STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 07/23)

Fiscal Year	Business Unit Number	Department
2025-26	4440	Department of State Hospitals
Hyperion Budget Request Name		**Relevant Program or Subprogram**
4440-012-2025-BCP-MR		4440 - Administration

Budget Request Title
Continuum Electronic Health Records Phase 1 Implementation

Budget Request Summary
The Department of State Hospitals (DSH) requests reappropriation of $7.5 million General Fund (GF) from fiscal year (FY) 2024-25 to FY 2025-26 and 26.4 position authority in FY 2025-26 to procure the organization's Continuum Electronic Health Record (EHR) solution and staffing requests to complete implementation for the first hospital location at DSH-Coalinga (Phase 1).

Requires Legislation (submit required legislation with the BCP)	**Code Section(s) to be Added/Amended/Repealed**	
☐ Trailer Bill Language ☐ Budget Bill Language ☒ N/A	None	
Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	**Department CIO** Chad Corrin	**Date** 05/08/2025

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.

Project No.4440-126 **Project Approval Document:** Stage 3 Approval Letter

Approval Date: 6/24/2024 **Total Project Cost:** $481,480,570

If proposal affects another department, does other department concur with proposal? ☐ Yes ☒ No

Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Chad Corrin, Chief Information Officer	**Date**	**Reviewed By** Brent Houser, Chief Deputy Director, Operations	**Date**
Department Director Stephanie Clendenin	**Date**	**Agency Secretary** Kim Johnson	**Date**

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

Principal Program Budget Analyst	**Date submitted to the Legislature**

A. Problem Statement

The Office of the National Coordinator for Health Information Technology (ONC) reports that as of 2021, 96% of all non-federal acute care hospitals have adopted a certified Electronic Health Record (EHR). This marks a substantial increase from ten years earlier when that number was only 28%. Despite this progress, California remains one of the nine states without an EHR implementation in any State-run psychiatric hospitals, according to the 2019 National Association of State Mental Health Program Directors' (NASMHPD) research ally, the NASMHPD Research Institute (NRI). The California Department of State Hospitals (DSH) continues to be reliant on an antiquated paper-based medical record systems and obsolete disparate technology systems to chart patient care. The lack of an EHR increases the risk of compromised patient safety, organizational inefficiencies, and impedes collaboration with other healthcare providers and between patients and the healthcare personnel who treat them. This leads to challenges and potential errors in accurate diagnosis, treatment pathway selection, and medication administration. The absence of real-time data sharing increases the likelihood of medical errors, adverse drug interactions, and delayed interventions, all of which compromise patient and staff safety. In emergency situations, the lack of immediate access to comprehensive patient information can impede timely decision-making, exacerbating critical conditions and potentially endangering lives.

DSH is the largest inpatient forensic state hospital system in the nation, experiencing complex issues involving the necessary coordination of patient care and the accurate flow of information and patient data between five state hospitals and numerous facilities: California Department of Corrections and Rehabilitation (CDCR) prisons, outside hospitals and medical treatment providers, and other community partners. Managing patient information and data has been challenging to DSH due to varying legacy systems. Data requests from external agencies including the California Department of Public Health (CDPH), the Centers for Medicare and Medicaid Services, The Joint Commission and the Coleman Court Monitors, and Public Records Act Requests (PRAs) are cumbersome and difficult to complete without an EHR, often requiring numerous staff hours and manual counting of data points s.

DSH currently relies on outdated mainframe and technical infrastructure built in the 1980's, posing significant challenges in maintaining and supporting critical healthcare operations. The absence of an EHR system exacerbates these issues, hindering efficiency, jeopardizing patient safety, and impeding the delivery of quality care. Maintaining legacy mainframe systems requires specialized skills that are becoming progressively scarce and costly to retain, increasing resource constraints and operational inefficiencies. As time goes by, these systems become increasingly difficult to maintain, as DSH is having difficulty retaining State staff members with the appropriate knowledge and expertise to maintain mainframe applications due to retirements. Additionally, contractor engineers who have the required skillset to keep these systems operational are extremely difficult to find and costly to the State. If these legacy systems are not replaced before they become impossible to maintain, there is substantial risk they will collapse. In the event of a mainframe collapse, clinicians would not have immediate access to patients' current diagnoses, treatment plans and medication orders, resulting in detrimental delays and degradation of services.

Modernizing to an EHR system is vital to the success of DSH. Failure to do so compromises patient safety and care quality and exacerbates operational inefficiencies and financial burdens and liabilities to the State. By investing in an EHR implementation, DSH can enhance clinical outcomes, streamline workflows, and ensure the delivery of safe, effective, and patient-centered care.

Budget Request History

In the 2018 Budget Act DSH received $1.3 million and 4.0 two-year limited-term positions in FY 2018-19 and $713,000 in FY 2019-20 to continue Stages 3 and 4 of the California Department of Technology (CDT) Project Approval Lifecycle (PAL). The 4.0 limited-term positions served as the core project team dedicated to continuing the efforts of Stage 2 Alternative Analysis.

In the 2020 Budget Act DSH received $2.4 million and 4.0 positions in FY 2020-21, $3.2 million and 8.0 positions in FY 2021- 22, $6.1 million and 18.0 positions in FY 2023-24 and $3.5 million and 18.0 positions in FY 2024- 25 and ongoing to continue planning and procurement of the EHR. This funding supported the activities required by the State's PAL Stage Gates 3 and 4, which included procurement of the solution. 4.0 of the requested resources were to convert the limited-term positions requested in the 2018 Budget Act to permanent positions. The clinically based resources allowed the Department to successfully move from Stage 2 Alternative Analysis through Stage 4 Procurement of the PAL. These resources also facilitated the completion of the functional detailed requirements and writing of the Continuum-EHR Request for Proposal (RFP) solicitation document.

In the 2022 Budget Act, DSH received $2.4 million and 6.0 positions in FY 2022-23, $19.8 million and 8.0 positions in FY 2023-24, $20.8 million and 10.0 positions in FY 2024-25, and $8.2 million and 10.0 positions in FY 2025-26 and ongoing to prepare for and support the operation of the EHR, primarily to upgrade the wireless local-area networks (WLAN) at all five hospitals. The positions requested within this request are continuing the required efforts and activities to upgrade the DSH WLAN network in anticipation of the expanded Information Technology (IT) security, network, application development, and technical integrations. DSH anticipates completing all upgrades ahead of the EHR System integration.

In the 2023 Budget Act DSH received $21.5 million and 40.2 positions in FY 2023-24 and $22.3 million and 58.0 positions in FY 2024-25 and ongoing to complete remaining planning activities, complete the System Integrator procurement and initiate the activities needed for the transition into implementation of the Continuum EHR System.

Project Approval Lifecycle History

In 2017, DSH initiated the EHR project with submittal of its PAL Stage One Business Analysis (S1BA) to CDT. The S1BA package was approved by CDT in November of 2017. Subsequently, DSH submitted its Stage 2 Alternatives Analysis (S2AA) package which was approved by CDT in April of 2021.

DSH received approval of the PAL Stage 3 Solution Development (S3SD) on February 10, 2023, which enabled the EHR challenge-based procurement to be released on May 4, 2023. After engaging with the vendor community and answering many questions, DSH, along with the California Health and Human Services Agency (CalHHS) and CDT, decided the Challenge-Based Procurement method did not align with the needs of the procurement. The challenge-based procurement was withdrawn on November 13th, 2023.

DSH, in partnership with CDT updated the procurement to a Modern Request for Proposal (MRFP) requiring a re-approval of S3SD. DSH updated the S3SD to reflect the change in procurement vehicle and received the second S3SD approval June 28, 2024.

In concert with PAL activities, DSH has focused on readiness initiatives designed to support the project and mitigate risks that potentially threaten project objectives and success through the remainder of PAL Stage 4 Project Readiness.

Upgrading Wireless Local-Area Network (WLAN)

DSH has an active WLAN at all five hospitals to support the PDAS (Personal Duress Alarm System) which is activated by staff during an emergency. With the new EHR system being implemented, the WLAN will be required to support a significant increase of volume on the network. This initiative will enhance the current wireless capabilities at all five hospitals to support EHR along with the additional wireless medical devices, such as tablets, blood pressure cuffs, glucometers, etc. without compromising the PDAS. It is imperative that the WLAN continues to support the PDAS in order to preserve the safety of staff and patients. An assessment has been completed of the WLAN at each of the five hospitals, and an improvement strategy has been developed that will allow for increased EHR network traffic while preserving the capacity to meet existing demands.

DSH is contracting for the implementation of WLAN upgrade services, based off the improvement strategy developed through the assessments. DSH completed the installations of wireless access points at DSH-Coalinga as of May 2024. DSH is in the process of developing plans and permits for DSH-Metropolitan and DSH-Atascadero, with both sites expecting to be completed by the fall of 2025. It is anticipated the remaining hospitals will be completed ahead of the EHR system implementation.

Data Architecture and Integration

In FY 2021-22, DSH contracted with a data consulting firm to analyze the state of DSH legacy data and make recommendations on how best to utilize the data in the new EHR system. The assessment was completed in July 2022, allowing DSH to partner with CDT in the development of the data architecture and integration contract. DSH has contracted with another provider utilizing the results of the analysis and recommendations. Focusing on data activities; profiling, standardization, cleansing, conversion, migration, integration, cloud integration, and data governance required for EHR.

Organizational Change Management (OCM)

To enable the overall success of the EHR project, it is critical that DSH's five hospitals have common business and clinical practices and procedures that can seamlessly transition into an electronic system. DSH has begun making fundamental changes to infrastructure management, and the system governance process that will enhance the department's ability to adapt to changing business needs required for the implementation and support of an EHR system. In FY 2023-24, DSH contracted with an OCM consulting firm to provide such services laying the framework to successfully support DSH's OCM team to continue with the ongoing needs for the EHR system. OCM is a crucial component of the project. Implementing an EHR will impact and considerably change every aspect of DSH's business. Documentation on lessons learned from other agencies' implementations frequently cite insufficient change management efforts as a contributing factor to implementation failure.

By resourcing change management, DSH can mitigate change management risk to the implementation of the EHR.

Enterprise Data Governance

Data Governance is the process of setting internal standards — principles, practices, and policies— that apply to how data is generated, collected, processed, stored, managed, analyzed, interpreted, and shared. Governance involves cross-system engagement to identify and adopt best practices for the collection which allow information to be consistent and dependable. Data governance produces elements such as data dictionaries and guidelines, which set organization-wide data definitions and business practices, establishing a coordinated data management plan to ensure DSH gets the most value from its data, irrespective of where the data gets generated, and how it gets consumed for patient care and operational decision-making. This is accomplished by clearly defining and implementing data ownership, accountability, security, quality, accessibility, and privacy across the enterprise-wide data landscape.

Data governance is essential for DSH's EHR implementation and successful adoption and an important element needed for the department to realize operational efficiencies post-EHR implementation. If data is not governed before being assimilated into a complex system such as an EHR, users may not utilize common terms and measure outcomes in a standardized way. If this happens, data that is extracted will be less usable as it will lack the level of integrity needed to make cross-system decisions.

DSH has launched an enterprise data governance framework, which includes the planning and commencing of a Data Governance Advisory Council (DGAC) but lacks the resources to move beyond the planning phase. DSH has a significant data scope which should get governed prior to EHR but will need resources to support this enterprise-wide data initiative.

Professional Data Network

DSH's EHR data strategy will focus on establishing a network of data professionals across all hospitals and treatment programs to ensure alignment of standards, practices, tools, and technology. The data network will be an assemblage of data professionals that collectively work together to achieve common goals such as adoption of data policy, increased data literacy, improved methods for data driven decision making, and data stewardship for major data and technology projects such as an EHR and compliance initiatives. These individuals will be housed across DSH 's various facilities to provide local expertise and support and will have a reporting relationship with the Chief Data Officer, which will support the use of systemwide standards and best practices. Expertise at local levels is necessary for large scale organizational change. Creating a network that is housed across the system but with a hub in Sacramento, will allow data professionals positioned outside of Sacramento to receive support, training, continuing education, and professional networking opportunities (which support continued growth in the field) that would otherwise be challenging to address using a siloed approach.

Resource History

(Dollars in thousands)

Workload Measure	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Authorized Expenditures	$1,267	$714	$2,425	$3,321	$8,483	$44,749[2]
Actual Expenditures[1]	$1,694	$3,254	$2,234	$5,401	$7,264	$23,842[3]
Authorized Positions	4.0	4.0	4.0	8.0	24.0	66.2
Filled Positions	4.0	3.0	4.0	8.0	10.0	38.9
Vacancies	0.0	1.0	0.0	0.0	1.0	27.3[4]

[1] Actual expenditure exceeded BCP authorized expenditures due to redirection of staff to assist project team throughout the planning phase.
[2] $7.2 million returned in FY 23/24 for medical devices and salary savings.
[3] $13.5 million in outstanding encumbrances remain for FY 23/24.
[4] Vacancies are a result of adjusted project timelines and onboarding of these positions have been shifted to align with current project timelines.

B. Justification

To enable project success and mitigate risk of a project of this magnitude, requested state resources are accurately aligned with desired project outcomes. The EHR project team, taking lessons learned from prior implementations and in close collaboration with industry experts, decided to adopt a phased implementation approach for both project rollout and funding. While DSH will be taking a measured approach by implementing the enterprise solution with one state hospital first, DSH requests the full system integrator costs for all sites in this proposal, but aligning future resources, equipment, and ancillary costs after successful implementation at our pilot site. DSH is requesting the full implementation cost in this proposal as the enterprise EHR system will need to be created in its entirety before it can be implemented at the pilot site, and DSH does not want to risk needing to re-solicit an additional solution vendor to complete implementation work for the project, causing a risk for fragmented delivery and inconsistent solutions to business requirements. DSH will ensure that a cohesive enterprise system is developed and collect the data necessary via the pilot site implementation to reflect the most accurate cost estimates for the larger enterprise resources and equipment needs to complete implementation via a future proposal.

This strategy will allow the team to make decisions from the most accurate, informed and data driven position possible, and will better assess and inform true project needs using the lessons learned from the pilot site. This will ensure that future proposals will include only the necessary staffing, equipment, and ancillary services necessary for the remaining four hospitals, limiting the risk of cost overruns and requests for unanticipated funding. By providing more concrete justification and data for the full implementation in future proposals, while still securing funding in this proposal for the System Integrator to deliver a cohesive, enterprise EHR, this approach reduces risks associated with the high and volatile nature of mega projects of this size.

Funding from this proposal would support the actual EHR solution/software and key roles in clinical operations, service desk support, patient management, information security, service governance, legal and privacy, and administrative functions and aligns state and

contract staff to be reflective of current and expected project needs for the pilot implementation. Recruiting and retaining state staff with the appropriate knowledge, experience and skills is critical to meet the technical complexities required for the EHR project long-term. These resources will ensure project success and increase operational efficiencies as internal resources have deep familiarity with hospital, Department, and state business practices. These investments are crucial for ensuring a seamless transition to a modernized EHR system, enhancing patient care, safeguarding sensitive data, and maintaining the overall efficiency and security of the DSH infrastructure. In the justifications below, some positions are requested in partial PYs – this reflects a plan to hire some positions mid-year in the budget year, so that the positions come onboard at an appropriate time in the project's schedule when they are needed for the project.

Clinical Business Leadership – .5 position in FY 2025-26

Strong clinical leadership is paramount to end user adoption. A resource is required to ensure the EHR solution is configured appropriately to meet the department's clinical business needs, strategic goals, and project goals. Clinical Leadership will steer efforts to plan, coordinate, implement, and evaluate EHR project objectives and results for each facility. Clinical Leadership will also drive end-user engagement and adoption of the EHR solution at each facility.

Technology Services Division – 20.9 positions in FY 2025-26

The transition from paper-based work processes and antiquated mainframe systems to a modern EHR system necessitates additional IT staff. Additional IT staff are essential to ensure a smooth and efficient implementation, ongoing support, and maintenance of the new EHR system. Additional IT staff will provide the technical expertise required for data migration, system integration, cybersecurity, and continuous improvement of the EHR. Furthermore, this transition requires expansion of DSH's current help desk support from a Monday-Friday 8am-5pm operations to a 24x7 service, ensuring technical assistance is always available to our healthcare providers. A summary of all areas is provided below:

Management / Leadership – 1.0 Positions in FY 2025-26

Strong IT leadership is critical to guide the complex transition to an EHR system. IT leadership will ensure strategic planning and alignment between EHR product strategies and overall business goals, develop, and implement a strategic roadmap for EHR product lines, and foster innovation for continuous improvement. By partnering with business executives to drive technology adoption and managing the engineering team's performance in delivering and maintaining technology products, IT leaders will transform service delivery to empower DSH with streamlined, product-focused solutions. Effective IT leadership will provide the necessary vision and direction for this transformation, ultimately enhancing patient care, improving operational efficiency, and securing sensitive health information.

Service Management and Governance — 2.0 Positions in FY 2025-26

To ensure the successful implementation and ongoing support of the EHR system, expansion of the Service Management and Governance unit is imperative. The additional resources will bridge the gap between clinical operations and IT, facilitating a smoother transition and continued support for the EHR system. These resources will be essential in translating clinical needs into technical requirements, ensuring the EHR

system aligns with DSH's operational goals while effectively managing the human side of the change, helping staff adapt to new processes and technologies, and addressing resistance or challenges that arise. By enhancing the Service Management unit with these resources and ensuring strategic alignment, these resources will support a successful EHR implementation, drive user adoption, and optimize system performance.

Security – 4.2 Positions in FY 2025-26

The EHR will become the single largest repository of mission critical patient treatment information across DSH. With this expansion in electronic data collection, comes a much larger volume of HIPAA data to manage and secure. Security compliance ensures the implementation of the Health Insurance Portability and Accountability Act (HIPAA) Security Rules within the EHR system and continuous security evaluation of business associates. This compliance team interacts heavily with the DSH Legal team to implement investigatory support of privacy incidents and helps to safeguard and secure critical patient healthcare data. With the EHR, significant expansion of responsibilities will need resources to keep up with demand and ensure security is included in all aspects of implementation and rollout of the EHR.

Service Desk – 13.7 Positions in FY 2025-26

Technology Implementation Success Rates are directly affected by Help Desk Support for End Users, particularly for a mega project such as an Electronic Health Record System. The #1 reason nationally noted for failure to adopt EHR systems is lack of technical support to clinicians. DSH facilities are currently open 24 x 7, with 3 separate shifts, while the help desk at DSH is open from 8:00 a.m. to 4:30 p.m. in its current state. Additional staff is needed for help desk support to be capable of supporting an Electronic Health Record system, and for the department to be successful in implementation of an Electronic Health Record system and expand services to meet the 24 x 7 operations of the department. Additionally, the help desk at DSH remains in support of a variety of other services outside of EHR, which cannot degrade without direct impact to the EHR system.

Expanding help desk resources is critical to ensure smooth operations across new shifts that will be responsible for supporting DSH clinicians working across all shifts at all hours of operation. The need for help desk staff will increase to align with the phased delivery of the project, as more hospital sites receive their implementation of the EHR solution. A fully staffed help desk dedicated to supporting an EHR solution has been identified through industry research provided by Gartner to be a primary driver of clinicians fully adopting an EHR solution, with proper resolution to end-users' problems leading to improvements in engagement and preventing staff from using workarounds outside of the EHR system, which could lead to safety concerns and poor patient outcomes. The same Gartner research points to clinicians submitting a high volume of tickets to resolve issues they may have in documenting complexities of patient records, and without swift resolution to those issues, clinicians either refuse to adopt the EHR solution or perform work outside of the EHR solution leading to fragmentation of patient records and mistakes in clinical practice, potentially harming patients. Thus, expanding DSH's help desk will facilitate a smoother transition, help clinical staff become more proficient with the new EHR system, and minimize disruptions to patient care and operational workflows during and after implementation.

DSH currently supports this workload with the following levels of staffing for the AM shift 8:00am-5:00pm; 39 Information Technology Associates, 26 Information Technology Specialist I's and 2 Information Technology Specialist II's across 5 hospitals. That is currently 70 staff total to cover a single shift for front-line helpdesk support only. Considering DSH's secure treatment area, aligned supervisory coverage across three shifts, accounting for vacation and sick calls and aligning resourcing to peak hours, the total positions being requested are the minimum needed to ensure safe 24x7 coverage across three shifts. The existing services which need to be maintained, and the estimated expansion of EHR ticket volume, ensures sufficient coverage for EHR specific requests as well as aligns enough staff to continue to support existing request volumes, which are ancillary technology services with critical dependencies to and from the EHR and must also be maintained 24x7.

Enterprise Data Governance – 2.0 Positions in FY 2025-26

DSH has completed initial planning to implement enterprise Data Governance. DSH is requesting resources to commence data governance initiatives across all DSH treatment and operational data assets, spanning all five state hospitals and all treatment programs. Governance initiatives will address the practices, principles and policies around the generation, collection, and utilization of data within the EHR, and coordinate with data stewards and consumers across all hospitals to champion the adoption of high-quality data standards. The planning efforts to launch the department's statewide data initiative have occurred, and resources are required to move enterprise governance beyond the planning phase and into production. DSH requests 2.0 Research Data Specialist III's to support DSH's significant scope of data governance activities.

DSH's Data Governance initiatives will be ongoing, and not a one-time effort. Addressing all data domains within the department for initial governance will span years, as DSH oversees a considerable magnitude of behavioral health data. Data domains and compliance related data sets will be prioritized by the DGAC. Additionally, the department's programs, data, technology, and policy will evolve over time and will require multiple stages of governance to address data evolution and to resolve complex issues resulting from the evolution of the department's data and business practices.

Legal – 1.0 Positions in FY 2025-26

The Legal Division is responsible for supporting the department with their legal needs and providing support to assess and minimize risk and ensure compliance with the law. To maintain consistent, high quality service levels for the Department upon its transition from paper health records to an EHR, legal staff will advise on best practices and procedures related to Electronically Stored Information (ESI) (e.g. Electronic Health Information) including data identification, retention, preservation, collection, processing, de-identification of protected information, search, review, production, and destruction in compliance with state and federal laws. Additionally, staff will perform legal risk analysis, early case assessment, and assist in the management and implementation of policies that will need to be put in place to minimize risk to the department with electronic information and disclosure of e-discovery.

Patient Care Coordination – 1.0 Position in FY 2025-26

To ensure the successful implementation of the new EHR system, the Department must effectively manage pre-admission processes and patient information. With the significant number of annual admissions, precise coordination is crucial. The pre-registration system is key for integrating patient data before admission. It allows for appropriate hospital assignments and equips treating clinicians with essential information, improving patient care from the start. A dedicated manager is necessary to oversee this process. This position will ensure the Patient Management Unit's (PMU) processes are seamlessly integrated into the EHR system, coordinate with the Patient Care Coordination Division (PCCD), and handle adjustments as needed. Additionally, the manager will supervise training and support for PMU users and external stakeholders' post-implementation, addressing issues and enhancing system performance.

Administration – 1.0 Positions in FY 2025-26

Increased staffing in HR is needed to provide sufficient resources to support the personnel management needs of DSH. Recruitment, benefits, and training services are all areas that grow proportionally with the addition of new staff to DSH.

Position Request Summary

Staffing Request Summary[1]	FY 2025-26
Clinical Business Leadership	**0.5**
Program Director	0.5
Technology Services	**20.9**
IT Manager I	3.0
IT Supervisor II	0.8
IT Supervisor I	1.4
IT Specialist II	5.6
IT Specialist I	6.6
IT Associate	2.5
Associate Governmental Program Analyst	1.0
Research, Evaluation and Data Insights	**2.0**
Research Data Specialist III	2.0
Legal/ Privacy	**1.0**
Attorney IV	1.0
Patient Care Coordination	**1.0**
Staff Services Manager II (Supervisor)	1.0
Administration/ Office of Communications	**1.0**
Associate Governmental Program Analyst	1.0
Total	**26.4**

[1] Due to the project implementation schedule, positions are phased-in over two years; this results in the display of partial positions for authority; however, positions are full time equivalent (FTE).

External Short Term Implementation Consulting

Independent Verification and Validation – Contract: $691,200 in FY 2025-26

Under the State Information Management Manual (SIMM) Section 45, Information Technology Oversight Framework, CDT requires projects of the size and complexity of EHR

to include Independent Verification and Validation (IV&V) oversight resources. The IV&V consultant will assist DSH through implementation by evaluating project progress, deliverables, adherence to defined management processes, risk and issue response, and overall quality. The consultant will provide recommendations to project and executive management based upon these observations. DSH intends to contract for IV&V services beginning in FY 2025-26 and carrying through system acceptance.

Interagency Consultancy-Contract: $1.4M in FY 2025-26

The EHR Project receives oversight from CDT in the areas of PAL, Independent Project Oversight (IPO) consultancy. As determined by CDT, critical partners are also called upon for review as necessary from other sections of CDT such as Office of Enterprise Architect (OEA) and Statewide Technology Procurement (STP).

System Integration

EHR System Integrator: $0 in FY 2025-26

The EHR System Integrator will implement DSH's core EHR system with in-scope software systems and applications and will include system specific requirement planning, workflow configurations, training, and adoption methods.

The System Integrator contract is currently in the process of solicitation and is scheduled for execution mid-year in FY 2025-26. Current proposals indicate that the first payment for the system would not be due until FY 2026-27, but negotiations with the prospective winning bid have not been initiated and there is a possibility that negotiations could result in the first payment point being shifted to 2025-26. To address this potential need, DSH request budget bill authority to be able to make a mid-year funding request additional funding to ensure that payment(s) to the vendor can be made if needed. This will prevent an unnecessary delay to the project. The proposed language is as follows:

> *The Department of Finance may increase expenditure authority in this item for the costs associated with an updated project schedule and negotiated vendor costs for the Electronic Health Record Continuum project, upon notification from the Department of State Hospitals. Any such increase shall be authorized not less than 30 days following written notification to the Chairperson of the Joint Legislative Budget Committee, or a lesser period if requested by the department and approved by the chairperson or the chairperson's designee.*

Summary of Resource Request

Personnel Costs	
Category	**2025-26**
Positions	**26.4**
Salaries & Benefits	$4,630,000
OE&E - New Positions	$428,000
OE&E - Travel	$280,000
Total Personnel Costs	$5,338,000
OE&E / Contract Costs	

Category	FY 2025-26
System Integration	$0
OE&E - IV&V	$691,000
OE&E - Interagency Consultancy Contract	$1,432,405
Total Contract Costs	$2,123,405
Total Request	**$7,461,405**

C. Departmentwide and Statewide Considerations

As part of DSH's commitment to providing the highest quality patient care, implementing an EHR system is a key priority for the Department. Not only will the system allow DSH to offer the highest quality care to patients, but it will also enable the Department to attract and retain medical and mental health providers amongst a nation-wide shortage. While recruitment and retention difficulties are multifactorial, it is reasonable to conclude that lack of modernized clinical technology in the workplace is one of those factors. EHR systems have become a healthcare industry standard supporting the successful foundation to operate a hospital organization, and clinical professionals expect workplaces to offer these systems. It will be extremely challenging in a competitive national hiring environment for DSH to continue to recruit clinical professionals to its healthcare worksites without providing the standard of healthcare technology. These systems maximize the availability of patient information to all health care providers at any time needed, eliminating the delay or loss of valuable medical information which avoids interference in providing quality care and increases the efficiency of managing complex patient treatment pathways. The proposal is essential to the successful onboarding and implementation of an EHR that is consistent with DSH's vision, mission, goals, and objectives the current DSH Strategic Plan. This proposal supports DSH's four goals of a safe environment, organization and operational excellence, innovative treatment and forensic evaluation, and integrated behavioral health system. EHR will provide the capability to integrate and organize patient health information and facilitate near real-time distribution among all authorized providers involved in a patient's care. In addition, Assembly Bill (AB) 133 established a mandate for data sharing for most health care providers beginning in January 2024, however, DSH has until January 31, 2026, to come into compliance with this bill. An EHR will enable DSH to comply with this mandate in a meaningful and efficient way.

Implementing an EHR is part of DSH's commitment to safety of its patients and staff, as well as the public of California. EHRs significantly improve clinical workflows, providing real time access to patient data and critical decision support. In the current state, clinical staff must navigate between serval different home-grown applications as well as a paper medical record in order to obtain a clear picture of patient's health. There are a host of difficulties that accompany paper medical records. Due to the volume of documentation as well as the complexity of the patients' cases, clinical information must be repeatedly and redundantly transcribed to multiple documents and data fields to ensure that patient information is visible to all staff. Paper medical records are more prone to errors and mis-filings. Even though DSH uses some electronic home-grown systems, data entered into those systems still must be printed and manually filed in the paper patient record which is

inefficient and time consuming. Additionally, only one clinician at a time may access the paper medical record. If one individual person has the patient's medical record, it is inaccessible to every other clinician. This may postpone documentation and decision-making processes and is an inefficient way to provide health care. This will also support DSH's ability to meet data requests and mandates from external agencies and regulatory bodies.

EHR can alleviate many of these issues and reduce risk of injury to both patients and staff. For example:

- Access to critical patient information: EHR systems allow quick and convenient access of vital patient information such as but not limited to medical histories, treatment plans, medication records, Advance Healthcare Directives, and allergy information. In a crisis, quick access to this information is crucial, and any delay in accessing patient records due to inefficiencies of paper/home-grown systems can hinder timely medical intervention, potentially leading to severe health consequences or exacerbating volatile situations. Staff dealing with patients with violent behaviors also rely on having immediate access to information on patient behavioral history, violence triggers, and effective de-escalation strategies. Any delay or inability to access this information due to inefficiencies can result in staff being unprepared for violent incidents, increasing the risk of physical harm.
- Reducing risk of medication errors: Medication administration relies heavily on accurate, legible, and up-to-date records. Errors in medication dosing, timing, or medication type can have severe or even fatal consequences. EHR systems provide many medication ordering and administration efficiencies and safeguards to protect both patients and staff not offered by paper and home-grown systems (e.g., drug-drug interaction checks, barcode scanning).
- Improved coordination of care: Effective patient care, especially for patients who have behavioral health challenges including violence risk, requires seamless coordination between various disciplines and programs. EHRs reduce the likelihood of miscommunications about patient information among treatment team members by centralizing data in a single system. Accurate, up-to-date patient information combined with active staff communication is what keeps DSH employees safe when working with a forensic population.
- Reduced provider frustration and burnout: Healthcare professionals often experience frustration and burnout due to inefficiencies in clinical workflows, such as completing redundant paperwork, increased time spent locating patient information, repeating clinical tests due to missing results, and waiting for patient charts. This can lead to decreased job satisfaction and high turnover rates, as well as more frequent use of workarounds, all of which have been shown to increase healthcare errors. EHRs can improve clinical efficiencies, reduce redundancy, and increase access to information, all of which benefit patient and staff safety.

Furthermore, since most of DSH's patients are forensically committed, its patient records are legal evidence in court proceedings. Having accessible, legible, complete, and accurate medical records increases the ability of DSH professionals to prepare for court testimony and makes complying with patient record subpoenas easier and faster. Implementing an

EHR will make DSH more able to fulfill its obligations to support public safety by ensuring that the information it provides the courts for patient hearings is timely, accurate, and not encumbered by the administrative inefficiencies of a paper-based charting system.

The proposal fosters the first goal of CDT's Vision and 2023 Strategic Plan: "Put People First" – "Build digital government more quickly and more effectively" by supporting integration of service delivery to the people of California through secure, effective, and innovative technology solutions. Building a comprehensive EHR for DSH will increase operational agility and performance by delivering innovative information technology services that improve the interoperability of patient data across patient care givers. Ultimately, this comprehensive interconnected system will provide health care professionals a more complete medical record of a patient, with all the latest information (tests, medications, etc.) presented in near real time. Providing the industry standard of clinical technology for its staff and patients will allow DSH to also remain a competitive employer, improving opportunities for recruitment and retention of clinical staff.

D. Outcomes and Accountability

This proposal requests contract funding to allow DSH to successfully onboard the EHR System Integrator, prepare and begin the implementation of the EHR system to meet the five hospital requirements, and staffing requests to complete implementation for the first hospital location at DSH-Coalinga, as well as short-term contract funding to complete the implementation. The implementation of an EHR system can be a complex process requiring a team of staff with specific skills and knowledge which is critical to the success of the systems adoption.

The project will be organized and conducted to meet requirements of the SIMM, Section 19 under the guidance of the California Project Management Framework (CA-PMF) and the Project Management Body of Knowledge (PMBOK), as maintained by the Project Management Institute (PMI). CDT will be a critical partner in the effort providing oversight and IV&V of the process, including negotiation and award of the contracts.

Projected Outcomes

Several clinically based projected outcomes include improved patient safety and quality of care. Projected outcomes include reduction of medication administration errors, improved accuracy of diagnoses, and increased chart access, enabling healthcare teams make more informed treatment decisions for patients. The system will foster enhanced coordination and improved continuity of care, as more accessible patient data and streamlined communication will lead to better team collaboration, both internally and with external care providers. Additionally, the EHR system will support data-driven decision making, and population health management by generating actionable data that can be leveraged to identify patterns, trends, and health or behavior issues affecting specific populations. Analyzing aggregate data can help develop targeted interventions which will improve overall treatment outcomes, including possible reductions in lengths of stay for patients. The projected outcomes can be directly linked to billing efficiencies, as the EHR system can streamline billing processes, ensure more accurate coding, and support documentation to justify the level of care provided, ultimately leading to improved financial performance for DSH.

The EHR project is not just a transformational initiative for clinical programs treating patients; the level of complexity, areas of responsibility, volume of IT systems, data, operating model, organization structure, and objectives that the DSH Technology Services Division (TSD) covers will increase in scale significantly. DSH is transitioning from paper based clinical care, to a fully electronic system to run the core of clinical functions when treating patients, which means a vastly increased support and reliance on TSD across all major facets of the organization from IT administration, project management, network, and server infrastructure, disaster recovery, security, application development and more. The EHR will demand resources, specific expertise, and the transformation of all existing IT support structures to roll out and maintain the system long-term.

DSH is approaching the implementation of the EHR system with an industry best practice in utilizing a digital first strategy. This strategy will allow DSH to demonstrate measurable positive results for:

- Meeting the increasing demand for healthcare services by using highly scalable digital products and services.
- Improving clinical outcomes by engaging, monitoring, and treating patients 24 hours a day, seven days a week, in their real world.
- Improving access and experience through digital capabilities that make it easy and convenient to access healthcare records.

E. Implementation Plan

DSH's ability to implement the EHR system is dependent upon hospital network capacity to support the EHR. Thus, DSH plans to complete WLAN upgrades in advance of EHR deployment at all five hospitals.

DSH estimates that procurement of the EHR will take a little over one year from procurement announcement/advertisement to contract award. DSH further estimates that planning, design, and deployment of the EHR system at DSH-Coalinga, the pilot site, will take about one year. Leveraging best practices in the standards and approach developed at DSH-Coalinga and applying lessons learned during deployment, DSH estimates that installation at the remaining four hospitals will take about two years to complete.

The following table shows the sequencing of the WLAN upgrade and EHR implementation efforts along with estimated start and completion dates.

Objective	**Start Date**	**Completion Date**
Complete planning, engineering, and begin WLAN installation at first hospital site (Coalinga)	January 2023	March 2023
Complete WLAN installation at first site	May 2023	May 2024
CDT Completes edits and releases EHR RFO		August 2024
EHR Procurement complete — contract awarded		November 2025
EHR Vendor comes on board		November 2025

Complete planning, engineering, and begin WLAN installation at second and third hospital sites	May 2024	May 2025
Complete WLAN installation at second and third sites	December 2024	February 2026
Coalinga EHR installation	April 2026	December 2027
Complete planning, engineering, and begin WLAN installation at fourth and fifth hospital sites	May 2025	December 2025
Complete WLAN installation at fourth and fifth sites	September 2025	August 2026
Remaining EHR installations	December 2027	July 2029
System Stabilization	July 2029	November 2029

F. Supplemental Information (If Applicable)

ATTACHMENT A: FISCAL DETAIL SHEET
ATTACHMENT B: WORKLOAD HISTORY TABLES
ATTACHMENT C: WORKLOAD JUSTIFICATION

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 07/23)
ATTACHMENT A: FISCAL DETAIL SHEET

BCP Fiscal Detail Sheet

BCP Title: BCP Title: Continuum Electronic Health Records Phase 1 Implementation

BR Name: 4440-012-BCP-2025-GB

Budget Request Summary

Personal Services

Personal Services	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	26.4	0.0	0.0	0.0	0.0
Total Positions	**0.0**	**26.4**	**0.0**	**0.0**	**0.0**	**0.0**
Salaries and Wages Earnings - Permanent	0	2,874	0	0	0	0
Total Salaries and Wages	**$0**	**$2,874**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	0	1,756	0	0	0	0
Total Personal Services	**$0**	**$4,630**	**$0**	**$0**	**$0**	**$0**

Operating Expenses and Equipment

Operating Expenses and Equipment	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
5301 - General Expense	0	218	0	0	0	0
5304 - Communications	0	26	0	0	0	0
5320 - Travel: In-State	0	306	0	0	0	0
5324 - Facilities Operation	0	132	0	0	0	0
5340 - Consulting and Professional Services - External	0	2,123	0	0	0	0
5346 - Information Technology	0	26	0	0	0	0
Total Operating Expenses and Equipment	**$0**	**$2,831**	**$0**	**$0**	**$0**	**$0**

Total Budget Request

Total Budget Request	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
Total Budget Request	**$0**	**$7,461**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source

Fund Source – State Operations	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
0001 - General Fund	0	7,461	0	0	0	0
Total State Operations Expenditures	**$0**	**$7,461**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$0**	**$7,461**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding

Program Funding	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
4400010 - Headquarters Administration	0	833	0	0	0	0
4400020 - Hospital Administration	0	6,628	0	0	0	0
Total All Programs	**$0**	**$7,461**	**$0**	**$0**	**$0**	**$0**

Personal Services Details

Positions	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
1401 - Info Tech Assoc	0.0	2.5	0.0	0.0	0.0	0.0
1402 - Info Tech Spec I	0.0	6.6	0.0	0.0	0.0	0.0
1403 - Info Tech Supvr I	0.0	1.4	0.0	0.0	0.0	0.0
1404 - Info Tech Supvr II	0.0	0.8	0.0	0.0	0.0	0.0
1405 - Info Tech Mgr I	0.0	3.0	0.0	0.0	0.0	0.0
1414 - Info Tech Spec II	0.0	5.6	0.0	0.0	0.0	0.0
4801 - Staff Svcs Mgr II (Supvry)	0.0	1.0	0.0	0.0	0.0	0.0
5393 - Assoc Govtl Program Analyst	0.0	2.0	0.0	0.0	0.0	0.0
5770 - Research Data Spec III	0.0	2.0	0.0	0.0	0.0	0.0
5780 - Atty IV	0.0	1.0	0.0	0.0	0.0	0.0
8103 - Program Director	0.0	0.5	0.0	0.0	0.0	0.0
Total Positions	**0.0**	**26.4**	**0.0**	**0.0**	**0.0**	**0.0**

Salaries and Wages	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
1401 - Info Tech Assoc	0	203	0	0	0	0
1402 - Info Tech Spec I	0	668	0	0	0	0
1403 - Info Tech Supvr I	0	148	0	0	0	0
1404 - Info Tech Supvr II	0	93	0	0	0	0
1405 - Info Tech Mgr I	0	384	0	0	0	0
1414 - Info Tech Spec II	0	672	0	0	0	0
4801 - Staff Svcs Mgr II (Supvry)	0	103	0	0	0	0
5393 - Assoc Govtl Program Analyst	0	158	0	0	0	0
5770 - Research Data Spec III	0	220	0	0	0	0
5780 - Atty IV	0	164	0	0	0	0
8103 - Program Director	0	61	0	0	0	0
Total Salaries and Wages	**$0**	**$2,874**	**$0**	**$0**	**$0**	**$0**

Staff Benefits	Current Year	Budget Year	BY+1	BY+2	BY+3	BY+4
5150200 - Disability Leave - Industrial	0	37	0	0	0	0
5150210 - Disability Leave - Nonindustrial	0	11	0	0	0	0
5150350 - Health Insurance	0	132	0	0	0	0
5150450 - Medicare Taxation	0	43	0	0	0	0
5150500 - OASDI	0	178	0	0	0	0
5150600 - Retirement - General	0	755	0	0	0	0
5150700 - Unemployment Insurance	0	3	0	0	0	0
5150800 - Workers' Compensation	0	132	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	77	0	0	0	0
5150900 - Staff Benefits - Other	0	388	0	0	0	0
Total Staff Benefits	**$0**	**$1,756**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$0**	**$4,630**	**$0**	**$0**	**$0**	**$0**

Clinical Business Leadership Workload History

Workload Measure	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Assisted with market research and drafting budget proposals	X	X	X	X	X	X
Document and maintain As-Is business processes	X	X	X	X	X	X
Reconciliation of system inconsistencies		X	X	X	X	X
Developed To-Be workflows		X				
Developed and refined detailed requirements			600	X	X	X
Conducted market research			X	X	X	X
Established and maintained electronic documentation governance policies and procedures				X	X	X
Assisted with the drafting of the RFP including demonstration scripts				X	X	X
Initiated and continued to support change management activities with pilot hospital					X	X
Development of end user tools, job aids and resources					X	X
Device planning					X	
Assisted with wireless LAN mapping at hospitals					X	
Developed and revised procurement scoring workbook					X	X
Policy reviews and revision					X	X
Formulary Standardization					X	X
Order Set Standardization					X	X
Procurement activities					X	X
Develop and deploy communications					X	X

TSD Enterprise Applications Workload History

Workload Measure	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
New Development	4	6	9	19	11	11
Maintenance & Operation of existing applications (Major Patches)	3	13	19	24	41	14
Maintenance & Operation of existing applications (Minor Patches)	30	59	90	115	586	718
Data Analysis (Reporting)	40	47	204	301	165	141

Attachment C: Workload Justifications

Clinical Business Leadership – 0.5 positions
EHR Hospital Program Director – 0.5 Position
Justification
The Program Director position will be deployed to DSH-Coalinga. This position will be the primary point of contact for their hospital leading up to and during implementation. Post EHR Go-Live the program director will be responsible for local maintenance and operations activities related to training, business process improvements, and support.

Technology Services Division – 20.9 Positions
IT Management Leadership Support – 1.0 Position
Associate Governmental Program Analyst (AGPA) – 1.0 Position
Justification
The AGPA position will provide technical support for the Administrative Services team; this position will take on the tasks critical to IT business operations associated with the increase in complexity and volume of this work.
Service Management & Governance Summary – 2.0 Positions
EHR Program Solutions Director – Information Technology Manager I (ITM I) – 1.0 Position
Justification
Management role responsible for responding to control agency inquiries; formulating long-range EHR IT programs and objectives; and reviewing implementation and conformance of EHR information technology programs with organizational policies and objectives related to the EHR project, implementation, and support during maintenance and operations. Serves as Manager on internal projects and supports interdepartmental projects that interface with the EHR.
Business Analyst – Information Technology Specialist (ITS II) – 1.0 Position
Justification
Senior level state Business Analyst responsible for directing day to day system interface and business analysis activities. Evaluates the requirements for technical feasibility while ensuring the requirements meet business' demands as intended. Responds to the EHR Project Director, IT Manager II, and other leadership required for the success of the EHR portfolio. Escalates risks and issues to the state Project Manager for resolution. Performs workflow analysis, creates, and sets EHR program roadmap, product. Provides enterprise guidance of new standard technology trends.
Security – 4.2 Positions
Security Compliance Manager – Information Technology Manager I (ITM I) – 1.0 Position
Justification
Manager over the Security Compliance team within the Information Security Unit. Security compliance ensures the implementation of the HIPAA Security Rule within the EHR system and continuous security evaluation of business associates. This manager and the compliance team interacts heavily with the DSH Legal team to implement investigatory support of privacy

incidents. This position is necessary at the onset of the EHR project to oversee the security compliance program responsible for vendor implementation of the security functional requirements, ongoing assessments, and written/technical policy.
Information Technology Compliance Security Analyst – Information Technology Specialist II (ITS II) – 1.6 Positions
Justification
Compliance security analysts will focus on audit and regulatory compliance activities related to the EHR system. EHR will expand electronic interfaces between DSH and third-party providers. ITS II positions will be technical leads in security compliance evaluations, risk analysis, secure code evaluation, release of information process and procedure, internal investigations, and vulnerability testing via red team/blue team exercises. Reviewing security configurations and ensuring compliance with evolving requirements is a detailed, time-consuming process. DSH currently interacts with hundreds of vendors and service providers annually, including data exchange with a large number of those external entities. Regular assessment to ensure compliance with contractual security requirements aligned with HIPAA is mandated for covered entities. Initially, these expert-level compliance analysts will develop the assessment protocols with ITS I staff performing analysis tasks. As DSH expands digital interactions with outside parties, the number of assessments will grow, necessitating an increased staffing level to address the additional workload. Once the program is established, these senior compliance analysts will shift to performing primarily compliance review tasks, and program modification/enhancement becoming a less time-consuming function.
Information Technology Compliance Security Analyst – Information Technology Specialist I (ITS I) – 1.6 Positions
Justification
Compliance security analysts will focus on audit and regulatory compliance activities related to the EHR system. EHR will expand electronic interfaces between DSH and third-party providers. The ITS I position will be a junior technical staff member participating in security compliance evaluations, risk analysis, secure code evaluation, release of information process and procedure, internal investigations, and vulnerability testing via red team/blue team exercises. Initial activities will include reviewing and identifying security gaps in existing protocols, as well as providing feedback to senior compliance analysts regarding assessment methodology. Review of procedures, with a focus on data security, will additionally be conducted during the roll out of the environment to ensure proper methodology before fully deployed. As the program evolves in subsequent fiscal years, ITS I compliance analysts will expand the program to include the growing number of external entities with which DSH will exchange digital information. Review of initial implementation procedures will also shift to broader auditing of access rights and activity, to ensure that security protocols have been observed over time and improper access removed in compliance with HIPAA minimum necessary rules.
Service Desk – 13.7 Positions
Information Technology Site Manager – Information Technology Manager I (ITM I) – 1.0 Position
Justification

The ITM I will oversee the Client Services and Infrastructure Teams and will be responsible for support of DSH's business by ensuring that hospital IT operations successfully meet the goals and objectives specified in the TSD Management plan, and that these goals are in alignment with the DSH Strategic Plan. The ITM I will also be responsible for ensuring IT service continuity is constantly optimized to meet the need of the EHR solution as well as for planning and execution of budget, procurement, human resources, training, attendance, and shift management for large site TSD team. Across 24/7 service delivery.
Facility Infrastructure Supervisor – Information Technology Supervisor II (ITS II) – 0.8 Position
Justification
The ITS II will oversee the solutions and client services teams and will be responsible for support and maintenance of DSH's business by providing reliable solutions and customer support to ensure sustainability, efficiency, and maximum performance of the at the facility level. Note that solutions support supervisors and client services support supervisors have different scope of responsibilities. Across 24/7 service delivery.
Client Services Supervisor – Information Technology Supervisor I – 1.4 Positions
Justification
The Information Technology Supervisor will oversee the Client Services Team responsible for delivery end to end support in accordance with IT Service Level Agreements, Incident Response, and best practices in Service Delivery in support of daily hospital operations. Across 24/7 service delivery.
Information Technology Solutions Integration Administrator – Information Technology Specialist II (ITS II) – 3.0 Positions
Justification
Partnering with the support team, the IT Solutions Integration Administrator will be heavily involved with solutions engineering with an emphasis on enterprise solutions architecture and interdisciplinary coordination's. Responsible for transformation of TSD architecture and strategy into realized daily operational change. Across 24/7 service delivery.
Systems Administrator – Information Technology Specialist I (ITS I) – 5.0 Positions
Justification
The ITS I will be responsible for delivery of IT products, services, or systems; and/or architecture, configuration, administering and sustaining the operation of network, server, storage, operating systems, database program, hardware, and software. Across 24/7 service delivery.
Field Support Specialist – Information Technology Associate – 2.5 Positions
Justification
The help desk and support specialists are responsible for delivering end-to-end support in accordance with IT service level agreements. By partnering with end-users and technology groups, the specialist ensures all incidents are analyzed, resolved, and reported back within the promised timeframes. Across 24/7 service delivery.

Research, Evaluation and Data Insights Division – 2.0 Positions
Enterprise Data Governance – 2.0 Positions
Research Data Specialist III – 2.0 Positions
Justification

The Research Data Specialists will function as lead enterprise data stewards, leading all data governance workgroups across data quality and integrity, data literacy, data privacy and DDG compliance, and data acquisition. Data stewards are subject matter experts (SMEs) who are responsible to champion best practices, principles and policies of data related quality, utility, and compliance across the data life cycle – data generation, collection, processing, storage, management, analysis, interpretation and sharing. The Data Governance Specialists will be responsible to plan, coordinate, and facilitate system-wide cross functional workgroups to address principles, practices and policies around data generation and collection involving business practices and data definitions; and addressing data accessibility, automation, analytics and reporting across various data domains.
Outcomes will include Data collection and reporting standards – best practice to address meaningful data and data interpretation, data mapping and classification, data dictionaries and catalogs, standardized metric calculations, resolution practices for data discrepancies, and business and tool alignment. Outcomes to support data literacy include coordinating a DSH Data Hub to centralize data accessibility, business intelligence tools and automated reports, dashboards, published data sets and providing a location for all data standards, policies, and guidance; establish a data literacy approach to address role-based literacy and services; and lead communication initiatives to drive enterprise-wide data engagement.

Legal – 1.0 Position
Attorney IV – 1.0 Position
Justification
The Legal Division is responsible for supporting the department with their legal needs and providing support to assess and minimize risk and ensure compliance with the law. To maintain consistent, high quality service levels for the Department upon its transition from paper health records to an EHR, legal staff will advise on best practices and procedures related to Electronically Stored Information (ESI) (e.g. Electronic Health Information) including data identification, retention, preservation, collection, processing, de-identification of protected information, search, review, production, and destruction in compliance with state and federal laws. Additionally, staff will perform legal risk analysis, early case assessment, and assist in the management and implementation of policies that will need to be put in place to minimize risk to the department with electronic information and disclosure of e-discovery.

Patient Care Coordination – 1.0 Position
Staff Services Manager II (SSM II) (Supervisor) – 1.0 Position
Justification

This position will serve as a subject matter expert, representing the PMU business process needs to the EHR Implementation team. This individual will be the lead to ensure that PMU's business process is accounted for in the project and adjusted as needed. Depending on implementation and integration, the PMU system could require a complete re-engineering of how referrals are received and processed. This information will not be known until after vendor selection. This individual will lead the PMU technical support team, which will be responsible for all user acceptance testing during the implementation phase and all technical training and assistance to PMU users PMU external stakeholders following implementation.

Administration – 1.0 Positions
Associate Governmental Program Analyst (AGPA) – 1.0 Position (HRB)
Justification
Recruitment and hiring are an essential function of the Human Resources Branch (HRB) in supporting DSH's mission. The request to support increased professional staffing for HR will enable the ability to hire additional resources at the appropriate level to develop and support the HR efforts to continue to streamline policy and procedures, meet recruitment and hiring demands of the department, develop necessary resources and guidance and process new payroll and benefits.