



**SAN BENITO COUNTY  
AGENDA ITEM  
TRANSMITTAL FORM**

Betsy Dirks  
District No. 1

Kollin Kosmicki  
District No. 2  
Vice Chair

Peter Hernandez  
District No. 3  
Chair

Bob Tiffany  
District No. 4

Bea Gonzales  
District No. 5

**Item Number: 2.2**

**MEETING DATE:** 09/27/2022

**DEPARTMENT:** BEHAVIORAL HEALTH

**AGENDA ITEM PREPARER:** Juan Gutierrez

**DEPT HEAD/DIRECTOR:** Ray Espinosa

**SUBJECT:**

**BEHAVIORAL HEALTH - R. ESPINOSA**

Approve Participation Agreement with California Mental Health Services Authority (CalMHSA) for the Behavioral Health Quality Improvement Program (BHQIP) Support as part of the CalMHSA's Joint Powers Agreement, beginning September 27, 2022 and terminating on June 30, 2024 for a total cost of \$85,270.00 and approve the budget adjustment/transfer related to this item.

SBC FILE NUMBER: 810

**AGENDA SECTION:**

CONSENT AGENDA

**BACKGROUND/SUMMARY:**

With steps being taken by Behavioral Health agencies in counties across the state to implement the California Advancing and Innovating Medi-Cal (CalAIM) initiative, counties are required to participate in a Behavioral Health Quality Improvement Program (BHQIP) that encompasses reform on various levels. Through our Joint Powers Agreement, CalMHSA has developed a project/program to offer assistance to counties in the areas of payment reform, policy change, and data exchange implementation.

This agreement with CalMHSA will provide specialized project support tailored to our county in order to assist our county in meeting the milestones required to complete the CalAIM BHQIP deliverables, including staff training. CalMHSA's support will allow consistency in policies and guidelines within participating counties and will align with the Department of Healthcare Services (DHCS) requirements as part of the CalAIM initiative. Having consistency within participating counties will prevent delays in services provided to our county members.

Approval of the recommended actions will allow the Department Director or designee to sign related reports and forms without modifying the maximum compensation, and act as a representative of the

County. Approval of this item will also allow for a budget adjustment/transfer to access funding received by DHCS to pay for the contract, in full.

**RESOLUTION OR ORDINANCE NEEDED FOR THIS ITEM:**

No

**CONTRACT NEEDED FOR THIS ITEM:**

Yes

**CONTRACT AND RFP HISTORY:**

There is no previous contract for this CalMHSA Behavioral Health Quality Improvement Program. This item did not go to RFP as this is a statewide project and part of our JPA that is supported by DHCS as part of the CalAIM initiative that all counties in the state are required to adhere to.

**LAST CONTRACT AMOUNT OR N/A:**

N/A

**STATE IF THIS IS A NEW CONTRACT/ HOW MANY PAST AMENDED CONTRACTS/ OR N/A:**

N/A

**STRATEGIC PLAN GOALS: 1. Operational Development & Excellence**

Yes

**STRATEGIC PLAN GOALS: 2. Planning And Sustainable Growth**

No

**STRATEGIC PLAN GOALS: 3. Technology**

Yes

**STRATEGIC PLAN GOALS: 4. Community Engagement**

Yes

**STRATEGIC PLAN GOALS: 5. Health & Safe Community**

No

**BUDGETED:**

Yes

**BUDGET ADJUSTMENT NEEDED:**

Yes

**SOURCE OF FUNDING:**

Non-general Fund

**UNFUNDED MANDATE:**

No

**SBC BUDGET LINE ITEM NUMBER:**

228.90.2520.1000.619.250

**CURRENT FY COST:**

0.00

**STAFF RECOMMENDATION:**

1. Approve Participation Agreement with California Mental Health Services Authority for the Statewide Behavioral Health Quality Improvement Program for a two (2) year period beginning September 27, 2022 and terminating on June 30, 2024 for a total cost of \$85,270.00.
2. Authorize the Board Chair to sign said Participation Agreement
3. Allow the Department Director or designee to sign related reports and forms without modifying the maximum compensation, and act as a representative of the County.
4. Approve the budget adjustment/transfer, as specified on the attached form, to access funding received by DHCS to pay for the full amount of this agreement.

**BOARD ACTION RESULTS:**

Approved Participation Agreement and budget adjustment/transfer per staff recommendation. (4/0 vote, Hernandez - Absent)

**ATTACHMENTS:**

22-24 BHQIP PA San Benito  
BH Budget Adjustment BHQIP