

October 27, 2026

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

**PROPOSED AMENDMENT NO. 1 TO AGREEMENT 489-2024 WITH CALIFORNIA MENTAL HEALTH SERVICES
AUTHORITY TO EXTEND THE TERM OF THE AGREEMENT, REVISE SUBSCRIPTION AND PAYMENT TERMS, AND
INCREASE COMPENSATION TO THE CONTRACTOR**

Fiscal Impact: \$42,657; State/Federal; Budgeted; Discretionary)

Behavioral Health and Recovery Services (BHRS) requests the approval of Amendment No. 1 to Agreement 489-2024 with California Mental Health Services Authority (CalMHSA) to extend the term of the agreement through June 30, 2029, revise the Data Archive Solution Annual Subscription fee and invoicing and payment terms, and increase compensation to the Contractor by \$42,657, for a new total amount not to exceed \$115,617.

California Counties under the authority of Government Code section 6500 et seq. formed the CalMHSA. CalMHSA is authorized by its Joint Exercise of Powers Act to jointly develop and fund mental health services under Division 5 of the California Welfare and Institutions Code.

CalMHSA will provide a Microsoft Azure Cloud database solution and professional implementation and support services to assist with archiving legacy application Electronic Medical Record ("EMR") databases to a secure Cloud environment. Through this Program, CalMHSA strives to help Participant retain copies of and access to legacy EMR data, while also assisting Participant in taking steps toward meeting future interoperability requirements. This data archive solution is a requirement for the CalMHSA Connex Interoperability Solution program.

On September 10, 2024, the Board approved Agreement 489-2024 authorizing participation with CalMHSA for the Data Archive Solution program from January 1, 2024, through December 31, 2026, providing Microsoft Azure Cloud database solution and professional implementation and support services to assist with archiving legacy application Electronic Medical Record ("EMR") databases to a secure Cloud environment.

Proposed Amendment No. 1 seeks to extend the term of the Agreement through June 30, 2029, effective January 1, 2027, for the Data Archive Solution Program; revise the Data Archive Solution Annual Subscription fee and associated invoicing and payment schedule; and increase the amount payable under the Agreement by \$42,657, resulting in a new total amount payable of \$115,617. The total amount includes all fees due under the Agreement and its amendments through the extended term, excluding optional services, additional professional services, additional data storage and backup, usage-based charges, third-party fees, and other additional work not expressly included in the stated total.

This Amendment has been reviewed and approved as to form by County Counsel.

Therefore, IT IS RECOMMENDED that the Board approve Amendment No. 1 to Agreement 489-2024 with California Mental Health Services Authority (CalMHSA) to extend the term through June 30, 2029, revise the Data Archive Solution Annual Subscription fee and payment terms, and increase compensation to the Contractor by \$42,657, for a total amount not to exceed \$115,617, and authorize the Chairman to sign.

Respectfully submitted,



Alison Burrowes, MA, LCSW
Director

cc: County Administrative Office
County Counsel
Auditor-Controller-County Clerk

Agreement No. 11607-KC-QM-25_26-AM1
HEDIS Performance Measurement
Kern County
September 10, 2026

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT Amendment No. 1
HEDIS PERFORMANCE MEASUREMENT
MEASUREMENT YEAR 2026/REPORTING YEAR 2027

This Participation Agreement Amendment No. 1 ("Amendment No. 1") amends Participation Agreement No. # 11607-KC-QM-25_26 (the "Agreement") between the California Mental Health Services Authority ("CalMHSA") and Kern County ("Participant"). CalMHSA and Participant may be referred to individually as "Party" or collectively as "Parties."

1. Purpose of Amendment

This Amendment No. 1 is intended to provide an updated terms of Service and costs associated with Measurement Year 2026/Reporting Year 2027 and the addition of Attachment A – Attestation of Authority to Collect and Exchange Data.

- 2. Revised - Exhibit A -** Exhibit A - Detailed Program Description, Obligations, Restrictions is hereby deleted in its entirety and replaced with the following:

EXHIBIT A – Detailed Program Description, Obligations, Restrictions

Detailed Program Description:

The Program will support the Participant in meeting the Behavioral Health Accountability Set ("BHAS") Healthcare Effectiveness Data and Information Set ("HEDIS") reporting requirements for Measurement Year ("MY") 2026/Reporting Year ("RY") 2027.

This Agreement will be amended on an annual basis to add information regarding and/or Services related to future Measurement Years. In keeping with HIPAA and National Committee of Quality Assurance ("NCQA") HEDIS reporting compliance regulations and data retention guidelines, all data received by CalMHSA through this Agreement will be retained by CalMHSA for a period not to exceed six years after the Measurement Year in which the data is received. All data will be destroyed after it has been retained for six years.

MY26/Ry 27 Required BHAS Measures*:

Mental Health Plan ("MHP") Measures:

- Follow-Up After Emergency Department for Mental Illness – 30 days ("FUM");
- Follow-Up After Hospitalization for Mental Illness – 30 days ("FUH");
- Follow-Up After Hospitalization for Mental Illness – 7days ("FUH-7d")
- Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics ("APP");
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia ("SAA").
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications ("SSD")

- Preventive Care and Screening: Screening for Depression and Follow-Up Plan ("CDF")

Drug Medi-Cal Organized Delivery System ("DMC-ODS") Measures:

- Follow-Up After Emergency Department Visit for Substance Use – 30 days ("FUA");
- Pharmacotherapy for Opioid Use Disorder ("POD");
- Use of Pharmacotherapy for Opioid Use Disorder ("OUD");
 - Centers for Medicare & Medicaid Services ("CMS") is the measure steward.
- Initiation and Engagement of Substance Use Disorder Treatment - Initiation ("IET-I").
- Initiation and Engagement of Substance Use Disorder Treatment – Engagement ("IET - E")
- Follow Up After High-Intensity Care for Substance Use Disorder – 30 days ("FUI")

***Please Note:** CalMHSA will only calculate the measures that are required reporting for the Participant's Behavioral Health Plan.

Obligations:

CalMHSA shall:

- HEDIS:
 - Be certified as an NCQA-Certified Vendor for all NCQA MY 26 /RY 27 measures.
 - Produce HEDIS measures results based on MY 2026 specifications using data provided by and/or authorized for use by the Participant.
 - Accept required data files from Participant-approved Managed Care Plan (MCP). submission via secure file transfer.
 - Complete all deliverables included with the purchase of a Simple or Enhanced Bundles, and/or additional services for MY 2026/Ry 2027 as detailed in Table 1, below.
 - For Participants utilizing SmartCare:
 - Extract relevant MMEF, MHP and DMC-ODS services and/or 837 claims data from SmartCare EHR.
- Quality and Health Equity (QHE) Workplan Support:
 - QI Coaching: Consultation meetings to support intervention development, refinement, and monitoring for BHAS performance measure(s) as required by Department of Health Care Services (DHCS).
 - Writing Support: Assistance with drafting and/or providing feedback on up to three (3) QHE Workplan A3 template submissions per measure and related updates.
 - Data Consultation: Up to one (1) consultation with CalMHSA data subject matter experts to support understanding and interpretation of the HEDIS measure and/or available descriptive analysis outputs, as applicable.

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TABLE 1			
Included in the following Bundles:	Deliverable #	Deliverable Title	Description
○ Simple ○ Enhanced	1	MY26 HEDIS/RV 27 Audit Support	CalMHSA will apply certified logic to data provided by the Participant to calculate the required BHAS measures for annual EQRO audit deliverables and DHCS requirements. CalMHSA will produce and submit the following deliverables directly to the EQRO and will also share with the Participant: • Preliminary and final rates via an aggregated Rate Reporting Template ("RRT") • Member-level details ("MLD") files used for primary source verification. "MLD" files will also be shared directly with the county via secure file share. • Back-end table screenshots of selected EQRO cases for primary source verification (front-end EHR screenshots are not included in this offering).
○ Simple ○ Enhanced	2	MY26HEDIS/RV27 Descriptive Analysis Report	CalMHSA will produce one annual report ("Descriptive Analysis Report") based on aggregated data including denominator and numerator details, including demographic stratification. This report will be released after the conclusion of the audit cycle (Deliverable 1).
○ Enhanced	3	Quarterly HEDIS Calculation	In addition to the reports generated during the annual audit cycle, CalMHSA will produce three quarterly reports that calculate rolling measurement year windows. These reports will also stratify measure performance by quarter. These reports will be provided via an excel quarterly trending report. Member-Level details will be included with the quarterly deliverables.

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	4	MY26 HEDIS/RV27 BHP to MCP Centralized Data Exchange	To fulfill the BHP requirement to supply BHP data for the purposes of Managed Care Plans (MCPs) MCAS reporting, CalMHSA is offering to serve as an intermediary to share Behavioral Health Plan (BHP) service data with MCPs for HEDIS calculation purposes. CalMHSA will act as a centralized intermediary to exchange data from BHPs to MCPs for HEDIS measurement purposes only. The following data sets will be included in this report: a. Specialty Mental Health Services (SMHS) service data b. Drug Medi-Cal (DMC/DMC-ODS) service data - c. CalMHSA shall provide BHP service data to MCPs via secure flat file transfer (SFTP or equivalent secure transmission method) and shall limit data disclosed to the minimum necessary data elements required for HEDIS calculation, which may include the following: • Member identifiers (including Client Index Number (CIN)); • Dates of service; • Diagnosis and procedure codes; • Place of service • Provider identifiers • Units of service; and • County of origin. Data may be shared multiple times during the HEDIS audit cycle, including for purposes of preliminary rate calculations, final rate submissions, and Member-Level Detail files.
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	5	Quality and Health Equity (QHE) Workplan Support**	CalMHSA will support county plan in completing up to two DHCS-mandated QHE Workplan A3 templates for BHAS performance measure(s). CalMHSA support will include QI consultation meetings supporting intervention development, refinement, and monitoring; writing support for up to three QHE Workplan A3 template submissions per measure (two measure maximum); and data consultation to support understanding and interpreting the HEDIS measure and/or descriptive analysis outputs provided by CalMHSA, as applicable.
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* Delivery of this deliverable is contingent upon the applicable MCPs agreeing to bi-directional data exchange with CalMHSA and executing any agreement(s) necessary to facilitate the exchange.

****RE: Quality and Health Equity (QHE) Workplan Support: CalMHSA's ability to provide support for HEDIS rate reporting within the A3 submission template is contingent upon CalMHSA having access to the county plan's applicable HEDIS data and/or rates via (i) the county plan's participation in the CalMHSA Quality Measures and Performance Improvement Program for the applicable measurement year, or (ii) CalMHSA access to the applicable data and/or rates through Medi-Cal Connect.**

Participant shall:

- Provide required data for HEDIS analysis as described in the table below.
 - For the highest percent data completion on Plan Data Feed, counties should submit monthly Plan Data Feed files.
- Submit files in the table below without a nested folder structure.
 - For 837 data, one folder can include many data files, but one folder should not contain multiple sub-folders.
- **Participants opting into either the Simple or Enhanced Options**, submit data to CalMHSA to meet MY26/RY 27 deliverables as detailed in Table 2. DHCS requires that Participants provide measure calculations for all Medi-Cal members in the county that meet measure criteria, not just members served by county BHPs. Counties should continue to submit Plan Data Feed files but additionally will need to provide Managed Care Plan ("MCP") claims data and Pharmacy claims for the full Medi-Cal population. Participant data will include Monthly Medi-Cal Eligibility Files ("MMEF"), County BHP 837 claims, MCP claims data, and pharmacy claims. Other data sources mutually agreed upon between the Parties may be utilized, as set forth below, but may also result in additional expense/delay.

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- **Participants opting into the Enhanced Option**, will submit data to calculate quarterly measures. This starts with the data sources and date ranges detailed in Table 2. Additionally, Participant will continue to submit more **current** data to support updated quarterly calculations. The submission schedule for quarterly data reports will be shared with each Participant after the Agreement is executed. These reports will reflect performance over each measure's full measurement period but will lag by approximately three months to allow time for claims processing. For example, a report generated on July 15, 2027, will include data through March 31, 2027. CalMHSA will provide a due date for counties to submit data for inclusion in each quarterly report. Data submitted after the deadline will be included in the next quarter's report. Reports are updated retrospectively and may adjust past results for up to one full measurement period as new data is received. This means performance figures for the same quarter may change slightly in future reports if additional data is submitted later.
- **Participants opting into Centralized Data Exchange MY26 HEDIS/R27 BHP to MCP Centralized Data Exchange** will submit County BHP 837 claims to CalMHSA as noted in Table 2. CalMHSA will redistribute BHP service data received for the purposes of HEDIS calculation to MCPs on the cadence aligning with BHP PA bundle – annual if simple, quarterly if enhanced. Data should cover services rendered from January 1, 2025 through December 31, 2027.
- **Participants opting into Centralized Data Exchange MY26 HEDIS/R27 MCP to BHP Centralized Data Exchange via the Attestation in Attachment A allow CalMHSA to serve as an intermediary to share Managed Care Plan service data with BHPs for Quality Improvement purposes. Delivery of this deliverable is contingent on the applicable MCPs agreeing to exchanging data with CalMHSA and executing any agreement(s) necessary to facilitate the exchange. This offering has no associated charge. CalMHSA will act as a centralized intermediary to exchange data from MCPs to BHPs for HEDIS measurement purposes only.** The following data sets may include:

- Medical Claims (professional and institutional claims and encounters, MCP Plan Data Feed Medical data (if provided))
- Pharmacy Claims (see APL 25-013 for more information) if provided.
- Supplemental Data: MCP supplemental files (HIE, non-claims, etc) if provided

Additionally, CalMHSA shall provide MCP service data to BHPs via secure flat file transfer (SFTP or equivalent secure transmission method) and shall limit data disclosed to the minimum necessary data elements required for HEDIS calculation, which may include the following:

- Member identifiers (including Client Index Number (CIN));
- Dates of service;
- Diagnosis and procedure codes;
- Place of service
- Provider identifiers
- Units of service; and
- County of origin.

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Data may be shared multiple times during the HEDIS audit cycle, including for purposes of preliminary rate calculations, final rate submissions, and Member-Level Detail files.

- Authorize CalMHSA to disclose Participant's BHP service data to MCPs for the limited purpose of HEDIS measurement and reporting.
- Agree to be bound by the terms of the NCQA End User License Agreement ("EULA") available at <https://wpcdn.ncqa.org/www-prod/wp-content/uploads/End-User-License-Agreement-Measure-Cert.pdf>. By signing this Agreement, Participant acknowledges that it has read, understood, and agrees to be bound by such EULA, including any updates thereto.
- Grant CalMHSA the right to use any data provided or generated in accordance with the terms of the applicable Business Associate Agreement.
- Communicate all questions and concerns to CalMHSA via ManagedCare@calmhsa.org.

TABLE 2 *			
	Data Description	Data Source	File Example
1	SUD Service Claims	837 claims files	DMH-##-837P-03302024-161.dat
2	MHP Service Claims		
3	MHP Plan Data Feed	Plan Data Feed Files (APCD-CDL)	APCD.CDL.M202412.CNTY##.zip (includes CDL.MC & CDL.PC files). Monthly PDF files from January 2025 through May 2027.
4	SUDS or Integrated Plan Data Feed		
5	Medi-Cal Eligibility Files	MMEF files	MEDS-##.TXT
If Provided by Managed Care Plan(s)			
6	MCP Medical Claims	Direct from Managed Care Plan(s)	837.dat files or flat files
7	Pharmacy Claims	Direct from Managed Care Plans	PDF Pharmacy of Pharmacy flat file
8	MCP PDF Medical	Direct from Managed Care Plan(s)	837.dat files or flat files
9	MCP Supplemental data	Direct from Managed Care Plan(s)	837.dat files or flat files
## is for the county id number			

*MY26 Data Time Period: Services & eligibility data from January 1, 2025 through December 31, 2026. Under this PA, counties may submit data outside of this date range, in order to prepare for MY27 calculations.

- Quality and Health Equity (QHE) Workplan Support:

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1. Identify staff person responsible for leading the county plan's QHE Workplan development and implementation. County plan will provide the QHE Workplan liaison name/contact information and inform CalMHSA of changes to the responsible liaison.
2. Participate actively in the development of the QHE Workplan in collaboration with CalMHSA, including attending scheduled consultation meetings and providing timely input and decisions.
3. Lead local implementation of all QHE Workplan activities and maintain documentation of activities, progress, and results sufficient to support DHCS requirements.
4. Review and provide feedback on CalMHSA's drafts of QHE Workplan A3 templates. Submit the county plan's final QHE Workplan submissions and any required updates to DHCS in accordance with DHCS requirements and due dates.
5. Provide CalMHSA with all necessary information to comply with DHCS QHE Workplan submissions, updates, or resubmission requests and any related deliverables.
6. Submit any supplemental data and/or documents to support the development of the QHE Workplan. This may include, but is not limited to, recommendations from DHCS, County surveys, stakeholder feedback, etc.

Program Restrictions:

- o Timelines and technical requirements may need adjusting due to unique circumstances.
- o **Data Use Limitation:** BHPs may use MCP data **only** for HEDIS measurement and reporting purposes. BHPs are prohibited from using this data for payment, utilization management, or any other purpose.

3. **Revised Exhibit B – Fiscal Provisions** - Section V ("Fiscal Provisions") of Exhibit B is hereby deleted in its entirety and replaced with the following:

V. Fiscal Provisions. Participant will pay a fixed fee for bundled Services and QHE Workplan support delivered in the total amount of \$89,100.00. CalMHSA will invoice Participant directly for the Services. Fifty percent (50%) of the total fee shall be due and payable upon execution of this Amendment, which amount shall be non-refundable, and the remaining fifty percent (50%) shall be due and payable upon completion of the purchased deliverables which may include HEDIS reporting, oversight, and related administrative activities required under this Amendment. BHP and MCP Plan Data sharing will be billed upon service delivery in the amount of \$26,730.00. Payment for all invoices shall be made within thirty (30) days of receipt of the applicable CalMHSA invoice. The total cost for all services incurred under this Agreement is \$115,830.00. In the event that a Deliverable has been purchased but the associated Services cannot be performed due to a lack of participation by the BHP or MCP, or any other circumstance beyond CalMHSA's reasonable control, all fees paid for such Deliverable shall be deemed earned and non-refundable. Accordingly, CalMHSA shall have no obligation to issue any refund, credit, or reimbursement for amounts previously paid.

Deliverables	Cost	Select Deliverable with X
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DMC-ODS/MHP Simple Bundle	\$59,400.00	
DMC-ODS/MHP Enhanced Bundle	\$89,100.00	X
Behavioral Health Plan Data Sharing Simple Bundle	\$17,820.00	
Behavioral Health Plan Data Sharing Enhanced Bundle	\$26,730.00	X
Quality and Health Equity (QHE) Workplan Support	\$27,000.00	
Total		\$115,830

4. **Revised Cover Page – Funding** - Section 2 ("Funding") of the Agreement Cover Page is hereby deleted in its entirety and replaced with the following:

Participant will pay a fixed fee for bundled Services and QHE Workplan support delivered in the total amount of \$89,100.00. CalMHSA will invoice Participant directly for the Services. Fifty percent (50%) of the total fee shall be due and payable upon execution of this Amendment, which amount shall be non-refundable, and the remaining fifty percent (50%) shall be due and payable upon completion of the purchased deliverables which may include HEDIS reporting, oversight, and related administrative activities required under this Amendment. BHP and MCP Plan Data sharing will be billed upon service delivery in the amount of \$26,730.00. Payment for all invoices shall be made within thirty (30) days of receipt of the applicable CalMHSA invoice. The total cost for all services incurred under this Agreement is \$115,830.00. In the event that a Deliverable has been purchased but the associated Services cannot be performed due to a lack of participation by the BHP or MCP, or any other circumstance beyond CalMHSA's reasonable control, all fees paid for such Deliverable shall be deemed earned and non-refundable. Accordingly, CalMHSA shall have no obligation to issue any refund, credit, or reimbursement for amounts previously paid.

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5. Attachment A - Attestation of Authority to Collect and Exchange Data

**Attachment A
Attestation of Authority to Collect and Exchange Data**

CalMHSA is currently supporting counties with the calculation of MY26 HEDIS measures for Behavioral Health Accountability Set (BHAS) reporting. To complete these calculations in accordance with DHCS and NCQA requirements, access to Managed Care Plan (MCP) medical and pharmacy claims data is required.

To support timely HEDIS calculations, CalMHSA is requesting authorization from your county to obtain data necessary for MY2026 HEDIS measures calculation directly from MCPs on your behalf.

If authorized, CalMHSA would request and ingest MCP data that is necessary and sufficient for HEDIS calculations only. CalMHSA would use this data to perform required measure calculations and validation activities. Instead, CalMHSA will provide counties with the applicable HEDIS outputs and reporting generated from the data.

- ☒ "Kern County authorizes CalMHSA to obtain MCP data directly on the county's behalf for MY2026 HEDIS calculations, as described above."
- ☐ "Kern County does not authorize CalMHSA to obtain MCP data directly on the county's behalf at this time."

CalMHSA further attests that, to the best of its knowledge, no additional approvals, consents, or authorizations are required for CalMHSA to carry out the data collection and exchange activities authorized under the Agreement.

This attestation is made upon execution of this Agreement and is provided in reliance upon the Agreement and the authority granted thereunder.

Except as expressly modified by this Amendment No. 1, all other terms and conditions of the Agreement shall remain unchanged and in full force and effect.

Authorized Signors:

CalMHSA

Signed: Amie Miller Name (Printed): Dr. Amie Miller, Psy.D., MFT
Title: Executive Director Date: 9/17/2026

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Participant (Kern County)

Signed: _____ Name (Printed): _____

Title: Board of Supervisors/ CAO Date: _____

Signed: Kyle W. Holmes Name (Printed): Kyle W. Holmes

Title: County Counsel Date: 9/11/2026

Signed: Alison Burrowes Name (Printed): Alison Burrowes

Title: Director of Behavioral Health Date: 9/15/2026