

Lunch and Learn: Behavioral Health Transformation (BHT) Performance Measure Set

October 2nd, 2026

Virtual Recording Information

Thank you for joining this informational Lunch & Learn!

- » This meeting was recorded on Friday, October 2nd
- » American Sign Language interpretation is provided in pinned video
- » Live captioning is provided – Select show/hide

Agenda

Session Goals:

1. Understand the BHT performance measures
2. Learn about how measures will be used by counties and MCPs to improve outcomes

- » Welcome and Overview
- » Introduction to Behavioral Health Transformation (BHT) Goals and Performance Measures
- » How to Use the BHT Performance Measures
- » Resources and Upcoming Behavioral Health Task Force Meeting

Introductions

California Department of Health Care Services (DHCS)



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Introduction to BHT Goals and Performance Measures



Measures Set in Motion by Voters

In March 2024, voters passed Proposition 1: the Behavioral Health Services Act (BHSA) and a \$6.4 billion behavioral health bond. The BHSA established mechanisms to improve transparency and accountability, including:



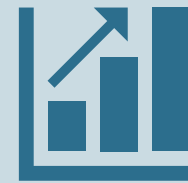
Three-Year County Integrated Plans (IPs) and Annual Updates (AUs), in which counties must create plans for services and funding



Behavioral Health Outcomes, Accountability, and Transparency Reports (BHOATRs), which track progress on the IPs each year



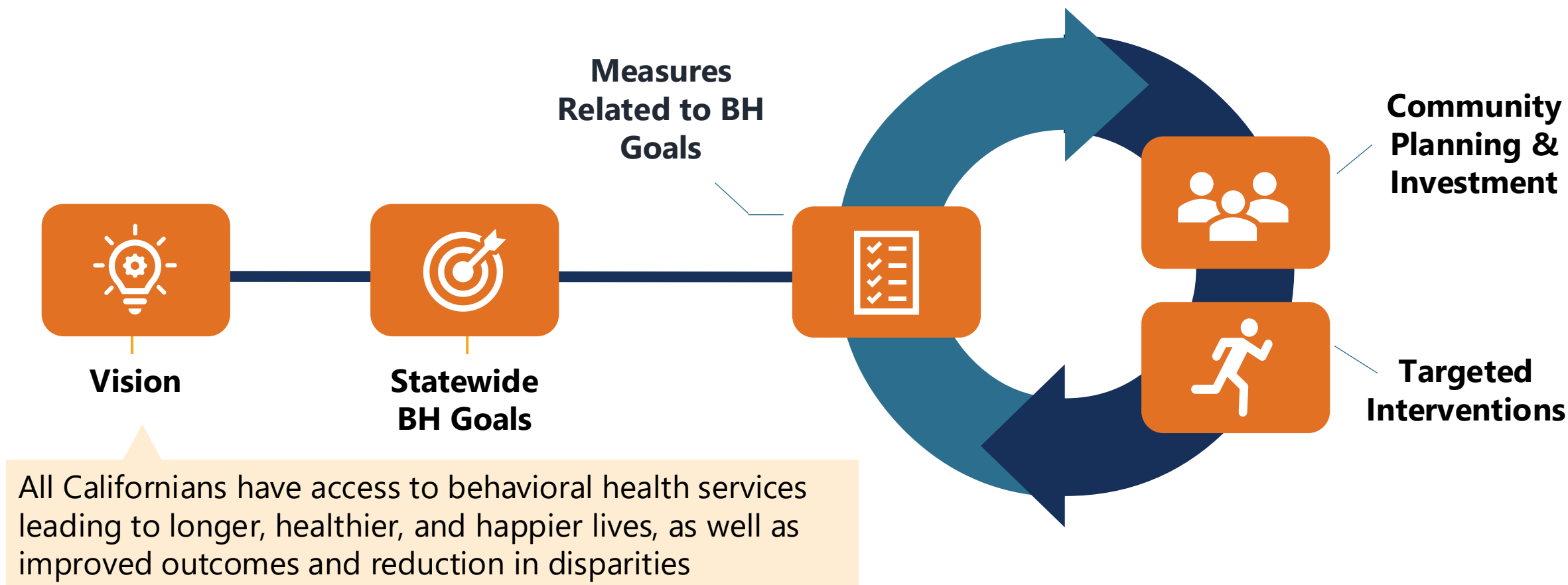
Statewide Goals and Performance Measures, which establish common tracking of progress and outcomes and are used in IPs/AUs and BHOATRs



These goals and measures are a step in advancing a **population health approach to behavioral health** across DHCS-administered or funded health care programs.

Population Behavioral Health Approach

The Population Behavioral Health Approach is designed to enable the behavioral health (BH) delivery system – including both county behavioral health (counties) and Managed Care Plans (MCPs) – to make data-informed decisions to better meet the needs of individuals within the communities they serve.



Population Behavioral Health: A Full Delivery System Effort

The behavioral health delivery system is designed to meet the diverse treatment needs of Californians through **varying levels of care and shared responsibility among delivery system partners.**

The population behavioral health framework **establishes common goals and standards to improve quality and equity** across the continuum of care.



Inclusive of the following service delivery systems:

- Public health
- Schools
- Child welfare
- Legal system
- Commercial insurance plans
- Community-Based Organizations
- Housing partners

Population Behavioral Health: The Need to Reach Everyone

The population behavioral health approach is intended to meet the needs of all Californians eligible for behavioral health services, improve community well-being, and promote health equity.

The population health approach for behavioral health:

- » Considers the **entire population** who may benefit from behavioral health services, not only those currently receiving or seeking care
- » Deploys **whole-person care interventions**
- » **Coordinates** across service delivery systems
- » **Uses data** to:
 - Identify populations for targeted outreach & interventions
 - Improve quality of care
 - Monitor effectiveness of interventions
 - Support continuous improvement
 - Identify and track racial and ethnic disparities in behavioral health outcomes



14 Statewide Behavioral Health Goals



Goals for reduction

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



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

Health equity is built into every goal.

Additional information on the statewide behavioral health goals is available in the [BHSA Policy Manual](#).

Measures in Two Phases

Sunset

Phase 1. *June 2025-June 2026* **Population-Level BH Measures**

DHCS selected one-time, population-level measures for each goal to support county behavioral health and MCP planning ***through mid-2026.***

- Selected from publicly available measures
- Used for planning only

Current

Phase 2. *July 2026-beyond* **Performance Measures**

In July 2026, DHCS finalized the performance measures that will be used to assess performance on each goal on an ***ongoing basis.***

- Designed and calculated by DHCS
- Used for planning, population health, and accountability

Process for Developing Performance Measures

DHCS applied a consistent, evidence-based approach for developing the BHT performance measure set.

1

Developed a **Theory of Change** for each goal to identify the county behavioral health and managed care interventions that would advance each goal.

See: [BHT Theories of Change](#)

2

Selected two types of measures for each goal:

- » **Goal Measures:** Measures that track overall performance on the goal.
- » **Intervention Measures:** Measures of county behavioral health and managed care interventions identified in the Theory of Change.

See: [Measures List](#)

3

Developed **novel DHCS measures** where an existing measure did not exist to measure the process or outcome of interest.

See: [Specifications Manual](#)

Robust Stakeholder Engagement and Input



Expert Advisement

The **Quality and Equity Advisory Committee (QEAC)** advised DHCS throughout measure development and included county and MCP leaders, advocacy groups, quality measurement and health equity experts, and people with lived experience. DHCS:

- » Convened public QEAC meetings (*materials [available here](#)*)
- » Facilitated subcommittee meetings
- » Gathered input through surveys



Public Input

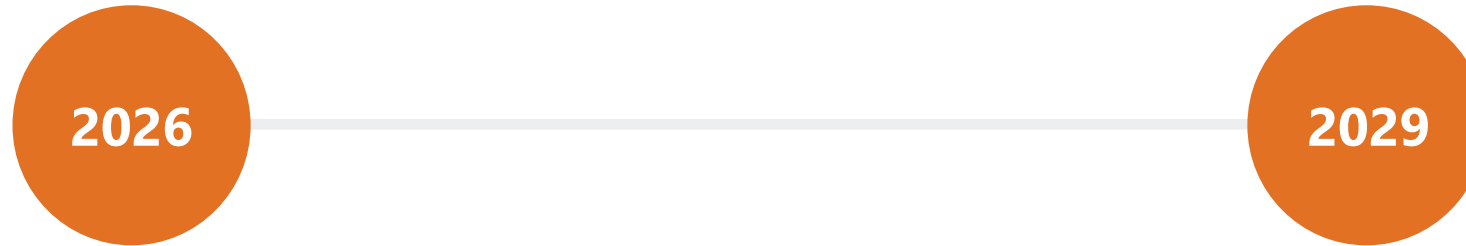
In addition to receiving feedback through public meetings, DHCS facilitated and reviewed two rounds **public comments** on the measures.



Inter-Agency Collaboration

DHCS consulted with **11 sister state departments** and agencies to develop the Theories of Change and measures.

About the Performance Measure Set



- » DHCS selected **34 measures** to begin calculating in 2026.
- » The measures include a mix of Goal and Intervention Measures for each of the statewide behavioral health goals, as well as 3 cross-goal equity measures.
- » 15 are existing measures from national measures stewards and surveys, and 19 are novel DHCS measures.
- » DHCS will reevaluate and improve the BHT measure set **every three years**, informed by stakeholder feedback.
- » DHCS has identified additional measures to add to the measure set in 2029, many focused on BHSA services that DHCS is beginning to collect data on this year.

Example: Reducing Homelessness Measures

Category	Measure Name	Responsibility	Release Date
Goal Measure	1. Homelessness Among People with Significant Behavioral Health Needs	Cross-Sector	2026
Intervention Measures	2. Housing Services for People With Significant Behavioral Health Needs At Risk Of or Experiencing Homelessness	Joint BHP and MCP	2026
	3. Housing Services and Full Service Partnership for People with Significant Behavioral Health Needs At Risk Of or Experiencing Homelessness	Joint BHP and MCP	2029 <i>(once BHSA data is available)</i>

DHCS has identified the entities responsible for advancing performance on each measure as follows:

Cross-sector: Performance on the measure extends beyond the control of just county BHPs and MCPs

County behavioral health and/or MCP: Counties and/or MCPs are responsible for performance on the policies because it measures a contractually required service or policy

BHT Performance Measure Rate Releases



The inaugural set of **Behavioral Health Transformation Performance Measures** rates are available now on DHCS' website.

<https://www.dhcs.ca.gov/behavioral-health-transformation/behavioral-health-transformation-performance-measures-report/>



How to Use the BHT Performance Measures



How Performance Measures Will Be Used



Transparency

Planning

**Population
Health**

Accountability

How Performance Measures Will Be Used for Transparency & Planning

Transparency



Transparency

DHCS will publish calculated [measure rates](#), stratified by county/MCP and key demographics, for **public access each year**.

This report is currently a standalone report, but future rates will be released through the [County Profile](#) going forward.

Planning



Planning

DHCS, counties, MCPs, and other stakeholders will use these measures to inform planning for addressing the goals.

- **Counties:** Use measures for BHSA collaborative planning in their [Integrated Plans/Annual Updates](#)
- **MCPs:** Use measures to develop their [Population Health Management Strategy Deliverables](#)

Population Health

Accountability

How Performance Measures Will Be Used for Population Health

Transparency

Planning

Population
Health

Accountability



DHCS will provide monthly rate updates and **associated person-level data** to counties and MCPs in Medi-Cal Connect, a statewide data analytics solution and tool for population health management.



This data will support counties' and MCPs' population health activities – **such as outreach and engagement, interventions, and other services** – that would improve outcomes and performance on the measures.

How Performance Measures Will Be Used for Accountability

Transparency

Planning

Population
Health

Accountability



BHSA Accountability

DHCS will use measures to evaluate the impact of each county's BHSA funding approach. DHCS **will not** require IP revisions or issue BHSA Correction Action Plans based on BHT measures performance alone before 2029.



Medi-Cal Accountability

DHCS will use measures to monitor BHP and MCP performance on delivery of Medi-Cal services.

Using the Measure Improve Performance

Counties and MCPs can start using data, Theories of Change, and population health management to improve measure performance using the following approach:



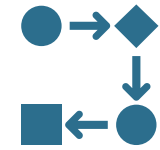
Step 1: Analyze
Analyze the data, examining the performance compared to the state, other counties, and by demographic categories assessing for disparities.



Step 2: Hypothesize
Use the Theory of Change to hypothesize why you may see the results you see and what could be done differently from a program/planning perspective. Use "I wonder..." statements.



Step 3: Population Health Management
Identify ways to reach specific people identified by the data to improve outcomes.



Step 4: Improvement Cycles
Track changes over time and repeat steps 1-3.

Example: Performance Measures for the Improving Access & Reducing Untreated BH Conditions

Measures	Statewide Rate FY 24-25
Goal Measures	
One or More BH Services for People with MH Needs (<i>DHCS</i>)	65.93%
One or More BH Services for People with Significant MH Needs (<i>DHCS</i>)	50.20%
Initiation of SUD Treatment (<i>HEDIS</i>)	<i>Coming soon</i>
Three or More BH Services for People with MH Needs (<i>DHCS</i>)	71.43%
Three or More BH Services for People with Significant MH Needs (<i>DHCS</i>)	50.20%
Engagement in SUD Treatment (<i>HEDIS</i>)	<i>Coming soon</i>
Intervention Measures	
Depression Screening and Follow-Up for Adolescents and Adults (<i>HEDIS</i>)	75.80%
Follow-Up After ED Visit for Substance Use -- 7 Days (<i>HEDIS</i>)	26.91%
Follow-Up After ED Visit for Mental Illness -- 7 Days (<i>HEDIS</i>)	37.07%
Evidence-Based Practices for People with Significant MH Needs	<i>Coming 2029</i>

Analyzing Performance Measure Rates:

Goals Measures

Statewide Rates

Measures	FY 24-25 Rates	
	One or More Services	Three or More Services
BH Services for People with MH Needs	65.93% <i>BHSRV1-WMH</i>	36.19% <i>BHSRV3-WMH</i>
BH Services for People with Significant MH Needs	71.43% <i>BHSRV1-WSMH</i>	50.20% <i>BHSRV3-WSMH</i>

Persons Living
with MH Needs

Persons Living With
Significant MH
Needs

BHP and MCP Rates

You can review each MCP and BHP FY24-25 rates [here](#). Consider the following:

- » How do you compare with the statewide rate?
- » How do you compare with regional peers and/or counties with similar populations?
- » What disparities do you see by race/ethnicity, sex, age, and language? (*Demographic stratifications at the BHP/MCP level are not yet publicly available.*)
- » What is your relative performance across all the measures for this goal, and what does that tell you about opportunities for improvement?
 - What is the “drop-off” you see from one to three services?
 - What is the difference between the full population with BH needs compared with significant BH needs?

Illustrative Example: Using Performance Measures for Untreated BH Conditions Goal (1/3)

Reporting Year <i>When rate is released</i>	2026	2027
Measurement Year	<i>FY 24-25 Rates</i>	<i>FY 25-26 Rates</i>
Rates will reflect performance prior to the launch of BHSA.	1. Analyze performance on the goal and establish a strategy to improve performance in BHP's BHSA Annual Updates and MCP's Population Health Strategy Deliverable 2. Use data to inform and implement population health strategies	

Illustrative Example: Using Performance Measures for Untreated BH Conditions Goal (2/3)

Reporting Year <i>When rate is released</i>	2028
Measurement Year	<i>FY 26-27 Rates (First Year of BHSA)</i>
Rates released in 2028 will show performance for Year 1 of BHSA.	1. Evaluate the impact of the Integrated Plan in improving performance across the 14 statewide behavioral health goals in Year 1 (<i>including in the Year 1 BHOATR due in 2029</i>) 2. Leverage BHT measures to inform collaborative planning for the second Integrated Plan (due in 2029) 3. Use data to inform and implement population health strategies

Illustrative Example: Using Performance Measures for Untreated BH Conditions Goal (3/3)

Reporting Year
When rate is released

2029

Measurement Year

FY 27-28 Rates (Second Year of BHSA)

Rates released in 2029 will show **Year 2 of BHSA performance** and will include BHSA services data for the first time.

1. Evaluate **the impact of the Integrated Plan** in improving performance across the 14 statewide goals in Year 2 (*including in the Year 2 BHOATR due in 2030*)
2. Analyze progress on the goal and refine the strategy to improve performance in BHPs' **BHSA Annual Updates** and MCPs' **Population Health Strategy Deliverable**
2. Use insights from measures for **population health**, including using newly available measures assessing the delivery of BHSA services

BHT Performance Measures Resources

DHCS released performance measure materials to explain how the measures were developed and validated and provide strategies to advance each of the statewide goals.

Performance Measures Materials	
»	Policy Manual (Module 5): Includes final BHT Performance Measures list
»	Policy Manual: Phase 2 Measure Supplement : Provides lay description of measures, important context for interpretation, and measure responsibility
»	Technical Specifications Manual : Provides detailed technical specifications for all measures going live in July 2026
»	Theories of Change : Summarizes the Theory of Change for county BH and MCPs to advance each statewide BH goal
»	FY24-25 Rate Report : Provides final FY25 rates (statewide, statewide stratifications, BHP, and MCP rates) for all 2026 measures
»	<i>Coming Soon</i> : Performance Measures FAQ

Upcoming Discussion

Join the October 14th [CalHHS Behavioral Health Task Force meeting](#) for a discussion on:

- » How BHT performance measures can improve transparency and accountability across the BH delivery systems
- » Opportunities to leverage the measures for collaborative planning

Thank You

