

This document summarizes the proposed Behavioral Health Transformation (BHT) performance measures as of November 14, 2025. The proposed measures in this document were developed in consultation with the Quality and Equity Advisory Committee (QEAC), which is comprised of behavioral health, county behavioral health plan (county), Medi-Cal managed care plan (MCP), and quality measurement leaders from across California. They have also been shared in multiple public meetings to collect broader input.

DHCS expects to identify additional performance measures in Q1-Q2 2026 and will release those for feedback at a later date.

DHCS requests all feedback on the proposed measures in this document by Tuesday, December 2nd at 4 p.m. PT. Please send feedback via email to BHTInfo@dhcs.ca.gov, using the subject line "Feedback on Performance Measures" and including your name and organization in the email.

Background

As articulated in the Behavioral Health Services Act (BHSA) County Policy Manual ([Section 2.C](#)), California is committed to boldly taking action to provide Californians with quality, culturally responsive behavioral health services when, how, and where they need them. BHT presents a historic opportunity to transform behavioral health service delivery by:

- » Taking a population health approach to align expectations across California's behavioral health delivery system.
- » Establishing a vision for quality and equity and setting statewide goals to drive progress across the behavioral health delivery system.
- » Using data to support continuous quality improvement.

To advance this approach, DHCS, in consultation with behavioral health stakeholders and subject matter experts, has identified 14 statewide behavioral health goals focused on improving wellbeing (e.g., quality of life, social connection) and decreasing adverse outcomes (e.g., suicides, overdoses).

Goals for Improvement:

- » Access to Care
- » Care Experience
- » Engagement in School
- » Engagement in Work
- » Prevention and Treatment of Co-Occurring Physical Health Conditions
- » Social Connection
- » Quality of Life

Goals for Reduction:

- » Homelessness
- » Institutionalization
- » Justice Involvement
- » Overdoses
- » Removal of Children from Home
- » Suicides
- » Untreated Behavioral Health Conditions

These behavioral health goals will inform state and county planning and prioritization of Behavioral Health Services Act (BHSA) resources, as well as the broader DHCS, county behavioral health, and Medi-Cal MCP effort to improve behavioral health outcomes for Medi-Cal members and for persons eligible for other county behavioral health services (including BHSA).

DHCS will continuously assess statewide and county progress toward these goals under BHT. In consultation with the QEAC, DHCS has identified proposed measures for counties and MCPs on each statewide behavioral health goal in two key phases:

- » **Phase 1:** In June 2025, DHCS published a set of one-time, population-level behavioral health measures, which are defined as measures of community health and wellbeing associated with the statewide behavioral health goals. These population-level measures (sometimes referred to as “Phase 1 Measures”) were limited to publicly available measures with data from 2022-2024 (depending on the measure). They are statewide indicators for which counties are not exclusively responsible; it will take cross-service delivery system collaboration and partnership to move the needle on Phase 1 measures. For the first BHSA

Integrated Plan (IP), they must be used in the county BHSA planning process and should inform resource planning and implementation of targeted interventions to improve outcomes. As part of the [2025 PHM Strategy Deliverable](#), Medi-Cal MCPs will also use statewide behavioral health goals and measures to inform resource planning and implementation of targeted interventions to improve outcomes.

- » **Phase 2:** In 2026, DHCS will finalize a list of performance measures (sometimes referred to as “Phase 2 Measures”) that will be used for transparency, planning, population, and accountability purposes and will focus on performance of county behavioral health and Medi-Cal MCPs specifically. These will be used on an ongoing basis for both county behavioral health and Medi-Cal MCPs. They will be calculated by DHCS using administrative data.

For more information about the statewide behavioral health goals and BHT broadly, please see the [Behavioral Health Services Act \(BHSA\) Policy Manual](#).

About Performance Measures

This document outlines the first set of BHT performance measures (or “Phase 2 measures”). Once finalized, the performance measures will replace the population-level behavioral health measures and be used in subsequent county planning and reporting to DHCS, including:

- » The BHSA IP, Annual Updates (AUs) and the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) for county behavioral health; and
- » The annual PHM Strategy Deliverable for Medi-Cal MCPs.

DHCS developed the performance measures with robust stakeholder engagement through the QEAC and in partnership with key California state agencies following a three-step process:

1. Identification of the Medi-Cal and BHSA interventions that could advance the goal by developing a “Theory of Change” (a logic model for identifying interventions that research and data suggest will generate a desired impact);
2. Narrowing to the most impactful Medi-Cal and BHSA interventions; and
3. Selection and development of measures for the goal and the most impactful interventions.

The output of the steps above was shared and discussed in public QEAC meetings throughout calendar year (CY) 2025. [Click here](#) to access QEAC meeting materials, including summaries of the Theories of Change.

The performance measures in this document fall into the following categories:

- » **Goal Measures:** Measures of the overall performance on the statewide behavioral health goal for all persons enrolled in Medi-Cal or eligible for other county behavioral health services, such as BHSA services. Some, but not all, goals also have a Sub-Goal Measure, which generally look at performance on the goal for a sub-population that is most likely to be reached by counties and MCPs or performance on an intermediate outcome anticipated from county and MCP interventions.
- » **Intervention Measures:** Measures of county and MCP interventions that are most likely to advance progress on each goal. DHCS expects to revisit Intervention Measures on an ongoing basis to ensure that they are appropriate and advancing the goal.

How Performance Measures Are Calculated

DHCS will calculate BHT performance measures based on the following key data sources:

- » Medi-Cal encounters, claims, enrollment data, and other Medi-Cal data sources;
- » Data on BHSA services (the approach for collecting this data is still being developed); and
- » Data shared by other California state agencies, including but not limited to:
 - Homelessness Data Integration System (HDIS) from the California Interagency Council on Homelessness (CalICH);
 - Child welfare data from the California Department of Social Services (CDSS);
 - State hospitals data from the California Department of State Hospitals (DSH);
 - Patient Discharge Dataset from the California Department of Health Care Access and Information (HCAI); and
 - Vital Records data from the California Department of Public Health (CDPH).

DHCS expects to publish BHT performance measures, stratified by county and MCP and by age and key demographics, for public access annually. Via [Medi-Cal Connect](#), a statewide data analytics solution and tool for population health management, DHCS will also provide updated measure calculations to counties and MCPs as frequently as monthly, depending on the data sources.

The first release of performance measures – which is planned for 2026 and is expected to report data from CY 2025 – will only include data for Medi-Cal members. Over time,

DHCS plans to integrate data on persons not eligible for Medi-Cal who receive behavioral health services from a county (i.e., persons eligible for BHSA services).

How Performance Measures Will Be Used

DHCS expects to use performance measures to support: Transparency, Planning, Population Health, and Accountability.

Transparency

Performance on all measures, with key stratifications, will be shared with the public and stakeholders on an annual basis.

Planning

DHCS, counties, MCPs, and other stakeholders will use the performance measures to inform their planning for addressing statewide behavioral health goals.

- » Beginning with the first AU, counties will use the latest available performance measures to inform planning for all IPs and AUs. Performance measures must be used in community planning processes and support data-driven decision making for resource allocation and quality improvement.
- » Beginning in 2026, MCPs will use the latest available performance measures to inform their PHM Strategy Deliverable.

Population Health

In addition to publishing the performance measures, DHCS expects to provide counties and MCPs with person-level data needed to support appropriate outreach and interventions that would improve outcomes related to each goal. The data will be provided via Medi-Cal Connect. For example, DHCS expects to provide person-level data on people in each county who have been flagged as experiencing homelessness to support county interventions to reduce homelessness. DHCS expects that counties and MCPs will be able to share information with their contracted providers for the purpose of outreach and care management, and in accordance with state and federal privacy laws.

Accountability

DHCS expects to limit the use of performance measures to the three uses above for the first IP period (July 2026 to June 2029) to allow time for counties and MCPs to implement interventions and quality improvement activities after the measures are released. Over time, and following the first IP period (July 2026 to June 2029), DHCS will

have distinct accountability mechanisms for performance measures for BHSA and Medi-Cal.

BHSA Accountability

DHCS will assess how well counties are addressing the needs of local communities via:

- » Changes in performance measures over time, with consideration for external factors that may influence performance on Goal and Sub-Goal Measures; and
- » BHOATR submissions, which will include a forum for counties to explain their performance on the measures.

DHCS does not plan to issue Corrective Action Plans (CAPs) for performance measures until after the first year of the second IP period.

Medi-Cal Accountability

Several of the BHT performance measures listed in this document are already monitored in existing Medi-Cal quality and monitoring programs, such as the [Managed Care Accountability Set \(MCAS\)](#), the [Behavioral Health Accountability Set \(BHAS\)](#), Network Adequacy Oversight, and others. Monitoring for these measures will continue in the respective DHCS programs.

After the first IP period (meaning after July 1, 2029), DHCS may add a selection of validated BHT performance measures to these existing Medi-Cal quality and monitoring programs. (For example, DHCS may add one or more of the BHT performance measures listed in this document to BHAS.) DHCS expects that it would largely consider Intervention Measures (and not Goal Measures) for inclusion in these quality and monitoring programs, with the exception of Access to Care, Untreated Behavioral Health, and Care Experience, where the Goal Measures may be considered for inclusion in quality and monitoring programs. When considering adding BHT performance measures to quality and monitoring programs, DHCS will follow the standard selection process for these programs, including any applicable stakeholder feedback mechanisms, such as public comment.

BHT performance measures that are added to BHAS and MCAS in the future may be used to determine CAPs and monetary sanctions based on BHAS and MCAS performance.

Proposed Performance Measures

The following tables list proposed performance measures for 10 of the 14 Statewide Behavioral Health Goals. After incorporating stakeholder feedback on these measures, DHCS will release a BHT Performance Measures Specifications Manual, with additional details on how each measure is calculated.

Proposed measures for the following four Statewide Behavioral Health Goals will be developed in Q1-Q2 2026:

- » Improving Engagement in School
- » Improving Engagement in Work
- » Improving Quality of Life
- » Improving Social Connection

DHCS also expects to develop a set of Equity Measures that focus on improving equity across all 14 Statewide Behavioral Health Goals in Q1-Q2 2026. DHCS will release these proposed measures for feedback at a later date.

Measure descriptions in these tables are generally drafted as follows: Percent of [denominator] who [numerator].

Please see the “Key Measure Definitions” section of this document for details on key terms used throughout the measure descriptions.

Improving Access to Care, Reducing Untreated Behavioral Health Conditions, and Improving Care Experience

Number and Name	Description	Data Sources	Additional Information
Goal Measures: Improving Access to Care			
BH-1. One or More Behavioral Health Core Clinical Services for	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with mental health needs <u>who</u> receive one or more core clinical services	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure

Number and Name	Description	Data Sources	Additional Information
Persons Living with Mental Health Needs	to address behavioral health in a 12-month period		
BH-2. One or More Behavioral Health Core Clinical Services for Persons Living with Significant Mental Health Needs	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant mental health needs <u>who</u> receive one or more core clinical services to address behavioral health in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
BH-3. Initiation of SUD Treatment	Percent <u>of</u> new SUD episodes in a 12-month period for persons enrolled in Medi-Cal or eligible for other county behavioral health services <u>that</u> result in treatment initiation within 14 days	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA Measure: IET-I » IET-I is a BHAS MY2025 Measure.
BH-4. One or More Behavioral Health Core Clinical Services for Persons Living with Co-Occurring Significant Mental Health Needs and SUD	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant mental health needs and with SUD <u>who</u> receive one or more core clinical services to address behavioral health in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
Goal Measures: Reducing Untreated Behavioral Health			
BH-5. Three or More Behavioral Health Core Clinical Services for	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with mental health needs <u>who</u> receive three or more core clinical	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure

Number and Name	Description	Data Sources	Additional Information
Persons Living with Mental Health Needs	services to address behavioral health in a 12-month period		
BH-6. Three or More Behavioral Health Core Clinical Services for Persons Living with Significant Mental Health Needs	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant mental health needs <u>who</u> receive three or more core clinical services to address behavioral health in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
BH-7. Engagement in SUD Treatment	Percent <u>of</u> new SUD episodes in a 12-month period for persons enrolled in Medi-Cal or eligible for other county behavioral health services <u>that</u> result in treatment engagement within 34 days of treatment initiation	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA Measure: IET-E » IET-E is a BHAS MY2025 Measure.
BH-8. Three or More Behavioral Health Core Clinical Services for Persons Living with Co-Occurring Significant Mental Health Needs and SUD	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant mental health needs and SUD <u>who</u> receive three or more core clinical services to address behavioral health in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
Goal Measures: Improving Care Experience			
BH-9. Perception of Care with Respect to One's Cultural Background:	Percent <u>of</u> persons who completed the MHSIP Consumer Survey in a 12-month period <u>who</u> responded with "strongly agree" or "agree" to Q18 – "Staff were sensitive to	CA Consumer Perception Survey (CPS)	» Aggregate response to question included in existing DHCS survey

Number and Name	Description	Data Sources	Additional Information
Specialty Mental Health Services	my cultural background (race, religion, language, etc.)"		» Not based on person-level data, limiting stratifications
BH-10. Perception of Care with Respect to One's Cultural Background: DMC-ODS	Percent <i>of</i> persons who completed the Treatment Perception Survey in a 12-month period <i>who</i> responded with "strongly agree" or "agree" to Q7 – "Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)"	Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS)	» Aggregate response to question included in existing DHCS survey » Not based on person-level data, limiting stratifications
BH-11. Perception of Care with Respect to One's Cultural Background: Non-Specialty Mental Health Services	Percent <i>of</i> persons who completed the MCP CAHPS ECHO Behavioral Health Survey in a 12-month period <i>who</i> responded with "Yes" to Q27 – "Care responsive to cultural needs"	MCP CAHPS Experience of Care & Outcomes (ECHO) Outpatient Mental Health Survey	» Aggregate response to question included in existing DHCS survey » Not based on person-level data, limiting stratifications
Intervention Measures			
BH-12. Depression Screening and Follow-Up for Adolescents and Adults	Percent <i>of</i> Medi-Cal members 12 years of age and older <i>who</i> were screened for clinical depression using a standardized instrument (as defined by NCQA) in a 12-month period and, if screened positive, received follow-up care within 30 days	EHR data reported by MCPs to DHCS's EQRO	» NCQA Measure: DSF-E » An MCAS MY2025 Measure (Accountable) » This measure is calculated based on electronic health record (EHR) data reported by the MCP to DHCS's

Number and Name	Description	Data Sources	Additional Information
			External Quality Review Organization (EQRO)
BH-13. Full Service Partnership for Persons with Significant Behavioral Health Needs	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <u>who</u> receive Full Service Partnership (inclusive of High Fidelity Wraparound Services) in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; Data on BHSA Services	» New DHCS measure » This measure requires data on BHSA services and will not be available for Release 1.
BH-14. Follow-Up After Emergency Department Visit for Substance Use	Percent <u>of</u> emergency department (ED) visits in a 12-month period among persons age 13 years and older who are enrolled in Medi-Cal or eligible for other county behavioral health services, with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose <u>for which</u> there was follow-up within 7 days of the ED visit	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA measure: FUA-7 » A BHAS MY2025 Measure (uses the 30-day rate) » FUA-30 is an MCAS MY2025 Measure (Accountable).
BH-15. Follow-Up After Emergency Department Visit for Mental Illness	Percent <u>of</u> ED visits in a 12-month period for persons who are enrolled in Medi-Cal or eligible for other county behavioral health services with a principal diagnosis of mental illness or intentional self-harm <u>who</u> had a mental health follow-up service within 7 days of the ED visit	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA measure: FUM-7 » FUM-30 is a BHAS MY2025 Measure and an MCAS MY2025 Measure (Accountable).

Improving Prevention & Treatment of Co-Occurring Physical Health Conditions

Number and Name	Description	Data Sources	Additional Information
Intervention Measures			
PH-1. Adults Living with Significant Behavioral Health Needs Who Access Primary Care	Percent <i>of</i> adults enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <i>who</i> have one or more primary care claims in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» Adaptation of existing NCQA measure (AAP-Tot) to focus on adults living with significant behavioral health needs
PH-2. Children and Youth with Significant Behavioral Health Needs Who Have Received Well Child Visits	Percent <i>of</i> children/youth enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <i>who</i> received WCC visits according to American Academy of Pediatrics schedule in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» Adaptation of existing NCQA measure (WCV) to focus on children and youth living with significant behavioral health needs
PH-3. Dental Care for Persons Living with Significant Behavioral Health Needs	Percent <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <i>who</i> receive dental visits in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» Adaptation of existing DHCS measure (Dental Managed Care Performance Measures) to focus on persons living with significant behavioral health needs

Reducing Homelessness

Number and Name	Description	Data Sources	Additional Information
Goal Measures			
HO-1. Homelessness Amongst People Living with Significant Behavioral Health Needs Compared to the Overall Population	Rate (per 10,000) <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <i>who</i> experienced homelessness in a 12-month period <i>compared with</i> Rate (per 10,000) of all persons enrolled in Medi-Cal or eligible for other county behavioral health services <i>who</i> experienced homelessness in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HDIS Data; Enhanced Care Management (ECM) and Community Supports Quarterly Implementation Monitoring Report (QIMR)/JavaScript Object Notation (JSON)	» New DHCS measure
Sub-Goal Measure			
HO-2. Permanent Housing for Persons Living with Behavioral Health Needs Who are Experiencing Homelessness	Percent <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services, living with behavioral health needs, and experiencing homelessness in a 12-month period <i>who</i> attain permanent housing at any point in that same 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HDIS Data; ECM and Community Supports QIMR/JSON	» New DHCS measure
Intervention Measure			
HO-3. Housing Services for Persons Living with	Percent <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health	Medi-Cal Claims, Encounters, &	» New DHCS measure

Number and Name	Description	Data Sources	Additional Information
Behavioral Health Needs Who Are Experiencing Homelessness	services, living with behavioral health needs, and experiencing homelessness <u>who</u> receive at least one Medi-Cal or BHSA housing service in a 12-month period	Enrollment Data; HDIS Data; ECM and Community Supports QIMR/JSON	» This measure requires data on BHSA services. It will be partially reported with only Medi-Cal housing services for Release 1.
HO-4. Full Service Partnership and Housing Interventions for Persons Living with Significant Behavioral Health Needs and Experiencing Homelessness	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services, living with significant behavioral health needs, and experiencing homelessness <u>who</u> were enrolled in Full Service Partnership (FSP) and received at least one Medi-Cal or BHSA housing service in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HDIS Data; ECM and Community Supports QIMR/JSON	» New DHCS measure » This measure requires data on BHSA services and will not be available for Release 1.

Reducing Institutionalization

Number and Name	Description	Data Sources	Additional Information
Goal Measures			
IN-1. Institutional Stays for Persons Living with	The below descriptive statistics for people enrolled in Medi-Cal or eligible for other county behavioral health services with a stay in the following institutional settings over a 12-month period: Mental Health Rehabilitation Centers	Medi-Cal Claims, Encounters, & Enrollment Data; HCAI Patient Discharge Dataset;	» New DHCS measure » This measure is intended to provide an understanding of the

Number and Name	Description	Data Sources	Additional Information
Behavioral Health Needs	(MHRCs), Psychiatric Health Facilities (PHFs), psychiatric hospitals, Skilled Nursing Facility-Special Treatment Programs (SNP-STPs), and state hospital civil commitments. 1. Number of unique stays, by facility type 2. Distribution of Length of Stay (in days) including minimum, 25th percentile, median, 75th percentile, maximum, mean, and standard deviation, by facility type, for stays that end during the measurement period 3. Number and percent of stays, by duration (<1 year, ≥1 year), by facility type, for stays that did not end during the measurement period	Department of State Hospitals data on state hospitals	current state of institutional stays only and does not reflect cases of institutionalization, which is when an individual is in an institutional setting but that setting provides a Level of Care that is not – or is no longer – the least restrictive environment. » Due to data availability, DHCS does not expect to include the data for the following facilities in Release 1: MHRCs, SNF-STPs, PHFs; and state hospital civil commitments.
Intervention Measure			
IN-2. Coordinated Specialty Care for First Episode Psychosis for People Newly	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and newly diagnosed with psychosis in a 12-month period <u>who</u> receive Coordinated Specialty Care for First Episode Psychosis	Medi-Cal Claims, Encounters, & Enrollment Data; BHSA services data	» New DHCS measure » This measure requires data on BHSA services and Medi-Cal services that launch in 2026; it will not be available for Release 1.

Number and Name	Description	Data Sources	Additional Information
Diagnosed with Psychosis			
IN-3. Transitions of Care Support for Persons In or Exiting Institutional Settings	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for county behavioral health services with a stay in an institutional setting (MHRC, SNF-STP, PHFs, and state hospital civil commitments) who receive at least one type of transitions of care support (defined as a long-term care-focused Community Supports, Recuperative Care Community Support, Short-Term Post-Hospitalization Housing Community Support, Community Transitions In-Reach, Enhanced Care Management, Targeted Case Management, or Full Services Partnership, or a CARE Plan) and had a completed discharge	Medi-Cal Claims, Encounters, & Enrollment Data; HCAI Patient Discharge Dataset; Department of State Hospitals data on state hospitals	» New DHCS measure » Due to data availability, DHCS does not expect to report this measure in Release 1.
IN-4. Follow-Up After Hospitalization for Mental Illness	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm <u>who</u> had a mental health follow-up service within seven days of discharge	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA Measure: FUH-7 » FUH-30 is a BHAS MY2025 measure.
IN-5. Follow-Up After Other Institutional Stays	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services with a stay in an institutional setting	Medi-Cal Claims, Encounters, & Enrollment Data;	» New DHCS measure » Due to data availability, DHCS does not expect to

Number and Name	Description	Data Sources	Additional Information
for Behavioral Health	(MHRC, SNF-STP, PHF, state hospital civil commitments) <u>who</u> had a mental health follow-up service within seven days of discharge	HCAI Patient Discharge Dataset; Department of State Hospitals data on state hospitals	include this measure in Release 1.

Reducing Justice Involvement

Number and Name	Description	Data Sources	Additional Information
Goal Measures			
JI-1. Justice-Involvement Amongst People Living with Significant Behavioral Health Needs Compared to the Overall Population	Rate (per 10,000) <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <u>who</u> were justice-involved in a 12-month period <i>compared with</i> Rate (per 10,000) <u>of</u> all persons enrolled in Medi-Cal or eligible for other county behavioral health services <u>who</u> were justice-involved in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; JI Reentry Initiative Screening Services Portal	» New DHCS measure
Sub-Goal Measure			
JI-2. Recidivism Among Justice-Involved Persons	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services, living with behavioral health	Medi-Cal Claims, Encounters, & Enrollment Data; JI	» New DHCS measure

Number and Name	Description	Data Sources	Additional Information
Living with Behavioral Health Needs	needs, and who were justice-involved in a 12-month period <i>who</i> experienced an episode of recidivism within 12 months of arrest and/or release	Reentry Initiative Screening Services Portal	» This measure will not be available in Release 1 due to data limitations.
Intervention Measure			
JI-3. Post-Release Behavioral Health Services for Persons Living with Behavioral Health Needs Who Are Enrolled In the Reentry Initiative	Percent <i>of</i> releases from a correctional facility for Medi-Cal members with a behavioral health need identified as part of the CalAIM Justice Involved Reentry Initiative <i>for which</i> a core clinical service to address behavioral health was completed within 30 days of release	Medi-Cal Claims, Encounters, & Enrollment Data; JI Reentry Initiative Screening Services Portal	» New DHCS measure
JI-4. Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) or for Alcohol Use Disorder (AUD) for Reentry Initiative Enrollees	Percent <i>of</i> releases from a correctional facility among Medi-Cal members that received MAT for OUD or AUD as part of their 90-day pre-release services under the CalAIM Justice Involved Reentry Initiative, <i>for which</i> the member continued MAT within 30 days of release	Medi-Cal Claims, Encounters, & Enrollment Data; JI Reentry Initiative Screening Services Portal	» New DHCS measure

Reducing Overdoses

Number and Name	Description	Data Sources	Additional Information
Goal Measures			
OD-1. Persons Who Die by Overdose	Prevalence <u>of</u> all people enrolled in Medi-Cal or eligible for other county behavioral health services <u>who</u> die from any drug-related overdose in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HCAI Patient Discharge Dataset; Vital Statistics	» New DHCS measure
Sub-Goal Measure			
OD-2. Re-Occurrence of Overdose	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services with a non-fatal overdose in a 12-month period <u>who</u> have a repeat fatal overdose or non-fatal overdose resulting in treatment in an emergency department, in a hospital, or by EMS within 12 months of the initial event	Medi-Cal Claims, Encounters, & Enrollment Data; HCAI Patient Discharge Dataset; Vital Statistics	» New DHCS measure
Intervention Measures			
OD-3. Contingency Management for Persons with SUD	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services with SUD with a qualifying condition <u>who</u> receive Contingency Management in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
OD-4. Pharmacotherapy	Percent <u>of</u> opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days <u>among</u> persons 16 years of age and older with	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA Measure: POD

Number and Name	Description	Data Sources	Additional Information
for Opioid Use Disorder	a diagnosis of OUD and a new OUD pharmacotherapy event		» POD is an MCAS and BHAS MY2025 measure
OD-5. Follow-Up After High-Intensity Care for Substance Use Disorder	Percent <u>of</u> acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder in 12-month period among persons 13 years of age and older enrolled in Medi-Cal or eligible for other county behavioral health services <u>for which</u> there was follow-up within 7 days of the visit or discharge	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA Measure: FUI-7

Reducing Removal of Children from Home

Number and Name	Description	Data Sources	Additional Information
Goal Measures			
RC-1. Children with Open Child Welfare Cases	Rate (per 10,000) <u>of</u> children enrolled in Medi-Cal or eligible for other county behavioral health services <u>with</u> an open child welfare case in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; CDSS Child Welfare Data	» New DHCS measure
Intervention Measure			
RC-2. Specialty Mental Health Services (SMHS) for Children & Youth with	Percent <u>of</u> children and youth enrolled in Medi-Cal or eligible for other county behavioral health services with a newly	Medi-Cal Claims, Encounters, &	» New DHCS measure

Number and Name	Description	Data Sources	Additional Information
Newly Opened Child Welfare Cases	opened child welfare case <i>who</i> had at least three core clinical services delivered by the specialty mental health system within 90 days of the child welfare case being opened	Enrollment Data; CDSS Child Welfare Data	
RC-3. Encounters Addressing Behavioral Health Needs for Parents or Guardians	Percent <i>of</i> parents or guardians enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <i>who</i> receive at least one encounter addressing behavioral health in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
RC-4. High Fidelity Wraparound, Enhanced Care Management, or Intensive Care Coordination for Children & Youth with Open Child Welfare Cases Living with Behavioral Health Needs	Percent <i>of</i> children and youth enrolled in Medi-Cal or eligible for other county behavioral health services, living with behavioral health needs, and with an open child welfare case <i>who</i> receive High Fidelity Wraparound (HFW) services, Enhanced Care Management (ECM), or Intensive Care Coordination (ICC) in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; CDSS Child Welfare Data; BHSA services data; ECM QIMR/JSON	» New DHCS measure » This measure requires data on BHSA services and will not be available in Release 1.

Reducing Suicides

Number and Name	Description	Data Sources	Additional Information
Goal Measures			
SU-1. Persons Who Die By Suicide	Prevalence <u>of</u> all people enrolled in Medi-Cal or eligible for other county behavioral health services <u>who</u> die by suicide in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HCAI Patient Discharge Dataset; Vital Statistics	» New DHCS measure
Sub-Goal Measure			
SU-2. Persons with Suicide Attempt Who Have a Re-Occurrence of Suicide Attempt	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services with a suicide attempt in a 12-month period <u>who</u> have a non-fatal repeat attempt resulting in treatment in an ED, in a hospital, or by EMS or experience death by suicide within 12 months of the initial event	Medi-Cal Claims, Encounters, & Enrollment Data; HCAI Patient Discharge Dataset; Vital Statistics	» New DHCS measure
Intervention Measure			
SU-3. Follow-Up After Crisis Services	Percent <u>of</u> persons enrolled in Medi-Cal or eligible for other county behavioral health services who receive crisis services in a 12-month period <u>who</u> received an outpatient mental health follow-up service within 7 days	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure » Will leverage the same logic and approach as the NCQA FUM measure

Key Measure Definitions

1. Behavioral Health (or Mental Health) Needs

"Behavioral Health Needs" denotes a broad range of people who have a need for behavioral health services, including services to address mild, moderate, or significant needs. "Mental Health Needs" denotes a subset of Behavioral Health Needs that focuses on people with mental health needs (e.g., it does not include individuals with SUD who do not also have mental health needs). DHCS has developed a Behavioral Health Population Identifier (BHPI) to identify people with these needs. It identifies people with BH needs using 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
- » Substance Use Value Sets
 - Alcohol and Other Drug (AOD) Abuse and Dependence
 - Unintentional Drug Overdose
 - Substance Induced Disorders
- » Other clinical and utilization-based logic such as Diagnosis Related Groupers (DRGs), medications, provider specialty, and point of service (POS) logic.

2. Significant Behavioral Health (or Mental Health) Needs

"Significant Behavioral Health Needs" is meant to denote a narrower set of people who have behavioral health needs that are more likely to be associated with functional impairment, including those who *may* have a need for more specialized or comprehensive behavioral health services. Their behavioral health likely requires close collaboration between MCPs and BHPs to determine the best system of behavioral health care and where specialty BH support may be needed, depending on the individual's status.

A person would be considered to have a "Significant Behavioral Health Need" if they meet any one of the following:

- » Pathway A -- Diagnosis Only: A narrowly defined set of significant diagnoses that frequently (not always) have associated functional impairment
- » Pathway B -- Utilization Only: A narrowly defined historical utilization criteria that usually (not always) signifies a significant behavioral health condition with impairment
- » Pathway C -- Diagnosis + Utilization (as a proxy for Functional Impairment): The presence of both a behavioral health diagnosis (more broadly defined diagnostic criteria) and a proxy of functional limitation including utilization criteria or demonstrated social need

3. Encounters to Address Behavioral Health

“Behavioral Health Encounters” captures all services related to behavioral health, including initial engagement and information gathering, clinical assessment, treatment, and care management or coordination services. DHCS will use the Office of Health Care Affordability (OHCA) Behavioral Health Spending Measurement logic for this calculation.

4. Core Clinical Services to Address Behavioral Health

“Core clinical services” are a subset of encounters to address behavioral health; it is intended to more narrowly capture services to assess and treat BH conditions across mild, moderate, and significant level of need. These services exclude services provided in an ED or inpatient setting. DHCS will use the value sets from the following NCQA measures to identify these services: Follow-Up After Emergency Department Visit for Substance Use (FUA), Follow-Up After Emergency Department Visit for Mental Illness (FUM), and Follow-Up After Hospitalization for Mental Illness (FUH). Services included in the value sets of these measures include but are not limited to: outpatient visits with a behavioral health primary diagnosis code, intensive outpatient encounters or partial hospitalizations with a behavioral health primary diagnosis code, non-residential substance abuse treatment facility visits, SUD services (including counseling, surveillance, or screening), pharmacotherapy dispensing events, psychiatric collaborative care management, transitional care management, and peer supports.

5. Experiencing Homelessness

DHCS will identify a person as experiencing homelessness in a 12-month period if they meet any of the following criteria in a 12-month period:

- » Identified as homeless in the Homeless Data Integration System (HDIS);

- » Identified as potentially homeless in Medi-Cal enrollment, encounters, and claims (e.g., member address, ICD-10 z-codes that describe housing status, and encounter Place of Service fields that indicate homelessness);
- » Authorized for or received Medi-Cal or BHSA Housing Services (see definition below); or
- » Enrolled in the ECM Homelessness Population of Focus.

6. Attaining Permanent Housing

DHCS will consider a person as having attained permanent housing if they meet any of the following criteria:

- » Identified as homeless via HDIS data per the CalICH Action Plan Goal 2 Definition of Permanent Housing;
- » Authorized for and received the following Community Supports that indicate a person has been placed in permanent housing: Medi-Cal Transitional Rent (for permanent housing settings only), Housing Tenancy and Sustaining Services, or Housing Deposits Community Supports; or
- » Authorized for or received select BHSA Housing Interventions that indicate a person has been placed in permanent housing (*to be determined at a later date*)

This definition only indicates whether an individual was placed in a permanent housing setting. It does not look at whether the person remained in that setting for a specified period of time.

7. Medi-Cal or BHSA Housing Services

Medi-Cal or BHSA Housing Services refers to services designed to support people experiencing or at risk of homelessness. Individuals are counted as having received a “Medi-Cal or BHSA housing service” if they had evidence of receiving any of the following:

- » Medi-Cal Community Supports focused on housing support, which can be any of the following:
 - Housing Transition Navigation Services
 - Transitional Rent
 - Housing Deposits
 - Housing Tenancy and Sustaining Services
 - Day Habilitation Programs

- Recuperative Care (Medical Respite)
- Short-Term Post-Hospitalization Housing
- » BHSA Housing Interventions

8. Justice Involvement

DHCS seeks to ultimately identify all adults and youth who are involved in the justice system – including those who have been arrested, are living in, who are under community supervision, or who have transitioned from a state prison, county jail, youth correctional facility, or other state, local, or federal carcel settings where they have been in custody of law enforcement authorities. With the available data, DHCS will identify individuals as justice involved if they meet either of the following:

- » Has indications of incarceration in Medi-Cal Eligibility and Enrollment data, which captures:
 1. Inmate Program Aid Codes: Indicates a member's enrollment in JI Reentry Initiative or Medi-Cal Inmate Eligibility Program (MCIEP), which are Medi-Cal programs used during incarceration
 2. Incarceration Suspension: Captures individuals whose records reflect restricted access with suspended Medi-Cal Benefits due to incarceration
- » Completed a screening in the JI Reentry Initiative Screening Services Portal
 1. JI Reentry Initiative Screening Portal: Captures Medi-Cal members who are screened during incarceration for enrollment in the [JI Reentry Initiative](#) by a participating state prison, county jail, or youth correctional facility

DHCS acknowledges that this approach for identifying persons who are justice involved is limited as it does not include data on arrests and community supervision (paroles & probation). DHCS hopes to improve this approach over time.

9. Involvement in Child Welfare

Children or youth would be counted as “children & youth with an open child welfare case” if they are involved in any of the following open child welfare case pathways during the measurement year:

- » Family Maintenance: Inclusive of court-ordered and voluntary cases
- » Post-Family Reunification: Inclusive of children/youth who have returned home and are now in Family Maintenance
- » In Out-of-Home Care

This approach for defining open child welfare case aligns with existing DHCS and CDSS policy, as well as with the Family First Prevention Services Act (FFPSA), which expands eligibility for FFPSA prevention services to children who are candidates for foster care.