COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA) MID-YEAR ADJUSTMENT TO THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2017-18 THROUGH 2019-20 CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS PROJECT PROPOSALS

LAC-DMH is asking that a revised amount of $14,750,000 in MHSA Capital Facilities funding be transferred to Technological Needs funding. This funding will be spent this fiscal year, 2017-18.

June 12, 2018

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Framework and Goal Support

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.

The projects included in this Mid-Year Adjustment to the LAC Department of Mental Health (LAC-DMH) MHSA Information Technology Plan (MHSA I/T Plan) are intended to:

- Improve access to care, quality of care, and care coordination by implementing a modern cloud based integrated information systems infrastructure platform that provides rapid application development and modern analytics capabilities. It makes 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 providing information for 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)

- Empower consumers and their families to use computer technology to access and manage health information to make more informed decisions; and, provide consumers and their families with access to tools that will improve communication with their providers and promote recovery, wellbeing, resiliency, and autonomy

- Modernize (digitize) the clinical and support services workplaces to improve operational efficiencies and cost effectiveness

- Continue to work with clinicians to maximize the use and benefits of IBHIS

The key elements of LAC-DMH's strategy for achieving these goals 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

- Simplification and streamlining of processes to improve convenience for consumers and families and operational efficiency for providers and administrators

- Adherence to applicable standards where 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 and coordination of care among providers

LAC-DMH has identified Technology Projects that are consistent with the overarching MHSA technology goals of increasing consumer and family empowerment, 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 wellbeing 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 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.

Investment Portfolio of Projects

SUMMARY: MHSA IT PLAN PROJECT FUNDING REQUESTS, SEPT. 2017, MAY 2018 AND JUNE 2018

In September 2017, LAC-DMH received approval for $15,000,000 in MHSA technology funds in support of eight IT Plan Projects, four which extended and expanded prior successful projects and four which introduced technology for new purposes.

In May 2018, LAC-DMH asked that $12,500,000 in MHSA Capital Facilities (CF) funding be transferred to Technological Needs funding (to IT Plan Projects) with the funding to be spent this fiscal year, 2017-18. With this request, LAC-DMH is asking that a revised total amount of $14,750,000 be transferred to Technological Needs with the funding to be spent this fiscal year, 2017-18. See Table 1: Summary MHSA IT Plan Projects Funding Requests – Revised.

Table 1: Summary MHSA IT Plan Projects Funding Requests – Revised

	Project Name	Funding Approved Sept. 2017	Request to transfer CF funding to IT Plan Projects May 2018	Revised Req. to transfer add'l CF funding to IT Plan Projects June 2018	Revised total funding by IT Plan Project as of June 2018
1	EHR: Continuous Process Improvement	$5,000,000	$7,790,589	$9,512,156	$14, 512,156
2	Consumer/Family Access to Computer Resources: Continuation & Expansion	$1,500,000	$306,102	$306,102	$1,806,102
3	Healthcare Enterprise Analytics: Technology Framework	$1,000,000	$366,882	$366,882	$1,366,882
4	Virtual Care: Telepsychiatry Expansion	$1,000,000	$100,464	$100,464	$1,100,464
5	LAC-DMH Resource Search/Performance Dashboards	$3,000,000	$2,513,695	$2,513,695	$5,432,280
6	Digital Workplace: Mobility, Collaboration and Productivity Tools	$2,500,000	$1,135,822	$1,266,255	$4,164,255
7	Integration Modernization: Migration to Hybrid Integration Platform (HIP)	$500,000	$81,045	$81,045	$581,045
8	IT Asset Management Modernization: Hardware & Software Lifecycle Management	$500,000	$205,400	$205,400	$705,400

	Funding Totals	$15,000,000	$12,500,000	$14,750,000	$29,750,000

DETAILS: CAPITAL FACILITIES FUNDS TRANSFER BY IT PLAN PROJECT, MAY 2018

1) EHR: CONTINUOUS PROCESS IMPROVEMENT – REVISED

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

The implementation of IBHIS is one of the most significant and costly digital transformations that LAC-DMH undertook. LAC-DMH will work with clinicians to maximize the use and benefits of IBHIS. IBHIS is supported as a continuous process improvement project. To that end, LAC-DMH will:

- Work with clinicians to create an ongoing development environment by actively tracking and shepherding productivity innovations.

- Actively monitor emerging initiatives with the potential to impact clinicians' satisfaction and productivity.

- Use the clinical council to drive up adoption of IBHIS enhancements that can improve workflow, productivity, and usability.

- Create a process to help clinicians identify highly repetitive tasks and to evaluate the effectiveness of automation solutions.

- Ensure that clinicians are aware of user interface improvement initiatives.

In September 2017, $5 million in Pool Dollars was approved to be added to DMH's IBHIS agreement with Netsmart Technologies, Inc. under Amendment Number Four for professional services needed for post-implementation system operational support for added certified Meaningful Use (MU) modules and for system modifications to improve client care, care coordination and operational efficiencies as LAC-DMH responds to new federal, State and local initiatives This funding will be used from mid-contract year four (starting January 2018) through approximately contract year seven of the eleven-year contract.

DMH is requesting $9,512,156 in MHSA funding to also be used for post-implementation system operational support and system modifications to improve client care, care coordination and operational efficiencies as LAC-DMH completes the migration of Legal Entity and Fee For Service contract providers to IBHIS, as well as to onboard new contract providers and provider types, including Continuum of Care Reform Foster Family Agencies (FFA) and Short Term Residential Therapeutic Programs (STRTP) Providers, Crisis Residential Treatment Programs, and Federally Qualified Health Centers.

See cost breakdown in Table 2: Costs – EHR: Continuous Process Improvement – Revised.

Table 2: Costs – EHR: Continuous Process Improvement – Revised

Category	Funding Approved Sept. 2017	Request to transfer CF Funding to IT Plan Projects May 2018	Revised req. to transfer Add'l CF Funding to IT Plan Projects June 2018
Pool Dollars for IBHIS change notices, hosting & maintenance	$5,000,000		
IBHIS hosting & maintenance, deliverable, change notices		$4,885,296	$6,606,863
DMH IBHIS Staffing		$2,905,293	$2,905,293
Total	**$5,000,000**	**$7,790,589**	**$9,512,156**

2) CONSUMER/FAMILY ACCESS TO COMPUTER RESOURCES: CONTINUATION & EXPANSION

Mental health consumers and family members need access to computer resources. In addition, 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.

In collaboration with the LAC-Department of Public Library (LAC-Library), LAC-DMH has set-up dedicated workstations and printers in 27 secure consumer/family labs in service settings at LAC-DMH clinics and wellness centers through LAC using previously approved MHSA IT Plan funding. LAC-DMH staff members provide computer skills training and LAC-Library IT technicians provide hardware and software installation, maintenance and technical support. The computers are imaged with the standard software image used on workstations at LAC-Library locations throughout LAC, empowering consumers and their families to use computers at any of the LAC-Library locations as well.

The current Memorandum of Understanding (MOU) between the LAC-DMH and the LAC-Library ends in June 2018. In September 2017, $1,500,000 was approved to extend the MOU with the Library to continue to provide support for the current 27 consumer labs and to expand the program to additional LAC-DMH clinical and wellness locations. It was noted at the time that LAC-DMH was also considering additional use cases that may require additional funding, e.g., placing similar dedicated Personal Computers (PCs) in all LAC-DMH clinic reception areas, adding enhanced computer skills training programs, and deploying additional technologies.

DMH is requesting MHSA funding to cover the increased costs for technical support, costs for the technology refresh of aged equipment at existing sites, and costs to expand this consumer and family empowerment model to DMH's new DMH Peer Resource Center as well as other additional sites and use cases. See project cost breakdown in Table 3: Costs - Consumer/Family Access to Computer Resources.

Table 3: Costs - Consumer/Family Access to Computer Resources

Category	Funding Approved Sept. 2017	Request for transfer of CF Funding to IT Plan Projects May 2018
LAC-Library Technical Support Staff	$1,170,000	$141,519
LAC-Library backend software	$75,000	$15,000
Endpoint (PC) software	$5,000	$37,686
Endpoints (PCs, kiosks, printers)	$250,000	$111,897
Total	**$1,500,000**	**$306,102**

3) HEALTHCARE ENTERPRISE ANALYTICS: TECHNOLOGY FRAMEWORK

A healthcare enterprise analytics strategy will deliver value based on the triple aims of health outcome, cost and experience. It defines what LAC-DMH will accomplish with analytics. It considers the people, processes and technology needed to deliver these results.

LAC-DMH needs to craft the analytics technology framework. The new healthcare analytics architecture represents the next generation of enterprise analytics. This is happening as payers and providers seek to meet the goals of population health and value-based care, and deliver more value via pervasive analytical insight. This new architecture will enable LAC-DMH to gain access to a portal that will provide analytical data. It also supports the integration of the vast amounts and variety of health data, enables data science, and functions in real time — deploying insights directly back into the operational and clinical workflows.

Implementation of the electronic health record necessitates redesigning the current LAC-DMH Data Warehouse. Along with new data collected in 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.

In September 2017, $1,000,000 was approved for this project. An additional $366,882 of MHSA funding is now requested for hardware and software. See project cost breakdown in Table 4: Costs – Healthcare Enterprise Analytics: Technology Framework.

Table 4: Costs – Healthcare Enterprise Analytics: Technology Framework

Category	Funding Approved September 2017	Request for transfer of CF Funding to IT Plan Projects May 2018
Infrastructure (IaaS)	$320,000	$27,000
Infrastructure (LAC - on premises)		$119,918
Reporting software	$250,000	$219,965
Consulting services - design, implementation	$200,000	
Training (IT and program staff)	$230,000	
Total	**$1,000,000**	**$366,882**

4) VIRTUAL CARE STRATEGY: TELEPSYCHIATRY EXPANSION

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. The initial Telepsychiatry IT Plan Project achieved its objectives in greatly reducing the cost and inconvenience to clients as the result of a lack of qualified clinicians, particularly psychiatrists to perform medication reviews. The project also resulted in improved linguistically matched care to non-English speaking DMH consumers. Lastly, the older adult program was able to use this technology to improve service during home visits.

In September 2017, MHSA funding was approved to refresh the now aged telepsychiatry video conferencing equipment throughout LAC-DMH and expand the telepsychiatry program to additional sites and add use cases (e.g., child interactive settings). Also under consideration is Project Echo like functionality to share knowledge with providers through virtual clinics.

Funding is now requested to add a year of on-site technical support outsourced to the LAC Internal Services Department that specializes in video conferencing technology. See project cost breakdown in Table 5: Costs – Virtual Care: Telepsychiatry Expansion.

Table 5: Costs – Telepsychiatry Expansion

Category	Funding Approved September 2017	Request for transfer of CF Funding to IT Plan Projects May 2018
Endpoints accessories (PC/laptop external camera, speaker, microphone) (100 X $500)	$50,000	
Technology Refresh of dedicated Video Conferencing terminals (40 X $3,000)	$120,000	
On-site support (through LAC Internal Services Department)	$300,000	$100,464
Specialty projects (e.g., child interactive setting, etc.)	$530,000	
Total	**$1,000,000**	**$100,464**

5) LAC-DMH RESOURCE SEARCH/PERFORMANCE DASHBOARDS

LACDMH will be using a new rapid application development platform and performance monitoring dashboard framework. In September 2017, $3,000,000 was approved to use develop this platform to:

- Improve capability to locate readily available and effective mental health treatment resources

- Gain a 360-degree view of the client – the ability to view data spanning multiple programs enables LAC-DHM to serve clients' holistic needs

- Streamline front-end client intake and coordination workflow – this will create interactive workflow amongst clinics and DMH ACCESS Center (DMH Mental Health Hotline). All data will be fed into the EHR (IBHIS)

- Improve Outcomes effectiveness; easy-to-access centralized client data, automated workflows, and reminders help more quickly assess needs, review results of care plans underway, identify additional benefits available, and complete follow-up activities in a timely, efficient manner

- Support mobile workforce – give clinic workers the tools they need (offline, online, or in the cloud) so they can spend more time with clients in the field

- Through performance-monitoring dashboards, depict current conditions across LAC-DMH, perform root-cause analysis, have contextual access to historical data for trending and planning purposes, and provide actionable insight and predictions to prevent future issues

Funding in the amount of $2,432,280 is requested to provide infrastructure capacity for developers and full user access for additional use cases, including:

- Patient's Rights – Solution for the Patient's Right Office (PRO) in support of its rapidly expanding operation with 400+ calls a month requiring follow up

- Constituent Call Log – Solution for the Office of Consumer and Family Affairs to log constituent complaints/issues countywide and resolve those concerns as a form of advocacy for DMH countywide in all service areas. This system will help provide an efficient and data driven way to process these cases and provide management with immediate triage reporting capabilities to respond to various board of supervisor requests

- Grievance and Appeal System – system to be used by DMH staff at directly operated facilities and the ACCESS Center (the Mental Health Hotline), as well as at contract provider sites to track, manage and report on all complaints and grievances per recent state mandated regulations

- Change of Provider - System to support a formal process for beneficiaries to request a change in provider (location) or rendering provider (clinician) that includes specific reporting requirements per the Medi-Cal Specialty Mental Health Consolidation waiver program from California Centers for Medicare and Medicaid Services (CMS)

- ACCESS Center (The Mental Health Hotline) and Field Crisis Response – ACCESS call center modernization with chat bot assist for staff and customers

- Provider Directory /Registry – Develop a provider registry solution to be a collaborative data management system based on recent State and Federal requirements

- IT finance and operations management – Develop a tool to automate and manage EHR (IBHIS) and other IT tools and services such as the procurement process from purchase agreements, requisitions, and change orders through invoice receipt, validation, payment and cost/benefit analysis

- Network Adequacy Certification Tool (NACT) – Solution to collect, verify and report the data needed for network adequacy certification across DMH directly operated clinics and contract provider sites as required to meet Medicaid Managed Care Final Rule requirements

See project cost breakdown in Table 6: Costs – LAC-DMH Resource Search/Performance Dashboards.

Table 6: Costs – LAC-DMH Resource Search/Executive Dashboards

Category	Funding Approved September 2017	Request for transfer of CF Funding to IT Plan Projects May 2018
Data Analytics and Dashboard Reporting Tool	$200,000	
End User and Application Developer Software Platform/Tool Licenses (PaaS)	$2,500,000	$2,513,695
Consulting Services	$300,000	
Total	**$3,000,000**	**$2,513,695**

6) DIGITAL WORKPLACE: MOBILITY, COLLABORATION AND PRODUCTIVITY TOOLS – REVISED

Improving a continuous experience by DMH clinic based staff across devices, platforms and locations will involve investments in areas such as wireless infrastructure, virtualization technology and workspace aggregators, among others. The digital workplace is the foundation of digital business transformation, but to truly enable it requires rethinking, and rebuilding endpoint computing deliverables. Initially, at least ten clinics will become Digital Workplaces.

Wi-Fi at Clinics (and Administrative sites)
In September 2017, MHSA funding was approved to implements wireless access (Wi-Fi) at DMH clinics to provide ease of system access for DMH staff and other department providers. For example, co-located DHS clinicians will have ease of secure access to DHS and DMH systems. The change in work styles means work can happen anywhere — with a continuous experience. Improving a continuous experience across devices, platforms and locations will involve investments in areas such as virtualization technology and workspace aggregators, among others. Embracing new device types and user-driven choice scales only when apps and services are endpoint-agnostic.

A total of $1,664,255 in MHSA funding is requested to implement technology to further improve mobility, collaboration and productivity in the workplace always with data security in mind. Additional planned implementations include:

Workforce Collaboration – Video Conferencing & Digital Project Sharing
The 4,751 square miles of Los Angeles County present extreme challenges to staff seeking to collaborate on everything from case conferences and care planning to stakeholder meetings and required trainings. DMH seeks to bring staff, peers, and workers from other County departments together through the use of specialized video and web conferencing devices to share audio, video and project documents no matter where everyone is. We will use this digital conferencing effort to bring DMH groups together simply and clearly. Initially, twenty such hubs will be placed in offices around the County to allow staff to connect from clinic to clinic and also with individual clinicians in the field through their laptops, desktops, and even their cell phones.

Workforce Augmentation: Language Translation
Like many government agencies and county mental health plans, DMH serves a population of diverse cultures, all of which speak a wide array of languages other than English. Translating audio and text files creates a significant demand on workers with specialized skills, reducing the number of hours they are able to dedicate to other tasks that would otherwise benefit the Department and County's constituents. DMH will use a Cloud solution that provides comprehensive services to conduct transcription and translation of text and audio files, all of which can be automated through scheduled batch processing or provided on-demand as new files are created. Initial use cases planned include translation of various client survey forms and transcription and translation of DMH call center voice files.

Enterprise Mobility and Security
Expansion of the DMH Cloud based enterprise mobility and security management platform will enable DMH to better protect sensitive PHI data by leveraging the system to establish conditional access policies that define how Cloud services can be accessed when on or off the network, from managed or unmanaged devices. The management platform can also be leveraged to apply policy to files containing PHI information stored both on premises and in the Cloud. This level of protection protects the data as it moves and provides immediate revocation of access. Other internal applications can be securely exposed to authorized users who aren't on the County

network without requiring extensive infrastructure to expose those applications in an Internet facing deployment.

Phone System Modernization – new
As Mental Health clinicians and other employees become increasingly more mobile, providing the ability to be connected and reachable is critical in supporting the constituents under the care of DMH. Providing an intelligent communications solution, a Unified Communications and Collaboration (UCC) solution in addition to the other digital workplace initiatives, further extends not only how employees can interact with their data, but extends their primary County phone number to wherever the workers are. Enabling a modern UCC system replaces the legacy phones that are tethered to desks and enables workers to be reachable on their PC or mobile device from any location. Workers who span multiple clinical environments can be fully productive in whatever space they set up to get work done. Phone messages will also move with workers as attachments to emails in their Inbox.

See Table 7: Costs – Digital Workplace: Collaboration, Mobility, Productivity and Security – Revised

Table 7: Costs – Digital Workplace: Collaboration, Mobility, Productivity and Security – Revised

Category	Funding Approved Sept. 2017	Request for transfer of CF Funding to IT Plan Projects May 2018	Request for transfer of Add' CF Funding to IT Plan Projects June 2018
Wi-Fi Infrastructure (~$200,000 per site) + Endpoints	$2,500,000	$383,184	
Workforce Collaboration – Video Conferencing & Digital Project Sharing		$451,500	
Workforce Augmentation: Language Translation		$46,800	
Enterprise Mobility and Security		$254,695	$328,571
Phone System Modernization (UCC)		$454,200	$454,200
Total	$2,500,000	$1,135,822	$1,664.255

7) INTEGRATION MODERNIZATION: MIGRATION TO HYBRID INTEGRATION PLATFORM

LAC-DMH at this stage is well-positioned to support most of the integration needs that are emerging from digital business initiatives. However, we are burdened by a centralized organizational model, which has become a bottleneck for adaptive delivery. Integration needs to be a pervasive, cross-organizational competency that involves internal business partners (and often external partners as well), and this competency cannot be comprehensively fulfilled via the current centralized organizational model.

This project will modernize LAC-DMH integration strategy and infrastructure to enable a unified approach to integration by adopting a comprehensive integration platform as a service (iPaaS) solution that meets both LAC-DMH's integration and information management needs. The new integration environment will be embedded in the organization's digital culture and business-aligned. The integration infrastructure serves as the conduit for contract providers to submit claims to DMH (and share client data). This project expands and upgrades the existing infrastructure to meet the growing volume of transactions due to the on boarding of additional Contract Providers (Trading Partners). See Table 8: Costs – Integration Modernization: Migration to Hybrid Integration Platform (HIP).

Table 8: Costs – Integration Modernization: Migration to Hybrid Integration Platform (HIP)

Category	Funding Approved September 2017	Request for transfer of CF Funding to IT Plan Projects May 2018
Integration platform as a service (iPaaS)	$500,000	$36,400
Other software migration/testing tools		$44,645
Total	**$500,000**	**$81,045**

8) IT ASSET MANAGEMENT MODERNIZATION PROGRAM

LAC-DMH does not currently have adequate IT Asset Management (ITAM) oversight or control. Without ITAM business driven digital sourcing decisions become an increasingly inadequately managed mix of older and newer technology. This hampers the delivery of care.

Like other government organizations and for-profit businesses, LA-DMH expects to be substantially transformed by its strategic use of digital technologies. This shifts more of the organization's resources from traditional hardware and software to digital services that must also be managed as assets.

LAC-DMH needs a modern ITAM program that reflects its business and IT strategy, and invests in the people, process, tools and information needed to drive greater value from its ITAM. The LAC-DMH ITAM team must keep up and identify and manage the technology assets by business priorities and outcomes.

LAC-DMH will procure and implement an enterprise level Asset Life Cycle Management solution that includes capability to use smartphones in the field to read barcodes and accept digital signatures. Both the LAC-DMH Chief Information Office Bureau (CIOB) and the Administrative Services Bureau (ASB) will use the solution to enable operational support and inventory control teams to track items from receipt of equipment, through deployment, through transfer to other workers/sites, to end of life (salvage). The ITAM solution will provide an accurate account of technology asset life cycle costs and risks to maximize the business value of technology strategy, architecture, funding, contractual and sourcing decisions. With the ITAM,

LAC-DMH will reduce costs, reduce risk and improve the availability of technologies used by workers in the delivery of care. See project cost breakdown in Table 8.

In September 2017, $500,000 in MHSA funding was approved for this project for hardware lifecycle management. Additional funding is requested to add software lifecycle management capability. See project cost breakdown in Table 9: Costs – IT Asset Management Modernization: Hardware & Software ITAM.

Table 9: Costs – IT Asset Management Modernization: Hardware & Software ITAM

Category	Funding Approved September 2017	Request for transfer of CF Funding to IT Plan Projects May 2018
ITAM solutions for hardware & software	$250,000	$185,000
Temporary technical support staffing	$250,000	
Consulting services		$19,900
Total	**$500,000**	**$205,400**

REALLOCATION OF FUNDING ACROSS IT PLAN PROJECTS REQUEST, MAY 2018 – REVISED

The Contract Provider Technology Needs Fund IT Plan Project was completed. This project provided a means for Non-Governmental Agency Short-Doyle Contract Providers within the LAC-DMH provider network to obtain the funding necessary to fully participate in the County's Integrated Information Systems Infrastructure and address their technological needs consistent with the MHSA Capital Facilities and Technological Needs Guidelines.

As of March 31, 2018, the Contract Providers spent and invoiced DMH a total of $21,183.811.79. DMH has paid these invoices which leaves a project balance of $911,132 in unused funds.

DMH is requesting approval to transfer the balance of $911,132 to another IT Plan Project, EHR: Continuous Process Improvement. See table 10: Costs – EHR: Continuous Process Improvement for adjusted project costs.

Table 10: Re-allocated Costs – EHR: Continuous Process Improvement – Revised

Category	Funding Approved September 2017	Request to transfer CF Funding to IT Plan Projects May 2018	Revised Req. to transfer of CF Funding to IT Plan Projects June 2018
Pools Dollars for IBHIS change notices, hosting & maintenance for MU	$5,000,000		
IBHIS hosting & maintenance, deliverables, and change notices		$4,885,296	$6,606,863
DMH IBHIS Staffing		$2,905,293	$2,905,293
Sub-Total (from IBHIS Project listed above)	**$5,000,000**	**$7,790,589**	**$9,512,156**
		Re-Allocate CPTNF Balance	**Re-Allocate CPTNF Funds**
RE-ALLOCATE balance of unused funds from the Contract Provider Technology Needs Fund IT Plan project to the EHR: Continuous Process Improvement project.		$911,132	$911,132
REVISED EHR PROJECT TOTAL	**$5,000,000**	**$8,701,721**	**$10,423,288**

LAC-DMH Contact Information

If you have any questions regarding the project proposals, please contact Mirian Avalos, LAC-DMH Chief Information Officer at (213) 251-6481, msavalos@dmh.lacounty.gov.