BHT Quality and Equity Advisory Committee Meeting #11

June 17, 2026

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Introductions
California Department of Health Care Services (DHCS)

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The information included in this presentation may be pre-decisional, draft, and subject to change

Housekeeping

Today's meeting is being **recorded** for note-taking purposes.

Notes will be shared with participants after the session.

Committee Members can use the **raise hand** feature to unmute and contribute during the meeting.

Remain on mute when you are not speaking to minimize distractions.

You may also use the **chat feature** to ask questions throughout the meeting.

The chat will be monitored and captured in the notes.

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Agenda

10:00 – 10:05	Welcome and Agenda
10:05 – 10:55	**Update and Q&A**: Final Performance Measures and Planned Measure Releases
10:55 – 11:45	**Discussion**: Equity Measures
11:45 – 12:00	**Update**: Refreshing the Cultural Competence Plan Requirements

QEAC and Subcommittee Members *(Slide 1 of 3)*

- **Ahmadreza Bahrami^*,** Fresno County Department of Behavioral Health
- **Albert Senella,** California Association of Alcohol and Drug Program Executive, Inc
- **Amie Miller+^*,** California Mental Health Services Authority
- **Anh Thu Bui+^,** California Health and Human Services Agency
- **Brenda Grealish,** Commission for Behavioral Health
- **Catherine Teare+,** California Health Care Foundation
- **Elissa Feld^*,** County Behavioral Health Directors Association of California
- **Elizabeth Bromley+,** University of California, Los Angeles
- **Elizabeth Oseguera^,** California Alliance of Children and Family Services
- **Erika Pinsker^,** California Department of Public Health
- **Farrah McDaid Ting,** County Health Executives Association of California
- **Felicia Batts*,** Director of Care Integration, Fresno American Indian Health Project
- **Genia Fick+,** Inland Empire Health Plan

MEMBERSHIP KEY: + Technical Subcommittee ^ TOC Subcommittee * Equity Subcommittee

QEAC and Subcommittee Members *(Slide 2 of 3)*

- **Humberto Temporini,** Kaiser National Health Plan
- **Jackie Pierson[+],** California Consortium for Urban Indian Health
- **Jei Africa[+*],** San Mateo County Behavioral Health and Recovery Services
- **Joaquin Jordan,** Continuity Consulting
- **Julie Seibert[+],** National Committee for Quality Assurance
- **Kali Patterson[*],** Commission for Behavioral Health
- **Kara Taguchi[+^],** Los Angeles County Department of Mental Health
- **Karen Larsen[+],** Steinberg Institute
- **Katie Andrew^,** Local Health Plans of California
- **Kenna Chic,** Former President of Project Lighthouse
- **Kimberly Lewis^,** National Health Law Program
- **Kiran Savage-Sangwan*,** California Pan-Ethnic Health Network
- **Kirsten Barlow^,** California Hospital Association
- **Le Ondra Clark Harvey^*,** California Behavioral Health Association
- **Lishaun Francis*,** Children Now

MEMBERSHIP KEY: + Technical Subcommittee ^ TOC Subcommittee * Equity Subcommittee

QEAC and Subcommittee Members *(Slide 3 of 3)*

- **Lynn Thull⁺^,** LMT & Associates, Inc.
- **Marina Tolou-Shams⁺,** University of California, San Francisco
- **Mark Bontrager⁺,** Partnership Health Plan of California
- **Mary Campa^,** California Department of Public Health
- **Noel J. O'Neill,** California Behavioral Health Pla nning Council
- **Samantha Spangler⁺^,** Behavioral Health Data Project
- **Theresa Comstock^,** California Association of Local Behavioral Health Boards / Commissions
- **Tim Lutz,** Director of the Sacramento County Department of Health Services
- **Tom Insel⁺,** Vanna Health
- **Toni Navarro*,** Santa Barbara County Department of Behavioral Wellness
- **Van Do-Reynoso*,** CenCal Health

MEMBERSHIP KEY: + Technical Subcommittee ^ TOC Subcommittee * Equity Subcommittee

Update and Q&A:
Final Performance Measures and Planned Measure Releases

DHCS

Objectives of This Section

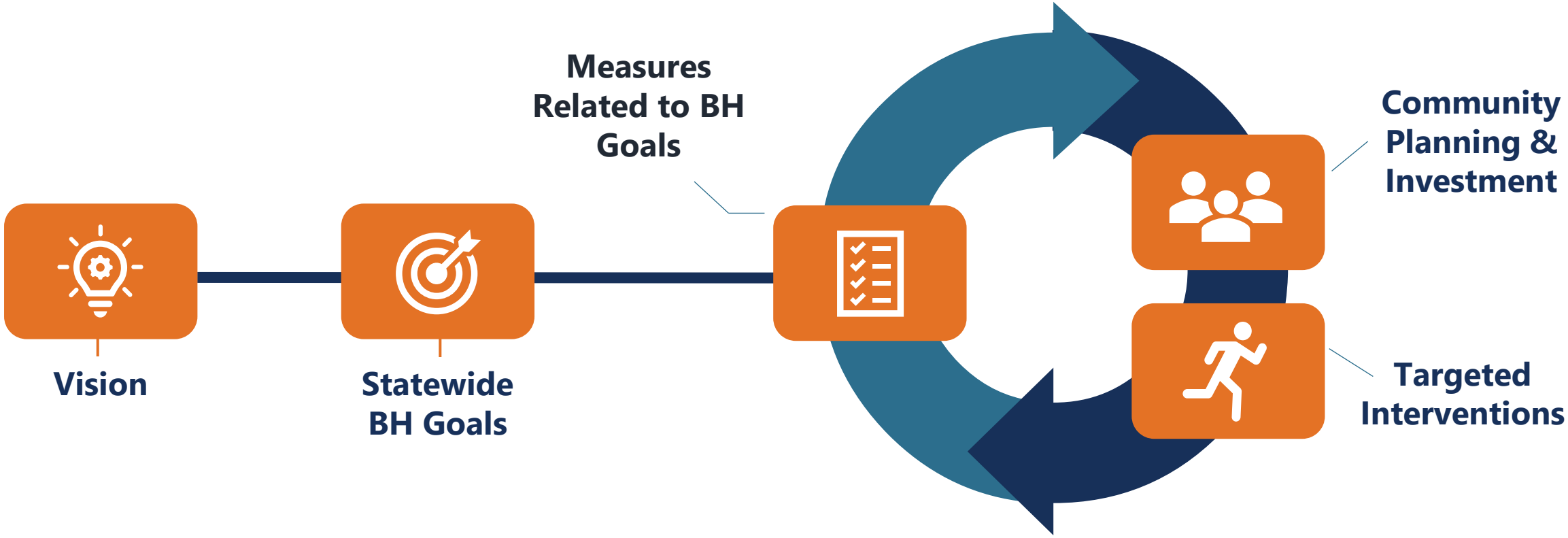
DHCS has worked with the Quality and Equity Advisory Committee for the past two years to develop the BHT performance measures.

For the next 45 minutes, DHCS will:

- Provide background on the statewide behavioral health goals and behavioral health transformation (BHT) performance measures;
- Walk through how BHT performance measures are constructed, calculated, and used;
- Review the final measure list for BHT Phase 2 Performance Measures;
- Preview the upcoming release of measure documents and rates; and
- Answer QEAC member questions.

Population Behavioral Health Approach

DHCS is developing a population behavioral health approach to meet the needs of all individuals eligible for behavioral health services, improve community well-being, and promote health equity. The Population Behavioral Health Framework is designed to enable the behavioral health (BH) delivery system to make data-informed decisions to better meet the needs of individuals within the communities they serve.



Statewide Behavioral Health Goals

Planning and progress on these goals will require coordination across multiple service delivery systems.

Goals for Improvement

- Care experience
- Access to care
- Prevention and treatment of co-occurring physical health conditions
- Quality of life
- Social connection
- Engagement in school
- Engagement in work

Goals for Reduction

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Justice-Involvement
- Removal of children from home

Health equity is incorporated in each of the BH Goals

Additional information on the statewide behavioral health goals is available in the BHSA Policy Manual.

Measures in Two Phases

The calculated Phase 2 measures will replace Phase 1 measures starting July 1, 2026.

Phase 1
Population-Level BH Measures

In June 2025, DHCS published a set of ***one-time***, population-level measures for each goal. This are intended to support MCP and BHP planning efforts through mid-2026.

- Selected from existing, publicly available measures
- At the goal-level by county only; not attributable to specific MCPs and BHPs
- Used for *planning only*

Used to complete counties' 2026 BHSA Integration Plans (IP) and MCP's 2025 Population Health Management Deliverables.

Phase 2
Performance Measures

This month, DHCS will finalize the performance measures that will be used to assess performance on each goal on an ***ongoing basis***.

- Based on individual-level data calculated by DHCS
- Attributable to specific BHPs and MCPs
- Used for planning, population health, and accountability

Used for all future deliverables (including IP, Annual Updates (AUs) and the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) and MCP's PHM Strategy Deliverable).

About the Performance Measure Set

DHCS has selected **51 performance measures**.

- Each goal has up to 8 measures, with a mix of Goal and Intervention measures.
- DHCS has also selected 3 cross-goal equity measures and 1 BHSA priority population measure.

DHCS has identified whether responsible entities for improving performance on each measure are:

- Cross-sector (i.e., extending beyond just BHPs and MCPs); or
- County BHP and/or MCP (based on whether it measures a contractually required service or policy).

Example: Measures for Reducing Homelessness		
Measure Category	**Measure Name**	**Responsibility**
Goal Measure	1. Homelessness Among People with Significant BH Needs	Cross-Sector
Intervention Measure	2. Housing Services for People With Significant BH Needs At Risk Of or Experiencing Homelessness	Joint county BHP-MCP
Intervention Measure	3. Housing Services and FSP for People with Significant BH Needs At Risk Of or Experiencing Homelessness	Joint county BHP-MCP

Goal (Sub-Goal) Measure: Measure of overall goal performance
Intervention Measure: Measure of county BHP and MCP interventions expected to advance the goal, identified by developing a Theory of Change

How Performance Measures Will Be Used

Transparency

DHCS will publish calculated measure rates, stratified by county/MCP and key demographics, for public access each year.

Planning

DHCS, counties, MCPs, and other stakeholders will be able to use these measures to track progress on the goals and inform planning for addressing the goals.

- Counties: Integrated Plans
- MCPs: PHM Strategy Deliverables

Population Health

DHCS will provide monthly rate updates and associated person-level data to counties and MCPs in Medi-Cal Connect.

This data will support population health activities (such as outreach and engagement, interventions, and other services) that would improve outcomes and performance on the measures.

Accountability

DHCS will use measures to

1. Inform and evaluate allocation of BHSA funding at the county level and the extent to which that allocation is addressing local needs (including in the BHOATR); and
2. Monitor BHP and MCP performance on delivery of Medi-Cal and BHSA services.

DHCS will not issue BHSA Corrective Action Plans on performance before 2029.

How Measures Are Calculated

DHCS will calculate these measures using Medi-Cal and BHSA data, as well as data from other state agencies (e.g., Vital Records, HDIS).

Official Annual Rates

The official rate measurement period is the state fiscal year (FY), which begins on July 1 and ends on June 30.

Rates will be calculated based on claims and encounters submitted and processed by DHCS within 4 months of the measure period, so timely submission is critical.

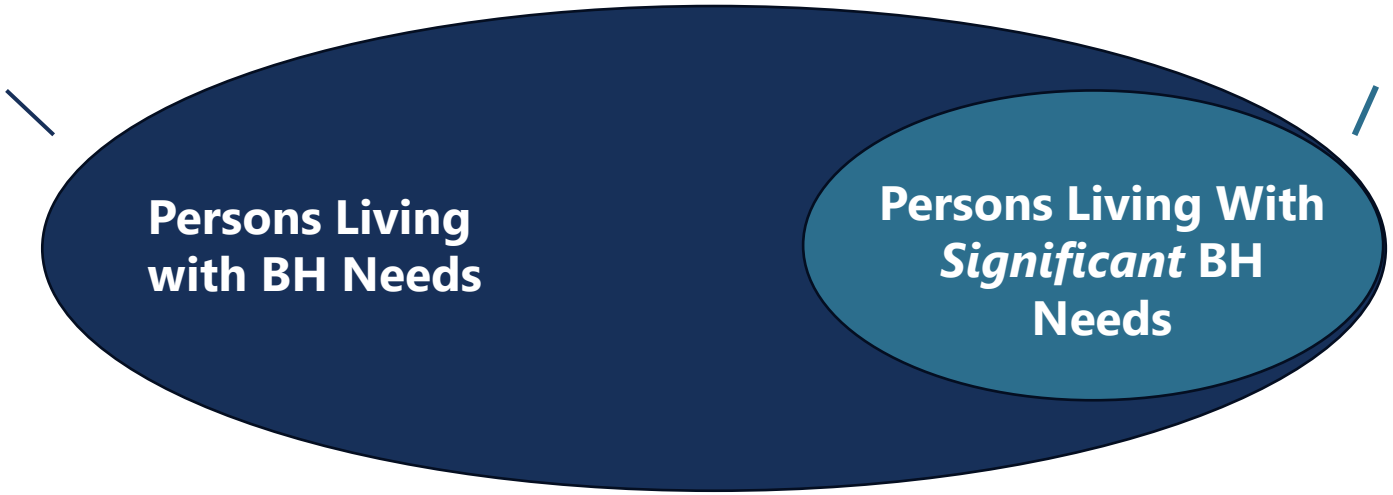
Monthly Rate Refreshes

Via Medi-Cal Connect, a statewide data analytics solution and tool for population health management, DHCS will provide updated measure calculations to counties and MCPs as frequently as monthly, depending on the data sources. The platform will show associated person-level data to support performance improvement.

Rates available in Medi-Cal Connect will be approximately 8 month lagged but substantial value to counties by leveraging multiple data sources to create the most complete picture possible of outcomes.

How Measures Are Calculated: Defining BH Needs, Significant BH Needs, and Core Clinical Services

"**BH Needs**" is meant to denote a broad range of individuals who have a need for BH services, including **services to address mild, moderate, or significant needs**.



"**Significant BH Needs**" is meant to denote a more narrow set of individuals who have BH needs that are **more likely to be associated with functional impairment**, including those that **may** have a need for specialty BH services.

"**Core Clinical Services**" are BH encounters—inclusive of both SUD and MH services—that specifically **assess and/or treat BH conditions** across mild, moderate, and significant levels of need regardless of delivery system. These services focus on **outpatient and/or longitudinal care delivered in community or clinic settings**; acute inpatient and emergency department services are not included.

BHT Performance Measures *(1 of 5)*

Reduce Homelessness

1. **Homelessness Among People with Significant BH Needs⁺***
2. Housing Services for People With Significant BH Needs At Risk of Or Experiencing Homelessness^*
3. Full Service Partnership and Housing Services for People with Significant BH Needs At Risk of Or Experiencing Homelessness^

Reduce Institutionalization

1. **Institutional Stays for People with BH Needs⁺**
2. Coordinated Specialty Care for First Episode Psychosis^
3. Support for Transitions from Institutional BH Care^
4. Follow-Up After Hospitalization for Mental Illness – 7 Days (FUH)^*
5. Follow-Up After Other Institutional Stays for Behavioral Health^

Reduce Justice Involvement

1. **Incarceration Among People with Significant BH Needs⁺**
2. Repeat Justice-Involvement Among People with Significant BH Needs~
3. Post-Release BH Services for Justice-Involved Reentry Enrollees with Significant BH Needs^*
4. Continuation of Medications for Addiction Treatment (MAT) for Justice-Involved Reentry Enrollees^*

Legend:	**⁺Goal measures** ~Sub-goal measures ^Intervention measures	*Indicates a measure that DHCS expects to calculate in 2026 *See appendix for measure descriptions.*

BHT Performance Measures *(2 of 5)*

Reduce Removal of Children from Home
1. Children and Youth in Foster Care⁺*
2. Specialty BH Services for Children and Youth in Foster Care^*
3. BH Services for Parents, Guardians, and Pregnant People with Significant BH Needs^*
4. High Fidelity Wraparound, Enhanced Care Management, or Intensive Care Coordination for Children and Youth in Foster Care^
Reduce Overdoses
1. Deaths by Drug Overdose⁺*
2. Repeat ED Visit or Hospitalization for Drug Overdose~*
3. Recovery Incentives – Contingency Management^*
4. Pharmacotherapy for Opioid Use Disorder (POD)^*
5. Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days (FUI)^*
Reduce Suicides
1. Deaths by Suicide⁺*
2. Repeat ED Visit or Hospitalization for Self-Harm~*
DHCS expects to develop an Intervention Measure for this goal in the second BHSA IP period.

Legend:	**⁺Goal measures** ~Sub-goal measures ^Intervention measures	*Indicates a measure that DHCS expects to calculate in 2026 *See appendix for measure descriptions.*

BHT Performance Measures *(3 of 5)*

Improve Access to Care

1. **One or More Behavioral Health Core Clinical Services for People with MH Needs⁺***
2. **One or More BH Services for People with Significant MH Needs⁺***
3. **Initiation of SUD Treatment (IET-I)⁺***
4. **One or More BH Services for People with Significant MH Needs and Co-Occurring SUD⁺**

Reduce Untreated Behavioral Health Conditions

1. **Three or More BH Services for People with MH Needs⁺***
2. **Three or More BH Services for People with Significant MH Needs⁺***
3. **Engagement in SUD Treatment (IET-E)⁺***
4. **Three or More BH Services for People with Significant MH Needs and Co-Occurring SUD⁺**
5. Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)^*
6. Evidence-Based Practices for People with Significant Mental Health Needs^
7. Follow-Up After Emergency Department Visit for Substance Use – 7 Days (FUA)^*
8. Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM)^*

Legend:	**⁺Goal measures** ~Sub-goal measures ^Intervention measures	*Indicates a measure that DHCS expects to calculate in 2026 *See appendix for measure descriptions.*

BHT Performance Measures *(4 of 5)*

Improve Care Experience

1. **Perception of Care with Respect to One's Cultural Background: SMHS⁺***
2. **Perception of Care with Respect to One's Cultural Background: DMC-ODS⁺***
3. **Perception of Care with Respect to One's Cultural Background: NSMHS⁺***

Improve Prevention and Treatment of Co-Occurring Physical Health Conditions

1. Adults' Access to Preventive/Ambulatory Services: Significant BH Needs^*
2. Child and Adolescent Well-Care Visits: Significant BH Needs^*
3. Dental Visits for People with Significant BH Needs^*

Improve Engagement in School

1. **Graduation Rates for Students with BH Needs⁺**
2. **Chronic Absenteeism for Students with BH Needs⁺**
3. Care Coordination and Management Services for Children and Youth with BH Needs^
4. Developmental Screening in the First Three Years of Life (DEV)^*

Legend:	**⁺Goal measures** ~Sub-goal measures ^Intervention measures	*Indicates a measure that DHCS expects to calculate in 2026 *See appendix for measure descriptions.*

BHT Performance Measures *(5 of 5)*

Improve Engagement in Work
1. IPS Supported Employment for People with Significant BH Needs^
Improve Social Connection
1. Services that Strengthen Interpersonal Relationships for People with Significant BH Needs^
Improve Quality of Life
DHCS expects to develop a measure for this goal in the second BHSA IP period.
Cross-Goal: Equity Measures
1. Disparities in BH Services for People with MH Needs+*   **2. Disparities in BH Services for People with Significant MH Needs+***   **3. Disparities in Pharmacotherapy for Opioid Use Disorder+**
Cross-Goal: BHSA Priority Population Measure
1. Multi-System Involvement for People with BH Needs Who Are Already System-Involved

Legend:	**+Goal measures** ~Sub-goal measures ^Intervention measures	*Indicates a measure that DHCS expects to calculate in 2026 *See appendix for measure descriptions.*

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Forthcoming Measures Materials

This summer, DHCS will release the following materials to support the rollout of the BHT performance measures:

1. Updated BHSA Policy Manual *(with a measures overview supplement)*
2. A Technical Specifications Manual
3. A Theory of Change Summary

Upcoming Rate Releases

12-month rolling measure rates for the performance measures* will be shared in three phases this summer. The measurement period for most measures will be FY 2024-2025.

Type	Release 1	Release 2	Release 3
Platform/ Format	**API and Medi-Cal Connect** *(HIPAA-protected environment)*	**Public Report**	**County Profile**
Content	12-month rolling measure rates: » For BHP/MCP and for the state » With key demographic stratifications Associated person-level data	12-month rolling measure rates, including 1) statewide rate, 2) statewide demographic stratifications, and 3) County BHP and MCP rates	12-month rolling measure rates for 6 required goals, alongside other county utilization and expenditure data
Audience	**County BHPs and MCPs**	**Public**	**Public**

*Not all measures will be included in the summer releases, in part due to data availability. DHCS is working to release rates for up to 32 measures this summer.

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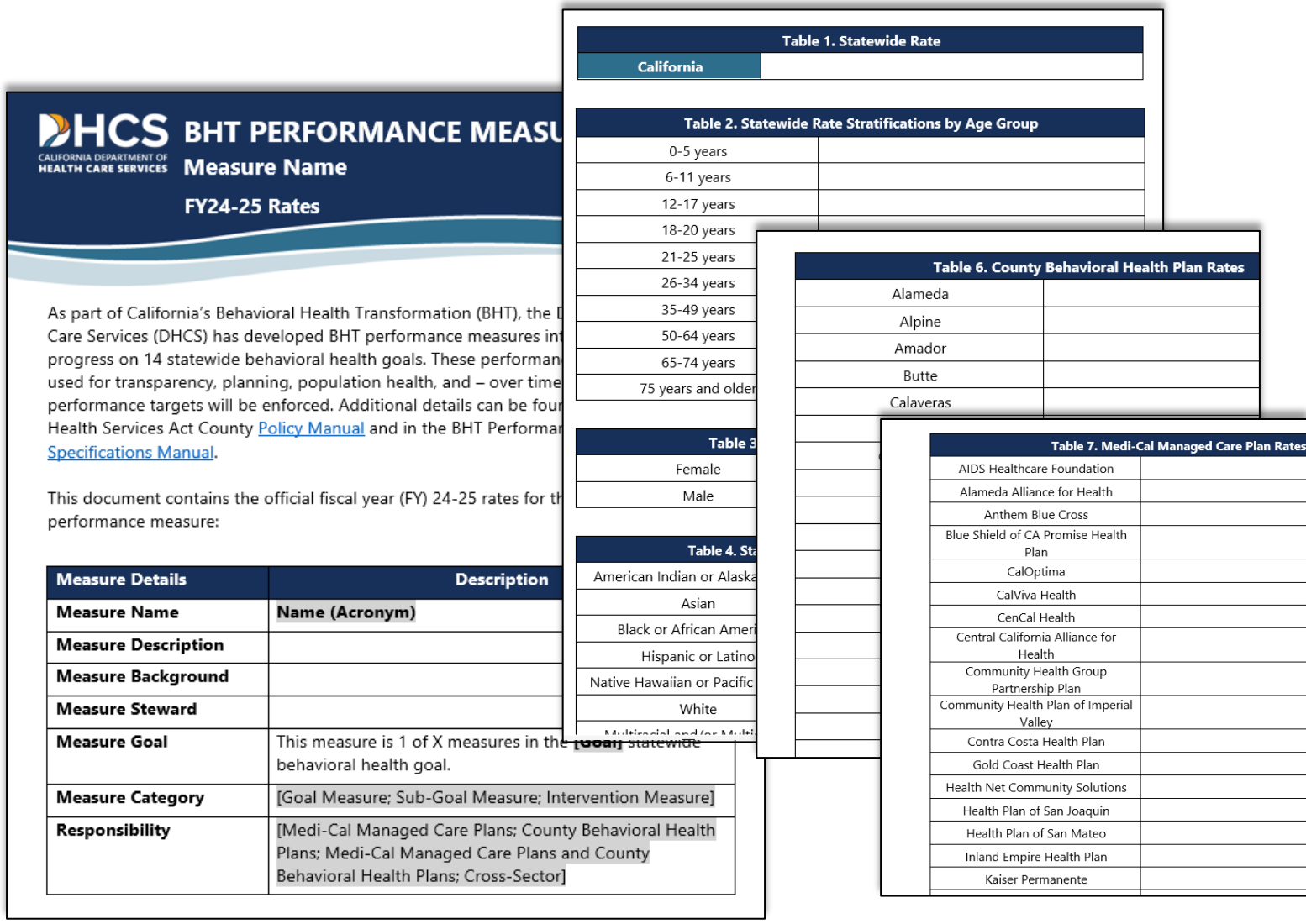
Preview of This Summer's Public Report

The Summer Public Report will be a static report and include the following for each measure:

1. The statewide rate
2. Demographic stratifications of the statewide rates (age group, sex, race/ethnicity, and language)
3. County Behavioral Health Plan rates
4. Managed Care Plan rates

DHCS expects to develop an interactive dashboard making more stratifications publicly available at a later date.


DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

BHT PERFORMANCE MEASU

Measure Name

FY24-25 Rates

As part of California's Behavioral Health Transformation (BHT), the D
Care Services (DHCS) has developed BHT performance measures int
progress on 14 statewide behavioral health goals. These performan
used for transparency, planning, population health, and – over time
performance targets will be enforced. Additional details can be four
Health Services Act County Policy Manual and in the BHT Performar
Specifications Manual.

This document contains the official fiscal year (FY) 24-25 rates for th
performance measure:

Measure Details	Description
Measure Name	Name (Acronym)
Measure Description	
Measure Background	
Measure Steward	
Measure Goal	This measure is 1 of X measures in the [Goal] statewide behavioral health goal.
Measure Category	[Goal Measure; Sub-Goal Measure; Intervention Measure]
Responsibility	[Medi-Cal Managed Care Plans; County Behavioral Health Plans; Medi-Cal Managed Care Plans and County Behavioral Health Plans; Cross-Sector]

Table 1. Statewide Rate	
California	

Table 2. Statewide Rate Stratifications by Age Group	
0-5 years	
6-11 years	
12-17 years	
18-20 years	
21-25 years	
26-34 years	
35-49 years	
50-64 years	
65-74 years	
75 years and older	

Table 3	
Female	
Male	

Table 4. St	
American Indian or Alaska	
Asian	
Black or African Ameri	
Hispanic or Latino	
Native Hawaiian or Pacific	
White	
Multiracial and/or Multi	

Table 6. County Behavioral Health Plan Rates	
Alameda	
Alpine	
Amador	
Butte	
Calaveras	

Table 7. Medi-Cal Managed Care Plan Rates	
AIDS Healthcare Foundation	
Alameda Alliance for Health	
Anthem Blue Cross	
Blue Shield of CA Promise Health Plan	
CalOptima	
CalViva Health	
CenCal Health	
Central California Alliance for Health	
Community Health Group Partnership Plan	
Community Health Plan of Imperial Valley	
Contra Costa Health Plan	
Gold Coast Health Plan	
Health Net Community Solutions	
Health Plan of San Joaquin	
Health Plan of San Mateo	
Inland Empire Health Plan	
Kaiser Permanente	

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Coming Next: More Information and TA for Counties and MCPs

County BHPs	MCPs
June	
» BH Directors Quarterly Meeting » All-County Meeting	» MCP Technical Assistance Meeting
July	
» All-County Meeting » Medi-Cal Connect Office Hours » Technical Assistance Webinar (*recorded*)	» MCP Technical Assistance Meeting » Medi-Cal Connect Office Hours » Technical Assistance Webinar (*recorded*)
August	
» All-County Meeting » Medi-Cal Connect Office Hours » DHCS SUD Conference » BH Directors Quarterly Meeting	» MCP Technical Assistance Meeting » September MCP CEO Meeting » Medi-Cal Connect Office Hours

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Q&A

DHCS

Cross-Goal Equity Measures

Objectives of This Section

Although selection of the BHT Performance Measures (including the equity measures) is complete, DHCS is seeking input today on disparity of focus for each measure.

For the next 45 minutes, DHCS will:

- Provide background information on the criteria and approach for selection equity measures;
- Explain the equity measures selected for BHT;
- Walk through the proposed disparities of focus for the equity measures; and
- Elicit QEAC feedback on the proposed disparities of focus.

Reminder: Approach for Advancing Health Equity in BHT

DHCS has developed a data-driven strategy for advancing health equity in behavioral health transformation in the following three ways:

BHT Performance Measures

1. Measure Stratifications

Stratify all goal-specific measures by key demographics (race/ethnicity, sex, language, and age) to identify county-specific disparities

2. Cross-Goal Equity Measures

Identify a small selection of cross-goal equity measures focused on statewide disparities, with improvement targets

3. Other Reporting Mechanisms

Report on health equity priorities that cannot be captured in administrative data via:

- *County BHPs*: The Behavioral Health Services Act Integrated Plans, Annual Updates, and Behavioral Health Outcomes, Accountability, and Transparency Report
- *MCPs*: The Population Health Management Strategy Deliverable.

Where We Are on Cross-Goal Equity Measures

Although selection of the BHT Performance Measures (including the equity measures) is complete, DHCS is seeking input today on Step 2 to finalize the approach for calculating each equity measure.

Step 1. Determine What to Measure

(Q1 2026)

- ✓ Identify the priority interventions or outcomes to measure based on available data

Step 2. Identify Disparity of Focus for Each Measure

(Q1-Q2 2026)

- ✓ **Review measure data and select disparity populations of focus**

We Are Here

Step 3. Determine Measure Targets

(Fall 2026)

- ❑ Set improvement targets

Selection Criteria for Cross-Goal Equity Measures

1. **Relevant:** Addresses all (or most) of the statewide behavioral health goals
2. **Impactful:** BHT Theories of Change, data, literature, or community input indicates that it would advance equity
3. **Strategic:** Is aligned with broader state strategy and measurement frameworks on behavioral health and equity
4. **Implementable:** Is a required and/or DHCS-funded intervention
5. **Feasible:** Person-level data is available to DHCS (or will be available soon) to measure progress
6. **System-wide** (preferred): Applies to all behavioral health services (BHP/MCP) regardless of where a person seeks care

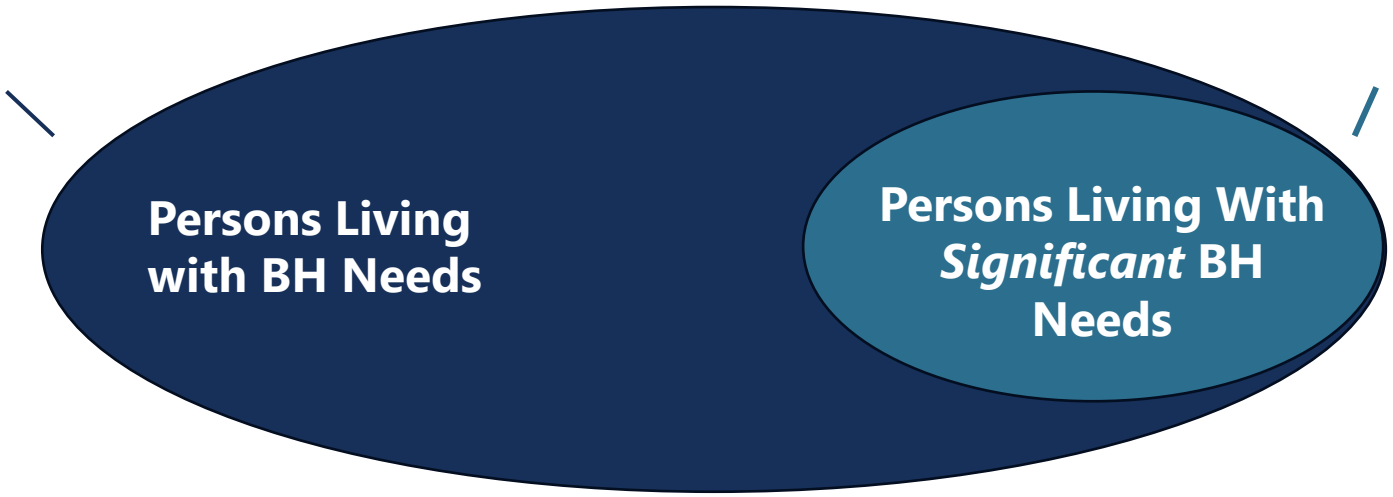
Step 1 (Update): Measure Changes Following QEAC Feedback, Public Comments

Proposed Equity Measures
Measures to Reduce Disparities
EQ-1. Disparities in BH Services for People with MH Needs
EQ-2. Disparities in BH Services for People with Significant MH Needs
EQ-3. Disparities in Medications for Addiction Treatment (MAT)
Measures for Overall Improvement
EQ-4. BH Care for People with BH Needs and a High Trauma Screening Score
EQ-5. Multi-System Involvement for People Who Are Already System-Involved

Final Equity & Cross-Goal Measures
Equity Measures
EQ-1. Disparities in BH Services for People with MH Needs
EQ-2. Disparities in BH Services for People with Significant MH Needs
EQ-3. Disparities in Pharmacotherapy for Opioid Use Disorder (POD)
BHSA Priority Population Cross-Goal Measure
CG-1. Multi-System Involvement for People with BH Needs Who Are Already System-Involved

Reminder: Defining BH Needs, Significant BH Needs, and Core Clinical Services

"**BH Needs**" is meant to denote a broad range of individuals who have a need for BH services, including **services to address mild, moderate, or significant needs**.



"**Significant BH Needs**" is meant to denote a more narrow set of individuals who have BH needs that are **more likely to be associated with functional impairment**, including those that **may** have a need for specialty BH services.

"**Core Clinical Services**" are BH encounters—inclusive of both SUD and MH services—that specifically **assess and/or treat BH conditions** across mild, moderate, and significant levels of need. These services focus on **outpatient and/or longitudinal care delivered in community or clinic settings**; acute inpatient and emergency department services are not included.

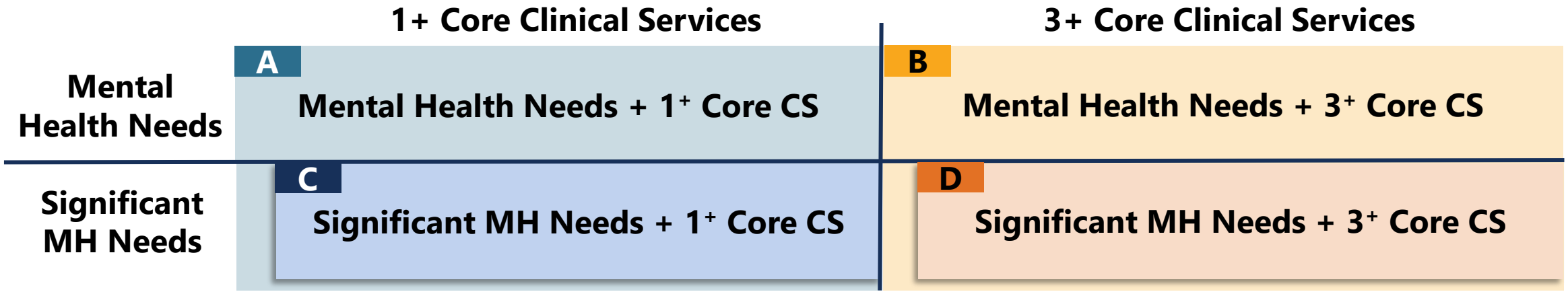
Step 2: Refining Equity Measures EQ-1 & EQ-2

Measure	Definition	Disparity
EQ-1. Disparities in BH Services for People with MH Needs	Percent *of* people with MH needs in **[X population]** *who* received **[one / three]** or more core clinical services *compared with* Percent *of* people with MH needs in **[a comparison population]** *who* received **[one / three]** or more core clinical services	**Race/ethnicity *or* Language** *[X/Y population]* **Today's Focus**
EQ-2. Disparities in BH Services for People with Significant MH Needs	Percent *of* people with significant MH needs in **[Y population]** *who* received **[one / three]** or more core clinical services *compared with* Percent *of* people with significant MH needs in **[a comparison population]** *who* received **[one / three]** or more core clinical services	
EQ-3. Disparities in Pharmacotherapy for Opioid Use Disorder (POD)*	Percentage *of* Opioid Use Disorder (OUD) pharmacotherapy events that lasted at least 180 days *among* **[Z population]** of people 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event *compared with* Percentage *of* OUD pharmacotherapy events that lasted at least 180 days *among* **[a comparison population]** of people 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event	**Race/Ethnicity** *[Z population]*

Options Included in EQ-1 & EQ-2 Analysis

The goal of EQ-1 and EQ-2 is to address the **most significant and pervasive disparities impacting whether people with known BH needs receive the behavioral health services they need**, by race/ethnicity and language.

DHCS received substantial feedback that it is important to measure disparity in receipt of 1+ Core CS and 3+ Core CS as they may **reflect different disparities**: disparity in *starting* to receive outpatient services after a known diagnosis vs. disparity in *continuing* to receive ongoing outpatient services.



DHCS separately analyzed 1+ vs. 3+ Core CS for each population to understand racial/ethnic and language population differences in having one versus multiple system touches.

Analyses to Identify Disparity Populations of Focus

DHCS followed this process to identify each recommended disparity population(s) for equity measures.

- **Severity of Disparity (Statewide):**
  - **Plotted rate for each population against the statewide rate**, to identify populations with the largest disparity
  - **Examined drop off (i.e., the change in rates) from 1+ to 3+ Core CS** to determine if a disparity in 3+ Core CS was driven more by lack of getting at least 1+ Core CS or continuing to receive Core CS after receiving 1
- **Pervasiveness of Disparity (County-Level):**
  - **Examined number and percent of counties** (with population-specific denominators N≥10) whose populations **performed worse** than the countywide rate
  - **Examined the mean and median difference** between each population's rate and the county-wide rate (i.e., magnitude of disparity)

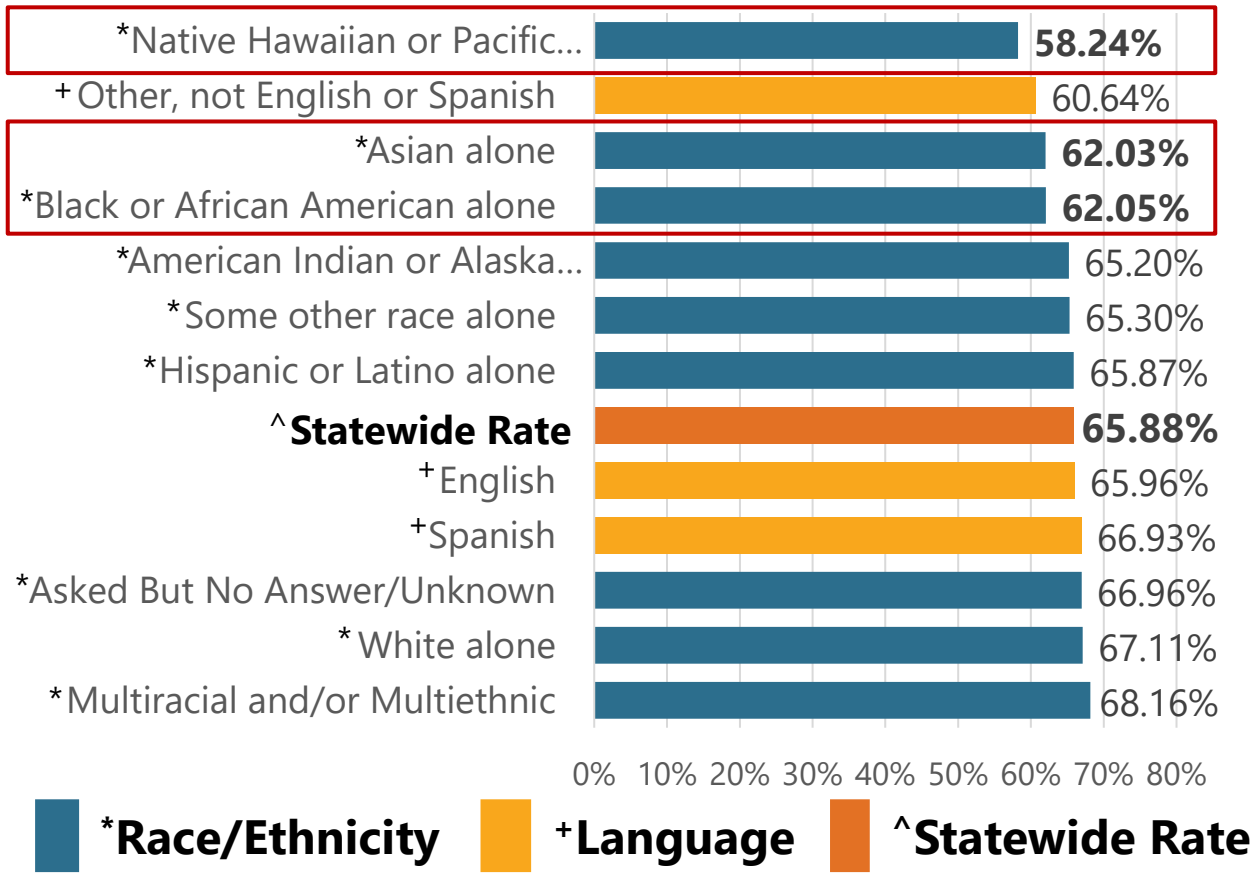
Data-Informed Selection of EQ-1 Disparities of Focus

A

Mental Health Needs + 1⁺ CCS

Race: Native Hawaiian/Pacific Islander; Black; Asian

% Individuals with MH Needs who received 1+ Core CS



DHCS proposes to focus on **1+ core clinical services** for this population given the importance of initial entry into services for this population and disparities observed in the data.

Native Hawaiian/Pacific Islanders have the largest statewide disparity, and a high percent of counties with NH/PI have the disparity. However, scale is limited given NH/PI is a smaller population statewide. **Black** and **Asian** populations have similarly high disparity levels and a greater number of individuals / broader reach across counties.

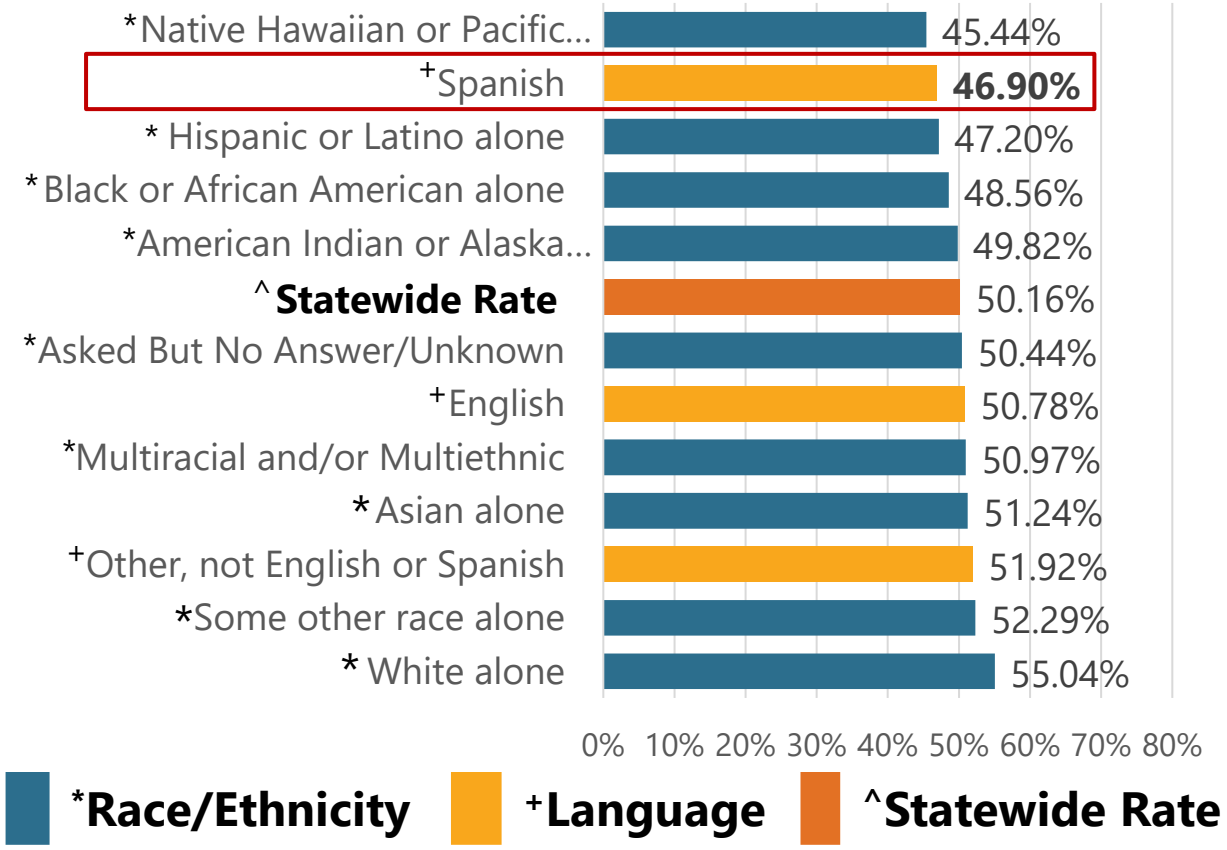
Data-Informed Selection of EQ-2 Disparities of Focus

D

Significant MH Needs + 3⁺ CCS

Language: Spanish

% Individuals with significant MH Needs who received 3+ Core CS



DHCS proposes to focus on **3+ core clinical services** for this population given the importance of ongoing care for this population and disparities observed in the data.

The **Spanish-speaking population** has among the highest statewide disparities, and the disparity appears to be driven by continued utilization rather than lack of initial system touch. Spanish-speakers have the **highest % drop off between receiving one vs. multiple services over time**. The disparity persists across most counties and is the most severe at the county-level.

Proposed EQ-1 and EQ-2 Measures

EQ-1	**Disparities in BH Services for People with MH Needs**	Percent *of* **NH/PI, Black, or Asian** individuals with MH needs *who* received **one** or more core CS *compared with* Percent *of* people with MH needs in **[a comparison population]** *who* received **one** or more core CS
EQ-2	**Disparities in BH Services for People with Significant MH Needs**	Percent *of* **Spanish-speaking** individuals with significant MH needs *who* received **three** or more core CS *compared with* Percent *of* people with significant MH needs in **[a comparison population]** *who* received **three** or more core CS

- ✓ **Combination of broad and targeted effort** that supports a separate focus on MH needs and significant MH needs populations and incentivizes all systems of care to collaborate on equity efforts
- ✓ **Aligns with disparities identified in other data** (e.g., CPEHN analysis of NSMHS access issues for black individuals and low SMHS service utilization for Spanish speakers)
- ✓ **Supports increased focus on language access in SMHS** in alignment with other strategies (e.g., WET)
- ✓ **Aligned with clinical goals** of focus on upstream interventions (initial service) for those with a known MH need and on service continuation for those with known significant MH need
- ✓ **Supports system-involvement reduction goals across levels of need,** including focus on early intervention that may help disrupt cycles of inequity in system involvement

QEAC Discussion

EQ-1	**Disparities in BH Services for People with MH Needs**	Percent *of* **NH/PI, Black, or Asian** individuals with MH needs in *who* received **one** or more core CS *compared with* Percent *of* people with MH needs in **[a comparison population]** *who* received **one** or more core CS
EQ-2	**Disparities in BH Services for People with Significant MH Needs**	Percent *of* **Spanish-speaking** individuals with significant MH needs *who* received **three** or more core CS *compared with* Percent *of* people with significant MH needs in **[a comparison population]** *who* received **three** or more core CS

- Do you have any feedback on the proposal to focus on 1+ services for people with MH needs and 3+ for people with significant MH needs?
- Do you have any feedback on the proposed disparities for focus for each measure?

Refreshing the Cultural Competence Plan Requirements

Plan to Refresh Current CCP Requirements Under BHSA

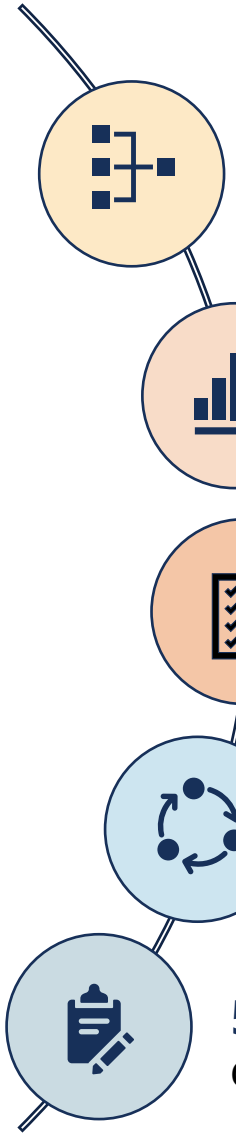
The Need to Update Requirements

- Counties have long had requirements to submit Cultural Competence Plans (CCPs) to DHCS in compliance with 9 C.C.R. § 1810.410.
- DHCS last issued formal guidance on CCP requirements in 2010 through Information Notice 10-2 and associated Enclosure-1 and Information Notice 10-17 and associated Enclosure-1. Some of the requirements set forth in the guidance are grounded in the Mental Health Services Act (MHSA).
- CCP Reports, which are due every 3 years with annual updates, have run 200+ pages in length and included mainly narrative and minimal quantitative reporting.

Planned Updates

1. To prepare for the July 1 launch of BHSA, DHCS will **refresh outdated MSHA CCP requirements to align with BHSA policy** (e.g., WET, early intervention, and integrated planning).
2. Consistent with DHCS's commitment to streamlining county reporting, DHCS will **integrate CCP into the BHSA Integrated Plans(IP) Annual Updates (AU) and Behavioral Health Outcomes, Accountability and Transparency Report (BHOATR)**.
    - **This will sunset the CCP as a standalone reporting requirement and strengthen cultural competence requirements** by leveraging BHSA's robust data, planning, and accountability infrastructure.

Five Core Principles for CCP Refresh Under BHSA



1. **Streamline CCP reporting** via the IP/AU, BHOATR, and Phase 2 measures, including integrating a limited number of new CCP questions in BHSA reporting mechanisms to capture important CCP information not reported elsewhere

2. **Strengthen quantitative metrics**, where feasible, to assess language access and compliance at the county level

3. **Focus on National Cultural and Linguistically Accessible Services (CLAS) standards** particularly those focused on data collection, workforce and training, and language access

4. **Align approach across delivery systems** (e.g., via BHP and MCP contract alignment efforts)

5. **Enhance accountability mechanisms** to ensure culturally and linguistically responsive service delivery

Timeline for CCP Refresh

DHCS will incorporate additional CCP questions in the Year 2 AU. In the interim, counties will meet CCP/AU requirements through the 2026 IP (FY26–29) and the Year 1 AU (FY27–28).

June 30, 2026

1st IP (FY26-29) accepted as CCP Annual Update

June 30, 2027

Year 1 AU (FY27-28) accepted as CCP Annual Update

June 30, 2028

CCP refresh through updated Year 2 AU (FY28-29)

June 30, 2029

CCP refresh through updated 2nd IP (FY-29-32), aligned with Year 2 AU

Interim Period: CCP Annual Update requirements met through existing BHSA reporting

Begin using updated IP/AU with additional CCP questions

January 30, 2029

BHOATR (for FY26-27): Begin reporting on CCP progress

Appendix

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

References

[1]Towards Mental Health Equity in Medi-Cal, California Pan-Ethnic Health Network

[2]Substance Use and Substance Use Disorders by Race and Ethnicity, 2015-2019, HHS Office of Minority Health

[3]Access to Medication Assisted Substance Use Treatment by Medi-Cal Beneficiaries, CA Health Policy Strategies

[4]Racial Disparities in Access to Medication for Addiction Treatment, CA Bridge

[5]Adverse Childhood Experiences and Adult Mental Health Outcomes, JAMA Psychiatry

[6]The Adverse Childhood Experiences Study, American Journal of Preventative Medicine

[7]Homelessness Following Jail Exit Among Previously Housed Individuals, Journal of Urban Health

[8]From Foster Care to Incarceration: A prospective analysis of the National Youth in Transition Database, The International Journal of Child Abuse & Neglect

[9]Aging Out of Foster Care in Los Angeles: Opportunities to Prevent Homelessness Among TAY, CA Policy Lab

Appendix:
BHT Phase 2 Measures

Phase 2 BHT Performance Measures *(1 of 16)*

Legend: **⁺Goal measures** ~Sub-goal measures ^Intervention measures

Number and Name	Description
Reducing Homelessness	
HO-1. Homelessness Among People with Significant BH Needs⁺*	Rate (per 10,000) *of* people enrolled in Medi-Cal or receiving other county BH services and living with significant BH needs *who* are identified as experiencing homelessness in a 12-month period based on available data *compared with* the rate (per 10,000) *of* all people enrolled in Medi-Cal or receiving other county BH services *who* are identified as experiencing homelessness in a 12-month period based on available data
HO-2. Housing Services for People With Significant BH Needs At Risk of Or Experiencing Homelessness~*	Percent *of* people enrolled in Medi-Cal or receiving other county BH services, living with significant BH needs, and are identified as at risk of or experiencing homelessness in a 12-month period based on available data *who* receive at least one Medi-Cal housing Community Support or county BH Housing Intervention in a 12-month period
HO-3. Full Service Partnership and Housing Services for People with Significant BH Needs At Risk of Or Experiencing Homelessness^	Percent *of* people enrolled in Medi-Cal or receiving other county BH services, living with significant BH needs, and identified as at risk of or experiencing homelessness in a 12-month period based on available data *who* receive at least one FSP service and at least one Medi-Cal or BHSA housing intervention in the same 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(2 of 16)*

Legend: **⁺Goal measures** ˜Sub-goal measures ^Intervention measures

Number and Name	Description
Reducing Institutionalization	
IN-1. Institutional Stays for People with BH Needs⁺	The below descriptive statistics for people enrolled in Medi-Cal or receiving other county behavioral health services in the following institutional settings over a 12-month period: (a) Mental Health Rehabilitation Centers (MHRC), b) Psychiatric Health Facilities (PHF), (c) psychiatric hospitals d) Psychiatric Residential Treatment Facilities (PRTFs) (e) Skilled Nursing Facility-Special Treatment Programs (SNF-STF), (f) state hospital civil commitments 1. Number of unique stays, by facility type 2. The distribution of length of stay (in calendar days) including minimum, 25th percentile, median, 75th percentile, maximum, mean, and standard deviation, by facility type
IN-2. Coordinated Specialty Care for First Episode Psychosis^	Percent *of* people 12 years of age and older with a diagnosis of psychosis enrolled in Medi-Cal or receiving other county behavioral health services *who* receive CSC for FEP in a 12-month period
IN-3. Support for Transitions from Institutional BH Care^	Percent *of* stays longer than 14 days in a 12-month period in an institutional setting (Mental Health Rehabilitation Center (MHRC), Psychiatric Health Facilities (PHFs), Psychiatric Residential Treatment Facilities (PRTFs), psychiatric hospitals, Skilled Nursing Facility-Special Treatment Programs (SNF-STP), state hospital civil commitments) among people enrolled in Medi-Cal or receiving other county behavioral health services *who* receive at least one type of transitions of care support during the stay

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(3 of 16)*

Legend: **⁺Goal measures** ˜Sub-goal measures ^Intervention measures

Number and Name	Description
Reducing Institutionalization	
IN-4. Follow-Up After Hospitalization for Mental Illness--7 Days (FUH)^*	Percent *of* discharges for people 6 years of age and older enrolled in Medi-Cal or receiving other county behavioral health services *who* were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm in a 12-month period, and had a mental health follow-up service within seven calendar days of discharge
IN-5. Follow-Up After Other Institutional Stays for Behavioral Health^	Percent *of* discharges of people 6 years of age and older enrolled in Medi-Cal or receiving other county behavioral health services with a stay in an institutional setting (MHRC, PHF, PRTF, SNF-STP, or state hospital civil commitments) in a 12-month period *that* had a mental health follow-up service within seven calendar days of discharge
Reducing Justice-Involvement	
JI-1. Incarceration Among People with Significant BH Needs⁺	Rate (per 10,000) *of* people 12 years of age and older enrolled in Medi-Cal or receiving other county behavioral health services and living with significant behavioral health needs who were incarcerated in a 12-month period *compared with* the rate (per 10,000) *of* all people 12 years of age and older enrolled in Medi-Cal or receiving other county behavioral health services *who* were incarcerated in the 12-month measurement period *Note: Due to data limitations, this measure is unable to capture incarceration lasting less than 28 calendar days unless the incarcerated persons are also enrolled in the 90-day pre-release services as part of the CalAIM JI Reentry Initiative.*

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(4 of 16)*

Legend: **⁺Goal measures** ~Sub-goal measures ^Intervention measures

Number and Name	Description
Reducing Justice-Involvement	
JI-2. Repeat Justice-Involvement Among People with Significant BH Needs~	Rate (per 10,000) *of* people enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs *who* have two or more distinct episodes of justice involvement (arrest or incarceration) in a 12-month period
JI-3. Post-Release Behavioral Health Services for Justice-Involved Reentry Enrollees with Significant BH Needs^*	Percent *of* releases from a correctional facility in a 12-month period among Medi-Cal members 12 years of age and older with a significant behavioral health need enrolled in 90-day pre-release services in the CalAIM JI Reentry Initiative *for which* members received at least one core clinical service to address behavioral health within 14 calendar days of release in the same 12-month period
JI-4. Continuation of Medications for Addiction Treatment (MAT) for Justice-Involved Reentry Enrollees^*	Percent *of* releases from a correctional facility in a 12-month period among Medi-Cal members 16 years of age and older that received MAT for OUD or AUD as part of their 90-day CalAIM JI Reentry Initiative pre-release services *for which* members continued MAT within 30 calendar days of release in the same 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(5 of 16)*

Legend: **⁺Goal measures** ~Sub-goal measures ^Intervention measures

Number and Name	Description
Reducing Removal of Children from Home	
RC-1. Children and Youth in Foster Care⁺*	Rate (per 10,000) *of* children and youth enrolled in Medi-Cal who are in foster care during a 12-month period
RC-2. Specialty BH Services for Children and Youth in Foster Care^*	Percent *of* children and youth in foster care 0 to 20 years of age and enrolled in Medi-Cal *who* receive at least three core clinical services to address behavioral health needs delivered by the SMHS within a 12-month period
RC-3. BH Services for Parents, Guardians, and Pregnant People with Significant BH Needs^*	Percent *of* pregnant and postpartum people and parents or guardians 12 to 64 years of age *who* are enrolled in Medi-Cal and are living with significant behavioral health needs who receive at least one core clinical service for BH in a 12-month period
RC-4. High Fidelity Wraparound, Enhanced Care Management, or Intensive Care Coordination for Children and Youth in Foster Care^	Percent *of* children and youth enrolled in Medi-Cal or receiving other county behavioral health services and in foster care *who* receive HFW services, ECM, or ICC in a 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(6 of 16)*

Legend:
⁺Goal measures
˜Sub-goal measures
^Intervention measures

Number and Name	Description
Reducing Suicides	
SU.1 - Deaths by Suicide⁺*	Age-adjusted rate (per 100,000) *of* people 10 years of age and older enrolled in Medi-Cal or receiving other county BH services *who* died by suicide at any point in a 12-month period
SU.2 - Repeat ED Visit or Hospitalization for Self-Harm˜*	Rate (per 100,000) *of* people 10 years of age and older enrolled in Medi-Cal or receiving other county behavioral health services *who* had two or more self-harm or suicide attempts resulting in treatment in an ED or hospital in a 12-month period
DHCS expects to develop an intervention measure for the Reducing Suicides goal in the second BHSA IP period.	
Reducing Overdoses	
OD.1 - Deaths by Drug Overdose⁺*	Age-adjusted rate (per 100,000) *of* people 10 years of age and older enrolled in Medi-Cal or receiving other county BH services *who* die from an unintentional drug overdose during a 12-month period
OD.2 - Repeat ED Visit or Hospitalization for Drug Overdose˜*	Rate (per 100,000) *of* people 10 years of age and older enrolled in Medi-Cal or receiving other county behavioral health services *who* had two or more unintentional drug-related overdoses resulting in treatment in an ED or hospital in a 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(7 of 16)*

Legend: **⁺Goal measures** ˜Sub-goal measures ^Intervention measures

Number and Name	Description
Reducing Overdoses	
OD-3. Recovery Incentives - Contingency Management^*	Percent *of* Medi-Cal members 12 years of age and older living with a moderate or severe stimulant use disorder *who* receive Contingency Management in the Recovery Incentives Program in a 12-month period
OD-4. Pharmacotherapy for Opioid Use Disorder (POD)^*	Percentage *of* opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days *among* people 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event
OD-5. Follow-Up After High-Intensity Care for Substance Use Disorder--7 Days (FUI)^*	Percent *of* acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder in a 12-month period among people 13 years of age and older enrolled in Medi-Cal or eligible for other Behavioral Health Plan (BHP) services *for which* there was follow-up within 7 days of the visit or discharge

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(8 of 16)*

Legend: **⁺Goal measures** ~Sub-goal measures ^Intervention measures

Number and Name	Description
Improving Prevention and Treatment of Co-Occurring Physical Health Conditions	
PH-1. Adults' Access to Preventive/Ambulatory Health Services: Significant BH Needs^*	Percent *of* adults 20 years of age and older enrolled in Medi-Cal and living with significant behavioral health needs *who* have one or more ambulatory or preventive care visits in a 12-month period
PH-2. Child and Adolescent Well-Care Visits: Significant BH Needs^*	Percent *of* children and youth 3 to 21 years of age enrolled in Medi-Cal and living with significant behavioral health needs *who* have at least one comprehensive well-care visit in a 12-month period
PH-3. Dental Visits for People with Significant BH Needs^*	Percent *of* members enrolled in Medi-Cal dental benefits and living with significant behavioral health needs *who* receive at least one dental visit in a 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(9 of 16)*

Legend:
⁺Goal measures
˜Sub-goal measures
^Intervention measures

Number and Name	Description
Improving Access to Care	
BH-1. One or More BH Services for People with MH Needs⁺*	Percent *of* people enrolled in Medi-Cal or receiving other county BH services and living with MH needs *who* receive one or more core clinical services to address BH in a 12-month period
BH-2. One or More BH Services for People with Significant MH Needs⁺*	Percent *of* people enrolled in Medi-Cal or receiving other county BH services and living with significant MH needs *who* receive one or more core clinical services to address BH in a 12-month period
BH-3. Initiation of SUD Treatment (IET-I)⁺*	Percent *of* new SUD episodes in a 12-month period for people enrolled in Medi-Cal or eligible for other Behavioral Health Plan (BHP) services *that* result in treatment initiation within 14 days
BH-4. One or More BH Services for People with Significant MH Needs and Co-Occurring SUD⁺	Percent *of* people enrolled in Medi-Cal or receiving other county BH services living with both significant MH needs and a SUD *who* receive one or more core clinical service to address BH in a 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(10 of 16)*

Legend:
⁺Goal measures
˜Sub-goal measures
^Intervention measures

Number and Name	Description
Reducing Untreated Behavioral Health Conditions	
BH-5. Three or More BH Services for People with MH Needs⁺*	Percent *of* people enrolled in Medi-Cal or receiving other county BH services and living with MH needs *who* receive three or more core clinical services to address BH in a 12-month period
BH-6. Three or More BH Services for People with Significant MH Needs⁺*	Percent *of* people enrolled in Medi-Cal or receiving other county BH services and living with significant MH needs *who* receive three or more core clinical services to address BH in a 12-month period
BH-7. Engagement in SUD Treatment (IET-E) ⁺*	Percent *of* new SUD episodes in a 12-month period for persons enrolled in Medi-Cal or receiving other county BH services *that* result in treatment engagement within 34 days of treatment initiation
BH-8. Three or More BH Services for People with Significant MH Needs and Co-Occurring SUD⁺	Percent *of* people enrolled in Medi-Cal or receiving other county BH services living with both significant MH needs and a SUD *who* receive three or more core clinical services to address BH in a 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(11 of 16)*

Legend: **⁺Goal measures** ˜Sub-goal measures ^Intervention measures

Number and Name	Description
Reducing Untreated Behavioral Health Conditions	
BH-12. Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)⁺*	Percent *of* Medi-Cal members 12 years of age and older *who* were screened for clinical depression using a standardized instrument in a 12-month period and, if screened positive, received follow-up care within 30 days
BH-13. Evidence-Based Practices for People with Significant MH Needs^	Percent *of* people enrolled in Medi-Cal or receiving other county BH services living with significant MH needs *who* received at least one BHSA or BH-CONNECT evidence-based practice in a 12-month period
BH-14. Follow-Up After Emergency Department Visit for Substance Use --7 Days (FUA)^*	Percent *of* ED visits in a 12-month period *among* people age 13 years and older who are enrolled in Medi-Cal or receiving other county BH services, with a principal diagnosis of SUD, or any diagnosis of drug overdose for which there was follow-up within 7 days of the ED visit
BH-15. Follow-Up After Emergency Department Visit for Mental Illness --7 Days (FUM)^*	Percent *of* ED visits in a 12-month period for people who are enrolled in Medi-Cal or receiving other county BH services with a principal diagnosis of mental illness or intentional self-harm *who* had a MH follow-up service within 7 days of the ED visit

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(12 of 16)*

Legend: **⁺Goal measures** ˜Sub-goal measures ^Intervention measures

Number and Name	Description
Improving Care Experience	
BH-9. Perception of Care with Respect to One's Cultural Background: SMHS⁺*	Percent *of* people who completed the MHSIP Consumer Survey in a 12-month period *who* responded with "strongly agree" or "agree" to Q18 – "Staff were sensitive to my cultural background (race, religion, language, etc."
BH-10. Perception of Care with Respect to One's Cultural Background: DMC-ODS⁺*	Percent *of* people who completed the Treatment Perception Survey in a 12-month period *who* responded with "strongly agree" or "agree" to Q7 – "Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)"
BH-11. Perception of Care with Respect to One's Cultural Background: NSMHS⁺*	Percent *of* people who completed the MCP CAHPS ECHO BH Survey in a 12-month period *who* responded with "Yes" to Q27 – "Care responsive to cultural needs"

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(13 of 16)*

Legend: **⁺Goal measures** ~Sub-goal measures ^Intervention measures

Number and Name	Description
Improving Engagement in School	
SL-1. Graduation Rate for Students with BH Needs⁺	Percent *of* people 20 years of age or younger enrolled in Medi-Cal or receiving other county behavioral health services and living with behavioral health needs *who* graduate high school within 5 years of entering grade 9
SL-2. Chronic Absenteeism for Students with BH Needs⁺	Percent *of* students 5 to 20 years of age enrolled in Medi-Cal or receiving other county behavioral health services and living with behavioral health needs *who* are chronically absent from school in a 12-month period
SL-3. Care Coordination and Management Services for Children and with BH Needs^*	Percent *of* children and youth 20 years of age or younger enrolled in Medi-Cal or receiving other county behavioral health services and living with behavioral health needs *who* receive select care coordination and management services (e.g. TCM, ICC, ECM, HFW, CHW services, Enhanced CHW services, CSC-FEP, or CCM) in a 12-month period
SL-4. Developmental Screening in the First Three Years of Life^	Percent *of* children 1 to 3 years of age enrolled in Medi-Cal or receiving other county behavioral health services *who* are screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(14 of 16)*

Legend: **⁺Goal measures** ~Sub-goal measures ^Intervention measures

Number and Name	Description
Improving Engagement in Work	
WK-1. IPS Supported Employment for People with Significant BH Needs^	Percent *of* adults enrolled in Medi-Cal or receiving other county behavioral health services who are living with significant behavioral health needs *who* receive IPS Supported Employment in a 12-month period
Improving Quality of Life	
DHCS expects to develop a measure for this goal in the second BHSA IP period.	
Improving Social Connection	
SC-1. Services that Strengthen Interpersonal Relationships for People with Significant BH Needs^	Percent *of* people enrolled in Medi-Cal or receiving other county behavioral health services and living with significant behavioral needs *who* receive Dyadic, Clubhouse, Peer Supports, Certified Wellness Coaches, BH-CONNECT Activity Funds, Community Supports – Day Habilitation Services, or DMC-ODS Recovery Services in a 12-month period

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(15 of 16)*

Legend:
⁺Goal measures
˜Sub-goal measures
^Intervention measures

Number and Name	Description
Equity Measures	
EQ-1. Disparities in Behavioral Health Services for People with Mental Health Needs⁺*	Percent *of* people with mental health needs in [X racial/ethnic or language group] *who* received one or more core clinical services, *compared with* Percent *of* people with mental health needs in [a comparison population] *who* received [one / three] or more core clinical services
EQ-2. Disparities in Behavioral Health Services for People with Significant Mental Health Needs⁺*	Percent *of* people with significant mental health needs in [Y racial/ethnic or language group] *who* received [one / three] or more core clinical services *compared with* Percent *of* people with significant mental health needs in [a comparison population] *who* received [one / three] or more core clinical services
EQ-3. Disparities in Pharmacotherapy for Opioid Use Disorder (POD)⁺	Percentage of Opioid Use Disorder (OUD) pharmacotherapy events that lasted at least 180 days among [Z racial/ethnic group] of people 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event *compared with* Percentage of OUD pharmacotherapy events that lasted at least 180 days among [a comparison population] of people 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event

***DHCS expects to calculate measures in blue in 2026.**

Phase 2 BHT Performance Measures *(16 of 16)*

Legend:
⁺Goal measures
˜Sub-goal measures
^Intervention measures

Number and Name	Description
BHSA Priority Population Measure	
CG-1. Multi-System Involvement for People Who Are Already System-Involved⁺	Percent *of* system-involved people with BH needs *who* are involved in more than one system (justice involvement, homelessness, people with institutional stays, foster care) in a five-year period

***DHCS expects to calculate measures in blue in 2026.**

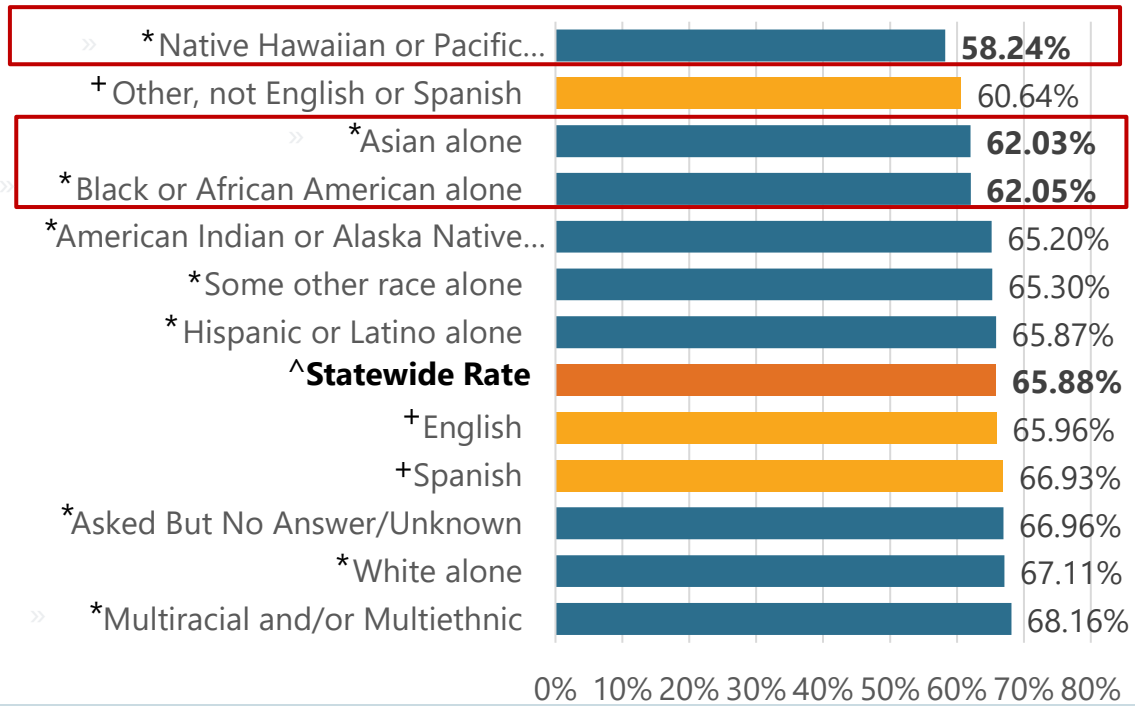
Appendix:
Other Background Slides

Data-Informed Selection of EQ-1 / EQ-2

*Race/Ethnicity
+Language
^Statewide Rate

A Mental Health Needs + 1+ CCS

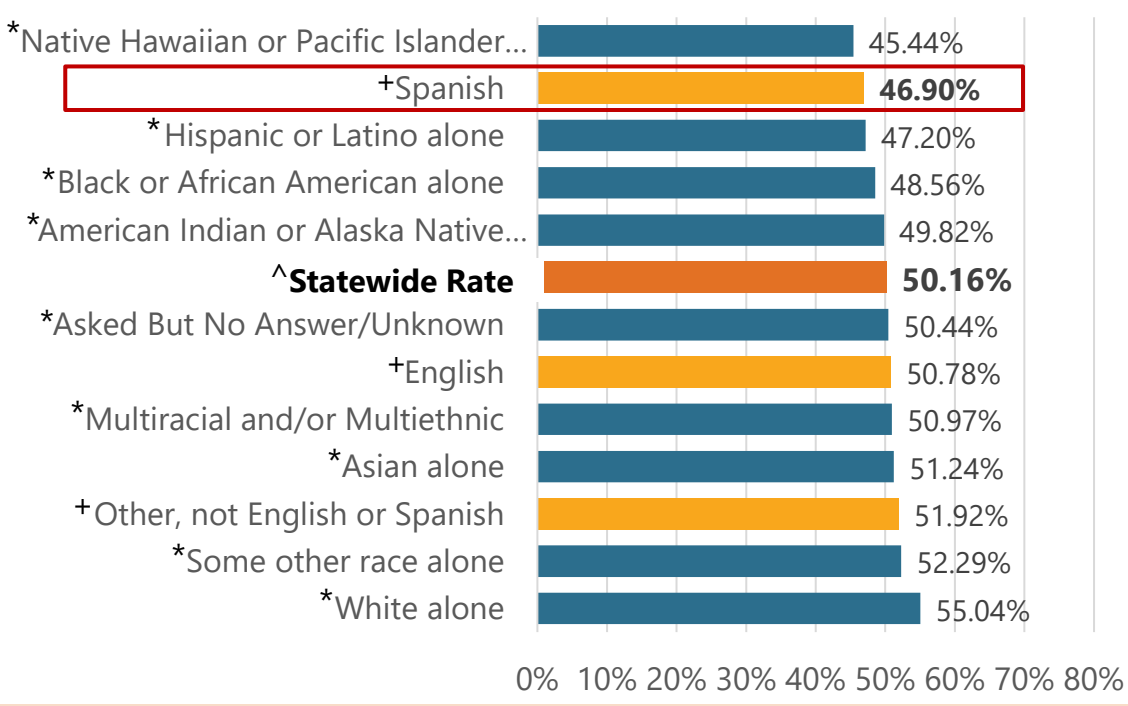
Race: Native Hawaiian/Pacific Islander; Black; Asian



Native Hawaiian/Pacific Islanders have the largest statewide disparity, and a high percent of counties with NH/PI have the disparity. However, scale is limited given NH/PI is a smaller population statewide. **Black** and **Asian** populations have similarly high disparity levels and a greater number of individuals / broader reach across counties.

D Significant MH Needs + 3+ CCS

Language: Spanish



The **Spanish-speaking population** has among the highest statewide disparities, and the disparity appears to be driven by continued utilization rather than lack of initial system touch. Spanish-speakers have the **highest % drop off between receiving one vs. multiple services over time**. The disparity persists across most counties and is the most severe at the county-level.

Defining "**BH Needs**"

DHCS has already developed a **BH Population Identifier (BHPI)** for Medi-Cal Connect to flag individuals with, or likely to have, a BH need. DHCS will use this grouper as the starting point for defining BH Needs. **A person meets criteria for BH Needs if they are flagged by the BHPI *or* they meet criteria for Significant BH Needs*.**

Data Logic of BHPI	» Includes the following Mental Health Value Sets: • Mental, Behavioral, and Neurodevelopmental Disorders • Mental Health Diagnosis • Mental Illness • Intentional Self Harm • Depression or Other Behavioral Health Condition • *Includes populations with primary conditions of intellectual disabilities and some dementia diagnoses.* » Includes the following Substance Use Value Sets: • Alcohol and Other Drug (AOD) Abuse and Dependence • Unintentional Drug Overdose • Substance Induced Disorders » Uses other clinical and utilization-based logic such as Diagnosis Related Groupers (DRGs), medications, provider specialty, and point of service (POS) logic.

Defining "**Significant BH Needs**"

In population health improvement measures, an individual would be considered to have "Significant BH Need" if they meet **any one** of the following:

A

Diagnosis

Narrowly defined set of historically significant diagnoses that frequently (not always) have associated functional impairment

e.g. Schizophrenia

B

Utilization

Narrowly defined historical utilization criteria that usually (not always) signifies a significant BH condition with impairment

e.g. Long-acting injectable anti-psychotic medications; repeated inpatient BH stays

C

Diagnosis + Utilization

(as a Proxy for Functional Impairment)

Requires the presence of both a BH diagnosis (more broadly defined diagnostic criteria) *and* a proxy of functional limitation including utilization criteria or demonstrated social need

e.g., Major depression + a psychiatric ED visit