Function Printer	$10,000	$10,000	$10,000	$10,000
Stand-Alone Printer/Plotter/Scanner/Fax	$120,000	$110,000	$110,000	$110,000
Security HW and SW	$250,000	$350,000	$350,000	$350,000

IT CONTRACTS BUDGET

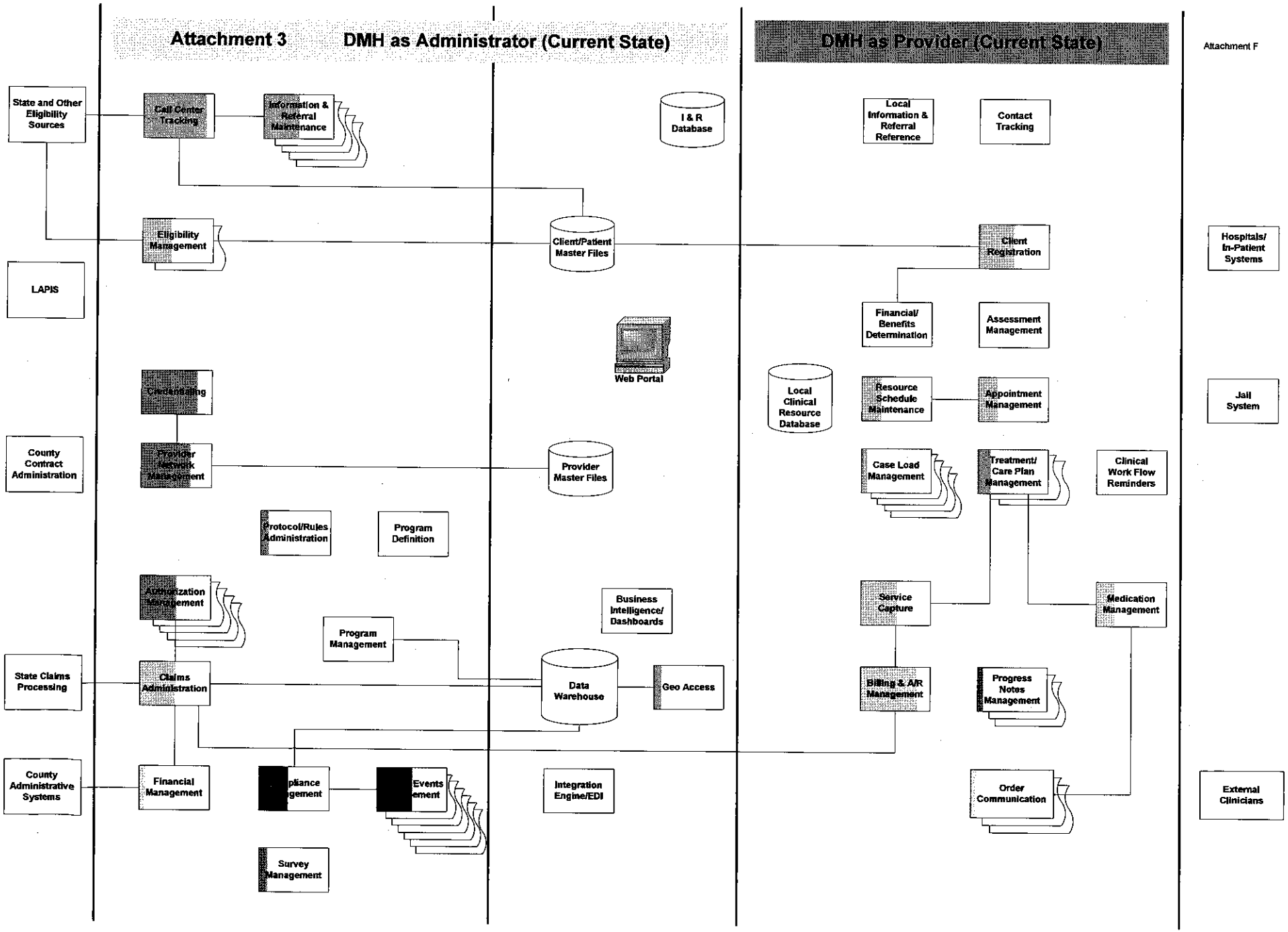
Project/Contract Name *Description*					
Vendor	Contract Type	FY Budget	Status	Start	End
Integrated Information System					
Sierra Systems Group, Inc	Application Maintenance	$320,391	Active	09/2002	09/2008
IBHIS Project					
Provide expert assistance in specificati					
Outlook Associates	Consulting Services	$499,575	Active	05/2006	10/2009
DMH WebMaster/Web Trainer Services					
Manage/optimize diverse websites to crea					
Global Services Resources, Inc	Consulting Services	$50,000	Active	01/2007	11/2008
DMH ACCESS Call Center Transformation					
Provide expert assistance in transformat					
Outlook Associates, LLC	Consulting Services	$488,883	Active	11/2007	10/2009
DMH MHSA ASP.NET Application Development					
Provide ASP.NET development, maintenance					
Computer Professional Unlimite	Consulting Services	$24,995	Active	08/2007	08/2009
DMH MHSA ASP.NET Application Development					
Provide ASP.NET development, maintenance					
Illuminous Enterprises, Inc.	Consulting Services	$17,995	Active	08/2007	08/2009
Electronic Data Interchange (EDI) and IBHIS					
Consultation to representatives of DMH C					
Karen Bollow	Consulting Services	$191,400	Active	06/2007	12/2008
Staff Tech for Project Mngmnt/Business Analysis					
Personnel Services contract for Project					
TBD	Consulting Services	$69,599	Active	12/2007	12/2008
Integrated Health Information System					
Web accessible clinical information syst					
To Be Determined	Consulting Services	$4,314,020	Planned	/////	/////
Captaris Business Workflow Analyst					

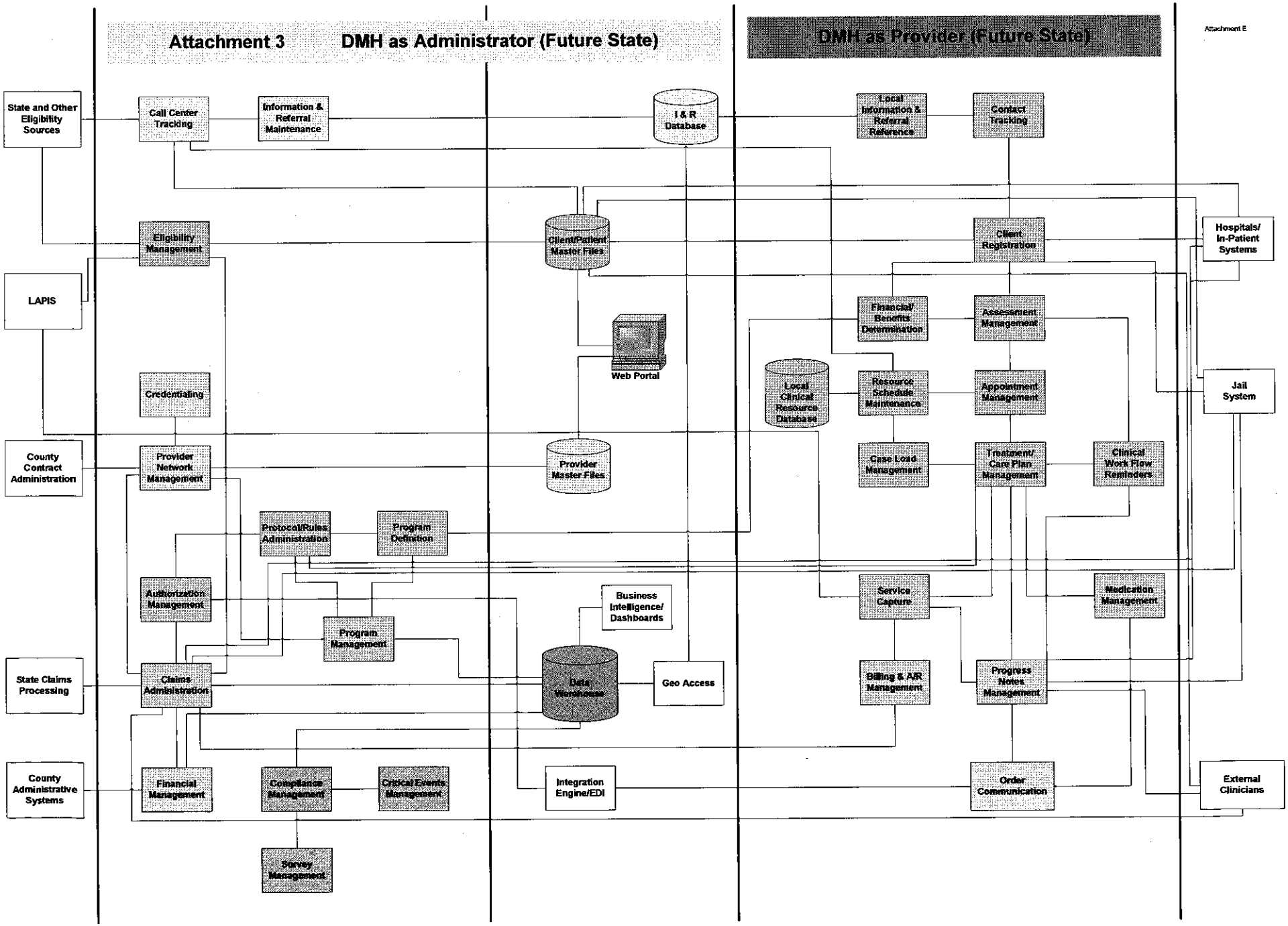
Workflow analyst to provide analysis, de					
TBN	Application Development	$70,000	Planned	03/2008	09/2008

IT BUDGET REQUEST

Description	Estimated Fiscal Year 2007 - 2008	Proposed Fiscal Year 2008 - 2009	Change From Fiscal Year 2007 - 2008
Full-Time Equivalents	188	188	0
Salaries & Employee Benefits			
Salary/Wages	$9,673,035	$15,266,826	$5,593,791
Employee Benefits	$1,658,790	$4,502,981	$2,844,191
Services & Supplies			
Communications	$312,957	$287,539	($25,418)
Computing Mainframe	$0	$0	$0
Computing Midrange/Dept. Systems	$0	$1,611,988	$1,611,988
Computing Personal	$686,700	$2,419,576	$1,732,876
ISD/ITS Services	$6,802,753	$6,504,610	($298,143)
ISD Customer Direct S&S	$123,022	$75,000	($48,022)
Internet Access	$72,000	$156,560	$84,560
IT Application Development	$0	$1,150,000	$1,150,000
IT Application Maintenance	$1,868,388	$2,696,791	$828,403
IT Consulting Services	$0	$1,559,000	$1,559,000
IT Outsourced Services	$1,000,000	$1,628,400	$628,400
IT Security Hardware (Non-Capital)	$0	$0	$0
IT Security Services	$0	$0	$0
IT Security Software	$0	$40,000	$40,000
IT Security Supplies	$0	$0	$0
IT Security Training	$0	$50,000	$50,000
IT Training	$40,000	$281,000	$241,000
Telecomm Consulting Services	$0	$0	$0
Telecomm Equipment (Non-Capital)	$50,000	$48,500	($1,500)
Telecomm Maintenance	$85,000	$80,000	($5,000)
Telecomm Software	$100,000	$25,000	($75,000)
Telecomm Wiring	$15,000	$0	($15,000)
Telecommunications	$0	$0	$0

Description	Estimated Fiscal Year 2007 - 2008	Proposed Fiscal Year 2008 - 2009	Change From Fiscal Year 2007 - 2008
Other Charges			
IT Capital Lease Payments	$0	$0	$0
IT LAC-CAL Lease Payments	$0	$0	$0
Fixed Assets			
IT F/A Equipment	$1,000,000	$2,480,000	$1,480,000
IT Security Equipment	$0	$0	$0
Other Financing Uses			
Operating Transfers Out	$0	$0	$0
Gross Appropriation	**$23,487,645**	**$40,863,771**	**$17,376,126**
Less Interfund Transfers	**$0**	**$0**	**$0**
Total Net Requirements	**$23,487,645**	**$40,863,771**	**$17,376,126**
Revenues			
Intergovernmental	$0	$0	$0
Federal	$0	$10,026,605	$10,026,605
State	$0	$9,921,299	$9,921,299
Other	$0	$14,790,197	$14,790,197
Charges for Services	$0	$0	$0
Other Revenues	$0	$0	$0
Total Revenues	**$0**	**$34,738,101**	**$34,738,101**
Net County Costs	**$23,487,645**	**$6,125,670**	**($17,361,975)**


Attachment 3
DMH as Administrator (Current State)
DMH as Provider (Current State)
Attachment F
State and Other Eligibility Sources
Call Center Tracking
Information & Referral Maintenance
I & R Database
Local Information & Referral Reference
Contact Tracking
Eligibility Management
Client/Patient Master Files
Client Registration
Hospitals/ In-Patient Systems
LAPIS
Financial/ Benefits Determination
Assessment Management
Web Portal
Local Clinical Resource Database
Resource Schedule Maintenance
Appointment Management
Jail System
Credentialing
County Contract Administration
Provider Network Management
Provider Master Files
Case Load Management
Treatment/ Care Plan Management
Clinical Work Flow Reminders
Protocol/Rules Administration
Program Definition
Authorization Management
Business Intelligence/ Dashboards
Service Capture
Medication Management
Program Management
State Claims Processing
Claims Administration
Data Warehouse
Geo Access
Billing & A/R Management
Progress Notes Management
County Administrative Systems
Financial Management
Events
Integration Engine/EDI
Order Communication
External Clinicians
Survey Management


Attachment 3 DMH as Administrator (Future State)
DMH as Provider (Future State)
State and Other Eligibility Sources
Call Center Tracking
Information & Referral Maintenance
I & R Database
Local Information & Referral Reference
Contact Tracking
Eligibility Management
Client/Patient Master Files
Client Registration
Hospitals/ In-Patient Systems
LAPIS
Financial/ Benefits Determination
Assessment Management
Web Portal
Local Clinical Resource Database
Resource Schedule Maintenance
Appointment Management
Jail System
Credentialing
County Contract Administration
Provider Network Management
Provider Master Files
Case Load Management
Treatment/ Care Plan Management
Clinical Work Flow Reminders
Protocol/Rules Administration
Program Definition
Authorization Management
Business Intelligence/ Dashboards
Service Capture
Medication Management
Program Management
State Claims Processing
Claims Administration
Data Warehouse
Geo Access
Billing & A/R Management
Progress Notes Management
County Administrative Systems
Financial Management
Compliance Management
Critical Events Management
Integration Engine/EDI
Order Communication
External Clinicians
Survey Management

ATTACHMENT 4

INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM REQUEST FOR PROPOSALS

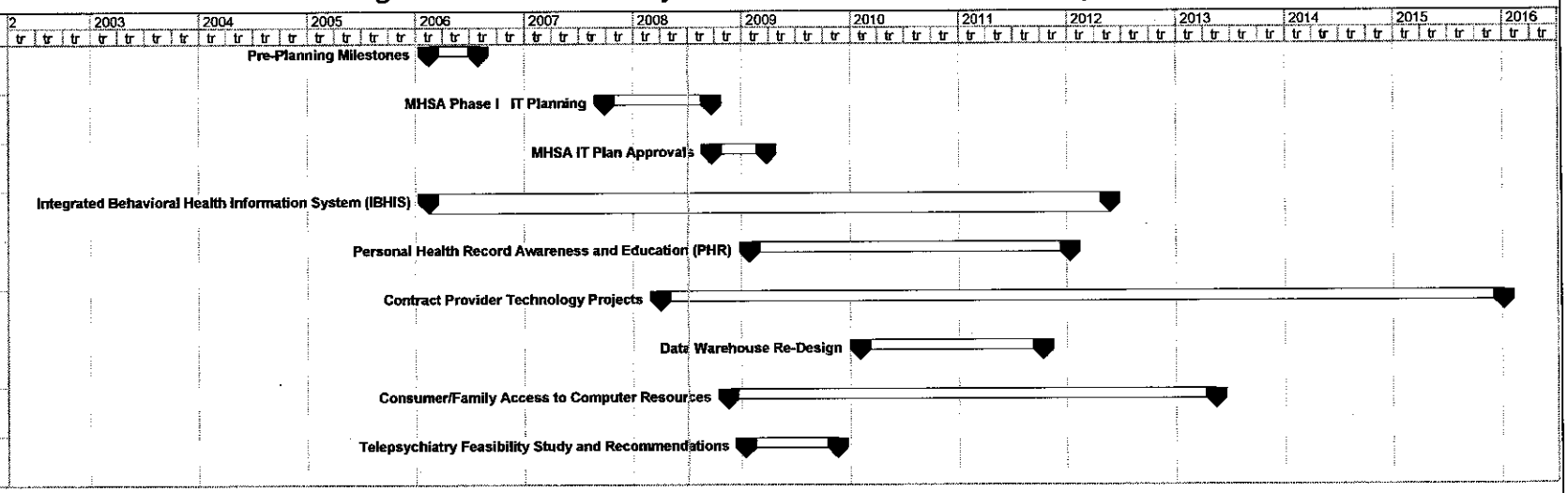
NOT ATTACHED

RELEASE PENDING

Los Angeles County
Department of Mental Health
MHSA IT Plan
Integrated Information Systems Infrastructure Roadmap

DRAFT

ID	Milestone
1	No
5	No
17	No
21	No
50	No
60	No
79	No
99	No
108	No



Los Angeles County
Department of Mental Health
MHSA IT PLAN
Electronic Health Record "Road Map"

DRAFT

ID	Milestone	Task Description	Dur	Start	Finish	Predecessors
1	**No**	**Pre-Planning Milestones**	**119 d**	**2/14/06**	**7/31/06**	
2	Yes	CSS Plan Approved & Funding Accepted By Board	0 d	2/14/06	2/14/06	
3	Yes	Wellness Center Planning Initiated	0 d	7/31/06	7/31/06	2
4	Yes	MHSA One-Time-IT Funding Accepted By Board	0 d	2/14/06	2/14/06	2
5	**No**	**MHSA Phase I IT Planning**	**257 d**	**9/27/07**	**9/19/08**	
6	No	MHSA IT Plan First Draft	200 d	9/27/07	7/2/08	4
7	No	Finalize DRAFT MHSA IT Plan Document	4 d	7/3/08	7/9/08	6
8	No	DMH Finance Review	10 d	7/10/08	7/22/08	7
9	No	DMH EMT, County CIO, CEO Review	10 d	7/10/08	7/22/08	7,8SS
10	Yes	DRAFT MHSA IT Plan Presented to SLT	0 d	7/11/08	7/11/08	7
11	No	Modify MHSA IT Plan as Necessary	5 d	7/17/08	7/22/08	8FF,10FF
12	No	Post Plan - 30 day Public Comment Period	23 d	7/23/08	8/22/08	11
13	Yes	MHSA IT Plan Presented to MHSA Delegates	0 d	7/25/08	7/25/08	10
14	Yes	Present Draft Plan to MHC	0 d	7/30/08	7/30/08	12SS
15	No	Write Final Draft of MHSA IT Plan	10 d	8/25/08	9/5/08	12,10,13,14
16	No	Final Review by County CIO, CEO, EMT, Counsel	2 w	9/8/08	9/19/08	15
17	**No**	**MHSA IT Plan Approvals**	**130 d**	**9/22/08**	**3/24/09**	
18	Yes	MHSA IT Plan Approved by Board	8 w	9/22/08	11/14/08	16
19	No	State Approval of MHSA IT Plan	8 w	11/17/08	1/13/09	18
20	No	Board Approval of IT Funding	8 w	1/28/09	3/24/09	19FS+2 w
21	**No**	**Integrated Behavioral Health Information System (IBHIS)**	**1636 d**	**2/14/06**	**5/24/12**	
22	No	IBHIS RFP Release	650 d	2/14/06	8/11/08	4
23	No	IBHIS Vendor Bids Returned	13 w	8/12/08	11/10/08	22
24	No	IBHIS Vendor Selection	20 w	11/11/08	4/1/09	23
25	No	IBHIS Contract Negotiation	28 w	4/16/09	10/28/09	24FS+10 d
26	No	IBHIS Contract Approval	8 w	11/12/09	1/6/10	25FS+2 w,20
27	No	IBHIS Implementation	350 d	2/4/10	6/8/11	26FS+4 w
28	No	Project Team Training (includes system admin training)	90 d	2/4/10	6/9/10	27SS
29	No	IBHIS User Training	340 d	2/3/11	5/23/12	27FS-90 d
30	Yes	IBHIS Begins Production Use	0 d	6/9/11	6/9/11	27FS+1 d
31	No	IBHIS Continuing Deployment to Additional Sites	250 d	6/10/11	5/24/12	30
32	**No**	**Credentialing System**	**989 d**	**4/4/07**	**1/19/11**	
33	No	Credentialing System Selection	52 w	4/4/07	4/1/08	
34	No	Credentialing System Procurement	13 w	4/2/08	7/1/08	33
35	No	Credentialing System Implementation	35 w	7/2/08	3/5/09	34
36	No	Credentialing Project Team Training	30 d	7/2/08	8/12/08	35SS
37	No	Credentialing User Training	20 d	2/6/09	3/5/09	35FF
38	No	Credentialing System Integration with IBHIS	26 w	7/22/10	1/19/11	27SS+120 d
39	**No**	**Pharmacy Benefit Manager (PBM)**	**690 d**	**8/12/08**	**4/6/11**	
40	No	PBM RFP Release	30 w	8/12/08	3/11/09	22
41	No	PBM Vendor Bids Returned	11 w	3/12/09	5/27/09	40
42	No	PBM Vendor Selection	12 w	4/23/09	7/15/09	40FS+6 w
43	No	PBM Contract Negotiation	20 w	7/16/09	12/2/09	42

Los Angeles County
Department of Mental Health
MHSA IT PLAN
Electronic Health Record "Road Map"

DRAFT

ID	Milestone	Task Description	Dur	Start	Finish	Predecessors
44	No	PBM Contract Approval	8 w	12/17/09	2/10/10	43FS+2 w
45	No	PBM Implementation	30 w	3/11/10	10/6/10	44FS+4 w
46	No	PBM Project Team Training	45 d	3/11/10	5/12/10	45SS
47	No	PBM User Training	45 d	8/5/10	10/6/10	45FF
48	No	PBM Integration with IBHIS	26 w	10/7/10	4/6/11	27SS+90 d,47
49	Yes	PBM Production Use	0 d	10/6/10	10/6/10	45
50	**No**	**Personal Health Record Awareness and Education (PHR)**	**770 d**	**1/28/09**	**1/10/12**	
51	No	Prepare RFP for PHR Education and Training Program	30 w	1/28/09	8/25/09	20SS,22
52	Yes	Release RFP	0 w	8/25/09	8/25/09	51
53	No	Vendor Bids Returned	10 w	8/26/09	11/3/09	52
54	No	Vendor Selection	8 w	11/4/09	12/29/09	53
55	No	Contract Negotiation	16 w	12/30/09	4/20/10	54
56	No	Board Approval	12 w	4/21/10	7/13/10	55
57	No	Develop Education and Training Program	26 w	7/14/10	1/11/11	56
58	Yes	Deliver Education and Training Program	52 w	1/12/11	1/10/12	57
59	Yes	Develop Interface to Network of Care PHR	20 w	7/7/11	11/23/11	58SS,27FS+4 w
60	**No**	**Contract Provider Technology Projects**	**2022 d**	**4/3/08**	**1/5/16**	
61	No	Document Contract Provider Projects for MHSA IT Plan	12 w	4/3/08	6/25/08	6FF-5 d
62	No	Develop Sample Agreement for Contracts to Implement MHSA IT Plan	14 w	7/9/08	10/13/08	22FS-5 w,61SS
63	No	County Legal Review of Sample Agreement	2 w	10/14/08	10/27/08	62
64	No	Adjust Sample Agreement as Necessary	1 w	10/28/08	11/3/08	63
65	No	Contract Provider Review of Sample Agreement	2 w	11/4/08	11/17/08	64
66	No	Adjust Sample Agreement as Necessary	2 w	12/30/08	1/13/09	65,19FF
67	No	Counsel and Provider Final Review of Sample Agreement	2 w	1/14/09	1/27/09	66
68	No	Obtain Delegated Authority to Enter Into Agreements for Approved Projects	8 w	1/28/09	3/24/09	20FF,66
69	No	Contract Providers Submit Project Details	12 w	10/6/08	12/29/08	15FS+4 w
70	No	CIOB Hire Project Manager and Oversight Staff	16 w	1/28/09	5/19/09	20SS
71	No	CIOB Review of Contract Provider Projects (including Adjustments)	25 w	12/30/08	6/23/09	69,62
72	No	CIOB Approval of Contract Provider Projects	25 w	1/14/09	7/7/09	71SS+2 w
73	No	Develop Contractor Specific SOW based on approved projects	30 w	1/28/09	8/25/09	72SS+2 w
74	No	Develop Contractor Specific Agreements for approved projects	30 w	2/25/09	9/22/09	73SS+4 w
75	No	Delegated Authority Approval for approved contract provider projects	30 w	4/22/09	11/17/09	74SS+2 w,20FS+4 w
76	No	Contract Providers Implement Projects	348 w	5/6/09	1/5/16	75SS+2 w
77	No	All Contract Providers EDI Certified - registration & claims related Transactions	120 d	6/9/11	11/23/11	27
78	Yes	Integrated System Stops Receiving New Claims Transactions	0 d	11/23/11	11/23/11	77
79	**No**	**Data Warehouse Re-Design**	**440 d**	**2/4/10**	**10/12/11**	
80	No	Develop SOW for Data Warehouse Re-Design Consultant	4 w	2/4/10	3/3/10	27SS
81	No	Obtain Consultant via ITSSMA	16 w	3/4/10	6/23/10	80
82	No	Assemble Project Team	16 w	2/4/10	5/26/10	80SS
83	No	Develop Detailed Project Plan	2 w	6/24/10	7/7/10	81,82
84	No	Review IBHIS Data Dictionary Documentation	7 w	5/27/10	7/14/10	82
85	No	Review Legacy Data Warehouse Documentation	7 w	5/27/10	7/14/10	84SS
86	No	Develop Requirements for Redesigned Data Warehouse	10 w	7/8/10	9/15/10	85SS+6 w,84SS+6 w,83

Los Angeles County
Department of Mental Health
MHSA IT PLAN
Electronic Health Record "Road Map"

DRAFT

ID	Milestone	Task Description	Dur	Start	Finish	Predecessors
87	No	Document proposed data feeds for Redesigned Data Warehouse	10 w	8/5/10	10/13/10	86SS+4 w
88	No	Obtain Approval for New Design	2 w	10/14/10	10/27/10	87,86
89	No	Obtain any necessary new hardware to support redesigned data warehouse	16 w	10/14/10	2/2/11	88SS
90	No	Install any new hardware for redesigned data warehouse	2 w	2/3/11	2/16/11	89
91	No	Develop redesigned data warehouse	16 w	10/28/10	2/16/11	88
92	No	Develop data feeds for redesigned data warehouse	14 w	2/17/11	5/25/11	91SS+2 w,90
93	No	Document new design and all data feeds	14 w	2/17/11	5/25/11	91FF,92FF
94	No	Test new design	8 w	3/31/11	5/25/11	91FF,92FF
95	No	Train Data Warehouse Users On New Design	2 w	4/28/11	5/11/11	94SS+4 w
96	No	Develop, document and test mandated or standard reports (CSI, STATS, etc)	24 w	4/28/11	10/12/11	95SS
97	No	Approve new design for production use	1 w	5/26/11	6/1/11	94
98	Yes	New Data Warehouse Production Use	0 d	6/9/11	6/9/11	97,30SS
99	**No**	**Consumer/Family Access to Computer Resources**	**1170 d**	**11/17/08**	**5/14/13**	
100	No	Identify Project Manager and Initial Project Team	12 w	11/17/08	2/10/09	18
101	No	Develop a Consensus Solution or Solutions	12 w	2/11/09	5/5/09	100
102	No	Identify initial sites	6 w	5/6/09	6/16/09	101,22
103	No	Develop detailed project plan	4 w	6/17/09	7/14/09	102
104	No	Develop and execute any MOUs or Agreements Necessary	50 w	7/15/09	6/29/10	103
105	No	Obtain Hardware, Software, Internet Service	30 w	12/2/09	6/29/10	104FF
106	No	Deliver Training	150 w	6/30/10	5/14/13	104,105
107	Yes	Consumer/Family Access to Computer Resources Available	150 w	6/30/10	5/14/13	104,105
108	**No**	**Telepsychiatry Feasibility Study and Recommendations**	**220 d**	**1/14/09**	**11/17/09**	
109	No	Develop ITSSMA SOW for Consultant	6 w	1/14/09	2/24/09	19
110	No	Obtain Consultant	16 w	2/25/09	6/16/09	109
111	No	Assemble Project Team	16 w	2/25/09	6/16/09	110FF
112	No	Develop Detailed Project Plan	2 w	6/17/09	6/30/09	110,111
113	No	Identify Opportunities	3 w	7/1/09	7/21/09	112
114	No	Identify Constraints and Limitations	3 w	7/8/09	7/28/09	113SS+1 w
115	No	Develop High Level Requirements	4 w	7/15/09	8/11/09	114SS+1 w
116	No	Identify Alternative Solutions	3 w	7/29/09	8/18/09	115SS+2 w
117	No	Develop Pros and Cons	2 w	8/5/09	8/18/09	116FF
118	No	Consultant Recommendation to the County	2 w	8/26/09	9/8/09	117FS+1 w
119	No	County Review of Recommendation	2 w	9/9/09	9/22/09	118
120	No	Develop Final Recommendation Document	2 w	9/23/09	10/6/09	119
121	Yes	County Acceptance of Final Recommendation Document	0 d	10/20/09	10/20/09	120FS+2 w
122	No	County Identify Next Steps	4 w	10/21/09	11/17/09	121

			FY 08-09				FY 09-10				FY 10-11				FY 11-12				FY 12-13			
Description of Training	**Start**	**Finish**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
IBHIS Project Team Training	02/04/10	06/09/10																				
IBHIS User Training	02/03/11	05/23/12																				
Credentialing Project Team Training	07/02/08	08/12/08																				
Credentialing User Training	02/06/09	03/05/09																				
PBM Project Team Training	03/11/10	05/12/10																				
PBM User Training	08/05/10	10/06/10																				
Deliver PHR Education and Training Program	01/12/11	01/10/12																				
Train Data Warehouse Users On New Design	04/28/11	05/11/11																				
Deliver Computer Training to Consumers & Families	06/30/10	05/14/13																				

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM

IBHIS

COMMUNICATION MANAGEMENT PLAN

Approval of the Communication Management Plan indicates an understanding of the purpose and content described in this document.

Name	Role	Signature	Date
Dr. Marvin Southard	Project Sponsor		5/15/08
Nancy Kless	Co-Project Director		5/15/08
Dr. Robert Greenless	Co-Project Director		5/15/08
Adrina Moreno	Project Manager		5/15/08

DOCUMENT REVISIONS HISTORY

Version	Release Date	Revised by	Comments/Indicate Sections Revised
Initial Draft	Aug. 25, 2006	N/A	Initial Release
Second Draft	Sept. 7, 2006	I. Trinidad	Changes made based on feedback received from PMAB
Third Draft	Sept. 14, 2006	I. Trinidad	Added Communication Systems Resources Table
Fourth Draft	Sept. 21, 2006	I. Trinidad	Defined acronyms on Table 1
Fourth Draft	Sept. 21, 2006	I. Trinidad	Section 4.1 – Change Government Relations Office to Public Information Office
Fifth Draft	May 2, 2008	G. Bunch	Section 2.2 – Communication Management Plan Update Section 3.1 – Communication Systems Resources Section 3.2 – Communication Schedule Section 4.1 – Press and Media Inquiries Section 5.1 – Communication Protocol Section 5.2 – Communication Storage

GENERAL INFORMATION

Project Title:	Integrated Behavioral Health Information System (IBHIS)
Project Request #:	LA-01 (IBHIS)
Project Requester:	County of Los Angeles, Department of Mental Health (DMH)
Executive Sponsor:	Dr. Marvin Southard, Director of Mental Health
Communication Plan Prepared By:	Project Management Template Workgroup Contact Person: Imelda Trinidad[Insert Replacement], CIO Bureau (213) 251-6473
Contact Person:	Moises Macedo, CIO Bureau (213) 251-6642

Table of Contents

1. **INTRODUCTION** 3
   1.1 Purpose 3
2. **COMMUNICATION MANAGEMENT PLAN** 3
   2.1 Components 3
   2.2 Communication Management Plan Update 4
3. **INFORMATION DISTRIBUTION** 4
   3.1 Communication Systems Resourcs 5
   3.2 Communication Schedule 6
4. **ENVIRONMENTAL CONSIDERATIONS** 8
   4.1 Public Inquiries 8
   4.2 Other Political Considerations 8
5. **INFORMATION MANAGEMENT** 8
   5.1 Communication Protocol 8
   5.2 Communication Storage 8

List of Tables

TABLE 1: IBHIS COMMUNICATION SYSTEMS RESOURCES 5
TABLE 2: IBHIS PROJECT COMMUNICATION SCHEDULE 6

List of Appendix

APPENDIX A - IBHIS COMMUNICATIONS DISTRIBUTION

1. INTRODUCTION

1.1 Purpose

Project Communications Management is a subset of project management that includes the processes required to ensure timely and appropriate generation, collection, dissemination, and ultimate disposition of project information. It consists of communications planning, information distribution, performance reporting, and administrative closure.

Communication Planning is determining the information and communications needs of the project stakeholders: who needs what information, when they will need it, and how it will be delivered to them.

Information Distribution is making needed information available to project stakeholders in a timely manner.

Performance Reporting is collecting and disseminating performance information. This includes status reporting, progress measurement, and forecasting.

Administrative Closure is generating, gathering, and disseminating information to formalize phase or project completion. This includes contract closure, project archives, project closure, lessons learned, and Post Implementation Evaluation Report (PIER).

2. COMMUNICATION MANAGEMENT PLAN

The credibility of the project is dependent upon implementing and substantiating the Communication Management Plan which provides a framework for informing, involving, and obtaining buy-in from all stakeholders throughout the duration of the project.

2.1 Components

This plan includes:

- Type of information (status reports, data, schedule, etc.) required
- Method of distribution (written reports, meetings, verbal, etc.) required
- Schedule identifying when each deliverable will be produced
- Procedures for gathering/storing various types of information/deliverables
- Methods for accessing information between scheduled activities
- Methods for updating the Communication Management Plan

2.2 Communication Management Plan Update

The Communication Plan is a dynamic management tool that will be most effective if it is updated to reflect current communication needs as the project progresses. The Integrated Behavioral Health Information System (IBHIS) Project Manager will update the plan, when necessary. Additional requests for changes must be made in writing and submitted to the IBHIS Project Manager who will prepare updates to the Communication Plan.

3. INFORMATION DISTRIBUTION

Information distribution involves making needed information available in a timely manner to project stakeholders. It includes implementing the communications management plan.

The project team provides information formally or informally, to any or the entire project stakeholders. The information is relevant to the needs of the audience, and the method of presentation is appropriate.

See Appendix A – IBHIS Communications Distribution

3.1 Communication Systems Resources

Project information may be distributed using a variety of methods.

TABLE 1. IBHIS COMMUNICATION SYSTEMS RESOURCES

Integrated Behavioral Health Information System (IBHIS) Communication Systems Resources		
Type	**Tools**	**Development Status**
Meeting	Department Meetings	In-use as needed
	Project Team Meetings	In-use as needed
	Staff Meetings	In-use as needed
Email	DMH Everyone	In-use as needed
	IBHIS Alert	In development
	Email	In-use as needed
	IS Alert	In-use as needed
Presentations in Departmental, Staff and Leadership Meetings	Road shows	In-use as needed
Website	IBHIS Webpage	In development
	Microsoft Share Point	In-use as needed
	CPTP/EDI Webpage	In-use as needed
Newsletter	IBHIS Newsletter	To be developed
	Direct e-News	In-use as needed
	Minds & Matters	In-use as needed
Issues Database	IBHIS Issues Database	In-use as needed

3.2 Communication Schedule

TABLE 2.IBHIS PROJECT COMMUNICATION SCHEDULE

Integrated Behavioral Health Information System (IBHIS) Communication Schedule			
Distribution	**Focus**	**Frequency**	**Duration**
Executive Sponsor and Steering Committee	Governing	Monthly	1 hour
External Governmental Oversight	External Oversight IPOC, IV&V, County Chief Executive Office (CEO), County Board of Supervisors (BOS), County Chief Information Office (CIO), Health Deputies, Mental Health (MH) Commission and State Department of Mental Health (DMH)	Monthly - Quarterly	Varies
Project Co-Directors	Internal Oversight	Weekly and Monthly	1 hour
Project Managers	Project Execution	Daily and Weekly	Varies
Project Management Advisory Board (PMAB)	Advisory	Weekly	2 hours
Area Chairs and Business Analysts	Core Project Team	Daily	Varies
ITPAB, District Chiefs, Deputy Directors, Regional Medical Directors, Program Heads, Chief Information Office Bureau (CIOB) Leadership, Technical/ Operations Appointees.	Resource Providers	Activity Driven	Varies
Designated Leads for Clinical Programs, Administration, Financial, Business Intelligence and Technical Operations	Project Resources	Activity Driven	Varies

Integrated Behavioral Health Information System (IBHIS) Communication Schedule			
Distribution	**Focus**	**Frequency**	**Duration**
Department of Mental Health (DMH) Employees	DMH awareness of IBHIS goals and status	Activity Driven	Varies
External Clinical Governmental Stakeholder (ISD, CEO, Privacy Officer, Mental Health Commission)	External Impact and Integration	Activity Driven	Varies
MHSA Planning Groups (Systems Leadership Team, MHSA Delegates)	IBHIS Goals and Status	Activity Driven	Varies
Unions	Human Resource Policy Changes	Activity Driven	Varies
External Contractual Stakeholders	Contractual Data Submission	Activity Driven	Varies
Contract Provider Transition Team - Advisory Board	EDI Transition Activities	Monthly	2 hours
Contract Provider Transition Team – Workgroup	EDI Transition Activities	Monthly	2 hours
Advocacy (Consumer and Family Advocate, LA County Client Coalition, Office of Consumer Affairs, Office of Family Advocate, NAMI LA County Coordinating Council, Patient Rights)	Strategic DMH Goals	Activity Driven	Varies
Project Administration	Administration	Activity Driven	Varies
Legal Counsel and County Risk Management	Legal Counsel	Activity Driven	Varies
Project Documentation	Project Documentation	Activity Driven	Varies
Project Communication	Resource Database	Activity Driven	Varies

4. ENVIRONMENTAL CONSIDERATIONS

4.1 Press and Media Inquiries

Any employee working on the IBHIS Project is not permitted to communicate with the press/media pertaining to any DMH business unless prior approval has been granted from the Department's Public Information Officer. If any of the project staff receives a request for an interview or information from the press/media, the project staff must immediately contact the Project Manager who will then contact the Project Co-Directors and the Department's Public Information Officer who will be responsible for responding to the request. (Pursuant to Policy No. 611.3, Contacts with the Media)

4.2 Other Political Considerations

- The level of credibility the Department may have due to the County's and the Department's past technology implementation track record.

- Ad hoc inquiries and impromptu scrutiny by various stakeholders based on rumors, in reaction to project scope limitations, as part of contract negotiations, in reaction to budget cuts and in response to cost creep, among others.

5. INFORMATION MANAGEMENT

5.1 Communication Protocol

All communication related to project-wide status is directed to the Project Manger. Because of the broad scope of the IBHIS project, only the Project Manager will be able to provide a complete and accurate status on the project.

5.2 Communication Storage

Written communications received and generated by the IBHIS project are stored in the project's library and will be retained indefinitely. The library is located in a network shared drive and can be accessed by the project team; the shared drive path is: R:\Clinical_Information_Systems\LAC DMH IBHIS Working Files.

For administrative purposes, documents specific to Outlook Associates contract as related to the IBHIS project are stored in the network shared drive under the path R:\Contract_Administration. Proper access is required for viewing.

The project library is maintained by the Administrative Coordinator and Documentation Analyst, Marta Ghazarian.

Written communication for anyone external to the core project team are made available for public viewing on the Department's website. The website's address is http://www.dmh.co.la.ca.us.

Overview of the IBHIS Project Workflow Development Process

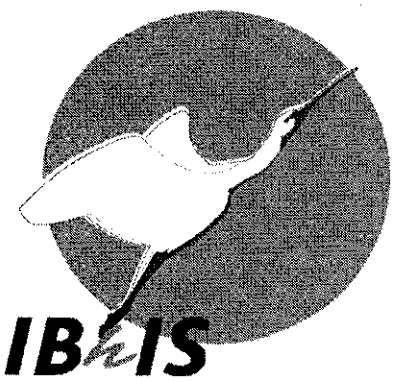
The IBHIS project is a carefully planned series of steps which will result in the specification, selection, and implementation of an Integrated Behavioral Health Information System for the Los Angeles County Department of Mental Health (LACDMH). The plan involves the selection of an existing, proven, "off the shelf" information system that will be configured to meet the specific needs of LACDMH. Direction for the project is shared between the LACDMH Office of the Medical Director and the LACDMH Chief Information Office Bureau, with management assistance from Outlook Associates, a technology consulting firm with substantial experience in large scale clinical information system implementation.

The workflows contained in this binder are to first major work product from the Specification phase of the IBHIS project. Workflows provide a logical representation of various departmental clinical, business and administrative functions and operations. The creation of these workflows allows us to better understand how programs operate and what sort of needs exist for those operations. This, in turn, provides important information to be included in generating the requirements for the Request for Proposals that will be sent out to software vendors in the near future. In addition, the workflows provide an opportunity to look at how different parts of the department fit together, and to look for ways to refine operations in order to enhance quality, efficiency and communication.

These workflows were obtained through dozens of meetings with departmental experts in each of the relevant content areas. The bulk of these meetings were completed between August and November 2006. Thus, the workflows represent a "snapshot" of many of the current operations of the Los Angeles County Department of Mental Health. There are, of course, other LACDMH operations not fully captured here, such as development and monitoring of contracts, audit and compliance activities, MHSA programs still in development, certain planning & reporting activities, etc.

In our efforts to organize the multitude of workflows, we developed a framework that allows us to break most of the different programs and processes into a common set of core business operations or phases. Those phases are Referral In, Screening, Authorization, Intake, Service Delivery, Billing and Closure. More detailed definitions of these phases are contained in this binder. As you look at the various workflows, it is also important to understand that certain shapes and colors have particular meanings in the workflow. For example, diamonds represent decision points, regular rectangles are discrete work processes (as well as referral sources), and the double-sided rectangles are references to other more complex workflows that are defined in greater detail elsewhere. A detailed legend of these symbols and colors is also contained in this binder.

Please do not share the workflows outside of LACDMH prior to the release of the Request for Proposals.



Integrated Behavioral Health Information System

High Level Overview of LACDMH Operations

Phase Definitions

Based on the workflows generated through the IBHIS project, LACDMH Clinical Operations can be broadly divided into the following categories:

- **REFERRAL IN** – This is a request to link an individual to Mental Health services.
- **SCREENING** – An initial determination as to whether the referred individual meets admission criteria for a mental health program or service for which they have been referred.
- **AUTHORIZATION** – This is a formal approval issued by LACDMH (and in some instances, an external agency) permitting access to, payment for, or disenrollment from, a particular subset of mental health services or level of care.
- **INTAKE** – The process of initiating an episode of care within a particular provider. This includes conducting an initial assessment, assigning an SFPR, financial screening of an individual, provision or obtaining of any required consents or notifications, and the formal opening of the episode in the Integrated System.
- **SERVICE DELIVERY** – The provision of services on behalf of a client. This includes care planning and ongoing assessment, pharmacy and laboratory related actions, case management and linkage activities, mental health, crisis and rehabilitation interventions, as well as the documentation of such services and actions. Also included under service delivery are activities that facilitate ongoing clinical operations and client access to care such as appointment scheduling, appointment registration/check-in.
- **BILLING** – The reporting of services in order to receive reimbursement. This includes both clinical service delivery and reimbursable administrative service delivery (e.g., MAA, QA).
- **CLOSURE** – The process of terminating an episode of care within a particular provider and/or the endpoint of a particular functional workflow.

Note that not all LACDMH operations or programs necessarily involve all of the above operational phases/categories. LACDMH also has a number of administrative functions that reside outside of these categories.

Los Angeles County
Department of Mental Health

Workflows from the Integrated Behavioral Health Information System Project

February 8, 2007

Table of Contents

Introductory Material

IBHIS Project Leadership
Overview of Workflow Development Process
Workflow Symbol Key
Phase Definitions for Workflows
IBHIS Project – Workflow Team
DMH Participants in Workflow Development

LACDMH Departmental Workflows

TAB TITLE	*WORKFLOW TITLE*
Outpatient	
	Outpatient Clinic Operations
EOB/ACCESS/UCC	
	ACCESS Center
	EOB Field Response
	Urgent Community Services Program
FSP	
	Full Service Partnerships
CalWORKs/GROW	
	CalWORKS
	GROW

TAB TITLE	***WORKFLOW TITLE***
Children's Countywide Case Management	
	RCL 14 Certification
	Interagency Placement Screening Committee
	Metro SH Case Management
	D-Rate Assessment
	D-Rate Case Management
	Inpatient Case Management
	Healthy Families
Other Children's Programs	
	AB3632
	Specialized Foster Care
	School-Based Programs
	Wrap Around
	Children's Systems of Care
Older Adults	
	GENESIS
	FACTS
Court/Justice Programs	
	Jail Mental Health
	Juvenile Justice Programs
	Children's Mental Health Court
	Mental Health Courts Programs
	LPS Conservatorship
Housing & Homeless	
	Rental Assistance & Eviction Prevention
	Shelter Program
	Housing Authority Programs
Pharmacy	
	Prescribing
	Prescription Filling (Contract Pharmacies)
	Pharmacy Contracts
	Clinic Inventory Requests
	IMP New Patient Applications
	IMP Existing Patient Monitoring
	IMP Shipping
	Pharmacy Manual Payments
	Clinic Sample Management
	Laboratory Orders

TAB TITLE	***WORKFLOW TITLE***
Countywide Resource Management	
	....*IMD, Metro & Intensive Residential Gatekeeping*
	. *Psychiatric Diversion Program (PDP) Authorization*
	..... *Short/Doyle Acute /Crisis Res. Bed Gatekeeping*
	..... *Psychiatric Health Facility Gatekeeping*
	..... *Metro - Jail Project*
	..... *CCU Placement*
	..... *FSP - ACT Referral Tracking*
	..... *Peer Bridging*
	..... *Interim Funding*
Billing/Benefits	
	..... *Benefits Establishment*
	..... *Financial Screening & Basic Billing*
	..... *Share of Cost*
	..... *Medi-Cal Administrative Activity MAA*
	..... *Self Pay*
	..... *Community Outreach Services (COS)*
	..... *Other Insurance*
	..... *Medicare*
	..... *Quality Assurance*
Claims Processing	
	..... *Direct Data Entry*
	..... *Electronic Data Interchange*
Financial Services	
	..... *Provider Reimbursement*
	..... *Cost Reporting*
Managed Care	
	..... *Over Threshold Authorization*
	..... *Psychological Testing Authorization*
	..... *Day Rehab/TBS Authorization*
	..... *Medi-Cal Inpatient Authorization*
	..... *FFS Network Claims Processing*
	..... *FFS Network Credentialing*
DMH Credentialing / Records	
	..... *Medical Record Requests*
	..... *DMH Employee Credentialing*

MHSA Technological Program

Contract Agency

Project Proposal Process

FINAL

October 2008

Table of Contents

1. CONTRACT AGENCY PROJECT PROPOSAL PROCESS 1

1.1 PROJECT PROPOSAL PROCESS 1
1.2 PROJECT MONITORING PROCESS 3

2. PROJECT PROPOSAL REVIEW CRITERIA 4

EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION 6

1. PROJECT OVERVIEW: 7
2. PROJECT MANAGEMENT: (COMPLETE FOR HIGH RISK PROJECTS) 7
3. COST: 8
4. HARDWARE CONSIDERATIONS: 8
5. SOFTWARE CONSIDERATIONS: 8
6. TRAINING AND IMPLEMENTATION: 9
7. SECURITY PLANNING: (IF PROJECT REQUEST IS EDI/EHR OR INCLUDES PHI) 9

EXHIBIT 4 – BUDGET SUMMARY 10

EXHIBIT 6 – STATUS REPORT 11

APPENDIX A: PROJECT RISK ASSESSMENT 18

APPENDIX B: PROPOSAL CONSIDERATIONS AND CLARIFICATIONS 19

1. PROJECT OVERVIEW: 19
2. PROJECT MANAGEMENT: 21
3. COST: 22
4. HARDWARE CONSIDERATIONS: 23
5. SOFTWARE CONSIDERATIONS: 23
6. TRAINING AND IMPLEMENTATION: 23
7. SECURITY PLANNING: 24

APPENDIX C: SAMPLE PROJECT PLAN 25

(SAMPLE) EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION 27

1. PROJECT OVERVIEW: 28
2 PROJECT MANAGEMENT: (COMPLETE FOR HIGH RISK PROJECTS) 29
3 COST: 29
4 HARDWARE CONSIDERATIONS: 30
5 SOFTWARE CONSIDERATIONS: 30
6 TRAINING AND IMPLEMENTATION: 31
7 SECURITY PLANNING: (IF PROJECT REQUEST IS EDI/EHR OR INCLUDES PHI) 31

(SAMPLE) EXHIBIT 4 – BUDGET SUMMARY 33

(SAMPLE) EXHIBIT 6 – STATUS REPORT 34

(SAMPLE) APPENDIX A: PROJECT RISK ASSESSMENT 39

MHSA TECHNOLOGICAL PROGRAM

1. Contract Agency Project Proposal Process

The Contract Agency Project Proposal Process consists of two separate processes:

- The Project Proposal Request Process to prepare and submit an individual project proposal
- The Project Proposal Monitoring Process to monitor and track progress, status reports and invoices for each individual project

1.1 Project Proposal Process

1. Contract agency prepares the MHSA Technological Needs Project Proposal Description (Exhibit 3), Budget Summary (Exhibit 4), Project Risk Assessment (Appendix A) and a project plan (Appendix C – Sample Project Plan). If the agency is requesting a start-up distribution of funds for the project, the project proposal should describe the intended use for the start-up distribution. (See Notes section of Exhibit 4). The distribution may be limited to 20% of the approved project proposal budget.

2. If contract agencies form a consortium, each contract agency must submit their own project proposal and budget summary showing the budgeted portion for their contract agency. Each contract agency submits a project plan for their portion of the project. The consortium lead agency should submit a single consolidated project plan for the entire project. Each contract agency submits a DMH Quarterly Status Report for their portion of the project. The consortium lead agency is responsible for submission of the consolidated DMH Quarterly Status Report for the overall project.

3. The consortium structure, roles, responsibilities, tasks and management are the responsibility of the consortium. DMH may require a Memorandum of Understanding (MOU) that is signed by all parties of the consortium to be on file with DMH prior to project initiation.

4. Contract agency submits Exhibit 3, Exhibit 4, Appendix A and the project plan to the DMH Contract Agency Project Proposal Review Committee (CAPPRC). This is the project proposal package. Please refer to Appendix B for Considerations and Clarifications on Exhibit 3.

5. CAPPRC evaluates the project proposal package using the pre-defined evaluation criteria defined in Section 2.

6. CAPPRC approves, denies or requests additional information regarding the project proposal.

7. If the project proposal is denied, the CAPPRC contacts the contract agency for more information or clarification. The contract agency returns to Step 1.

8. If the project proposal is approved, the CAPPRC notifies the contract agency.

9. CIOB sends the approved project proposal package to DMH Finance.

10. CIOB sends the approved project proposal package to the designated District Chief. If the contract agency legal entity location is not in a DMH Service Area, the contract agency needs to designate a District Chief to receive the proposal package. A list of all contract agencies and designated District Chiefs will be prepared and maintained by CIOB.

11. CIOB sends the approved project proposal package to DMH Contracts Division to prepare the new contract for contract agency review and signature. Upon full execution of the contract, DMH Budget Division encumbers the funds.

1.2 Project Monitoring Process

1. Contract agency submits a DMH Quarterly Status Report (Exhibit 6) to CIOB. Contract agency submits an invoice to Finance no later than two weeks after the end of the period (monthly or quarterly). The invoice should include copies of receipts for purchases and other expenditures shown on the invoice.

2. If contract agencies have formed a consortium, the lead agency for the consortium should submit a single DMH Quarterly Status Report (Exhibit 6) for the entire project. Each contract agency must submit a DMH Quarterly Status Report for their portion of the project. Each contract agency must submit a separate invoice for their portion of the project to Finance with supporting copies of receipts indicating the purchases and other expenditures for their legal entity.

3. Finance forwards the invoice to CIOB and the designated District Chief. CIOB reviews and signs the invoice and forwards to DMH Finance for processing. CIOB tracks the total invoiced amounts, project start-up distribution, total project budget and remaining project budget amounts for each project proposal.

4. CIOB reviews the DMH Quarterly Status Report to determine if there are any risks and/or issues that could compromise the success of the project. CIOB may consult with the agency to provide guidance, assistance and solicit clarification. A copy of the Quarterly Status Report is sent to the designated District Chief. The designated District Chief is notified of any project considered at risk of failure.

5. CIOB compiles and summarizes the Contract Agency DMH Quarterly Status Reports to include in the DMH Quarterly Status Report to State DMH.

6. CIOB prepares reports to track payments and progress against the plan and budget.

7. The CAPPRC contacts contract agencies on an as needed basis to conduct a project review to determine progress against plan. If progress is not satisfactory, several alternatives are possible, including, but not limited to:

    1. revise the project plan
    2. request additional funds (so long as the amount is within agency's allocation)
    3. cancel the project

    The CAPPRC will review these and other alternatives with the contract agency.

8. Other potential audits may occur including a financial audit, contract terms and conditions audit, State MHSA audit, or County audit. Audit requirements will be defined in the technology contract.

9. Contract agency submits a final invoice at project completion. Contract agency submits the Post Implementation Evaluation Report (PIER) with the last Quarterly Project Status Report to CIOB.

2. PROJECT PROPOSAL REVIEW CRITERIA

The Project Proposal Review Criteria are defined as follows:

1. The project proposal must meet the MHSA goals of modernization/transformation or consumer/family empowerment within a framework of an Integrated Information System Infrastructure.

2. The project type must be one of the project types listed in the MHSA Technological Program Project proposal (Exhibit 3).

3. The first priority for project type must be Electronic Data Interchange (EDI) to enable all agencies to achieve a baseline EDI level of claim submittal (837 EDI) to and receipt of remittance advices (835 EDI) from the Integrated Behavioral Health Information System (IBHIS).

4. The project type may indicate an Electronic Health Record System (EHRS) if the EDI component is part of the proposed EHRS.

5. All projects will be evaluated based upon an assessment of the contract agency's current EDI capability.

6. Contract Agency must have an executed legal entity agreement and be financially viable.

7. The proposed project must be technically sound.

8. Buying Commercial-Off-The-Shelf (COTS) software or contracting with an Application Service Provider (ASP) is strongly preferred over custom software development for new systems.

9. The project proposal must adequately justify, through a sufficient level of detail, the expenditure of MHSA funds using the Budget Summary Form (Exhibit 4) with a corresponding Project Plan (Appendix C Sample).

10. The estimated total funding amount must not exceed the total MHSA allocated funding amount for the contract agency based on the Statewide Capital Facilities and Technological project estimate of $345 million. Contract agencies may request less than the funding allocation for their contract agency.

11. Subsequent project proposals will be evaluated based on the overall agency project performance on previous MHSA Technological projects. Performance factors include adherence to MHSA Technological goals, adherence to DMH baseline EDI requirements, satisfactory project delivery and realization of expected project benefits.

Exhibits

Exhibit 3 - Technological Needs Project Proposal Description

Project Title: _____ Consortium (Y/N) _

Contract Agency Name: _____ Legal Entity Number: _____

_____

Print Name Signature Date Phone
Prepared by:

_____

Print Name Signature Date Phone
Contract Agency Executive Director

- ***Please check at least one box from each group that describes this MHSA Technological Needs Project***

  ☐ New system
  ☐ Extend the number of users of an existing system
  ☐ Extend the functionality of an existing system
  ☐ Supports goal of modernization/transformation
  ☐ Supports goal of consumer and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☐ Practice Management
    - ☐ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
    - ☐ Electronic Data Interchange (EDI)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computing Resources Projects
    - ☐ Personal Health Record (PHR) System Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technology Needs Projects That Support MHSA Operations**
    - ☐ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Interface/Application *Name of Consultant (if applicable)* _____
  ☐ Commercial Off-The-Shelf (COTS) System *Name of Vendor* _____
  ☐ Application Service Provider (ASP) *Name of Vendor* _____
  ☐ Billing Service/Clearinghouse *Name of Vendor/Service* _____
  ☐ Other _____

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360.**
Email a copy to: CPTT@dmh.lacounty.gov.

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION (Continued)

1. Project Overview:

1.1. Project Description

Describe the project purpose, background, goals and objectives, project scope, project justification and approach. Include information to determine whether the organization has the capability and resources necessary to carry out the proposed project.

1.2. Results or Benefits Expected

Describe the results and benefits to be derived from the project. Include both tangible and intangible benefits. Tangible benefits must be quantifiable and measurable and may be used as performance criteria to measure project success. Identify critical success factors for the project.

1.3. Project Approach

Describe the project approach (such as COTS, ASP, Custom Interface) and how the proposed work will be accomplished. Include factors that might influence the approach and/or schedule. Identify the key project milestones with the planned start and completion dates.

1.4. Project Risks (Complete for High Risk Projects)

Describe the project risks including possible risk mitigation strategies. Please refer to the IT Project Status Report for an example of the Risk and Issue Management report. Also, complete Appendix A – Project Risk Assessment for each project proposal.

1.5. MHSA Goals and Objectives:

Describe how the project meets the MHSA Information Technological goals:

- increase Consumer and Family Empowerment by providing tools for secure access to health information within a wide variety of public and private settings
- modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness

2. Project Management: (Complete for High Risk Projects)

2.1. Scope Management:

Describe the approach to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

2.2. Time Management:

Describe the approach to monitor the project schedule in order to complete the project on time.

2.3. Cost Management:

Describe the approach to monitor project costs against project budget including all expenditures for personnel, hardware, software, contract services and other expenses.

3. Cost:

3.1. Cost Justification:

Describe the use of MHSA funds in each of the project budget categories: personnel, hardware, software, contract services and other expenses. Describe the use and amount of start-up funds for the project. Start-up funds may be requested for up to 20% of the total project proposal MHSA amount. Describe the areas that are not covered by MHSA IT funds. Exhibit 4 – Budget Summary is a summary budget form for planning purposes. Each agency will be required to have a detailed budget available for review if requested by the CAPPRC.

3.2. Ongoing Sustainability of System:

Describe the ongoing costs and the approach to maintaining the system after MHSA funds are exhausted.

4. Hardware Considerations:

4.1. Hardware Maintenance:

Describe the approach for establishing maintenance/service agreements for hardware, software, and/or any other equipment purchased using MHSA Technological funds.

4.2. Backup Processing Capability:

Describe the approach for evaluating business needs and determining the appropriate backup processing capabilities of any system(s) purchased using MHSA Technological funds.

5. Software Considerations:

5.1. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

Describe the approach to meet, at a minimum, all security standards set forth in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines.

5.2. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

Describe the approach to ensure that the system software is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), Certification Commission for Healthcare Information Technology (CCHIT), and MHSA Capital Facilities and Technological Guidelines and Regulations.

6. Training and Implementation:

6.1. Process for Implementing the Technology:

Describe the approach for determining appropriate implementation strategies to ensure successful project completion. Describe the proposed implementation approach.

6.2. Process for Training:

Where appropriate, describe the approach for determining appropriate training processes to ensure successful project implementation.

7. Security Planning: (If Project Request is EDI/EHR or Includes PHI)

7.1. Protecting Data Security and Privacy:

Describe the approach for developing and maintaining effective security and privacy policies and procedures. Additionally, describe the approach for ensuring compliance with local, State, and Federal security and privacy laws and regulations as they pertain to each project activity supported by MHSA Technological funds.

7.2. Operational Recovery Planning:

For EDI and EHR projects only, describe the approach to address operational recovery planning.

7.3. Business Continuity Planning:

For EDI and EHR projects only, describe the approach to address business continuity planning.

7.4. Emergency Response Planning:

For EDI and EHR projects only, describe the approach to address emergency response planning.

7.5. State and Federal Laws and Regulations:

Describe the approach to ensure that any technology solution implemented using MHSA Technological funds is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), CCHIT, and MHSA Capital Facilities and Technological Guidelines and Regulations.

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360.**
Email a copy to: CPTT@dmh.lacounty.gov.

Exhibit 4 – Budget Summary
For Technological Needs Project Proposal
(List MHSA Dollars in Thousands)

Project Title: _____ Consortium (Y/N) _

Contract Agency Name: _____ Legal Entity Number: _____

Category	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Total One-Time Costs	Estimated Total Ongoing Costs*
Personnel					
Total Staff (Salaries & Benefits)					
Hardware					
Total Hardware					
Software					
Total Software					
Contract Services (list services to be provided)					
Total Contract Services					
Other Expenses (Describe)					
Total Other Expenses					
Total Costs (A)					
Total Costs (B) **					
MHSA Funding Requirements (A-B)					
NOTES: (If requesting project start-up costs, please describe the reason for the request.)					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients) attach a description of estimated benefits and Project costs allocated to each program.

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360.**
Email a copy to: CPTT@dmh.lacounty.gov

Exhibit 6 – Status Report
For Funded Technological Needs Project

County of Los Angeles
Department of Mental Health
Project Status Report
For an MHSA-Funded IT Project

PROJECT INFORMATION		
Project Name:		**DMH Project ID #:**
Executive Sponsor: **Title:**		**Contract Agency Name:** **Legal Entity #:**
Project Status ☐ On Schedule ☐ Ahead of Schedule ☐ Behind Schedule	**Budget Status** ☐ Within Approved Budget ☐ Over Budget	**Report for Quarter Ending: mm/dd/yy** **Project Start Date: mm/dd/yy** **Project End Date:**
MHSA IT Project Contact Person's Name: **Telephone Number:** **E-mail Address:**		
Project Objectives:		
Consortium Agencies (If applicable):		

MAJOR MILESTONE STATUS						
Project Phase	**Deliverables / Milestones**	**Planned Start**	**Actual Start**	**Planned Completion**	**Actual Completion**	**Status**
Phase Description						
Phase Description						
Phase Description						
Phase Description						
Phase Description						
PIER at Project Completion						

TOTAL PROJECT BUDGET INFORMATION (MHSA Funding Only)		
Category	**Budgeted Costs**	**Actual Costs to Date**
Personnel (Salaries & Benefits)	$ 0	$ 0
Hardware	$ 0	$ 0
Software	$ 0	$ 0
Contract Services	$ 0	$ 0
Other Expenses	$ 0	$ 0
Total Project Costs	**$ 0**	**$ 0**

STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES

STATUS

-

ACCOMPLISHMENTS

-

SCHEDULED ACTIVITIES

-

ISSUES

-

RISK MANAGEMENT

Risk Report

(Please Provide the Risk Log Along with Mitigation, Contingency Plan for each High Priority Short Term Risk)

ID	Risk (Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.)	Probability	Impact	Timeframe	Response	Escalated To DMH

Explanation Of Entries

- **Probability And Impact Are Based On Three (3) Possible Entries:** High (H), Medium (M), Low (L)
- **Timeframe, Estimation Of How Long The Risk Will Be Relevant:** Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long Term (L) >6 months
- **Response:** Possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact
- **Escalated to County DMH**: Yes or No

List Of Risks That You Might Want To Consider

1. Lack of Clearly-Defined Project Objectives and Business Processes
2. Lack of Clearly Defined Roles and Responsibilities for Stakeholders and Team Members
3. No Project Steering Committee Established
4. Required Funds and Resources are not available in a Timely Manner
5. Lack of Subject Matter Experts with Availability To Share Knowledge in a Timely Manner with The Project Team
6. Lack of Well Defined Requirements or Requirements that are not Finalized
7. Lack of Project Management Methodology and Change Management Process
8. Lack of Knowledge on Technologies Being Used and Stability of Technologies Being Used
9. No Proven Vendor Product (If Package Solution)
10. Excessive Changes after the Completion of the Requirements Phase
11. Lack of User Group Involvement and Buy-In Throughout The Project
12. No Provision for Appropriate Training

Post Implementation Evaluation Report

Please Include The Following Sections In Your Final Status Report

OBJECTIVES ACHIEVED
Describe the Achieved Objectives in Comparison to the Objectives Listed in the Project Description Section 1.1 of Exhibit 3. Also describe the User and Management Acceptance of the Completed Project. •

LESSONS LEARNED
Describe Lessons Learned, Best Practices used for the project, any Notable Occurrences, or Factors that contributed to the project's success or problems, or other information, which could be helpful during future project efforts. Describe Problems that were Encountered and How they were Overcome. •

CORRECTIVE ACTIONS
Note: This section must be included when the project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome. •

NEXT STEPS
Describe if the project has any Future Phases or Enhancements; or will it be in Maintenance Phase. •

Contract Agency Approvals

Signature	Date	Phone
Prepared By		

Signature	Date	Phone
Contract Agency Executive Director		

Please send the **Signed Original** to the following address:

County of Los Angeles
Department of Mental Health
Chief Information Office Bureau (CIOB)
Attn: Robert Greenless, Ph.D.
695 South Vermont Avenue 7th Floor
Los Angeles, CA 90005

Additionally, please E-mail a **Soft Copy** to:
CPTT@dmh.lacounty.gov

APPENDICES

Appendix A: Project Risk Assessment

Category		Factor	Rating	Score
Estimated Cost of Project (MHSA Funds Only)		Over $400,000	6	
		Over $200,000	5	
		Over $100,000	2	
		Under $100,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 300	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	
		Two-Tier (client / server)	2	
*Commercial Off-The-Shelf Software		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	

Total Score	Project Risk Rating	
25 – 31	High	
16 – 24	Medium	
8 – 15	Low	

Appendix B: Proposal Considerations and Clarifications

1. Project Overview:

1.1. MHSA Goals and Objectives:

LAC-DMH proposes to distribute MHSA Technological funds to Contract Agencies for the following types of technology projects:

1) Electronic Health Record (EHR) System Projects including hardware and software to support field-based services, remote access to EHR, and EHR training;
2) Electronic Data Interchange (EDI) Projects;
3) Client/Family Access to Computer Resources Projects;
4) Personal Health Record Projects;
5) Online Information Resource Projects;
6) Telemedicine and other rural/underserved access methods projects;
7) Pilot Projects to monitor new programs and service outcome improvement;
8) Data Warehousing/Decision Support Projects; and
9) Imaging/Paper Conversion Projects.

Additionally, LAC-DMH will support Contract Agency requests for Treatment Planning Libraries that are consistent with MHSA treatment models, automation of eligibility verification, forms translations, and software and hardware to support e-signatures.

LAC-DMH has developed a review process to evaluate all technology project proposals submitted by Contract Agencies within the LAC-DMH enterprise. Contract Agencies will be required to submit project proposals describing project goals and objectives, indicate high-level project milestones, and provide project budgets. All projects must meet the MHSA goals of modernization/transformation or client/family empowerment within a framework of an Integrated Information System Infrastructure. Contract Agencies must choose from the project types outlined above. The first priority is EDI. LAC-DMH has discouraged requests for funding to support custom software development for EHR/EDI projects. A review team comprised of LAC-DMH, CIOB staff will review all Contract Agency project proposals.

Electronic Health Record Projects:

The EHR technology project implementation approaches proposed by Contract Agencies will vary. LAC-DMH will support EHR project implementation approaches such as commercial-off-the-shelf (COTS), Application Service Provider (ASP), and Billing Services or Clearinghouses.

Client/Family Empowerment Projects:

Client/Family Computer Access Projects: LAC-DMH will support Contract Agency technology projects that make computer resources such desktop computers, peripheral devices, and videoconferencing tools available to clients/family in mental health service settings and other appropriate and secure residential settings. LAC-DMH will also support Contract Agency projects that make computer skills training programs and technical support available to the clients/family they serve.

Personal Health Record (PHR) Projects: LAC-DMH will support PHR projects, particularly those involving the Network of Care PHR, proposed by Contract Agencies that accomplish one or more of the following objectives:

1) PHR awareness and education;
2) PHR systems and/or system enhancements such as linking Contract Agency EHR data with a PHR; and
3) PHR training programs for clients/family and service agencies.

Other Technological Needs Projects that Support MHSA Operations:

Telemedicine/Telepsychiatry: Some Contract Agencies within the LAC-DMH enterprise deliver services to clients in rural/underserved areas of Los Angeles County. Telemedicine/Telepsychiatry is promising technology for increasing access to mental health services. LAC-DMH will support Contract Agencies proposing Telemedicine/Telepsychiatry Projects.

Pilot Projects: Many Contract Agencies provide MHSA services other than Full Service Partnership (FSP) services. FSP outcome measures are already captured in the Outcomes Measures Application (OMA). No similar applications are available to capture the outcomes of non-FSP MHSA services. LAC-DMH proposes to support Contract Agencies who wish to develop technology systems to monitor the outcomes of non-FSP mental health services. These projects will allow the assessment of program effectiveness and assist in service program planning.

Imaging/Paper Conversion: To support the conversion of mental health record files from hard-copy to digital format, LAC-DMH proposes to support Contract Agencies that request MHSA funds to support Imaging/Paper Conversion projects.

Data Warehousing/Decision Support: LAC-DMH proposes to support Contract Agencies that request MHSA funds to support Data Warehousing/Decision Support projects. Ready access to digitally captured information is vital to the accomplishment of the transformation goals of MHSA and to monitoring progress towards transformational goals over time. Mental health program planning and development, outcomes assessment, quality improvement, implementation of evidence-based practices, and cost-efficient streamlined business processes cannot be fully realized without structured improvements in the processes for consolidating, storing, and reporting information from disparate data sources.

LAC-DMH will support other MHSA technology project initiatives that cover a variety of contracted services such as legal services to assist in preparing and reviewing vendor contracts, technical writing services to create training, technical and business process documentation essential to the successful implementation of the EHR, contracted training services for new applications and contracted technical support to assist in hardware/network/software installations to support the EHR.

Other funding requests that may be submitted by Contract Agencies for inclusion in the Contract Agency Technology Project include projects that were not specifically identified in the MHSA Capital Facilities and Technological Guidelines but do relate to overall MHSA goals. These projects include a Community-based Treatment Quality

Improvement Project, an Electronic Clinical Assessment Project, automated treatment libraries for mental health, and costs for signature pads and EHRS e-signature integration.

2. Project Management:

2.1. Independent Project Oversight:

The Contract Agency Technology project will have numerous sources of independent project oversight, which includes the following; 1) LAC-DMH Information Technology Advisory Board (ITPAB); 2) LAC-DMH Executive Management Team (EMT); 3) LAC Chief Executive Office (CEO); 4) LAC Chief Information Office; and 5) LAC Board of Supervisors. Each source of independent project oversight and their roles in this project is described below.

The ITPAB provides strategic, operational, and clinical guidance to information technology (I/T) planning and ensures that I/T projects are consistent with LAC-DMH Business Goals and I/T objectives. The ITPAB establishes priorities for projects within the department's project portfolio, assesses risks, monitors progress, and ensures that appropriate resources are deployed to complete the project. The ITPAB meets at least quarterly.

The EMT will provide oversight of this project to ensure that the project supports the broad goals of MHSA across the full spectrum of MHSA plans.

The CEO evaluates whether LAC-DMH has appropriate financial controls on the project.

The CIO has designated a representative, Henry Balta, who will evaluate whether the project has appropriate Project Management controls in place.

Given the number of contracts that will be initiated as part of this project, the County Board of Supervisors will provide independent project oversight. Each supervisor has a Health Deputy. All Health Deputies will be given regular written project status reports and occasional presentations of project status at meetings of the health deputies. Similar to the CEO, the Board of Supervisors will be interested in the overall value of the project to County, project consistency with County's strategic plan, and the appropriate distribution of resources across the County's eight Service Planning Areas and five Supervisorial Districts.

2.2. Scope Management:

The Project Manager will manage the overall project scope. LAC-DMH will be requesting project plans from each participating Contract Agency. The Project Manager and a team of technical experts will evaluate each project plan for consistency with the goals and objectives outlined in the MHSA Technological guidelines. Each Contract Agency will be responsible for managing the scope of each technology project they undertake. The LAC-DMH Project Manager will be responsible for monitoring each Contract Agency Project to ensure that each project stays within its defined scope as specified in each project plan. The LAC-DMH Project Manager will work with each Contract Agency to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

Contract Agencies will be required to submit Project Status Reports quarterly. The status reports will provide information on scope compliance and performance measured against individual project plans. Each Contract Agency receiving MHSA Technological funding will enter into a contract with LAC-DMH. Each contract will have specific language regarding performance expectations, reporting requirements, and consequences for poor performance and/or failure to perform according to the terms and conditions of the contract.

2.3. Time Management:

Each Contract Agency will be responsible for ensuring appropriate time management. Through quarterly status reports and periodic site visits, LAC-DMH will monitor each Contract Agency's progress over time. In the event that a Contract Agency falls behind schedule on a project, LAC-DMH will work with that agency to identify obstacles and assist the Contract Agency to develop an action plan to move each project forward to completion.

2.4. Cost Management:

Each Contract Agency will be responsible for managing project costs. LAC-DMH will be responsible for monitoring Contract Agency expenditures specific to each technology project. Under the supervision of the Project Manager, two Senior Information Systems Analysts (SISA), and an Administrative Assistant (AA) will be devoted full-time to this project. A SISA will be assigned to each contract to review invoices and monitor contractor performance. The AA will be responsible for processing and tracking Contract Agency invoices associated with approximately 125 contract agency contracts.

LAC-DMH will require the Contract Agencies to provide invoices no more than monthly and no less than quarterly depending upon the type of project and the preferences of the Contract Agency. The AA will maintain an invoice tracking system to track expenses against each contract award amount, and track expenses associated with start-up costs and expenses to be reimbursed in arrears. The AA will forward invoices submitted by Contract Agencies to the SISA(s), District Chief and Finance. The SISA(s) will evaluate expenses against project deliverables to determine the appropriateness of each expense. Upon review and approval by a SISA, the AA will forward invoices to DMH Finance. DMH Finance will maintain a log of all invoices paid.

3. Cost:

3.1. Cost Justification:

MHSA Technological funding is intended to support technology projects to build a technical infrastructure that ultimately results in improved client services and provides tools to empower clients and family.

3.2. Ongoing Sustainability of System:

MHSA Technological funds are requested to assist Contract Agencies in acquiring sustainable information systems that will allow them to efficiently and effectively interface with LAC-DMH, and develop sustainable technology programs that empower the clients/family they serve. Additionally, these funds will support their capacity to effectively sustain their participation in the delivery of services they provide. However,

the use of MHSA Technological funding to support Contract Agency Technology projects will not by itself ensure sustainable technology programs. Contract Agencies, in developing their project plans, must take into consideration their business model, current resources, and their means for obtaining resources to sustain their technology projects over time.

4. Hardware Considerations:

4.1. Hardware Maintenance:

Contract Agencies will be responsible for establishing maintenance/service agreements for any hardware, software, and/or any other equipment purchased using MHSA Technological funds.

4.2. Backup Processing Capability:

Contract Agencies will be responsible for evaluating their business needs and determining the appropriate backup processing capabilities of any system(s) purchased using MHSA Technological funds.

5. Software Considerations:

5.1. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

By contract, Contract Agencies will be required to meet, at a minimum, all security standards set forth in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines.

5.2. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

All Contract Agencies receiving MHSA Technological funding to support EHR/EDI projects will be required to ensure that the EHR/EDI system software they select is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), Certification Commission for Healthcare Information Technology (CCHIT), and MHSA Capital Facilities and Technological Guidelines and Regulations.

6. Training and Implementation:

6.1. Process for Implementing the Technology:

Where appropriate to the type of project supported by MHSA Technological funds, Contract Agencies will be responsible for determining appropriate implementation strategies to ensure successful project completion. LAC-DMH will perform appropriate monitoring to regularly assess the implementation status of each technology project supported by MHSA Technological funds.

6.2. Process for Training:

Where appropriate to the type of project supported by MHSA Technological funds, Contract Agencies will be responsible for determining appropriate training processes to ensure successful project implementation.

7. Security Planning:

7.1. Protecting Data Security and Privacy:

By contract, Contract Agencies are responsible for developing and maintaining effective security and privacy policies and procedures. Additionally, per contract, Contract Agencies will be responsible for ensuring compliance with local, State, and Federal security and privacy laws and regulations as they pertain to each project activity supported by MHSA Technological funds.

7.2. Operational Recovery Planning:

For EDI and EHR projects only, Contract Agencies will be required to address operational recovery planning in project proposals submitted to LAC-DMH.

7.3. Business Continuity Planning:

For EDI and EHR projects only, Contract Agencies will be required to address business continuity planning in project proposals submitted to LAC-DMH.

7.4. Emergency Response Planning:

For EDI and EHR projects only, Contract Agencies will be required to address emergency response planning in project proposals submitted to LAC-DMH.

7.5. State and Federal Laws and Regulations:

Contract Agencies will be required to ensure that any technology solution implemented using MHSA Technological funds is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), CCHIT, and MHSA Capital Facilities and Technological Guidelines and Regulations.

Appendix C: Sample Project Plan

ID	❶	WBS	Task Name	Duration	Start	Finish	% Complete
1		1	Electronic Data Interchange (EDI)	150 d	Mon 7/14/08	Wed 2/18/09	0%
2		1.1	Project Management	150 d	Mon 7/14/08	Wed 2/18/09	0%
3		1.1.1	Prepare Project Work Plan	16 d	Mon 7/14/08	Mon 8/4/08	0%
7		1.1.2	Track and Report Project Status	150 d	Mon 7/14/08	Wed 2/18/09	0%
9		1.2	Conduct EDI Readiness Assessment	26 d	Mon 7/14/08	Mon 8/18/08	0%
17		1.3	Define EDI Strategy	25 d	Tue 8/19/08	Tue 9/23/08	0%
21		1.4	Select EDI Solution	32 d	Wed 9/24/08	Fri 11/7/08	0%
25		1.5	Plan and Implement EDI Solution	45 d	Tue 11/11/08	Fri 1/16/09	0%
31		1.6	Complete EDI Certification	46 d	Thu 12/4/08	Mon 2/9/09	0%
36		1.7	Begin EDI Production Processing	6 d	Tue 2/10/09	Wed 2/18/09	0%

SAMPLE EXHIBITS

(SAMPLE) Exhibit 3 - Technological Needs Project Proposal Description

Project Title: Electronic Data Interchange Consortium (Y/N) N

Contract Agency Name: Sample Contract Agency Legal Entity Number: 00999

Sandra Sample	Sandra Sample	11/22/08	213-555-1212
Print Name	Signature	Date	Phone

Prepared by: Sandra Sample

Dr. John Doe	Dr. John Doe	11/27/08	213-555-1212
Print Name	Signature	Date	Phone

Contract Agency Executive Director

- ***Please check at least one box from each group that describes this MHSA Technological Needs Project***

  ☒ New system
  ☐ Extend the number of users of an existing system
  ☐ Extend the functionality of an existing system
  ☒ Supports goal of modernization/transformation
  ☐ Supports goal of consumer and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☐ Practice Management
    - ☐ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
    - ☒ Electronic Data Interchange (EDI)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computing Resources Projects
    - ☐ Personal Health Record (PHR) System Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technology Needs Projects That Support MHSA Operations**
    - ☐ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Interface/Application *Name of Consultant (if applicable)* _____
  ☒ Commercial Off-The-Shelf (COTS) System *Name of Vendor* To Be Determined
  ☐ Application Service Provider (ASP) *Name of Vendor* _____
  ☐ Billing Service/Clearinghouse *Name of Vendor/Service* _____
  ☐ Other _____

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360.**
Email a copy to: CPTT@dmh.lacounty.gov.

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION (Continued)

1. Project Overview:

1.1 Project Description

Describe the project purpose, background, goals and objectives, project scope, project justification and approach. Include information to determine whether the organization has the capability and resources necessary to carry out the proposed project.

The objective of the EDI project is to acquire software with the necessary EDI functionality to support the requirements to exchange data electronically with DMH. This project supports the delivery of quality mental health services consistent with the MHSA guidelines for technology projects.

The approach will evaluate options, select a vendor and work with the vendor to implement DMH certified EDI transactions to interface with the IBHIS.

We are requesting that DMH support all costs for this project using MHSA IT funding.

1.2 Results or Benefits Expected

Describe the results and benefits to be derived from the project. Include both tangible and intangible benefits. Tangible benefits must be quantifiable and measurable and may be used as performance criteria to measure project success. Identify critical success factors for the project.

This project must be completed by July 2011 per the IBHIS implementation timeline. All EDI functions must be tested and certified prior to July 2011.

1.3 Project Approach

Describe the project approach (such as COTS, ASP, Custom Interface) and how the proposed work will be accomplished. Include factors that might influence the approach and/or schedule. Identify the key project milestones with the planned start and completion dates.

The project approach will use a COTS based on the results of the EDI selection process following the EDI Readiness study. Please refer to Appendix C for the Proposed Project Plan.

1.4 Project Risks (Complete for High Risk Projects)

Describe the project risks including possible risk mitigation strategies. Please refer to the IT Project Status Report for an example of the Risk and Issue Management report. Also, complete Appendix A – Project Risk Assessment for each project proposal.

See Appendix A – Project Risk Assessment. This project is Medium Risk and does not require discussion of project risks.

1.5 MHSA Goals and Objectives:

Describe how the project meets the MHSA Information Technological goals:

- increase Consumer and Family Empowerment by providing tools for secure access to health information within a wide variety of public and private settings
- modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness

This project will modernize clinical and administrative systems by providing an automated EDI interface with IBHIS.

2 Project Management: (Complete for High Risk Projects)

2.1 Scope Management:

Describe the approach to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

This is not a high-risk project.

2.2 Time Management:

Describe the approach to monitor the project schedule in order to complete the project on time.

This is not a high-risk project.

2.3 Cost Management:

Describe the approach to monitor project costs against project budget including all expenditures for personnel, hardware, software, contract services and other expenses.

This is not a high-risk project.

3 Cost:

3.1 Cost Justification:

Describe the use of MHSA funds in each of the project budget categories: personnel, hardware, software, contract services and other expenses. Describe the use and amount of start-up funds for the project. Start-up funds may be requested for up to 20% of the total project proposal MHSA amount. Describe the areas that are not covered by MHSA IT funds. Exhibit 4 – Budget Summary is a summary budget form for planning purposes. Each agency will be required to have a detailed budget available for review if requested by the CAPPRC.

The proposed budget is shown in Exhibit 4. All of the costs of the EDI project are

covered by the proposed funding allocation. The staffing plan consists of three staff. There are no new hardware requirements. The initial start-up funding will be required to purchase the EDI software. There is an estimated expense for EDI training in addition to any vendor supplied training.

3.2 Ongoing Sustainability of System:

Describe the ongoing costs and the approach to maintaining the system after MHSA funds are exhausted.

The proposed budget in Exhibit 4 shows an annual ongoing cost of $15,000. The ongoing costs will be covered for two years at which time our contract agency will assume the expense.

4 Hardware Considerations:

4.1 Hardware Maintenance:

Describe the approach for establishing maintenance/service agreements for hardware, software, and/or any other equipment purchased using MHSA Technological funds.

No new hardware is required.

4.2 Backup Processing Capability:

Describe the approach for evaluating business needs and determining the appropriate backup processing capabilities of any system(s) purchased using MHSA Technological funds.

The new software will be backed up on a weekly basis. The approach and the cycle will be evaluated as part of the project.

5 Software Considerations:

5.1 Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

Describe the approach to meet, at a minimum, all security standards set forth in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines.

The EDI Project will be a component of a larger EHR initiative, however, the EHR project will not be part of this MHSA project. The EDI project will adhere to the connectivity standards listed in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines. There will be no client access requirement for this project.

5.2 Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

Describe the approach to ensure that the system software is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), Certification Commission for Healthcare Information Technology (CCHIT), and MHSA Capital Facilities and Technological Guidelines and Regulations.

The selected vendor will need to comply with the technology standards as they are defined at the time of contract execution. In addition, our agency will ensure that the vendor contract for this project will include language requiring the selected vendor to meet future standards as they become available.

6 Training and Implementation:

6.1 Process for Implementing the Technology:

Describe the approach for determining appropriate implementation strategies to ensure successful project completion. Describe the proposed implementation approach.

The implementation approach will be defined with the selected vendor.

6.2 Process for Training:

Where appropriate, describe the approach for determining appropriate training processes to ensure successful project implementation.

The training will be technical EDI training as part of the preparation for the selection and implementation process.

7 Security Planning: (If Project Request is EDI/EHR or Includes PHI)

7.1 Protecting Data Security and Privacy:

Describe the approach for developing and maintaining effective security and privacy policies and procedures. Additionally, describe the approach for ensuring compliance with local, State, and Federal security and privacy laws and regulations as they pertain to each project activity supported by MHSA Technological funds.

The approach will be defined as part of the project. In addition, the selected vendor contract terms will include privacy and security policies as defined by HIPAA.

7.2 Operational Recovery Planning:

For EDI and EHR projects only, describe the approach to address operational recovery planning.

The approach will be defined with the selected vendor.

7.3 Business Continuity Planning:

For EDI and EHR projects only, describe the approach to address business continuity planning.

The approach will be defined with the selected vendor.

7.4 Emergency Response Planning:

For EDI and EHR projects only, describe the approach to address emergency response planning.

The approach will be defined with the selected vendor.

7.5 State and Federal Laws and Regulations:

Describe the approach to ensure that any technology solution implemented using MHSA Technological funds is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), CCHIT, and MHSA Capital Facilities and Technological Guidelines and Regulations.

The approach will be defined with the selected vendor.

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360.**
Email a copy to: CPTT@dmh.lacounty.gov.

(SAMPLE) Exhibit 4 – Budget Summary
For Technological Needs Project Proposal
(List MHSA Dollars in Thousands)

Project Title: Electronic Data Interchange (EDI) Consortium (Y/N) N

Contract Agency Name: Sample Contract Agency Legal Entity Number: 00999

Category	Fiscal Year 1 (08/09)	Fiscal Year 2 (09/10)	Fiscal Year 3	Total One-Time Costs	Estimated Total Ongoing Costs*
Personnel					
Project Manager (.5 FTE)	$ 10	$ 20	$ 0	$ 30	$ 0
Technical Analyst (1.5 FTE)	$ 15	$ 50	$ 0	$ 65	$ 10
Total Staff (Salaries & Benefits)	$ 25	$ 70	$ 0	$ 95	$ 10
Hardware					
No new hardware required					
Total Hardware					
Software					
EDI Software (20% of project funding of $150,000)	$ 30			$ 30	$ 12
Total Software	$ 30			$ 30	$ 12
Contract Services (list services to be provided)					
Not Applicable					
Total Contract Services					
Other Expenses (Describe)					
EDI Training Course	$ 3			$ 3	
Total Other Expenses	$ 3			$ 3	
Total Costs (A)	$ 58	$ 70	$ 0	$ 128	$ 22
Total Costs (B) **	$ 0	$ 0	$ 0	$ 0	$ 0
MHSA Funding Requirements (A-B)	$ 58	$ 70	$ 0	$ 128	$ 22
NOTES: (If requesting project start-up costs, please describe the reason for the request.)	EDI Software Purchase for FY 08/09				

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients) attach a description of estimated benefits and Project costs allocated to each program.

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360.**
Email a copy to: CPTT@dmh.lacounty.gov

(SAMPLE) Exhibit 6 – Status Report
County of Los Angeles
Department of Mental Health
Project Status Report
For an MHSA-Funded IT Project

PROJECT INFORMATION		
Project Name: Electronic Data Interchange (EDI)		**DMH Project ID #: EDI0001**
Executive Sponsor: Dr. John Doe **Title: Chief Operating Officer**		**Contract Agency Name: Sample Contract** **Legal Entity #: 00999**
Project Status [X] On Schedule [ ] Ahead of Schedule [ ] Behind Schedule	**Budget Status** [X] Within Approved Budget [ ] Over Budget	**Report for Quarter Ending: 09/30/08** **Project Start Date: 07/14/08** **Project End Date: 02/18/09**
MHSA IT Project Contact Person's Name: Sandra Sample **Telephone Number: 213-555-1212** **E-mail Address: Sample@contractagency.org**		
Project Objectives: To acquire commercial-off-the-shelf (COTS) software with the necessary EDI functionality to support the requirements to exchange data electronically with DMH. This functionality will support the delivery of quality mental health services consistent with the Mental Health Services Act Guidelines for Technological projects.		
Consortium Agencies (If applicable): Not Applicable		

MAJOR MILESTONE STATUS

Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned Completion	Actual Completion	Status
Project Management	Work Plan Status Reports	07/14/08 07/14/08	07/14/08 07/14/08	08/04/08 02/18/09	08/04/08	Completed In Progress
Conduct EDI Readiness Assessment	EDI Readiness Assessment Report	07/14/08	07/14/08	08/18/08	08/18/08	Completed
Define EDI Strategy	EDI Strategy Report	08/19/08	08/19/08	09/23/08		Draft under review
Select EDI Solution	Selected Vendor Negotiated Contract	09/24/08		11/07/08		
Plan and Implement EDI Solution	Implementation Plan Product Installed Product Tested	11/11/08		01/16/09		
Complete EDI Certification	Production Certificate	12/04/08		02/09/09		
Begin EDI Production Processing	Submit Batches	02/10/09		02/18/09		
PIER at Project Completion						

TOTAL PROJECT BUDGET INFORMATION (MHSA Funding Only)		
Category	**Budgeted Costs**	**Actual Costs to Date**
Personnel (Salaries & Benefits)	$ 105,000	$ 35,000
Hardware	$ 0	$ 0
Software	$ 42,000	$ 30,000
Contract Services	$ 0	$ 0
Other Expenses	$ 3,000	$ 0
Total Project Costs	**$150,000**	**$65,000**

STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES

STATUS

- The EDI Project began on July 14 on schedule.
- The Project Team is established and fully staffed.

ACCOMPLISHMENTS

- Completed the EDI Project Plan.
- Completed the EDI Readiness Assessment Report.
- Completed a draft of the EDI Strategy Report.

SCHEDULED ACTIVITIES

- Complete the EDI Strategy Report.
- Complete the EDI Selection process.
- Complete contract negotiations with the selected vendor.
- Begin to develop the EDI Implementation Plan.

ISSUES

- No issues to report.

RISK MANAGEMENT

Risk Report

(Please Provide the Risk Log Along with Mitigation, Contingency Plan for each High Priority Short Term Risk)

ID	Risk (Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.)	Probability	Impact	Timeframe	Response	Escalated To DMH
	No high priority risks identified					

Explanation Of Entries

- **Probability And Impact Are Based On Three (3) Possible Entries:** High (H), Medium (M), Low (L)
- **Timeframe, Estimation Of How Long The Risk Will Be Relevant:** Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long Term (L) >6 months
- **Response:** Possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact
- **Escalated to County DMH**: Yes or No

List Of Risks That You Might Want To Consider

1. Lack of Clearly-Defined Project Objectives and Business Processes
2. Lack of Clearly Defined Roles and Responsibilities for Stakeholders and Team Members
3. No Project Steering Committee Established
4. Required Funds and Resources are not available in a Timely Manner
5. Lack of Subject Matter Experts with Availability To Share Knowledge in a Timely Manner with The Project Team
6. Lack of Well Defined Requirements or Requirements that are not Finalized
7. Lack of Project Management Methodology and Change Management Process
8. Lack of Knowledge on Technologies Being Used and Stability of Technologies Being Used
9. No Proven Vendor Product (If Package Solution)
10. Excessive Changes after the Completion of the Requirements Phase
11. Lack of User Group Involvement and Buy-In Throughout The Project
12. No Provision for Appropriate Training

Post Implementation Evaluation Report

Please Include The Following Sections In Your Final Status Report

OBJECTIVES ACHIEVED
Describe the Achieved Objectives in Comparison to the Objectives Listed in the Project Description Section 1.1 of Exhibit 3. Also describe the User and Management Acceptance of the Completed Project. •

LESSONS LEARNED
Describe Lessons Learned, Best Practices used for the project, any Notable Occurrences, or Factors that contributed to the project's success or problems, or other information, which could be helpful during future project efforts. Describe Problems that were Encountered and How they were Overcome. •

CORRECTIVE ACTIONS
Note: This section must be included when the project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome. •

NEXT STEPS
Describe if the project has any Future Phases or Enhancements; or will it be in Maintenance Phase. •

Contract Agency Approvals

Sandra Sample	*October 1, 2008*	*213-555-1212*
Signature	**Date**	**Phone**

Prepared By **Sandra Sample EDI Project Manager**

Dr. John Doe	October 5, 2006	213-555-1212
Signature **Dr. John Doe**	**Date**	**Phone**

Contract Agency Executive Director

Please send the **Signed Original** to the following address:

County of Los Angeles
Department of Mental Health
Chief Information Office Bureau (CIOB)
Attn: Robert Greenless, Ph.D.
695 South Vermont Avenue 7th Floor
Los Angeles, CA 90005

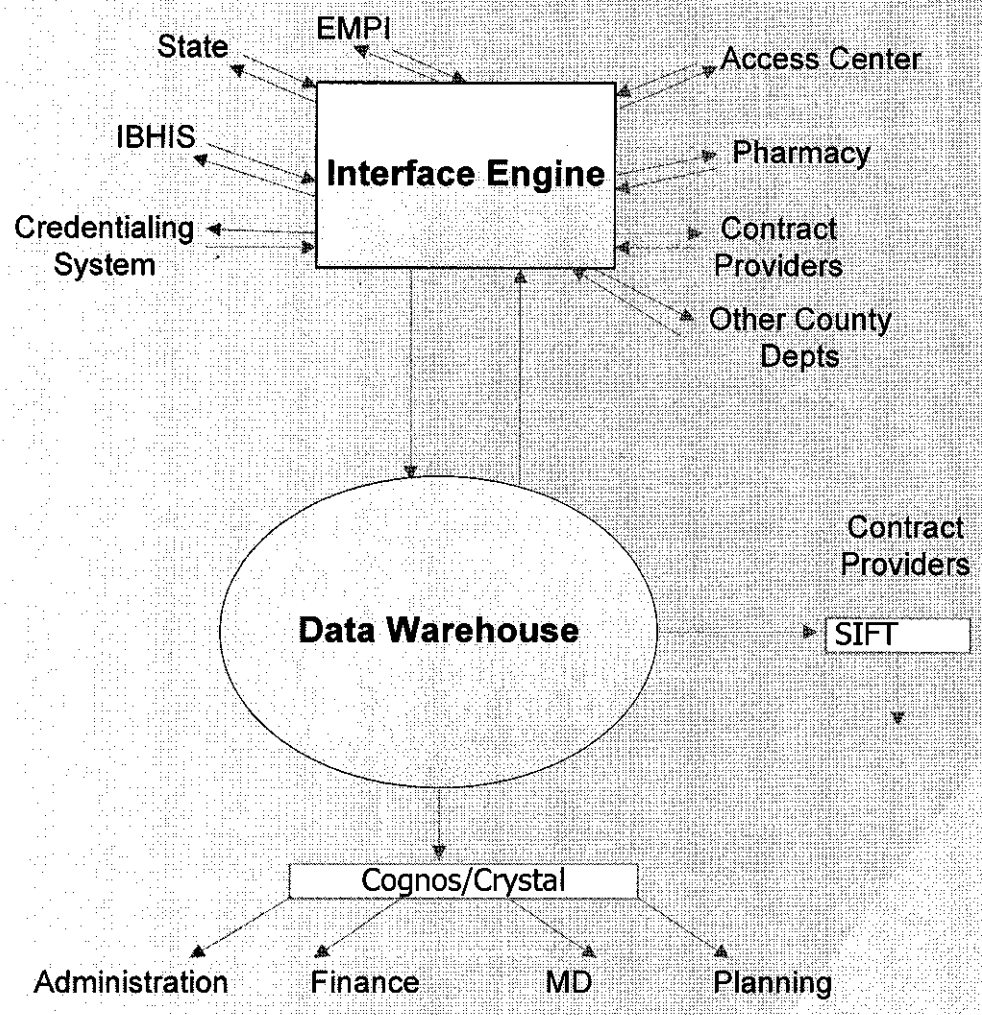
Additionally, please E-mail a **Soft Copy** to:
CPTT@dmh.lacounty.gov

(SAMPLE) Appendix A: Project Risk Assessment

Category		Factor	Rating	Score
Estimated Cost of Project (MHSA Funds Only)		Over $400,000	6	**5**
		Over $200,000	5	
		Over $100,000	2	
		Under $100,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	**3**
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	**3**
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	**1**
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	**2**
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-		5	**1**
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 300	5	**1**
		Over 100	3	
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	**1**
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	**17**

Total Score	Project Risk Rating	
25 – 31	High	
16 – 24	Medium	✔
8 – 15	Low	

Los Angeles County – Department of Mental Health
Data Integration Flow Diagram



ATTACHMENT II

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
INFORMATION TECHNOLOGY STAFFING PLAN

SERVICE AREA/BUREAU: Chief Information Office

LINE ITEM # & NO. SUB LETTER	TITLE OF POSITION	ORDINANCE POSITIONS	FTE's
1 02569A	Information Technology Specialist I	1	1.00
2 02593A	Senior Information Systems Analyst	2	2.00
3 00889A	Administrative Assistant III	1	1.00
	Total	**4**	**4.00**

ATTACHMENT III

BOARD OF SUPERVISORS OFFICIAL COPY

76R 352M (11/83)

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. NO. 435

DEPARTMENT OF MENTAL HEALTH

December 10, 2008

AUDITOR-CONTROLLER.

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF ADMINISTRATIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

4 - Votes

2008-2009

Sources:

Department of Mental Health
Operating Transfer In
A01-MH-20500-96-9911
$888,000

Increase Revenue

Uses:

Department of Mental Health
Salary & Employee Benefit
A01-MH-20500-1000
$96,000

Department of Mental Health
Services & Supplies
A01-MH-20500-2000
$537,000

Department of Mental Health
Fixed Assets - Equipment
A01-MH-20500-6030
$255,000

Increase Appropriation

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

30 FEB 03 2009

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

BOARD OF SUPERVISORS OFFICIAL COPY

76R 352M (11/83)

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF MENTAL HEALTH

DEPT'S. NO. 435

December 10, 19 2008

AUDITOR-CONTROLLER.

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF ADMINISTRATIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

4 - Votes

2008-09

Sources:

Mental Health Services Act-Prop. 63
Mental Health Services Act-Prop. 63
BT1-MH-41189-~~8728~~-88-8728
$12,888,000

Uses:

Mental Health Services Act-Prop. 63
Operating Transfer Out
BT1-MH-41189-6100
$888,000

Mental Health Services Act-Prop. 63
Services & Supplies
BT1-MH-41189-2000
$12,000,000

Increase Revenue

Increase Appropriation

This adjustment is requested to increase appropriation for Salary & Employee Benefit, Services & Supplies, and Fixed Assets to provide hiring and spending authority to further implement the Mental Health Services Act for the Information Technology Plan of the Capital Facilities Technological Needs. This appropriation increase is fully funded by the State award of the Mental Health Services Act - Proposition 63. There is no impact on net County cost.

Karalyn Wallensak
Administrative Deputy

CHIEF ADMINISTRATIVE OFFICER'S REPORT

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

30 FEB 03 2009

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

REFERRED TO THE CHIEF ADMINISTRATIVE OFFICER FOR — ACTION ✓ RECOMMENDATION

APPROVED AS REQUESTED December 24, 19 2008

AS REVISED

CHIEF ADMINISTRATIVE OFFICER

AUDITOR-CONTROLLER

BY Karen Shikuma

Dec 16 19 2008

NO. 097

APPROVED (AS REVISED): BOARD OF SUPERVISORS 19

BY

DEPUTY COUNTY CLERK

SEND 5 COPIES TO THE AUDITOR-CONTROLLER

ATTACHMENT IV

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Mental Health Services Act
Spending Plan For MHSA Information Technology Plan

OBJECT CODE	DESCRIPTION	AMOUNTS FY 08/09 Budget
	Salaries and Employee Benefits	
1002	Salaries and Employee Benefits	$ 96,000
	Services and Supplies	
3971	Desktop Computers (New MHSA Staff)	4,000
3996	IT Consulting	375,000
4057	Contract Provider I/T Project Contracts	12,000,000
2076	Telephone	30,000
2083	Telecommunications	3,000
3240	Office Supplies - General	30,000
5110	Travel	5,000
5092	Mileage	6,000
4612	Non-IT Training	15,000
3268	Other Office Furnishings	60,000
3972	Local Printers	9,000
	Total S&S	**12,537,000**
	Fixed Assets	
	Computer Hardware (Servers, Network Storage)	255,000
	Total Fixed Assets	**255,000**
	TOTAL PROGRAM COST (FY 08/09)	12,888,000
	AVAILABLE RESOURCES	
	MHSA	12,888,000
	Total Available Resources	$ 12,888,000

ATTACHMENT V

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

January 31, 2008

DMH INFORMATION NOTICE NO.: 08-02

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: PLANNING ESTIMATES FOR THE COMMUNITY SERVICES AND SUPPORTS COMPONENT (FY2008/09) AND THE CAPITAL FACILITIES/TECHNOLOGICAL NEEDS COMPONENT (FY2007/08) OF THE MENTAL HEALTH SERVICES ACT

REFERENCE IMPLEMENTATION OF THE MHSA, WELFARE AND INSTITUTIONS CODE (WIC) SECTION 5847, 5848, AND 5892

This Department of Mental Health (DMH) Information Notice transmits the Mental Health Services Act (MHSA) Planning Estimates[1] for the Fiscal Year (FY) 2008/09 Community Services and Supports (CSS) component (Enclosure 1) and the FY 2007/08 Capital Facilities/Technological Needs component (Enclosure 2) of the integrated Three-Year Program and Expenditure Plan. DMH is providing this information so that counties[2] can prepare their FY 2008/09 local budgets.

The aggregate statewide FY 2008/09 funding level for CSS is a total of $553.9 million which is an increase of $100.1 million over the annual FY 2007/08 CSS Planning Estimates provided in DMH Letter No.: 06-09. The aggregate statewide FY 2007/08 funding level for Capital Facilities/Technological Needs is $345.0 million which represents the initial funding released for this component.

The Planning Estimates for the increase in CSS funding and the Capital Facilities/ Technological Needs funding are based on the previously used methodology updated with

[1] Planning Estimates are the estimates provided by the Department to each County as to the maximum amount of MHSA funding by component that the County can request through its Three-Year Program and Expenditure Plan.

[2] "County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per WIC Section 5701.5 (California Code of Regulations, Section 3200.090).

the most current information from state or national databases. The Planning Estimates include the following factors that have been weighted:

1. The need for mental health services in each County based on:
   a. Total Population of each County on January 1, 2007 as reported by the State of California, Department of Finance, *E-1 City / County Population Estimates, with Annual Percent Change, January 1, 2006 and 2007*. Sacramento, California, May 2007.
   b. Population most likely to apply for services, which represents the sum of:
      1) The poverty population as defined as households with incomes below 200% of the federal poverty level as reported in the 2000 U.S. Census Bureau survey updated to reflect the 2007 population, and
      2) The uninsured population (persons who did not have insurance at any time in the past year and persons who had insurance only part of the past year) with incomes above 200% of the federal poverty level as reported through the 2005 California Health Interview Survey (CHIS) based at UCLA Center for Health Policy Research in Los Angeles, California.
   c. Population most likely to access services, which represents the prevalence of mental illness among different age groups and ethnic populations of poverty households in each County as estimated through a study conducted by Dr. Charles Holzer, Ph.D. in 2000. The 2000 results were updated to reflect the 2007 population.

2. Adjustments to the need for mental health services in each County based on:
   a. The cost of being self-sufficient in each County relevant to the statewide average as reported through *The Self-Sufficiency Standard for California 2003*, December 2003, a project of the National Economic Development and Law Center. A weighted average of households with one single childless adult (67%) and a single adult with two children (33%) was used to develop the adjustment.
   b. The available resources provided either by or through the Department of Mental Health to each County in FY 2007/08, including realignment funding, State General Fund Managed Care allocations, other State General Fund Community Services allocations (such as AB3632 funding), federal SAMHSA block grants, federal PATH grants, FY 2004/05 Early and Periodic Screening Diagnosis and Treatment (EPSDT) State General Funds, and the FY 2007/08 CSS Planning Estimates from DMH Letter No.: 06-09. (Medi-Cal federal financial participation is excluded.)

To provide a base level of funding for less populous counties, from the additional $100.1 million available for CSS in FY 2008/09, a minimum CSS Planning Estimate of $150,000 is available to each County with a population of less than 20,000 and $250,000 is available to each County with a population of greater than 20,000 but less than 100,000. A minimum

Capital Facilities/Technological Needs Planning Estimate of $600,000 is available to each County ($300,000 each for Capital Facilities and Technological Needs).

The Planning Estimates for the two city-operated programs (Tri-City and the City of Berkeley) are based solely on the percent of statewide population in the area served by each city in 2007.[3]

DMH will issue guidelines in the near future on the process counties should follow to request funds. Counties may not incur expenditures prior to obtaining approval of their Plans or updates from the DMH and a fully executed MHSA Agreement or amendment to an existing Agreement.

If you have any further questions, please contact your County Operations liaison identified on the following internet site: http://www.dmh.ca.gov/Provider_Info/default.asp.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

[3] The City of Berkeley serves the cities of Berkeley and Albany and Tri-City serves the cities of Claremont, La Verne and Pomona.

ATTACHMENT VI

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

July 24, 2008

DMH INFORMATION NOTICE NO.: 08-21

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: FUNDING AUGMENTATION TO THE MENTAL HEALTH SERVICES ACT (MHSA) CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS AND ADDITIONAL INFORMATION FOR REQUEST FOR PRE-DEVELOPMENT FUNDING FOR CAPITAL FACILITIES

REFERENCE IMPLEMENTATION OF THE MHSA, WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 5847, 5848, AND 5892

This Department of Mental Health (DMH) Information Notice provides notification of increase in planning estimates, clarification regarding pre-development costs, and instructions to county mental health programs to request additional funding for their Capital Facilities and Technological Needs Component of the Three-Year Program and Expenditure Plan of the Mental Health Services Act (Three-Year Plan).

DMH Information Notice 08-09 provided the proposed guidelines for the content of a County's[1] Capital Facilities and Technological Needs Component of its Three-Year Plan. This Information Notice provides: I) increased Capital Facilities and Technological Needs Planning Estimates[2] for each County (Enclosure 1), II) instructions for requesting this additional funding, and, III) additional guidance to DMH Information Notice 08-09 regarding requests for pre-development funding including a Request for Capital Facilities Pre-Development Funds form (Enclosure 2A). This DMH Information Notice applies only to the Capital Facilities and Technological Needs Component of the County's Three-Year Plan.

[1] "County" means a County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or a city-operated program receiving funds per Welfare and Institutions Code Section 5701.5 (California Code of Regulations, Section 3200.090).
[2] "Planning Estimate" means the estimate provided by the Department to the County of the maximum amount of MHSA funding that the County can request.

I. Planning Estimates

An additional $108.4 million is available for the Capital Facilities and Technological Needs Planning Estimates based on actual revenues received in the State Mental Health Service Fund (MHS Fund) through June 30, 2008, bringing the total funding for the component to $453.4 million. Enclosure 1 includes the initial Capital Facilities and Technological Needs Planning Estimates identified in DMH Information Notice 08-02, the additional Planning Estimates identified through this Information Notice, and the total Capital Facilities and Technological Needs Planning Estimate for each County. No additional funding will be made available specifically for this component after the Planning Estimates identified in Enclosure 1 pursuant to Welfare and Institutions Code (WIC) 5892.

As described in DMH Information Notice 08-10, Counties may also request funds from the Community Services and Supports (CSS) component for Capital Facilities and/or Technological Needs projects beginning in FY 2008/09, provided that the total amount requested for prudent reserve, Capital Facilities and Technological Needs, and Workforce Education and Training does not exceed 20 percent of the average amount of funds allocated to the County for the previous five years (WIC 5892(b)). Any CSS funds approved for Capital Facilities and Technological Needs projects cannot be used for any other purpose. Funds that have been allocated for Capital Facilities and Technological Needs must be spent within ten years, or they will revert to the MHS Fund, pursuant to WIC 5892(h).

II. Instructions for Requesting Funds

To access the Capital Facilities and Technological Needs Planning Estimates identified in Enclosure 1, Counties should follow the process presented in DMH Information Notice 08-09. As described in that Information Notice, County mental health programs must have an approved Capital Facilities and Technological Needs Component Proposal prior to DMH approving a request for MHSA funds for a specific Capital Facilities or Technological Needs Project.

III. Additional Guidance

DMH Information Notice 08-09 transmits to Counties the proposed guidelines for Counties to submit their Capital Facilities and Technological Needs Component Proposal as well as the Capital Facilities and the Technological Needs Project Proposals for the County's Three-Year Plan. This Information Notice further clarifies a funding policy contained in those guidelines and provides additional methods for County to request pre-development funding.

DMH recognizes that there are specific pre-development costs associated with many Capital Facilities Projects that may be incurred prior to Capital Facilities Project Proposal approval. Page 6 of Enclosure 2 of DMH Information Notice 08-09 states "the specific, allowable pre-development costs are architectural, engineering, legal and environmental services, and costs associated with site control (e.g., security deposit on purchase agreement or on lease/rent-to-own agreement)." These specific pre-development costs, in addition to costs associated with consultant services to assist in the development of

Capital Facilities Project Proposal(s), are allowable expenditures to be funded independent of a Project Proposal.

In order for a County to submit a request for pre-development funding, the County must have an approved Capital Facilities and Technological Needs Component Proposal that includes the Capital Facilities segment. This request will be an Update to the Capital Facility and Technological Needs Component of the County's Three-Year Plan.

Alternatively, Counties may access pre-development funds associated with Capital Facilities projects through two already existing processes: 1) Counties may continue to use the process described in Information Notice 08-09 and be reimbursed for pre-development costs upon Capital Facilities Project Proposal approval, and/or 2) A County may classify these specific pre-development costs for a Capital Facilities project(s) as an administrative cost associated with supporting CSS programs and, therefore, an eligible CSS administrative expenditure. NOTE: To request CSS administrative funds for pre-development costs associated with a possible Capital Facilities project, Counties should follow the existing procedure for requesting CSS administrative funds (currently DMH Information Notices 08-10 and 08-16).

To request Capital Facilities funds for pre-development costs, submit an electronic copy of the Request for Capital Facilities Pre-Development Funds (Enclosure 2A) to DMH at the e-mail address below. Submit the signed original request for Capital Facilities Pre-Development Funds to:

California Department of Mental Health
Request for Capital Facilities Pre-Development Funds
Attn: Child and Family Program
1600 9th Street, Room 130
Sacramento, CA 95814
MHSA-CFTN@DMH.CA.GOV

The review and approval for a Request for Capital Facilities Pre-Development Funds will be completed within 30 days of submission.

For further information, clarification or questions about this Information Notice please contact your County Operations Liaison.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

Enclosure 1

Total MHSA Capital Facilities and Technological Needs Planning Estimates

	Initial Capital Facilities/Technological Needs Planning Estimates from DMH Info Notice 08-02	Additional Capital Facilities/Technological Needs Planning Estimates	Total Capital Facilities/Technological Needs Planning Estimates
Alameda	$12,327,100	$3,873,200	$16,200,300
Alpine	$600,000	$188,500	$788,500
Amador	$600,000	$188,500	$788,500
Butte	$1,849,700	$581,200	$2,430,900
Calaveras	$600,000	$188,500	$788,500
Colusa	$600,000	$188,500	$788,500
Contra Costa	$7,778,300	$2,443,900	$10,222,200
Del Norte	$600,000	$188,500	$788,500
El Dorado	$1,235,800	$388,300	$1,624,100
Fresno	$8,406,100	$2,641,200	$11,047,300
Glenn	$600,000	$188,500	$788,500
Humboldt	$1,068,100	$335,600	$1,403,700
Imperial	$1,568,900	$492,900	$2,061,800
Inyo	$600,000	$188,500	$788,500
Kern	$7,165,600	$2,251,400	$9,417,000
Kings	$1,254,300	$394,100	$1,648,400
Lake	$600,000	$188,500	$788,500
Lassen	$600,000	$188,500	$788,500
Los Angeles	$99,684,800	$31,322,200	$131,007,000
Madera	$1,367,200	$429,600	$1,796,800
Marin	$1,893,900	$595,100	$2,489,000
Mariposa	$600,000	$188,500	$788,500
Mendocino	$704,500	$221,400	$925,900
Merced	$2,385,600	$749,600	$3,135,200
Modoc	$600,000	$188,500	$788,500
Mono	$600,000	$188,500	$788,500
Monterey	$3,882,200	$1,219,800	$5,102,000
Napa	$1,031,000	$323,900	$1,354,900
Nevada	$745,100	$234,100	$979,200
Orange	$28,308,300	$8,894,500	$37,202,800
Placer	$2,276,500	$715,300	$2,991,800
Plumas	$600,000	$188,500	$788,500
Riverside	$18,358,100	$5,768,100	$24,126,200
Sacramento	$11,242,700	$3,532,500	$14,775,200
San Benito	$600,000	$188,500	$788,500
San Bernardino	$18,162,500	$5,706,700	$23,869,200
San Diego	$28,417,800	$8,928,900	$37,346,700
San Francisco	$6,313,100	$1,983,600	$8,296,700
San Joaquin	$5,673,500	$1,782,600	$7,456,100
San Luis Obispo	$2,168,000	$681,200	$2,849,200
San Mateo	$5,539,300	$1,740,400	$7,279,700
Santa Barbara	$3,830,200	$1,203,400	$5,033,600
Santa Clara	$16,205,300	$5,091,700	$21,297,000
Santa Cruz	$2,394,000	$752,200	$3,146,200
Shasta	$1,501,000	$471,600	$1,972,600
Sierra	$600,000	$188,500	$788,500
Siskiyou	$600,000	$188,500	$788,500
Solano	$3,417,500	$1,073,800	$4,491,300
Sonoma	$3,741,900	$1,175,700	$4,917,600
Stanislaus	$4,327,200	$1,359,600	$5,686,800
Sutter	$687,000	$215,900	$902,900
Tehama	$600,000	$188,500	$788,500
Trinity	$600,000	$188,500	$788,500
Tulare	$4,060,300	$1,275,700	$5,336,000
Tuolumne	$600,000	$188,500	$788,500
Ventura	$7,091,300	$2,228,100	$9,319,400
Yolo	$1,730,800	$543,800	$2,274,600
Yuba	$656,200	$206,200	$862,400
City of Berkeley	$1,089,700	$342,400	$1,432,100
Tri-City	$2,059,600	$647,100	$2,706,700
Total	$345,000,000	$108,400,000	$453,400,000