INNOVATION PROJECT STAFF ANALYSIS: Semi-Statewide Enterprise Health Record Project (Phase 2)
Kern and Imperial Counties

Review History

KERN
Total INN Funding Requested: $688,000
Duration of INN Project: 2 years
Public Comment Period: May 5, 2025-June 4, 2025
Behavioral Health Board Hearing: May 19, 2025
Board of Supervisors Approval: July 15, 2025
County Final Submission Date: June 18, 2025

IMPERIAL
Total INN Funding Requested: $1,006,777.01
Duration of INN Project: 2 years
Public Comment Period: April 16, 2025-May 16, 2025
Behavioral Health Board Hearing: April 16, 2025
Board of Supervisors Approval: August 19, 2025
County Final Submission Date: July 21, 2025

Statutory Requirements

WIC Section 5830(a)(1)-(4): **The primary purpose of this project is to** *increase the quality of mental health services, including measured outcomes; and promotes interagency and community collaboration related to Mental Health Servies or supports or outcomes.*

WIC Section 5830(b)(2)(A)-(D): **This Proposed Project meets INN criteria** *by making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.*

Identified Need

Electronic Health Records (EHR) have been identified as a source of burnout and dissatisfaction among direct healthcare service staff. CalMHSA explains that EHRs were designed as billing engines and have not evolved to benefit the provider nor patients, resulting in an estimated 40% of staff's workday currently spent on documenting instead of providing direct client care.

Counties are challenged with reporting requirements, and these challenges will only grow with the implementation of the BHSA. Some counties utilize other platforms for documentation and Medi-Cal billing; however, there appears to be limited data to allow for conclusions over a long period of time. Additionally, community-based organizations that provide a significant amount of a county's behavioral health services have difficulty in utilizing these platforms, resulting in increased administrative burden on staff. It is important to have a data-collecting platform that is efficient and effective.

Project Introduction

Kern and Imperial Counties both request authorization to use Innovation funding ($688,000.00 and $1,006,777.01, respectively) to partner with the California Mental Health Services Authority (CalMHSA) on <u>Phase 2</u> of the Semi-Statewide Enterprise Health Record Innovation Project (EHR Project). There are currently 25 County Behavioral Health Plans participating in Phase 1 of the EHR Collaborative, which serves to affect local level system change by creating a more integrated, holistic approach to county health information, technology collection, storage, and reporting.

EHR Phase One Background

CalMHSA has been leading an initiative to modernize and unify behavioral health EHRs across the state through the Semi-Statewide EHR Project. Currently, 25 county behavioral health plans participate in this project using SmartCare, an EHR system developed by Streamline Healthcare Solutions. The phased rollout—a pilot and two waves of implementation – now support counties responsible for 35% of the state's Medi-Cal population and more than 20,400 behavioral health staff.

Counties prioritized the Semi-Statewide EHR Innovation Project to address the severe behavioral health workforce crisis, aiming to reduce documentation burdens and thereby improve provider satisfaction, retention, and care outcomes.

Current EHR systems, primarily built for physical health care, are not well-suited for California's complex behavioral health environment, leading to widespread dissatisfaction among County Behavioral Health Plans (BHPs). CalMHSA identifies key challenges including the difficulty of adapting EHRs to shifting state requirements, the need for improved outcome reporting, and the lack of user-friendly tools for clinicians and clients.

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.

In addition, the EHR Project has been making investments to ensure industry standards for privacy and security are central to the product, as well as working with healthcare privacy legal experts to create consenting documents that enhance the opportunity for consenting clients to receive coordinated care.

The original project identified three key aims:
1. Reduce documentation burden by 30% to increase the time staff provide treatment services to clients.
2. Facilitate cross-county learning by standardizing data collection and outcomes comparisons so best practices can be scaled quickly.
3. Adopt innovative practices to reduce administrative burden statewide.

Key principles of the EHR project include:
- **Enterprise Solution:** Acquisition of an EHR that supports the entirety of complex business needs (enterprise) of County BHPs.
- **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.
- **Leveraging CalAIM:** CalAIM implementation, which represents a transformative opportunity for clinical documentation and Medi-Cal claiming.
- **Lean and Human Centered:** Engaging 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:** Reimagining the clinical workflow so critical information about the people being served is formatted in a way that will be interoperable and standardized to participate in key initiatives such as Health Information Exchanges (HIEs).

How this Project Addresses the Problem: The Need for Phase 2

Phase 2 will incorporate 2 new components that were not part of the original cohort and will build upon lessons learned and overall successes by continuing to provide support to counties in a constantly changing behavioral health landscape, all while facing decreased funding in programs and policy changes, including the California Advancing and Innovating Medi-Cal (CalAIM) initiative, Behavioral Health Community-based Organized Networks of Equitable Care and Treatment (BH-CONNECT), and the Behavioral Health Transformation (BHT/Proposition 1). These initiatives require counties to enhance care access and achieve fidelity to evidence-based practices, particularly for high-need populations such as children in foster care, people experiencing homelessness, and those involved in the criminal justice system.

Counties who have been participating in Phase 1 have been able to manage their provider networks more efficiently, meet regulatory requirements with less effort, and have been able to identify the upcoming needs of their Medi-Cal population within their community. As a result of shared learnings and challenges, this Phase 2 will provide counties with both technical and operational enhancements to allow enhanced collection of data and subject matter experts to assess and implement key policy changes.

The two solutions proposed for Phase 2 are as follows:

1. Multi-County Policy Implementation Support

- Centralized support by subject matter experts for adopting complex policy changes.
- Shared tools, training, workflows, and procedures across counties.
- EHR configuration aligned with new clinical and administrative requirements.
- Enhanced monitoring and evaluation using shared implementation guidance and best practices.

2. Enhanced Data Analytics and Dashboarding

- Real-time, county-specific dashboards to track service delivery, fiscal health, and program operations.
- Tools to support leadership decision-making, care quality improvement, and compliance with initiatives like the CARE Act and HEDIS.
- Quarterly briefings for county leadership to align strategy and policy implications.

These solutions help counties address challenges such as workforce shortages, duplicative efforts, fragmented data systems, and inconsistent policy application. By leveraging centralized expertise and a shared learning infrastructure, counties are positioned to transform behavioral health systems efficiently, equitably, and in alignment with statewide reforms.

BHSA Alignment and Sustainability

This multi-county innovation project aligns with the Behavioral Health Services Act through a shared focus on meeting behavioral health workforce and technological needs in a rapidly changing and increasingly interoperable environment and increasing access to meaningful data to evaluate behavioral health service outcomes and equity. Imperial and Kern Counties will utilize Behavioral Health Services and Supports funding along with Medi-Cal funding to sustain this project.

Community Planning Process

Kern County

Kern County held their 30-day public comment period from May 5, 2025, through June 4, 2025. Their Behavioral Health Board hearing was held on May 19, 2025, receiving

Board of Supervisor approval on July 15, 2025. The County holds regularly scheduled stakeholder meetings to offer updates on project successes and challenges and includes a "listening session" segment, enabling attendees to voice their perspectives and ideas.

Kern County Behavioral Health and Recovery Services has established a structured and inclusive approach to stakeholder communication and feedback as part of its participation in the Semi-Statewide EHR Innovation Project. This approach ensures transparency, community involvement, and continuous quality improvement throughout the life of the project.

During one of the County's stakeholder meetings, the community expressed a need for expansion of the EHR, focused on resources and training, resulting in stakeholders formally voting to expend more funding towards the 2 new components in this project: Enhancement of Data Analytics and Dashboarding, and Policy and Procedure Implementation Support. Additional information on Kern County's local community planning process can be found in their Appendix (see pages 20-46 of the project proposal).

Imperial County

Imperial County held their 30-day public comment period from April 16, 2025, through May 16, 2025. Their Behavioral Health Board hearing was held on April 16, 2025, receiving Board of Supervisor approval on August 19, 2025.

Imperial County Behavioral Health Services conducted a focused Community Program Planning Process (CPPP) in line with the Mental Health Services Act (MHSA) to guide its participation in Phase 2 of the Semi-Statewide EHR Innovation project, in partnership with CalMHSA. Activities were held during the County's MHSA 2024-2025 planning cycle, which included targeted outreach, stakeholder engagement of community members representing Imperial County's cultural, racial, ethnic, and linguistic diversity, and targeted efforts to include the underserved and unserved populations as well as individuals with lived experience.

Stakeholders strongly supported Imperial County's participation and identified key priorities:
- Enhanced data dashboards to improve insight into service delivery and gaps across populations.
- Recognition of limited internal capacity in small counties like Imperial to respond to policy shifts and support shared resources from CalMHSA.
- A desire for improved clinical tools to enhance treatment decisions and care coordination.

Stakeholder feedback aligned closely with the goals of the Semi-Statewide EHR Phase 2 project and influenced Imperial County's decision to prioritize it over other proposals.

Additional information on Imperial County's local community planning process can be found in their appendix (see pages 47-60 of the project proposal).

Learning Objectives and Evaluation

Phase 2 of this project will examine how effectively the tools and infrastructure from the Semi-Statewide EHR Innovation Project supports counties in implementing key policies. It aims to assess the use of data dashboards for system improvement, identify factors that help or hinder adoption, measure growth in stakeholder capacity to use real-time data, and capture lessons and best practices that can inform broader statewide efforts. CalMHSA has established two (2) broad learning goals, which are as follows.

Aim 1: Multi-County Policy Implementation Support

This project will evaluate whether a coordinated, implementation science-based approach helps county plans more efficiently and consistently adopt and implement new state-mandated policies; standardize workflows and reduce fragmented local policy responses; and leverage shared training, learning platforms, and EHR configurations.

Aim 2: Enhanced Data Analytics and Dashboarding

This project will assess whether using enhanced analytic dashboards built on shared EHR data helps counties improve management of service delivery, fiscal health, and program operations; monitor quality, identify gaps, and make timely interventions; and implement effective, data-informed quality improvement efforts.

To assess progress toward the project's learning goals, CalMHSA will implement a comprehensive, mixed-methods evaluation. This will include existing data sources (e.g., PowerBI usage metrics), surveys, and training participation tracking. The comprehensive evaluation aims to demonstrate how shared tools and coordinated support can drive more consistent, effective behavioral health policy implementation and service delivery improvements statewide.

CalMHSA will oversee implementation, coordinate support across participating counties, manage evaluation activities, and ensure alignment with state initiatives and local needs. To formalize participation, Participation Agreements have been executed between CalMHSA and each county behavioral health plan involved in the project.

Streamline Healthcare Solutions, LLC, has been selected as the technology vendor responsible for the development, implementation, and maintenance of the semi-statewide EHR platform, SmartCare. This partnership enables streamlined deployment of enhancements and standardized tools across counties.

See pages 11-15 for specific learning aims, evaluations methods, and metrics.

Budget

Kern and Imperial Counties are requesting authorization to utilize Innovation funding for this project. Kern is seeking to use up to $688,000 for this project over a period of two (2) years and Imperial is seeking to use up to $1,006,777.01 over the same time period. One-hundred percent (100%) of the project will be supported by Innovation funding. The breakdown by fiscal year and expenditure category is as follows:

Kern County

Kern did not utilize Innovation funding for Phase 1; however, for Phase 2, they are seeking $688,000 towards the Semi-Statewide EHR Initiative.

Category	FY 25-26 (Year 1)	FY 26-27 (Year 2)	TOTAL
Personnel	$50,000	$50,000	$100,000
Direct Costs	$275,600	$280,000	$555,600
Indirect Costs	$0	$32,400	$32,400
TOTAL	$325,600	$362,400	**$688,000**

- Personnel costs total $100,000 (15% of total project)
- Consultant and Contracts total $555,600.00 (81% of total project)
- Indirect expenditures total $32,400.00 (4% of total project) to include costs associated with administrative fees

CalMHSA: CalMHSA will serve as the Administrative Entity and Project Manager. CalMHSA will execute Participation Agreements with each respective county, as well as contracts with the selected EHR Vendor and Evaluator.

Streamline Healthcare Solutions: This vendor will be responsible for the development, implementation, and maintenance of the Semi-Statewide EHR.
RAND: As the evaluation vendor, RAND will assist in ensuring the INN project is congruent with quantitative and qualitative data reporting on key indicators.

Imperial County

For Phase 1, Imperial County was originally approved by the Commission to utilize up to $2,974,849 in Innovation funding. They are now seeking an additional $1,006,777.01 for Phase 2, resulting in a total of $3,981,626.01 towards the Semi-Statewide EHR Initiative.

Category	FY 25-26 (Year 1)	FY 26-27 (Year 2)	TOTAL
Personnel	$203,100.12	$213,255.10	$416,355.22
Direct Costs	$95,592.30	$95,592.30	$191,184.60
Other Costs	$140,710.55	$138,526.64	$279,237.19
Contingency Funds	$60,000.00	$60,000.00	$120,000.00
TOTAL INN FUNDING	$499,402.97	$507,374.04	**$1,006,777.01**

- Personnel costs total $416, 355.22 (41% of total project)
- Direct costs total $191,184.60 (19% of total project)
- Other expenditures total $279,237.19 (28% of total project) to include costs associated with technology and licensing costs
- Contingency costs total $120,000 (12% of total project)

CONCLUSION

The proposed Phase 2 of the Semi-Statewide Enterprise Health Record Project for Imperial and Kern Counties appear to meet minimum requirements listed under MHSA Innovation regulations and align with the goals of the BHSA.