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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". This build represents innovations on a number of fronts, and also represents a considerable investment in ensuring that industry standards for privacy and security are central to the product. CalMHSA is additionally working with healthcare privacy legal experts to create master consenting documents to enhancing the opportunity for consenting client to receive coordinated care. One Pilot and two implementation phases are planned: the Pilot Phase (go-live February 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). Initial MHSA Capital Facilities and Technological Needs (CFTN) funding allowed counties to acquire their first EHRs, catalyzing the transformation from paper charts to electronic documentation. While these electronic tools may have offered the best available solutions at the time, newer software solutions have evolved to meet current health industry standards such as privacy, security, and interoperability. These electronic 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 origins to provide 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 have prioritized this project in light of the severe behavioral workforce challenge that counties are facing and leaning into this multi-county innovation opportunity to preserve local workforce and allow their skills and energy to be focused on service provision during a time of rising need for mental health treatment services. Based in this commitment, counties participated in individual interviews and surveys to surface the key challenges counties have with their current EHRs. Top issues included the inability of the EHRs to meet changing State and Federal requirements, and configuration mistakes in current implementations, among others. County staff participated in a series of seven "Launch and Learn" sessions wherein participants provided feedback on specific pain points and potential solutions. Counties additionally participated in the EHR vendor selection process and 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.
As the evaluator, RAND will document both the decision making process and the user experience and satisfaction with both the counties' current EHRs and the new EHR and identify the elements that are likely contribute to satisfaction and burden scores. The resulting final report will synthesize learnings and be available statewide.

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.

APPENDICIES AND BUDGETS INCLUDED IN THIS SUBMISSION:

- **Humboldt**
- **Imperial**
- **Kings**
- **Mono**
- **Placer**
- **San Benito**
- **San Joaquin**
- **Sierra**
- **Siskiyou**
- **Sonoma**
- **Tulare**
- **Ventura**
- **Yolo**

APPENDIX: HUMBOLDT COUNTY

1. **COUNTY CONTACT INFORMATION**

Oliver Gonzalez Bobadilla, MHSA Program Manager: Lead related to Innovation reporting
Scott Irvin, Medical Records Manager: Lead related to EHR implementation

2. KEY DATES:

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	May 25-June 23, 2022
Public Hearing by Local Mental Health Board	June 23, 2022
County Board of Supervisors' Approval	July 19, 2022

This INN Proposal is included in: (*Check all that apply*)

	Title of Document	**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	2022-2023
	Stand-alone INN Project Plan	

3. DESCRIPTION OF THE LOCAL NEED(S)

Humboldt County Behavioral Health has been experiencing challenges in hiring and retaining clinicians for the past several years. Our current vacancy rate for our clinician job classes is 33.7%. Since going live with the current EHR product in 2014 a frequent complaint by our clinical staff has been the difficulties associated with using that system. A common complaint has been that the system is "not intuitive," it is difficult to find information within the system quickly and that practitioners suffer from "click fatigue." There are significant limitations with making modifications to the existing system to improve upon these negative aspects. As a result, the current EHR has negatively impacted the overall job satisfaction of the practitioners and may be a contributing factor to workforce retention. The resolution of these issues will contribute to improving the workforce's job effectiveness, satisfaction and retention.

Behavioral Health staff feedback over the years has indicated that the user interface of the current EHR is not intuitive or user friendly. Required fields are not logically programmed leading to increased data entry errors. Database tables are not properly linked to one another so the same service information data must be entered in multiple locations. This is particularly problematic with updates to client information. The current EHR requires double and sometime triple entry into the progress notes with approval codes for missed and rescheduled appointments. This is an occurrence that happens every day for staff.

The scheduling calendar lacks the functionality of sorting by location, which makes appointments hard to track and causes double booking. The complexity of the scheduling calendar causes some staff to not use the function all together, which also creates the opportunity for appointments to be missed and fall through the cracks.

The current EHR does not possess a case load management system. This makes it extremely difficult to see who has interacted with the clients or who else is on a client's treatment team. This hinders communication and care coordination and causes duplicative efforts.

The current EHR requires significant administrative overhead to cover the deficiencies in the back end set up and lack of intuitive user reports. A new EHR that is more efficient to use should decrease the time documenting direct services and increase time spent providing direct services. It is anticipated that a new EHR will facilitate a client-centered approach that is founded upon creating and supporting a positive therapeutic alliance between the provider and client.

The current EHR is built on an archaic version of JAVA script which can no longer be updated. It means the software cannot be adapted to the everchanging hardware landscape such as tablets and portable devices, which would be more portable and user friendly. The JAVA script structure causes the software to be difficult to navigate, not ADA compatible and is practically illegible on portable devices.

There is currently no way to give community- based organizations (CBOs) access with the current EHR that would be compliant with our privacy and security practices. This makes sharing client information with our CBOs less streamlined and inefficient.

The structure of the current EHR also does not contain a patient portal. This prevents the county from adapting to the current digital landscape. It also prevents clients from having easy access to their digital record and prevents updating their client information efficiently. Many of the forms necessary must therefore still be completed on hardcopy, then entered into the system manually.

With the current roll out of California Advancing and Innovating Medi-Cal (CalAIM) by the Department of Health Care Services (DHCS), many changes are necessary in the EHR to be compliant with new requirements surrounding payment reform, documentation and policy updates, and data exchange. California Mental Health Services Authority's (CalMHSA) goal in working with Counties to roll out this semi-statewide collaborative EHR is to require the EHR to meet all regulatory requirements placed on Mental Health Plans (MHPs). Since multiple counties, with the same regulatory and clinical needs, will be participating in this collaborative EHR, it is likely that the vendor will be more diligent about making the needed changes.

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

Participation in this project is anticipated to increase direct mental health services by decreasing the time a provider spends in documenting encounters, thus addressing the learning goal of a projected 30% reduction in time spent documenting services. This will increase the time spent providing direct client care, addressing the learning goal of facilitating the achievement of a client-centered approach to service delivery founded upon creating and supporting a positive therapeutic alliance between the service provider and the client. The project is also anticipated to increase workforce satisfaction with their jobs. This meets the learning goal to improve California's public mental health workforce's job effectiveness, satisfaction and retention. In addition, this project will increase the efficiency and effectiveness of local data exchange, including through the Health Information Exchange, that is critical to support care of mental health patients in the Emergency Departments and with other service providers.

The information from the new EHR will be available for decision making on all levels and will support the efforts of the Humboldt County Behavioral Health Cultural Responsiveness Committee (BHCRC) in recommending system improvements to reach underserved communities.

Participating in this project was prioritized because it will meet a portion of the needs and challenges expressed by community and staff stakeholders as described in section 5 below.

Humboldt County will work with CalMHSA and the project evaluator to provide the information needed for the project evaluation.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

Humboldt County's participation in this project will address some of the needs and themes expressed by community stakeholders during the last several years. In the community program planning process for the 2020-2023 Three Year Plan the top-ranking theme was to expand and increase mental health services and access to services. This was the second ranking theme in the 2022-2023 CPPP. The third-ranking theme for the 2020-2023 Three Year Plan was to increase support for the behavioral health workforce. This was the fourth ranking theme in the 2022-2023 CPPP. The participation in this project will contribute to expanding and increasing access to mental health services because staff will spend less time navigating an obsolete EHR and have more time to provide direct client care, thus increasing support for the workforce as well as increasing access to services.

Increasing bilingual and culturally competent services was also among the top needs identified in the 2020-2023 Three Year Plan and in the 2022-2023 Annual Update CPPP. One of the foundations of providing such services is having accurate data on what populations are underserved or unserved. This data has been difficult to obtain in the current EHR. The new EHR will provide more accurate data on these populations and help in planning for expanded services for them.

Stakeholder involvement. The CPPP for the 2022-2023 MHSA Annual Update began in August 2021 with the gathering of reports from MHSA program staff on the activities of

fiscal year 2020-2021 and updates on planned activities for 2022-2023. After the last of this information was received a draft Annual Update was written and dates were scheduled for regional and community meetings.

All information about meetings dates and other opportunities to participate in the CPPP was disseminated through the following avenues: DHHS Media issued a news release to fourteen media outlets, Facebook and Instagram; flyers and invitations were disseminated to several local distribution lists; and the announcements were posted on the County website and blog.

The draft Annual Update was presented at the quarterly MHSA Community Meeting in November 2021. This was a Zoom meeting attended by four individuals.

Regional meetings were scheduled in December 2021 and January 2022 for Southern Humboldt, Eel River Valley, Eureka, Eastern Humboldt and Northern Humboldt. Due to COVID-19, all meetings were scheduled and held via Zoom. A total of twelve individuals attended the regional meetings.

The MHSA Program Manager contacted community groups and organizations to ask for agenda time at their regularly scheduled meetings, or to request their assistance in setting up a special meeting to gather stakeholder input. In December 2021 and January 2022 three stakeholder meetings were held via Zoom with the Youth Advocacy Board, the DHHS/Education Leadership Team, and the Behavioral Health Board. A total of 47 individuals attended these meetings.

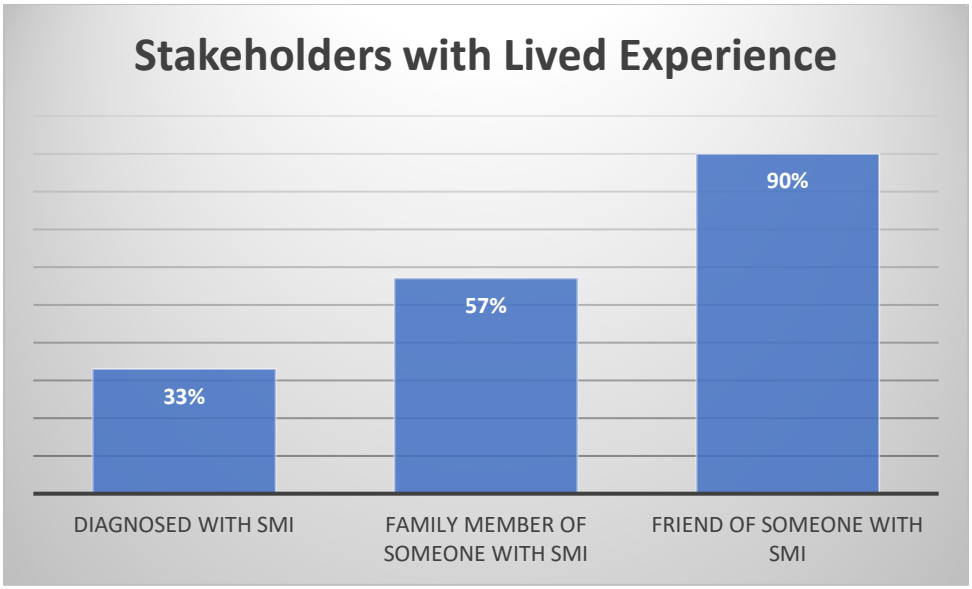
The results of the 2022-2023 CPPP and of the CPPP activities since the development of the Three Year Plan for 2020-2023 was presented at the quarterly MHSA Community Meeting in February 2022. This was a Zoom meeting attended by nine community members.

A total of 72 individuals attended stakeholder meetings during the 2022-2023 CPPP. Three stakeholders provided input through emails to the MHSA Comment Email address.

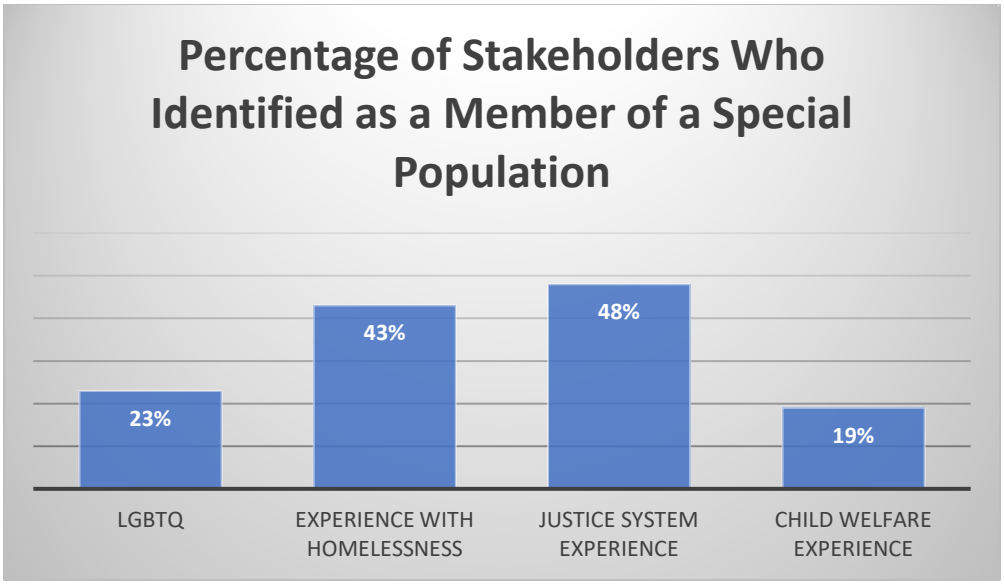
Stakeholder Demographics

Stakeholders attending meetings were asked to complete a MHSA demographic form. Completion of the form was voluntary, and responses were anonymous. A total of 22 individuals, 31% of those attending, completed a demographic form at the stakeholder meetings.

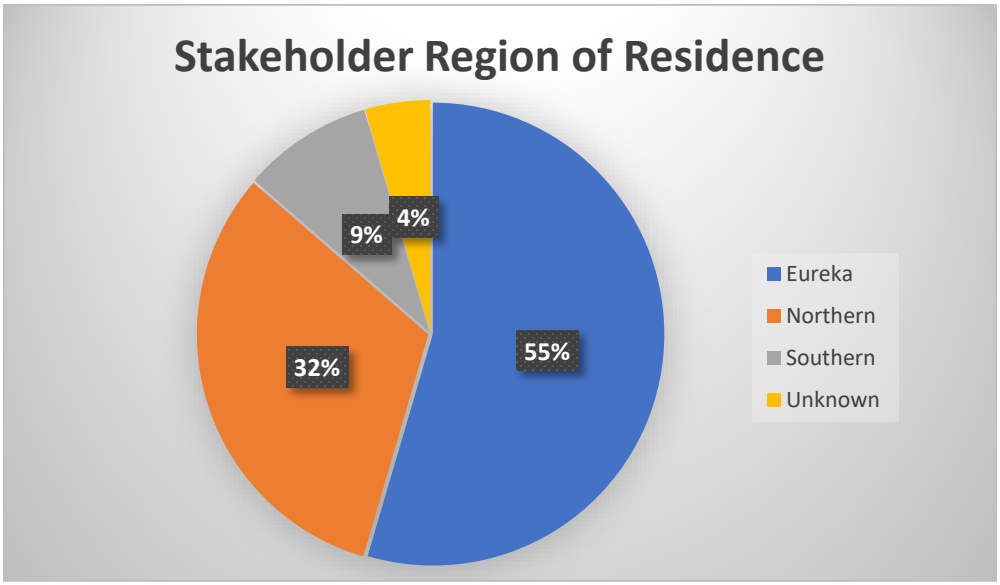
Individuals with lived experience of a serious mental illness (SMI) and their family members are a vital voice in the MHSA CPP. As seen in the chart below, 33% identified as having a mental illness, and 57% identified as a family member of someone with a mental illness. In addition, 90% of those attending the stakeholder meetings said they were a friend of someone with a SMI.



Additional life experiences have been identified as important voices for the CPPP. Sexual orientation and gender identity, homelessness, experience with the justice system, experience with Child Welfare, and those whose primary language is not English have life experiences or conditions that can result in challenges to successful mental health access and treatment. The chart below illustrates the inclusion of people with these life experiences in the CPPP. Twenty-three percent identified as LGBTQ; 43% identified as having experience with homelessness; 48% had justice system experience; and 19% had Child Welfare experience. Because only one stakeholder stated their primary language was a language other than English this is not indicated on the chart.

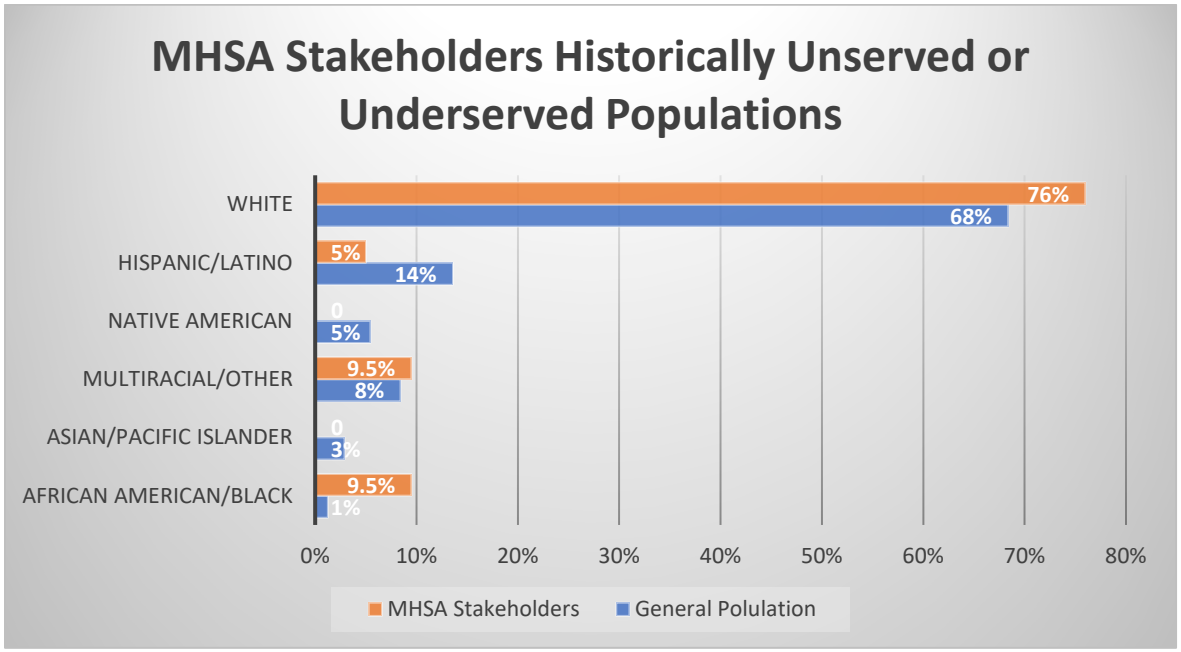


In these stakeholder meetings, 32% of participants resided in the Northern Humboldt region, which includes Arcata, Blue Lake, McKinleyville, and areas north, and 55% of participants resided in Eureka. Nine percent resided in Southern Humboldt, which includes Redway, Petrolia and Garberville. Four percent provided no answer. There were no attendees reporting their residence in the Eel River Valley or Eastern Humboldt.

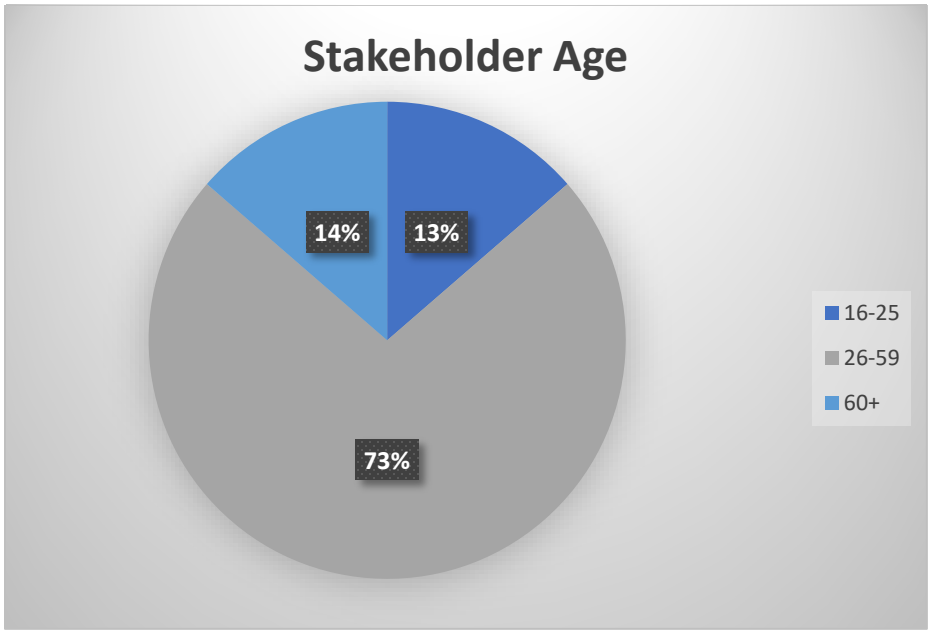


Efforts are made to reach participants that reflect the racial and ethnic diversity of Humboldt County. Of those attending stakeholder meetings, 5% were Hispanic/Latino as compared to 14% of the Humboldt County general population; 9.5% were Multiracial/Other as compared to 8% of the County general population; and 9.5% were

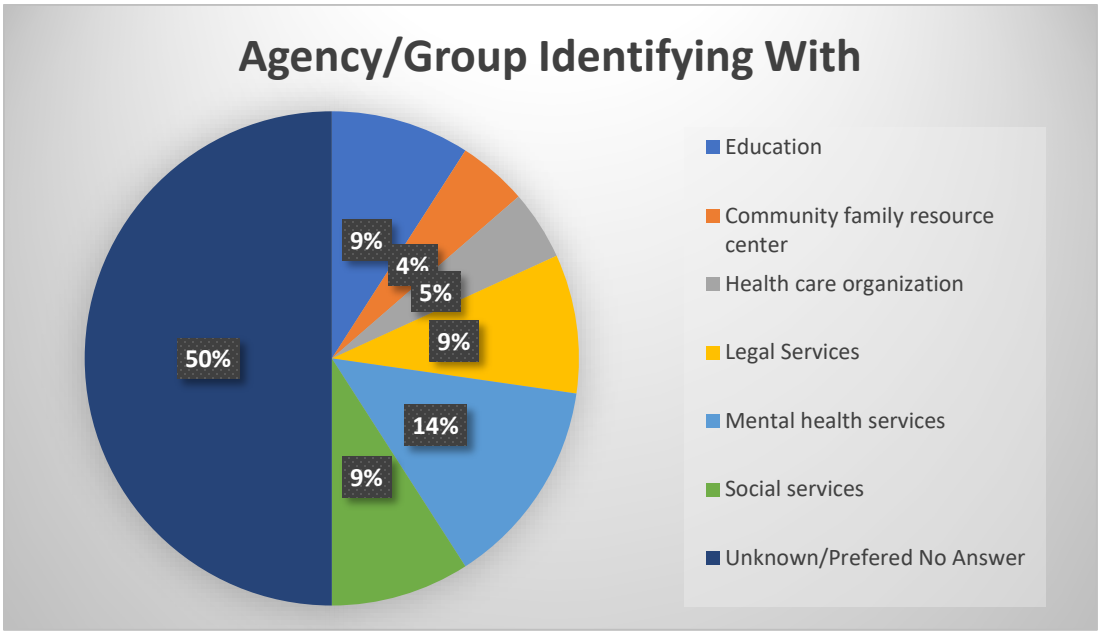
Black/African as compared to 1% of the general population. There were no Native American or Asian/Pacific Islander stakeholders completing the demographic form.



Thirteen percent of those completing the demographic form were ages 16-25; 73% were ages 26-59, and 14% were age 60+.



The chart below illustrates the representation from community agencies participating in the stakeholder meetings. It shows that the process included individuals from mental health services, 14%; education, 9%; health care organizations, 5%; social services, 9%; Community and Family Resource Centers (CRC/FRC), 4%; Legal Services, 9%. Fifty percent provided no response.



After the stakeholder meetings were completed, the notes from each meeting, comments on the demographic/comment form, and the comments received from the MHSA Email were reviewed. This review resulted in a grouping of comments and input by the overall themes/topics of the services and supports that community stakeholders would like to see more of, or changes within. These themes included increasing community input and engagement; expanding and increasing access to services; increasing support for the seriously mentally ill; increasing workforce education, support and training; increasing pregnancy and postpartum support; making facility Improvements; increasing bilingual and culturally competent services; increasing services for those experiencing homelessness; strengthening Substance Use Disorder Services; increasing investment in early childhood mental health services.

During the 30 day public comment period there were no comments made about the proposed Innovation project. At the Public Hearing hosted by the Behavioral Health Board on June 23, 2022, there was one question about the proposed Innovation project, and that question was to clarify that the project would be to replace the current EHR with a new EHR. When confirmed that this was the case, this individual expressed support.

Sustainability. Humboldt County will utilize available funding sources of Federal Financial Participation for Medi-Cal Specialty Mental Health and Substance Use Disorder services, Behavioral Health Realignment Subaccount, and approved grant reimbursements to sustain this project. Humboldt will continue to seek alternative funding from Federal, State and Local sources to continue innovation and modernization of an integrated health record system.

6. CONTRACTING

Humboldt County will be contracting with CalMHSA for this project. The BH Medical Records Manager is taking the lead on this project and will act as a liaison between the Mental Health Plan (MHP) and CalMHSA. We have a biweekly meeting where important EHR stakeholders meet to discuss, coordinate and approve projects tied to the EHR. This group includes BH Leadership (managers and deputies), Quality Improvement, Information Services, DHHS Quality Management, Claims Data Management, and Fiscal staff. This team will shift its focus to the rollout of the CalMHSA Semi-Statewide collaborative EHR by the July 1, 2023 go-live date and onward.

CalMHSA has started working with the MHP to identify points of contact regarding particular topics as we begin to engage in rollout. Our lead has provided CalMHSA with documents associated with our current processes and our current EHR. Moving forward we plan to engage the group listed above in ongoing discussions internally, using the biweekly meeting time and additional time as needed, and with CalMHSA as we work toward roll-out and maintenance thereafter. Each point of contact will also be utilized to share their expertise and to work with CalMHSA in establishing what it is we need from the Semi-Statewide Collaborative EHR.

7. COMMUNICATION AND DISSEMINATION PLAN

Quality Improvement uses Bulletins in order to communicate changes to our provider network, which includes BH staff and Organizational Providers. QI plans to release a bulletin to all impacted stakeholders regarding the transition to the Semi-Statewide Collaborative EHR and to update on any ongoing changes thereafter. QI also uses an e-learning system, called Relias, in order to track and train staff. Trainings will be built into Relias as needed along the course of rollout and maintenance thereafter. The MHP has adopted the CalMHSA Documentation Manual as our own and it has been indicated that for those counties opting into the collaborative EHR, there will also be an EHR guide. We plan on using resources developed by CalMHSA to train and/or communicate whenever applicable. Our biweekly stakeholder meeting will consist of discussions surrounding roll-out and ongoing efforts surrounding this new EHR and the minutes will reflect on results, successes, and lessons learned as we work through this project.

Information will also be communicated through quarterly MHSA meetings; the MHSA CPPP; through interim reports included in Annual Updates and Three Year Plans; through a final report in an Annual Update or Three Year Plan. These interim and final

reports are posted to the County website at https://humboldtgov.org/430/Mental-Health-Services-Act-MHSA and shared with stakeholders through existing distribution lists. Information provided by CalMHSA about the project will also be shared through the County website and through other venues as appropriate.

8. COUNTY BUDGET NARRATIVE

Expenditure Item	Description/Explanation of Expenditure Item	Funding Source	Total Project Cost	
Salaries, Wages & Benefits	0.10 FTE - Program Manager-MHSA will provide oversight and manage the stakeholder engagement and collaboration within our county.	MHSA-INN	17,482	
Salaries, Wages & Benefits	0.05 FTE - Deputy Director-I.T. will provide oversight in the implementation of the new Semi-Statewide EHR in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	10,082	
Salaries, Wages & Benefits	0.10 FTE - Manager-Medical Records will provide oversight in the implementation of the new Semi-Statewide EHR in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	29,646	
Salaries, Wages & Benefits	0.10 FTE - Fiscal Officer will provide oversight & support in the implementation of the new Semi-Statewide EHR in Humboldt County	SABG-ARPA/Federal Financial Participation/Behavioral Health Subaccount	68,249	
Salaries, Wages & Benefits	1.0 FTE - Dept. Programmer-Analyst will provide support in the implementation of the new Semi-Statewide EHR in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	480,442	
Salaries, Wages & Benefits	2.0 FTE - Dept. Info Systems Tech will provide support in the implementation of the new Semi-Statewide EHR in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	117,494	
Salaries, Wages & Benefits	0.35 FTE - Administrative Analyst will provide support in the implementation of the new Semi-Statewide EHR in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	130,883	

Salaries, Wages & Benefits / Evaluation	0.15 FTE - Administrative Analyst will provide evaluation of the Semi-Statewide EHR INN project in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	95,382	
	Personnel Benefits include the following: State Unemployment Insurance 0.21%, PERS/PARS contribution 32.4%, FICA 7.65% and Health, Dental and Life Insurance contribution based on employee election.			
	10% de minimis	Federal Financial Participation/Behavioral Health Subaccount	94,966	
Direct Costs	Humboldt County participation in the California Mental Health Services Authority (CalMHSA) agreement for Semi-Statewide Enterprise Health Record. The Enterprise Heath Record will support counties' core business and regulatory requirements. By being grounded in clinical best practices and State objectives, the semi-Statewide implementation will act as a catalyst for better use of data to drive performance outcomes.	Year 1 Budget includes utilization of MHSA INN funds, as the Enterprise Health Record has been identified in County stakeholder process and approved by County Board of Supervisors. Other funding sources include Behavioral Health Quality Improvement Program incentive funds ($185,00) and American Rescue Plan Act approved grant funds ($45,375).	912,134	FY 2022-23
Direct Costs	Contract/PA Agreement with CalMHSA	Year 2 budget includes Federal Financial Participation, Behavioral Health Realignment & American Rescue Plan Act approved grant funds ($45,375).	353,721	FY 2023-24
Direct Costs	Contract/PA Agreement with CalMHSA	Year 3 budget includes Federal Financial Participation, Behavioral Health Realignment & American Rescue Plan	312,458	FY 2024-25

		Act approved grant funds ($45,375).		
Direct Costs	Contract/PA Agreement with CalMHSA	Year 4 budget includes Federal Financial Participation, Behavioral Health Realignment.	312,742	FY 2025-26
Direct Costs	Contract/PA Agreement with CalMHSA	Year 5 budget includes Federal Financial Participation, Behavioral Health Realignment.	313,034	FY 2026-27
Evaluation	CalMHSA will partner with Rand Corporation for evaluation of this Innovation project.	MHSA-INN	150,000	
Contingency Budget	Contract/PA Agreement with CalMHSA	Contingency budget will be funded from Federal Financial Participation, Behavioral Health Realignment	292,119	
			3,690,834	5 Year Total

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

See attached Excel file

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

See attached Excel file

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: ***HUMBOLDT***

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Salaries	17,482					
2	Direct Costs						
3	Indirect Costs						
4	**Total Personnel Costs**						$

	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	591,196					
12	Indirect Costs						
13	**Total Consultant Costs**	591,196					591,196

	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)	17,482					17,482
Direct Costs (add lines 2, 5, and 11 from above)						
Indirect Costs (add lines 3, 6, and 12 from above)						
Non-recurring costs (total of line 10)						
Consultant Costs/Contracts (total of line 13)	591,196					591,196
Other Expenditures (total of line 16)						
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**608,678**					**608,678**

CONTRIBUTION TOTALS**	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
County Committed Funds	871,459	607,408	565,674	517,743	519,873	3,082,156
Additional Contingency Funding for County-Specific Project Costs						
TOTAL COUNTY FUNDING CONTRIBUTION	871,459	607,408	565,674	517,743	519,873	3,082,156

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: ***HUMBOLDT***

ADMINISTRATION:

	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
A.							
1	Innovation (INN) MHSA Funds	458,678	-	-	-	-	458,678
2	Federal Financial Participation	394,593	343,766	316,817	318,907	320,021	1,694,104
3	1991 Realignment	-	-	-	-	-	-
4	Behavioral Health Subaccount	221,958	193,368	178,209	179,385	180,012	952,933
5	Other funding	236,579	51,579	51,579	-	-	339,737
6	Total Proposed Administration	1,311,808	588,713	546,605	498,292	500,033	3,445,452

EVALUATION:

	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
B.							
1	Innovation (INN) MHSA Funds	150,000					150,000
2	Federal Financial Participation	11,730	11,965	12,204	12,448	12,697	61,045
3	1991 Realignment						
4	Behavioral Health Subaccount	6,598	6,730	6,865	7,002	7,142	34,338
5	Other funding						
6	Total Proposed Evaluation	168,329	18,695	19,069	19,450	19,839	245,382

TOTALS:

	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
C.							
1	Innovation(INN) MHSA Funds*	608,678					608,678
2	Federal Financial Participation	406,323	355,731	329,021	331,355	332,718	1,755,148
3	1991 Realignment						-
4	Behavioral Health Subaccount	228,557	200,098	185,074	186,387	187,154	987,271
5	Other funding**	236,579	51,579	51,579			339,737
6	Total Proposed Expenditures	1,480,137	607,408	565,674	517,743	519,873	3,690,834

* 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.

County of Humboldt
EHR Multi-County Innovation (INN) Project
Budget Narrative

Expenditure Category	Expenditure Item	Description/Explanation of Expenditure Item	Funding Source	Total Project Cost	
Personnel Costs	Salaries, Wages & Benefits	0.10 FTE - Program Manager-MHSA will provide oversight and manage the stakeholder engagement and collaboration within our county.	MHSA-INN	17,482	
Personnel Costs	Salaries, Wages & Benefits	0.05 FTE - Deputy Director-I.T. will provide oversight in the implemtation of the new Semi-Statewide EHR in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	10,082	
Personnel Costs	Salaries, Wages & Benefits	0.10 FTE - Manager-Medical Records will provide oversight in the implemtation of the new Semi-Statewide EHR in Humboldt County	Federal Financial Participation/Behavioral Health Subaccount	29,646	
Personnel Costs	Salaries, Wages & Benefits	0.10 FTE - Fiscal Officer will provide oversight & support in the implemtation of the new Semi-Statewide EHR in Humboldt County	SABG-ARPA/Federal Financial Participation/Behavioral Health Subaccount	68,249	
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Indirect Costs		10% de minimis	Federal Financial Participation/Behavioral Health Subaccount	94,966	
Consultant Costs / Contracts	Direct Costs	Humboldt County particiption in the California Mental Health Services Authority (CalMHSA) agreement for Semi-Statewide Enterprise Health Record. The Enterprise Heath Record will support counties' core business and regulatory requirements. By being grounded in clinical best practices and State objectives, the semi-Statewide implementation will act as a catalyst for better use of data to drive performance outcomes.	Year 1 Budget includes utilization of MHSA INN funds, as the Enterprise Health Record has been identified in County stakeholder process and approved by County Board of Supervisors. Other funding sources include Behavioral Health Quality Improvement Program incentive funds ($185,00) and American Rescue Plan Act approved grant funds ($45,375).	912,134	FY 2022-23
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Consultant Costs / Contracts	Contingency Budget	Contract/PA Agreement with CalMHSA	Contingency budget will be funded from Federal Financial Participation, Behavioral Health Realignment	292,119	
				3,690,834	5 Year Total

1/17/2023

Imperial County Behavioral Health Services

Mental Health Services Act

Innovation Project

County: Imperial
Date Submitted: 12/22/22
Project Name: Semi-Statewide Enterprise Health Record Innovation (INN)

APPENDIX: **IMPERIAL COUNTY**

1. **COUNTY CONTACT INFORMATION**

Project Leads:

Adolfo Estrada, Behavioral Health Manager for Information Systems
AdolfoEstrada@co.imperial.ca.us

Nancy Del Real, Deputy Director of Administration
NancyDelReal@co.imperial.ca.us

2. KEY DATES: (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	11/15/2022 – 12/15/2022
Public Hearing by Local Mental Health Board	12/15/2022
County Board of Supervisors' Approval	1/10/2023

This INN Proposal is included in: (*Check all that apply*)

	Title of Document	**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	FY 2022 - 2023
	Stand-alone INN Project Plan	

3. DESCRIPTION OF THE LOCAL NEED(S)

Imperial County Behavioral Health Services (ICBHS) is the county designated agency as the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS). One important goal for ICBHS is to ensure compliance with Federal interoperability requirements and State requirements for California Advancing and Innovating Medi-Cal (CalAIM). Another important goal is to provide staff with the tools to provide the best care possible, this include the EHR where documentation is entered.

ICBHS first implemented the current electronic health record (EHR), MyAvatar in 2003. At the time, MyAvatar was a solution to the State mandate of having a system to keep client's information secured. Currently there are a several issues that require attention to bring this solution to the current modern needs of information and ease of access.

The following issues are local needs for using the current EHR:

- inability for health information exchange,
- complexity of data entry forms that required too many clicks for completion,
- the need for additional applications to communicate about client care,
- complexity of modules that required entering information twice,
- the use of a platform (Java) that is no longer secured and which will not be supported going forward,

Although at the time, this EHR was innovative and new, it was implemented one-year before the creation of the Office of the National Coordinator for Health Information Technology, which would move on to promote adoption of health information technology and create national standards for health information exchange. For ICBHS, this has meant extensively developing and customizing the current EHR to meet State requirements while at the same time incorporating clinical elements to meet consumer needs.

Due to ICBHS continued efforts to adhere to Federal and State standards ICBHS has overtime modified the current EHR to require extensive documentation from clinical users, which has created barriers to the time spend providing mental health care due to the ongoing extensive clinical documentation requirements. During FY 20-21, ICBHS experienced a monthly clinician vacancy rate of 43.06%. This period was characterized by a shortage of psychiatric social workers, mental health counselors, and behavioral health therapists at the agency. ICBHS with its current system configuration require clinical staff to document and record minute-to-minute activities based on continuous State documentation requirements.

Overtime, the current EHR has developed a more complex configuration that due to ongoing evolving technologies has required third party systems to be added for completing some of the day-to-day operations. This included acquiring separate systems for electronic medication prescribing or requesting lab panels, for scanning documents into the EHR, for facilitating system analytics, and for maintaining a consumer portal.

In addition, the current EHR utilizes a Java-based platform that requires ongoing support to keep up with evolving security features as technology advances and will require further development of the Java platform, whose future is unclear at present. Due to the aforementioned factors, the current EHR may not be able to achieve ICBHS' interoperability objectives, and critical data exchange opportunities will be lost.

The Department of Health Care Services (DHCS) has adopted the California Advancing and Innovating Medi-Cal (CalAIM) initiative as a long-term commitment to transform and strengthen Medi-Cal to become focused on person-centered care through payment reform, refining policy and documentation standards, and promoting data exchange as part of its long-term commitment. California Mental Health Services Authority (CalMHSA) has been designated as the key agency to spearhead this initiative and assist counties in establishing a semi-statewide electronic health record that meets state requirements. Due to the approaching CalAIM changes, the current EHR will require an all-encompassing restructure of documentation approach, reform of clinical workflows, and possibly a new platform system integration for data exchange capabilities.

As ICBHS strives to remain compliant with evolving state and federal standards, it has identified the need for a modern electronic health record. The goal of this initiative is to improve processes to meet CalAIM standards and to provide better service. As a result of the implementation of the new EHR, ICBHS anticipates improved employee satisfaction and an increase in staff retention.

In light of the new state and federal requirements, the CalMHSA semi-statewide project has completed extensive research and received comments from multiple counties to assist in developing an EHR that is aligned with the requirements of CalAIM. Participating in the new

EHR project will further enhance ICBHS ability to provide whole-person care by enabling improved data exchange.

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

ICBHS had looked for alternative solutions to the current EHR, either by updating to the latest version of Avatar or looking into an entirely different solution. It was understood that staff needed a better tool to provide the services needed in the community. CalAIM was the trigger that presented both a challenge and an opportunity to change and update the EHR. ICBHS welcomed the participation in the Semi-Statewide Enterprise Health Record Project. ICBHS anticipates that mental health and substance use disorder services will improve due to increased consumer interaction, decreased documentation time for clinical staff, and a platform that is user-friendly and standardized. Additionally, the system will become more efficient for documentation, and capable of improving workflows with data exchange. There will be an increase in employee job satisfaction and a higher level of employee retention as a result. Additionally, the clinical staff and consumer will be able to form a stronger therapeutic alliance.

At present, ICBHS uses manual processes for receiving referrals and requesting consumer information for treatment purposes. ICBHS is currently limited in its ability to connect to or exchange information with other healthcare systems, but with its participation in CalMHSA's semi-state wide electronic health record project, ICBHS is aiming to expand its ability to electronically exchange data. Implementing a well-researched and well-developed EHR will facilitate the exchange of data between providers. In addition, it will help providers stay connected with a health information exchange system and expand electronic referrals with community-based organizations.

As a participant in the INN project, ICBHS anticipates that an all-inclusive semi-statewide EHR will eliminate the need to access silo systems to perform daily clinical tasks. As part of the current EHR, an additional web-based system is required to facilitate the electronic prescribing of medications and the request for lab tests. There have been some challenges associated with this change, including managing another set of user accounts, dealing with issues related to web browser compatibility, and resolving errors relating to interacting with pharmaceutical and laboratory systems. As part of its interoperability efforts, ICBHS has developed a stand-alone consumer portal solution that integrates with the existing electronic health record. In response, ICBHS has provided consumers interested in accessing the consumer portal with individualized training. As a result, ICBHS maintains a separate user account access silo, monitors consumer communications regularly, and troubleshoots browser compatibility issues. Because of the extensive demand for the continued development and maintenance of the consumer portal, consumers have limited access to information regarding their current treatment. As a result of extensive research and multi-county participation in the CalMHSA semi-statewide EHR, ICBHS anticipates that consumers will have access to their treatment information via a consumer portal on mobile devices. ICBHS is looking to participate in this project and work with CalMHSA to develop and refine an EHR that will improve workforce satisfaction and enhance community services.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS \

As part of its commitment to the MHSA Process and related behavioral health system, ICBHS recognizes and encourages meaningful relationships and participation. A successful CPPP depends on partnerships with constituents and stakeholders. To ensure stakeholder participation and community buy-in, the ICBHS established a plan to solicit feedback from consumers and stakeholders.

- **Imperial County Behavioral Health Advisory Board – September 20, 2022**

  The intent to participate in the Semi-Statewide Enterprise Health Record Innovation (INN) was shared with members of the Imperial County Behavioral Health Advisory Board. The implementation of Smart Care was discussed and details of an MHSA Innovation project were shared.

  - Questions that arose during the meeting were about having safeguards about the Contract for the EHR in the event that there was dissatisfaction with the performance of Smart Care. It was clarified that CalMHSA is the leading agency in holding that contract and vast research had gone into the selection of Smart Care among four different EHR vendors that were vetted by CalMHSA and the participating counties.

  - The members also shared that it was good to implement a tool that would aid ICBHS staff in providing the best care possible.

  - Member also mentioned how technology could be challenging when first implemented but that it also could lead to better processes that facilitate communication with clients and among providers.

- **Stakeholder Survey – September 29, 2022**

  To gauge stakeholders' and consumer members' opinions of ICBHS' current electronic health record, ICBHS conducted a general survey. Over 200 stakeholders were surveyed using SurveyMonkey. The survey consisted of 11 questions designed to gauge stakeholder and consumer opinions regarding the use of the current EHR and consumer portal.

  - A total of 145 responses were received, representing a 73% response rate.

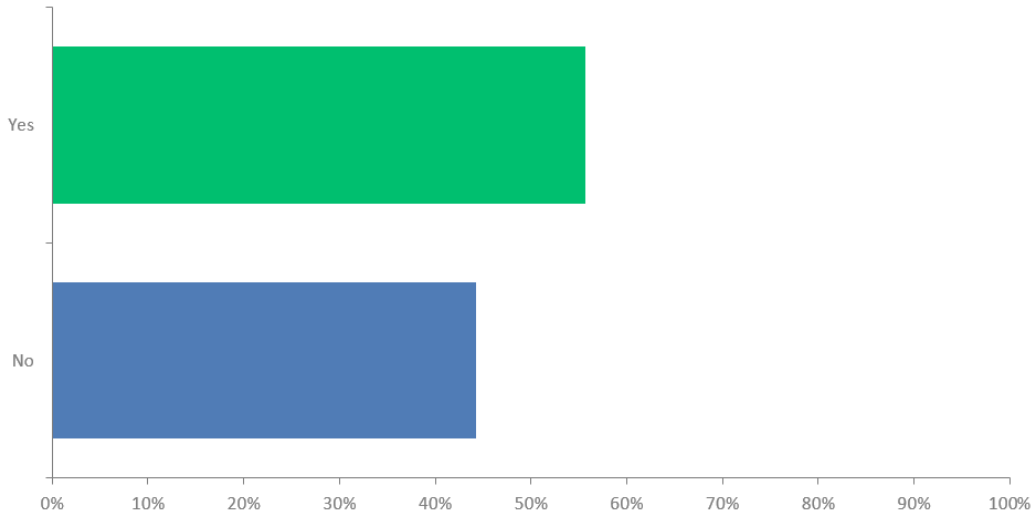
  - According to the survey results, 46.21% of stakeholders were unaware of the consumer portal.

  - According to the data below, 45.45% of stakeholders who were aware of the consumer portal had not enrolled for access.

  - The survey further identified that stakeholders continued to use processes that involved paper forms in order to accomplish work/duties or receiving services. This is evidenced by a Yes response of 64.71% as shown below.

Q6: Did you know MyAVATAR has an electronic consumer portal called, myHealthPointe? (If you answer "No" please skip to Question 8)

Answered: 131 Skipped: 0



Q11: Are there processes that require the use paper forms instead of MyAvatar when completing work/duties or receiving services?

Answered: 102 Skipped: 29

ANSWER CHOICES	RESPONSES	
YES	64.71%	66
NO	35.29%	36
TOTAL		102

- Additionally, ICBHS received survey comments that emphasized the need for a more modernized electronic health record. It was noted that stakeholders expressed concerns regarding the ease of accessing health records as well as the need for a more modernized website. The enclosed comments included desired features in the future electronic health record, such as:

  - "ability to send automated messages for appointment reminders"
  - "Better application, I can't get any information from site"
  - "Less connection/software errors."
  - "Need to be more user friendly, need to be able to better customize"
  - "Having all forms available electronically instead of having some on paper and scanned."

- "Have myHealthPointe available to SUD Treatment Program and SUD Clients to utilize "
- "make it more user friendly and modern"

- **Consumer and Family Member Sub Quality Improvement Committee – October 3, 2022**

  Exploring consumer feedback, preparations were made to share the purpose and scope of this project with the Consumer and Family Member Sub Quality Improvement Committee. Additionally members were asked to complete the stakeholder survey. During this meeting, committee members expressed the following main areas for comments:

  - A strong interest was expressed in ICBHS pursuing the project. Support for the project was apparent.
  - Participants expressed the need for a more user-friendly and mobile-friendly electronic health record and consumer portal.
  - Participants expressed concerns regarding the security of their mental health information and requested that the new EHR ensure a secured platform.
  - Participants indicated that ICBHS would greatly benefit from the implementation of an EHR that would facilitate consumer access to treatment information and improved clinical workflow.
  - Consumers expressed appreciation for the efforts in improving the EHR used by their service providers, as they felt this would be conducive to a better therapeutic relationship.

- **MHSA Steering Committee – October 10, 2022**

  The scope and purpose of the project were shared during the quarterly MHSA Steering Committee meeting on October 10, 2022. Committee members had been previously emailed the Stakeholder survey. Additionally, the results of the survey were presented. Comments and feedback were noted as follows:

  - Consumers provided very positive feedback and indicated that such a plan would be supported.
  - Many members expressed support for a modernized electronic health record.
  - There was also positive feedback regarding the ability for consumers to send correspondence via text and to access the consumer portal from their mobile devices.

- **Publish Public Notice, Local Newspaper – November 13, 2022**

  ICBHS published a public notice of the Innovation Plan in the local newspaper in order to present the project plan in a public forum. As a result, a 30-day public comment period will begin where Consumers, family members, and providers will be presented with the plan

- **MHSA Steering Committee – December 12, 2022**

  The EHR INN plan was shared during the quarterly meeting of the MHSA Steering Committee on December 12, 2022. A power point detailing the outcome of the community planning process and the scope of the project was shared with stakeholders. The group expressed support for the project adding that better tools for providers would result in better outcomes for clients.

- **Public Hearing – Imperial County Behavioral Health Advisory Board – December 15, 2022**

  A Public Hearing took place at the Imperial County Behavioral Health Advisory Board Meeting on December 15, 2022 for a review by stakeholders and for any public comments. There were no public comments and Imperial County Behavioral Health Advisory Board members approved that the plan be presented for Board of Supervisors approval.

- **Imperial County Board of Supervisors – January 10, 2023**

  Imperial County Behavioral Health Services requested authorization from the Imperial County Board of Supervisors to accept the approved Mental Health Services Act (MHSA) Innovation funds for the implementation of the five-year MHSA Innovation – Semi-Statewide EHR in the total amount of $3,089,331 for Fiscal Years 2022-2027. Approval was granted on January 10, 2023

6. CONTRACTING

The BH Manager in charge of IS will serve as the lead person for ICBHS. He is experienced in MHSA fiscal as well as program management, the BH Manager will work in conjunction with the MHSA Coordinator experienced in stakeholder engagement and oversight. The MHSA Coordinator is also responsible for managing the MHSA 3 Year Plan and Annual Update Community Planning Process. As part of their responsibilities, the MHSA Coordinator will collaborate closely with the QM Program Manager to ensure the monitoring, quality assurance, and compliance with the MHSA plan. In addition, the MHSA coordinator works closely with stakeholder committees and project resources. Furthermore, the BH Manager will work closely with the IS Program Supervisor who oversees the implementation and use of the new Semi-Statewide EHR system in our county.

7. COMMUNICATION AND DISSEMINATION PLAN

In collaboration with CalMHSA and its program partners, ICBHS will disseminate information about the Semi-Statewide Enterprise Health Record Innovation Project to local stakeholders. Communication of evaluation findings or publication of research studies will generally take the following forms:

- Annual reports on the project will be included in MHSA Annual Updates, and posted on ICBHS website.

- A report on the progress of the innovation project will be provided by the IS Manager with the assistance of the MHSA Coordinator and/or program staff on an annual basis to stakeholder committees (Behavioral Health Board, MHSA Steering Committee, Sub-QIC Committee).
- Through a partnership with CalMHSA, ICBHS will announce the findings of the report.

8. COUNTY BUDGET NARRATIVE

Expense Category	Expense Item	Description/Explanation of Expense Item	Total Project Costs
Personnel Costs	**Salaries - 15% applied over the next 4 fiscal years**	Deputy Director will provide oversight in the implementation of the new Semi-Statewide EHR system in our county	**$105,733**
		BH Manager/Info. Sys will provide oversight in the implementation of the new Semi-Statewide EHR system in our county	**$95,420**
		Program Supervisor/Info. Sys will provide oversight in the implementation of the new Semi-Statewide EHR system in our county	**$60,737**
		6. Adm. Analysts will provide oversight in the implementation of the new Semi-Statewide EHR system in our county	**$323,983**
		Office Sup. will provide oversight in the implementation of the new Semi-Statewide EHR system in our county	**$39,406**
		Office Tech. will provide support troubleshoot, create neww accounts to provide access the new Semi-Statewide EHR system in our county	**$33,218**
		2. Office Asstns. will provide support troubleshoot, create neww accounts to provide access the new Semi-Statewide EHR system in our county	**$60,248**
Direct Costs	**New semi-statewide EHR Costs**	CalMHSA Package, Rx Prescribers Subscriptions , Patient Portal Subscription, HIE / MCO Interface via FHR Product Subscription Annual 3% Fee increase - Subscription RAND Evaluation	**$2,256,105**
		Total Project Costs	**$2,974,849**

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

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY							
COUNTY:	***IMPERIAL***						
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Salaries (15%)		$179,686	$179,686	$179,686	$179,686	**$718,744**
2	Direct Costs						
3	Indirect Costs						
4	**Total Personnel Costs**	$0	$179,686	$179,686	$179,686	$179,686	**$718,744**
	OPERATING COSTS*	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
5	Direct Costs/ New Semi-Statewide EHR Costs	$0	$0	$0	$0	$0	**$0**
6	Indirect Costs						
7	**Total Operating Costs**	$0	$0	$0	$0	$0	**$0**
	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 (CalMHSA)	$637,568	$395,221	$395,570	$395,929	$396,299	
12	Indirect Costs						
13	**Total Consultant Costs**	637,568	395,221	395,570	395,929	396,299	2,220,586
	OTHER EXPENDITURES (explain in budget narrative)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
14	RAND Evaluation	$150,000					
15							
16	Total Other Expenditures	$150,000					$
	EXPENDITURE TOTALS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	Personnel (total of line 1)	$0	$179,686	$179,686	$179,686	$179,686	$718,744
	Direct Costs (add lines 2, 5, and 11 from above)	$637,568	$395,221	$395,570	$395,929	$396,299	$0
	Indirect Costs (add lines 3, 6, and 12 from above)	$0	$0	$0	$0	$0	$0
	Non-recurring costs (total of line 10)	$0	$0	$0	$0	$0	$
	Consultant Costs/Contracts (total of line 13)	$0	$0	$0	$0	$0	$0
	Other Expenditures (total of line 16)	$150,000	$0	$0	$0	$0	$
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET		**$787,568**	**$574,907**	**$575,256**	**$575,615**	**$575,985**	**$3,089,330**
	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	-	-	-	-	-	-

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

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
COUNTY:	***IMPERIAL***						
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	787,567	574,907	575,256	575,615	575,985	3,089,329
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding	-					
6	Total Proposed Administration	787,567	574,907	575,256	575,615	575,985	3,089,329
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*	787,567	574,907	575,256	575,615	575,985	3,089,329
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**						
6	Total Proposed Expenditures						
* 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.							

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EHR Multi-County Innovation (INN) Project

Appendix and Budget Template – Guidelines

APPENDIX: KINGS COUNTY

1. **COUNTY CONTACT INFORMATION:**
Christi Lupkes Quality Assurance Program Manager
Christi.Lupkes@co.kings.ca.us
(559) 852-2268

2. **KEY DATES:** (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	08/24/22 – 09/24/22
Public Hearing by Local Mental Health Board	09/26/22
County Board of Supervisors' Approval	10/04/22

This INN Proposal is included in: (*Check all that apply*)

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

3. DESCRIPTION OF THE LOCAL NEED(S) (*Include specifics from your local MHSA community program planning process (CPPP), e.g., comments about your current EHR system, suggestions from stakeholders, e.g. County staff, contracted providers, system partners, clients, family members and other interested parties. Include challenges meeting current and future reporting requirements and business needs, past efforts to address local needs, etc.*)

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KCBH conducted a community planning survey to assess the perspective of stakeholders utilizing the current EHR system and addressed the following domains:

- Frequency of EHR usage
- Role with EHR system
- Primary use of EHR system
- Identified challenges of utilizing the existing EHR system
- Proposed changes, revisions, and improvements to the EHR system
- Patient Portal priorities and needs

The results of the surveys are attached; however, in summary, the stakeholders expressed the challenges with our current EHR system and opportunities with a semi-statewide multi-county EHR and patient portal:

Some of the challenges expressed (details in attached survey summary):

1. "Pulling data specific to the reports I need is very difficult."
2. "The system is not easy to navigate, and it does not flow well."
3. "It's too outdated and it can make doing a simple task less timely and tedious than that of a more modernized EHR."

Client and Provider Impact:

1. When asked if the challenges expressed if applicable could cause or caused user/provider burnout, sixty-eight (68) percent (twenty-one (21) of the thirty-one (31) respondents) indicated yes.
2. When asked if the challenges experienced with the EHR detracts from direct service time with clients/family members, sixty-one (61) percent (nineteen (19) of the thirty-one (31) respondents) indicated yes.

Opportunities with new semi-statewide multi-county EHR:

1. Better reporting specifically for outcome measures, more intuitive
2. Smoother more streamlined documentation process and administrative workflows
3. One place where clinicians can see their schedule (including travel time and service location) as well as documenting the progress note to a particular appointment. In other words, if clinician's homepage and scheduler were combined, that would be very helpful

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When respondents were asked what they would hope to be achieved with the adoption of a new EHR using the following items to select from (being able to select more than one), below were the results:

1. Ninety-three (93) percent of respondents selected 'Less time spent navigating (less mouse clicks)'
2. Seventy-seven (77) percent of respondents 'More interoperability with data collected (easier to extract information)'
3. Seventy (70) percent of respondents selected 'More system direction such as flags/reminders'
4. Sixty-eight (68) percent of respondents selected 'Built in analytics (ability to query information for real-time reporting)'
5. Three (3) respondents selected 'Other' indicating:
    a. More template forms especially around assessments
    b. Intuitive system
    c. Dashboards for workflow management
    d. Patient Portal

KCBH presented this INN Project to receive feedback receive feedback at the August 24, 2022 KCBH Quality Improvement Committee (QIC) which is comprised of contracted service providers and County staff that directly utilize the Electronic Health Records system.

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 (*Include information describing what your County hopes to achieve by participating in the INN project, referencing the learning goals included at the end of the "Project Brief" document.)*

As with many counties across California, KCBH and Community Partners are uniquely situated to participate in this Multi-County INN project. Stakeholders across our system have expressed deep concern on the volatile and antiquated EHR system that is currently utilized. Stakeholders have prioritized this project to improve and enhance the EHR system to meet the needs of the provider and consumer community alike. With this unique multi-county collaborative, Kings County will gain an opportunity to provide continuous feedback through system end-users, providers, contractors, consumer/family member staff and recipients of care. This broad stakeholder group will serve as an essential feedback loop to program design, system design and evaluation alike

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Kings County Behavioral Health hopes to achieve improved County & Contracted Provider employee retention, increased quality of care to consumers, more efficient continuum of care utilizing an updated and efficient, improved billing methodologies, and expedient access to consumer records.

Kings County Behavioral Health is hoping to utilize a human centered design to improve transparency and access for consumers and clinician effectiveness, in addition to overall satisfaction.

- Using a Human Centered Design approach, identify design elements of a new Enterprise Health Records to improve our local behavioral health workforce's job effectiveness, satisfaction, and retention.
- Implement a new EHR this is more efficient to use, resulting in a 30% reduction intime spent documenting services, thereby increasing the time spent providing direct care.
- Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS (*Describe the County's CPPP 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. Include details of stakeholder meetings, i.e. number and demographics of participants, community groups and system partners, methods of dissemination of information about the proposed project and comments received regarding the INN project.)*

A Kings County Behavioral Health Leadership Steering Committee meeting was facilitated on Tuesday August 2022 and identified the current problems & need for an EHR Innovation project to coincide with CalAIM launch in Calendar Year 2023. The Steering Committee reviewed and added content to the Appendix. All Steering Committee members voted to

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move forward with the EHR Innovation Project and advance the proposal to the Kings County Behavioral Health Advisory Board.

Steering Committee contribution/statements include

1. "Our current her EHR system is cumbersome and difficult to navigate".
2. "This is an excellent opportunity to improve our continuum of care system".
3. "We need to provide our staff and service provider contractors with adequate tools".

Committee members indicated that the appendix should reflect statements and feedback from the individual that will be directly affected by the EHR Innovation Project which included contracted service providers and County Behavioral Health staff.

A Stakeholder Focus Group and feedback request was facilitated at the Quality Improvement Committee meeting on Wednesday August 2022. The target stakeholder audience was County staff and contracted service providers that utilize the current EHR system and will be affected by the transition to the new EHR system in July 2023. A Presentation describing the details of the EHR Innovation Project was administered and qualitative and quantitative survey was offered to stakeholders to receive their valuable feedback.

Summary of Results

There were thirty-one (31) respondents to the Kings County Behavioral Health (KCBH) Mental Health Services Act (MHSA) Electronic Health Record (EHR) Innovation Project Community Program & Planning Process Survey conducted in late August 2022 online via Qualtrics, sent to all KCBH EHR users and their supervisors.

About the Respondents

Of the 31 respondents

- Roles: Eight (8) identified as administrators, seven (7) as clinicians, five (5) as rehab specialists, four (4) as supervisors, three (3) as fiscal/billing, two (2) as case managers, and two (2) as other and indicated quality assurance.
- Frequency: Twenty-three (23) indicated they use the EHR daily, seven (7) indicated a few times a week, and one (1) indicated they don't use the EHR rather support/supervise those who do.
- Use: Fourteen (14) identified as using the EHR primarily for service documentation, six (6) for reporting/quality assurance, six (6) as other indicating uses such as

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intake and care coordination, three (3) as fiscal/billing, and two (2) as using the EHR for supervision.

Current EHR

When asked what they like about the current EHR, twenty-one (21) respondents indicated the following positives which have been generalized and grouped by themes:

- All the various pre-built templates to streamline tasks
- Access to all the various data and ability to include and exclude data for report development
- Ease of logging in and ability to reset own password
- Ability to save report templates for ongoing ease of use
- Reports can be exported to excel and pdfs
- Auto-population of forms with previously collected information
- Ability to see schedule and add unscheduled notes
- Training section to practice navigation
- Easy to use and setup is organized
- Ability to view complete chart (except SUD)
- Can build multiple appointments at once
- Alphabetical client listing
- Multiple routes to get to a desired page/record
- Caseload tab if helpful

When asked what they may find challenging about the current EHR, if anything, twenty-nine (29) respondents indicated the following challenges which have been generalized and grouped by themes:

- Lack of information or resource to resolve technical issues on my own; System is quite helpdesk reliant, and it is difficult to obtain training when needed
- Appears to have a lot of shortcuts and workarounds due to challenges rather than correctly functioning
- Pulling reports specific to the information needed data cannot be queried through analytics software rather multiple reports must be exported into excel then analyzed by end user

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- Running reports is time consuming and tedious as at times reports such as first identifying the information needed (how it's set up in the EHR), then adding those needed fields, and lastly running the reports which can take hours such as the ATP reports and only one report at a time can be run when exporting to excel
- Only one server per subunit
- No reminders/flags for assessment and treatment plan updates
- EHR is not intuitive
- Old, outdated, antiquated system that freezes frequently
- Not easy to navigate, time consuming
- Not easy to retrieve/view documents within especially scanned documents as the zoom feature is time-consuming and ineffective and font is too small
- Challenging to enter all clinical time into the EHR such as admin time in the back end of the system
- Design of system does not flow well
- Running reports, client search, opening assignments and treatment episodes, documenting notes, generally cumbersome and not very user friendly
- Hard to train others, and hard to learn
- Takes a long time to load and too many entries to complete one task
- Cannot multitask within EHR
- More template forms to eliminate frequently used scanned documents
- Scheduler and Clinicians Homepage schedule are often different and thus must check both schedules

When asked if the challenges expressed if applicable could cause or caused user/provider burnout, twenty-one (21) indicated yes.

When asked if the challenges experienced with the EHR detracts from direct service time with clients/family members, nineteen (19) respondents indicated yes.

New EHR

When asked what would like to be seen improved in the adoption of a new EHR, if anything, thirty-one (31) respondents indicated the following which have been generalized and grouped by themes:

- More resources or quicker access to support when technical needs arise

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- Easier access to customize the data to pull in reports and to save the templates
- Better reporting specifically for outcome measures, more intuitive
- Reminders for staff/providers
- Better prompts for documentation that needs to be completed
- Ease of document scanning and viewing
- Easier entry for staff who time study
- Built in analytics
- Less navigation and faster transition
- Easier access to documents within the chart, without having to close them and lose them until I'm done with the task
- Ability to be in more than one chart at a time
- Smoother more streamlined documentation process and administrative workflows
- have more of the forms available electronically (especially the functional assessments)
- An EHR that allows you to multi-task and run a various of reports at the same time. Being able to customize the report you're trying to run that specifies a timeline, a service, type of service, days, insurances, etc. with a user-friendly interface
- Scheduler that is more intuitive so that one cannot schedule when a provider is out of the office
- One place where clinicians can see their schedule (including travel time and service location) as well as documenting the progress note to a particular appointment. In other words, if clinician's homepage and scheduler were combined, that would be very helpful
- Ability to use non-episodic information and forms in mental health so clients don't need to repeat processes that can follow them through their levels of care such as non-episodic assessments, PEs, CANS/ANSAs, but that these are not visible to SUD environment, and vice versa
- A patient portal that has pre-created materials for marketing and education among clients from the EHR company
- A more integrated and well-used scheduler so no-shows, cancelations, urgent appointments, productivity, can be tracked
- Customizable dashboards at every level for providers, clinics/programs, fiscal, administration

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- Items such as referral source, closing reason, etc. match what has to be reported to the State
- For a popup to alert to a possible error or empty field

When respondents were asked what they would hope to be achieved with the adoption of a new EHR using the following items to select from (being able to select more than one), below were the results:

- Twenty-nine (29) respondents selected 'Less time spent navigating (less mouse clicks)'
- Twenty-four (24) respondents 'More interoperability with data collected (easier to extract information)'
- Twenty-two (22) respondents selected 'More system direction such as flags/reminders'
- Twenty-one (21) respondents selected 'Built in analytics (ability to query information for real-time reporting)'
- Three (3) respondents selected 'Other' indicating:
    - More template forms especially around assessments
    - Intuitive system
    - Dashboards for workflow management
    - Patient Portal

Patient Portal

When respondents were asked in what manner they felt an EHR may be used by client/family member(s) via a patient portal, they indicated the following (being able to select from multiple statements for which they could select more than one):

- Twenty-six (26) respondents selected 'Scheduling'
- Twenty-four (24) respondents selected 'Communication with treatment team'
- Eighteen (18) selected 'Review medications'
- Three (3) respondents selected 'Other' indicating:
    - Ability to sign-in when arriving at front desk/clinic (kiosk style)
    - Worksheet/homework assignments

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- Document completion such as parents/caregivers electronically completing PSC-35, etc.

When respondents were asked if they felt the current patient portal was user friendly for the client/family member(s), they responded as follows:

- Twenty (20) did not know there was a current patient portal
- Eleven (11) selected 'No'

Both Stakeholder meetings (Stakeholder & Steering Committee) were held at the Kings County Behavioral Health main office in Hanford Ca.

The Project will be funded with MHSA Innovation allocations in Calendar Year (CY) 2022 – 2026 and will then be funded by MHSA Capital Facilities and Technological Needs (CFTN) in Calendar Years 2027 and 2028. Kings County anticipates an additional $529,081 for 2027 and $529,081 for 2028.

Year	MHSA Funding Component	Amount
2022	INN	1,340,885
2023	INN	630,434
2024	INN	605,217
2025	INN	568,904
2026	INN	529,081
2027	CFTN	529,081
2028	CFTN	529,081
	Total Innovation Funding	4,732,683
	Total Cost Over 7 Years	4,352,285

6. CONTRACTING *(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?)*

Quality Assurance Manager will serve as the Co-Lead Contact with the MHSA Manager for the EHR INN Project.

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- Supervises the following team members who will be vital in the facilitation of this EHR INN Project:
  - Business Application Specialists who oversee the Department's EHR
  - Quality Assurance Specialists who are experienced in EHR data extraction and reporting
  - Quality Assurance Clinicians who are experienced in training and supporting staff and providers on the navigation of and documentation within the EHR to include monitoring compliance with and timeliness of clinical documentation

MHSA Manager will serve as the Co-Lead Contact for the EHR INN Project.

- Experienced in stakeholder engagement, conducts the community program and planning process (CPPP) in collaboration with the Department's CPPP consultant, and chairs the MHSA Advisory Meeting
- Manages the MHSA 3-Year Plan and Annual Updates to include the PEI and INN Evaluations

7. COMMUNICATION AND DISSEMINATION PLAN (*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project. 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 the communication efforts?*

Upon approval of the INN project, the Quality Assurance Program Manager will create an EHR Community Stakeholder group. Stakeholders engaged in the EHR Community Stakeholder Group may include: staff, providers, consumers, and family members. The stakeholder group will play acritical role to serve as an essential feedback loop to program design, system design and evaluation alike.

The EHR Community Stakeholder Group will be included as a subcommittee to Quality Improvement Committee (QIC) Stakeholders to solidify commitment to the stakeholder process. The subcommittee will be scheduled on the agenda on a monthly basis to provide ongoing progress and quarterly feedback from the Stakeholder committee.

KCBH will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties. In

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general, communication pertaining to evaluation findings, or the publication of research studies will occur through the following steps:

KCBH will post a public announcement to the MHSA Stakeholder e-mailing list and associated stakeholder body lists a link to the KCBH Website.
Link to KCBH Mental Health Services Act (MHSA) Public Notice & Comments
http://www.kcbh.org/public-notices.html

MHSA Coordinator and/or program staff will provide annual presentation to stakeholder committees (Behavioral Health Advisory Board, Mental Health Task Force, and Quality Improvement Committee on progress of the innovation project.

8. COUNTY BUDGET NARRATIVE (*Include description of expenses for local Personnel, Operating and Consultant Costs, as well as the source(s) of funds to be used to support this multi-County collaborative. Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project, and the dissemination of the Innovative project results.*

Expenditure Category	*Expenditure Item*	*Description/Explanation of Expenditure Item*	*Total Project Cost*
Personnel Costs	*Salaries*	*.14 MHSA Coordinator will provide oversight and manage the implementation of the new Semi-Statewide EHR system to include stakeholder engagement*	*$ 115,366 ($19,606 -$ 26,822, Annually)*

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		and collaboration within our county. (Cost Based Allocation)	
		.06– Deputy Director of Clinical Services will provide senior level oversight in the implementation of the new Semi-Statewide EHR system in our county	*$ 54,616 ($9,282 - $ 12,698 Annually)*
		.06– Deputy Director of Administration will provide senior level oversight in the implementation of the new Semi-Statewide EHR system in our county	*$ 54,616 ($9,282 - $ 12,698 Annually)*
		.05-.20 Quality Assurance Manger will provide Project Lead support of the new Semi-Statewide EHR system in our county.	*$ 47,407 ($8,057-$11,022, Annually)*
		1– Business Applications Specialist will provide I.S. Project Lead support of the new Semi-Statewide EHR system in our county.	*$620,542 ($105,460-$144,275, Annually)*
		1– Business Applications Specialist will provide I.S. Project Lead support of the new Semi-Statewide EHR system in our county.	*$620,542 ($105,460-$144,275, Annually)*

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		.05-.15 – Quality Assurance Specialist will provide billing system analysis of the new Semi-Statewide EHR system in our county.	*$31,944 ($5,429-$7,427, Annually)*
		.05-.15 – Quality Assurance Specialist will provide billing system analysis of the new Semi-Statewide EHR system in our county.	*$31,944 ($5,429-$7,427, Annually)*
		.05-.15 – Fiscal Analyst will provide billing system analysis support of the new Semi-Statewide EHR system in our county.	*$ 37,310 ($6,341-$8,674, Annually)*
		05-.15 – Fiscal Specialist will provide billing system analysis support of the new Semi-Statewide EHR system in our county.	*$ 24,537 ($4,170-$5,705, Annually)*
Contract/ Consultation		*Contract/PA Agreement with CalMHSA*	*$ 1,273,087 for 5 Year span of INN funds ($679,166 - $141m332 Annually)*
Indirect Costs		*10% Annual Administration costs*	*$291,191 ($95,768-52,236 Annually)*

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EHR Innovation Project Budget

Personnel		
Classification	**FTE**	**Cost**
Deputy Director Beh Health	0.06	35,991.79
Deputy Director Beh Health	0.06	35,991.79
Program Manager MHSA	0.14	76,026.02
Quality Assurance Manager	0.06	31,241.16
Business App. Specialist	1.00	408,937.22
Business App. Specialist	1.00	408,937.22
Quality Assurance Specialist	0.06	21,051.25
Quality Assurance Specialist	0.06	21,051.25
Fiscal Analyst III	0.06	24,586.99
Fiscal Specialist	0.06	16,170.14
Payroll Taxes and Benefits		558,838.89
Total Salaries and Benefits	**2.54**	**1,638,823.71**
Operating Expenses Direct Costs		
Communication Expenses	N/A	-
Office Expenses	N/A	-
Training	N/A	-
Travel/Transportation	N/A	-
Consultation/Contract Expenses		
Consultant	CalMHSA Semi-statewide HER	**1,123,087.00**
Evaluation Costs (If not already described or identified above if so remove this line).		
Evaluation Costs	RAND Evaluation-CalMHSA	150,000.00
Indirect Costs		
Indirect Costs	County Staff	163,882.37
Indirect Costs	Consultant	127,308.70
	Total Direct Costs	**291,191.07**
	Total Budget	**3,203,101.78**

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

- *Attached as requested*

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

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SURVEY SUMMARY ATTACHMENT *(referenced in #3)*

Kings County Behavioral Health (KCBH) Mental Health Services Act (MHSA) Electronic Health Record (EHR) Innovation Project Community Planning Process Survey Summary of Results

There were thirty-one (31) respondents to the Kings County Behavioral Health (KCBH) Mental Health Services Act (MHSA) Electronic Health Record (EHR) Innovation Project Community Planning Process Survey conducted in late August 2022 online via Qualtrics, sent to all KCBH EHR users and their supervisors.

About the Respondents

Of the 31 respondents

- Roles: Eight (8) identified as administrators, seven (7) as clinicians, five (5) as rehab specialists, four (4) as supervisors, three (3) as fiscal/billing, two (2) as case managers, and two (2) as other and indicated quality assurance.
- Frequency: Twenty-three (23) indicated they use the EHR daily, seven (7) indicated a few times a week, and one (1) indicated they don't use the EHR rather support/supervise those who do.
- Use: Fourteen (14) identified as using the EHR primarily for service documentation, six (6) for reporting/quality assurance, six (6) as other indicating uses such as intake and care coordination, three (3) as fiscal/billing, and two (2) as using the EHR for supervision.

Current EHR

When asked what they like about the current EHR, twenty-one (21) respondents indicated the following positives which have been generalized and grouped by themes:

- All the various pre-built templates to streamline tasks
- Access to all the various data and ability to include and exclude data for report development
- Ease of logging in and ability to reset own password
- Ability to save report templates for ongoing ease of use
- Reports can be exported to excel and pdfs
- Auto-population of forms with previously collected information
- Ability to see schedule and add unscheduled notes
- Training section to practice navigation
- Easy to use and setup is organized
- Ability to view complete chart (except SUD)
- Can build multiple appointments at once
- Alphabetical client listing

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- Multiple routes to get to a desired page/record
- Caseload tab if helpful

When asked what they may find challenging about the current EHR, if anything, twenty-nine (29) respondents indicated the following challenges which have been generalized and grouped by themes:

- Lack of information or resource to resolve technical issues on my own…system is quite helpdesk reliant, and it is difficult to obtain training when needed
- Appears to have a lot of shortcuts and workarounds due to challenges rather than correctly functioning
- Pulling reports specific to the information needed…data cannot be queried through analytics software rather multiple reports must be exported into excel then analyzed by end user
- Running reports is time consuming and tedious as at times reports such as first identifying the information needed (how it's set up in the EHR), then adding those needed fields, and lastly running the reports which can take hours such as the ATP reports and only one report at a time can be run when exporting to excel
- Only one serve per subunit
- No reminders/flags for assessment and treatment plan updates
- EHR is not intuitive
- Old, outdated, antiquated system that freezes frequently
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When asked if the challenges experienced with the EHR detracts from direct service time with clients/family members, nineteen (19) respondents indicated yes.

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- Easier access to documents within the chart, without having to close them and lose them until I'm done with the task
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Patient Portal

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INNOVATION (MID-YEAR REVISION)

Multi-County Innovation Project:
Semi-Statewide Enterprise Health Record

Appendix and Budget

Mono County

1. **COUNTY CONTACT INFORMATION:**

Amanda Greenberg, Program Manager
agreenberg@mono.ca.gov
760-924-1754

2. **KEY DATES:**

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	9/18/22-10/17/22
Public Hearing by Local Mental Health Board	10/17/22
County Board of Supervisors' Approval	10/18/22

This INN Proposal is included in: (*Check all that apply*)

	Title of Document	**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	FY 22-23
	Stand-alone INN Project Plan	

3. DESCRIPTION OF THE LOCAL NEED(S)

Mono County Behavioral Health (MCBH) has been working toward a new Electronic Health Record (EHR) for more than two years. The system that MCBH currently uses is a legacy system that places extreme burden on every staff member that uses it, from therapists and psychiatrists to front office and billing staff. Some staff estimate that they spend four to five extra hours per week doing documentation and scheduling due to the administrative burden of working within the existing system. As we will discuss below, more administrative burden, means less time with clients. This is especially significant given the vacancy rates that Counties, including Mono, across the state are facing.

In recent years, MCBH estimates that it has had at least two positions vacant at all times, with up to three or four positions vacant in times of extreme need. Although these numbers may seem small, in a department of 25 FTE staff members, these vacancies are significant. Moreover, MCBH has such a difficult time recruiting therapists in particular that the department has resorted to contracting with an outside agency for teletherapy at great additional cost. In addition to the workforce shortage as a whole, MCBH's remote location, housing shortage, and high housing costs make recruitment and retention even more challenging.

In the Community Program Planning Process (CPPP) for this project, a client and a family member of a client shared concerns about the number of vacancies that MCBH has been experiencing over the last several years and reported some lack of care coordination related to these vacancies. Additionally, in our most recent community survey, participants regularly cited "lack of access to mental health providers" as a key challenge across age groups. These comments all point to the need for a stronger and more stable behavioral health workforce. MCBH strongly believes that efficient, streamlined systems that lower administrative burden help retain staff.

Finally, in addition to the administrative burden it brings, MCBH's existing EHR is unprepared for CalAIM/Medi-Cal reform and is extremely limited in its ability to meet the department's reporting requirements. MCBH has a desire for robust client reporting out of its EHR to better analyze, understand, and improve the department to meet clients' needs. There is no question that a few EHR with better reporting will allow us to improve services to clients and have more time to devote to direct services.

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

As stated above, MCBH has been trying to implement a new EHR for more than two years, and identifying an EHR that is intuitive and uses a human centered design approach has been a key priority for the department. Through this project, MCBH hopes to use learnings

from the RAND Corporation evaluation to help improve the EHR over time and to understand staff members' satisfaction with the resulting product. As a small county, it can be challenging to get exactly what we need from an EHR vendor, so we feel that participation in this project is not only innovative but a worthy investment.

In the CPPP description below, MCBH shares the results of a focus group held with MCBH staff members – these quotes are key examples of the administrative burden that staff are facing. A primary reason that the department has prioritized this project over other challenges identified in the community is because we would like to reduce our time documenting services and focus on client care.

The other potential Innovation project that MCBH and its stakeholders were considering was related to mobile crisis, however, with the infusion of grant funding through the Crisis Care Mobile Units Grant, the department has been able to launch this program with several local partners.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

MCBH started seeking stakeholder feedback on a new EHR in Fall 2020, beginning with a series of staff focus groups, including clinical supervisor, therapists, data, and front office staff. The data collected during this time focused on having an EHR that is easy to use and minimizes administrative burden, meets state requirements/is nimble enough to adapt to ever-evolving requirements, and allows for customized reporting.

MCBH has continually updated the Behavioral Health Advisory Board (BHAB) on its process toward selecting and contracting with a new EHR vendor, including updates on 4/12/21, 10/18/21, 12/31/21, 3/7/22, and 6/6/22. At these times, the BHAB has been receptive to the department's ongoing efforts to change the EHR vendor and improve the overall quality of services as a result.

A brief discussion of MCBH's participation in the CalMHSA EHR project was included in the FY 22-23 MHSA Annual Update that went through all required CPPP and local review processes. This update was well-received, including the update at the Mono County Board of Supervisors in June 2022, which stated that an Innovation Plan for the Multi-County EHR project would be forthcoming.

As stated above, in the Community Program Planning Process (CPPP) for this project, a client and a family member of a client shared concerns about the turnover that MCBH has been experiencing over the last two years and reported some lack of care coordination related to these vacancies. Additionally, in our community survey, participants regularly cited "lack of access to mental health providers" as a key challenge across age groups. Below is a summary of this survey result:

Key Takeaways from the Community Survey include:

a. **The top 3 issues in our community related to mental health**
    i. Finding housing (37%)
    ii. Finding access to MH providers (34%)
    iii. Drugs or alcohol (28%)
b. **The top 3 issues for individuals (self) related to mental health**
    i. Finding access to MH providers (29%)
    ii. Feeling a lack of social support or isolation (25%)
    iii. Cost of services (19%)
c. **The top 3 issues for youth (0-15) related to mental health**
    i. Feeling a lack of social support or isolation (27%)
    ii. Family relationships (23%)
    iii. Experiencing bullying (23%)
d. **The top 3 issues for transition aged youth (16-25) related to mental health**
    i. Finding access to MH providers (29%)
    ii. Finding housing (29%)
    iii. Drugs or alcohol (23%)
e. **The top 3 issues for adults (26-59) related to mental health**
    i. Finding access to MH providers (11.8%)
    ii. Knowledge of MH Issues (10.7%)
    iii. Securing stable employment (10%)
f. **The top 3 issues for older adults (60+) related to mental health**
    i. Feeling a lack of social support or isolation (44%)
    ii. Finding access to MH providers (38%)
    iii. Cost of services (21%)
g. **ALL Top 3 issues questions, combined:**
    i. Finding access to MH providers (~23%)
    ii. Feeling a lack of social support or isolation (~20%)
    iii. Drugs or alcohol (15%)

Summer 2022, MCBH held a focus group with providers, who were overall enthusiastic about the prospect of participating in the Multi-County EHR Project and shared a multitude of frustrations with its existing system. Staff were asked about barriers in the existing system and how they will allocate time when the administrative EHR burden is lifted:

Our current EHR is not up to date on our CalAIM requirements, which means our agency can be out of compliance and/or has to make a hand count or separate system to do our job. We are wasting time that could be used to see clients or work in our community

Our current EHR does not have any sort of reminders that go off. So we have to track everything manually. This makes it almost impossible to track timelines of when items are due, when to review assessments, etc.

Our current EHR consistently has errors/issues when running our monthly Medi-Cal billing; sometimes there are errors that the vendor does not know how to fix or is very slow to fix. With a new EHR system, billing will be more streamlined and efficient which will open up more time to work on other essential tasks.

Our current EHR is cumbersome to use, which takes time away from other duties a provider could be doing.

I would have more time for clients, or group facilitation where now I'm taking extra time to write out treatment goals and having to upload them.
Our current EHR is difficult to learn, difficult to use, has glitches, makes things take twice as long.
My time would look different, as I would have more time to focus on actual treatment and effective service delivery/planning, rather than trying to just get notes and scheduling into place.
I would describe our current system as unnecessarily cumbersome to use. A new EHR would allow my to spend more time developing community support and services and outreach to outlying communities and underserved populations.

Finally, MCBH asked Behavioral Health Advisory Board (BHAB) members and regular attendees to review this Appendix. The feedback received was positive, with BHAB members making comments like "Good luck! This would be great for the Team!" and "This looks wonderful, I can't imagine how difficult it is working with the old system."

MCBH proposes joining this project because it will address many of its local needs. By minimizing administrative burden, the new EHR will help increase access to providers and hopefully also help retain staff who struggle with "paperwork" in our existing system. Additionally, the selected vendor will be able to meet CalAIM requirements and the selected system is designed to be intuitive and easy to use, addressing the concerns shared in the staff member focus group.

MCBH will use Innovation funding to cover the cost of the EHR and approximately half of the associated staff time for the first five years of the project. The project will be sustained by other MHSA funding long-term.

6. CONTRACTING

MCBH has budgeted 1.5 FTE toward this project (funded in part through INN and in part through CSS/MHSA Admin funds) and is assigning this work to staff who led the department's efforts last FY to implement a new EHR. These staff are already working closely with CalMHSA to ensure compliance with CalAIM requirements and attend all vendor calls. The work on the Innovation project specifically is being led by MCBH's Program Manager.

7. COMMUNICATION AND DISSEMINATION PLAN

MCBH plans to communicate results through several key avenues: updates to the Behavioral Health Advisory Board, presentations to the Mono County Board of Supervisors, Annual Updates/Three-Year Plans, and postings to its website. The website where all MHSA materials can be found is www.monocounty.ca.gov/mhsa. MCBH will also work closely with CalMHSA to help disseminate learnings to other Counties. Finally, lead project staff and departmental leadership will be very clearly communicating all the steps in the EHR process to the program participants (MCBH staff members). These updates will take

place at MCBH staff meetings, in-services, and via Microsoft Teams, which all staff members regularly utilize.

8. COUNTY BUDGET NARRATIVE

MCBH proposes using a mix of funding for this project, focusing first on actual unspent INN funds from FY 18/19 (up for reversion June 30, 2023), FY 19/20, FY 20-21, and FY 21-22. These funds, which total approximately $415,000, will be the first out. Additional actual and projected revenues from FY 22/23 will complete the contribution in the first FY of this project. MCBH developed the budget for subsequent years based upon projected revenues.

Staff costs associated with INN funds shift from year to year based upon actual and projected INN revenues. The Department plans to use other MHSA funds, including CSS and MHSA administration to cover the staff costs that exceed the INN funding available. MCBH plans to assign 1.5 FTE to this project each year, so in years where INN salary funds are lower, the "other funding" contribution is higher.

In terms of sustainability, MCBH plans to assess the duties of staff assigned to this project as it comes to a close. This will allow MCBH to determine which responsibilities should become the duties of existing staff members and which duties need additional on-going personnel. It is the hope of MCBH that this EHR will streamline billing, reporting, clinical documentation, scheduling, and quality assurance duties in a way that will allow the department to reassign ongoing EHR oversight to staff members who currently complete these existing duties. In terms of contract costs, the annual ongoing cost for MCBH is very affordable and less than the department is currently spending.

The table below outlines how funding will be spent locally and with contractors.

Personnel			
Classification	FTE	Description	Total Project Cost
Staff Services Analyst I/II Salary	.3-.6 FTE (varies year to year)	Staff Services Analyst I/II is the lead staff assigned to the project who will provide oversight and manage the implementation of the new Semi-Statewide EHR system in our county.	$194,700
Program Manager Salary	.05 FTE	Program Manager will ensure the ongoing engagement of stakeholders, complete all reporting requirements, and manage coordination with the RAND evaluation team.	$21,250.00

Payroll taxes & Benefits	.3-.6 FTE (varies year to year)	Staff services Analyst I/II benefits	$64,900.00
Payroll taxes & Benefits	.05 FTE	Program Manager benefits	$7,650.00
Consultant/Contract Expenses			
Contract/ Consultant Costs	Direct Costs	Contract/PA Agreement with CalMHSA, *excluding* RAND evaluation costs	$519,052.89
Contract/ Consultant Costs	Direct Costs	Contract/PA Agreement for RAND evaluation costs	$150,000.00
Indirect Costs			
Indirect Costs		10% Annual Administration costs calculated based on INN Salaries	$28,850.00
Total Direct Costs			$957,552.89
Total Innovation Funding			$986,402.89
Other Funding: Personnel			
Classification	FTE	Description	Total Project Cost
Staff Services Analyst I/II Fiscal Technical Specialist III Quality Assurance Coordinator III Combined Salaries	.5-.7 FTE (varies year to year)	Other funding includes CSS and MHSA Admin Costs. These costs will be shared between the lead staff assigned to the project, who will provide oversight and manage the implementation of the new Semi-Statewide EHR system in our county. MCBH is presently in a staff transition, so these costs will support a combination of Staff Services Analyst, Fiscal Technical Specialist, and Quality Assurance Coordinator.	$261,750.00

		These costs will be written into upcoming Three-Year Plan and Annual Updates as positions are filled.	
Payroll taxes & Benefits	.5-.7 FTE (varies year to year)	Staff Services Analyst I/II Fiscal Technical Specialist III Quality Assurance Coordinator III Combined Benefits	$87,250.00
Total Other Funding			$349,000.00

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

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: Mono

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries	$ 45,000.00	$ 72,000.00	$ 72,000.00	$ 62,000.00	$ 37,500.00	$ 288,500.00
2	Direct Costs						
3	Indirect Costs	$ 4,500.00	$ 7,200.00	$ 7,200.00	$ 6,200.00	$ 3,750.00	$ 28,850.00
4	**Total Personnel Costs**	$ 49,500.00	$ 79,200.00	$ 79,200.00	$ 68,200.00	$ 41,250.00	$ 317,350.00

	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
11a	Direct Costs: CalMHSA	$ 337,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 519,052.89
11b	Direct Costs: RAND evaluation	$150,000.00					$ 150,000.00
12	Indirect Costs						
13	**Total Consultant Costs**	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89

	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)	$ 45,000.00	$ 72,000.00	$ 72,000.00	$ 62,000.00	$ 37,500.00	$ 288,500.00
	Direct Costs (add lines 2, 5, and 11 from above)	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89
	Indirect Costs (add lines 3, 6, and 12 from above)	$ 4,500.00	$ 7,200.00	$ 7,200.00	$ 6,200.00	$ 3,750.00	$ 28,850.00
	Non-recurring costs (total of line 10)						
	Other Expenditures (total of line 16)						
	TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	$ 536,855.96	$ 139,006.50	$ 119,802.40	$ 108,829.87	$ 81,908.16	$ 986,402.89

	CONTRIBUTION TOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
	County Committed Funds	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
	Additional Contingency Funding for County-Specific Project Costs						
	TOTAL COUNTY FUNDING CONTRIBUTION	$ 641,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,335,402.89

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

(*Please complete the Excel file for this portion of the Appendix).*

***Please note that the "Other funding" listed below will be contributed from the CSS Component of MCBH's MHSA funding or attributed to MCBH's overall MHSA administrative costs.**

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: Mono

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	$ 386,855.96	$ 139,006.50	$ 119,802.40	$ 108,829.87	$ 81,908.16	$ 836,402.89
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
6	Total Proposed Administration	$ 491,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,185,402.89

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	$ 150,000.00					$ 150,000.00
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation	$ 150,000.00	$ -	$ -	$ -	$ -	$ 150,000.00

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*	$ 536,855.96	$ 139,006.50	$ 119,802.40	$ 108,829.87	$ 81,908.16	$ 986,402.89
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
6	Total Proposed Expenditures	$ 641,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,335,402.89

* 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.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: **Mono**

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries	$ 45,000.00	$ 72,000.00	$ 72,000.00	$ 62,000.00	$ 37,500.00	$ 288,500.00
2	Direct Costs						
3	Indirect Costs	$ 4,500.00	$ 7,200.00	$ 7,200.00	$ 6,200.00	$ 3,750.00	$ 28,850.00
4	**Total Personnel Costs**	$ 49,500.00	$ 79,200.00	$ 79,200.00	$ 68,200.00	$ 41,250.00	$ 317,350.00

	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	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89
12	Indirect Costs						
13	**Total Consultant Costs**	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89

	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)	$ 45,000.00	$ 72,000.00	$ 72,000.00	$ 62,000.00	$ 37,500.00	$ 288,500.00
Direct Costs (add lines 2, 5, and 11 from above)	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89
Indirect Costs (add lines 3, 6, and 12 from above)	$ 4,500.00	$ 7,200.00	$ 7,200.00	$ 6,200.00	$ 3,750.00	$ 28,850.00
Non-recurring costs (total of line 10)						
Other Expenditures (total of line 16)						
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**$ 536,855.96**	**$ 139,006.50**	**$ 119,802.40**	**$ 108,829.87**	**$ 81,908.16**	**$ 986,402.89**

CONTRIBUTION TOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
County Committed Funds	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
Additional Contingency Funding for County-Specific Project Costs						
TOTAL COUNTY FUNDING CONTRIBUTION	$ 641,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,335,402.89

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: **Mono**

ADMINISTRATION:

	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
A.							
1	Innovation (INN) MHSA Funds	$ 386,855.96	$ 139,006.50	$ 119,802.40	$ 108,829.87	$ 81,908.16	$ 836,402.89
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
6	Total Proposed Administration	$ 491,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,185,402.89

EVALUATION:

	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
B.							
1	Innovation (INN) MHSA Funds	$ 150,000.00					$ 150,000.00
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation	$ 150,000.00	$ -	$ -	$ -	$ -	$ 150,000.00

TOTALS:

	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
C.							
1	Innovation(INN) MHSA Funds*	$ 536,855.96	$ 139,006.50	$ 119,802.40	$ 108,829.87	$ 81,908.16	$ 986,402.89
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
6	Total Proposed Expenditures	$ 641,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,335,402.89

* 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.

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Fax: 916-382-0771
www.calmhsa.org

APPENDIX: PLACER COUNTY

1. COUNTY CONTACT INFORMATION

a. Primary Project Lead:
Sue Compton, MHSA Coordinator
scompton@placer.ca.gov

b. Secondary Project Lead:
Julia Soto, QM Program Manager
jsoto@placer.ca.gov

2. KEY DATES:

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	8/26/22-9/26/2022
Public Hearing by Local Mental Health Board	9/26/2022
County Board of Supervisors' Approval	9/27/2022

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	2022-2027

Below are the various ways to submit your comments during the Public Comment Period.

All written comments (including e-mail) must be submitted by September 26, 2022 at 12:00 p.m.

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

By Mail:
Health and Human Services/Systems of Care
Attention: Sue Compton
11512 B Avenue
Auburn, CA 95602

By E-Mail:
SCompton@placer.ca.gov

In Person:
Placer County Mental Health, Alcohol and Drug Advisory Board Public Hearing
Monday, September 26, 2022
6:15 P.M.
11533 C Avenue, Auburn - Large Conference Room

If you cannot attend in person and request to join virtually via Zoom, advance notice is required. Please email scompton@placer.ca.gov to request this accommodation.

Substantive recommendations will be considered for revisions, and the adopted reports shall summarize and analyze the recommended revisions, as appropriate, prior to submission to the County Board of Supervisors for review. The final documents, including evidence of BOS approval, will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) for final approval of the Innovation Project.

3. DESCRIPTION OF THE LOCAL NEED(S)

The SmartCare product is being sought to enhance our ability to fulfill our obligations as a Mental Health Plan (MHP), and Drug Medi-Cal Organized Delivery System (DMC-ODS). This solution will aid us in staying compliant with Federal interoperability requirements, state regulations implemented under California Advancing and Innovating Medi-Cal (CalAIM), as well as support the collective power of activism and standardization.

With the implementation of CalAIM and federal interoperability requirements, after a gap analysis it was determined that the Placer County Systems of Care (SOC) had to either heavily invest in the current EHR and technologies with both staff and financial resources to support these endeavors or to share resources and join the semi-statewide EHR, which will have larger macro benefits in the long run while also providing relief in the immediate future in regard to staffing resources. Currently Placer SOC is facing workforce challenges

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in our networks. The Adult System of Care has a current vacancy rate of 14% and Children's System of Care is at 9% in our behavioral health programs. We are working towards identifying and implementing workforce retention strategies including reducing frustrations caused by inefficient workflows and excessive "paperwork." With Medi-Cal enrollment up 15% during the pandemic, we need to develop a workflow that maximizes administrative time.

In addition to resources the current challenges identified by stakeholders include: poor user interface, lack of consumer portal, clunky provider portal with limited use (authorizations only), loss of functionality for the SUDs programs due to inadequate privacy and security issues, inability to display pertinent information at a glance, limited dashboard capabilities for outcomes and compliance monitoring, incompatible interfaces cause coding issues and systems to crash, inability to share data electronically accept receive referrals etc.

Additionally, Placer County SOC's sub-contracted providers all use individual EHRs all requiring upgraded infrastructure as mentioned before. Many of our local providers contract with multiple counties and often voice concerns that each county requires them to use different EHRs, or ways of sharing data which is 'inefficient" and not cost effective, increasing administrative staff time and resources as well as competing demands for the direct service staff. Some agencies do not even have an EHR and rely on paper templates to do their charting. A very small amount of them has the resources to exchange data electronically as is required under CalAIM and Interoperability regulations.

The disjointed and inadequate state of our EHR compared to the upcoming and current initiatives affects our system at multiple levels. Many of our administrative staff including our fiscal department, QM and clinical staff have paper tracking and excel systems outside of the EHR. QM has a difficult time obtaining some outcomes and reporting metrics due to inability to capture data efficiently.

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

As with many counties across California, Placer County SOC is uniquely situated to participate in this Multi-County INN project. Stakeholders across our system have expressed concern on the inefficient and inadequate EHR system(s) as well as the multi county requirements that is currently utilized. Stakeholders have prioritized this project to

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improve and enhance the EHR system to meet the needs of the provider and consumer community alike. With this unique multi-county collaborative, Placer County SOC will gain an opportunity to provide continuous feedback through system end-users, providers, contractors, consumer/family member staff and recipients of care. This broad stakeholder group will serve as an essential feedback loop to program design, system design and evaluation alike. Placer County SOC hopes to achieve the following learning goals in participation with this INN Project:

- Using a Human Centered Design approach, identify design elements of a new Enterprise Health Records to improve our local behavioral health workforce's job effectiveness, satisfaction, and retention
- Implement a new EHR this is more efficient to use, resulting in a reduction in time spent documenting services, thereby increasing the time spent providing direct care
- Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

Placer County SOC views the Community Planning Process (CPP) as an ongoing conversation with our stakeholders. The CPP consists of an inclusive process for consumers, family members, staff, individual and organizational sub-contractors (agency), specialty groups, and general community stakeholders. Feedback opportunities are offered through committee meetings, stakeholder meetings, focus groups, and surveys, as well as through public hearings. Ongoing stakeholder feedback is provided during the year at various committees, which includes consumers, family members, providers, staff, etc.

In alignment with Welfare & Institutions Code § 5858, the MHSA Stakeholder Advisory Group consists of representatives from agency partners, consumers of mental health services, family members of consumers of mental health services, mental health providers, faith-based organizations, community-based organizations, and community/cultural brokers.

The Semi-Statewide Enterprise Health Record Project was introduced to the Placer County Board of Supervisors on July 26th, 2022, where the approval of the participation agreement was received to join other counties to implement the. In addition, stakeholder feedback was sought in the following committees:

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- EHR Executive Committee (Cross Department/Division committee including executive leadership from IT, HHS ASOC, HHS CSOC and HHS Administrative Services)
- May 19th, 2022, Fiscal IT Treatment Team QI Committee (Cross department/division committee including IT, HHS Administrative staff, HHS SOC QM and HHS ASOC/CSOC Treatment teams)
- June 7th, 2022, ASOC Organizational Leadership (HHS ASOC management and leadership team, including embedded Peer Services Manager/Consumer Council Chair)
- June 7th, 2022, CSOC Leadership Meeting confirm agenda (HHS CSOC management and leadership team, including embedded probation and family support partners)
- June 27th, 2022- July 6th, 2022, HHS ASOC/CSOC BxHx Staff CalAIM Training Series and EHR Intro multiple (county behavioral health staff, all levels including admin and direct service providers & embedded partners and peers)
- July 8th, 2022, MHP Provider meeting (individual and organizational sub-contracted providers, Managed care plan partners, community partners)
- July 12th, 2022, SUD Provider Meeting (organizational sub-contracted providers, Managed care plan partners, Mental Health, Alcohol and Drug Advisory Board (MHADAB) partners including consumer/family representation, community partners)
- July 18th, 2022, HIPAA Security Quarterly Meeting- (HHS Executive Leadership including HIPAA Privacy officer, IT Security officer, Department Deputy Directors and Council)
- July 21st, 2022, Campaign for Community Wellness (CCW) MHSA Stakeholder Advisory Group; 38 participants
- July 26th, 2022, Board of Supervisors (Board Members, community members)
- July 27th, 2022, Summer 2022 Provider Newsletter (subscriber mailing to sub-contracted network and community)
- July 27th, 2022, Kaiser Managed Care (MCP) meeting (MCP representatives and stakeholders involved with care coordination, & administration)
- July 28th, 2022, Leadership Committee Series (IT and Administrative executive leadership: CIO, directors, council, managers)
- August 22nd, 2022, Mental Health Alcohol and Drug Advisory Board (board members, including consumer/family representation, community members, county directors and managers)

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- A 30-day public comment period with the draft Innovation Plan commenced on Friday, 8/26/22 and was completed on 09/26/22. No written comments were received.
- A Public Hearing was held at the Placer County Mental Health Alcohol and Drug Advisory Board on Wednesday, 9/26/22 to finalize the 30-day public comment period. No public comments were received.
- A final draft was approved by the Placer County Board of Supervisors on Tuesday, 09/27/22.

6. CONTRACTING

Placer County SOC has a dedicated MHSA Coordinator who will be the lead on this INN project. The MHSA Coordinator is experienced in stakeholder engagement and chairs various stakeholder committees such as CCW and Placer READI (cultural and linguistic competency) as well as manages the MHSA 3 Year Plan and Annual Update Community Planning Process. The MHSA Coordinator will collaborate closely with the QM Program Manager to ensure contract monitoring, quality assurance and regulatory compliance. These position report to the division(s) directors and liaison with stakeholder committees and project resources. These designated staff will also participate in on-going communication with CalMHSA which serves as the Project Manager and liaison to the evaluation vendors.

7. COMMUNICATION AND DISSEMINATION PLAN

Placer County SOC will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties. In general, communication pertaining to evaluation findings, or the publication of research studies will occur through the following steps:

- Annual reports on the project will be made publicly available, will be included in MHSA Annual Updates, and posted on the Placer County and CCW websites
- MHSA Coordinator and/or program staff will provide annual presentation to stakeholder committees (Behavioral Health Board, MHSA Consortium of Providers (CBO's), Consumer/Family Member Stakeholders & Quality Assessment and Improvement Council) on progress of the innovation project.
- Placer System SOC will partner with CalMHSA to further expand and provide related reports to announce findings and direct the public to the report.

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8. COUNTY BUDGET NARRATIVE

Personnel		
IT Project Manager	*.25-.75 FTE - will provide oversight and manage the implementation of the new Semi-Statewide EHR system in our county.*	*$291,745*
MHSA Coordinator	*. 10 –will provide manage the stakeholder engagement and collaboration within our county.*	*$57,599*
QM Program Manager	*. 20 - will provide oversight and manage the contract for implementation of the new Semi-Statewide EHR system in our county.*	*$136,361*
Department I.T Analyst II Supervisor	*.10 –will provide I.T. Project support of the new Semi-Statewide EHR system in our county.*	*$74,357*
Department I.T Analyst II	*.10 –will provide I.T. Project support of the new Semi-Statewide EHR system in our county.*	*$66,840*
Payroll Taxes and Benefits	*Payroll Taxes and Benefits (medical, dental, vision, retirement, life insurance) for Personnel listed above*	*$463,867*
Operating Expenses Direct Costs		
Communication Expenses	*n/a*	*$0*
Office Expenses	*n/a*	*$0*
Training	*n/a*	*$0*
Travel/Transportation	*n/a*	*$0*

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Consultation/Contract Expenses		
Consultant	*Contract/PA Agreement with CalMHSA (less Evaluation costs outlined below)*	*$2,806,862*
Evaluation Costs (If not already described or identified above <u>if so remove this line).</u>		
Evaluation Costs	*Portion of CalMHSA Contract/PA Agreement allocated to Evaluation with RAND*	*$250,000*
Indirect Costs		
Indirect Costs	*10% Annual Administration costs*	*$414,763*
Total Direct Costs	*$4,147,630*	
Total Budget	***$4,562,393***	

Placer County anticipates contributing an additional $600,000 sourced from other available grant funding to round out the investment in this project with the majority expected in Year 1 and the remainder in Years 6 & 7 for the continued contractual agreement with CalMHSA.

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

	EXPENDITURES						
	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries	$ 247,561	$264,890	$226,187	$180,768	$171,362	$1,090,768
2	Direct Costs						
3	Indirect Costs	$ 24,756	$ 26,489	$ 22,619	$ 18,077	$ 17,136	$ 109,077
4	**Total Personnel Costs**	$ 272,317	$291,379	$248,806	$198,845	$188,498	$1,199,845
	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	$1,301,299	$444,028	$402,721	$403,002	$505,812	$3,056,862
12	Indirect Costs	$ 130,130	$ 44,403	$ 40,272	$ 40,300	$ 50,581	$ 305,686
13	**Total Consultant Costs**	$1,431,429	$488,431	$442,993	$443,302	$556,393	$3,362,548
	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)	$ 247,561	$264,890	$226,187	$180,768	$171,362	$1,090,768
	Direct Costs (add lines 2, 5, and 11 from abov	$1,301,299	$444,028	$402,721	$403,002	$505,812	$3,056,862
	Indirect Costs (add lines 3, 6, and 12 from abo	$ 154,886	$ 70,892	$ 62,891	$ 58,377	$ 67,717	$ 414,763
	Non-recurring costs (total of line 10)						
	Other Expenditures (total of line 16)						
	TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**$1,703,746**	**$779,810**	**$691,799**	**$642,147**	**$744,892**	**$4,562,393**
	CONTRIBUTION TOTALS**	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	County Committed Funds	$ 476,225					$ 476,225
	Additional Contingency Funding for County-Specific Project Costs						
	TOTAL COUNTY FUNDING CONTRIBUTION	$ 476,225	$ -	$ -	$ -	$ -	$ 476,225

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

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
COUNTY:	***Placer 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	$ 1,453,746	$ 779,810	$ 691,799	$ 642,147	$ 744,892	$ 4,312,393
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding	$ 476,225					
6	Total Proposed Administration	**$ 1,929,971**	**$ 779,810**	**$ 691,799**	**$ 642,147**	**$ 744,892**	**$ 4,312,393**
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	$ 250,000					$ 250,000
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation	**$ 250,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 250,000**
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*	$ 1,703,746	$ 779,810	$ 691,799	$ 642,147	$ 744,892	$ 4,562,393
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**	$ 476,225					$ 476,225
6	Total Proposed Expenditures	**$ 2,179,971**	**$ 779,810**	**$ 691,799**	**$ 642,147**	**$ 744,892**	**$ 5,038,618**

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: ***Placer 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	$ 247,561	$ 264,890	$ 226,187	$ 180,768	$ 171,362	$ 1,090,768
2	Direct Costs						
3	Indirect Costs	$ 24,756	$ 26,489	$ 22,619	$ 18,077	$ 17,136	$ 109,077
4	**Total Personnel Costs**	$ 272,317	$ 291,379	$ 248,806	$ 198,845	$ 188,498	$ 1,199,845

	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	$ 1,301,299	$ 444,028	$ 402,721	$ 403,002	$ 505,812	$ 3,056,862
12	Indirect Costs	$ 130,130	$ 44,403	$ 40,272	$ 40,300	$ 50,581	$ 305,686
13	**Total Consultant Costs**	$ 1,431,429	$ 488,431	$ 442,993	$ 443,302	$ 556,393	$ 3,362,548

	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)	$ 247,561	$ 264,890	$ 226,187	$ 180,768	$ 171,362	$ 1,090,768
	Direct Costs (add lines 2, 5, and 11 from above)	$ 1,301,299	$ 444,028	$ 402,721	$ 403,002	$ 505,812	$ 3,056,862
	Indirect Costs (add lines 3, 6, and 12 from above)	$ 154,886	$ 70,892	$ 62,891	$ 58,377	$ 67,717	$ 414,763
	Non-recurring costs (total of line 10)						
	Other Expenditures (total of line 16)						
	TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**$ 1,703,746**	**$ 779,810**	**$ 691,799**	**$ 642,147**	**$ 744,892**	**$ 4,562,393**

	CONTRIBUTION TOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
	County Committed Funds	$ 476,225					$ 476,225
	Additional Contingency Funding for County-Specific Project Costs						
	TOTAL COUNTY FUNDING CONTRIBUTION	$ 476,225	$ -	$ -	$ -	$ -	$ 476,225

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: ***Placer County***

ADMINISTRATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds	$ 1,453,746	$ 779,810	$ 691,799	$ 642,147	$ 744,892	$ 4,312,393
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding	$ 476,225					
6	Total Proposed Administration	**$ 1,929,971**	**$ 779,810**	**$ 691,799**	**$ 642,147**	**$ 744,892**	**$ 4,312,393**

EVALUATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds	$ 250,000					$ 250,000
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation	**$ 250,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 250,000**

TOTALS:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
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:						
1	Innovation(INN) MHSA Funds*	$ 1,703,746	$ 779,810	$ 691,799	$ 642,147	$ 744,892	$ 4,562,393
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**	$ 476,225					$ 476,225
6	Total Proposed Expenditures	**$ 2,179,971**	**$ 779,810**	**$ 691,799**	**$ 642,147**	**$ 744,892**	**$ 5,038,618**

* 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.

APPENDIX: **SAN BENITO COUNTY**

1. **COUNTY CONTACT INFORMATION** (*who is your Project Lead, as provided to CalMHSA*)**:**
   Rumi Saikia, LMFT and Regina Kendall, LCSW

2. KEY DATES: (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	September 15, 2022, to October 20, 2022
Public Hearing by Local Mental Health Board	October 20, 2022
County Board of Supervisors' Approval	November 22, 2022

This INN Proposal is included in: (*Check all that apply*)

	Title of Document	Fiscal Year(s)
	MHSA 3-Year Program & Expenditure Plan	
x	MHSA Annual Update	FY 2022-2023
	Stand-alone INN Project Plan	

DESCRIPTION OF THE LOCAL NEED(S) (*Include specifics from your local MHSA community program planning process (CPPP), e.g., comments about your current EHR system, suggestions from stakeholders, e.g. County staff, contracted providers, system partners, clients, family members and other interested parties. Include challenges meeting current and future reporting requirements and business needs, past efforts to address local needs, etc.*)

- The BHP's current EHR is sunsetting and the BHP is looking at a new EHR that will pertain to and align with the CalAIM requirements and changes to documentation.
- The current EHR will affect the Children/Youth programs as it is not aligned to CalAim requirements, and we hope that the new EHR will mitigate this issue.
- Currently our EHR is a hybrid system, comprising of electronic and physical hard copy documents
- This current hybrid state of the EHR created challenges in harnessing data for reports or data collection
- The client records are currently stored in two mediums and continues to require physical space for storage of the physical records

3.

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 (*Include*

information describing what your County hopes to achieve by participating in the INN project, referencing the learning goals included at the end of the "Project Brief" document.)

San Benito County hopes that this project will allow our system to be more human centered and focus on a consumer-friendly approach to care along with developing a more effective public mental health workforce for our community. The ways we hope to achieve this is by the following:

- The BHP is hoping to utilize an established uniform system and remain in parity with all other BH County partners
- The BHP is looking to be in a position that fosters a collaborative solution to collectively share intellectual and technical resources for coordinated compliant care from physical health, mental health, substance use and social care providers
- HIE is nonexistent at this point and the BHP future goal with the EHR INN project would be to utilize data exchange and interoperability with physical health to increase care coordination and client outcomes
- By implementing a new EHR that is more efficient to use, we hope to reduce time spent on documentation of services and increase the time spent providing direct consumer care.
- By implementing a new EHR it will facilitate a client-centered approach to service delivery by creating and supporting a positive therapeutic alliance between the service provider and the consumer.
- By implementing a new EHR, it will be much easier to train new and incoming employees on system requirements.
- The BHP's workforce challenges has been recruitment, filling in the positions for qualified individuals/clinicians. The BHP is continuing to work on this challenge by:
    - The BHP is working on a program for retention of qualified staff by using WET funds
    - The BHP has started a loan repayment program for qualified individuals/clinicians and is on Cycle 1 of this program
    - Incentive plans for qualified individuals/clinicians
    - Cycle II of the program will be open to all staff from all divisions that would like to further their professional skills/qualifications

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS (*Describe the County's CPPP 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. Include details of stakeholder meetings, i.e. number and demographics of participants, community groups and system partners, methods of dissemination of information about the proposed project and comments received regarding the INN project.)*

- The BHP has addressed the EHR INN project at the Quality Improvement and Quality Leadership meetings attended by community partners and members. On an ongoing

basis the BHP reviews status on the INN project at management meetings and at the BH board meetings.
- Currently CBOs do not provide input into the EHR system.
- The BHP anticipates additional funding from reserve MHSA funds to round out investment in this project for years 6&7.

6. CONTRACTING *(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?)*

- The BHP will work directly with the Sem-Statewide EHR vendor to ensure that documentation reform requirements are reflected in the vendor contract
- The BHP will ensure relevant staff are kept informed of the upcoming documentation reform changes.
- Our County will have a team of Leads and Alternates comprised of our Quality Improvement staff to support the implementation of this EHR and continued oversight of the contract. Managers chosen on this project are licensed or involved in our finance team.
- The BHP's designated team will also participate in ongoing communication with CalMHSA which serves as the Project Manager and liaison to the evaluation vendors

7. COMMUNICATION AND DISSEMINATION PLAN (*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project. 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 the communication efforts?*

- Community events such as the local Farmer's Market and Red Ribbon; BH Board meetings, Quality Improvement and Quality Leadership meetings, Cultural Competency Meetings
- The BHP will also include a link to their website where the county posts announcements regarding their local CPPP, and CalMHSA's INN Project Plans and Reports.
- Our County will use various committee meetings which are open to the public to share our findings along with posting the information on our county website at: https://www.cosb.us/departments/behavioral-health

8. COUNTY BUDGET NARRATIVE (*Include description of expenses for local Personnel, Operating and Consultant Costs, as well as the source(s) of funds to be used to support this multi-County collaborative. Provide a brief budget narrative to explain how the total budget*

is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project, and the dissemination of the Innovative project results.

Personnel		
Classification (Job Title)	*Job Description and FTE*	*Cost*
Director of Behavioral Health	*.1 FTE – Will provide executive level oversight in the implementation of the new Semi-Statewide EHR system.*	*$121,529*
Assistant Director of Behavioral Health	*.3 FTE – Will provide executive level oversight in the implementation of the new Semi-Statewide EHR system.*	*$327,427*
Director of Administrative Services	*.4 FTE – will provide executive level oversight on administrative and billing system analysis.*	*$308,327*
Administrative Services Manager	*.3 FTE – will provide oversight and manage the administrative system analysis.*	*$192,751*
Staff Analyst/MHSA Coordinator	*.3 FTE – will provide support on the implementation of the new Semi-Statewide EHR system to include stakeholder engagement and collaboration within our county.*	*$189,026*
Quality Improvement Supervisor	*.45 FTE – will provide oversight and manage the implementation of the new Semi-Statewide EHR system*	*$366,311*
Case Management Services Manager	*.3 FTE – will provide support and analysis on implementation of the new Semi-Statewide EHR system*	*$221,502*

SUDs Clinical Supervisor	*.3 FTE – will provide support and analysis on implementation of the new Semi-Statewide EHR system.*	*$244,207*
Adult/Children's Clinical Supervisor	*.3 FTE – will provide support and analysis on implementation of the new Semi-Statewide EHR system.*	*$244,207*
Accountant II/III	*.4 FTE – will provide billing system analysis support of the new Semi-Statewide EHR system.*	*$233,058*
Account Clerk III	*.3 FTE – will provide billing system analysis support of the new Semi-Statewide EHR system.*	*$105,328*
***All payroll taxes and benefits are included with each personnel cost listed above*		
Consultation/Contract Expenses		
CalMHSA	*Contract/Agreement for Electronic Health Record*	*$788,870*
Evaluation Costs (If not already described or identified above <u>if so remove this line).</u>		
Evaluation Costs	*RAND Evaluation – embedded as deliverable in CalMHSA contract (cost has been separated out of CalMHSA contract/agreement for purposes of this budget)*	*$150,000*
Indirect Costs		
Indirect Costs	*23% Annual Administration Costs*	*$803,285*
Contingency Costs	*15% Contingency*	*$644,374*
Total Budget	*$4,940,202*	

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

- *Attached as requested*

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

- *Attached as requested*

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: ***San Benito 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	$ 485,828	$ 497,974	$ 510,423	$ 523,184	$ 536,264	$ 2,553,673
2	Direct Costs						
3	Indirect Costs	$ 111,740	$ 114,534	$ 117,397	$ 120,332	$ 123,341	$ 587,345
4	**Total Personnel Costs**	$ 597,568	$ 612,508	$ 627,820	$ 643,516	$ 659,605	$ 3,141,018
	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	$ 624,099	$ 98,233	$ 72,128	$ 72,179	$ 72,231	$ 938,870
12	Indirect Costs	$ 143,543	$ 22,594	$ 16,589	$ 16,601	$ 16,613	$ 215,940
13	**Total Consultant Costs**	$ 767,642	$ 120,827	$ 88,717	$ 88,780	$ 88,844	$ 1,154,810
	OTHER EXPENDITURES (explain in budget narrative)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
14	Contingency - 15%	$ 204,782	$ 110,000	$ 107,481	$ 109,844	$ 112,267	$ 644,374
15							
16	Total Other Expenditures	$ 204,782	$ 110,000	$ 107,481	$ 109,844	$ 112,267	$ 644,374

	EXPENDITURE TOTALS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	Personnel (total of line 1)	$ 485,828	$ 497,974	$ 510,423	$ 523,184	$ 536,264	$ 2,553,673
	Direct Costs (add lines 2, 5, and 11 from above)	$ 624,099	$ 98,233	$ 72,128	$ 72,179	$ 72,231	$ 938,870
	Indirect Costs (add lines 3, 6, and 12 from above)	$ 255,283	$ 137,128	$ 133,987	$ 136,933	$ 139,954	$ 803,285
	Non-recurring costs (total of line 10)	$ -	$ -	$ -	$ -	$ -	$ -
	Other Expenditures (total of line 16)	$ 204,782	$ 110,000	$ 107,481	$ 109,844	$ 112,267	$ 644,374
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET		**$ 1,569,992**	**$ 843,335**	**$ 824,019**	**$ 842,140**	**$ 860,716**	**$ 4,940,202**

	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: ***San Benito County***

ADMINISTRATION:

	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**
A.							
1	Innovation (INN) MHSA Funds	$ 1,569,992	$ 843,335	$ 824,019	$ 842,140	$ 860,716	$ 4,940,202
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Administration						

EVALUATION:

	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**
B.							
1	Innovation (INN) MHSA Funds						
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation						

TOTALS:

	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**
C.							
1	Innovation(INN) MHSA Funds*	$ 1,569,992	$ 843,335	$ 824,019	$ 842,140	$ 860,716	$ 4,940,202
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**						
6	Total Proposed Expenditures						

* 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.

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EHR Multi-County Innovation (INN) Project
(Approved by San Joaquin County Board of Supervisors 10/4/22)
Appendix and Budget Template – Guidelines

APPENDIX: SAN JOAQUIN COUNTY

1. **COUNTY CONTACT INFORMATION** (*who is your Project Lead, as provided to CalMHSA*)**:**

   - **Primary Project Lead- Angelo Balmaceda, MHSA Coordinator – abalmaceda@sjcbhs.org**
   - **Secondary Project Lead– Terrance Massey, Deputy Director of Administration – tmassey@sjcbhs.org**
   - **Information Systems (I.S.) Project Leads -**
     - **Robert Morris – rmorris@sjcbhs.org**
     - **Edison Chalabi – echalabi@sjcbhs.org**

2. **KEY DATES:** (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	8/22/2022 – 9/21/2022
Public Hearing by Local Mental Health Board	9/21/2022
County Board of Supervisors' Approval	Approved 10/4/22

This INN Proposal is included in: (*Check all that apply*)

Title of Document		**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	*Revised MHSA Plan (Mid-Year Adjustment to 22-23 Annual Update), currently in*

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		30 day Public Comment
	Stand-alone INN Project Plan	

3. DESCRIPTION OF THE LOCAL NEED(S) (*Include specifics from your local MHSA community program planning process (CPPP), e.g., comments about your current EHR system, suggestions from stakeholders, e.g. County staff, contracted providers, system partners, clients, family members and other interested parties. Include challenges meeting current and future reporting requirements and business needs, past efforts to address local needs, etc.*)

- BHS hosted three community stakeholder meetings to present the INN Project and receive feedback.
    - MHSA Consortium of Providers (CBO's), Consumer/Family Member Stakeholders (Zoom) – August 3, 2022 – 3pm
    - BHS Managers and Supervisors Meeting (Zoom)– August 9, 2022 – 10am
    - BHS Behavioral Health Board Meeting (In-Person)– August 17, 2022 – 5pm

- All community discussion groups began with key questions related to our current EHR System.
    - How many attendees utilize BHS Electronic Health Records?
    - What Challenges exist with the current BHS EHR?
    - What Improvements can be made to enhance user experience? Consumer and Family Member Experience? Contractor Experience?
    - What other systems do you utilize to document consumer/client information or to generate reports for quarterly data reports/outcomes?
- During the meetings, stakeholders expressed the following challenges with our current EHR System:
    - "No Continuity throughout the state of CA, causes issues when we try to treat a client from another county"
    - "Is not user friendly"
    - "EHR does not communicate across programs"
    - "SUD and MH are separate records"
    - "Modules in Sharecare are not utilized and/or underutilized"
    - "There is no connection to the county's Health Information Exchange"

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  - "Minimal organization of the different types of documents (i.e. assessments, notes, ROI's are all on one list, rather than separate tabs) requires you to look through so much information just to find one specific thing."
  - "Note taking and toggling within systems are time consuming and take away from time spend directly with our consumers"
- Consumer/Family Members feedback and suggestions
  - "Having a portal for clients/consumers to access their own information, similar to large physical health care organizations like Kaiser that give patients access to their health information"
  - "Consumer and Family Member Portal connection to review treatment and problem lists to enhance consumer experience and prepare for appointments"
  - "Portal to allow for communication with Peer Specialist, Clinician, Case Managers and/or Psychiatrist when needed, similar to email communication with physical health doctors, nurses and specialists in the larger physical health world"
- Contractors/CBO and Staff feedback and suggestions:
  - "Contractors would like a system that is inclusive of reporting, a one stop shop to gather and report outcomes, data, etc. "
  - "Contractors/CBO's utilize multiple platforms, applications and software to compile quarterly reports – Would like to see reports created in one software so that information is funneled into one space."
  - "Unifying all data so that it's easy to create reports from one user-friendly EHR"

- Additional feedback was provided through a SurveyMonkey Survey in which 122 respondents replied and offered various feedback in improvement of our EHR Systems.
  - Full integration and portability of systems including android and apple application access for consumers/family members
  - Link Health Information Exchange system into new EHR system so that staff and consumers can have access across the county.
  - Speed of systems are very slow and rely on local server to access information rather than a cloud based system. There is a lot of time spent trying to get things to load and save that could be spent with clients
  - Improved CalOMS reporting, easier share of costs reporting, better fiscal and service reports. It would be nice if all of the reports matched when you run them, they do not now with our current EHR system
  - Need a system that is user friendly, this is the least user friendly system out there. Not all documentation is included, mental status in a check box version would be great, risk assessments in the system would be nice to also include safety planning options

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- Sequentially required forms to be loaded or available. Integrate new CalAIM Problem list as part of the clinical record, not a separate item in the database.
- Increase the number of templates for PTs and RNs. Include Medical ROI's on the front page, add a lab work template
- I believe the system would benefit from a smoother interface and not too many drop down options
- Sharecare and Gateways are choppy and can have different information at different times. Have a system that is one program that could be helpful, combining the functions as there is always confusion between the Clinics and Administration functions. Create an Audit Function.
- Login issues have occurred for contractors utilizing our EHR System. Slow connectivity and drop off of system throughout note-taking process for the contractors and needing to re-enter information repeatedly
- EHR should talk with our billing system. We should never have to fill out a paper form and data entry for them to put into Sharecare. Everything should be updated via one EHR, diagnosis, openings, authorizations, updating client information, etc.
- Increate operability and make it easier to find an ROI or specific service. Billing and services are generated with using a fine tooth comb. Increase functionality across systems
- Finding a new system that combines all of the systems of care under one EHR.
- Forms that pre-populate demographic information and other known information
- Additional IS support should one or more the systems go down, specifically for evenings or weekends.
- Mobile devices that could connect to an EHR specifically for programs like MCST (Mobile Crisis Support Team) and or other teams that are in the field who can better use time to document while traveling back & forth from services provided to a consumer
- Creating a portal system in which consumer/family members have the ability to access information on their health status, problem lists, aftercare, follow-up appointments and an application that will allow for ease of communication between provider and consumer through the portal system.

- Additional themes generated from survey responses:
  - Connectivity and Ease of Use
  - Consumer/Family Member Portal Interface
  - Simple and Intuitive Platform
  - IS Help Desk that is quick to respond – 24 hour Access
  - System that connects and integrates with other counties across California

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- Continuous updates from billing system to the clinical EHR so that reports are accurate for caseload monitoring

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 (*Include information describing what your County hopes to achieve by participating in the INN project, referencing the learning goals included at the end of the "Project Brief" document.)*

- As with many counties across California, BHS and Community Partners are uniquely situated to participate in this Multi-County INN project. Stakeholders across our system have expressed deep concern on the volatile and antiquated EHR system that is currently utilized. Stakeholders have prioritized this project to improve and enhance the EHR system to meet the needs of the provider and consumer community alike. With this unique multi-county collaborative, San Joaquin County will gain an opportunity to provide continuous feedback through system end-users, providers, contractors, consumer/family member staff and recipients of care. This broad stakeholder group will serve as an essential feedback loop to program design, system design and evaluation alike. BHS hopes to achieve the following learning goals in participation with this INN Project:
  - Using a Human Centered Design approach, identify design elements of a new Enterprise Health Records to improve our local behavioral health workforce's job effectiveness, satisfaction, and retention
  - Implement a new EHR this is more efficient to use, resulting in a 30% reduction in time spent documenting services, thereby increasing the time spent providing direct care
  - Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS (*Describe the County's CPPP 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. Include details of stakeholder meetings, i.e. number and demographics of participants, community groups and system*

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partners, methods of dissemination of information about the proposed project and comments received regarding the INN project.)

- BHS recognizes the meaningful relationship and involvement in the MHSA Process and related behavioral health system. A partnership with constituents and stakeholders is key to the CPPP. BHS hosted three community stakeholder meetings to present the INN Project and receive feedback.
    - MHSA Consortium of Providers (CBO's), Consumer/Family Member Stakeholders – August 3, 2022 – 3pm
    - BHS Managers and Supervisors Meeting – August 9, 2022 – 10am
    - BHS Behavioral Health Board Meeting – August 17, 2022 – 5pm
- Stakeholder participation was tracked through Zoom chat and completed anonymous demographic SurveyMonkey links. Stakeholder participants were demographically diverse and included representatives of unserved and underserved populations. The community meetings had participation by 75 individuals, 60% of whom self-identified as a consumer or as a family member of a consumer. The majority of participants identified as adults ages 26-59, 24% were older adults over 60 years of age, and 6% were youth ages 18-25.
- Community discussion groups were also attended by individuals representing the following stakeholder groups:
    - Consumer Advocates/Family Members
    - Community-Based Organizations
    - Substance use disorder treatment providers
    - Children and Family Services
    - K-12 Education Providers
    - Veterans Services
    - Senior Services
    - Law Enforcement
    - Health Care Providers
    - County Behavioral Health Department Staff
- A diverse range of individuals from racial and ethnic backgrounds attended the community discussions. Similar to the County's demographic breakdown and those BHS provides services to, no one racial or ethnic group comprised a majority of participants.

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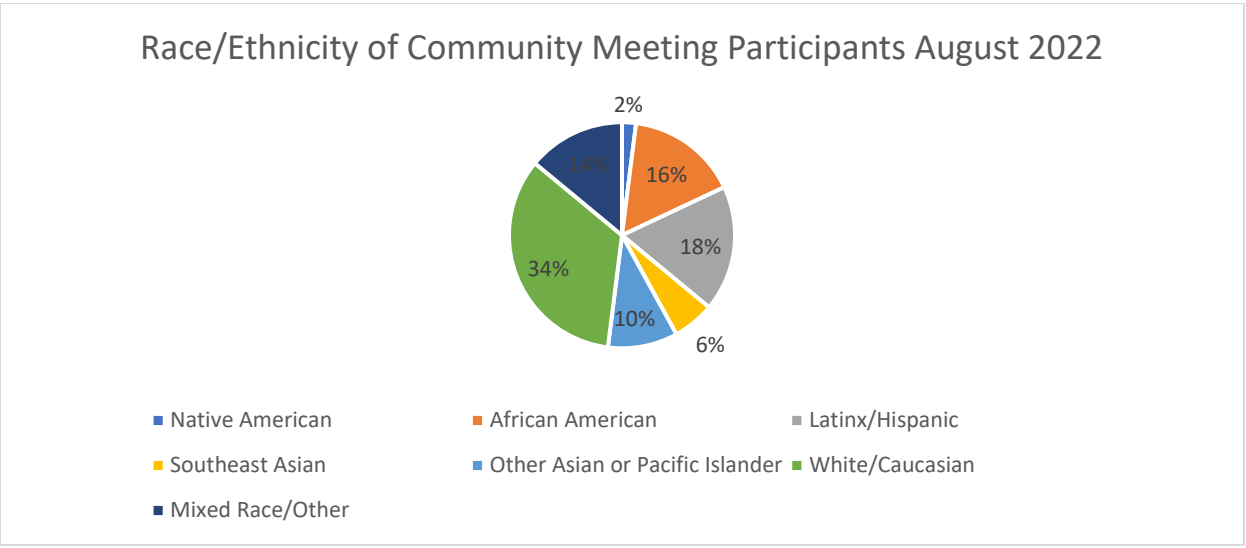

- All community discussion groups began with key questions related to our current EHR System.
    - How many attendees utilize BHS Electronic Health Records?
    - What Challenges exist with the current BHS EHR?
    - What Improvements can be made to enhance user experience? Consumer and Family Member Experience?
    - What other systems do you utilize to document consumer/client information or to generate reports for quarterly data reports/outcomes?
- Community discussion groups were led by Angelo Balmaceda, MHSA Coordinator. A Powerpoint was presented on the CalMHSA's Multi-County EHR Project. Feedback was documented via minutes and through the Zoom chat box.
- In addition to the three meetings, BHS distributed an MHSA Stakeholder SurveyMonkey Survey to provide feedback on our current BHS-EHR systems (Clinician's Gateway and Sharecare) to the MHSA Stakeholder email listing and BHS and Contractor Staff email listing

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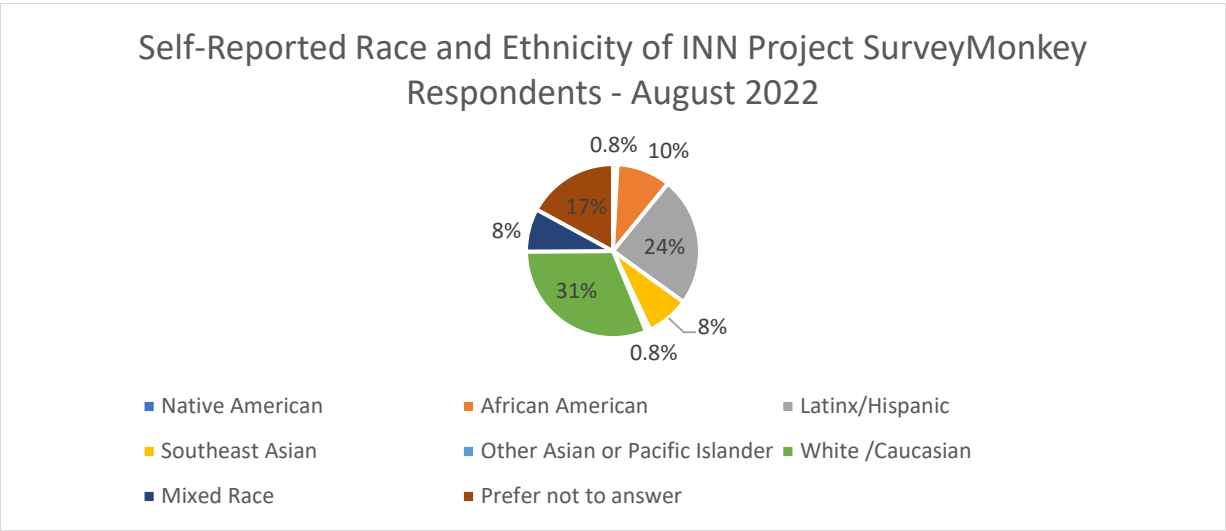

- There were 122 respondents from the survey which represent a broad range of BHS staff, contract providers, community members and consumer and family members.
    - 16% of respondents represent as a peer specialist or identify as a Consumer and/or Family Member
    - 91% of respondents use one more of our BHS Electronic Health Records Systems
    - 27% of respondents believed that our Sharecare System Needs Improvement while, 28% rated it fair
    - 26% of respondents believed that Clinician's Gateway needs improvement while 22% rated it fair.
    - More than 41% of respondents say they spend more than 40% of work time to document in our current EHR Systems.
- A 30 day public comment period will commence on Monday, 8/22/22 with the release of San Joaquin County's Revised (DRAFT) 2022-23 MHSA Annual Update to include this draft appendix, associated INN Budget summary and INN Project description.
- A Public Hearing is scheduled at the next San Joaquin County Behavioral Health Board on Wednesday, 9/21/22 to finalize the 30 day public comment period.
- A final draft will be presented for approval to San Joaquin Board of Supervisors at the next available meeting, (10/4/22 or 10/18/22).

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- **Sustainability Plan -** BHS anticipates an additional $2,122,781 from CFTN Funds to round out investment in this project for Years 6 & 7.

6. CONTRACTING *(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?)*

- **Organizational Management:**
  - MHSA Coordinator will serve as Lead Contact for the EHR INN Project.
    - Experienced in stakeholder engagement and chairs various stakeholder system committees such as: MHSA Consortium of Providers & Community Stakeholders and the BHS Cultural Competency Committee.
    - Manages the MHSA 3 Year Plan and Annual Update Community Planning Process annually and additional stakeholder engagement projects as needed.
  - Deputy Director of Administration will serve as Alternate Contact for the INN Project.
    - Oversees Administrative Programs for BHS
  - Two Department Information Systems Analysts will serve as IS Project Leads for EHR INN Project.
    - I.S. professionals that are experienced in our current EHR systems and overall I.S. technology and have led system-wide projects through our I.S. Department.
  - Management Analyst III and Accountant III will provide direct feedback for platform upgrades/changes and analysis for the Finance/Billing department to insure proper integration through the Medi-Cal billing system.

- **Contract Monitoring:**
  - Ongoing contract monitoring and quality control is undertaken through the contract monitoring team at BHS, per protocols outline by the organization. Protocols include comprehensive contract review and auditing protocols.
  - BHS contract monitoring is a year-long process of evaluating a contract's performance based on measurable deliverables and verifying contractor compliance with term and conditions of the contract with the County. The purposes of the monitoring are to 1) improve program performance, thereby mitigating program inefficiencies; 2) evaluate contractor performance controls to ensure there is a reliable basis for validating service deliverables; 3) to assure that

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the financial documentation is adequate and accurate; 4) and review compliance with applicable regulatory requirements.

7. COMMUNICATION AND DISSEMINATION PLAN (*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project. 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 the communication efforts?*

- Upon approval of the INN project, the MHSA Coordinator will create an EHR Community Stakeholder group. Stakeholders engaged in the EHR Community Stakeholder Group may include, staff, providers, consumers, and family members. The stakeholder group will play a critical role to serve as an essential feedback loop to program design, system design and evaluation alike.
    - The EHR Community Stakeholder Group will be included as a subcommittee to the MHSA Consortium of Providers & Community Stakeholders to solidify commitment to the stakeholder process. The subcommittee will be scheduled on the agenda on a monthly basis to provide ongoing progress and quarterly feedback from the larger stakeholder committee.

- BHS will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties. In general, communication pertaining to evaluation findings, or the publication of research studies will occur through the following steps:
    - BHS will post a public announcement to the MHSA Stakeholder e-mailing list and associated stakeholder body listserv with a link to the BHS Website (https://www.sjcbhs.org/index.aspx)
    - MHSA Coordinator and/or program staff will provide annual presentation to stakeholder committees (Behavioral Health Board, MHSA Consortium of Providers (CBO's), Consumer/Family Member Stakeholders & Quality Assessment and Improvement Council) on progress of the innovation projects
    - BHS will partner with CalMHSA to further expand and provide related reports to social media outlets to announce findings and direct subscribers to the report.

8. COUNTY BUDGET NARRATIVE (*Include description of expenses for local Personnel, Operating and Consultant Costs, as well as the source(s) of funds to be used to support this multi-County collaborative. Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide*

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the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project, and the dissemination of the Innovative project results.

Personnel		
Classification (Job Title)	***Job Description and FTE***	***Cost***
MHSA Coordinator	*.05-.15 – MHSA Coordinator will provide oversight and manage the implementation and evaluation of the new Semi-Statewide EHR system to include stakeholder engagement and collaboration within our county.*	*$52,540 ($5,105-$14,436 Annually)*
Deputy Director of Administration	*.05-.10 – Deputy Director of Administration will provide senior level oversight in the implementation and of the new Semi-Statewide EHR system in our county.*	*$36,661 ($4,954-$9,129 Annually)*
Department Applications Analyst IV	*.05-.20 – Department Applications Analyst IV will provide I.S. Project Lead support of the new Semi-Statewide EHR system in our county.*	*$88,364 ($6,777-$25,553, Annually*
Department Information Systems Analyst IV	*.05-.20 – Department Information Systems Analyst IV will provide I.S. Project Lead support of the new Semi-Statewide EHR system in our county.*	*$88,364 ($6,777-$25,553, Annually*
Department Information Systems Analyst II	*.05-.10 – Department Information Systems Analyst II will provide I.S.*	*$31,722 ($5,4,16-$10,517, Annually)*

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	Project support of the new Semi-Statewide EHR system in our county.	
Management Analyst III	*.05-.15 – Management Analyst III will provide billing system analysis of the new Semi-Statewide EHR system in our county.*	*$52,154 ($5,067-$14,330, Annually)*
Accountant III	*.05-.10 – Accountant III will provide billing system analysis support of the new Semi-Statewide EHR system in our county.*	*$30,445 ($4,114-$8,730, Annually)*
Payroll Taxes and Benefits	***Description of Benefits***	***Cost***
MHSA Coordinator	*Including: unemployment insurance, retirement, social security, life insurance, health insurance, dental insurance, and vision care*	*$37,656 ($3,659-$10,346, Annually)*
Deputy Director of Administration	*Including: unemployment insurance, retirement, social security, life insurance, health insurance, dental insurance, and vision care*	*$31,838 ($4,302-$9,129, Annually)*
Department Applications Analyst IV	*Including: unemployment insurance, retirement, social security, life insurance, health insurance, dental insurance, and vision care*	*$70,964 ($5,443-$20,521, Annually)*
Department Information Systems Analyst IV	*Including: unemployment insurance, retirement, social security, life insurance, health insurance, dental insurance, and vision care*	*$70,964 ($5,443-$20,521, Annually)*
Department Information Systems Analyst II	*Including: unemployment insurance, retirement, social security, life insurance, health insurance, dental insurance, and vision care*	*$24,364 ($4,160-$8,077, Annually)*

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Management Analyst III	*Including: unemployment insurance, retirement, social security, life insurance, health insurance, dental insurance, and vision care*	*$36,400 ($3,537-$10,001, Annually)*
Accountant III	*Including: unemployment insurance, retirement, social security, life insurance, health insurance, dental insurance, and vision care*	*$24,816 ($3,353-$7,115, Annually)*
Operating Expenses Direct Costs		
N/A		
Consultation/Contract Expenses		
Contract	*CalMHSA Participation Agreement for EHR*	*$5,959,696*
Contract	*Participant Contingency Budget*	*$815,906*
Evaluation Costs (If not already described or identified above if so remove this line).		
Evaluation Costs	*RAND Evaluation as part of the CalMHSA Participation Agreement*	*$500,000*
Indirect Costs		
Indirect Costs	*10% indirect costs*	*$795,286*
Total Direct Costs	*$7,952,854*	
Total Budget	***$8,748,140***	

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

- *Attached as requested*

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

- *Attached as requested*

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: ***San Joaquin 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	112,731	189,652	195,342	109,032	70,495	677,252
2	Direct Costs						-
3	Indirect Costs	11,273	18,965	19,534	10,903	7,049	67,725
4	**Total Personnel Costs**	**124,004**	**208,618**	**214,876**	**119,935**	**77,544**	**744,978**

	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	2,598,611	1,214,066	1,153,400	1,154,299	1,155,225	7,275,602
12	Indirect Costs	259,861	121,407	115,340	115,430	115,523	727,560
13	**Total Consultant Costs**	**2,858,472**	**1,335,472**	**1,268,740**	**1,269,729**	**1,270,748**	**8,003,162**

	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)	112,731	189,652	195,342	109,032	70,495	677,252
	Direct Costs (add lines 2, 5, and 11 from ab	2,598,611	1,214,066	1,153,400	1,154,299	1,155,225	7,275,602
	Indirect Costs (add lines 3, 6, and 12 from	271,134	140,372	134,874	126,333	122,572	795,285
	Non-recurring costs (total of line 10)						-
	Other Expenditures (total of line 16)						-
	TOTAL INDIVIDUAL COUNTY INNOVATION	**2,982,477**	**1,544,090**	**1,483,616**	**1,389,665**	**1,348,292**	**8,748,140**

	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: ***San Joaquin County***

ADMINISTRATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds	2,982,477	1,544,090	1,483,616	1,389,665	1,348,292	8,748,140
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Administration	**2,982,477**	**1,544,090**	**1,483,616**	**1,389,665**	**1,348,292**	**8,748,140**

EVALUATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds						
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation						

TOTALS:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
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:						
1	Innovation(INN) MHSA Funds*	2,982,477	1,544,090	1,483,616	1,389,665	1,348,292	8,748,140
2	Federal Financial Participation	-	-	-	-	-	-
3	1991 Realignment	-	-	-	-	-	-
4	Behavioral Health Subaccount	-	-	-	-	-	-
5	Other funding**	-	-	-	-	-	-
6	Total Proposed Expenditures	**2,982,477**	**1,544,090**	**1,483,616**	**1,389,665**	**1,348,292**	**8,748,140**

* 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.

APPENDIX: **SIERRA COUNTY**

1. **COUNTY CONTACT INFORMATION** Chris Fellini: cfellini@sierracounty.ca.gov

2. KEY DATES: (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	1/11/2024 - 2/10/2024 -
Public Hearing by Local Mental Health Board	2/8/2024
County Board of Supervisors' Approval	3/5/2024

This INN Proposal is included in: (*Check all that apply*)

	Title of Document	**Fiscal Year(s)**
x	MHSA 3-Year Program & Expenditure Plan	2023-2026
	MHSA Annual Update	NA
x	Stand-alone INN Project Plan	2024-2025

3. DESCRIPTION OF THE LOCAL NEED(S) MHSA Community comments are centered around access, timely prescriptions, and Medi-Cal services. This Innovation Project will address interoperability, client portal for easier provider streamlined options for medication management. Currently, our psychiatrist serves multiple counties that are utilizing SmartCare, and are optimistic that this system will improve access for contracted providers, clients, family members and other outside providers. Sierra County is challenged with reporting requirements and utilizes hand counting, spreadsheets and other systems that are not designed for future reporting requirements nor current business needs. Sierra County has been through two EHR transitions in recent years, but the current system does not provide the same support, structure, and systems to manage data, medical records and information flow to appropriate parties, which increases burden among providers in the context of existing workforce challenges.

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

Sierra County hopes to create better access to Medi-Cal data through a system designed with client access and interoperability in mind. Additionally, Sierra County is in the process of becoming and Mental Health Plan (MHP) and will be in the process of learning new systems for billing and documentation. The additional support through partnership with CalMHSA will assist in this transition and will assist in our learning goal of CalAIM implementation. As the only county in California that is not currently providing Medi-Cal services, the residents of Sierra County are underserved, and the county is not in receipt of needed funds. This project will assist in addressing issues related to contracted providers getting uniform and easy access to records, medication management and data. Additionally, this will allow our clients, who have little access to medical care within the county, to readily access records for providers outside of the county. It is anticipated that a more streamlined electronic health record system designed to optimize clinical

workflows and facilitate access to critical client data will reduce documentation burden and be a significant asset to staff who have multiple reporting requirements. This is particularly meaningful in a small, rural county with only about a dozen staff meeting all administrative and clinical reporting requirements for the county. There is a significant workforce challenge in a county of only 3500 residents, and behavioral health currently has few qualified staff to manage data and reporting requirements. This project will assist in the implementation of CalAIM requirements and assist Sierra County staff in transitioning to billing Medi-Cal.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

Sierra County Behavioral Health staff created a stakeholder group, with health assistants, clinical staff and case managers and determined that this project would meet the growing needs of the department as well as help with CalAIM reporting requirements as well as assist with client access and interoperability requirements.

Additionally, the project was presented to the community through posting on the website, through local Post Office posting and through public discussions of the updated 3-year MHSA plan itself. It was also presented to the Behavioral Health Advisory Board (BHAB) and opened to 30-day public comment. The Board of Supervisors also approved the plan in open session, furthering opportunities for public comment and transparency.

Although there is only one threshold language and one dominant racial group in Sierra County, the BHAB is composed of diverse age groups, members from various socio-economic groups, community partners, utilizers of Behavioral Health services as well as representation from two of the county's minority population. Information about this project was disseminated through the county website, posters and paper distribution of the MHSA and Innovation plans.

6. CONTRACTING

Sierra County will be contracting with CalMHSA to partner with SmartCare, billing and state reporting. There will be a dedicated staff role liaison with CalMHSA for implementing the EHR/Innovation Project. No other contracting will occur in this project.

7. COMMUNICATION AND DISSEMINATION PLAN

Communication will occur by reporting activity and improvements in systems of care to the Board of Supervisors, Behavioral Health Advisory Committee and to both Clinical and Administrative staff at Behavioral Health monthly meetings.

8. COUNTY BUDGET NARRATIVE

This project will spend $910,906 over four years to better equip Sierra County to meet the requirements of CalAIM for interoperability, reporting as well as both client and provider access, focus on implementation of SmartCare, an EHR in partnership with CalMHSA. The EHR implementation will support the multi-county collaborative by adding Sierra County to the cohort to participate in the roll out of an EHR to meet CalAIM requirements. The budget includes:

.50 FTE Health Assistant to manage the rollout of the EHR, including such items and data transmission and manual typing into the system of new and existing clients.

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

Innovation funds will be utilized for all components of this project. See Excel sheet for details. Sierra County will utilize Behavioral Health Services Act (BHSA) Alignment and Medi-Cal funds in order to sustain this project once it is fully implemented through this Innovation Project request. This INN project aligns with the BHSA through a shared focus on (a) meeting behavioral health workforce and technological needs in a rapidly changing and increasingly interoperable environment, and (b) increasing access to meaningful data to evaluate behavioral health service outcomes and equity. Regarding sustainability, as part of the Semi-Statewide EHR program that encompasses this INN project, costs are higher at the beginning of the project to support implementation deliverables. It is expected that expenditures to support ongoing use and maintenance of the new system will become part of normal operating costs. Additionally, it is expected that Sierra County will be drawing down more sustainable funding using federal financial participation (FFP) by becoming a Mental Health Plan (MHP), which is occurring in tandem with and supported by this project.

Expenditure Item	Description/Explanation of Expenditure Item	Funding Source	Total Project Cost	FY YEAR
Salaries, Wages & Benefits	50 FTE Health Assistant to manage the rollout of the EHR, including such items and data transmission and manual typing into the system of new and existing clients.	MHSA-INN	$195,691	FY 2024 – FY 2027
Direct Costs	Sierra County participation in the California Mental Health Services Authority (CalMHSA) agreement for Semi-Statewide Enterprise Health Record.	Budget includes utilization of MHSA INN funds, as the Enterprise Health Record has been identified in the county stakeholder process and approved by county Board of Supervisors.	$575,215	FY 2024-2025
Direct Costs	Contract/PA Agreement with CalMHSA	Provides Sierra County assistance with MHP Plan implementation, among other initiatives to better align with CalAIM.	$90,000	FY 2024-2027

Evaluation	CalMHSA will partner with Rand Corporation for evaluation of this Innovation project.	MHSA-INN	$50,000	FY 2024-2025
			$910,906	3 Year Total

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

$910,906 – FY 2024-2027. All program components funded through Innovations funds.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: *Sierra*

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries			$ 43,072	$ 34,328	$ 36,044	$ 113,444
2	Direct Costs (Fringe @ 38%)			$ 16,367	$ 13,045	$ 13,697	$ 43,109
3	Indirect Costs	$ -		$ 14,860	$ 11,843	$ 12,435	$ 39,138
4	**Total Personnel Costs**	$ -		$ 74,299	$ 59,216	$ 62,176	$ 195,691

	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
11a	Direct Costs- CalMHSA SmartCare			$ 575,215			$ 575,215
11b	Direct Costs- RAND Evaluation			$ 50,000			$ 50,000
12	Indirect Costs						$ -
13	**Total Consultant Costs**	$ -	$ -	$ 625,215	$ -	$ -	$ 625,215

	OTHER EXPENDITURES (explain in budget narrative)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
14	CalMHSA Annual Support Contract			$ 30,000	$ 30,000	$ 30,000	$ 90,000
15							$ -
16	Total Other Expenditures	$ -	$ -	$ 30,000	$ 30,000	$ 30,000	$ 90,000

	EXPENDITURE TOTALS	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
	Personnel (total of line 1)	$ -	$ -	$ 43,072	$ 34,328	$ 36,044	$ 113,444
	Direct Costs (add lines 2, 5, and 11 from above)	$ -	$ -	$ 641,582	$ 13,045	$ 13,697	$ 668,324
	Indirect Costs (add lines 3, 6, and 12 from above)	$ -	$ -	$ 14,860	$ 11,843	$ 12,435	$ 39,138
	Non-recurring costs (total of line 10)	$ -	$ -	$ -	$ -	$ -	$ -
	Other Expenditures (total of line 16)	$ -	$ -	$ 30,000	$ 30,000	$ 30,000	$ 90,000
	TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**$ -**	**$ -**	**$ 729,514**	**$ 89,216**	**$ 92,176**	**$ 910,906**

	CONTRIBUTION TOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
	County Committed Funds			$ 730,470	$ 90,218	$ 90,218	$ 910,906
	Additional Contingency Funding for County-Specific Project Costs						$ -
	TOTAL COUNTY FUNDING CONTRIBUTION	$ -	$ -	$ 730,470	$ 90,218	$ 90,218	$ 910,906

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: *Sierra*

ADMINISTRATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds		$ 590,252				$ 590,252
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Administration						$ 590,252

EVALUATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds		$ 50,000	$ 90,218	$ 90,218	$ 90,218	$ 320,654
2	Federal Financial Participation						$ -
3	1991 Realignment						$ -
4	Behavioral Health Subaccount						$ -
5	Other funding						$ -
6	Total Proposed Evaluation	$ -	$ 50,000	$ 90,218	$ 90,218	$ 90,218	$ 320,654

TOTALS:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
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:						
1	Innovation(INN) MHSA Funds*	$ -	$ 640,252	$ 90,218	$ 90,218	$ 90,218	$ 910,906
2	Federal Financial Participation	$ -		$ -	$ -	$ -	$ -
3	1991 Realignment	$ -	$ -	$ -	$ -	$ -	$ -
4	Behavioral Health Subaccount	$ -	$ -	$ -	$ -	$ -	$ -
5	Other funding**	$ -	$ -	$ -	$ -	$ -	$ -
6	Total Proposed Expenditures	$ -	$ 640,252	$ 90,218	$ 90,218	$ 90,218	$ 910,906

* 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.

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EHR Multi-County Innovation (INN) Project
(DRAFT for 30 Day Public Comment)
Appendix and Budget Template

APPENDIX: Siskiyou County

1. COUNTY CONTACT INFORMATION

- **Primary Project Lead—** Sarah Collard, HHSA Director – scollard@co.siskiyou.ca.us
- **Secondary Project Lead—** Tara Ames, Project Coordinator — tames@co.siskiyou.ca.us
- **Information Systems (I.S.) Project Lead—**Mark Halsebo – mhalsebo@co.siskiyou.ca.us

2. KEY DATES:

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	9/3/2022 – 10/3/2022
Public Hearing by Local Mental Health Board	10/3/2022
County Board of Supervisors' Approval	Anticipated 10/18

This INN Proposal is included in:

	Title of Document	Fiscal Year(s)
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	*Revised MHSA Plan (Mid-Year Adjustment to 22-23 Annual Update), currently in 30 day Public Comment*
	Stand-alone INN Project Plan	

3. DESCRIPTION OF THE LOCAL NEED(S)

Siskiyou County Behavioral Health (SCBH) hosted four community stakeholder activities to present the INN Project and receive feedback.

1. Six Stones Wellness Center: Consumer/Family Member Stakeholder Surveys August 29th through August 31st, 2022.
2. SCBH Consumer surveys— August 29th through August 31st, 2022.

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3. SCBH Supervisors Meeting (Zoom)– September 1, 2022 – 8:15 am
4. SCBH All-Staff stakeholder surveys—August 29th through August 31st, 2022.

All stakeholder activities included key questions related to the current EHR System.

- How many attendees utilize SCBH Electronic Health Records?
- What Challenges exist with the current SCBH EHR?
- What Improvements can be made to enhance user experience? Consumer and Family Member Experience? Contractor Experience?
- What other systems do you utilize to document consumer/client information or to generate reports for quarterly data reports/outcomes?

Below are the nine categories of challenges with the current EHR system and the qualitative responses from the surveys:

1. Inefficient documentation
   - Too much time every day is spent doing documentation. It is unnecessary.
   - Too much repeat information gathering for staff.
   - The system is not user friendly and extremely slow to navigate.
   - It is slow to respond at times and the need for multiple electronic signature or passwords is very annoying.
   - It should load faster.
   - Takes additional time, thus time away from clients and collaborating with staff
   - Hard to find old records easily, old labs new labs, difficult in how meds are accessed. Doing a diagnosis we should not be doing anything but writing it out someone else should code and bill it and it is so time consuming to change a diagnosis quickly and discontinue another one.
   - The staff have to repeat entering the same information in several places. In order to track information many screens have to be opened and closed just to find what is needed.
2. The EHR is too difficult to learn and detracts from client care
   - It is hard to train someone new on a system that does not always make sense. Having so many different procedures for inputting information is challenging to remember and track. There are new expectations being handed down through regulations on a regular basis that do not fit into the design of Anasazi. This makes it frustrating and hard to keep trying to learn the new processes when they do not actually fit.
   - I feel Anasazi is outdated and does not offer the best services for client care.
   - Not client or clinically oriented.

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- Getting behind in notes or assessment documentations can affect our ability to have availability for clients. Not having ease of access to prior notes through a more streamlined organizational flow is a challenge for being able to know what is going on and the history of a client.
- Anasazi is difficult to learn and teach for new/incoming providers and slows down the documentation process. Too many steps!
- I feel we spend more time on documentation than seeing the client.
- If we could focus more on the services we provide to clients instead of the need to use specific language to capture those services, and having to block out time to properly enter information into Anasazi, many of our clients would have more time dedicated to the services we provide
- I have witnessed several times clinicians being required to cancel clients to catch up on tardy documentation.
- I would argue that the client service to documentation time is very disproportionate.

3. The EHR creates needless barriers to reporting requirements
    - In regards to SUD, the barriers are several; Timelines are not flagged for staff to know when their 5-month additional medical necessity is due. CalOms is not flagged if the client has not been seen within the 30 days so that the 10-day letter can go out prior to the end of the 30 days.
    - Staff are forced to prioritize documentation over client care, even at the point of first contact. The EHR doesn't have a way to easily meet the state requirements by tracking client access data, such as timeliness and CSI Assessment Record data, without duplicating processes. New clients don't understand why they can't be scheduled for an assessment on their first phone call to the agency; instead, they are directed to access coordinator because scheduling within the system is very complicated.
    - Pulling data from the EHR is extremely challenging, and staff must be highly trained to extract accurate data. The dashboards are not built directly into the EHR, which limits who has access to them, and aggregated client data for managing staff caseloads doesn't exist. This EHR was never meant to be used for behavioral health purposes, and it is clear that it creates needless burdens for staff and excludes clients from seeing their health information online.
4. Lack of access to viewing the client's full chart at once
    - It is very time consuming all the signatures needed, all the different screens needed that have nothing to do with charting, Multiple screens needed to order a medication, consents, sending to pharmacy and to see your current medications quickly while in session. All very cumbersome. I have worked on many electronic records and none as difficult and non-necessary work to document.
    - Unable to view multiple clients at once.

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- There are so many steps involved with viewing, documenting, scheduling and navigation within the clients chart. unable to access multiple forms/pages or multiple clients at the same time.
- The staff have to repeat entering the same information in several places. In order to track information many screens have to be opened and closed just to find what is needed.
- Not being able to access multiple documents at once makes UR and Quality Improvement processes more time-consuming and difficult.
- Frustrating to navigate between different client charts as well as within individual charts. There are too many different screens to move around in to achieve complete and satisfactory documentation. Fluid real-time documentation is nearly impossible in clinical or medical settings using Anasazi.

5. Prescription and Medication management barriers
   - E-scripting limited to non-controlled medications which requires the use separate E-scripting service for controlled medications. That said, even non- controlled medications can be difficult for medical providers and nursing staff to use and manage using this program. Useful information is not easily accessed and is not well organized. Takes extensive and lengthy training to use proficiently. This EHR seems like a program for billing rather than for managing and documenting client care. Medical staff here have to maintain and use a paper chart in conjunction with the electronic record to be able to quickly reference medication orders and administration records. Maintaining a duplicate paper chart is extremely wasteful of staff time, space and paper.
   - It is a billing system built for billing purposes, NOT for clinicians or provider. It DOES NOT allow a provider to print a current med list for a client so that a client can leave with a clear understanding of their current medications.
6. Overcomplicated, not adaptable, and not intuitive for users
   - Anasazi has terrible spell check. It doesn't recognize common words. The font is super small and hard to read. It is embarrassing to have to move real close to the screen in front of clients. I have not found a way to zoom the screen or anything like you can in other computer platforms. The new EHR requirements have very limited Z codes that are appropriate or compliment SUD services.
   - The system is not user friendly for staff. It is difficult to navigate. It is hard to get the data needed out of it. It is hard to help staff understand that what they do effects the revenue.
   - I feel we could have a system that is much more user friendly.
   - This is by far the worst EHR in my 33 year career helping people. Completely distracts from being able to provide good quality care. Cumbersome and unintuitive is being kind here.

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- This program is not user friendly at all. There are too many places to get lost in this program that causes a lot of frustration.
- The amount of time it takes to access the chart, look for documentation, completing documentation, and too many documents to complete.
- Not a barrier to all around care but a barrier to efficient client care. Frustrating and time consuming to use this EHR.
- The font size is hard to read and small. It is a strain on my eyes and leads headaches and frustration.
- Anasazi is terrible to try and use via VPN because the font size cannot be adjusted and you can only have one item open at a time.

7. Poor caseload management
    - Not only do we have a lot of documentation, but the timelines are hard to keep track off.
    - Anasazi, is not user friendly and lack of reporting for Chart storage, lack of flagging system for Assessments...etc.
8. Contributes to staff burnout
    - So many tasks we should not be doing as the providers and it is so nonsensical to learn every single provider I worked with when I started said how they "hate it"
    - The amount of documentation and time spent documenting is problematic. It gets overwhelming and takes time away from spending quality time with the client. The stress of time lines follows me home at times because I feel like its so much.
    - It's cumbersome and time consuming which detracts from the time available for treatment. It contributes to staff burnout which in turn results in increased sick and other leave which reduces availability of staff who are providing services. Staff are unwilling to work in the public sector due to charting requirements and the challenges associated with use of the EHR and this creates a barrier to access.
    - We have even had new staff leave because learning the complex documentation process is too challenging for them, and it is not intuitive at all. Many of our staff do not meet their billable standards because they don't capture much of their time due to not wanting to waste their time documenting.
    - As someone who supports training these staff on documentation, I can tell you that not only is it the least favorite aspect of their job, but they spend nearly as much time doing it as seeing clients. Often times those who stay current on documentation, have to stay late or come in after hours in order to do so, which directly corresponds to increased levels of burn out!
    - I had already decided to leave my job within three weeks of being here until I was treated so kindly I didn't have the heart to pull the resignation trigger.
    - Being in front of a computer 25% of the time documenting client care and coordination of care is exhausting and brain numbing.

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- It is exhausting and not why I became a therapist.

- I feel that there is an overwhelming amount of documentation which leads many employees to feel overloaded and frustrated.

9. No access for client's to see their information
    - Consumers, family members, and community-based organizations reported the need for clients to have access to their own information through a portal.

SCBH Supervisors shared their experiences regarding challenges with onboarding new users, supervision, caseload management, compliance, functionality, and cultural competence.

1. New users
    - Not user friendly. It takes a long time to learn to navigate.
    - New people take a long time to see clients due to the time it takes to train them on the EHR. (weeks to get up to speed)
    - It takes a lot of supervisor time to get people set up in the system. If there are other challenges in the agency, it can sometimes take days before the staff can begin their training.
    - Heavy supervisor burden to train new staff.
    - Training depends heavily on the learning style of the staff.
    - The EHR is not an intuitive program. There is no draw to bring people into the agency when they hear that the EHR is a challenge to work with.
    - Cumbersome, it doesn't auto-populate which creates more work for providers. Very duplicative processes.
    - Other programs have formal trainings that are offered to staff; this is not available for our EHR.
2. Compliance
    - No flagging or warning system.
    - Challenges with scanning documents, time-consuming.
    - Records retention: the flagging system would tell you how long we've been holding on to records for. We have to do this manually.
    - Doesn't allow for scanning two-sided documents.
    - People print out attachments to read, which increases chance of a HIPAA breach.
    - Lack of security, you can still tell if someone is in SUD services.
    - Not set up for Title 42 protections.
    - Additional ROIs have to be made to protect liability between BH and SUD departments.
    - Staff want the system to be more secure for client data.
3. Functionality
    - The background contributes to eye fatigue.

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- Notifications are a huge problem. The agency spends a lot of money for staff to keep their notifications updated.
- Filters in every tab have to be changed.
- Client attachments are challenging to view and navigate, especially if you're on a VPN.
- Auto population doesn't go to all the places where data is stored.
- Can assign tasks/due dates to staff through the EHR or send notifications when tasks have been completed.
- Timeliness: sups aren't informed when services are scheduled outside of standards.
- You can't track urgent services or assessment updates, if staff never finalized a document.
- No plagiarizing notices (copy/paste).
- All staff use another program to use spell check.
- If staff are interrupted, it doesn't save or auto-save the progress.
- Hard to set up groups and adjust times.
- CalOMS is exceptionally challenging to pull out data for reporting.
- SUD notifications are not set up or easy to change.

4. Caseload Management
   - Case managers, peers, and nurses can't carry caseloads in the EHR. It's hard to find out to who people are assigned to.
   - A lot of workarounds are needed to make referrals to other agencies or even within different departments within the agency. There is no mechanism to track referrals or make them through the EHR.
   - Tasks cannot be assigned to other staff and monitored by supervisor via notifications and due dates.
   - Supervisors have to oversee the frequency of services and the EHR does not allow for this. They have to use multiple logs to track caseloads, referrals, special programs, etc.
5. Cultural Competence Concerns
   - No alias abilities
   - No preferred names or pronouns, only allows Medi-Cal Name to identify chart and has no way to give staff a heads-up that the client identifies by a different name or gender.

As evidenced above, the challenges with the current EHR are impactful for the entire SCBH system and the clients it services. Below are the recommended solutions for a new EHR that meets the needs of all SCBH staff and consumers.

- Full integration and portability of systems including android and apple application access for consumers/family members
- Link Health Information Exchange system into new EHR system so that staff and consumers can have access across the county.
- Fast connections to the server.

- Improved CalOMS reporting, easier share of costs reporting, better fiscal and service reports.
- User friendly system
- Sequentially required forms to be available. Integrate new CalAIM Problem list as part of the clinical record, not a separate item in the database.
- Increase the number of templates for medical department. Include Medical ROI's on the front page, add a lab work template
- Ensure that information that can be duplicated from various forms is done so accurately.
- Increase functionality across systems
- Forms that pre-populate demographic information and other known information
- Have an EHR that is available to the user no matter where they are.
- Creating a portal system in which consumer/family members have the ability to access information on their health status, problem lists, aftercare, follow-up appointments and an application that will allow for ease of communication between provider and consumer through the portal system.
- Simple and Intuitive Platform
- IS Help Desk that is quick to respond – 24 hour Access
- System that connects and integrates with other counties across California

Quantitative data from the surveys showed that 60% of respondents use the current EHR in their daily work activities. Of those individuals, 90% of staff respondents were either neutral or dissatisfied with how Anasazi manages caseloads, and 88% of staff respondents reported that they were dissatisfied with Anasazi overall as an electronic health record. Additionally, 75% of psychiatric providers were dissatisfied with Anasazi's ability to monitor medications and medication refills.

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

As with many counties across California, SCBH and Community Partners are uniquely situated to participate in this Multi-County INN project. Stakeholders across our system have expressed deep concern about the inadequate EHR system that is currently utilized. Stakeholders have prioritized this project to improve and enhance the EHR system to meet the needs of the provider and consumer community alike. With this unique multi-county collaborative, Siskiyou County can provide continuous feedback through system end-users, providers, contractors, consumer/family member staff and recipients of care. This broad stakeholder group will serve as an essential feedback loop

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to program design, system design and evaluation alike. SCBH hopes to achieve the following learning goals in participation with this INN Project:

1. Using a Human-Centered Design approach, identify design elements of a new Electronic Health Record to improve our local behavioral health workforce's job effectiveness, satisfaction, and retention.
2. Implement a new EHR that is more efficient to use, resulting in a 30% reduction in time spent documenting services, thereby increasing the time spent providing direct care.
3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

SCBH recognizes the meaningful relationship and involvement in the MHSA Process and related behavioral health system. A partnership with constituents and stakeholders is key to the CPPP. SCBH hosted four community stakeholder activities to present the INN Project and receive feedback.

1. Six Stones Wellness Center: Consumer/Family Member Stakeholder Surveys August 29th through August 31st, 2022.
2. SCBH Consumer surveys— August 29th through August 31st, 2022.
3. SCBH Supervisors Meeting (Zoom)– September 1, 2022 – 8:15 am
4. SCBH All-Staff stakeholder surveys—August 29th through August 31st, 2022.

Stakeholder participation and demographics were tracked through Microsoft Forms. Stakeholder participants were demographically diverse and included representatives of unserved and underserved populations. The community activities had participation by 50 individuals; 11 were members of the Six Stone Wellness Center, 9 were SCBH clients, and 30 were SCBH and community-based organization staff. 72% of the participants self-identified as a consumer or as a family member of a consumer. All participants were adults, there were no youth surveys returned. Participants also represented the following stakeholder groups:

- Consumer Advocates/Family Members
- Community-Based Organizations

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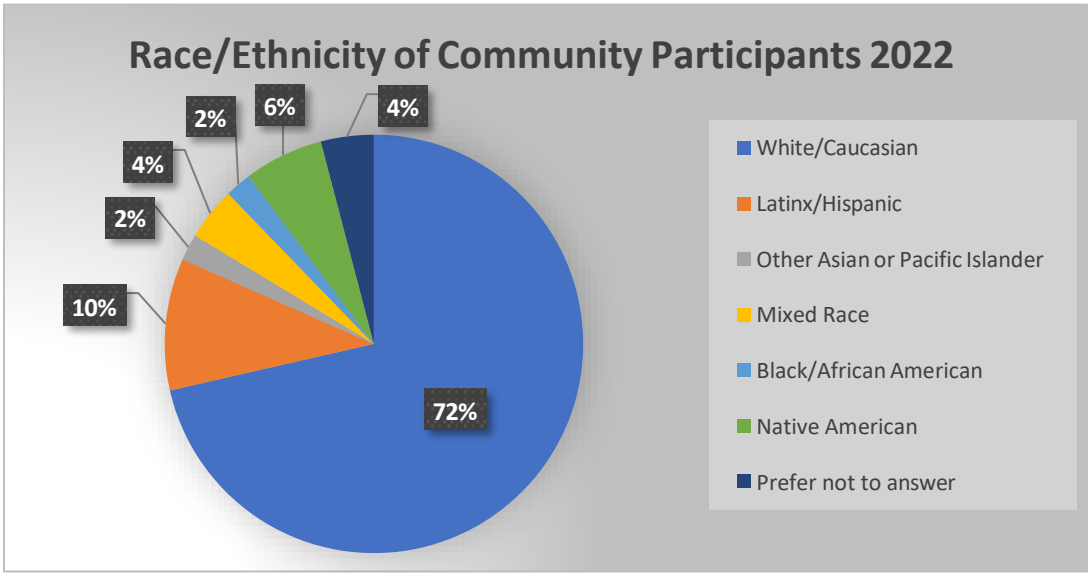
- Substance use disorder treatment providers
- Health Care Providers
- County Behavioral Health Department Staff
- LGBTQIA/Family member of LGBTQIA
- Professionals with lived experience with mental illness
- Family members of disabled veterans

A diverse range of individuals from racial and ethnic backgrounds attended the community activities. Similar to the County's demographic breakdown and those SCBH provides services to, the White/Caucasian group comprised a majority of participants (71%). However, the survey results included more racial and ethnic diversity than the County's demographics, as the White/Caucasian group typically represents 85% of the County population.



All community activities began with the purpose of the INN project and included key questions related to the current EHR System.

- How many attendees utilize SCBH Electronic Health Records?
- What Challenges exist with the current SCBH EHR?
- What Improvements can be made to enhance user experience? Consumer and Family Member Experience?

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- What other systems do you utilize to document consumer/client information or to generate reports for quarterly data reports/outcomes?

The SCBH supervisor discussion group was led Ashley Bray, Quality Assurance Manager. Sarah Collard, the HHSA Director, presented on the CalMHSA Multi-County EHR Project and qualitative feedback was documented via minutes and through the Zoom chat box. To gain consumer and family member feedback, SCBH distributed paper surveys at the Six Stones Wellness Center and at the North and South County SCBH offices. Each survey described the CalMHSA Multi-County EHR Project and included a mixed methods approach to collecting qualitative and quantitative responses.
Another survey was sent to all SCBH staff that utilize the current EHR (Anasazi). The survey described the CalMHSA Multi-County EHR Project and included a mixed methods approach to collecting qualitative and quantitative responses. Staff participants included peers, behavioral health specialist, clinicians, SUD counselors, nurses, psychiatric providers, health information technicians, fiscal technicians, telehealth providers, contracted providers, information system technicians, and receptionists.
There were 50 respondents to the surveys, which represented a broad range of SCBH staff, contract providers, community members, and consumer and family members.

A 30 day public comment period will commence on September 3rd through October 3rd, 2022 with the release of Siskiyou County's Revised (DRAFT) 2022-23 MHSA Annual Update to include this draft appendix, associated INN Budget summary and INN Project description. A Public Hearing is scheduled with the Siskiyou County Behavioral Health Board on October 3rd to finalize the 30 day public comment period. A final draft will be presented for approval to Siskiyou County Board of Supervisors at the next available meeting on October 18th, 2022.

6. CONTRACTING

Organizational Management:

- The HHSA Director and/or MHSA Coordinator will serve as Lead Contact for the EHR INN Project. These individuals are experienced in stakeholder engagement and chairs various stakeholder system committees such as MHSA Consortium of Providers & Community Stakeholders and the SCBH Cultural Competency Committee. The HHSA Director and/or MHSA Coordinator manage the MHSA 3 Year Plan and Annual Update Community

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Planning Process annually and additional stakeholder engagement projects as needed.

- The Project Director will serve as Alternate Contact for the INN Project and develops all SCBH programs.
- The Department Information Systems (IS) Supervisor will serve as IS Project Leads for EHR INN Project. The IS Supervisor is experienced in our current EHR systems and overall I.S. technology and have led system-wide projects through our I.S. Department.
- Department Fiscal Officer will provide direct feedback for platform upgrades/changes and analysis for the Finance/Billing department to insure proper integration through the Medi-Cal billing system.

Contract Monitoring:
Ongoing contract monitoring and quality control is undertaken through the SCBH administration team, per protocols outline by the organization. Protocols include comprehensive contract review and auditing protocols.

SCBH contract monitoring is a year-long process of evaluating a contract's performance based on measurable deliverables and verifying contractor compliance with term and conditions of the contract with the County. The purposes of the monitoring are to 1) improve program performance, thereby mitigating program inefficiencies; 2) evaluate contractor performance controls to ensure there is a reliable basis for validating service deliverables; 3) to assure that the financial documentation is adequate and accurate; 4) and review compliance with applicable regulatory requirements.

7. COMMUNICATION AND DISSEMINATION PLAN

Upon approval of the INN project, the HHSA Director (and once hired, the MHSA Coordinator) will create an EHR Community Stakeholder group. Stakeholders engaged in the EHR Community Stakeholder Group may include: staff, providers, consumers, and family members. The stakeholder group will play a critical role to serve as an essential feedback loop to program design, system design and evaluation alike.
The EHR Community Stakeholder Group will be included as a subcommittee to the Quality Improvement Committee to solidify commitment to the stakeholder process. The subcommittee will be scheduled on the agenda on a monthly basis to provide ongoing progress and quarterly feedback from the larger stakeholder committee.

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SCBH will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties. In general, communication pertaining to evaluation findings, or the publication of research studies will occur through the following steps:

1. SCBH will post a public announcement to the SCBH MHSA Website https://www.co.siskiyou.ca.us/behavioralhealth/page/mental-health-services-act
2. MHSA Coordinator and/or program staff will provide annual presentation to stakeholder committees (Behavioral Health Board, MHSA Consortium of Providers (CBO's), Consumer/Family Member Stakeholders, and Quality Improvement Committee) on progress of the innovation project.
3. SCBH will partner with CalMHSA to further expand and provide related reports to social media outlets to announce findings and direct subscribers to the report.

8. COUNTY BUDGET NARRATIVE

Personnel		
Classification (Job Title)	*Job Description and FTE*	*Cost*
Payroll Taxes and Benefits	*Description of Benefits*	*Cost*
Operating Expenses Direct Costs		
Communication Expenses	*Description*	*Cost*
Office Expenses	*Description*	*Cost*
Training	*Description*	*Cost*
Travel/Transportation	*Description*	*Cost*
Consultation/Contract Expenses		
Consultant	*Contract/Participation Agreement with CalMHSA*	*Cost $830,795*
Evaluation Costs (If not already described or identified above if so remove this line).		
Evaluation Costs	*Rand Evaluation included in Contract /PA with CalMHSA*	*Cost $150,000*
Indirect Costs		
Indirect Costs	*10% Annual Administration costs*	*Cost $92,311*
Total Direct Costs	*$980,795*	
Total Budget	*$1,073,106*	

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

Attached as requested

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

Attached as requested

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: ***Siskiyou 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						
2	Direct Costs						-
3	Indirect Costs						-
4	**Total Personnel Costs**	**-**	**-**	**-**	**-**	**-**	**-**
	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	587,601	116,505	90,415	90,481	90,548	975,550
12	Indirect Costs						-
13	**Total Consultant Costs**	**587,601**	**116,505**	**90,415**	**90,481**	**90,548**	**975,550**
	OTHER EXPENDITURES (explain in budget narrative)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
14	Administrative Cost	58,760	11,651	9,042	9,048	9,055	97,556
15							
16	**Total Other Expenditures**	**58,760**	**11,651**	**9,042**	**9,048**	**9,055**	**97,556**

	EXPENDITURE TOTALS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	Personnel (total of line 1)						
	Direct Costs (add lines 2, 5, and 11 from a	587,601	116,505	90,415	90,481	90,548	975,550
	Indirect Costs (add lines 3, 6, and 12 from	-	-	-	-	-	-
	Non-recurring costs (total of line 10)						-
	Other Expenditures (total of line 16)	58,760	11,651	9,042	9,048	9,055	97,556
TOTAL INDIVIDUAL COUNTY INNOVATION		**646,361**	**128,156**	**99,457**	**99,529**	**99,603**	**1,073,106**

	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:	***Siskiyou 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	646,361	128,156	99,457	99,529	99,603	1,073,106
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Administration	**646,361**	**128,156**	**99,457**	**99,529**	**99,603**	**1,073,106**
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*	646,361	128,156	99,457	99,529	99,603	1,073,106
2	Federal Financial Participation	-	-	-	-	-	-
3	1991 Realignment	-	-	-	-	-	-
4	Behavioral Health Subaccount	-	-	-	-	-	-
5	Other funding**	-	-	-	-	-	-
6	Total Proposed Expenditures	**646,361**	**128,156**	**99,457**	**99,529**	**99,603**	**1,073,106**
* 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.							

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EHR Multi-County Innovation (INN) Project
(DRAFT for 30 Day Public Comment)
Appendix and Budget Template – Guidelines

APPENDIX: TULARE COUNTY

1. **COUNTY CONTACT INFORMATION** (*who is your Project Lead, as provided to CalMHSA*)**:**

   - **Primary Project Lead- Michele Cruz, MHSA Manager – mcruz2@tularecounty.ca.gov**
   - **Secondary Project Lead– Angela Sahagun, Electronic Health Records Manager – asahagun@tularecounty.ca.gov**

2. **KEY DATES:** (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	3/8/2022 – 4/8/2022
Public Hearing by Local Mental Health Board	4/5/2022
County Board of Supervisors' Approval	6/14/2022

This INN Proposal is included in: (*Check all that apply*)

Title of Document		**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	22/23
X	Stand-alone INN Project Plan	22/23

3. DESCRIPTION OF THE LOCAL NEED(S) (*Include specifics from your local MHSA community program planning process (CPPP), e.g., comments about your current EHR system, suggestions from stakeholders, e.g., County staff, contracted providers, system partners,*

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clients, family members and other interested parties. Include challenges meeting current and future reporting requirements and business needs, past efforts to address local needs, etc.)

- Tulare County MH/MHSA hosted three community stakeholder meetings to present the INN Project and receive feedback.
    - Porterville Wellness Center, Consumer/Family Member Stakeholders (Zoom) – March 14, 2022 – 1pm
    - Visalia Wellness Center, Consumer/Family Member Stakeholders (Zoom) – March 14, 2022 – 2:30pm
    - Tulare County Mental Health Board Meeting (Zoom)– April 5, 2022 – 3pm

  Tulare County Mental Health Branch faces an increasingly complex task in the upcoming years to 1) successfully integrate the California Advancing and Improving Medi-Cal state initiatives; 2) successfully integrate the Substance Use Disorder treatment and services provided within the Branch; 3) grow and retain a robust and dynamic workforce in a Health Provider Shortage Area; and 4) modernize an integrated health record system that can efficiently and effectively provide data for decision making, not just for care provision for the consumers served but also for administration as the Branch looks to performance outcomes and measures to successfully implement payment reform.

  In addition to those demands on Tulare County Mental Health, the civilian labor force peaks at 9.6% unemployment rate, which is significantly higher than the State's average of 4.1%. Tulare County is also a Health Provider Shortage Area (HPSA) which means it is harder to attract and retain a health provider workforce. With this Project, the Branch hopes to improve the work experience, reducing the challenges and barriers in providing services, and retain and grow a robust and dynamic workforce.

  The current electronic health records system, Avatar, is an antiquated system that requires cumbersome documentation from clinical users which can lead to significant burnout and attrition. Additionally, poorly designed system configurations create barriers for accessing data and timely decision making. Finally, the current system is not designed to support interoperability, critical data exchange opportunities, and Substance User Disorder treatment integration that would lead to improved health outcomes for consumers. With CalMHSA's assistance in this Human Centered Design approach, and working with our providers as subject matter experts in their daily clinical operations, Tulare County MH anticipates the new enterprise health records system will be responsive to the needs of the workforce as well as the consumers they serve.

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There are two goals locally. In Phase One, Tulare County Mental Health would like to focus on growing and retaining our local workforce, providing a tool with this Project, that is user-friendly, efficient, and effective in communicating between providers and teams in order to be able to provide the best possible care for consumers. Tulare County Mental Health is hopeful that employee retention will improve as this Project provides opportunities for eliminating redundancy, improved communication, improved documentation to reduce staff burden, and improved data collection and reporting.

In May 2021, the Branch brought in a consulting firm to survey employees in an effort to gauge employee satisfaction. Overall, 66% of employees surveyed were somewhat-engaged or not engaged. The Administration group had the largest percentage of those not engaged (32%), while the Case Management group had the largest percentage of those only somewhat engaged (70%). Additionally, when asked about whether employees were considering leaving their current position within the next year, 29% responded yes, and 14% preferred not to say. Drilling down on those responses showed that majority of those considering leaving were not engaged or somewhat engaged. While there are many varied factors that were assessed in this employee engagement survey, Tulare County Mental Health looks to this Innovation Project as a step to improving employee satisfaction and retention.

A second goal is to continue integrating SUD services with mental health services for providing care that addresses all the needs of an individual, in tandem with CalAIM changes. Tulare County Mental Health is hopeful that this Project will provide opportunities for eliminating redundancy, improved communication, improved documentation to reduce staff burden, and improved data collection and reporting.

The Branch looks to provide a business solution to the challenges facing behavioral health plans across the state that supports the breadth and scope of the needs of provider staff, administrative leaders, and ultimately the consumers; improving the quality of mental health programs and services by allowing providers the ability to receive data and other information in a timely manner to make decisions for administering appropriate care, and advancing a Whole Person Care delivery system model to include Substance Use Disorder treatment and services seamlessly. With CalMHSA assistance through this Innovation project, Tulare County MH anticipates improvement in workforce satisfaction and retention. Tulare County Mental Health (MH) would like to effect local level system change with the goal of improving the quality of behavioral health services while maintaining workforce development, satisfaction, and retention.

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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 (*Include information describing what your County hopes to achieve by participating in the INN project, referencing the learning goals included at the end of the "Project Brief" document.)*

- As with many counties across California, Tulare County Mental Health and Community Partners are uniquely situated to participate in this Multi-County INN project. Stakeholders across our system have expressed deep concern on the volatile and antiquated EHR system that is currently utilized. Stakeholders have prioritized this project to improve and enhance the EHR system to meet the needs of the provider and consumer community alike. With this unique multi-county collaborative, Tulare County will gain an opportunity to provide continuous feedback through system end-users, providers, contractors, consumer/family member staff and recipients of care. This broad stakeholder group will serve as an essential feedback loop to program design, system design and evaluation alike. Tulare County Mental Health hopes to achieve the following learning goals in participation with this INN Project:
    - Using a Human Centered Design approach, identify design elements of a new Enterprise Health Records to improve our local behavioral health workforce's job effectiveness, satisfaction, and retention
    - Implement a new EHR this is more efficient to use, resulting in a 30% reduction in time spent documenting services, thereby increasing the time spent providing direct care
    - Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS (*Describe the County's CPPP 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. Include details of stakeholder meetings, i.e., number and demographics of participants, community groups and system partners, methods of dissemination of information about the proposed project and comments received regarding the INN project.)*

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This Innovation Project plan was presented to MHSA stakeholders during the Community Planning Process (CPP) for the Annual Update Plan for Fiscal Year 2022/2023. The project was discussed at stakeholder meetings at the wellness centers on March 14, 2022.

Stakeholders at these meetings included consumers, family members, and providers. Total stakeholders in attendance were 20. No specific comments on the Innovation project were made during those meetings. Prior to this stakeholder meeting, the wellness center staff advertised the meetings on their calendar of events along with flyers. MHSA staff also shared information about the meetings through external website, social media postings, and with committees.

Tulare County Behavioral Health staff also discussed the project at the Adults and Children's System Improvement Committees as well as the Quality Improvement Committee, at earlier meetings (prior to March and April) and questions were asked about time frames, implementation, vendor selection. All questions were answered during those meetings. These meetings include providers, agency partners, and peers. Attendance varies between 15-30 attendees, and includes partners from outlying, underserved areas within Tulare County.

The Annual Update Plan was circulated for 30 days for review and comment, via the County Health & Human Services Agency external website; notices posted in local newspapers; electronic copies emailed to stakeholders; with hard copies distributed upon request. The 30-day stakeholder review and public comment period took place from March 8, 2022, to April 8, 2022. A public hearing was then held during the Mental Health Board meeting on April 5, 2022. Discussion was held during the April 5 Mental Health Board meeting on this action item. Three public comments were received during the 30-day public comment period; none addressed the Innovation Project specifically. No public comments were received during the public hearing held at the April 5 Mental Health Board meeting, and the Mental Health Board reached a quorum and voted to move the Annual Update Plan forward to the Board of Supervisors. The Tulare County MHSA Annual Update Plan for Fiscal Year 2022/2023 was approved by the Board of Supervisors on June 14, 2022.

The Innovation project was separately highlighted during the April 5 Mental Health Board meeting, and all board members approved it for submission to the Board of Supervisors and the Mental Health Services Oversight and Accountability Commission.

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6. CONTRACTING *(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?)*

- **Organizational Management:**
  - MHSA Manager will serve as Lead Contact for the EHR INN Project.
    - Experienced in stakeholder engagement and chairs the following stakeholder system committees such as: MHSA Providers, Wellness & Recovery Committee.
    - Manages the MHSA 3 Year Plan and Annual Update Community Planning Process annually and additional stakeholder engagement projects as needed.
  - Electronic Health Records Manager will serve as Alternate Contact for the INN Project.
    - Oversees EHR programs and implementation of new programs, processes, etc., within the electronic health record system.
  - An Electronic Health Records Specialist Supervisor and an Administrative Specialists will serve as project management and fiscal oversight.
    - EHR Specialist Supervisor oversees program design and data collection methods implementation.
    - Administrative Specialists are experienced in project management, state reporting requirements both programmatic and fiscal, and development of policies, procedures, etc., within the Agency.
  - Electronic Health Records Specialists (3) will be utilized for program design, data collection methods, trainings.

- **Contract Monitoring:**

  The MH Administration Team will provide updates on the Project at the Quality Improvement Committee, the Adult and Children's System Improvement Committees, as well as the MHSA Provider meetings. These meetings are attended by community-based partners who are part of the Mental Health Plan as well as consumers and family members. Tulare County Mental Health also has an established Mental Health Cultural Competency Committee which meets regularly and is made up of peer specialists, community organizations, clinicians, and county staff. This committee will be informed on a regular basis as to the status and outcomes of the project.

  Evaluation of the project will also be shared with the Mental Health Board, with recommendations from the committees mentioned above regarding the project success

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and continuation, to be shared with the Mental Health Board for their advice and action.

7. COMMUNICATION AND DISSEMINATION PLAN (*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project. 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 the communication efforts?*

- Annual reports on the project will be shared with the Mental Health Board, and publicly available on the Tulare County HHSA website. Program participants, family members, and stakeholders will be encouraged to participate in stakeholder meetings. Shared experiences on the project's impact in the lives of our community will be welcomed. Additionally, Tulare County Mental Health will share findings statewide with county counterparts through making the project evaluation available online as well as through email listings and state MHSA associations.

- Tulare County Mental Health will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties.

8. COUNTY BUDGET NARRATIVE (*Include description of expenses for local Personnel, Operating and Consultant Costs, as well as the source(s) of funds to be used to support this multi-County collaborative. Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting, and evaluating the proposed project, and the dissemination of the Innovative project results.*

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Tulare County Phase 1 was submitted separately for planning purposes and was approved by the MHSOAC on June 20, 2022, for $1 million.

Phase 2 will cover the implementation of the Semi-Statewide EHR Innovation project.

Tulare County anticipates continued investment of $1.3 million in this project after the INN 5-year project period ends through CSS or CFTN funding in years 6 and 7. We would also plan on using Realignment and Medi-Cal reimbursement for sustainability purposes.

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Tulare County Phase 2 Budget Narrative

PERSONNEL

Classifications:

MHSA Manager: $26,699
0.1 FTE will provide oversight and manage the stakeholder engagement and collaboration within our county.

Electronic Health Records (EHR) Manager $52,439
0.1 FTE will provide oversight in the implementation of the new Semi-Statewide EHR system in our county.

EHR Specialist Supervisor $113,075
0.25 FTE will provide support of the new Semi-Statewide EHR system in our county.

EHR Specialist $1,171,906
3.0 FTEs will provide support of the new Semi-Statewide EHR system in our county.

Administrative Specialist $93,569
0.2 FTE will provide administrative and fiscal support to the new Semi-Statewide EHR system in our county.

Payroll Taxes and Benefits: $559,534
Costs are identified by forecasting of actual benefit costs and assumes continued employment of existing staff.

TOTAL PERSONNEL EXPENSES **$2,017,221**

OPERATING EXPENSES

Direct Costs:
Communication: $35,500
Includes phones, cell phones, data lines, etc.
Office Expenses: $77,500
Includes general office supplies and expenses.
Training: $5,000
Includes any trainings associated with the Semi-Statewide EHR system.
Travel/Transportation: $15,000
Includes any travel associated with the Semi-Statewide EHR system.

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TOTAL DIRECT OPERATING EXPENSES	$133,000
INDIRECT OPERATING EXPENSES	$280,000
TOTAL OPERATING EXPENSES	**$413,000**
CONTRACT EXPENSES	
CalMHSA	$3,600,800
RAND Evaluation	$250,000
TOTAL CONSULTATION/CONTRACT EXPENSES	**$3,850,800**
TOTAL PHASE 2 BUDGET	**$6,281,021**

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

- *Attached as requested*

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

- *Attached as requested*

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: *TULARE*

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries	$ 163,495	$ 309,834	$ 319,783	$ 328,998	$ 335,577	**$ 1,457,687**
2	Direct Costs						**$ -**
3	Indirect Costs	$ 62,861	$ 118,972	$ 122,729	$ 126,224	$ 128,748	**$ 559,534**
4	**Total Personnel Costs**	**$ 226,356**	**$ 428,806**	**$ 442,512**	**$ 455,222**	**$ 464,325**	**$ 2,017,221**

	OPERATING COSTS*	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
5	Direct Costs	$ 26,600	$ 26,600	$ 26,600	$ 26,600	$ 26,600	**$ 133,000**
6	Indirect Costs	$ 80,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	**$ 280,000**
7	**Total Operating Costs**	**$ 106,600**	**$ 76,600**	**$ 76,600**	**$ 76,600**	**$ 76,600**	**$ 413,000**

	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	$ 876,474	$ 788,899	$ 727,907	$ 728,470	$ 729,050	**$ 3,850,800**
12	Indirect Costs						**$ -**
13	**Total Consultant Costs**	**$ 876,474**	**$ 788,899**	**$ 727,907**	**$ 728,470**	**$ 729,050**	**$ 3,850,800**

	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)	$ 163,495	$ 309,834	$ 319,783	$ 328,998	$ 335,577	**$ 1,457,687**
Direct Costs (add lines 2, 5, and 11 from above)	$ 903,074	$ 815,499	$ 754,507	$ 755,070	$ 755,650	**$ 3,983,800**
Indirect Costs (add lines 3, 6, and 12 from above)	$ 142,861	$ 168,972	$ 172,729	$ 176,224	$ 178,748	**$ 839,534**
Non-recurring costs (total of line 10)	$ -	$ -	$ -	$ -	$ -	**$ -**
Other Expenditures (total of line 16)	$ -	$ -	$ -	$ -	$ -	**$ -**
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**$ 1,209,430**	**$ 1,294,305**	**$ 1,247,019**	**$ 1,260,292**	**$ 1,269,975**	**$ 6,281,021**

CONTRIBUTION TOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
County Committed Funds	$ 1,209,430	$ 1,294,305	$ 1,247,019	$ 1,260,292	$ 1,269,975	$ 6,281,021
Additional Contingency Funding for County-Specific Project Costs						
TOTAL COUNTY FUNDING CONTRIBUTION	$ 1,209,430	$ 1,294,305	$ 1,247,019	$ 1,260,292	$ 1,269,975	$ 6,281,021

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: ***TULARE***

ADMINISTRATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds	$ 959,430	$ 1,294,305	$ 1,247,019	$ 1,260,292	$ 1,269,975	$ 6,031,021
2	Federal Financial Participation						$ -
3	1991 Realignment						$ -
4	Behavioral Health Subaccount						$ -
5	Other funding						$ -
6	Total Proposed Administration	$ 959,430	$ 1,294,305	$ 1,247,019	$ 1,260,292	$ 1,269,975	$ 6,031,021

EVALUATION:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:						
1	Innovation (INN) MHSA Funds	$ 250,000	$ -	$ -	$ -	$ -	$ 250,000
2	Federal Financial Participation						$ -
3	1991 Realignment						$ -
4	Behavioral Health Subaccount						$ -
5	Other funding						$ -
6	Total Proposed Evaluation	$ 250,000	$ -	$ -	$ -	$ -	$ 250,000

TOTALS:

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
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:						
1	Innovation(INN) MHSA Funds*	$ 1,209,430	$ 1,294,305	$ 1,247,019	$ 1,260,292	$ 1,269,975	$ 6,281,021
2	Federal Financial Participation						$ -
3	1991 Realignment						$ -
4	Behavioral Health Subaccount						$ -
5	Other funding**						$ -
6	Total Proposed Expenditures	$ 1,209,430	$ 1,294,305	$ 1,247,019	$ 1,260,292	$ 1,269,975	$ 6,281,021

* 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.

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EHR Multi-County Innovation (INN) Project

Appendix and Budget Template – Guidelines

APPENDIX: **_SONOMA COUNTY**

1. **COUNTY CONTACT INFORMATION** (*who is your Project Lead, as provided to CalMHSA*)**:**

Name of Contact	Role	Email
Jan Cobaleda-Kegler	Behavioral Health Director	Jan.Cobaleda-Kegler@sonoma-county.org
Christina Marlow	QAPI Section Manager	Christina.Marlow@sonoma-county.org>
Melissa Ladrech	MHSA Coordinator	Melissa.Ladrech@sonoma-county.org

2. **KEY DATES:** (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	June 20, 2022- July 19, 2022
Public Hearing by Local Mental Health Board	July 19, 2022
County Board of Supervisors' Approval	Scheduled for September 13, 2022

This INN Proposal is included in: (*Check all that apply*)

Title of Document		Fiscal Year(s)
X	MHSA 3-Year Program & Expenditure Plan	2023-2026 (will be included)

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X	MHSA Annual Update	2024-2027 (will be included)
X	Stand-alone INN Project Plan	See Local Review Process above

3. DESCRIPTION OF THE LOCAL NEED(S) (*Include specifics from your local MHSA community program planning process (CPPP), e.g., comments about your current EHR system, suggestions from stakeholders, e.g. County staff, contracted providers, system partners, clients, family members and other interested parties. Include challenges meeting current and future reporting requirements and business needs, past efforts to address local needs, etc.*)

Sonoma County Behavioral Health currently utilizes 3 primary systems (Avatar, SWITS, and DCAR) to manage clinical documentation, mandated data reporting, and billing/claiming (primarily Medi-Cal). The FY 21-22 contract amounts for these systems totals of $857,701, $91,970, and $34,500, respectively.

Sonoma County, like many California Counties, has struggled with implementing Federal and State requirements with our current EHR vendors and systems. The Division has minimal resources to administer our systems, and lack technical expertise in the areas of modification, enhancement, implementation and maintenance of our EHR systems.

The Division's efforts over the years to implement Avatar has been challenging and expensive, and there have been significant delays with project timelines and deliverables. SWITS provides a basic system that has been used for over a decade. As we move towards implementing the Drug Medi-Cal Organized Delivery System (DMC-ODS), SWITS will require significant and expensive upgrades, changes to configuration, and enhancements in order to comply with the various regulatory requirements associated with DMC-ODS.

The Division has been unsuccessful with implementing the use of Avatar with our community-based organizations, which provide approximately 40% of our mental health services. As a result, we have continued to use the CANS/ANSA Data Collection and Reporting (DCAR) System in order to track and submit required CANS/ANSA outcomes data.

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The primary barriers to implementing AVATAR with county contractors comprise three domains: IT infrastructure, IT support, and cost. While some of our partnering CBOs utilize electronic health record systems already, many do not have sufficiently advanced computing and network capabilities to connect to a hosted system in a secure way, and instead remain on hybrid or paper-based systems. It is cost-prohibitive for them to purchase their own licenses/instances of AVATAR, and the county lacked sufficient funding resources to assist. Lastly, many CBOs do not have sufficient IT resources to support the ongoing testing and maintenance of an EHR system, and the county does not have sufficient internal resources to support the significantly increased volume of users resulting from CBO participation in the county's EHR. Our current EHRs are not configured for full-system use, leaving us to manage via external spreadsheets, workarounds, and add-on databases.

On 5/24/22, the Quality Assessment Performance Improvement (QAPI) section facilitated a CBO CalAIM stakeholder meeting to provide an overview of anticipated system changes, and conduct 3 listening sessions (Adult MH Providers, Youth MH Providers, Substance Use Disorder service providers). CBO attendees included Program Directors, Clinical Directors, Quality Management Teams, and Billing/Claiming Teams. Many CBOs indicated a desire to participate in the semi-statewide EHR project to increase interoperability and efficiency of care coordination. They identified challenges that multi-county CBOs encounter when attempting to interface with different county EHRs. They stated their need for support from the County on implementation and requested inclusion in the project. They were invited to the Quality Improvement Committee as the forum to continue discussions on CalAIM changes and EHR project updates.

Additionally Sonoma County, like many California Counties, has struggled with hiring and retaining staff. Currently 26% of the behavioral health positions are vacant. One of the reasons that staff state as a contributing factor for terminating employment with the county is the cumbersome and time-consuming electronic health record, Avatar. Having an electronic health record that is more user friendly and less time consuming will ease the administrative burden on staff and we expect that this will help with both retaining and hiring staff.

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 (*Include information describing what your County hopes to achieve by participating in the INN project, referencing the learning goals included at the end of the "Project Brief" document.)*

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Response to local need: Sonoma County Department of Health Services, Behavioral Health Division plans to participate in the Semi-Statewide Enterprise Health Record Project.

Sonoma County Behavioral Health Division is proposing to use MHSA Innovation (INN) funds to contract and participate with California Mental Health Services Authority (CalMHSA) to implement a Semi-Statewide Electronic Health Record (EHR) that meets the new CalAIM requirements.

Sonoma County Behavioral Health Division has prioritized this project over other identified challenges because implementing a Semi-Statewide Electronic Health Record (EHR) that meets the new CalAIM requirements will address many of the barriers discussed in this proposal by providing the following:

- User friendly EHR system that reduces staff time spent on data input, and can assist with retaining staff
- CBO direct entry and interface with the county EHR
- Consolidation of the three current EHR platforms into one centralized system
- Compliance with CalAIM requirements on payment reform, policy changes, and data exchange
- Client Portal interface capability, which will increase client access and transparency

5. **DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS** (*Describe the County's CPPP 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. Include details of stakeholder meetings, i.e. number and demographics of participants, community groups and system partners, methods of dissemination of information about the proposed project and comments received regarding the INN project.)*

Since April of 2022 the County has been discussing the project with a variety of stakeholders including; MHSA Community Program Planning (CPP) Workgroup, MHSA Steering Committee, Mental Health Board, Department of Health Services leadership, Division Management Team, Division CBO contractors and Board of Supervisors.

Date	Committee	Feedback

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4/7/22	MHSA Community Program Planning (CPP) Workgroup	One CPP Workgroup member stated that she supported the plan since it was being designed to help retain staff and allow staff to focus on clients and spend less time on entering data.
5/11/2022	MHSA Steering Committee	One member stated that she was an intern at the county and Avatar, the county's current EHR, was very difficult and time consuming to use. She was very exited about the project.
5/22/22	CBO CalAIM Stakeholder Meeting	Many CBOs indicated a desire to participate in the semi-statewide EHR project to increase interoperability and efficiency of care coordination. They identified challenges that multi-county CBOs encounter when attempting to interface with different county EHRs. They stated their need for support from the County on implementation and requested inclusion in the project. They were invited to the Quality Improvement Committee as the forum to continue discussions on CalAIM changes and EHR project updates.
5/26/22	Department of Health Services Leadership	Department Director, Tina Rivera, reviewed the proposal, including the budget and the risks and benefits associated with the project. After reviewing all of the data the Department Director approved moving forward with the project.
6/20/2022	Posted on Behavioral Health Division Website and notified	No comments were received about the posting.

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	over 2000 MHSA stakeholders via the MHSA listserv	The Steering Committee, CPP Workgroup and MHB were provided with the proposal to review.
6/22/2022	Quality Improvement Committee	Announcement of upcoming changes through CalAIM and inclusion of additional members of QIC
7/19/2022	Mental Health Board Public Hearing	One member was very interested in the client portal capacity that the new EHR is planned to have. This member stated how important a client portal is to transparency.
7/26/22	Quality Assessment and Performance Improvement Section Meeting	Announced plans to collaborate with CalMHSA and other counties to implement new semi State-wide EHR. Received requests for further details about system and support for implementing new, improved system.
7/27/22	Quality Improvement Committee	Focused discussion of CalAIM and EHR Project. Participants identified the importance of meaningful participation from peers and family members in the project.
8/10/2022	MHSA Steering Committee	One member had questions about the use of CFTN funds and how the county was funding Avatar. Avatar and the County staff are currently both being funded by CFTN.
9/13/2022	Sonoma County Board of Supervisors Meeting	Agenda item detailing EHR plan and receiving approval to enter into Participation agreement with CalMHSA for development and implementation.

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6. CONTRACTING *(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?)*

The QAPI Section Manager is leading the EHR project, as the senior manager responsible for CalAIM implementation. The current AVATAR Clinical Implementation Lead is providing back-up support, and the MHSA Coordinator is providing additional support. The current Implementation Team and supporting subject matter experts are as follows:

Name	Position	Project Role
Chris Marlow	QAPI Section Manager (MH and SUD)	Lead Coordinator
Wendy Wheelwright	Adult Services Section Manager	Clinical Implementation Lead for legacy system
Waheed Bhatti	Systems Service Analyst	IT Implementation Lead for legacy system
Heather Meyers	Revenue and Claiming Manager	Billing/Claiming Implementation Lead for legacy system
To Be Assigned	EHR Clinical Lead Resource	Dedicated support for clinical system implementation and maintenance
To Be Assigned	EHR IT Lead Resource	Dedicated support for IT system implementation and maintenance
To Be Assigned	EHR Billing/Claiming Lead Resource	Dedicated support for Billing/Claiming system implementation and maintenance
Melissa Ladrech	MHSA Coordinator	MHSA Innovation project liaison
Lisa Nosal	Documentation and UR Manager	Content expert – documentation
Katrina Suprise	Quality Assurance MH	Content expert – forms development, policy, and procedures
Nathan Hobbs	Quality Improvement MH	Content expert – system workflows, provider network, data reporting
Will Gayowski	Quality Assurance SUD	Content expert – DMC-ODS
Jennifer Pimentel	Compliance	Content expert – billing/claiming, compliance review

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Ken Tasseff	Privacy and Security Officer	Content expert – patient privacy, record sharing, system interoperability
Roy Dajalos	Assistant Director of Department	Fiscal oversight, executive authority
Kelley Ritter	Deputy Chief Financial Officer	Content expert – fiscal
Michele Bowman	Administrative Services Officer	Contract oversight and authority

7. COMMUNICATION AND DISSEMINATION PLAN (*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project. 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 the communication efforts?*

The MHSA Coordinator will be primarily responsible for communicating the progress, results, and lessons learned to community stakeholders, including the County Mental Health Board, Board of Supervisors, MHSA Steering Committee, CBHDA meetings, Quality Improvement Committee, and other community leaders/stakeholders. The MHSA Coordinator will leverage the MHSA Newsletter and MHSA listserv (with over 2,000 contacts) to inform stakeholders about the results, newly demonstrated successful practices, and lessons learned from the project.

8. COUNTY BUDGET NARRATIVE (*Include description of expenses for local Personnel, Operating and Consultant Costs, as well as the source(s) of funds to be used to support this multi-County collaborative. Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant,*

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part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project, and the dissemination of the Innovative project results.

Expenditure Category	Expenditure Item	Description/Explanation of Expenditure Item	Total Project Cost
Consultant / Evaluation Services	Consultant Services	In collaboration with other California counties, contract with CalMHSA for development, evaluation, implementation, and maintenance of the new Semi-Statewide EHR system in our county.	Total $4,420,407.54 Per year - 22-23 $1,789.644.60 23-24 $ 703,111.14 24-25 $ 642,051.98 25-26 $ 642,545.66 26-27 $ 643,054.16

Sonoma County sustainability plan includes use of CFTN funding to supplement this program post EHR spend down**.** All staff and benefits time will be in-kind funding.

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

Attached

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

Attached

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: **Sonoma**

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries						
2	Direct Costs						
3	Indirect Costs						
4	**Total Personnel Costs**						$

	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	$ 1,789,664.60	$ 703,131.14	$ 642,051.98	$ 642,545.66	$ 643,054.16	$ 4,420,447.54
12	Indirect Costs						
13	**Total Consultant Costs**						$ 4,420,447.54

	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)						
Direct Costs (add lines 2, 5, and 11 from above)						
Indirect Costs (add lines 3, 6, and 12 from above)						
Non-recurring costs (total of line 10)						
Other Expenditures (total of line 16)						
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET						

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						$ 4,420,447.54

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: **Sonoma**

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						
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*	$ 1,789,664.60	$ 703,131.14	$ 642,051.98	$ 642,545.66	$ 643,054.16	$ 4,420,447.54
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**						
6	Total Proposed Expenditures	$ 1,789,664.60	$ 703,131.14	$ 642,051.98	$ 642,545.66	$ 643,054.16	$ 4,420,447.54

* 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.

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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

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: *Ventura County*

ADMINISTRATION:

	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
A.							
1	Innovation (INN) MHSA Funds	37,353	39,220	-	-	-	76,573
2	Federal Financial Participation	21,011	22,062				43,073
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Administration						

EVALUATION:

	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
B.							
1	Innovation (INN) MHSA Funds	200,000	150,000	150,000			500,000
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation						

TOTALS:

	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
C.							
1	Innovation(INN) MHSA Funds*	2,379,816	419,164	150,000	-	-	2,948,980
2	Federal Financial Participation	154,112	161,818				315,930
3	1991 Realignment						-
4	Behavioral Health Subaccount						-
5	Other funding** (BHQIP/MHSA CSS)	125,000	125,000				250,000
6	Total Proposed Expenditures	**2,658,928**	**705,982**	**150,000**	**-**	**-**	**3,514,910**

* 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.

APPENDIX: **Yolo COUNTY- Innovation Plan**

Innovation (INN) Project Name: Yolo County Semi-Statewide Enterprise Health Record

COUNTY CONTACT INFORMATION (*who is your Project Lead, as provided to CalMHSA*)**:**

Samantha Fusselman, Adult & Aging Branch Director	Samantha.fusselman@yolocounty.gov
Jennifer Gay, Quality Management Clinical Manager	Jennifer.gay@yolocounty.gov
Jennifer Edwards, MHSA Program Coordinator	Jennifer.edwards@yolocounty.gov

KEY DATES: (*Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	03/18/25-4/16/25
Public Hearing by Local Mental Health Board	04/16/2025
County Board of Supervisors' Approval	04/29/2025

This INN Proposal is included in: (*Check all that apply*)

	Title of Document	**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
	MHSA Annual Update	
	Stand-alone INN Project Plan	24/25, 25/26, 26/27

DESCRIPTION OF THE LOCAL NEED(S) (*Include specifics from your local MHSA community program planning process (CPPP), e.g., comments about your current EHR system, suggestions from stakeholders, e.g. County staff, contracted providers, system partners, clients, family members and other interested parties. Include challenges meeting current and future reporting requirements and business needs, past efforts to address local needs, etc.*)

Behavioral Health Plans (BHP) in California have had a limited number of options from which to choose when seeking to implement a new Electronic Health Record (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 (BH) market have been disincentivized from operating in California by the many unique aspects of the California BH landscape. This has resulted in most county BHPs, including Yolo County, being largely dissatisfied with their current EHRs, yet with few viable choices when it comes to implementing new

solutions. The pervasive difficulties of 1) configuring the existing EHRs to meet the everchanging California requirements, 2) collecting and reporting on meaningful outcomes for all the county BH services (including MHSA/BHSA-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.

Currently, EHRs have been identified as a source of burnout and dissatisfaction among healthcare direct service staff. 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. This estimate does not consider the full breath of the BHP workforce, which relies on a wide diversity of provider types needed to respond to the Medi-Cal population. This impact is even more significant since the implementation of California Advancing and Innovating Medi-Cal (CalAIM). The documentation time has resulted in a financial struggle for the county provider network now that they do not receive payment for documentation time.

Yolo County Behavioral Health currently uses Netsmart's myAvatar for clinical documentation and Medi- Cal billing and claiming. The Department also uses the Data Collection and Reporting (DCR) for Full-Service Partnership data reporting and the Person-Centered Intelligence Solution through Opeeka for data reporting on a large MHSA PEI project. In addition, all BH programs and contracts complete quarterly Results Based Accountability (RBA) data reports; these are often manually tracked, only show aggregate data, and are insufficient to draw meaningful conclusions based on longitudinal data. The contract amounts for these systems collectively is over $790,000 annually. This is not inclusive of HHSA System Software staff required to provide technology support and solutions for myAvatar.

The department's efforts over the years to implement myAvatar has been challenging and expensive. Yolo County has been unsuccessful with implementing the use of myAvatar with our community-based organizations, which provide approximately 70% of the county's BH services. This has resulted in a large administrative burden on both our provider network and county fiscal staff. Additionally, this has reduced revenues due to billing and claiming challenges associated with our provider network using a variety of other EHRs while the county is in myAvatar. Not being able to bring our provider network into myAvatar has meant various technology and business solutions have been created to support importing data from the providers' EHRs into myAvatar. With the rate that changes occur, the county and the provider network have to make frequent and repeated changes to the EHR systems which has created significant delays as well as strained county-provider relationships. As a small to medium sized county, we have a limited array of service providers available to serve our community and having strained relationships due to inefficiencies of our EHR is a significant risk.

In addition, CalAIM is a massive initiative requiring all California counties to implement various goals and milestones. With this came several new requirements which need to be addressed

through updates and modification to each County's EHR such as payment reform, data exchange, and BH policy changes (i.e. screening tools and clinical documentation). The county's current EHR has not been able to keep pace with the changes taking place, resulting in many pivots and workarounds which have created significant delays in processing claims and producing data reports. The cumulative effect of this is notable, requiring the Department to dedicate a continuously increasing amount of staff time to develop solutions within myAvatar, which then must be maintained and revised regularly. The outsized administrative and technical burden is unsustainable.

Yolo County's participation in this project will address some of the needs and themes expressed by community stakeholders during the last several years leading up to this Innovation Plan. In the community program planning process for the 2023-2026 Three-Year Plan, several primary themes emerged as salient across focus groups, including aspects of service provision. The primary themes were Access, Navigation, Integrated Services, Special Needs Populations, Cultural Competence, and Telehealth. Participation in this project will contribute to expanded and increased access to mental health services because staff will spend less time navigating an administratively cumbersome EHR, allowing them to provide more direct client care. This project is supportive of the workforce, who often experience burnout, in part due to the administrative burden associated with the existing EHR. With less burnout, the workforce will be healthier and better staffed. Additionally, increasing efficiencies with a strong EHR allow staff to increase the amount of client-facing time which improves access to services.

As California counties, including Yolo, are navigating the Behavioral Health Transformation, the need for an effective EHR that meets the needs of the county BH department is more essential than ever. Yolo County, along with others, are navigating the implementation of CalAIM, Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), Children and Youth Behavioral Health Initiative (CYBHI), and Medi-Cal Mobile Crisis, in addition to the upcoming Behavioral Health Services Act (BHSA/Proposition 1) changes. These are substantial programmatic changes to the entire BH system. Yolo County needs a modern, effective EHR to be able to reduce documentation time, maximize federal revenue through Medi-Cal billing, and retain a strong workforce.

INNOVATION PROJECT SUSTAINABILITY, PROPOSITION 1 ALIGNMENT, 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 the use of MHSA funding components for sustainability.)*

This project will support Full Service Partnership services for individuals living with serious mental illness by optimizing the health information technology used by county and provider staff to meet their daily workflow needs, enhance working conditions, increase efficiencies, and reduce burnout. The impact of this plan includes improved working conditions under which direct client care is provided as well as increasing access to care because of the reduced documentation and administrative burden associated with the current legacy system. With the input of provider

stakeholders and best practice experts in the field of human-centered design, the improved 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. This promotes less time spent "treating the chart" and more time spent on "treating individuals" in need of care. This project does not directly provide housing interventions or early intervention programs/approaches; however, a more effective EHR supports the county and the broader provider network being able to increase access to services and to utilize data to inform the provision of these services.

This project supports the sustainability of various MHSA funded programs under the upcoming BHSA. Yolo County has MHSA funded programs in both Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) that, to be sustained, under the BHSA, need to increase Medi-Cal revenue. Having an improved EHR not only allows for increased direct client time and less documentation time, it also will help to maximize Medi-Cal billing by reducing the administrative burden of processing claims which allows staff to spend time working denials, ensuring all billable services are billed, and processing claims timely. In addition, moving to the semi-statewide EHR supports the county in integrating all community-based providers into one EHR which improves billing practices, reduces administrative burden on the provider network, and allows for comprehensive data reporting. To sustain services that are valuable to the community, and that the community has said are priorities, the county needs to improve Medi-Cal revenue generation which can be accomplished with an improved EHR.

The County will sustain the project, or components of the project, after its completion with other sources of funds including Behavioral Health Services Act (BHSA) Behavioral Health Services and Supports (BHSS)/Capital Facilities and Technology (CFTN) to support the on-going maintenance of the newly developed EHR.

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 (*Include information describing what your County hopes to achieve by participating in the INN project, referencing the learning goals included at the end of the "Project Brief" document.)*

In assessing possible solutions to the primary problem illustrated earlier, the county has determined that participating in the CalMHSA Semi-Statewide Enterprise Health Record Project is appropriate given the multi-dimensional nature of the problem with the current system. The problem is not simply the challenges with the implementation of CalAIM and the existing EHR. It is also the need to bring our entire provider network into the same EHR, coupled with the billing and claiming challenges faced in myAvatar and the data reporting requirements that are administratively burdensome in the current system. MyAvatar is progressively more costly year over year, without any improvement in user experience or billing efficiency. As the BH system in California, and in Yolo County specifically, prepares for the implementation of the Behavioral

Health Services Act (BHSA) in July 2026, the need for a lean, adaptable, and efficient EHR has become a critical need. Yolo County, like others, is seeking ways to maximize Medi-Cal revenue to sustain current MHSA programs that are at risk of sunsetting under BHSA. With a more efficient EHR, allowing staff to provide more direct service and maximize Medi-Cal billing, the county expects to be able to sustain some programming that is otherwise at risk of ending under the BHSA.

Throughout the community planning process for both the 2023-26 Three-Year Plan and the 24-25 Annual Update, stakeholders and community members have indicated that access to services is a priority and an area needing attention. Additionally, we have heard from Yolo County's Local Behavioral Health Board, Board of Supervisors, and community members that access to data to gain a clear understanding of the needs, services, and outcomes is essential. Workforce challenges have also been identified as an area that needs attention and has a direct impact on access to services. Yolo County believes that participating in the Semi-Statewide EHR project will reduce administrative burden, allowing clinical staff to provide more direct client care, which is also identified as a solution to burnout and an improved workforce.

By joining this unique multi-county collaborative opportunity, Yolo County can provide continuous feedback through system end-users, providers, contractors, consumer/family members, staff, and recipients of care. This broad stakeholder group will serve as an essential feedback loop to program design, system design, and evaluation. Yolo County hopes to achieve the following learning goals through participation in this Innovation Project:

1. Using a Human-Centered Design approach, identify design elements of a new Electronic Health Record to improve our local BH workforce's job effectiveness, satisfaction, and retention.
2. Implement a new EHR that is more efficient to use, resulting in a 30% reduction in time spent documenting services, thereby increasing time spent providing direct care.
3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS (*Describe the County's CPPP 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. Include details of stakeholder meetings, i.e. number and demographics of participants, community groups and system partners, methods of dissemination of information about the proposed project and comments received regarding the INN project.)*

The 2023-2026 Three-Year plan community engagement process took place over five months, encompassing 32 focus groups with 516 participants, their family and friends, people on the front lines, emergency responders, adults, parents, youth, LBGTQ+ people, diverse racial and cultural communities, and many more. The FY 24-25 Annual Update engagement process involved 193 participants who supported the planning process.

Yolo County's participation in this project will address some of the needs and themes expressed by community stakeholders during the last several years leading up to this Innovation Plan. In the community program planning process for the 2023-2026 Three-Year Plan and the recent Annual Update several primary themes emerged as salient across focus groups including aspects of service provision that this Innovation Plan will help to address: access, navigation, integrated services, special needs populations, cultural competence, and telehealth. The participation in this project will contribute to expanding and increasing access to mental health services because staff will spend less time navigating an administratively challenging EHR and have more time to provide direct client care, thus increasing support for the workforce as well as increasing access to services, building efficiencies that alleviate workforce shortages. Additionally, one of the foundations of providing such services is having accurate data on underserved or unserved populations. The new EHR will provide more accurate data on these populations and help in planning for expanded services for them.

Below is an overview providing additional information and details on the community planning process leading up to this Innovation Plan.

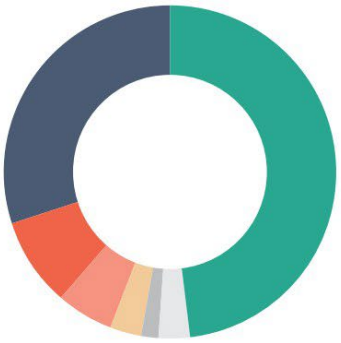
Community Planning Process & Focus Groups (Three-Year Plan FY 2023-2026)

Focus Groups for Yolo County MHSA with Number of Participants

Nov 21, 2022	Law Enforcement (Police Departments) 4	Jan 30, 2023	Latinx Perspectives on Mental Health 5
Dec 6, 2022	Help Me Grow—Early Childhood Mental Health (Parents and Families) 9	Jan 30, 2023	Criminal Justice Partners 6
Dec 7, 2022	Community Engagement Workgroups 52	Feb 2, 2023	HHSA Behavioral Health Team 76
Dec 9, 2022	Yolo County School Districts 6	Feb 7, 2023	Empower Yolo 29
Dec 9, 2022	Help Me Grow- Early Childhood Mental Health (Parents and Families) 7	Feb 10, 2023	Cesar Chavez Community School: Student Participants 10
Dec 13, 2022	North Valley Indian Health 2	Feb 13, 2023	Families of Individuals Involved in the Criminal Justice System 6
Dec 14, 2022	Fourth and Hope (Transitional and Permanent Housing) 14	Feb 15, 2023	Yolo County Maternal Mental Health Advisory Board 18
Dec 14, 2022	Peer Support Group 8	Feb 15, 2023	Yolo Rainbow Families 10
Dec 15, 2022	Yolo County HHSA Substance Use Provider Meeting (DMC-ODS Providers) 26	Feb 17, 2023	Early Childhood Mental Health Professionals Focus Group 8
Dec 15, 2022	Yolo County HHSA Provider Stakeholder Work Group 12	Feb 17, 2023	Criminal Justice Professionals: Yolo Staff and Contractors 8
Jan 4, 2023	Yolo County Child, Youth, and Family Branch Staff 67	Feb 21, 2023	Children's Mental Health Service Providers 17
Jan 5, 2023	Yolo Healthy Aging Alliance Committee 18	Feb 24, 2023	People with Lived Experience 10
Jan 10, 2023	National Alliance on Mental Illness (NAMI) Yolo County 6	Feb 24, 2023	Yolo County Veterans Services Office Staff 2
Jan 12, 2023	Yolo County Health Council 25	Mar 7, 2023	Woodland Community College: Staff Participants 7
Jan 25, 2023	West Sacramento Community 19	Mar 16, 2023	Emergency Medical Services Partners 10
Jan 26, 2023	Davis Community Meals 9	Mar 29, 2023	Cesar Chavez Community School: Staff Participants 10

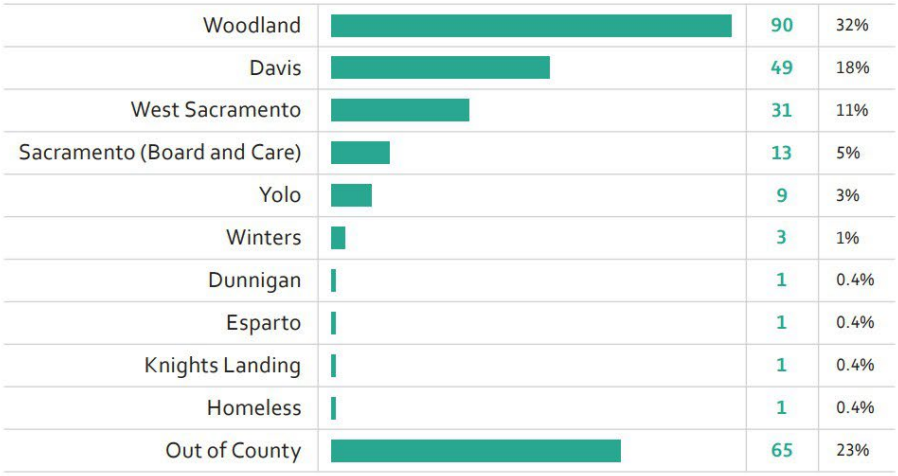
Participant Demographics (Three-Year Plan FY 2023-2026)

Participant Race/Ethnicity



White Non-Hispanic/Latino	150	52%
Hispanic or Latino	93	32%
African/African American/Black	27	9%
Asian	17	6%
American Indian or Alaska Native	10	3%
Pacific Islander	5	2%
Prefer not to answer	10	3%

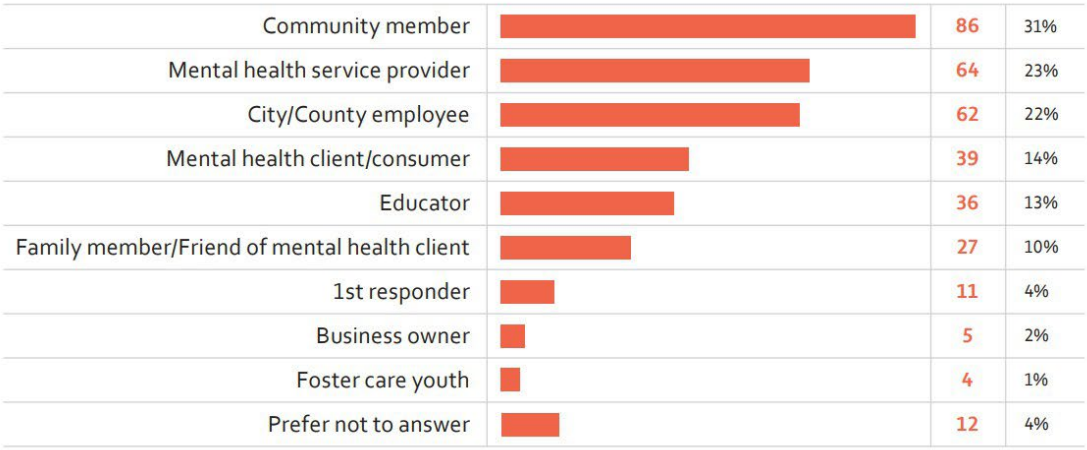
Participant Residence



Woodland	90	32%
Davis	49	18%
West Sacramento	31	11%
Sacramento (Board and Care)	13	5%
Yolo	9	3%
Winters	3	1%
Dunnigan	1	0.4%
Esparto	1	0.4%
Knights Landing	1	0.4%
Homeless	1	0.4%
Out of County	65	23%

There were no participants from Brooks, Clarksburg, Guinda, or Madison.

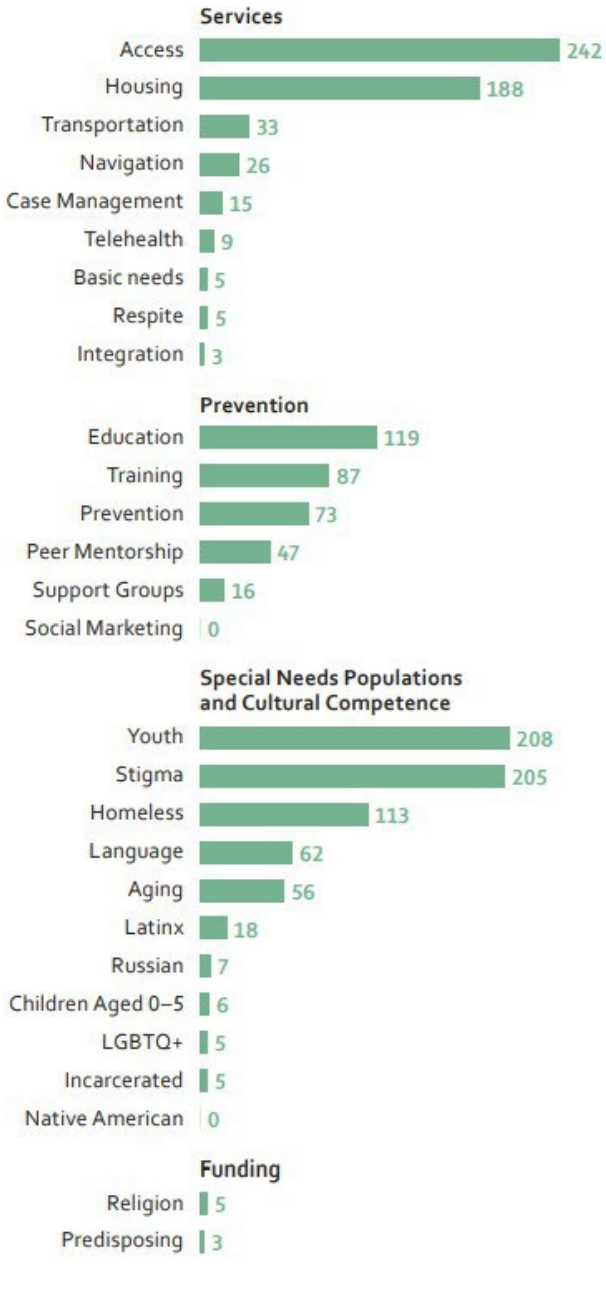
Participant Affiliation



Community member	86	31%
Mental health service provider	64	23%
City/County employee	62	22%
Mental health client/consumer	39	14%
Educator	36	13%
Family member/Friend of mental health client	27	10%
1st responder	11	4%
Business owner	5	2%
Foster care youth	4	1%
Prefer not to answer	12	4%

Keyword Mentions: 2023 Themes

Keyword Mentions: Issues



Innovation Plan CPPP: The Yolo County MHSA Draft Innovation Plan 30-day public comment period opened on March 18, 2025 and closed on April 16, 2025. The county announced and disseminated the draft plan broadly through community stakeholders, the general public, the Community Engagement Work Group, MHSA listservs, Cultural Competence committee, service providers, consumers and family members, Board of Supervisors, Local Behavioral Health Board (LBHB), county staff, and requested and encouraged partners and community stakeholders to promote the review of the draft plan and participation by posting and sharing with others. Public Notices were posted in the Davis Enterprise and the Daily Democrat newspapers for several dates. The draft plan was posted to the county's MHSA website and could be downloaded electronically along with comment forms and online resources. Hardcopies were also made available at HHSA locations in Woodland, Winters, Davis, West Sacramento, and a community location (Esparto) within Yolo County. Additionally, any interested party could request a copy of the draft by submitting a written or verbal request to the MHSA program staff. All Public Comments and Yolo County Health and Human Services Agency Responses were compiled within this document and presented to the LBHB. On Wednesday, April 16, 2025, at 6:00 PM, a public hearing was held by the Yolo County Local Behavioral Health Board in compliance of regulation.

CONTRACTING *(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?)*

Yolo County will be contracting with CalMHSA for this project. The leads for this project in Yolo County will be the Adult & Aging Branch Director who oversees most of our BH system of care, including all the adult-serving MHSA programs. Secondary leads on this innovation project will be our Quality Management Clinical Manager and MHSA Program Coordinator. All three of these staff are experienced in stakeholder engagement, both within the MHSA Community Program Planning Process and through other community engagement efforts. The Adult & Aging Branch Director and QM Clinical Manager share responsibility with the larger BH Department for the implementation of Behavioral Health Transformation, leaving them well positioned to ensure Yolo County's implementation of a new EHR meets the needs identified. Contract monitoring will be completed by the Program Coordinator, who will collaborate closely with the other project leads to ensure quality assurance and regulatory compliance. These positions all report up to the Behavioral Health Director. These designated staff also participate in the county's Behavioral Health Leadership Team where information and progress on this project will be shared. These staff will participate in on-going communication with CalMHSA which serves as the Project Manager and liaison to the evaluation vendors.

COMMUNICATION AND DISSEMINATION PLAN (*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project. 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 the communication efforts?*

Upon approval of the Innovation Plan, the project leads will create an EHR Community Stakeholder group. Stakeholders engaged in the EHR Community Stakeholder group may include county staff, community based-providers, consumers, and family members. The stakeholder group will play a critical role to serve as an essential feedback loop to program design, system design and implementation, and evaluation.

Information about this Innovation plan will also be disseminated through our County Behavioral Health Leadership Team, the Yolo County Behavioral Health Quality Improvement Subcommittee, and the MHSA Community Engagement Work Group. Communication about the plan, including ongoing progress, will be included in the monthly Behavioral Health Directors report and shared at the Local Behavioral Health Board.

This Innovation plan will also be included in upcoming MHSA Annual Updates as well as the next Three-Year Plan. Yolo County will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties. In general, communication about the Multi-County Project will be posted through a public announcement to the MHSA Stakeholder e-mail list and posted to the County's MHSA website.

COUNTY BUDGET NARRATIVE (*Include description of expenses for local Personnel, Operating and Consultant Costs, as well as the source(s) of funds to be used to support this multi-County collaborative. Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting, and evaluating the proposed project, and the dissemination of the Innovative project results.*

Personnel		
Systems Software Specialist II	*1.0- Will provide I.T. project support for the new Semi-Statewide EHR system in our county.*	$588,745.67
MHSA Program Coordinator	*0.15- will provide management and stakeholder engagement and collaboration within our county.*	$66,662.18
Program Coordinator (MC Billing)	*0.50- will provide oversight and technical assistance to both program and fiscal staff for the implementation of the new Semi-Statewide EHR system in our county.*	$222,207.26
Branch Director	*0.10- will provide executive level oversight in the implementation of the new Semi-Statewide EHR in our county.*	$70,701.23
Clinical Supervisor- QM	*0.4- will provide oversight and support contract management and implementation.*	$176,153.94
Behavioral Health Director	*0.04- will provide executive level oversight in the implementation of the new Semi-Statewide EHR in our county.*	$31,526.60

Fiscal Administrative Officer	*0.10- will provide executive level oversight to our fiscal/admin teams conducting the billing system analysis.*	$50,370.04
Accountant III	*0.35- will provide billing system analysis of the new Semi-Statewide EHR system in our county.*	$152,511.45
Accountant I	*0.50- will provide billing system analysis of the new Semi-Statewide EHR system in our county.*	$171,839.87
Senior Account Technician	*0.50- will provide billing system analysis of the new Semi-Statewide EHR system in our county.*	$172,926.90
*** all payroll taxes and benefits are included in each personnel cost listed above*		
Operating Expenses Direct Costs		
Communication Expenses	n/a	$0
Office Expenses	n/a	$0
Training	n/a	$0
Travel/Transportation	n/a	$0
Consultation/Contract Expenses		
Consultant	*Contract/Participation Agreement with CalMHSA*	$3,302,170.51
Evaluation	*CalMHSA contracts with RAND for the evaluation component*	$150,000
Indirect Costs		
Admin/Overhead		$111,489.95
Total Direct Costs	$5,155,815.64	
Total Budget	$5,267,305.58	

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

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY							
COUNTY	***Yolo***						
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Salaries			124,531.71	770,299.23	808,814.19	1,703,645.13
2	Direct Costs						-
3	Indirect Costs						-
4	**Total Personnel Costs**			124,531.71	770,299.23	808,814.19	1,703,645.13
	OPERATING COSTS*	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
5	Direct Costs						-
6	Indirect Costs			8,149.60	50,409.92	52,930.42	111,489.94
7	**Total Operating Costs**			8,149.60	50,409.92	52,930.42	111,489.94
	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			919,765.99	1,194,592.12	1,337,812.40	3,452,170.51
12	Indirect Costs						-
13	**Total Consultant Costs**			919,765.99	1,194,592.12	1,337,812.40	3,452,170.51
	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)			124,531.71	770,299.23	808,814.19	1,703,645.13
	Direct Costs (add lines 2, 5, and 11 from above)			919,765.99	1,194,592.12	1,337,812.40	3,452,170.51
	Indirect Costs (add lines 3, 6, and 12 from above)			8,149.60	50,409.92	52,930.42	111,489.94
	Non-recurring costs (total of line 10)			-	-	-	-
	Other Expenditures (total of line 16)			-	-	-	-
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET				**1,052,447.30**	**2,015,301.27**	**2,199,557.01**	**5,267,305.58**
	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			-	-	-	-

TOTAL BUDGET CONTEXT: EXPENDITURES BY FUNDING SOURCE & FISCAL YEAR

(*Please complete the Excel file for this portion of the Appendix).*

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
COUNTY:	***Yolo***						
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			902,447.30	2,015,301.27	2,199,557.01	5,117,305.58
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			150,000.00			150,000.00
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*			1,052,447.30	2,015,301.27	2,199,557.01	5,267,305.58
2	Federal Financial Participation			-	-	-	-
3	1991 Realignment			-	-	-	-
4	Behavioral Health Subaccount			-	-	-	-
5	Other funding**			-	-	-	-
6	Total Proposed Expenditures			-	-	-	-
* 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.							

Yolo County MHSA Innovation Draft Plan Public Comments & Documentation

30-Day Public Comment Period: March 18, 2025-April 16, 2025

1.Anonymous (Submitted Online; 3-20-25)
Family Member; Housing Partner
While this may seem like a large amount of money to some, having a comprehensive EHR that will provide critical infrastructure support not just to the county, but to all of its' providers, through the ability to integrate into one EHR has immense benefits for all involved. I wholeheartedly support this innovation effort!

2.NAMI Yolo County (Submitted Online; 4-16-25)
Mental Health Services Provider
Jen Boschee-Danzer, Executive Director
execdirector@namiyolo.org
PO Box 447, Davis, CA 95617

Thank you for the opportunity to comment on the draft of the Yolo County Draft Innovation Plan. NAMI Yolo County commends Yolo County Health and Human Services Agency (HHSA) for creating a plan that allows the County to tap into an important funding source while it is still available.
In our review of the Innovation Plan, the need for an updated Electronic Health Record (EHR) system is clear. An effective EHR that will reduce burdensome administrative tasks on both County staff and contracted providers, will better facilitate data collection and reporting, and will allow for greater analysis of data will ultimately result in better care for the people who receive services. NAMI Yolo County is supportive of this Plan.
While an updated EHR will be an important tool for contracted providers who provide Medi-Cal billable services, NAMI Yolo County encourages Yolo County HHSA to continue to consider the valuable services and programs that are provided by NAMI and other community-based organizations which are not eligible for Medi-Cal billing. It is important for the County to pursue all avenues to recoup costs through Medi-Cal while also recognizing that some of the critical services that are funded by MHSA/BHSA don't fit into Medi-Cal billable categories. These programs and services make up a much smaller percentage of programs that are funded by the County, yet the community would face a significant loss without them.
Thank you again for the opportunity to comment on the Draft Innovation Plan. We are deeply appreciative of your dedication and commitment to our community, and look forward to our continued collaboration with HHSA to support people living with mental illness and their families as efficiently and effectively as possible.

Respectfully,

Jen Boschee-Danzer
Executive Director
NAMI Yolo County

COUNTY OF YOLO

Health and Human Services Agency

MENTAL HEALTH SERVICES ACT (MHSA):
NOTICE OF 30-DAY PUBLIC COMMENT PERIOD and NOTICE OF PUBLIC HEARING

MHSA Innovation Plan:Semi-Statewide Enterprise Health Record (EHR)

To all interested stakeholders, Yolo County Health and Human Services Agency (HHSA), in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled document.

I. **THE PUBLIC REVIEW AND COMMENT PERIOD begins Tuesday March 18, 2025 and ends at 5:00 p.m. on Wednesday April 16, 2025.** Interested persons may provide comments during this timeline either online https://forms.office.com/g/qcg47BhyV7 or by mail. Written comments should be addressed to HHSA, Attn: MHSA Coordinator, 25 N. Cottonwood Street, Courier #16CH, Woodland, CA 95695. Please use the Public comment form provided for the MHSA Innovation Plan.

II. **A PUBLIC HEARING will be held by the Yolo County Local Mental Health Board on Wednesday, April 16th, 2025, at 6:00 PM.** Information will be published in advance of the meeting and listed on the Local Behavioral Health Board event listing found here.

III. **To review the MHSA Draft Innovation Plan**, or other MHSA documents via Internet, follow this link to the Yolo County website: http://www.yolocounty.gov/mhsa.

IV. **Printed copies** of the MHSA Draft Plan, are available. To obtain copies by mail, or to request an accommodation or translation of the document into other languages or formats, contact HHSA's MHSA Office by email mhsa@yolocounty.gov by Friday March 28th, 2025.

THE DAVIS enterprise

PROOF OF PUBLICATION
(2015.5 C.C.P.)

Proof of Publication

Notice is hereby given: the 30-Day Public Review and Comment Period pertaining to the Mental Health Services Act (MHSA) Draft Innovation Plan began Tuesday March 18, 2025 the draft plan and comment forms are posted on the MHSA page of the Yolo County Website at www.yolocounty.gov/mhsa The Draft Plan is available for public comment and review until 5:00 PM on Wednesday April 16, 2025; all interested stakeholders are encouraged to submit comments. A public hearing will be held by the Yolo County Local Behavioral Health Board on Wednesday, April 16, 2025, at 6:00 PM. Information will be published in advance of the meeting and listed on the Local Behavioral Health Board event listing page. After final revisions, the MHSA Draft Innovation Plan will be presented to the Yolo County Board of Supervisors. Questions? Email MHSA@yolocounty.gov or call 530-666-8536.
3/30, 4/6, 4/9 #80030

STATE OF CALIFORNIA
County of Yolo

I am a citizen of the United States and a resident of the County aforesaid; I'm over the age of eighteen years, and not a party to or interested in the above-entitled matter. I am principal clerk of the printer at the Davis Enterprise, 315 G Street, a newspaper of general circulation, printed and published Sunday, and Wednesday, in the City of Davis, County of Yolo, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court to the County of Yolo, State of California, under the date of July 14, 1952, Case Number 12680; that the notice, of which the annexed is a printed copy (set in type no smaller than non-pareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

3/30, 4/6, 4/9, **2025**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Davis, California, this 10 **day** of April, **2025.**

M Gracie Solano

M. Gracie Solano
Legal Advertising Clerk

Woodland Daily Democrat
c/o Legals 57 Commerce Place, Suite A
Vacaville, CA 95687
530-406-6223
legals@dailydemocrat.com

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YOLO COUNTY HEALTH & HUMAN SERVICES AGENCY (HHSA)
137 N COTTONWOOD ST.
WOODLAND, CA 95695

PROOF OF PUBLICATION
(2015.5 C.C.P.)

STATE OF CALIFORNIA
COUNTY OF YOLO

FILE NO. MHSA Draft Innovation Plan

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above-entitled matter. I am the Legal Advertising Clerk of the printer and publisher of The Daily Democrat, a newspaper published in the English language in the City of Woodland, County of Yolo, State of California.

I declare that the Daily Democrat is a newspaper of general circulation as defined by the laws of the State of California as determined by this court's order dated June 30, 1952 in the action entitled In the Matter of the Ascertainment and Establishment of the Standing of The Daily Democrat as a Newspaper of General Circulation, Case Number 12659. Said order states "The Daily Democrat" has been established, printed and published in the City of Woodland, County of Yolo, State of California; That it is a newspaper published daily for the dissemination of local and telegraphic news and intelligence of general character and has a bona fide subscription list of paying subscribers; and...THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED:...That "The Daily Democrat" is a newspaper of general circulation for the City of Woodland, County of Yolo, California. Said order has not been revoked.

I declare that this notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

03/29/2025, 04/05/2025, 04/11/2025

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Woodland, California, this
11th day of April 2025

(Signature) Melanie Irmer

Legal No. **0006887398**

Notice is hereby given: the 30-Day Public Review and Comment Period pertaining to the Mental Health Services Act (MHSA) Draft Innovation Plan began Tuesday March 18, 2025; the draft plan and comment forms are posted on the MHSA page of the Yolo County Website at www.yolocounty.gov/mhsa. The Draft Plan is available for public comment and review until 5:00 PM on Wednesday April 16, 2025; all interested stakeholders are encouraged to submit comments. A public hearing will be held by the Yolo County Local Behavioral Health Board on Wednesday, April 16, 2025, at 6:00 PM. Information will be published in advance of the meeting and listed on the Local Behavioral Health Board event listing page. After final revisions, the MHSA Draft Innovation Plan will be presented to the Yolo County Board of Supervisors. Questions? Email MHSA@yolocounty.gov or call 530-666-8536.

COUNTY OF YOLO

Local Behavioral Health Board

137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8940 • www.yolocounty.org

Local Behavioral Health Board Meeting

Date: Wednesday, April 16th, 2025 6:00 PM–8:00 PM
Location: 25 N Cottonwood Street, Woodland-Gonzales Community Room

Hybrid Option through ZOOM:
https://yolocounty.zoom.us/j/89892306900
(Public meetings are recorded and posted for public access)

All items on this agenda may be considered for action.

LMHB CALL TO ORDER 6:00 PM 6:30 PM

1. Public Comment
2. Approval of Agenda
3. Approval of minutes from March 5th, 2025
4. Member Announcements
5. Chair Report-Jonathan Raven
6. Correspondence

TIME SET AGENDA 6:30 PM 7:15 PM

7. Innovation Plan Public Comment Review-Tony Kildare
   - Board Response
   - Public Response

CONSENT AGENDA 7:15 PM 7:30 PM

8. Mental Health Directors Report-Tony Kildare

REGULAR AGENDA 7:30PM 7:55 PM

9. Board of Supervisors Report
10. Criminal Justice Update- Chris Bulkeley
11. Ad Hoc Committee Reports
    - Nomination Committee
    - Site Visits
12. Long Range Planning Calendar (LRPC)-Executive Committee Suggested Topics
13. Public Comment on Tonight's Agenda Items

PLANNING AND ADJOURNMENT	7:55PM	8:00 PM

14. Future Meeting Planning and Adjournment

Next Meeting Date and Location

May 7th, 2025

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, April 11, 2025. Christina Grandison Local Behavioral Health Board Administrative Support Liaison Yolo County Health and Human Services

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should contact the Local Mental Health Board Staff Support Liaison at the Yolo County Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, Woodland, CA 95695 or 530-666-8516. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids of services, in order to participate in a public meeting should contact the Staff Support Liaison as soon as possible and preferably at least twenty-four hours prior to the meeting.