SAN JOAQUIN COUNTY

GREATNESS grows here.

SAN JOAQUIN COUNTY BEHAVIORAL HEALTH BOARD (BHB)

Regular Meeting

August 17, 2022 – 5:00 -7:00 P.M.

Behavioral Health Services
1212 N California St. Conference Room B/C
Stockton, CA 95202

Minutes

I. CALL TO ORDER:
   • Moment of Silence
   • Pledge of Allegiance
   • Roll Call
   In Attendance: Chair Patricia Barrett; Vice Chair Carolyn Cooper; Sabrina Flores-Eng; Jeff Giampetro; Gertie Kandris; Tasso Kandris; Cary Martin; Douglas Vigil; John Weston; Karen Ivy; Greg Diederich; Cara Dunn; Angelo Balmaceda; Angel Amorello; Alyssa Leiva

II. PUBLIC COMMENT PERIOD – OPEN TIME
   None -

III. APPROVAL OF MINUTES
   • Approval of July 2022 Minutes
      -   Approved
              Tasso abstained as he did not read the
      -   OLD BUSINESS:
   • Mandatory Training for Board Members will directly follow the September 2022 Meeting.

IV. NEW BUSINESS:
      -   None
V. COMMITTEE REPORTS:
   • Grievance Committee report – Tasso Kandris
      ▪ Reading of the Grievance report
   • Legislative Committee report – Gertie Kandris
      ▪ Reading of the Legislative report

VI. DIRECTOR'S REPORT – Cara Dunn
- • CalMHSA: INN/CFTN Community Stakeholder Presentation – Angelo Balmaceda
  A. CalMHSA – Semi-Statewide Enterprise Health Record INN/CFTN Project
     Angelo Balmaceda, MHSA Coordinator, BHS

- **MHP's (BHP's) Limited Number of options for Electronic Health Records**
  - ○ *EHR vendors cater to the physical health care market*
  - ○ *Challenges include:*
    - ▪ *Configuring the existing EHR's to meet the everchanging CA requirements*
    - ▪ *Collecting and reporting on meaningful outcomes for all of the county BH services (including MHSA-funded activities).*
    - ▪ *Providing direct service staff and the client they serve with tools that enhance rather than hinder care have been difficult and costly to tackle on an individual county basis*
  - ○ *Burnout and dissatisfaction among healthcare direct service staff*
    - ▪ *Designed as billing engines*
    - ▪ *Has not evolved to prioritize the user experience or recipients of care.*
    - ▪ *Nearly 40% of direct healthcare staff is spent on documenting encounters, instead of providing direct client care*

- **BHS Utilizes 2 primary systems:**
  - ○ *Sharecare*
  - ○ *Clinicians Gateway*

- **System Issues:**
  - ○ *BHS, like many other California Counties, has struggled with implementing Federal and State requirements, with our current EHR vendors and systems.*
  - ○ *Minimal resources to administer our systems, and lack technical expertise in the area of modification, enhancement, implementation and maintenance of our EHR systems.*
  - ○ *Significant delays in our ShareCare project timelines and deliverables*

California Advancing and Innovating Medi-Cal (CalAIM)
- *Changes Target Documentation redesign, payment reform and data exchange requirements bringing California BH requirements into greater alignment with national physical healthcare standards.*
- *Massive initiative requiring all California counties to implement various goals and milestones through updates and modification to each County's EHR such as:*
  - ○ *Payment Reform*
  - ○ *Data Exchange*
  - ○ *BH Policy Changes (i.e. screening tools and clinical documentation)*

CalMHSA and Key Principles EHR Projects
- **CalMHSA –** *Joint Powers of Authority (JPA) for the purpose of creating a separate public entity to provide administrative and fiscal services in support of County Behavioral Health Departments.*
- **Projects Include:**
  - ○ *Each Mind Matters / Take Action for Mental Health*
  - ○ *Know the Signs – Statewide Suicide Prevention*
  - ○ *Directing Change and Film Contest*
  - ○ *Medi-Cal Peer Support Specialist Certification*
  - ○ *Presumptive Transfer*

CalMHSA is currently partnering with 23 CA Counties to enter into 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 the immediate future.

KEY PRINCIPLES of EHR Project

- **ENTERPRISE SOLUTION:**
  - *Acquisition of an EHR that supports the entirety of the complex needs (the entire "enterprise") of County Behavioral Health Plans*

- **COLLECTIVE ACTVISIM:**
  - *Moving from solutions developed within individual counties to a semi-statewide scale 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 component 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*

Optimizing EHR platforms used by providers to meet their daily workflow needs can enhance their working conditions, increase efficiencies, and reduce burnout. This increase efficiency translates into more time to meet the needs of Californians with serious behavioral health challenges, while improving overall client care and increasing provider retention.

INNOVATION PROJECT PHASES

- **FORMATIVE EVALUATION:**
  - *Prior to implementation of the new EHR, the project will measure key indicators of time, effort, cognitive burden, and satisfaction while providers utilize their current or "legacy" EHR Systems. The data collected by direct observation of staff workflows currently in use will be assembled and analyzed using quantitative scales.*

- **DESIGN PHASE:**
  - *Based on data gathered from the initial phase, Human-centered design (HCD) experts will assist with identifying solutions to problems identified during the evaluation of the legacy products. In order to create as many efficiencies as feasible, the design phase will be iterative, to assure feedback from users and stakeholders is incorporated throughout the process.*

- **SUMMATIVE EVALUATION:**
  - *After implementation of the new EHR, the same variables collected during the Formulative Evaluation will be re-measured to assess the impact of the Design Phase interventions.*

The HCD approach 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 to ensuring the new EHR is responsive to the needs the workforce and most importantly the clients they serve

Project Management and Administration

- **CalMHSA:**
  - *CalMHSA will serve as the Administrative Entity and Project Manager. CalMHSA will execute Participation Agreement with each respective county, as well as contracts with the selected EHR Vendor and Evaluator*

- **Streamline Healthcare Solutions:**
  - *This vendor will be responsible for the development, implementation, and maintenance of the Semi-Statewide HER*

- **RAND:**
  - *As the evaluation vendor, RAND will assist in ensuring the INN project is congruent with the quantitative and qualitative data reporting on key indicators, as determine by the INN Project.*

INN Project LEARNING GOALS:
- *Using a Human Centered Design approach, identify the design elements of a new Enterprise Health Record to improve California's public mental health workforce's job effectiveness, satisfaction, and retention*
- *Implement a new EHR that is more efficient to use, resulting in a projected 30% reduction in time spent documenting services, thereby increasing the time spent providing direct client 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*

2022-23 MHSA Annual Update REVISION
- *In light of our participation into the Semi-Statewide INN/CFTN Project, a revision will be made to the 2022-23 MHSA Annual Update to reflect INN and CFTN project narratives and budgets.*
- *30 Day Public Comment Period on Revised 2022-23 MHSA Annual Update*
- *Public Hearing with Behavioral Health Board*
- *Approval by San Joaquin County Board of Supervisors*

Next Steps:
- *Project Presentation to the next BHS Behavioral Health Board Meeting (8/17/22)*
- *30 Day Public Comment on INN Project and MHSA 22-23 Annual Update Revision (8/22/22 – 9/21/22)*
- *BHB Public Hearing (9/21/22)*
- *Presentation to SJC Board of Supervisors (9/27 or 10/4?)*
- Luke Will collect Paper surveys at the end of the meeting.

VII. REMINDERS
- Cultural Competency Committee – August 23rd at 11:00am
- Suicide Prevention Committee – August 16th at 3:00pm
- MHSA Consortium – September 7th 3:00pm
- MHSA Showcase September 29th 3:00 – 6:00pm

VIII. Board Comments
- Jeff – Presented Tasso and Cary with Challenge coin thanking them for there service.

IX. ADJOURN TO WEDNESDAY September 21, 2022 at 5:00 P.M.

If you need a disability-related modification or accommodation in order to participate in this meeting, please contact the Behavioral Health Board Secretary at (209) 468-8750 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a)