BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER OF Approve the California Mental Health Services Authority Semi-Statewide Enterprise Health Record Innovation Plan	)))))	**Resolution No. 2025-0938**

UPON MOTION OF SUPERVISOR TOWNSEND, SECONDED BY SUPERVISOR SHUKLIAN, THE FOLLOWING WAS ADOPTED BY THE BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD OCTOBER 28, 2025, BY THE FOLLOWING VOTE:

AYES: SUPERVISORS MICARI, VANDER POEL, SHUKLIAN, VALERO AND TOWNSEND
NOES: NONE
ABSTAIN: NONE
ABSENT: NONE

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Chief Clerk

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1. Approved the California Mental Health Services Authority Semi-Statewide Enterprise Health Record Innovation Plan, retroactive from October 1, 2025, through December 31, 2027, in an amount not to exceed $456,440 for plan implementation. The Plan is retroactive due to revisions made to the budget, making it impracticable for the Board to take action prior to October 1, 2025 .
2. Found that the Board had the authority to approve the Plan as of October 1, 2025, and that it was in the County's best interest to approve the Plan on that date.

INNOVATIVE PROJECT PLAN

Section 0: Multi-County Innovative Project Plan Participants

PROJECT TITLE

Semi-Statewide Enterprise Health Record (EHR) Innovation

PROJECT DURATION

Current Innovation Counties: FY 2022-23 - FY 2026-27
New Innovation Counties: FY 2024-25 - FY 2026-27

PARTICIPATING COUNTIES & OVERVIEW

Currently, 25 California County Behavioral Health Plans (or "county plans") participate in the Semi-Statewide EHR project. This project brings county plans together to implement the CalMHSA build of the Streamline Healthcare Solutions Behavioral Health EHR called SmartCare. One pilot and two implementation phases have been completed to date: the Pilot Phase (go-live February-March 2023), Phase I (go-live July 2023), and Phase II (go-live in fiscal year 2024-25). Three counties went live with SmartCare in the Pilot Phase: Glenn, Imperial, and Lake. An additional 20 counties went 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. In fiscal year (FY) 2024-25 (Phase II), to date two additional counties have gone live: San Diego and Madera. Together, these counties are responsible for 35% of the statewide Medi-Cal population. Nearly 20,400 staff members in these counties rely on the EHR as a key tool for accomplishing their work in the provision of behavioral health services.

Twelve counties elected to participate in the initial implementation of the Semi-Statewide EHR Innovative (INN) Project Plan that was originally approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) – now the Commission for Behavioral Health (CBH, or "Commission") – in November 2022. Per the Commission's guidance, the initial Project Plan included county-specific appendices reflecting their local community planning processes, budgets, and descriptions of how this project meets the needs of the communities they serve.

The county behavioral health landscape has continued to significantly evolve since the approval of the initial Semi-Statewide EHR INN Project Plan. In addition to continuing implementation efforts under the California Advancing and Innovating Medi-Cal (CalAIM) initiative, county plans are also currently being tasked with implementing multiple new initiatives under Proposition 1 (or Behavioral Health Transformation [BHT]) and the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration. Key features of these statewide initiatives require county plans to expand access to more robust continuums of care – including implementing several evidence-based practices (EBPs) to fidelity – with an increased focus on transparency and outcomes for Medi-Cal members with the highest need who

experience the greatest inequities, such as children/youth (including those involved in the child welfare system), individuals experiencing or at risk of homelessness, individuals in or leaving institutional settings (or at risk of institutionalization), and individuals with lived experience in the criminal justice system or at risk of criminal justice involvement.

At this critical juncture, county plans are looking to implement innovative solutions that (a) transform how they manage their provider networks to deliver an enhanced array of services, and (b) help them adapt to new challenges and opportunities to improve their systems within a rapidly changing fiscal landscape, while continuing to meet the needs of the vulnerable communities they serve. To meet the rising need, county plans are partnering with CalMHSA to implement two solutions as part of this new INN Project Plan. These solutions, described in more detail in Section 2, include:

1) **Multi-County Policy and Procedure Implementation Support**: County plans will receive vital implementation support for key policy changes that have the greatest impact on their provider networks and their Medi-Cal member populations. Robust, system-wide implementation infrastructure and support will be provided to help county plans absorb and operationalize complex statewide policies both efficiently and effectively, leveraging a shared learning platform to promote consistent and equitable implementation efforts across county plans.

2) **Enhanced Data Analytics/Dashboarding**: County plans will have access to a suite of county-specific data analytic dashboards that provide timely key insights about their programs and provider networks in the realms of service delivery, fiscal health, and program operations. These dashboards are designed to provide a holistic view of the county behavioral health system and can be used to monitor progress toward key policy implementation goals, as well as examine service delivery at the individual client level to identity potential gaps that require intervention.

The evolution into this new project has been made possible because county plans are on a shared implementation of the CalMHSA Semi-Statewide EHR. This platform enables CalMHSA to provide county plans with signals (data) from their own EHRs as to the success of their policy implementation efforts as well as the performance of their programs and provider networks across core indicators, helping county plans to monitor and ensure their service delivery systems are operating effectively and efficiently. This project builds on the current approved INN Project via technical and operational enhancements, with a renewed focus on leveraging enhanced data analytics to support provider network management and service delivery improvements. This project aims to bring innovative multi-faceted solutions to address the complexity of policy implementation challenges and needs that county plans experience, while leveraging economies of scale and shared learning wherever possible.

This INN Project Plan submission serves two purposes: 1) It is a project change request for county plans with an approved Semi-Statewide EHR INN Project Plan that wish to obtain the Commission's approval to expend additional INN funds to support critical technical and operational enhancements to their current project to meet local needs; and 2) It is a new project plan proposal for county plans that do not have an approved Semi-Statewide EHR INN Project Plan but utilize the semi-statewide EHR and wish to obtain the Commission's approval to use INN funds for the same technical/operational enhancements to meet local needs. For county plans that have completed their local community planning processes, we have attached county-specific appendices that describe each county plan's stakeholder engagement, budget, and why this project has been prioritized to meet the needs of the communities they serve.

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

CHANGES TO THE INN PROJECT THAT REQUIRE APPROVAL

For county plans with an approved Semi-Statewide EHR INN Project Plan, if the county determines a need to change the Project in one of the following ways, the change must be approved by the Commission before the change can be made (check all that apply):

- ☐ Change the primary purpose
- ☒ **Change the basic practice or approach**
- ☒ **An increase in expenditures, such that more funds are expended than previously approved**
- ☐ Any other change for which you would like to voluntarily submit for approval

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 plan using INN funds for this Project provide detail on the local reasons why county plans have prioritized this Project.

The Commission has long been a key facilitator of investments in the California public behavioral health system. These investments are attuned to deliver on the promise of the Mental Health Services Act (MHSA) – now the Behavioral Health Services Act (BHSA) – which envisions 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 Commission has identified levers for enabling transformational change, many of which rely on robust technology and data systems.

California county plans have joined together to participate in an enterprise EHR solution, CalMHSA's SmartCare, a project in which the EHR moves beyond its original purpose as a claiming system to a tool that facilitates county plans telling a complete story about individuals in their care, managing more efficient provider networks, managing their fiscal responsibilities, meeting regulatory requirements, and forecasting needs for their Medi-Cal member population. The EHR also becomes a tool that facilitates the treatment relationship between the providers and Medi-Cal members, allowing clinicians to spend more time caring and less time on screens, easing the process for clients by allowing record-sharing between counties, and reducing the documentation burden that negatively impacts the county behavioral health workforce.

An enterprise EHR solution is timely considering the significant transformations occurring statewide across the county behavioral health landscape. Changes to financial resources and policy requirements are propelling county plans to reimagine how they can successfully transform their systems to meet the moment. Participating in a shared implementation of the CalMHSA Semi-Statewide EHR allows CalMHSA, as a Joint Powers of Authority (JPA) formed by county plans, to collaborate with county partners to do what CalMHSA has been created to do: help county plans pool resources and implement cross-county solutions.

Clearly, this current moment provides both the opportunity and the imperative for county plans to take a substantial leap forward with regard to how they are leveraging their EHRs to implement and monitor highly technical transformations of their service delivery systems under the CalAIM initiative, BHT, and the BH-CONNECT Demonstration. Under these statewide initiatives, county plans not only need to quickly synthesize and implement new policy guidance that transforms how they operate, but they also need to expand their reach further – increasing provision of and access to evidence-based and responsive care for individuals who experience the greatest inequities and highest needs, such as children/youth involved in Child Welfare, individuals/families experiencing or at risk of homelessness, individuals with lived experience in the criminal justice system (e.g., court-ordered, community re-entry), and individuals with increasingly complex needs (e.g., those with crisis episodes, institutionalization, co-occurring mental health and substance use conditions).

To successfully navigate these transformations and fulfill their behavioral health plan responsibilities to their communities, county plans will need to be able to:

- Prioritize person-centered care with a focus on quality outcomes (e.g., emphasize health outcomes and care quality, and actively monitor key quality metrics)
- Maintain a diverse and strong provider network that is accessible, responsive to individual and community needs, and high performing (e.g., demonstrates high-quality care and adherence to regulatory guidelines)
- Use data-driven decision-making at the person and program level (e.g., leverage advanced analytics to identify individuals or groups that require intervention; continuously evaluate provider/program performance and share actionable insights for continuous quality improvement).

There are notable challenges associated with county plans implementing statewide policy changes individually, using different training materials, procedural guidance, and data collection methods. This fragmented approach can contribute to inconsistency and inequity (e.g., disparate application of policies can lead to inequities in policy application and possible disparities in outcomes or services), inefficiency (e.g., duplicative efforts to develop training materials can lead to ineffective use of already taxed resources), data incompatibility (e.g., inconsistent data collection can undermine local and statewide monitoring and evaluation), scalability challenges (e.g., insights, improvements, or best practices gleaned in one county may not easily scale to others if procedures

The following two solutions are designed to be multi-faceted to address the complexity of implementation challenges and needs county plans experience, while leveraging economies of scale and shared learning wherever possible.

1. **Multi-County Policy Implementation Support**: This solution will provide county plans with vital implementation support for key policy changes that impact their local service delivery systems. Policies will be selected based on finalized (published) DHCS guidance that have the greatest impact on county plans and the populations they serve. This solution will allow county plans to focus their time and resources on local clinical operations while technical subject matter experts provide robust, system-wide implementation infrastructure and support aligned with policy and best practice. Key features will include (a) synthesizing complex regulatory requirements into clear implementation guidance that will be consistent and accessible across all county plans on a shared learning platform (e.g., policies and procedures, training); (b) training county behavioral health staff on new policies, impacts, and workflows (from direct clinical staff to executive leadership, as appropriate); (c) configuring the EHR to support new clinical and administrative workflows; (d) standardizing EHR data collection to track policy implementation, which will help facilitate cross-county learning and scaling best practices; and (e) utilizing enhanced analytic dashboards to monitor key policy implementation goals over time, which can be leveraged to support successful policy adoption and continuous improvement.

2. **Enhanced Data Analytics/Dashboarding:** This solution will provide county plans with access to a suite of enhanced, county-specific data analytic dashboards that provide timely local insights on the utilization and performance of program and staff in the EHR. These dashboards will be designed to meet various county needs, including providing county plans with a deeper understanding of their programs and provider networks across three key domains: service delivery, fiscal health, and program operations. Having the ability to monitor this type of data will empower county plans to make informed decisions to more effectively manage their resources, monitor their service population's needs at multiple levels (i.e., county, program, individual), identify individuals and groups for targeted resources and interventions, monitor implementation of key policy changes and initiatives across populations (e.g., CARE Act, EBP implementation, care coordination and access), track progress toward required measures to effectively adapt practices (e.g., HEDIS), and conduct continuous performance and quality improvement.

These solutions will be enhanced by quarterly meetings with county plan executive leadership to brief them on policy changes and implications, and review dashboard findings and insights. This is a critical step in the implementation process, as it ensures vision alignment with the county plan's priorities and supports data-informed decision making at the highest level of leadership.

CalMHSA will serve as the Administrative Entity, Project Manager, and Project Evaluator, with its staff subject matter experts leading the implementation and evaluation of the two new solutions

with county plans summarized above. CalMHSA is well-positioned to hold this role, with expertise in the realms of behavioral health policy analysis, training and instructional design, advanced data analytics and dashboard development, and performance monitoring and improvement.

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 practices of (a) documenting care provision in an Electronic Health Record in a way that aligns with regulatory requirements and meets the needs of the county's workforce and the individuals they serve, and (b) utilizing enhanced data analytics to not only inform behavioral health service improvements at the client and program level but also monitor policy implementation over time.

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.*

Beidas, Buttenheim, and Mandell (2022) identified the need "to develop strategies that increase the use of evidence-based assessment, prevention, and intervention approaches" in psychiatry, noting that "psychiatric disorders account for more years lived with disability globally than any other disease category." They assert that implementation science, incorporating concepts from behavioral economics, provides a robust avenue for increasing the impacts of interventions. Further, Chriqui et al. (2023) noted that "public health literature often assumes a priori that the 'black box' of implementation occurs simply because a policy has been adopted or takes effect," and describe the need for the application of implementation science in the policy realm as being "critical to helping explain what happens in between policy adoption or enactment and policy outcomes or effects." The Multi-County Policy Implementation Support project follows the implementation science (IS) approach to improving behavioral health systems via policy implementation, which is intended to help in addressing "the gap between the promise of scientifically proven health interventions and their successful implementation in the real world" (Fogarty International Center, 2023). By assisting county plans in developing and implementing policies that are consistent across a variety of contexts (that is, county plans of differing sizes, demographic makeups, and geographic areas), valuable information about the supports needed for successful policy implementation in a state as diverse as California will be gleaned and can be used to inform current and future policy implementation efforts. Additionally, this policy support will allow county plans to continue their focused efforts to comply with CalAIM and Behavioral Health Transformation initiatives and prevents unnecessary duplication of work across county plans that relies on subject matter experts. This will also allow them to leverage more of their resources for vital clinical operations.

Beidas, Buttenheim, and Mandell (2022) also observed that "many of the most successful applications of [behavioral economics] concepts in healthcare have leveraged the [EHR] and other technologies that are not available in under-resourced settings such as community mental health." The Enhanced Analytics Support approach works to bring technological resources typically seen in the private physical health sector to the community health setting. This support will assist county plans with leveraging information from their EHR system and, using a Learning Health System (LHS) approach, aids county behavioral health systems in "the evolution of the existing system into one that is capable of learning from every patient who is treated." The LHS approach has traditionally been applied to physical health care systems, defined by the United States Institute of Medicine (now the National Academy of Medicine) as health systems "in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience" (Institute of Medicine, 2007). Enhanced analytics will support this process in the county behavioral health context, allowing users to access, visualize, and leverage powerful data collected via their EHRs. This also supports iterative analyses, whereby county plans can continuously monitor progress and change using quantitative metrics and use insights gained to inform areas where changes may be needed, as well as areas of strength.

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 county plans 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 county plans in the Semi-Statewide Enterprise Health Record project are collectively responsible to serve more than 35% California's Medi-Cal members, and the EHR currently holds records for 365,000 Medi-Cal members.

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

Rather than directly testing an innovative approach to service delivery, this project focuses on implementing innovative, multi-county approaches to behavioral health policy implementation and enhanced data analytics that can be leveraged by county plans to operate more effective and efficient provider networks that provide high-quality clinical services.

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?*

All county plans are contractually required to integrate directives and guidance issued via DHCS Behavioral Health Information Notices (BHINs) into their local policies and procedures. Historically, each county plan has had to draft and implement these policies largely independently, resulting in duplication of effort across county plans, and the potential for uneven implementation of policies among county plans that are working towards the same goals. The Multi-County Policy Implementation Support project provides an innovative solution to policy development for county plans that not only provides greater efficiency and uniformity of policy implementation, but also streamlines access to technical assistance by subject matter experts. This approach provides an avenue to apply a multi-county implementation science approach intended to not only improve current implementation processes, but also to inform and innovate toward future policy implementation efforts.

The Enhanced Analytics/Dashboarding solution will dovetail with the multi-county policy solution by providing county plans with powerful data dashboards that can give timely, actionable insights into county plans at the plan, program, and client levels. These data will provide county plan leadership insight into operations across their entire enterprise (MHP/DMC State Plan or MHP/DMC-ODS), allowing them to holistically manage the current state while planning for the future. This enterprise-wide view supports both county plans that are early adopters of administrative integration, as well as those that are implementing integration of their two plans in the near future. The dashboards provide county plans with a holistic view of their services and service population, fiscal health, and program operations to allow for in-depth analysis into each vital functional area, allowing plan administrators to "zoom in" and examine service delivery at the individual client level, fiscal health at the individual claim line level, and operations by contracted or directly operated entity.

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.*

Vroom and Massey (2023) noted the history of challenges in behavioral health care with implementing evidence-based practices, including a lack of professional training in how to translate research findings to address the needs of specific communities and populations in behavioral health settings, the costs associated with implementing many evidence based practices (EBPs), practicalities such as training resources, rollout of new policies, and contract negotiations, as well as the sustainability of implementation efforts. By providing support to county plans with policy development, training, and implementation, EBPs and other initiatives are much more likely to be successfully, and sustainably, implemented and consistently provided to members. Vroom and Massey identify a lack of stakeholder participation in implementation science research as one of the key gaps in the literature. By incorporating stakeholders into this process, CalMHSA will assist county plans with avoiding "implementation [strategies] that [do] not take real-world barriers into consideration, that may be used incorrectly, and/or that [are] unable to be replicated." By

interpreting BHINs and implementing policies consistently across multiple county plans, insights into how to best achieve systemic transformations across diverse county behavioral health systems of varying sizes and settings will be gained.

Stein's commentary for RAND (2016) explains that the original concept behind the LHS model was that "leveraging technological advances to make better use of the best available data would help rein in costs and improve both quality and safety," noting that "[this] makes sense whether the health care being delivered is physical or behavioral." Enhanced Analytics Support effectively supports what Stein describes as "creating a 'data commons' to pool information," and which he identifies as one of the "critical steps" needing to be taken in order to bring the LHS approach to behavioral health care. Indeed, the ability to iteratively utilize data to inform local practices will assist county plans with both quality assurance and quality improvement activities, ultimately translating into improved services for Medi-Cal members, while also engaging in, effectively, a cost-sharing model by working with the same vendor to create these dashboards. Further, data collected via dashboards can, in some cases, be harnessed to aid in the assessment of impacts of the Multi-County Policy Implementation Support project.

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?

In this current project, we aim to leverage the learning system and infrastructure built during the Semi-Statewide EHR INN Project to (a) support county plans in implementing policies that impact their provider networks and service delivery with increased efficiency and effectiveness (e.g., CalAIM, BH-Connect, BHT), and (b) empower county plans to leverage enhanced analytic dashboards based on EHR data to drive system-wide improvements in service delivery, fiscal health, and program operations, including policy implementation. This project evaluation has the following learning goals:

Aim 1: Does employing principles of implementation science via multi-county policy implementation support prepare county plans to more efficiently and efficiently implement new initiatives, respond to new regulatory requirements, and adopt system-wide changes across their provider networks in a more standardized and complete way?

Aim 2: Does using a Learning Health System methodology via leveraging enhanced analytics dashboards allow county plans to more effectively manage the fiscal health, program operations, and service delivery of their provider networks and implement more effective quality assurance

and improvement activities focused on their behavioral health benefit at the plan, program, and individual levels?

Aim 1 will be achieved by creating a valuable space for county plans to share lessons learned during policy implementation with one another through a learning platform; synthesizing complex regulatory requirements into easily understood materials for county plans; training county behavioral health staff on new policies, impacts, and workflows; and updating EHR configurations that support new workflows based on policy requirements and enhanced standardization to track policy implementation across county plans.

Aim 2 will be achieved by developing analytic dashboards based on EHR data to provide key insights about service delivery, program access, and progress toward implementation goals with feedback from county plans, and leveraging shared infrastructure to make dashboards readily available with routine data refreshes to county plans for timely use.

We plan to evaluate these learning goals through the following objectives:

I. Test whether supported implementation of new policies and requirements result in county plans' more effectively managing their provider networks as well as the service delivery benefit for the Medi-Cal members they serve.
II. Evaluate county plan engagement with trainings and meetings held about policy changes and implications.
III. Determine how coordinated policy implementation support and/or enhanced analytics impacts county plans' ability to successfully respond to new regulatory requirements.
IV. Assess whether use of PowerBI dashboards tracking service delivery, fiscal health, and program operations increases over time and impacts county plan use of EHR tools.

County plans are navigating a complex and changing regulatory landscape. Coordinated policy implementation support is necessary to ensure each county is maximizing its resources and not duplicating efforts. Shared infrastructure (e.g., EHRs) and learning networks are vital to achieving efficient implementation of these policies and allowing for county plans to learn from existing service delivery to improve future practices. Given the scale of the Semi-Statewide EHR in the most populous state in the US, these learnings have the potential to impact a significant population and could potentially be translated to other states facing similar challenges.

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

The original Semi-Statewide EHR INN project approved by the Commission in November 2022 employs the human-centered design approach that 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 county plan workforce as well as the clients they serve.

This new project continues to build on the original Semi-Statewide EHR INN Project and has evolved based on usability input from county plan staff. In this next phase of the project, CalMHSA plans to use this foundational infrastructure to further impact county plan administrative operations by collaborating with county partners to implement innovative, multi-county solutions that (a) support their implementation of new policy changes and (b) provide them with actionable data insights about how their provider networks are performing on key indicators of service delivery, fiscal health, and program operations (including policy implementation) for continuous learning and quality improvement.

Each learning goal is focused on evaluating these solutions (i.e., multi-county policy implementation and enhanced analytics support) by measuring policy implementation and adoption of new initiatives and service delivery improvements over time. Information learned from these evaluation activities will advance county plans' understanding of how to leverage the semi-statewide EHR to support more efficient and effective system-wide quality assurance and improvement activities. County plans will also benefit from technical assistance from subject matter experts to help them attain full implementation of new transformative policy initiatives. Leveraging enhanced analytics, county plans will not only be able to more effectively manage their behavioral health benefit at the plan and individual levels, but they will also be better positioned to forecast and plan for their futures as they navigate through these transformations.

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.

To address progress toward the learning goals outlined above, we plan to use a mixture of existing metrics available through the tools that will be used (e.g., PowerBI for dashboarding), measures of attendance to trainings, surveys to BH staff and county representatives participating in trainings, and quasi-experimental study designs to evaluate use of EHR and dashboard tools pre/post project implementation. Our evaluation will encompass the following:

I. Test whether supported implementation of new policies and requirements result in county plans' more effectively managing their provider networks as well as the service delivery benefit for the Medi-Cal members they serve.
    a. Measure progress toward policy implementation for new requirements covered in the scope of this project, including adoption of changes within the EHR and stages of policy to practice
    b. Measure the number and type of BH staff completing trainings over time
    c. Conduct surveys with BH staff completing trainings to evaluate knowledge gained on new policies, impacts, and workflows

   d. Compare key outcomes (e.g., clinical care tools used, missing core demographic data values) before and after trainings conducted and policy implementation support using semi-statewide EHR data, times series modeling, and quasi-experimental research techniques (e.g., difference in differences)

II. Evaluate county plan engagement with trainings and meetings held about policy changes and implications.
   a. Measure number of attendees and proportion of semi-statewide EHR county plans participating in policy implementation support and attending each training or meeting through the duration of the project

III. For Multi-County Policy Implementation Support, determine how coordinated policy implementation support and enhanced analytics impacts county plans' ability to successfully respond to new regulatory requirements.
   a. Analyze county readiness for responding to new requirements and perceptions of policy implementation support and enhanced analytics among county plans participating, which may include key informant interviews, a focus group among a subset of plans, or quantitative surveys to gain deeper insights
   b. Compare changes in key outcomes (total and stratified by demographics) among semi-statewide EHR counties before and after trainings and after policy implementation support over time using semi-statewide EHR data

IV. For Enhanced Data Analytics/Dashboarding, assess whether use of PowerBI dashboards tracking service delivery, fiscal health, and program operations increases over time and impacts county plan use of EHR tools.
   a. Measure and compare increased use of dashboards over time by county through PowerBI metrics available on a dashboard-level (e.g., number of users, report views, days accessed) using time series modeling techniques
   b. Model the association between PowerBI dashboard use and use of relevant EHR tools over time (e.g., quality assurance reports)

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, Project Manager, and Project Evaluator, and Participation Agreements will be executed with each county plan. Streamline Healthcare Solutions, LLC is the vendor selected for the development, implementation, and maintenance of the semi-statewide EHR.

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 Commission 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 plan will provide updates on the project to their behavioral health staff and community-based partners who are part of the county plan's network, as well as consumers and family members. Further, given this project is taking a multi-county approach, insights and lessons learned can be shared across county plans to foster collaboration and shared learning toward common goals.

B) **Cultural Competency**: Each participating county plan convenes a Cultural Competency Committee that 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. Further, a key component of this project is stratifying system-level outcomes across key demographics (e.g., race, ethnicity, gender), which will allow counties to monitor performance of their provider networks for potential disparities.

C) **Client-Driven**: One of the guiding theoretical frameworks underpinning this project is the Learning Healthcare System, which aims to develop systems to be capable of learning from every client who receives care. Aligned with this framework, a key feature of this project focuses on empowering county plans to utilize enhanced data analytics that leverage client-level EHR data to create actionable insights to support continuous quality and performance improvement efforts that can strengthen their provider networks over time.

D) **Family-Driven**: While each participating county plan will provide updates on the project to their behavioral health staff, community-based partners, consumers and family members, this project is not specifically focused on children/youth services.

E) **Wellness, Recovery, and Resilience-Focused**: While this project does not focus on direct service delivery, it leverages individual clients' service experiences (via EHR data) to provide

county plans with actionable insights on how they can improve the performance and outcomes of their provider networks, helping ensure that service delivery and program operations are aligned with policy and best practice.

F) **Integrated Service Experience for Clients and Families**: A foundational goal of the semi-statewide EHR implementation is ensuring the system is designed and leveraged to promote whole-person, comprehensive, and coordinated care. Aligned with this goal, through enhanced analytics, this project provides county plans with a holistic view of their provider networks' service delivery and program operations, allowing county plans to implement improvement strategies to remedy identified gaps.

CULTURAL COMPETENCE & 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 a few crucial ways. Meaningful work toward improving the health outcomes of all individuals served by county plans relies on having accurate information on treatment access and outcomes that can be analyzed across different groups (e.g., by racial, ethnic and sexual orientation/gender identify variables). A key goal of the semi-statewide EHR implementation is to ensure county plans are using consistent dictionaries and variables across the EHR to collect demographic information, with a focus on the completeness and quality of the demographic data being collected. This approach provides an underpinning for analyzing and stratifying outcomes along demographic variables, which can help county plans identify and address disparities among certain groups.

Further, evaluation outcomes measured using semi-statewide EHR data will be stratified by demographic variables where applicable to identify opportunities for improvement in documentation, service delivery, and program operations to better measure equity outcomes and close equity gaps. Insights learned from stratified analyses may be covered in trainings and meetings to orient county plans to their progress, in which case evaluation analyses will focus on how these factors change after counties participate in trainings or meetings. Demographic (race/ethnicity, gender identity, and age) information will be collected for county stakeholders completing surveys, key informant interviews, or focus groups. These data will be summarized to assess representation of diverse stakeholders throughout the evaluation. Conducting surveys or interviews with county plan stakeholders will provide opportunities for robust stakeholder engagement in improving project activities and outcomes over time and evaluate whether project activities are meeting learning goals, county plan expectations, and stakeholder needs.

INNOVATION PROJECT SUSTAINABILITY & 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 county plans may be able to utilize other sources of funds, such as BHSA, for ongoing technological needs and expenditures that support their behavioral health administration and services, including projects like this that modernize and transform clinical and administrative information systems (like the EHR) to be leveraged for continuous improvement.

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.

Direct service delivery is not a component of this project. This project focuses on transforming how county plans manage their provider networks and implement improvements to their service delivery, fiscal health, and program operations utilizing enhanced data analytics.

COMMUNICATION & 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.*

Semi-Statewide Enterprise Health Record; Implementation Science; Learning Health Care System; Behavioral Health Transformation; Multi-County Innovation; Behavioral Health Policy & Procedure Implementation; Enhanced Data Analytics.

TIMELINE

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

Upon approval in calendar year 2025 through 6/30/2027.

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

Two years

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

A tentative project plan to implement the new project initiatives for the first four quarters of calendar year 2025 is available below. The project plan is expected to change and evolve as the multi-county innovation activities and learnings continue. Project activities will be engaged pending the Commission's approval of the INN Project Plan.

CY 2025	Policy Implementation Support	Enhanced Data Analytics/Dashboarding
Q1 (Jan-Mar)	-Policy identification -Executive leadership coaching	-Dashboard conceptualization -Executive leadership coaching
Q2 (Apr-Jun)	-Policy identification -Policy guidance + training development -Publish + provide training on first set of completed policies -Executive leadership coaching	-Dashboard conceptualization and development -Publish first dashboards -Ongoing monitoring -Executive leadership coaching
Q3 (Jul-Sep)	-Policy guidance + training development -Publish + provide training on next set of completed policies -Executive leadership coaching	-Dashboard development -Publish next dashboards -Ongoing monitoring -Executive leadership coaching
Q4 (Oct-Dec)	-Policy guidance + training development -Publish + provide training on final set of completed policies -Final implementation evaluation -Executive leadership coaching	-Dashboard development -Publish final dashboards -Final evaluation -Executive leadership coaching

Section 4: INN Project Budget & 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.

APPENDIX: Tulare **COUNTY**

1. **COUNTY CONTACT INFORMATION:**

Diane Higginbotham
Administrative Specialist II
5957 South Mooney Boulevard
Visalia, CA 93277
(559) 624-7445
dhigginb@tularecounty.ca.gov

2. KEY DATES *:*

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	July 1-July 31, 2025
Public Hearing by Local Behavioral Health Board Behavioral Health Board Approval	August 5, 2025 August 19, 2025
Submit Request for Board of Supervisors Approval	August 20, 2025

This INN Proposal is included in:

	Title of Document	**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
	MHSA Annual Update	
X	Stand-alone INN Project Plan	FY 25/26 and FY 26/27

3. DESCRIPTION OF THE LOCAL NEED(S)

Through our Community Program Planning Process (CPPP), local stakeholders, including county staff, contracted providers, and system partners, identified urgent challenges related to implementing multiple complex behavioral health policy changes. Specifically, staff highlighted the difficulty of translating evolving policy guidance into local practice, including developing and updating policies and procedures, providing timely staff training, and establishing consistent data collection methods. Many expressed concern that our current Electronic Health Record (EHR) and reporting systems are not equipped to support real-time data use or track quality outcomes effectively, resulting in limited ability to monitor progress or provide actionable feedback to staff and providers. These limitations have contributed to fragmented implementation, inconsistent service delivery, and missed opportunities for quality improvement.

Stakeholders also cited concerns about meeting increasingly complex reporting and business requirements, especially in the face of workforce shortages and limited technical infrastructure. These issues are particularly acute for Tulare as a smaller and more rural county. Despite previous efforts to develop local solutions, challenges persist due to duplicative work, lack of standardization, and data systems that don't support cross-county collaboration or analytics. The CPPP process strongly supported investment in a shared, modern EHR infrastructure that includes real-time dashboards, centralized guidance, scalable training tools, and advanced analytics capabilities. Our county's participation in the CalMHSA Semi-Statewide EHR initiative and Innovation (INN) project reflects a direct response to these needs and positions us to improve service delivery, strengthen provider networks, and advance equitable, person-centered care.

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

Tulare County has prioritized this project because it directly addresses persistent local challenges including difficulties in implementing complex behavioral health policy changes and limited access to real-time actionable data that support continuous quality improvement. County staff, providers, and community partners have consistently cited the need for stronger policy implementation support, improved data analytics, and a collaborative framework to share best practices across counties.

This project offers a multi-county, coordinated approach to policy implementation by translating complex regulatory requirements into clear, usable materials, updating EHR workflows to align with new policies, and training for county staff to understand and adopt changes effectively. At the same time, the project delivers enhanced analytics dashboards that will provide us with real-time insights into key indicators such as service delivery, fiscal health, and provider network performance, enabling data-informed decision-making and continuous learning.

Tulare County has prioritized this project over other local challenges because it offers a scalable, cost-effective solution with system-wide impact. Rather than continuing to address policy changes and performance monitoring in isolation, this initiative allows us to collaborate across counties, reduce duplicative efforts, and implement shared solutions that improve equity, efficiency, and quality of care. The project focuses on evaluating policy adoption, training engagement, dashboard use, and system improvement will support Tulare County with long-term initiatives. Ultimately, this project positions Tulare County to meet current demands while building the infrastructure needed for sustainable transformation in behavioral health.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

Tulare County Behavioral Health completed its annual community engagement for the Mental Health Services Act (MHSA) this year. The planning process included consumers, family members, staff, agencies, specialty groups, and general community stakeholders, including gathering various demographics from participants. During January 2025 and March 2025, as part of the continued commitment to community involvement, surveys and community meetings were completed with partners and the community regarding our Behavioral Health system of care. These efforts resulted in ninety-two (92) participants in the surveys: there were seventy-six (76) respondents to the community survey, fifteen (15) respondents to the provider survey, and one (1) respondent to the community Spanish survey. Additionally, Community Meetings were held at the Visalia Wellness Center and Porterville Wellness Center with a total number of participants of twenty-four (24).

Community feedback is continually evaluated and incorporated into new projects. The community's involvement and participation are valued partnerships for our MHSA planning. Comments during the community engagement that could be addressed through this INN project include limited access to care and increased providers and bilingual providers. This INN project will allow us the opportunity to improve service delivery, evaluate data, and ultimately analyze ways to enhance client care.

This INN project was discussed on April 30, 2025, at the Bi-Monthly Executive MHP Provider Meeting. There was a total of fifteen (15) attendees at the meeting, which included both system partners and county staff. The proposed INN plan was discussed, and no concerns were provided. Additionally, the group was informed that the final proposal would be posted for a 30-day public comment period.

This INN project was discussed at the Children's System Improvement Council meeting on May 1, 2025. Twenty-five (25) attendees included system partners and county staff. This meeting is also open for public participation, and details on how to participate are posted on the Behavioral Health Branch website. The proposed INN plan was discussed, and no comments were provided. Additionally, the group was informed that the final proposal would be posted for a 30-day public comment period.

6. CONTRACTING

Tulare County will enter into a Participation Agreement with CalMHSA, which will serve as the Administrative Entity, Project Manager, and Project Evaluator. CalMHSA will support Tulare County in managing administrative and reporting requirements for approved INN funds and serve as the evaluator for this INN project by conducting required evaluation activities and data analysis. Tulare County will ensure quality and compliance of the project by meeting all participation requirements, sharing necessary data, completing assessments,

and providing feedback to CalMHSA to ensure program success and continuous improvement.

7. COMMUNICATION AND DISSEMINATION PLAN

Tulare County Behavioral Health will utilize existing practices for community planning and engagement, similar to efforts for the Mental Health Services Act Annual Plans and updates. The planning process includes clients, family members, staff, agencies, specialty groups, and general community stakeholders. Communication efforts will be made through various sources to reach various community members. Communication can be through posting on the county website, surveys, committee meetings, social media, focus groups and in-person community meetings.

8. COUNTY BUDGET NARRATIVE

The County has allocated $456,440 for this initiative to strengthen public health policy development while tackling ongoing local challenges—namely, the complexities of implementing behavioral health policy reforms and the current lack of timely, actionable data needed to drive continuous quality improvement. The distribution of funds is outlined as follows:

1. **Operating and Consultant Costs ($263,954)** This contract will directly support the county's efforts in developing comprehensive policies and strengthening its data infrastructure. A major outcome of this component will be the enhancement of the PHI dashboard, allowing for improved data visualization, monitoring, and decision-making across departments.
2. **Personnel Support ($146,510)** A **0.5 Full-Time Equivalent (FTE) Administrative Specialist** will be assigned to oversee implementation and provide ongoing administrative and coordination support. This role is essential in ensuring that milestones are met efficiently and that communication between stakeholders, consultants, and internal teams remains streamlined. Additionally, the specialist will play a key role in maintaining compliance with privacy, security, and data governance regulations throughout the project lifecycle.

- **Indirect Costs ($45,976)** These funds will cover essential overhead expenses required to manage the project effectively. This includes administrative support services, facility usage, and other operational needs that enable the successful execution and sustainability of the project as a whole.

Due to funding shifts under the Behavioral Health Services Act (BHSA), the County intends to incorporate the successful outcomes of the Innovation (INN) project into its standard operations. This includes sustaining the use of enhanced data tools, refined workflows, and updated policy procedures without relying on separate funding streams. This strategy not

only reduces dependency on external resources but also promotes long-term value and impact for the community. Additionally, the County is exploring new funding opportunities—such as federal and state grants, cross-agency partnerships, and collaborations with local organizations—to help carry forward key elements of the project beyond its initial funding cycle.

9. BUDGET & FUNDING CONTRIBUTION BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (*See Excel file for this portion of the Appendix)*

10. TOTAL BUDGET CONTEXT: EXPENDITURES BY FUNDING SOURCE & FISCAL YEAR (*See the Excel file for this portion of the Appendix).*

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: ***Tulare 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				$ 73,255.00	$ 73,255.00	$ 146,510.00
2	Direct Costs						
3	Indirect Costs				$ 10,988.00	$ 10,988.00	$ 21,976.00
4	**Total Personnel Costs**				$ 84,243.00	$ 84,243.00	$ 168,486.00
	OPERATING COSTS*	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
5	Direct Costs						
6	Indirect Costs						
7	**Total Operating Costs**						$
	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**						$
	CONSULTANT COSTS/CONTRACTS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
11	Direct Costs				$ 119,979.00	$ 143,975.00	$ 263,954.00
12	Indirect Costs				$ 12,000.00	$ 12,000.00	$ 24,000.00
13	**Total Consultant Costs**						$
	OTHER EXPENDITURES (explain in budget narrative)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
14							
15							
16	Total Other Expenditures						$
	EXPENDITURE TOTALS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	Personnel (total of line 1)				$ 73,255.00	$ 73,255.00	$ 146,510.00
	Direct Costs (add lines 2, 5, and 11 from above)				$ 119,979.00	$ 143,975.00	$ 263,954.00
	Indirect Costs (add lines 3, 6, and 12 from above)				$ 22,988.00	$ 22,988.00	$ 45,976.00
	Non-recurring costs (total of line 10)						
	Other Expenditures (total of line 16)						
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET					$ 216,222.00	$ 240,218.00	$ 456,440.00
	CONTRIBUTION TOTALS**	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	County Committed Funds				$ -	$ -	$ -
	Additional Contingency Funding for County-Specific Project Costs						
	TOTAL COUNTY FUNDING CONTRIBUTION				$ -	$ -	$ -

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
COUNTY:	***Tulare County***						
ADMINISTRATION:							
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation (INN) MHSA Funds				$ 216,222.00	$ 240,218.00	$ 456,440.00
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Administration						
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation (INN) MHSA Funds						
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation						
TOTALS:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation(INN) MHSA Funds*				$ 216,222.00	$ 240,218.00	$ 456,440.00
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**						
6	Total Proposed Expenditures				$ 216,222.00	$ 240,218.00	$ 456,440.00
* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting approval to spend.							
** If "other funding" is included, please explain within budget narrative.							