California Mental Health Services Authority
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INNOVATIVE PROJECT PLAN

Section 0: Multi-County Innovative Project Plan Participants

PROJECT TITLE:
Semi-Statewide Enterprise Health Record (EHR) Innovation

PROJECT DURATION:
FY 22/23-FY26/27

PARTICIPATING COUNTIES AND OVERVIEW:
Currently, there are 23 California Counties participating in the Semi-Statewide EHR project. This project brings Counties together to implement the CalMHSA build of the Streamline Healthcare Solutions Behavioral Health EHR "SmartCare". One Pilot and two implementation phases are planned: the Pilot Phase (go-live January 2023) and Phase I (go-live July 2023), with a projected Phase II planned for July 2024. Three counties are going live with SmartCare in the Pilot Phase: Glenn, Imperial, and Lake, with these remaining 20 counties going live in Phase I: Colusa, Contra Costa, Fresno, Humboldt, Kern, Kings, Marin, Mono, Nevada, Placer, Sacramento, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Siskiyou, Sonoma, Stanislaus, Tulare, and Ventura. Together, these counties are responsible for close to 4,000,000 beneficiaries, or 27% of the statewide Medi-Cal population. Nearly 14,000 staff members in these counties rely on EHRs as a key tool for accomplishing their work in the provision of behavioral health services.
Of the above counties, eleven have expressed interest in participating in this Innovative Project Plan and are preparing appendices to this submission. This month we are submitting the appendices for the three counties that have completed their full Community Program Planning Process (CPPP) per MHSOAC staff guidance. We intend to submit the County-specific narrative and budget appendices for the remaining eight counties in the upcoming months as they complete their CPPP.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☒ **Increases the quality of mental health services, including measured outcomes**
- ☒ **Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes**
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM OR CHALLENGE

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county. NOTE: the Appendices for each County using INN funds for this Project provide the reason(s) why they have prioritized this Project.

The Mental Health Services Oversight & Accountability Commission (MHSOAC) has long been a key facilitator of investments in the California Public Behavioral Health System. These investments are tuned to deliver on the promise of the Mental Health Services Act (MHSA), which envisioned transforming an under-resourced safety net system into a holistic, well-functioning and responsive array of services to meet the current and emerging needs of California residents. The MHSOAC has

identified levers for enabling transformational change, many of which rely on robust technology and data systems. Of utmost importance among county data systems is the Electronic Health Record (EHR). These records are used to document and claim Medi-Cal services that County Behavioral Health Plans (BHPs) provide and, if properly enhanced, can capture vital data and performance metrics across the entire suite of activities and responsibilities shouldered by BHPs.

California counties have joined together to envision an enterprise solution where the EHR goes far beyond its original purpose as a claiming system to a tool that helps counties manage the diverse needs of their population. The counties participating in the Semi-Statewide EHR have reimagined what is possible from the typical EHR system. We have identified three key aims:

1. Reduce documentation burden by 30% to increase the time our scarce workforce has to provide treatment services to our client population.
2. Facilitate cross county learning by standardizing data collection and outcomes comparisons so best practices can be scaled quickly.
3. Form a greater economy of scale so counties are able to test and adopt innovative practices with reduced administrative burden.

Currently, EHRs fall short in several important ways. Cumbersome designs result in delays and inefficiencies in accessing and documenting the information needed to make sound clinical decisions. Sub-optimal configurations for data tracking and reporting, leading to use of external spreadsheets and add-on databases, contribute to difficulties in evaluating individual client progress, monitoring program outcomes, and meeting crucial state and federal reporting requirements. Additionally, limited interoperability solutions impede timely data exchange to support effective clinical processes and managed care business functions, such as care coordination and provider network management.

Until now, BHPs have had limited options from which to choose when seeking to implement a new EHR. The majority of EHR vendors develop products to meet the needs of the much larger physical health care market, while the few national vendors that cater to the behavioral health market have been disincentivized from operating in California by the many unique aspects of the California behavioral health landscape. This has resulted in the majority of county BHPs being largely dissatisfied with their current EHRs, while having few viable choices when it comes to implementing new solutions.

In addition to the data and outcomes limitations detailed above, EHRs have also been identified as a source of burnout and dissatisfaction among healthcare staff that provide direct service to those seeking care. EHRs, which were first and foremost designed as billing engines, have not evolved to prioritize the user experience of either the providers or recipients of care. The impact of this design issue is telling – an estimated 40% of a healthcare staff person's workday is currently spent in documenting encounters, instead of providing direct client care.

The pervasive difficulties of 1) configuring the existing EHRs to meet the everchanging California requirements, 2) collecting and reporting on meaningful outcomes for all of the county BH services (including MHSA-funded activities), and 3) providing direct service staff and the clients they serve

with tools that enhance rather than hinder care have been difficult and costly to tackle on an individual county basis.

Clearly, this current moment provides both the opportunity and the imperative for counties to take a substantial leap forward with regard to EHRs. BHPs are treating an expanded Medi-Cal population in an increasing amount of distress and are being asked to provide meaningful solutions for societal issues from homelessness to mental health impacts of COVID-19. The California Advancing and Innovating Medi-Cal (CalAIM) initiatives are requiring swift adoption of highly technical changes and transformation of County BH service delivery systems. Clinical documentation redesign, payment reform and data exchange requirements to bring California BH requirements into greater alignment with national physical healthcare standards, thereby creating a lower-barrier entry to EHR vendors seeking to serve California. At the same time, the COVID-19 pandemic has increased the demand for behavioral health services, has disproportionately impacted communities of color, and has factored into the staggering workforce shortages faced by counties throughout California. BHPs need to foundationally revamp their primary service tool to meet the challenges and opportunities of this moment. BHPs, in partnership with CalMHSA are positioned to do just that through the Semi-Statewide Enterprise Health Record initiative.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

This is a multi-county, scalable INN project that stems from a larger, Semi-Statewide Enterprise Health Record Project CalMHSA is concurrently leading (hereafter referred to the EHR Project). CalMHSA is currently partnering with 23 California Counties – collectively responsible for twenty-seven percent (27%) of the state's Medi-Cal beneficiaries – to join together as a Semi-Statewide Enterprise Health Record project. This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and into the intermediate future. The key principles of the EHR project include:

- Enterprise Solution: Acquisition of an EHR that supports the entirety of the complex business needs (the entire "enterprise") of County BHPs. This approach also facilitates data sharing between counties for patient's treatment and payment purposes as patients move from one county to another.
- Collective Learning and Scalable Solutions: Moving from solutions developed within individual counties to a semi-statewide cohort allows counties to achieve alignment, pool resources, and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk, and improving quality.
- Leveraging CalAIM: CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (clinical documentation and Medi-

Cal claiming) while data exchange and interoperability with physical health care towards improving care coordination and client outcomes are being both required and supported by the State.

- Lean and Human Centered: CalMHSA will engage with experts in human centered design to reimagine the clinical workflow in a way that both reduces "clicks" (the documentation burden), increases client safety and natively collects outcomes.
- Interoperable: Typically, behavioral health has, in response to state regulations, developed documentation that is out of alignment with data exchange standards. We are reimagining the clinical workflow so critical information about the people we serve is formatted in a way that will be interoperable (standardized and ready to participate in key initiatives like Health Information Exchanges (HIEs).

CalMHSA will serve as the Administrative Entity and Project Manager. Counties have previously participated in and provided robust input to CalMHSA during the collaborative learning phase that culminated in the Request for Proposal (RFP) seeking a new EHR vendor. Counties additionally participated in the EHR vendor selection process and will continue to provide their input throughout implementation of the EHR project.

Streamline Healthcare Solutions, LLC is the vendor selected for the development, implementation, and maintenance of the Semi-Statewide EHR.

As the Evaluation vendor, RAND will assist in ensuring the INN project is congruent with quantitative and qualitative data reporting on key indicators, as determined by the INN project. These indicators include, but may not be limited to, impacts of human-centered design principles with emphasis on provider satisfaction, efficiencies, and retention. In addition, RAND will subcontract with a subject matter expert in the science of human-centered design to ensure the project is developed in a manner that is most congruent to the needs of the behavioral health workforce and the diverse communities they serve.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

This project will meet the general requirements by: making a change to an existing practice in the field of mental health, specifically, the practice of documentation of care provision in an Electronic Health Record.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

This project aims to employ a human-centered approach to guide the development and rollout of a new EHR system that will be implemented by 23 or more County BHPs. Through the identification of challenges/shortcomings within existing (legacy) EHRs that contribute to key indicators of provider burnout, this information will be utilized to implement solutions within the new EHR that are compatible with the needs of the County BHPs' workforce as well as the clients they serve.

Optimizing Health Information Technology procedures and technologies used by providers to meet their daily workflow needs can enhance working conditions, increase efficiencies, and reduce burnout, ultimately improving the conditions under which direct client care is provided. With the input of provider stakeholders and best practice experts in the field of human-centered design, the new EHR will be collaboratively and intentionally designed to improve the method and ease of documenting into the EHR as well as gathering pertinent clinical information from the EHR, which will promote less time spent on "treating the chart" and more time spent on "treating individuals" in need of care.

An editorial titled "Health information technology and clinician burnout: Current understanding, emerging solutions, and future directions", appearing in the Journal of the American Medical Informatics Association (JAMIA) published in March 2021 by Oxford University Press, the authors assert that "innovative solutions to prevent or mitigate burnout are urgently needed."

As noted in the Section below, also in the same JAMIA publication, is a documented example of using human-centered design being used effectively to improve the functionality of an EHR – in this instance, through the development of an application for use by Emergency Department physicians treating children with asthma-related conditions.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

This project focuses on transforming current EHR systems and processes counties utilize for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible to serve more than 27% California's Medi-Cal beneficiaries, or approximately 4,000,000 people.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

This project focuses on transforming the current EHR system and the processes California BHPs utilize for the provision of behavioral health services rather than directly testing an innovative approach to service delivery.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

This project will employ the Human-Centered Design (HCD) approach which is supported by research and is a key component of this project. Enlisting providers' knowledge and expertise of their daily clinical operations in order to inform solutions in the Design Phase is a critical component to ensuring the new EHR is responsive to the needs of the BHP workforce as well as the clients they serve.

Counties have attempted to adapt and/or develop workarounds to improve the functionality of their legacy EHRs, however, none have previously used the HCD approach to develop a new EHR.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

This Semi-Statewide Enterprise Health Record project will address gaps in the literature and existing practice by incorporating human-centered design processes to develop a new EHR system for California County Behavioral Health Plans.

The following are a few examples of the use of human-centered design processes in settings *other than* behavioral health:

1. "Human-centered development of an electronic health record-embedded, interactive information visualization in the emergency department using fast healthcare interoperability resources", published in March 2021 in the Journal of the American Medical Informatics Association. The research involved the development of The Asthma Timeline Application for use in the Emergency Department of the Children's Hospital of Philadelphia (CHOP), a large, academic, tertiary care children's hospital.
   https://academic.oup.com/jamia/article-abstract/28/7/1401/6157802

2. Health+™, pronounced "health plus," is a human-centered design and research model sponsored by the U.S. Department of Health & Human Services (HHS) to co-create solutions with—not for—people impacted by the most pressing healthcare challenges. The Health+ model positions people as active participants—experts in their own life challenges—listening and learning from their lived experiences, to uncover their needs and understand their challenges. Currently, the HHS team is running the first-ever Health+ effort to better understand Long COVID. Previously, HHS applied these human-centered design methods for sickle cell disease and Lyme and tick-borne disease. The Health+ model works best when applied to complex, multi-systemic, multi-disciplinary challenges with diverse stakeholder communities.
   https://www.hhs.gov/ash/osm/innovationx/human-centered-design/index.html

3. "Why Patients And Care Teams Should Co-Design Healthcare Technologies", a December 2019 Forbes post. The author states: "Technology designed for its own sake, rather than with the needs of workers in mind, is how we have ended up with too many healthcare technologies that complicate clinical workflows and turn many nurses and doctors into data entry clerks. The better approach is to observe users in their working environments, engage with them, understand their processes and needs, and see how they're connected to other people's jobs. Then, find the best, most efficient ways to improve their lives".
   https://www.forbes.com/sites/forbestechcouncil/2019/12/09/why-patients-and-care-teams-should-co-design-healthcare-technologies/?sh=58d8509bf4a7

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

EHR design and user experience have far-reaching impacts on individual treatment providers, treatment teams and provider/client relationships. These impacts range from the quality of the provider/client interaction to clinical outcomes and client safety. As a result, we are evaluating the impact of EHR design on:

Quality:

- Comprehensiveness of client care
- Efficiency of clinical practice
- Interactions within the health care team
- Clinicians' access to up-to-date knowledge

Safety/Privacy:

- Avoiding errors (i.e.: drug interaction)
- Ability to use clinical data for safety
- Personal and professional privacy

Satisfaction:

- Ease of use
- Clinicians' stress level
- Rapport between clinicians and clients
- Clients' satisfaction with the quality of care they receive
- Interface Quality

Outcomes:

- Communication between clinicians and staff
- Analyzing outcomes of care
- System Usefulness
- Information Quality

The pre-go live survey will establish which issues/task/workflows impact the above conditions and focus the human-centered design work on the highest-value items. Iterative design work will allow for cross-county learning that will inform the design of the new EHR. The post go live survey will measure how effectively we have addressed the identified EHR issues and our progress towards the goal of reducing documentation burden by 30%.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

This project will employ the Human-Centered Design (HCD) approach which is supported by research and is a key component of this project. Enlisting providers' knowledge and expertise of their daily clinical operations in order to inform solutions in the Design Phase is a critical component to ensuring the new EHR is responsive to the needs of the BHP workforce as well as the clients they serve.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

OBJECTIVE I: Evaluate stakeholder perceptions of and satisfaction with the decision-making process
OBJECTIVE II: Conduct formative assessments to iteratively improve the design and usability of the new EHR
OBJECTIVE III: Conduct summative assessment of user experience and satisfaction with the new EHR versus existing EHRs and change in burden

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

CalMHSA will serve as the Administrative Entity and Project Manager, and Participation Agreements will be executed with each County. Streamline Healthcare Solutions, LLC is the vendor selected for the development, implementation, and maintenance of the Semi-Statewide EHR. As the Evaluation vendor, RAND will assist in ensuring the INN project is congruent with quantitative and qualitative data reporting on key indicators, as determined by the INN project. See county-specific appendices for additional information.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

See county-specific appendices.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration: Each participating County will provide updates on the project to their Behavioral Health staff and community-based partners who are part of the Mental Health Plan as well as consumers and family members.

B) Cultural Competency: Each participating County convenes a Cultural Competency Committee which meets regularly and is made up of peer specialists, community organizations, clinicians, and County staff. These committees will be informed on a regular basis as to the status of the project and will be invited to provide their input.

C) Client-Driven: The focus of the project is to improve the quality of specialty mental health and substance use services by improving the documentation input into the EHR, improving the communication between providers and teams, and improving timely access for consumers and clients.

D) Family-Driven: Families will have the opportunity to provide input into the project and will experience the improvement in the quality of services as well, as a part of improved communication efforts.

E) Wellness, Recovery, and Resilience-Focused: The project will include wellness and recovery outcomes and performance measures that are currently difficult to input or add to existing EHRs.

F) Integrated Service Experience for Clients and Families: If the project is successful in integrating the many required responsibilities and roles of BHPs, the ability to address the whole person's needs will be a measurable outcome. Referrals and linkages to other non-mental health providers will be easily tracked and reported to see where improvements can be made.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation

This project evaluation supports cultural competence and stakeholder involvement in evaluation in two crucial ways. Meaningful work towards improving the health outcomes of all beneficiaries relies on having accurate information on the treatment access and outcomes that can be analyzed by racial, ethnic and sexual orientation/gender identify variables. When BHPs report data regarding the clients they serve and the impact of services on the wellbeing of those clients, that data has been documented in and reported out of that BHP's EHR. By undergoing a design process which is built on

consensus decision-making guided by subject matter expert advice and grounded in current day best practices, the quality of the data available in the semi-statewide EHR and the ability to examine outcomes across a large swath of California will be significantly improved. From a direct service perspective, the total population of EHR end users (+/- 14,000 individuals) will have the opportunity to participate in the formative and summative assessments which will identify design, usability and satisfaction issues with the legacy EHRs and evaluate the new EHR along the same variables.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Following project completion, participating counties will utilize other sources of funds to support the on-going maintenance of the newly developed EHR.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

This project focuses on transforming current Electronic Health Record system and processes counties utilize for the provision of behavioral health services.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) *How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

See county-specific appendices

B) *KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

Human-Centered Design; Semi-Statewide Enterprise Health Record.

TIMELINE

A) *Specify the expected start date and end date of your INN Project*

Upon approval in Calendar Year 2022 through 6/30/2027.

B) *Specify the total timeframe (duration) of the INN Project*

Not to exceed five (5) years (FY22-23 through FY26-27).

C) *Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.*

A tentative project plan for the first eight quarters is available below. The project plan is expected to change and evolve as the multi-county innovation activities and learnings continue. CalMHSA and participating counties will convene at a minimum annually beyond the first eight quarters to examine and evaluate learnings and will continue to set goals during the project period.

FY 22/23	EHR INN Project Plan	Semi-Statewide EHR Project Plan: Pilot Phase	Semi-Statewide EHR Project Plan: Phase I
Q1 July - Aug	Consensus Gathering Landscape Analysis	Requirements Gathering	Requirements Gathering
Q2 Sept - Dec	Pre- Go Live Survey Period (Formative Assessment)	Analysis and Design Development/Configuration Testing/Training	Requirements Gathering
Q3 Jan - March	Human-Centered Design Process	Go Live	Analysis and Design
Q4 April - June	Human – Centered Design Process	Optimization	Development/Configuration Testing/Training
FY 23/24			
Q1 July - Aug	Design Optimization	Monitoring/Controlling	Phase I Go Live
Q2 Sept - Dec	Design Optimization	Monitoring/Controlling	Optimization
Q3 Jan - March	Post-Go Live Survey Period (Summative Assessment)		Monitoring/Controlling
Q4 April - June	Evaluation, Learnings and Recommendations		Monitoring/Controlling

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) *BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)*

B) *BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)*

C) *BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)*

See county-specific appendices.

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EHR Multi-County Innovation (INN) Project

Appendix and Budget Template – Guidelines

APPENDIX: VENTURA COUNTY

1. **COUNTY CONTACT INFORMATION**

Project Lead: Scott Gilman, MSA, VCBH Director, Scott.Gilman@ventura.org
Secondary Project Lead: Dr. Loretta Denering, Dr. PH, MS, VCBH Assistant Director, loretta.denering@ventura.org
Information Systems (I.S.) Project Leads – Dave Roman, Manager, Electronic Health Record Systems, Dave.Roman@ventura.org

2. **KEY DATES:**

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	*09/19/22 -10/17/2022*
Public Hearing by Local Mental Health Board	*10/17/2022*
County Board of Supervisors' Approval	*11/1/2022*

This INN Proposal is included in:

	Title of Document	Fiscal Year(s)
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	*FY 21-22*
X	Stand-alone INN Project Plan	FY 22-25

3. **DESCRIPTION OF THE LOCAL NEED(S)**

Existing Electronic Health Records (EHR) impacts the delivery of Behavioral Health Community Services due to the time involved in documentation. It is estimated that 40% of healthcare staff time is spent on this activity instead of providing essential direct care services. The community has expressed their frustration with not having more immediate access to care due to high caseloads and crucial demand for

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behavioral health services. Direct staff also relayed how they are impacted by stress and burnout due to the high demands of the work and the excessive amount of time spent on documenting within the existing EHR, versus spending time on direct client care.

Additionally, the COVID-19 pandemic has increased the demand for behavioral health services, has disproportionally impacted communities of color, and is a major factor contributing to the workforce shortages the County is currently facing. The existing EHR system is not designed in a manner that efficiently serves the community or behavioral health employees.

California Advancing and Innovating Medi-Cal (CalAIM) has created the need for an EHR that can meet the new CalAIM goals, standards, and outcome measure requirements. Specifically, to be compliant with the CalAIM requirements, a re-design of the EHR is needed that includes payment reform, data exchange, and the mandated use of new measurement tools and outcome measures and new billing protocols by California Behavioral Health programs.

Ventura County Behavioral Health's (VCBH) existing EHR system is not designed to address all the above noted concerns. Specifically, the VCBH EHR: (1) workflow is disruptive to client care, (2) increases user burden and stress, (3) does not provide essential outcome criteria, (4) does not have mechanisms in place to easily identify the need to transition clients to the most appropriate services based upon their current need, (5) requires a significant amount of time to input information into the EHR is not necessarily meaningful to the clients or staff, and (6) would not meet the CalAIM requirements.

Below is a list of the direct feedback from community, contractors, and staff that utilize the current VCBH EHR system:

- Stakeholders expressed frustration with duplicative data entries throughout the current EHR system. For example, a diagnosis must be entered in each client episode rather than for the client's file.
- Double entry is required for some of the largest contracted agencies since current EHRs do not talk to each other.
- Current system does not have an active client portal for clients to immediately see their records to manage their care. Instead, clients must make a formal request to receive a copy of their records and wait for receipt of those records to inform their decision making.
- Data and reporting stakeholders described frustration with the fact that a third-party application is needed to design and automate ongoing reporting and data entry analysis.
- Accessing the current EHR is expensive especially for a new or large contractor to get set up.
- EHR entry and pulling data can take substantial time to process and load reports, sometimes up to twenty (20) minutes for a routine report.

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- Client data is currently episodic so tracking the most up to date challenges or problems that a client is experiencing can be difficult. Often, staff have to dig through multiple tabs to ensure they know what the most pressing issues are for a client.
- The episodic set up can also mean that an important client update does not have a specified place in the record if it is not directly related to the current client episode.

4. **DESCRIPTION OF THE RESPONSE TO LOCAL NEED(S) AND REASON(S) WHY YOUR COUNTY HAS PRIORITIZED THIS PROJECT OVER OTHER CHALLENGES IDENTIFIED IN YOUR COUNTY**

Ventura County's highest priorities are client care and addressing the needs of our community. By joining CalMHSA in creating a new Semi-Statewide Enterprise Health Record, using Streamline Healthcare's SmartCare platform, VCBH can do both. The new EHR will be more person and provider centered, services can be enhanced by decreasing the amount of time (estimated 30%) providers are required to document. The project will include a robust process of input from participant counties to ensure the system will allow VCBH stakeholder feedback to be incorporated and for staff to have additional time to provide enhanced services to the community.

This multi-county collaborative will capitalize on the strength, knowledge, and experiences of over twenty (20+) counties in formulating a new EHR. The new EHR will meet the new CalAIM standards and will quickly adapt to the ever-changing State requirements. Additionally, it will allow staff to collect and report on meaningful outcomes and provide tools for direct service staff that enhance rather than hinder care to the clients they serve.

This is an opportunity for Ventura County to benefit from this larger collaborative bringing expertise, knowledge, and experience to this project under CalMHSA's leadership and the Behavioral Health Counties participating in this project. This project is highly Innovative due to this unique opportunity to create a new EHR in the above manner. The County will have the ability to participate in an evaluation of the project inclusive of stakeholder perceptions of and satisfaction with the decision-making process, as well as formative assessments to iteratively improve the design and usability of the new EHR by utilizing Human-Centered Design approaches that include summative assessments of the user experience and satisfaction with the new EHR as compared to the existing EHR and user burden. Below is a list of local stakeholder feedback on ideal EHR project goals:

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- "Psychiatric Advanced Directives (PADs) should be integrated into the new EHR". Currently staff must dig through uploaded documents in the client record to even know if they have one completed.
- "I think we're very behind on this front, I'd like to see parody with the medical health records system. I shouldn't have to explain my experiences to every new clinician. Retelling my history can be retraumatizing."
- Patient access is a key component. The client and the treating provider should agree on what has transpired in treatment and on the treatment which is planned. As Pat Deegan established, there must be common ground between the client and the practitioner for shared decision making to be successful.
- "Clients should be able to have an active role in their care, direct conversations with their doctor."
- There should be a way to summarize the critical issues that a client is experiencing, especially for clients who have been in treatment for many years.
- Treatment planning takes place together, the client should be able to see what the clinician is documenting.
- "I think it's essential to match our records system to the social determinants of care. I want to know if a client is living in a food desert or doesn't have access to public transportation, these things shouldn't just be in the assessment but should be highlighted in the record so I can treat the person and I can understand the circumstances they are impacted by."
- Better identification of primary language for a client as well as tracking if their session took place with a bilingual clinician of if an interpreter was needed.
- One stakeholder discouraged using innovation funding noting it should be used for community treatment and care not software design.
- Design the system to align across the participating counties and based on DHCS requirements – less variation in the data being captured will allow for state reporting to be competed more easily.
- Built in analytics (that can be customized) to save staff time across counties from creating and monitoring the development of data required by the state.
- Demographic data that matches the Counties populations as well as State and Federal guidelines.

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5. **DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS**

The proposed statewide EHR project was originally presented as a possibility resulting from changes being made through CalAIM during the community planning process of November 2021. At that point it was not yet decided if the project would utilize Mental Health Services Act (MHSA) Innovation funding. Later in the year pursuit of the project began in earnest and included going to the Board of Supervisors with a CalMHSA Participation Agreement and was included in the County's MHSA 21-22 Annual Update. At that time with few details, the project was listed as being planned for an INN project which also went through a thirty (30) day public comment period and was reviewed in the Behavioral Health Advisory Board (BHAB) meeting held on May 16, 2022. The participation agreement was also reviewed by the BHAB at the August 15th, 2022, board meeting. A department wide survey took place as a part of the larger project planning process though CalMHSA and locally a series of nine (9) key stakeholder interviews took place from August - September 2022 and a public discussion took place at the Adult BHAB subcommittee meeting on September 1, 2022.

The Local review process began September 19th, 2022, with the INN project brief and Ventura County Appendix being posted for the thirty (30) day public posting. The Public hearing is planned for October 17th, 2022, and the Board of Supervisors' approval is calendared for November 1st, 2022

During the interview process and at the public meeting two (2) questions were asked: What drawbacks do you feel currently exist with the existing EHR system and what would your ideal EHR system entail? Responses have been summarized in the sections above.

Sustainability Plan

The initial innovation component of the Semi-Statewide Enterprise Health Record project will primarily be funded with MHSA INN funds. The non-innovation and subsequent cost component of this project (which is majorly the on-going subscription costs for EHR contract) will primarily be funded by MHSA CSS funds, which is expected to take place in the first year. It is estimated that MHSA CSS funds will cover 70% of the cost and Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP) and other funding will be leveraged to help cover the cost of the remaining 30% moving forward.

6. **CONTRACTING**

CalMHSA will be the lead agency collaborating with twenty (20)-plus (+) counties on this project who will participate in the various stages involved in designing, implementing, and evaluating the new EHR. Ventura

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County has engaged in a contract with CalMHSA and will fully participate in the development of the Semi-Statewide EHR project. CalMHSA will serve as the Administrative Entity and Project Manager.

Ventura County will provide project management, data analysis, technical support, regulation compliance and ensure ongoing stakeholder input throughout the project though the following staff resources:

- VCBH Director and Assistant Director
- MHSA Innovations Program Administrator
- Manager over current Electronic Health Records Department
- Contracts Administrator

7. COMMUNICATION AND DISSEMINATION PLAN

Communication for this project will be provided through regular MHSA BHAB meeting updates as well as MHSA webinar updates. Stakeholders will have the opportunity to ask questions, provide feedback and comments.

Ventura County will be part of the ongoing stakeholder process from inception to completion, including research conducted by RAND (a non-profit research organization) who will conduct formative assessments of the user experience during the design, development, and pilot implementation phases, including post-implementation assessment of key indicators such as time spent completing tasks, cognitive load/burden, and satisfaction. These reports will be posted to the VCBH website, Wellness Everyday, and as a part of the Annual Update or three (3) Year Plan.

Annual updates will report on the ongoing local process towards the project's learning goals, with a final report submitted to the State at the project's conclusion. Ongoing presentation updates will be provided to the BHAB annually.

Ventura County staff will participate at each level of this project, providing ongoing feedback, piloting of program, and completing surveys, and conducting assessments of the new EHR as outlined by RAND.

Information about the MHSA EHR innovation project could be found by going to:
https://www.wellnesseveryday.org/mhsa/innovation-projects
https://www.saludsiemprevc.org/mhsa/proyectos-de-innovacion

https://www.vcbh.org/en/about-us/mental-health-services-act
https://www.vcbh.org/es/sobre-nosotros/mental-health-services-act

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8. **COUNTY BUDGET NARRATIVE**

Ventura County is requesting to spend up to $2,948,980 of MHSA Innovation funding for this project over a period of three (3) years. Additionally, Ventura County is also estimating that it will use $315,930 of SD/MC FFP and $250,000 in other funding (Behavioral Health Quality Improvement Program (BHQIP)/MHSA Community Supportive Services). The total cost for the innovation portion of this project is estimated at $3,514,910.

Personnel		
Senior Program Administrator (Billing team)	0.5 FTE will perform testing, data validation, and review testing result from the billing perspective as part of the implementation of the new EHR system.	$62,338
Program Administrator III (Billing team)	0.5 FTE will perform testing, data validation, and review testing result from the billing perspective as part of the implementation of the new EHR system.	$55,067
Accounting Assistance (Billing team)	0.5 FTE will perform testing, data validation, and review testing result from the billing perspective as part of the implementation of the new EHR system.	$28,872
BH Manager II (E.H.R. IT team)	0.5 FTE will provide configuration and technical support of the implementation process.	$69,968
Program Administrator III (E.H.R. IT team)	0.75 FTE will provide configuration and technical support of the implementation process.	$84,428

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Accounting Manager II	0.5 FTE will oversee and manage the data review and validation from the finance perspective.	$74,006
Senior Program Administrator	0.5 FTE will oversee and manager the implementation process with vendor and county staff.	$60,904
Behavioral Health Clinician IV	0.75 FTE will test the new system from the end user's perspective.	$67,907
Payroll Taxes and Benefits (Direct Cost)		$254,448
Operating Expenses – Direct Cost		
Communication Expenses	*Cost for voice, data, internet*	*$8,533*
Office Expenses	*Cost for office supplies and printing*	*$2,322*
Computer Equipment	*Cost for laptops, monitors, and miscellaneous computer equipment*	*$5,688*
Training	*Cost for training and conference*	*$627*
Office Leases	*Allocation of office leases*	*$22,530*
Consultant/Contract Expenses		
CalMHSA Contract	Project implementation and development cost for 2 years (performed by Streamline Healthcare Solution)	$2,097,626
Evaluation Costs		
CalMHSA Contract	Project evaluation cost (performed by RAND)	$500,000
Indirect Costs		
Indirect Cost	15% of Personnel and Operating Expense (Direct Cost)	$119,646
Total Budget		***$3,514,910***

9. **BUDGET & FUNDING CONTRIBUTION BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY**

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Please see attached excel file.

10. **TOTAL BUDGET CONTEXT: EXPENDITURES BY FUNDING SOURCE & FISCAL YEAR**

Please see attached excel file.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: *Ventura County*

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries	245,605.0	257,885.0	-	-	-	503,490.0
2	Direct Costs (Benefit)	124,121.0	130,327.0	-	-	-	254,448.0
3	Indirect Costs (15% of Salaries and Benefit)	55,459.0	58,232.0	-	-	-	113,691.0
4	**Total Personnel Costs**	**425,185.0**	**446,444.0**	**-**	**-**	**-**	**871,629.0**

	OPERATING COSTS*	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
5	Direct Costs	19,366	20,334	-	-	-	39,700
6	Indirect Costs (15% of Direct Cost)	2,905	3,050	-	-	-	5,955
7	**Total Operating Costs**	**22,271**	**23,384**	**-**	**-**	**-**	**45,655**

	NON-RECURRING COSTS (equipment, technology)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
8							
9							
10	**Total non-recurring costs**	0	0	0	0	0	$ -

	CONSULTANT COSTS/CONTRACTS	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
11	Direct Costs	2,211,472	236,154	150,000	-	-	2,597,626
12	Indirect Costs						-
13	**Total Consultant Costs**	**2,211,472**	**236,154**	**150,000**	**-**	**-**	**2,597,626**

	OTHER EXPENDITURES (explain in budget narrative)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
14							0
15							0
16	Total Other Expenditures	0	0	0	0	0	$ -

	EXPENDITURE TOTALS	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
	Personnel (total of line 1)	245,605	257,885	-	-	-	503,490
	Direct Costs (add lines 2, 5, and 11 from above)	2,354,959	386,815	150,000	-	-	2,891,774
	Indirect Costs (add lines 3, 6, and 12 from above)	58,364	61,282	-	-	-	119,646
	Non-recurring costs (total of line 10)	-	-	-	-	-	-
	Other Expenditures (total of line 16)	-	-	-	-	-	-
	TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**2,658,928**	**705,982**	**150,000**	**-**	**-**	**3,514,910**

	CONTRIBUTION TOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
	County Committed Funds	2,658,928	705,982	150,000	-	-	3,514,910
	Additional Contingency Funding for County-Specific Project Costs						-
	TOTAL COUNTY FUNDING CONTRIBUTION	2,658,928	705,982	150,000	-	-	3,514,910