



# Electronic Health Record (EHR) Implementation Town Hall

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January 30, 2024

County of San Diego

Health and Human Services Agency

Behavioral Health Services



# Meeting Goals



Transparency



Engagement



Inclusion



Preparation



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# Meeting Agenda

- **A Quick Recap**
- **Highlights & Project Overview**
- **SOC Engagement & Impacts**
- **SOC Actions**
- **Q&A**



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# Quick Recap

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What did I miss in the last town hall?



# Recap: SmartCare Will Replace CCBH

## What did I miss in the last town hall?

- BHS halted the implementation of Cerner Millennium as the replacement for CCBH and pivoted to SmartCare, a new EHR offered through the California Mental Health Services Authority (CalMHSA).
- In July 2023, CalMHSA launched a semi-statewide EHR as a first step toward holistic county behavioral health data aggregation and interoperability.
- Streamline's SmartCare was selected by CalMHSA as the EHR product



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# Recap: SmartCare Will Replace CCBH

## Why is the County selecting SmartCare?

- SmartCare is designed specifically for California behavioral health services systems.
- Currently, more than 25 counties in California have or are implementing SmartCare





# Highlights & Project Overview

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Where are we now?



# Highlights

## A little about CalMHSA and this project

### WHO

California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority (JPA) supporting the public behavioral health system. For this project they have partnered with **25+ counties**, representing more than 37% of the Medi-Cal population.

### WHAT

The semi-statewide electronic health record (EHR) project is developing a customized solution to meet the specific complex business needs of the California behavioral health system which functions as both a provider of specialty clinical care and a managed care plan.

### WHEN

Phase 1 efforts (23 Counties) coincided with the go-live of payment reform: July 1, 2023. For San Diego County, go-live will coincide with the sun-setting of the CCBH system, September 1, 2024.





# Why a Semi-Statewide EHR?

- Create an **enterprise solution** that supports the totality of county behavioral health organizations needs and requirements.
- Leverage **economies of scale** to engage state and national experts to design a **master consent** framework, **natural collection of outcomes**, and a **lean record using human-centered design**.
- Utilize **collective activism** to drive rational change processes.
- **Leverage the moment** to build a new record consistent with CalAIM Documentation Redesign and Payment Reform.
- Design a solution to ensure **data accessibility and interoperability** – supporting care coordination and whole person care.



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# Partnering to build a lean, high functioning Enterprise EHR that meets the needs of the California Public Behavioral Health System



Outcomes



Master  
Consent  
Master Client  
Index Real  
Time  
Eligibility



Beyond Medi-Cal



Staff  
Management



Compliance &  
Training



# Why Now? – Demand is Up

## Total Medi-Cal Certified Eligible Clients

*April 2020 through March 2022*



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# Why Now? – Supply Down

**We have a major workforce shortage**

- Mental Health
  - 21% of budgeted LPHA positions vacant (957 vacant positions)
  - 23% of counties have MH vacancies over 30% (up to 52%)

**1 OUT OF EVERY 5  
MASTER'S LEVEL STAFFING  
POSITIONS IS VACANT.**

Data Source: Cost Survey 2021



# Why Now? – Complexity Up

**2009 = 38 INFORMATION NOTICES**  
**2021 = 75 TOTAL INFORMATION NOTICES**



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**WORKFORCE**



**HUMANS**



**NEEDING CARE**



**MANAGED CARE  
FUNCTIONS**



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**CHANGE IS ESSENTIAL**



# EHR Implementation

## In just 7 months? Then vs Now...

- **Then:** The initial implementation of an EHR was a new experience
  - Difficult to understand the implication of documentation decisions
  - Users had a bias towards collecting everything.
- **Now:** All organizations have the benefit of “**lessons learned**”
  - All staff are experiencing documentation fatigue
  - Users are now positioned to **understand the implications** of their input
  - Approach is championed by the state, as a movement throughout the industry



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# EHR Implementation

## In just 7 months? Then vs Now...

- Everyone agrees with “**Less is more**” until their “**More**” is being “**Lessed**”
  - There will be limitations to what is implemented initially
  - Post go-live there will be time for optimization
- How do we maintain two EHRs during the transition?
  - Exact data to be migrated is to be determined
  - All pre-go-live claims will be worked out of CCBH
  - Eventually CCBH system will be sunset
- What do we do with our historical data needed for audits / access to clinical data requirements?
  - Separate project with longer timeline

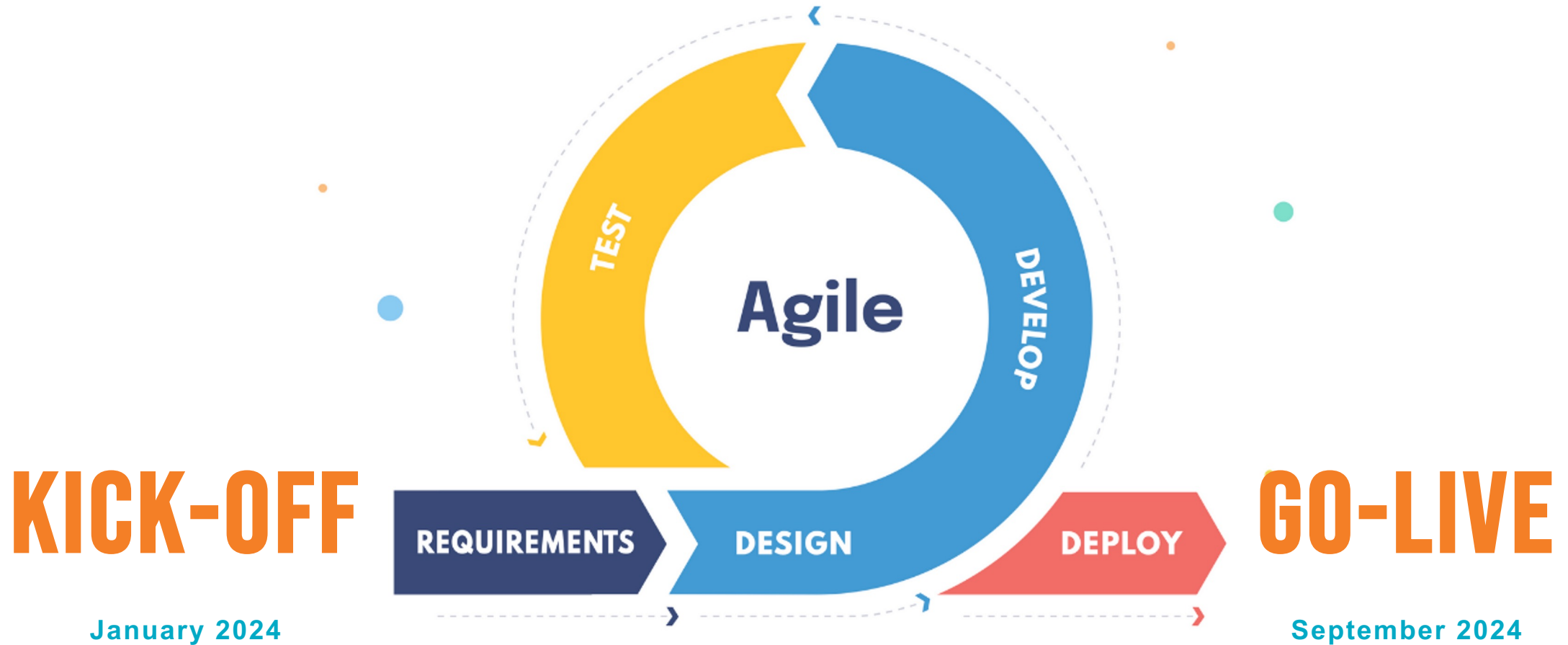


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# Implementation Methodology

What does implementation look like?



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# SmartCare Project Kick-off

What happened at the kick-off and what happens next?

- The SmartCare project kickoff took place on January 25
- Representatives from throughout the SOC participated – feedback was overwhelmingly positive
- Next steps: Creation of a project plan and timeline



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# SOC Engagement & Impacts

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“That EHR Implementation was fun. I really hope that we get to do that again soon.”

- No One



# SOC Engagement

## How will the SOC be involved now?

- System of Care (SOC) Subject Matter Experts (SMEs), including contracted providers will continue to be involved throughout the SmartCare implementation, though there will be fewer design decisions
- Bi-weekly demo sessions with SMEs will continue; the focus for this project will be to develop a deep understanding of how the system works to assist in offering recommendations related to superuser testing and training



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# SOC Impacts

## How does this impact the SOC?

- SOC preparation for a SmartCare go-live will not change significantly
- Unexpected delays to implementation could be impactful
  - E-prescribing in CCBH will sunset September 2024
  - CCBH will sunset December 2024
- The other impact (independent of EHR) is that after implementation, the SOC will need to look at CCBH for historical information.





# SOC Actions

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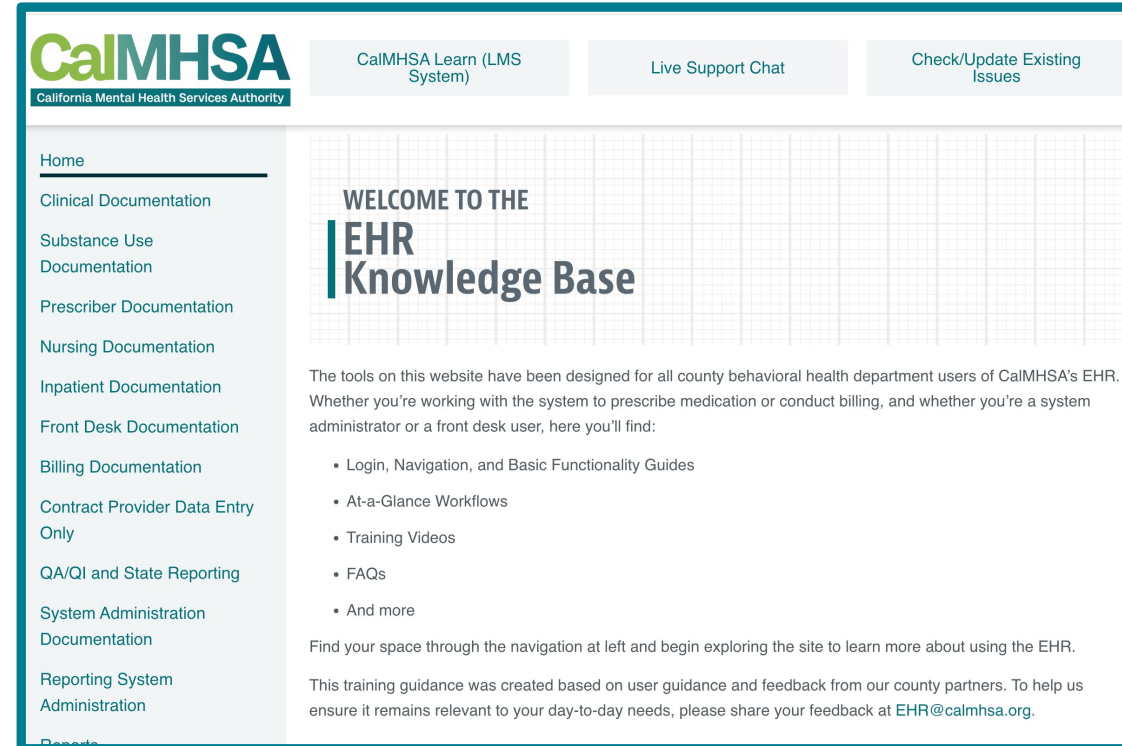
What can you do now to prepare?



# SOC Actions

## What should the SOC do now to prepare?

- Maintain awareness about project status
- Communicate with your staff to raise awareness
- Begin to think about who at your locations can serve as a champion or site lead for go-live
- Visit the CalMHSA website to review materials (<https://2023.calmhsa.org>)



**CalMHSA**  
California Mental Health Services Authority

CalMHSA Learn (LMS System) | Live Support Chat | Check/Update Existing Issues

### WELCOME TO THE EHR Knowledge Base

The tools on this website have been designed for all county behavioral health department users of CalMHSA's EHR. Whether you're working with the system to prescribe medication or conduct billing, and whether you're a system administrator or a front desk user, here you'll find:

- Login, Navigation, and Basic Functionality Guides
- At-a-Glance Workflows
- Training Videos
- FAQs
- And more

Find your space through the navigation at left and begin exploring the site to learn more about using the EHR.

This training guidance was created based on user guidance and feedback from our county partners. To help us ensure it remains relevant to your day-to-day needs, please share your feedback at [EHR@calmhsa.org](mailto:EHR@calmhsa.org).





# SOC Resources

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What happens next?





# SOC Resources

## Where can I find resources and information?

- For up-to-date information and SOC resources, scan the QR code below or go to the MHP Provider Documents page on the Optum website ([follow this link](#)) and click on the **EHR Implementation tab**.
  - Resources will be updated accordingly with new project details as they become available





# Q&A

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For any further questions, contact: [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

Or go online for more information at: [\*\*Optumsandiego.com\*\*](http://Optumsandiego.com)

