LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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COUNTY OF LOS ANGELES Public Health
Substance Abuse Prevention and Control

BEHAVIORAL HEALTH SERVICES ACT

COMMUNITY PROGRAM PLANNING

DHCS Behavioral Health Goals & Needs Assessment

May 30, 2025 | 9:30 AM - 12:30 PM

PURPOSE

Prepare BHSA CPT members for a needs assessment discussion in June on the state-mandated behavioral health goals using quantitative data.

OBJECTIVES

1. Distinguish between DHCS' Behavioral Health Transformation Goals and DHCS' Population Behavioral Health Goals.
2. Review DHCS' needs assessment task.
3. Define the core concepts of DHCS' needs assessment methodology.
4. Describe DHCS' method to calculate disparities.

BHSA INTEGRATED PLAN SECTIONS

1. General Information	9. County Provider Monitoring & Oversight
2. Exemption Requests	10. Housing Interventions
3. Funding Transfer Requests	11. Full Service Partnerships
4. County Behavioral Health Services Overview	12. Assertive Field-Based SUD Questions
5. State Behavioral Health Goals	13. Behavioral Health Support Services
6. Community Planning Process	14. Workforce
7. Comment Period & Public Hearing	15. Budget & Prudent Reserve
8. County Behavioral Health Care Services Continuum	16. Plan Approval & Compliance

DIFFERENT GOALS

Behavioral Health Transformation:	Population Behavioral Health Goals:
3 Primary Goals	6 Mandated & 1 Locally Selected

BEHAVIORAL HEALTH TRANSFORMATION

- DHCS envisions **BHSA** as part of a larger **Behavioral Health Transformation** (BHT) initiative.
- BHT includes a package of behavioral health policy reforms enacted by California voters through Proposition 1 (2024).

BHT PRIMARY GOALS

1. Improve access to care.
2. Increase accountability and transparency for publicly funded, county-administered behavioral health services.
3. Expand the capacity of behavioral health care facilities across California.

BEHAVIORAL HEALTH POLICY REFORMS

- Behavioral Health Services Act (**BHSA**)
- California Advancing and Innovating Medi-Cal (**CalAIM**)
- Children and Youth Behavioral Health Initiative (**CYBHI**)
- Behavioral Health Continuum Infrastructure Program (**BHCIP**)
- Medical Mobile Crisis Services
- Community Assistance, Recovery, and Empowerment (**CARE**) Act
- 988 Expansion
- Behavioral Health Bridge Housing Program
- Lanterman-Petris-Short (**LPS**) Conservatorship Reforms
- California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (**BH-CONNECT**)

BHT GOALS

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DHCS POPULATION BEHAVIORAL HEALTH GOALS

- DHCS has also identified specific **behavioral health goals** aimed at **improving wellbeing** or **decreasing adverse outcomes** for the entire population: i.e., population behavioral health goals.
- Six goals are DHCS-mandated, and one can be selected locally by the county.

DHCS POPULATION BEHAVIORAL HEALTH (BH) GOALS

6 MANDATED GOALS + 1 LOCAL

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice Involvement
5. Removal of Children from Home
6. Untreated Behavioral Health Conditions
7. Locally Selected Goal from State Optional List

ADDITIONAL GOALS

7. Care Experience
8. Engagement in School
9. Engagement in Work
10. Overdoses
11. Prevention & Treatment of Co-Occurring Physical Health Conditions
12. Quality of Life
13. Social Connections
14. Suicides

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POPULATION BH GOALS

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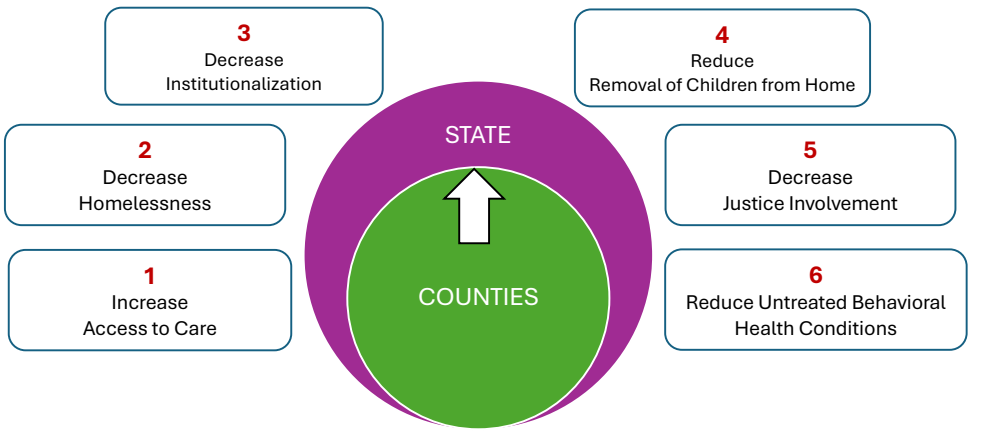
DHCS POPULATION BEHAVIORAL HEALTH GOALS

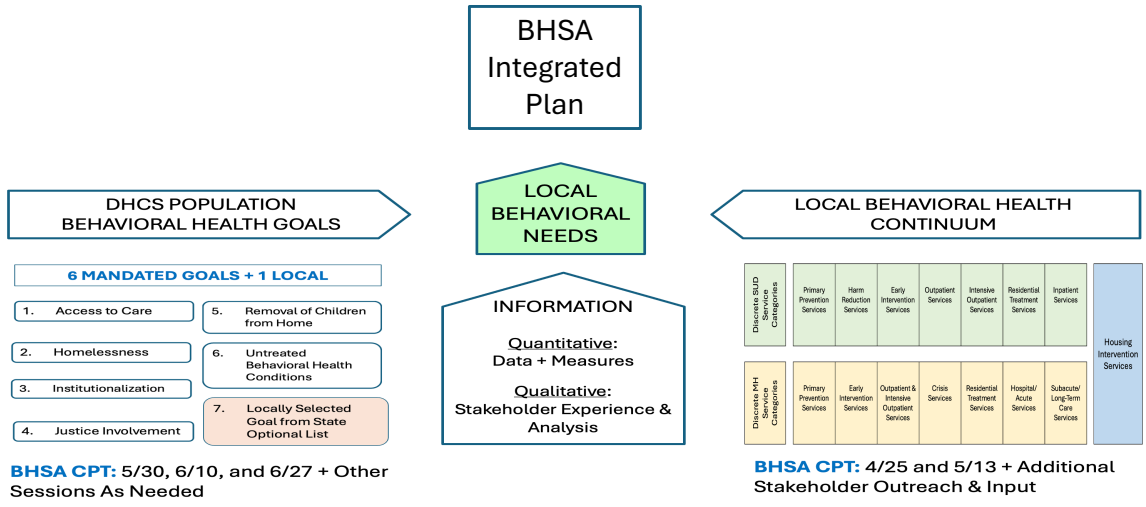


LOCALLY SELECTED: (7) Improve Care Experience; (8) Increase Engagement in School; (9) Increase Engagement in Work; (10) Decrease Overdoses; (11) Improve Prevention and Treatment of Co-Occurring Physical Health Conditions; (12) Improve Quality of Life; (13) Increase Social Connections; and (14) Decrease Suicides.

SUMMARY

BHT	POPULATION BEHAVIORAL HEALTH GOALS	
Primary Goals	State-Mandated Goals	Locally Selected Goals
1. Improve access to care. 2. Increase accountability and transparency for publicly funded, county-administered behavioral health services. 3. Expand the capacity of behavioral health care facilities across California.	1. Increase Access to Care 2. Decrease Homelessness 3. Decrease Institutionalization 4. Reduce Removal of Children from Home 5. Decrease Justice Involvement 6. Reduce Untreated Behavioral Health Conditions	7. Improve Care Experience 8. Increase Engagement in School 9. Increase Engagement in Work 10. Decrease Overdoses 11. Improve Prevention and Treatment of Co-Occurring Physical Health Conditions 12. Improve Quality of Life 13. Increase Social Connections 14. Decrease Suicides

NEEDS ASSESSMENT



NEEDS ASSESSMENT TASK

For each of the six state-mandated goals + one local goal…

PROVIDE an inventory of all programs, services, partnerships, and initiatives and funding category for each.	Using the primary and supplemental measures, **IDENTIFY** disparities between the: a) county population & state population b) county sub-populations and state sub-populations.	If a disparity exists, **DESCRIBE** how the county will seek to reduce the disparity.

1 INVENTORY

All **COUNTY** Programs, Services, Partnerships	Funding Category (BHSA + Other)
1.	A.
2.	B.
3.	C.
4.	D.
N.	E.

GOAL

Increase access to care.

2 DISPARITY

Identify Disparity	Describe Response
1. Is there a disparity between LA County and the California?	If so, how will the County reduce this disparity?
2. Is a specific sub-population experiencing a disparity compared to other sub-populations?	If so, how will the County reduce this disparity?

CORE CONCEPTS

GOAL

A result we want to achieve for a population.

Goals are aspirational.

MEASURE

Units and tools to find out how much, how many, or how well something is doing.

Measures are concrete.

DISPARITY

A big difference in results between two or more groups.

The difference is unfair.

METHOD

STEP 1: Gather demographic data from the U.S. Census.

STEP 2: Standardize demographic categories between these sources through a crosswalk.

STEP 3: Calculate population percentages for each demographic group.

STEP 4: Compute and interpret representation indices to quantify disparities.

COMPUTING & INTERPRETING DISPARITY

- **Index = 1.0**: **Proportional Representation** (e.g., 1.0 means representation matches the expected rate)
- **Index > 1.0**: **Overrepresentation** (e.g., 2.5 means 2.5 times the expected rate)
- **Index < 1.0**: **Underrepresentation** (e.g., .5 means half the expected rate)

EXAMPLE: ACCESS TO CARE

GOAL: Ensure that all Californians, particularly those with serious mental health conditions and substance use disorders (SUDs), can obtain timely, equitable, and culturally responsive behavioral health services.

ACCESS TO CARE: THREE MEASURES

PRIMARY MEASURE 1	PRIMARY MEASURE 2	PRIMARY MEASURE 3
Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS)	Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS)	Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS)

FOR THE PURPOSE OF ILLUSTRATION ONLY,
WE ARE FOCUSING ON A SUBSET OF PRIMARY MEASURE 1:

- Penetration rates of Adults (age 21 and over) that received one or more Specialty Mental Health Service (SMHS) through a Mental Health Plan by State Fiscal year.

DEFINITIONS: SPECIALTY MENTAL HEALTH SERVICES

DEFINITION
Intensive, coordinated mental health services provided to Medi-Cal beneficiaries who meet specific medical necessity criteria due to serious emotional disturbance (children) or serious mental health condition (adults).

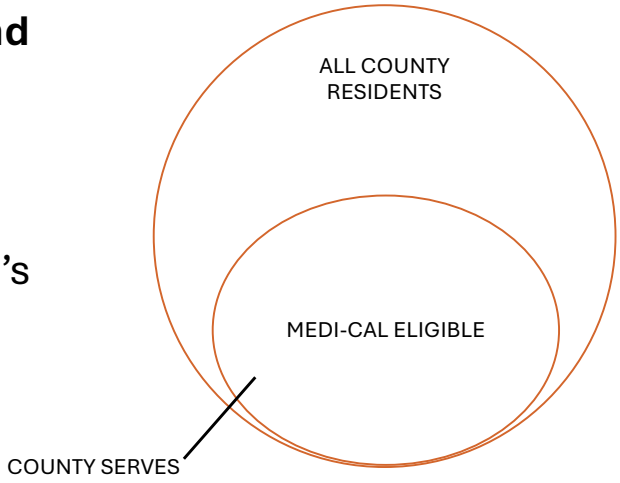
PROVIDED BY:
County Mental Health Plans (MHPs).

ELIGIBILITY:
- Diagnosed serious mental health condition included in the DSM
- Functional impairment in daily life
- Need for intensive services beyond what's offered in primary care.

EXAMPLES OF SMHS
- Individual/group therapy
- Crisis intervention/stabilization
- Psychiatric inpatient hospital services
- Medication support services
- Day treatment intensive or rehabilitation
- Targeted case management
- Intensive Care Coordination (ICC)
- Therapeutic Behavioral Services (TBS)
- Wraparound services for youth

DEFINITIONS: PENETRATION RATE

Measures the **number and percent of individuals** in the Medi-Cal eligible population receiving Specialty Mental Health Services from the County's Mental Health Plan.



COMPUTING DISPARITIES

Penetration Rates of Adults (age 21 and over) that received one or more Specialty Mental Health Service (SMHS) through a Mental Health Plan by State Fiscal year.

Parameters Selected: Mental Health Plan, Los Angeles, Specialty Mental Health Services, Race Group, All Demographics, Fiscal Year 2022

Race	Los Angeles County Access to Care Data	Percentage of Population	Disparity Using Census Data	Disparity Using Medi-Cal Data
Hispanic	47,200	40.0%	0.82	0.69
White	25,500	21.6%	0.87	1.66
Black	27,000	22.9%	2.86	2.29
Alaskan Native or American Indian	412	0.3%	1.75	3.49
Asian Pacific Islander	6,800	5.8%	0.38	0.64
Unknown	8,400	7.1%		
Other	2,600	2.2%		
Total	117,912	100.0%		

INTERPRETING DISPARITIES

INDEX	INTERPRETATION
1.0	**Proportional Representation** (e.g., 1.0 means representation matches the expected rate)
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ADDITIONAL REFLECTIONS

- The ‘access to care’ example used DHCS’ measures, data set, and method to illustrate how DHCS is asking counties to calculate and interpret disparities. This is a key step in completing the needs assessment task.
- There are built-in limitations to any data set and method.
- Locally, we need to have a shared and critical understanding of what ‘representation, overrepresentation, and representation’ means to us. Terms like ‘overrepresentation’ need to be unpacked critically so that we are not assigning it a simple value. Being ‘overrepresented’ does not necessarily mean ‘served well.’