

CaIMHSA Semi-State-Wide Electronic Health Record

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Executive Summary

California's County Behavioral Health Plans (BHPs) operate in an increasingly complex environment. As Specialty Mental Health and Substance Use Providers we 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. Simultaneously, the requirements for administering our Behavioral Health Plans are rapidly evolving, with CalAIM documentation and payment reform on the horizon requiring swift adoption of highly technical changes. Currently, the primary tool Behavioral Health Plans have to manage our business is our Electronic Health Record (EHR), which fall short in supporting our business needs. We cannot easily retrieve the data needed to make sound decisions, to highlight our successes locally, nor to respond to oversight and funding bodies. Our current EHRs are not configured optimally for our current use - leaving us to manage via external spreadsheets and add-on databases - and are not poised to meet our future needs.

Recognizing these needs, CalMHSA proposes a new solution: using our unique position as a Joint Powers Authority (JPA) to bring counties together into a semi-statewide collaborative to design, procure and implement a new Enterprise EHR solution that will support our current and future business needs. By providing a collaborative solution, we pool together our intellectual and technical resources as well as our purchasing power to create a solution during a time of potential risk and rapid change. This collaborative project will bring forward solutions to key business challenges such as:

- **Master Client Index:** shared repository of clients that begins prior to an assessment and allows complete timeliness tracking and identification of clients who may receive treatment across counties
- **Master Consent:** allows for compliant coordination among all relevant health, mental health, substance use and social service care providers
- **Real Time Medi-Cal Eligibility:** provides current eligibility status maximizing revenue capture
- **Unified Solution for SMHS and SUD services:** promotes coordination and administrative efficiency
- **Flexible Billing Solution:** spans current Short Doyle Phase II and future payment reform requirements
- **Lean Clinical Record** designed for documentation reform to reduce staff burden
- **Structured Staffing/Program Hierarchy:** allows easy access to position vacancy rate, productivity, and reporting relationships
- **Embedded Quality Assurance Logic:** reduces claiming errors and audit risk
- **Natural Data Collection:** meaningful reporting and evaluation by design

Next Steps

Currently CalMHSA is soliciting/accepting Participation Agreements from interested counties. Participation Agreements allow CalMHSA to represent the number of engaged counties/end users to prospective vendors. Fees are based on county size and are funding Request for Proposal (RFP) development, vendor selection, and initial development work with national experts, with any fee balances banked towards anticipated implementation expenditures. Any county who signs a Participation Agreement at this stage is free to withdraw if they do not wish to move forward with the selected vendor, and to use the RFP and other developed products for their own purposes. Participation Agreements also facilitate collective negotiation with the

Department of Health Care Services (DHCS) so CalMHSA can vet improved documentation and data requirements related to the EHR on behalf of the collaborative.

Financing

Electronic Health Records require a substantial investment to procure and implement. Several sources of one-time funds are currently available to counties that could be used to support this project to the extent that counties wish to do so. The American Rescue Plan Act (ARPA) Supplemental Funding Allocation through the Mental Health Block Grant (MHBG) and Substance Use Block Grant (SUBG) both name the adoption and use of Health Information Technology (HIT) as a recommended discretionary category. Applications are due to DHCS on August 9, 2021. The Mental Health Services Oversight and Accountability Commission (MHSOAC) has suggested that the semi-statewide EHR would be an acceptable Multi-County Innovation Project. Additionally, counties can anticipate receiving one-time Behavioral Health Quality Improvement (BHQIP) grant monies that could be applied to this project.