



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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August 4, 2016

TO: Each Supervisor
FROM: *Robin Kay, Ph.D.*
Robin Kay, Ph.D.
Acting Director

SUBJECT: **STATUS REPORT ON THE IMPLEMENTATION OF THE INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM**

On October 18, 2011, your Board approved the Integrated Behavioral Health Information System (IBHIS or System) Agreement with Netsmart Technologies, Inc. (Netsmart), to provide a product that will enable the Department of Mental Health (DMH) to meet the federal and State mandates for an Electronic Health Record (EHR) and meet County's Strategic Plan goal to achieve a seamless electronic exchange of selected health and human services data across County providers. In order to provide you with a clear picture of the current state of the project, attached is the status report for the months of January 2016 to June 2016.

If you have any questions or need additional information, please call me at (213) 738-4108, or your staff may contact Karen Van Sant, DMH Acting Chief Information Officer, at (213) 251-6703.

RK:MM:AB:KVS

Attachment

c: Mental Health Deputies
Chief Executive Office
Executive Office, Board of Supervisors
County Counsel
Contracts Development and Administration Division, DMH

REVIEWED BY:

Peter Loo

Peter Loo
Acting Chief Information Officer

8/24/16

DATE



**COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
CHIEF INFORMATION OFFICE BUREAU
PROJECT STATUS REPORT**

A. General Information

Project Title: Integrated Behavioral Health Information System (IBHIS)
Prepared by: Adrina Moreno - IBHIS Project Manager **Date Prepared:** July 22, 2016
Reporting Period: **From:** January 1, 2016 **To:** June 30, 2016
Estimated Completion Date: June 30, 2017
Project is: **On Schedule** **Ahead of Schedule** **Behind Schedule** **Completed**

If the project is Behind Schedule, explain why, (e.g., changes to scope, constraints outside project team’s control, vendor delays, resource constraints, business processes, and major deliverables not completed). Include the impact of the delay and plans for re-alignment.

- See Section B (Current Activity Status) for detailed explanation.

B. Current Activity Status

Provide a high level summary of current activities. Express factual description of current activities in a bulleted list.

- DMH has completed its IBHIS Directly Operated (DO) implementation. IBHIS is currently used at 128 DO sites providing client services. In addition, new programs are on-boarded on a regular basis in accordance with established processes.
 - DMH Programs located in the Sheriff’s Department or Probation Department facilities will not be incorporated into IBHIS: DMH employees located at the jails are to move under DHS management in the 1st quarter of Fiscal Year 2016-17. At least for an interim period, these employees may access the IBHIS for read only client lookup.
 - Discussions regarding System integration with Probation’s hospital information system which could lead to streamlined workflow for Mental Health employees at these sites and improve data quality for client records that are currently held pending the outcome of the ORCHID migration study currently in progress.
- DMH has completed transitioning twenty-five Legal Entities (LEs) to IBHIS as of June 30, 2016, continues with its LE on-boarding schedule for July and August 2016, and will add one potential Certified Community Behavioral Health Clinic (CCBHC) provider in September. The LEs are not direct users of IBHIS; they will submit their data electronically.
- Two Fee-for-Service (FFS) providers identified as a pilot group were transitioned to IBHIS in June 2016. The remaining FFS providers will be brought onto IBHIS around October 2017.

C. Change Requests

List any Change Control Requests identified during this reporting period.

Change Order No.	Description	Effective Date
DMH 56	RAPID RESPONSE CHANGE NOTICE – Simplified Financial Eligibility for MSA Contracting Providers	1/19/16
DMH 57	RAPID RESPONSE CHANGE NOTICE – File Names for 837 Processing	1/19/16
DMH 58	RAPID RESPONSE CHANGE NOTICE – File Names for 835 Automated Processing	2/29/16
DMH 59	Develop User Interface and Interfaces from Avatar for DMH’s Master Data Management (MDM) Project	4/12/16
DMH 60	Files Names for 835 and 837 Automated Processing & Simplified Financial Eligibility for MSO Contracting Providers	3/18/16

D. Significant Accomplishments for Current Period

Provide a summary of the significant accomplishments and project deliverables during the reporting period. The list should include, primarily, major activities, milestones and key deliverables in a bulleted list.

Since the initial production use of IBHIS in January 2014, roughly 534 IBHIS claim files totaling approximately \$439 million for both the DOs and LEs have been submitted to the State. Of that amount \$386.5 million has been approved and \$20.7 million is awaiting adjudication from the State.

E. Planned Activities for Next Period

Provide a summary of the planned major activities, milestones and project deliverables to be accomplished during the next reporting period. Express your descriptions in a bulleted list

- Continue with the LE on-boarding schedule for July and August 2016. One Day Treatment Provider will be added in August and one CCBHC provider will be added in September. Since August and September involved a very significant increase in LE claims volume, there will be no roll-out in October and maybe none in November 2016 in order to confirm that LE optimizations implemented prior to September 2016 are working as planned at this larger volume. Once that is confirmed, roll-outs will resume in November or December 2016.
- Continue communication and roll-out planning activities with FFS providers.
- Continue ongoing DO end-user training, site preparation and user readiness activities for new programs, and training and support for existing clinical and administrative IBHIS users at DO programs.
- Continue to participate in the Los Angeles Network for Enhanced Services (LANES) meetings and subcommittees.
- Continue implementation phases of the DMH's Master Data Management (MDM) (DMH's connection to the Countywide MDM (CWMDM)) which includes the configuration and tuning activities for the CWMDM.

F. Critical Issues

List any Critical or High Priority Issues impacting the project. Issues are events that currently cause a problem moving forward and have an impact to the project schedule, resources or quality of the end deliverable.

- **Delay in the development of the Central Business Office (CBO)** – The Board approved the development of the CBO and requested positions for CBO on March 11, 2014, to support the roll-out of IBHIS and new business requirements mandated under the Affordable Care Act (ACA). The CBO continues to work on a desk study of its positions which will guide the reorganization of staffing for eventual submission and consideration by the Chief Executive Office (CEO). CBO has reduced the use of Netsmart resources to the minimum necessary to facilitate LE on-boarding activities.
- **Time/resource constraints in completing overlapping IBHIS implementation and support tasks and other critical project and operational functions with existing resources** – There are insufficient resources to dedicate to the LE and FFS roll-out. Resources required to prepare and transition LEs and FFS to IBHIS are either also supporting DOs on IBHIS – maintaining work flow, providing user support, testing software updates, maintaining training materials, and assisting with end-user training and new program roll-outs – or are also implementing other critical projects and/or performing other important operational functions. There are also constraints on Provider Advocate Office (PAO) resources that support LE and FFS providers on-boarded to IBHIS.

G. Risk Update

Include any critical or high risk updates. Risks are events that might cause problems, at a future date, with the project schedule, resources or quality of the end deliverable.

Explanation of Categories:

- Probability (High): Most certainly or very likely to occur.
- Impact (High): Significant impact to project scope, cost or schedule which is likely to threaten and undermine project completion.
- Timeframe (Short): A three month or less estimation as to how long the risk will be relevant.
- Response (Mitigate, Watch, and Accept): Resolve through mitigation, watch to monitor development, or accept and develop a contingency plan. Change Requests continue to move through the development life cycle and DMH continues to monitor Contract Provider progression in EDI transition.

ID	Risk (Describe the risk in simple terms, provide details)	Probability (High)	Impact (High)	Timeframe (Short)	Response (Mitigate, Watch, Accept)
54	<p>Title - The various types of Managed Care providers (e.g., FFS1 Hospital; FFS2 Provider, Day Treatment) have remained largely untested in IBHIS.</p> <p>Description - The various types of Managed Care providers (e.g., FFS1 Hospital; FFS2 Provider, Day Treatment) have remained largely untested in the Production Use of IBHIS. This group is also generally less technically savvy than the LEs and requires more “hand-holding” to function even under a system they know. A new implementation involving a more complex system will be a challenge for all concerned.</p> <p>Status - A great deal of work has gone into lowering the risk: testing software, developing training material for DMH support staff, preparing providers, and establishing criteria to select providers to begin initial use of the IBHIS’ ProviderConnect module. Production Use will be closely monitored by both DMH and Netsmart; the software has been assessed and validated, and, where necessary, modified. Based on experience with the initial Managed Care providers brought onto IBHIS, a complete roll-out schedule was established.</p>	☒	☒	☒	Accept Risk
55	<p>Title – High priority issues related to claiming and performance.</p> <p>Description – Six high priority issues that temporarily impacted claiming or performance have occurred since January 2016 and are cause for concern if not adequately prevented from reoccurring before a much higher volume of Contract Providers are transitioned to IBHIS in the fall.</p> <p>Status – Teams continue to work with Netsmart to resolve issues as they arise. Due to recent more critical issues, Netsmart leadership have been made aware and are engaged.</p>	☒	☒	☒	Mitigate Risk