California Behavioral Health Planning Council

Performance Outcomes Committee Agenda

Tuesday, January 20, 2026
2:00 p.m. to 5:00 p.m.

Bahia Hotel
998 West Mission Bay Drive
San Diego, CA 92109
Ventana Room

Zoom Meeting Link
Join by phone: 1-669-900-6833
Meeting ID: 891 8636 4745
Passcode: 911269

2:00 p.m. **Welcome, Introductions, and Housekeeping**
Noel O'Neill, Chairperson

2:05 p.m. **Review October 2025 Meeting Minutes** **Tab 1**
Noel O'Neill, Chairperson
- Committee Discussion
- Public Comment
- Accept Minutes

2:10 p.m. **Homelessness Webinar Debrief** **Tab 2**
Noel O'Neill, Susan Wilson, Samantha Spangler

2:25 p.m. **Public Comment**

2:30 p.m. **Quality and Equity Advisory Committee Updates** **Tab 3**
Anna Naify, BHT Quality and Equity Workstream Lead, Quality and Population Health Management, Department of Health Care Services

2:55 p.m. **Public Comment**

3:00 p.m. **Break**

3:10 p.m. **Data Notebook Debrief and Discussion** **Tab 4**
Noel O'Neill, Chairperson and All

3:30 p.m. **Public Comment**

3:35 p.m. **Break**

3:45 p.m. **Behavioral Health Services for Foster Youth Panel** **Tab 5**
Elizabeth Oseguera, Council Member, Director of Public Policy for the California Alliance of Child and Family Services
Jeff Wiemann, Executive Director, Angels Foster Family Network

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 5 working days prior to the meeting date.

TBD, County of San Diego Behavioral Health

4:50 p.m. **Public Comment**

4:55 p.m. **Next Steps and Planning for Future Activities**
Noel O'Neill, Chairperson and All

5:00 p.m. **Adjourn**

The scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a **2-minute maximum** to ensure all are heard

Performance Outcome Committee Members
Chairperson: Noel O'Neill
Interim Chair-Elect: Susan Wilson

Members:

Karen Baylor	Lanita Mims-Beal
Catherine Moore	Don Morrison
Liz Oseguera	Uma Zykofsky

Invited External Partners
Theresa Comstock, CA Association of Local Behavioral Health Boards/Commissions
Samantha Spangler, Behavioral Health Data Project

Council Staff
Justin Boese
Linda Dickerson

TAB 1

California Behavioral Health Planning Council
Performance Outcomes Committee

Tuesday, January 20, 2026

Agenda Item: Review October 2025 Meeting Minutes

Enclosure: Draft of October 2025 Meeting Minutes

Background/Description:

Committee members will review the draft October 2025 meeting minutes and have the opportunity to request edits to the documents before they are accepted.

California Behavioral Health Planning Council
Performance Outcomes Committee
October 14, 2025

Meeting Minutes

Committee Members Present:

Noel O'Neill, Chairperson
Karen Baylor
Catherine Moore
Susan Wilson
Don Morrison, Chair-Elect
Lanita Mims-Beal
Liz Oseguera
Uma Zykofsky

Invited External Partners Present:

Theresa Comstock, CA Association of Local Behavioral Health Boards/Commissions
Samantha Spangler, Behavioral Health Data Project

Staff Present:

Justin Boese
Linda Dickerson
Jenny Bayardo
Naomi Ramirez

Item #1: Welcome and Introductions

The committee meeting began at 2:00 p.m.

Noel O'Neill welcomed all committee members and guests. A quorum was established with 8 out of 9 members.

Item #2: Review Meeting Minutes

The Committee reviewed and accepted the June 2025 meeting minutes.

Item #3: CBHPC Homelessness in the Public Behavioral Health System Webinar

---

Noel O'Neill presented a proposed outline for the committee to host a webinar focused on homelessness in the public behavioral health system. The event would be facilitated by Noel, with Susan Wilson and Samantha Spangler presenting. Data from the 2024 Data Notebook Overview Report and the Data Notebook 5-Year Analysis Report would

be presented to the audience, along with recommendations from both reports. This event would be on December 4, 2025, from 10:00 a.m. to 11:00 a.m.

In addition to informing the public about homelessness in the public behavioral health system, the event aims to engage stakeholders and showcase the committee's work. The committee reviewed the proposed event outline, as well as a draft of the flyer for the event.

Action Item: Catherine Moore made a motion to approve the event outline. The motion was seconded by Susan Wilson. Naomi Ramirez took a roll call vote. The motion passed unanimously.

Public Comment: Janet Frank said she thought the event was a great idea.

Item #4: Updates on Data Notebook 2025: Wellness and Recovery Centers in the Public Behavioral Health System

Noel O'Neill updated the committee on the 2025 Data Notebook on Wellness and Recovery Centers in the Public Behavioral Health System. The 2025 Data Notebook survey was sent out in late August, with a deadline of November 1, 2025. This deadline was chosen to ensure that the Council can complete the 2025 Overview Report in time to inform the community planning process and the Behavioral Health Services Act Three-Year Integrated Plan. Noel stated that the committee would not review the survey results at this meeting, as responses are still being collected. He shared that at least one county commented on how much easier it was to complete the survey this year.

Noel invited Chad Castello from the California Association of Social Rehabilitation Agencies (CASRA) to speak about their efforts to collect data on Wellness and Recovery Centers. Chad said that his organization's membership includes 41 wellness centers. They have been interviewing the staff of these wellness centers to gather data on them, which they will share with the Performance Outcomes Committee. Based on the interviews they have conducted, Chad said that concerns over the funding of these wellness centers varied based on the size of the county in which they are located. Wellness centers in smaller, rural areas seem to be more protected because they are seen as an essential component of services in those counties. Wellness centers in larger counties appear to be at higher risk of losing funding.

Noel thanked Chad for his collaboration with the committee. He then proposed a timeline for the 2025 Data Notebook Overview Report. The survey will close on November 10, and staff will begin to develop the Overview Report immediately

thereafter. The goal is to have the Overview Report finished by early December. A work group will meet to review the report and develop recommendations. After that, there will be an interim Performance Outcomes Committee meeting to vote on the final draft. The approved report will be distributed to the counties by the end of December.

Susan Wilson said she approves of that proposed timeline and suggested that the committee hold another webinar in January to present findings from the report.

Item #5: Development of the Data Notebook 2026 on Youth Wellness Programs in the Public Behavioral Health System

Noel O'Neill began a discussion about the 2026 Data Notebook. At the April 2025 meeting, the committee decided that the 2026 Data Notebook would serve as a follow-up to the 2025 Data Notebook on Wellness and Recovery Centers, with a focus on wellness centers for children and youth. Noel said that work on the 2026 Data Notebook survey will begin in January but invited the committee members are invited to share their thoughts on the selected topic.

Liz Oseguera suggested that the committee look at broader wellness services for youth instead of just wellness centers but also suggested a focus on a smaller population of at-risk youth. Uma Zykofsky agreed with the idea to focus on a more specific population. Lanita Mims-Beal suggested that justice-involved youth or youth involved in the foster care system be considered.

Noel said that he would like to invite a presenter to the committee meeting in January who could talk about wellness services and outcomes in the schools. He suggested a county superintendent. Theresa Comstock said that someone from the behavioral health department of the county might have more information on health programs.

Item #6: Allcove Youth Centers Presentation

Dr. Steven Aldeslheim from the Stanford Center for Youth Mental Health and Wellbeing presented to the committee on youth mental health programs. His presentation was focused on the Allcove youth center model but also included information about other programs developed by Stanford.

He began with an introduction to the Stanford Center for Youth Mental Health and Wellbeing, which has a mission "to build a culture of health and wellbeing, developed in

partnership with young people, in which they can belong, heal, and thrive." Their core pillars are innovative, early intervention models for ages 12-25, centering youth voice, increasing access, and awareness and education.

Dr. Adelsheim went over their current initiatives, which include:

- Media and Mental Health
- Suicide Prevention and Postvention
- Early Psychosis Program Support
- School and Community Partnerships
- Integrated Youth Mental Health Centers (Allcove)

Dr. Adelsheim then spoke about the Allcove centers and described their model and current locations. Allcove youth centers are youth-centered spaces where young people ages 12-25 can access free clinical mental health and wellness support in their community. It employs a "no wrong doors" approach, providing wellness services, clinical mental health services, and physical health services. He described challenges that youth face in accessing care, particularly mental health care, that the Allcove centers are designed to address.

There are currently 11 centers in the Allcove network, which range in size and location throughout California. All of these centers are supported by the Central Allcove team for Training and Technical Assistance and agree to follow the Allcove model of services. This includes using the same branding and colors in order to make Allcove centers easy to identify. Dr. Adelsheim explained that Allcove is an evidence-based international model and is an active partner in a network of international youth health services. That network includes 186 Headspace centers in Australia, 18 Foundry centers in British Columbia, and 15 Jigsaw centers in Ireland.

Dr. Adelsheim went on to describe how youth are engaged as active partners in the Allcove model. Each center has a Youth Advisory Group comprised of young people who represent different communities. The Youth Advisory Group provides direction for Allcove services and operations. He shared a couple of stories of youth who began by accessing services at a center, then became part of the Youth Advisory Group, and have since gone on to pursue careers in the mental health workforce.

Item #7: Next Steps and Planning for Future Activities

Noel O'Neill and the committee members identified some next steps and agenda items

for the January 2026 meeting. These next steps include:

- Committee leadership and staff will work on what to include in the Council's year-end report.
- Develop the 2025 Data Notebook Overview Report, which will be finished in December.
- Host the webinar on Homelessness in the Public Behavioral Health System on December 4.
- Identify presenters for the January 2026 meeting to speak on wellness services and outcomes for youth.
- Continue development of the 2026 Data Notebook on wellness services for youth.

The meeting adjourned at 5:00pm.

TAB 2

California Behavioral Health Planning Council
Performance Outcomes Committee

Tuesday, January 20, 2026

Agenda Item: Homelessness Webinar Debrief

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item allows Council members to review the December 4, 2025, webinar on homelessness in the Public Behavioral Health System and discuss future stakeholder engagement events.

This discussion aligns with the Performance Outcomes Committee Work Plan Goal 2.

- **Goal 2:** Facilitate Regular Stakeholder Engagement on Behalf of the Planning Council.

Background/Description:

In 2024-2025, the Performance Outcomes Committee produced two reports that include data and recommendations regarding homelessness in the public behavioral health system. These reports were the 2024 Data Notebook Overview Report, and the Data Notebook Part I 5-Year Analysis Report.

The one-hour webinar event, facilitated by Noel O'Neill, was held on December 4, 2025. Susan Wilson and Samantha Spangler presented findings and recommendations from the reports to webinar attendees, followed by a question-and-answer session.

Noel, Susan, and Samantha will report to the committee on the webinar and share their insights and suggestions for future events.

TAB 3

California Behavioral Health Planning Council
Performance Outcomes Committee

Tuesday, January 20, 2026

Agenda Item: Behavioral Health Transformation Quality and Equity Advisory Committee Updates
Enclosure: Planning Council Letter RE: Proposed BHSA County Policy Manual Performance Measures

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item provides Council members with updates regarding the ongoing work of the Quality and Equity Advisory Committee to establish statewide behavioral health measures. The Performance Outcomes Committee will use this information to provide ongoing feedback to the Department of Health Care Services on the development of outcomes measures as part of the Council's mandated duties.

Performance Outcomes Committee Work Plan: This agenda item corresponds to **Goal 2:** Review and approve performance outcomes measures for the Public Behavioral Health System.

Background/Description:

The Department of Health Care Services established the Behavioral Health Transformation Quality and Equity Advisory Committee to support the development of a quality and equity strategy and advise the Department in improving behavioral health statewide. This committee meets quarterly to provide the Department with guidance and recommendations on proposed statewide population behavioral health goals and associated measures. A subset of members of the Quality and Equity Advisory Committee are involved on the Technical Sub-Committee, which meets bi-monthly to provide DHCS with recommendations based on their expertise in behavioral health data and measurement, population health, quality improvement, and equity.

Anna Naify from the Department of Health Care Services, Quality and Population Health Management program, will update the committee on recent and upcoming activities of the Quality and Equity Advisory Committee.

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Tony Vartan

EXECUTIVE OFFICER
Jenny Bayardo

December 2, 2025

Marlise Perez, Division Chief

Behavioral Health Transformation Project Executive

Department of Health Care Services

P.O. Box 997413

Sacramento, CA 95899-7413

RE: **Proposed BHSA County Policy Manual Performance Measures**

ADDRESS
P.O. Box 997413
Sacramento, CA
95899-7413

PHONE
(916) 701-8211

FAX
(916) 319-8030

MS 2706

Dear Marlies and Behavioral Health Transformation team,

The California Behavioral Health Planning Council (CBHPC) serves as an advisory body to the Legislature and the Administration on behavioral health policies and priorities, as outlined in Welfare and Institutions Code §§ 5771 and 5772. In alignment with its statutory responsibilities under the Behavioral Health Services Act (BHSA) §§ 5604.2 (a), 5610 (a) (1), 5610 (b) (1), and 5664 (a), the Council plays a critical role in reviewing county performance outcome data, advising on reporting requirements, and collaborating with state agencies to improve and standardize behavioral health practices.

The Council has reviewed the first set of proposed Behavioral Health Services Act (BHSA) County Policy Manual Performance Measures released by the Department of Health Care Services (DHCS) on November 17, 2025.

We appreciate DHCS incorporating some recommendations from the Council's Population-Level Behavioral Health Measures Letter, dated February 17, 2025. We kindly request that DHCS review and consider the recommendations that were not adopted, which include the following topics:

- Include more individuals with lived experience on the Quality and Equity Advisory Committee (QEAC) and a statement

acknowledging that these individuals should be involved in developing and implementing the goals and measures.

- Explanatory examples in the release of statewide goals and measures to help the public understand the implications of the chosen outcome measures.
- Stratification of the measures by payer type with side-by-side comparisons of commercial plans, Managed Care Plans, Behavioral Health Plans, and ongoing funded projects by DHCS.
- Measure of system partner accountability, including data points from county Behavioral Health Plans and commercial plans.
- Definition of institutionalization under the Behavioral Health Transformation (BHT) and a measure based on this definition.
- Establish a metric that mandates education and referral to treatment after each overdose, ensuring links to community providers.
- Requirement for all providers receiving funding to meet timeliness standards, ensuring individuals experiencing an overdose are promptly triaged and have access to treatment.
- Recommendation for DHCS to dedicate time to inventory all grant-funded projects and evaluate their data collection processes.
- Establish a standardized method for collecting and integrating data from projects to ensure a more accurate and comprehensive understanding of substance use disorder trends and outcomes.

The Council thanks DHCS for consulting with the QEAC to develop the draft measures with opportunities for public comment. We urge DHCS to prioritize the comments of individuals with lived experience and their families and include them in each phase of the planning and implementation process. Additionally, we strongly recommend that the DHCS extend the public comment periods in the future **to at least 30 days**, in alignment with federal standards. This approach helps ensure adequate time to review proposals, gather meaningful input, and organize thoughtful recommendations.

The Council has concerns regarding the proposed outcome measures and the impacts of changes to Medi-Cal enrollment requirements on data accuracy. Specifically, the extensive new reauthorization requirements outlined in the Notice of Funding Opportunity (NOFO) and the passage of House of Representatives (H.R.) 1 pose significant barriers to enrollment. These changes, such as work requirements or the need to obtain

Supplemental Security Income (SSI) certification, make it exceptionally difficult for vulnerable populations (e.g., individuals experiencing homelessness or those with severe substance use disorders) to maintain continuous Medi-Cal coverage. Consequently, using Medi-Cal data as the primary source for outcome measures, as currently proposed, will yield inaccurate results. The proposal also includes data points involving BHSA populations, which will likely not be part of Medi-Cal Connect because of the eligibility issues that create extra work for county behavioral health departments and local entities to obtain this information.

Additionally, many proposed measures fall outside the jurisdiction of county behavioral health departments and are overseen by the Managed Care system. For example, the measure *BH-12, Depression Screening and Follow-Up for Adolescents and Adults*, illustrates a mixed measure of primary care and behavioral health, as most individuals are screened for depression by their Primary Care physician. This can confuse stakeholders and the public about which entity is responsible for addressing the issues reflected in the data. Therefore, we recommend that the parties responsible for each outcome measure be clearly defined in the BHSA County Policy Manual.

Additional Comments Regarding Federal Policy Impacts

It is uncertain how changes in federal funds might affect access to care. The Council recommends that DHCS examine the future of funding, including Realignment and other public funding sources in California. The federal policy changes introduced by NOFO and the passage of H.R. 1 in 2025 impact California's public health budget and those served by the public safety net. For example, H.R. 1 results in a $30 billion annual loss in Medi-Cal funding, risking coverage for up to 3.4 million residents in California. These budget cuts also limit access to care and create uncertainty for providers and patients, as noted in the California Budget and Policy Center's article, *How Federal Funding Cuts Threaten the Health of Californians*. The California Health Care Foundation (CHCF) also published an article, *How Massive Federal Cuts Will Create Unprecedented Challenges for Medi-Cal Patients and Providers*, stating that H.R. 1 restricts California's ability to use state-directed payments to supplement Medicaid reimbursements, which could weaken safety-net providers, especially in rural areas. We request that DHCS examine this area in collaboration with stakeholders to identify solutions to the impacts of federal budget cuts and changes to eligibility requirements.

Reduced Access for Immigrant Populations

Due to recent changes in federal eligibility and funding, immigrant communities are likely to experience decreased access to essential behavioral health supports. About 20% of families in California have mixed immigration statuses, and nearly all children in these families are U.S. citizens. However, the fear of deportation affects their decision to seek care. Community Health Workers, as mentioned in the CHCF article *Fears Over Past Immigration Policies Chill Medi-Cal Enrollment,* share that many immigrants refuse to enroll in Medi-Cal because they fear deportation or the risk of jeopardizing their family's legal status. We request that DHCS review this area with stakeholders to find solutions, as the data is only as valuable as its accuracy.

Improve Data Timeliness and Collection

The Council would like to bring to your attention that the data is currently two years old. The delay in data collection impacts the ability to make future projections. There is also insufficient data collection to support the new metrics that will be evaluated. Rather than eliminating current measures, the Council recommends that DHCS compile a list of specific concerns and recommendations to improve current data measures to ensure that the data narrative reflects system performance. Additionally, we suggest that the reported data be made publicly available for analysis in a timely manner to support local planning processes. These recommendations align with statements made by the County Behavioral Health Directors Association (CBHDA) and the California Coalition for Behavioral Health (CCBH).

New and Adapted Measures

In line with comments made by the CCBH, the Council recommends that DHCS distinguish data for individuals with behavioral health needs from data for those with significant behavioral health needs in the new outcome measures. Additionally, we suggest that DHCS create future opportunities for stakeholders to consider adding new measures and modifying current ones. We also request that DHCS provide transparent information to stakeholders about how the new measures are being developed, the reasons for creating them, and the process for addressing errors when faulty data is generated.

How Performance Measures Are Calculated

The Council wants to emphasize that the quality of the data collected will significantly impact how it can be utilized and the resources available to address gaps and needs in the public behavioral health system. We request that calculations related to performance measures that DHCS plans to provide to counties each month be shared with the Council and public stakeholders on a quarterly basis. The Council has an ongoing interest and responsibility to review data, as outlined in Welfare and Institutions Code (WIC) 5772. Additionally, we suggest that DHCS consider the status of pending claims and non-billable services for the claims data for calendar year (CY) 2025 when assessing the completeness of the data included in the performance measures.

How Performance Measures Will Be Used

Population Health

Regarding the request for DHCS to provide person-level data on individuals in each county identified as experiencing homelessness, the Council notes that it is challenging for individuals to access the behavioral health system. A Release of Information (ROI) is necessary to collect this data for people who are not in the Human Resources Information System (HRIS). Therefore, it may be difficult or unrealistic for DHCS to obtain person-level data for homeless individuals within population health. We recommend that the state improve this area in line with the defined population health goals.

BHSA Accountability

The Council recommends broadening the forum for counties to explain their performance measures by including community stakeholders to help them understand data points. The community should receive information that clarifies various systems, including the roles of County Behavioral Health Agencies, Managed Care Plans, private insurance coverage, and details specific to different health plans. We also suggest providing the public with information about the removal of children from their homes, clarifying when removal should occur, and addressing the complex causes of homelessness and justice involvement. Lastly, we recommend sharing information with stakeholders about federal activities that will impact performance in the coming years, such as hospital closures due to changes in the Health Maintenance Organization (HMO) tax and sanctions

related to providing services to individuals eligible under new federal rules. These recommendations align with our partners at the CCBH.

Regarding the statement on action plans, we suggest clarifying the language to state that "DHCS does not plan to issue Corrective Action Plans (CAPs) for performance measures until after the first year of the second IP period (July 2029)." Explicitly including the month and year in the statement would provide clearer guidance to stakeholders. The Council also highlights the importance of reevaluating performance measures before enacting any penalties.

Recommendations for Proposed Performance Measures

- Improving Access to Care, Reducing Untreated Behavioral Health Conditions, and Improving Care Experience: The Council agrees with the comments from the California Coalition for Behavioral Health (CCBH), which recommends that DHCS collect, differentiate, and communicate data on both access measures and performance outcomes across all categories in this section. This approach will help maintain a focus on equity by tracking outcomes while considering factors such as race/ethnicity, age, LGBTQIA2S+ status, homelessness, and justice involvement.

- BH-1. One or More Behavioral Health Core Clinical Services for Persons Living with Mental Health Needs: The Council recommends that DHCS clarify whether this data point applies only to outpatient services or if it also includes Medi-Cal reimbursable inpatient service claims or all services, regardless of whether the claim is on the Managed Care side or a county Behavioral Health Plan.

- BH-3. Initiation of Substance Use Disorder (SUD) Treatment: The term "initiation of SUD treatment" in this data point appears to mainly refer to Medication-Assisted Treatment (MAT) services. We request DHCS to clarify whether the treatment includes any SUD services, such as residential and outpatient programs.

- BH-5: Three or More Behavioral Health Core Clinical Services for Persons Living with Significant Mental Health Needs: It is unclear whether this data measure includes claims from county Behavioral Health Plans and Managed Care claims. We recommend DHCS

clarify what is meant by “other county behavioral health services” in the description for BH-5, and whether the data measure includes claims for individuals with mild-to-moderate behavioral health conditions served in the Managed Care system. Further, whether it includes Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) data for children.

- BH-6. Three or More Behavioral Health Core Clinical Services for Persons Living with Significant Mental Health Needs: The Council recommends that DHCS clarify that this data measure includes outpatient services.

- BH-7. Engagement in SUD Treatment: We ask DHCS to provide stakeholders with clarity on why the number of days after treatment initiation is 34 days.

- HO-1. Homelessness Amongst People Living with Significant Behavioral Health Needs Compared to the Overall Population: This measure is the responsibility of multiple systems. For instance, there is already an Interagency Council on Homelessness that may look at this issue. The Council recommends that a clear statement be included in the document stating that data on homelessness is a multi-party responsibility, and that DHCS examine the quality of homelessness data.

- HO-2. Permanent Housing for Persons Living with Behavioral Health Needs Who Are Experiencing Homelessness: The Council wants to highlight that the Fiscal Year (FY) 2025 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) makes significant changes to how the federal government funds homelessness assistance programs, including a major budget cut for permanent housing programs from 87% to 30%. The NOFO could put as many as 170,000 people relying on CoC at risk of returning to homelessness. This federal policy will affect this measure, so we recommend that DHCS consider this federal change when evaluating this data measure.

  This measure only includes individuals who have achieved housing within a 12-month period with complete data. In line with

recommendations from the CCBH, the Council suggests that this data measure incorporate 1) reduction in the number of days of homelessness for individuals served by county behavioral health agencies within a 12-month period and 2) the percentage of individuals served by these agencies who have remained stably housed for over 12 months, such as those in Full-Service Partnerships and other wraparound programs. We also recommend that county behavioral health departments continue tracking reductions in Emergency Room Visits, the number of episodes for individuals receiving Crisis Stabilization Services, and the number of episodes and days of hospitalizations related to homelessness.

- IN-3. Transitions of Care Support for Persons In or Exiting Institutional Settings: The Council recommends adding more treatment facilities that offer transition of care support. We request that DHCS specifically includes social rehabilitation facilities in the list of institutions for this measure.

- Reducing the Removal of Children from the Home Section: We recommend that DHCS collaborate with stakeholders to determine when removing a child from their home is necessary and whether such removal is connected to behavioral health needs. Additionally, we recommend that the data highlight the balance between essential removals and those that could have been avoided with additional support and services.

- JI-1. Justice-Involvement Among People Living with Significant Behavioral Health Needs Compared to the Overall Population: This data measure only considers one episode of recidivism within 12 months of arrest and/or release from incarceration. In line with the CCBH, the Council recommends that the data reflect how many arrests and/or incarcerations occurred for justice-involved individuals during a 12-month period and also maintain and expand the currently reported data. We suggest that county behavioral health departments continue tracking reductions in Emergency Room visits, the number of episodes for individuals receiving Crisis Stabilization Services, and the number of episodes and days for hospitalizations. We also ask DHCS to clarify whether the

incarceration data is meant to reflect the percentage of people already incarcerated.

- SU-3. Follow-Up After Crisis Services: The Council wants to point out that Medi-Cal members may access services outside the Medi-Cal system, such as in crisis respite centers. This data point raises concerns about whether the data measure provides a complete view of the behavioral health system and if any populations are being excluded. Therefore, we recommend that DHCS clarify whether this data set includes services in crisis respite centers and other non-Medi-Cal locations, as well as whether emergency department visits are included in the measure.

Recommendations for Key Measure Definitions

- Experiencing Homelessness Definition: The Council recommends clarification on whether measures of homelessness use the BHSA definition or the Housing and Urban Development (HUD) definition. School districts apply a broader definition of homelessness than either HUD or BHSA. This broader definition includes children in overcrowded homes, which can inflate homelessness data by up to four times compared to excluding children in overcrowded homes. We advise DHCS to avoid using the school district definition, as it may misrepresent the true scope of homelessness relevant to BHSA services.

- Defining Permanent Housing: The Council notes that not all housing solutions are funded through the BHSA. For example, rent payments in other supportive housing programs may occur outside of BHSA funding sources. Therefore, we suggest that DHCS adopt a broader definition of permanent housing when developing outcome measures to ensure the data captures the full range of housing supports members may access, providing a comprehensive view of housing-related data.

The Council appreciates the opportunity to provide feedback on the proposed Performance Measures for the BHSA County Policy Manual, and we look forward to continuing our partnership in shaping policies that promote equity, access, and improved outcomes for individuals served by the public behavioral health system. For questions, please contact Jenny

Bayardo, Executive Officer, at Jenny.Bayardo@cbhpc.dhcs.ca.gov or at (916) 750-3778.

Sincerely,

Tony Vartan

Chairperson

Cc: Stephanie Welch, Deputy Secretary of Behavioral Health, CHHS
Paula Wilhelm, Deputy Director of Behavioral Health, DHCS
Erika Cristo, Assistant Deputy Director, Behavioral Health, DHCS
Marlies Perez, Community Services Division Chief and BHT Project Executive, DHCS

TAB 4

California Behavioral Health Planning Council
Performance Outcomes Committee

Tuesday, January 20, 2026

Agenda Item: Data Notebook Debrief and Discussion

Enclosures: 2025 Data Notebook Overview Report*
2026 Data Notebook Proposal and Questions

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item provides Council members with an opportunity to discuss the development of the 2026 Data Notebook as part of the committee's goal to evaluate the behavioral health system.

This agenda item corresponds with the Performance Outcomes Committee Work Plan Goal 1.

- **Goal 1:** Collect County-Specific Data to Evaluate the Public Behavioral Health System.

Background/Description:

Each year, the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the public behavioral health system. The topic for the 2025 Data Notebook was *Wellness and Recovery Centers in California's Behavioral Health System*. For the 2026 Data Notebook, the committee plans to focus on wellness programs for foster youth.

Noel O'Neill will lead the committee's review of the 2025 Data Notebook and discuss initial plans for 2026. Enclosed are the 2025 Data Notebook Overview Report, a proposal for the 2026 Data Notebook, and questions to guide discussion.

*For a copy of this document, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

2026 Data Notebook Proposal

DRAFT

Submitted by Noel J. O'Neill and Don Morrison

Focus: Behavioral Health Care for Foster Youth

Goal: To distribute the final document to stakeholders and commissions no later than December 2026

The Committee committed to having the 2026 project be about youth services. Because this is such a broad area of concern, the leadership team had a meeting on November 4, 2025, to work on a more targeted and limited focus of youth in the foster care service receiving Behavioral Health intervention.

Just as with the 2025 Data notebook, the Performance Outcomes Committee partnered with the California Association of Social Rehabilitation Agencies (CASRA). This year, we are proposing that the committee work with the California Alliance of Child and Family Services, a non-profit that has 130 members who provide services to foster youth. To this end, at the November 4th meeting three people from the Alliance attended, which included Performance Outcomes Committee member Liz Oseguera.

Over the past several years, the Planning Council has used SurveyMonkey as a user-friendly way to gather data. Because many of our requested responses are prompts to a "yes or no" statement, it is challenging to process more in-depth comments that give a clearer picture of practices and outcomes in the field. The Council's desire to partner with the Alliance is so that we can add a level of depth to our report that won't exist without the Alliance partnership. The Alliance is willing and able to query its membership regarding various issues concerning the new High-Fidelity Wrap, reimbursement through Medicaid, and access and quality of care.

The Planning Council will, as usual, direct our questions to the Boards and Commissions, but since they have limited information, we must ask questions that are reasonable and do not require excessive research.

As in 2025, in the fall of 2026, the Performance Outcomes Committee and the Alliance will combine the two reports, create an executive summary, and develop recommendations. It is also planned that in February of 2027, the Data Notebook will be presented via a webinar to inform stakeholders.

Questions for committee consideration:

1. Is our study to learn more about how counties work with their local system of care to serve this group?
2. Are we interested to know the access, quality and length of treatment that individual youth receive?
3. Do we want to know the concerns and needs for change the organizations within the Alliance are promoting?
4. Do we want to know specifically how the Boards and Commissions view services that foster care youth receive?
5. Ultimately, are foster youth receiving the quality care that they need and deserve from trusted providers in a timely manner?

TAB 5

California Behavioral Health Planning Council
Performance Outcomes Committee

Tuesday, January 20, 2026

Agenda Item: Behavioral Health Services for Foster Youth Panel

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item provides Council members with multiple perspectives on behavioral health services for foster youth in California. The Performance Outcomes Committee will use this information during the development of the 2026 Data Notebook as part of the committee's goal to evaluate the behavioral health system.

This agenda item corresponds with the Performance Outcomes Committee Work Plan Goal 1.

- **Goal 1:** Collect County-Specific Data to Evaluate the Public Behavioral Health System.

Background/Description:

Each year, the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the public behavioral health system. The topic for the 2025 Data Notebook was *Wellness and Recovery Centers in California's Behavioral Health System*. For the 2026 Data Notebook, the committee plans to focus on behavioral health programs for foster youth.

The committee has invited a panel of presenters to speak on behavioral health services for foster youth. The committee will use the information provided to inform the development of the 2026 Data Notebook. The panel will consist of:

- Elizabeth Oseguera, a Planning Council and Performance Outcomes Committee Member. Liz is the Director of Public Policy for the California Alliance of Child and Family Services.
- Jeff Wieman, Executive Director of the Angels Family Foster Network.
- A representative from the County of San Diego Behavioral Health Services, to be determined.