

BHT Performance Measures & Data Requirements

Kara Taguchi, Psy.D.

Program Manager III, QOTD/ Outcomes & QI

October 13, 2026



1

►► How are BHSA Data Requirements Different than MHSA?

MHSA

Program Specific and often separate from rest of county behavioral health services

Data collection varied by program like FSP, PEI, System Development components

Disparate levels of data available

Heavy data burden on providers and counties

Difficult to tell a countywide and statewide story

BHSA

- BHSA is just one funding stream and one component of the broader behavioral health system transformation, alongside other major reforms that impact the Medi-Cal population, such as CalAIM and BH-Connect, among others.
- Under BHSA and the broader BHT, the focus is shifting toward the County's role as the Mental Health Plan responsible for the larger Medi-Cal population.
- This broader view requires the County to look across different programs, continuums, and populations rather than only focusing on individuals already receiving specialty mental health services.

2

►► What are the most salient data issues that BHSA is generating for DMH?

- BHSA constitutes a major shift toward a population health view of behavioral health services.
- DMH is no longer only responsible for people already known to the specialty mental health system or people who come through our doors
- BHSA performance measures require DMH to address the larger Medi-Cal eligible population, including people with mental health needs who may not be connected to services nor want services.
- This shift raises questions such as: Who needs services but is not accessing them? Who is known to the system? Who is not known to the system? What can be done to bring more people into care who need services?

3

►► What are the most salient data issues that BHSA is generating for DMH?

- Broader focus on population health vs change over time for service recipients.
- Requires a more complex use of data within and across programs, continuums, and populations.
- Requires explicit connection between programs and services to a continuum of care that addresses the 14 broad population health goals.
- BHT is a major shift in the department which required many administrative changes (new contracts, claiming procedures, data systems, interoperability).
- DHCS is calculating performance on BHT performance measures using data sources the state has access to vs counties self reporting data.

4

►► What has DMH already done to address some of these issues?

- DMH is engaging in increased data exchange with our partners in care including Managed Care Plans (MCPs), other county departments, housing management information systems, Centers of Excellence for BH CONNECT to share information that can help improve performance and enhance care
- Utilizing Medi-Cal Connect to track progress on BHT performance measures and the Behavioral Health Accountability Set (BHAS) leveraging member level detail to understand disparities and opportunities for improvement
- Made changes to data systems to better track where services are available, who is requesting services, track program enrollment, and increase accountability and create a foundation for data visibility and increasingly using data to inform decisions

5

►► What else will DMH do to build greater data capacity in the context of BHSA?

- DMH will leverage data available in Medi-Cal Connect (MCC) to identify individuals that meet criteria for the BHT Performance measures. This data will be reviewed for demographic stratifications to identify disparities to help inform areas for improvement
- MCC data will be matched to data in our DMH data warehouse to explore further breakdown of the data by Service Area and understand which individuals are connected to DMH and the services being provided
- Widespread collection of level of care data across our outpatient services for adults and children to understand the needs of clients in care to help inform amount of services needed at different levels of our continuum.
- DMH has identified core data metrics like access to care, timeliness, follow up after hospitalization or emergency room visits, level of care, and corresponding services to better understand service needs, system capacity and service delivery.

6

►► **What is the best way that DMH and BHSA CPT can collaborate to generate the right data to support action for equity?**

- Engage in data discussions around disparities found in the BHT performance measures and other DMH data with understanding of broader landscape to set realistic expectations on incremental change
- Pose questions of curiosity around the data with understanding that not all data might be readily available to completely answer all questions
- Provide input on a data landscape to help guide prioritizations of what measures to focus on based on available data, sphere of influence for DMH and SAPC, or local interests