

**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

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 disproportionately 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.

- 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:

- “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 parity 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 or 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 completed 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.

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

County has engaged in a contract with CaIMHSA and will fully participate in the development of the Semi-Statewide EHR project. CaIMHSA 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 through the following staff resources:

- VCBH Director and Assistant Director
- MHSAs 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 MHSAs BHAB meeting updates as well as MHSAs 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 MHSAs 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>

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.

<i>Personnel</i>		
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

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		
<i>Communication Expenses</i>	<i>Cost for voice, data, internet</i>	<i>\$8,533</i>
<i>Office Expenses</i>	<i>Cost for office supplies and printing</i>	<i>\$2,322</i>
<i>Computer Equipment</i>	<i>Cost for laptops, monitors, and miscellaneous computer equipment</i>	<i>\$5,688</i>
<i>Training</i>	<i>Cost for training and conference</i>	<i>\$627</i>
<i>Office Leases</i>	<i>Allocation of office leases</i>	<i>\$22,530</i>
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

Please see attached excel file.

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

Please see attached excel file.