



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Department Name:** Behavioral Wellness  
**Department No.:** 043  
**For Agenda Of:** November 1, 2022  
**Placement:** Administrative  
**Estimated Time:** N/A  
**Continued Item:** No  
**If Yes, date from:**  
**Vote Required:** 4/5

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**TO:** Board of Supervisors  
**FROM:** Department Antonette Navarro, LMFT, Director  
Director(s) Department of Behavioral Wellness, (805) 681-5220  
Contact Info: Marshall Ramsey, CHCIO, CDH-E, Chief Information Officer  
Department of Behavioral Wellness, (805) 681-5220  
**SUBJECT:** Behavioral Wellness – California Mental Health Services Authority (CalMHSA)  
Participation Agreement for Semi-Statewide Enterprise Health Record Program  
for FY 22-29

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**County Counsel Concurrence**

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

**Auditor-Controller Concurrence**

As to form: Yes

**Recommended Actions:**

That the Board of Supervisors:

- A. Approve and authorize the Director of the Department of Behavioral Wellness, or designee, to execute a seven (7) year **California Mental Health Services Authority (CalMHSA) Participation Agreement No. 1766-EHR-2022-SB** for the development, implementation, subscription fees, and support and maintenance of a **Semi-Statewide Enterprise Health Record Program** for a total maximum agreement amount not to exceed **\$7,429,192** upon final execution of the agreement through March 18, 2029 (Attachment A);
- B. Approve Budget Revision Request No. 0008579 for FY 22-23 to establish appropriations of \$2,328,000 in Behavioral Wellness Mental Health Services Act Fund for Capital Assets (\$1,722,100) and Services & Supplies (\$605,900) funded by a release of restricted fund balance (Attachment B); and
- C. Determine that the above actions are government funding mechanisms or other government fiscal activities, which do not involve any commitment to any specific project that may result in a potentially significant physical impact on the environment and are therefore not a project under the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(4) of the CEQA Guidelines.

**Summary Text:**

This item is on the Board’s agenda to request approval to execute a seven (7) year California Mental Health Services Authority (CalMHSA) Participation Agreement for the development, implementation, subscription fees, and support and maintenance of a Semi-Statewide Enterprise Health Record (Program) upon final execution of the agreement through March 18, 2029 in the total amount not to exceed \$7,429,192; and to request approval of Budget Revision Request No. 0008579 for FY 22-23 to establish appropriations of \$2,328,000 in Behavioral Wellness Mental Health Services Act Fund for Capital Assets (\$1,722,100) and Services & Supplies (\$605,900) funded by a release of restricted fund balance. CalMHSA is partnering with participating counties to configure a California-centric Enterprise Health Record that will then be implemented across multiple counties. Through this multi-county collaborative effort, the Enterprise Health Record will support counties’ core business requirements and address all regulatory requirements specific to the State of California. Once implemented, the new Enterprise Health Record system would eventually replace current software used by the Department of Behavioral Wellness (BWell), such as ShareCare, Clinician’s Gateway, Rx30, and RxNT.

**Background:**

The County of Santa Barbara proposes to participate with over twenty counties in California Mental Health Services Authority’s (“CalMHSA”) Semi-Statewide Enterprise Health Record (“EHR”) project. This project is unique in that counties will collaboratively design a lean and modern EHR to meet their needs and the communities they serve both now and into the intermediate future.

The key principles of the EHR project include:

- a) Enterprise Solution: Acquisition of an EHR that supports the entirety of the complex business needs (the entire “enterprise”) of County Behavioral Health Plans (“BHPs”).
- b) Collective Activism: 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; and
- c) Leveraging the California Advancing and Innovating Medi-Cal (“CalAIM”) initiative: CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (i.e., 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.

The EHR Project is funded by participating counties primarily with Mental Health Services Act MHSA funds, i.e., Innovation (“INN”) and/or Capital Facilities & Technological Needs components. CalMHSA, serving as the Administrative Entity and Project Manager, will seek approval by the State Mental Health Services Oversight & Accountability Commission (“MHSOAC”) of this multi-county collaborative INN project.

The MHSOAC has identified levers for enabling transformational change, many of which will rely on robust technology and data systems. Of utmost importance among county data systems is the EHR. These records are used to document and claim Medi-Cal services that county BHPs provide and when properly enhanced, can capture vital data and performance metrics across the entire suite of activities and responsibilities shouldered by BHPs. A foundational goal of this project is to engage key stakeholders and human-centered design experts prior to the new EHR implementation and include their experience and feedback to optimize the user experience and layout of the incoming EHR.

Counties previously provided extensive input in CalMHSA's Request for Proposal process that resulted in a seven-year contract effective March 18, 2022 through March 18, 2029 between CalMHSA and Streamline Healthcare Solutions LLC ("Streamline"), whose EHR product is SmartCare. CalMHSA has entered into a Master Services Agreement with Streamline, who is responsible for the development, implementation, and maintenance of the new Semi-Statewide EHR.

Until now, county BHPs have had a limited number of options from which to choose when looking to implement a new EHR. The majority of EHR vendors develop products to meet the needs of the much larger physical health care market, while the few national vendors that cater to the behavioral health market have been disincentivized from operating in California by the many unique aspects of the California behavioral health landscape. This has resulted in most county BHPs largely dissatisfied with their current EHRs, yet with few viable choices when it comes to implementing innovative solutions. The pervasive difficulties of 1) configuring the existing EHRs to meet the everchanging California requirements, 2) collecting and reporting on meaningful outcomes for all of the county BH services (including MHSAs-funded activities), and 3) providing direct service staff and the clients they serve with tools that enhance rather than hinder care have been difficult and costly to tackle on an individual county basis.

A Participation Agreement between CalMHSA and the County of Santa Barbara describes the responsibilities of CalMHSA and each Participant County as well as the financial commitment for each fiscal year period for the duration of the Semi-Statewide EHR program.

**Performance Measure:**

CalMHSA will work closely with Streamline to coordinate on development and implementation of the EHR. CalMHSA will ensure Streamline submits the following:

- At least ten (10) claims per each participating county that pass the Strategic National Implementation Process (SNIP) edit;
- At least ten (10) Drug Medi-Cal (DMC) claims per each participating county that are approved (including DMC-ODS or DMC claims); and
- At least ten (10) Specialty Mental Health Services (SMHS) claims per each participating county that are subsequently approved.

On behalf of each participating county, CalMHSA will submit to DHCS the following attestations and supporting documents from Streamline as also may be required:

- The changes needed to the Semi-Statewide EHR claiming system have been assessed and have been incorporated into the contract with Streamline.
- All new claiming rates have been loaded into each participating county's instances of SmartCare Base.
- The Fast Healthcare Interoperability Resources Application Programming Interface (FHIR API) implementation is underway.
- The implementation of the FHIR API has been completed.
- The process of mapping data elements to the United States Core Data for Interoperability (USCDI) has begun.
- The documentation outlining mapped data elements to the USCDI has begun.
- Certification that data elements have been successfully mapped to USCDI, inclusive of completed mapping documentation.

The County’s programmatic responsibilities include providing CalMHSA, Streamline, and any other parties deemed necessary with requested information and assistance in order to fulfill the purpose of the Program, as well as performing any and all requested assessments of the Program and provide feedback on program performance.

**Fiscal and Facilities Impacts:**

Budgeted: No

**Fiscal Analysis:**

<b>Funding Sources</b>	<b>FY 2022-23</b>	<b>FY 2023-24</b>	<b>FY 2024-25</b>	<b>FY 2025-26</b>	<b>FY 2026-27</b>	<b>FY 2027-28</b>	<b>FY 2028-29</b>
General Fund							
State (MHSA CFTN)	\$ 2,327,930.15	\$ 961,839.89	\$ 876,342.25	\$ 877,018.14	\$ 877,714.32	\$ 878,431.37	\$ 629,916.06
Federal							
Fees							
Other:							
Total	\$ 2,327,930.15	\$ 961,839.89	\$ 876,342.25	\$ 877,018.14	\$ 877,714.32	\$ 878,431.37	\$ 629,916.06
<b>Grand Total</b>							<b>\$ 7,429,192.18</b>

Narrative: The above-referenced contract is funded by State funds. BWell requests approval of Budget Revision Request No. 0008579 for FY 22-23 to establish appropriations of \$2,328,000 in Behavioral Wellness Mental Health Services Act Fund for Capital Assets (\$1,722,100) and Services & Supplies (\$605,900) funded by a release of restricted fund balance. The total maximum amount of Participant-Specific Committed Funding in the Participation Agreement shall not exceed \$6,505,819. Given current expected user growth, development and professional services related to future projects anticipated to be implemented within the term of the Agreement, a maximum total Participant Contingency Budget of \$923,373 is also included. The aggregate total agreement is **\$7,429,192**. The Agreement covers the full cost of EHR subscription and maintenance through March 18, 2029.

**Key Contract Risks:**

Through the development, implementation, support, and maintenance of the EHR, CalMHSA may have access to Personal Health Information (PHI). To mitigate risk in all Participation Agreements between County and CalMHSA where PHI is involved, County and CalMHSA have entered into a Business Associate Agreement (BAA) which was approved by the Board of Supervisors on September 13, 2022 (Agreement No. 1327-BAA-2022-SB).

Wherever County’s actual annual costs for participation in the Program exceed the Estimated Annual Cost, County agrees to pay CalMHSA for the difference. Except as provided in the CalMHSA BAA, CalMHSA is not liable for damages beyond the amount of any funds which are identified on the cover page of the Participation Agreement. By entering into the Participation Agreement, the County agrees to defend and indemnify CalMHSA for any claim, demand, disallowance, suit, or damages arising from County’s acts or omissions in connection with the provision of mental health services.

The County may withdraw from the Semi-Statewide Enterprise Health Record Program and terminate the Participation Agreement upon six (6) months' written notice. However, withdrawal from the program will not automatically terminate the County’s responsibility for its share of the expense and liabilities of the program. The contributions of current and past participating counties are chargeable for their respective share of unavoidable expenses and liabilities arising during the period of their participation. Upon cancellation, termination, or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising from the administration of the Program shall be returned to the County. Unused funds paid for a joint effort will be returned pro rata to the County in proportion to

payments made. Adjustments may be made if a disproportionate benefit was conveyed on a particular participating county. Excess funds at the conclusion of county-specific efforts will be returned to the particular county that paid them.

**Special Instructions:**

Please return one (1) Minute Order to Bethany Le at [bethle@sbcbswell.org](mailto:bethle@sbcbswell.org) and to the BWell Contracts Division at [bwellcontractsstaff@sbcbswell.org](mailto:bwellcontractsstaff@sbcbswell.org).

**Attachments:**

Attachment A: CalMHSA Participation Agreement – Semi-Statewide EHR Program

Attachment B: Budget Revision Request No. 0008579

**Authored by:**

B. Le