

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:

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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 CalMHSAs 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 CalMHSAs 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 CalMHSAs 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.

o 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.

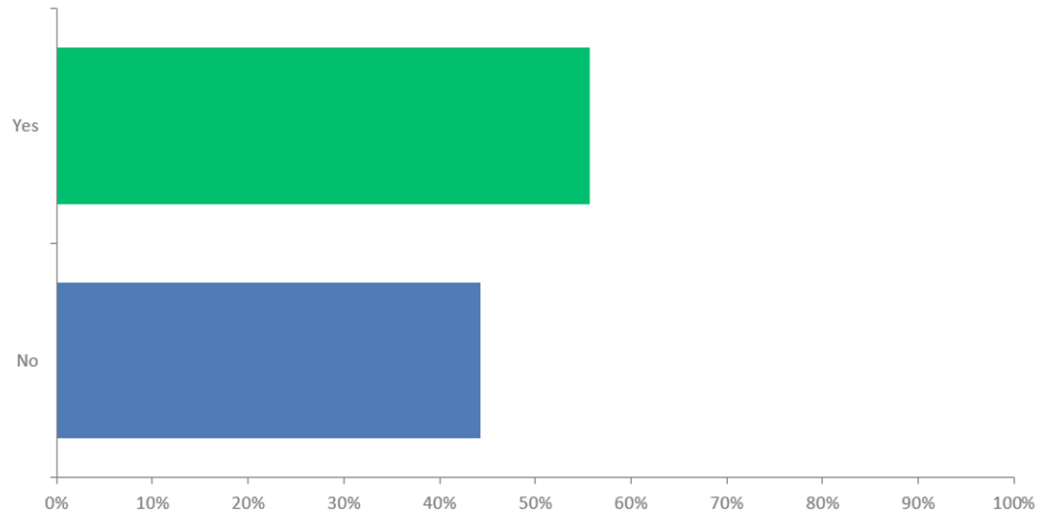
o Stakeholder Survey – September 29, 2022

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
		Total Project Costs	\$3,089,330

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:		<i>IMPERIAL</i>					
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	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:							
	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*	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.							