BHSA Racial Equity Scorecard

California Pan-Ethnic HEALTH NETWORK

Purpose

People of color are disproportionately overrepresented among Behavioral Health Services Act (BHSA) priority populations, making it essential for counties to identify, address, and reduce racial disparities in behavioral health access, quality, and outcomes. To advance the goals of the BHSA, counties must make intentional, equity-driven approaches that center the needs of communities who have historically been underserved, inappropriately served, or harmed by the behavioral health system.

County BHSA Integrated Plans outline how counties intend to implement the law's requirements over a three-year period and will be subject to an annual review process. The Integrated Plans provide counties with an opportunity to align investments, services, and strategies with community-identified needs, strengthen access to quality culturally and linguistically responsive behavioral health services, and demonstrate how community input and data are being used to advance equitable outcomes.

The purpose of this scorecard is to strengthen accountability, transparency, and continuous improvement. The scorecard is a structured tool to assess County Integrated Plans by highlighting areas of strength, elevating best practices, and identifying opportunities for improvement. By focusing on specific, actionable criteria, the scorecard is designed to support advocates, community partners, and counties in reducing disparities and advancing more equitable, responsive, and effective behavioral health systems.

About the Behavioral Health Services Act (BHSA) and Integrated Plans

The Behavioral Health Services Act (BHSA) is California's framework for transforming behavioral health systems, with a focus on equity, accountability, and community-driven investments. Under the BHSA, counties are required to develop three-year Integrated Plans that outline how BHSA funding will be used, how community input informs decisionmaking, and how statewide goals will be achieved. Please see the BHSA policy manual here.

Although these are in some ways technical and administrative documents, they directly shape funding decisions, service delivery, and access to care at the local level. The intent of the BHSA is for these decisions to be grounded in community voice. For that reason, Integrated Plans should clearly reflect how communities, especially those most impacted by behavioral health inequities, have shaped priorities, strategies, and investments. These plans are updated regularly and serve as a key tool for monitoring county accountability and progress.

Methodology

Scorecard domains were developed based on community recommendations, identified through engagement with local community partners. These recommendations reflect tangible strategies counties can implement to reduce behavioral health disparities and improve access, quality, and outcomes for communities of color.

Key recommendations for counties include:

1. Develop a coordinated and equitable funding strategy that leverages BHSA tax revenues alongside other resources to protect sustainable access to behavioral health services for communities of color.
2. Implement culturally and linguistically responsive outreach and engagement activities that are accessible and grounded in community needs.
3. Improve service delivery to underserved communities by investing in a full spectrum of culturally-relevant and linguistically-appropriate behavioral health services and workforce.
4. Actively and clearly communicate changes to the behavioral health system to support equitable access to care.

Domains were selected to align with BHSA Integrated Plan requirements related to equity, allowing for an assessment of how counties incorporate strategies to identify and reduce disparities across key components of their integrated plans. Additional detail on each domain is provided in the subsequent scorecard detail sections and in the full rubric.

Scoring Approach

The scorecard evaluates County Integrated Plans across several domains related to equitable behavioral health planning and service delivery. Each domain contains multiple scoring criteria, each with an assigned point value. Criteria are assessed based on whether the Integrated Plan demonstrates that the county meets the requirements described for that criterion. Points earned across criteria are summed to calculate domain scores, which are then combined to produce a total score for the Plan.

Because counties will release both draft and final versions of their Integrated Plans, the scorecard uses two scoring approaches:

Draft Plans

Draft Integrated Plans are reviewed to provide actionable feedback to counties while they still have the opportunity to revise their plans. When counties clearly demonstrate in their plan that a criterion has been met, they receive the points assigned to that criterion. If the Plan clearly indicates that the county did not meet the criterion, the county doesn't receive points. In scenarios where there is not enough information in the draft plan to determine whether the criterion was met, this portion of the scorecard is marked as Unscored, meaning this criterion is not included in the domain or total score.

Final Plans

Final Integrated Plans will be evaluated using the same domains and scoring criteria. Points earned across all criteria will be summed to calculate the county's total score, which is then used to determine an overall letter grade. The specific point thresholds for letter grades will be determined after evaluating score distributions across counties.

Scoring Caveats

In some cases, additional scoring rules apply to reflect practices that may significantly undermine equitable access to behavioral health.

Within Domain 6: Community-Based Approaches to Care, counties may receive negative points if they:

- Direct BHSA funds toward expanding locked, involuntary settings without clearly prioritizing the least restrictive, community-based alternatives; or
- Use BHSA funds to support crisis response strategies that involve law enforcement officers.

Score Breakdown – Overall Score: /45

Overall Remarks:

County

OVERALL SCORE: / 45

Domain 1: Community Engagement			
Robust engagement with BIPOC, immigrant, and refugee communities is more likely to result in a thoughtful assessment of community needs and workable solutions that can help address long-standing behavioral health disparities impacting these groups.	BHSA specific community engagement		/1 point
	Culturally responsive engagement strategy		/1 point
	County shared performance and financial data		/2 points
	Adopted community recommendations		/2 points
	Domain Score		/6 points

Domain 2: Culturally and Linguistically Responsive Workforce			
A culturally and linguistically responsive workforce is essential for engaging BIPOC, immigrant, and refugee communities. By incorporating bilingual clinicians and community health workers, counties can better navigate and engage community members in services to ensure they get the care they need.	Specific strategies identified		/2 points
	Includes BH-CONNECT funding		/1 point
	Includes accountability metrics		/1 point
	Fully leverages CHW/P/Rs		/1 point
	Domain Score		/5 points

Domain 3: Language Access			
Without a robust strategy to ensure language access, many BIPOC, immigrant, and refugee community members cannot engage in behavioral health services.	Strong Language Access Plan		/5 points
	Domain Score		/5 points

Domain 4: Racially Equitable BHSS Strategy			
An effective racial equity strategy is comprehensive and integrated into all programs. Counties should integrate anti-racism and disparities reduction into all aspects of BHSA programming.	Consistently addresses racial equity		/6 points
	Use of CDEPs		/1 point
	SUD programs include EBPs/CDEPS		/1 point
	Housing First Approach		/2 points
	Domain Score		/10 points

Domain 5: Funding Equity			
A stable, multi-source funding approach strengthens long-term behavioral health access, prevents service disruptions, and supports equitable investment in communities with the greatest needs.	Blends and braids BHSA funding		/2 points
	Protects service access for uninsured		/1 point
	Domain Score		/3 points

Domain 6: Community-Based Care Approaches			
Strong community-based care approaches expand opportunities for culturally grounded, relationship-based support that promotes healing and stability in ways law enforcement and institutional settings are not designed to offer.	No funding for law enforcement		/1 point
	No funding for institutionalization		/1 point
	Strategies to reduce institutionalization		/2 points
	Domain Score		/4 points

Domain 7: Addressing Racial Disparities			
Identifying racial disparities and actionable and culturally appropriate strategies to address disparities ensures the likelihood of reducing disparities and improving racial equity in behavioral health goals.	Disparities Analysis Identifies Specific Disparities		/6 points
	Plan to Address Racial Disparities		/6 points
	Domain Score		/12 points

Domain 1: Community Engagement
Robust engagement with BIPOC, immigrant, and refugee communities is more likely to result in a thoughtful assessment of community needs and workable solutions that can help address long-standing behavioral health disparities impacting these groups.

Domain Score:		/6

Criteria 1.1: Did the county conduct community engagement that was specifically meant to communicate anticipated changes under the BHSA and gather feedback on how to implement changes as equitably as possible?	
Rationale	Relying on older community engagement findings prevents community members from weighing in on BHSA-related changes. Counties should instead rely on engagement that was conducted specifically to gather feedback on the BHSA.
Relevant Integrated Plan Section	Section: Community Planning Process Sub Section: Stakeholder Engagement-Question 2, any relevant appendices
Scoring Guidelines	**Meets Criteria (1 point)** • Community engagement primarily occurs after the release of the BHSA policy manual. Counties that mostly relied on community engagement conducted for previous MHSA annual updates do not meet this criterion. (Any engagement before 2025 would be too early.) **Fails to Meet Criteria (0 points)** • Community engagement mostly takes place before the release of the BHSA policy manual, with heavy reliance on community engagement conducted before the BHSA's implementation.
Review Notes	
Criteria Score	/ 1 points

Criteria 1.2: Did the county's Community Planning Process intentionally include BIPOC, immigrant, and refugee voices in accessible, culturally responsive ways?	
Rationale	Ensuring meaningful and culturally responsive involvement of BIPOC, immigrant, and refugee voices increases the likelihood that the county plan reflects community needs and priorities. County engagement plans should demonstrate intentional, accessible engagement with BIPOC, immigrant, and refugee communities
Relevant Integrated Plan Section	Section: Community Planning Process Sub Section: Stakeholder Engagement-Question 1-5, any relevant appendices

Scoring Guidelines	**Meets Criteria (1 point)**
	• The county's engagement plan demonstrates intentional, accessible engagement with BIPOC, immigrant, and refugee communities, as demonstrated by at least one of the following:
	  • Partnership with a CBO partner specializing in serving the key population
	  • Use of trusted, culturally appropriate messengers (ethnic media, community leaders, CHWPRs, faith/community institutions, etc.)
	  • Use of a culturally/linguistically appropriate focus group/town hall
	  • Access supports, including but not limited to interpretation, translation, stipends/compensation, child care, virtual options, etc.
	
	Fails to Meet Criteria (0 points)
	• The county did not use any of the strategies noted above.

Review Notes	
Criteria Score	/ 1 points

Closing Comments:	

Domain 1: Community Engagement
Robust engagement with BIPOC, immigrant, and refugee communities is more likely to result in a thoughtful assessment of community needs and workable solutions that can help address long-standing behavioral health disparities impacting these groups.

Criteria 1.3: Did the county share performance data, financial information, and other relevant details in a manner that allowed the community to engage meaningfully?	
Rationale	By providing specific data on the behavioral health system's outcomes and financial performance, participants can provide more informed feedback that responds to the current opportunities and challenges faced by the local delivery system. This information should be translated into key languages to ensure accessibility.
Relevant Integrated Plan Section	Section: Community Planning Process Sub Section: Stakeholder Engagement-Question 1-5, any relevant appendices
Scoring Guidelines	**For each of the listed criteria that is met, assign one point.** • The county engagement plan included presenting specific performance data, financial information, and other relevant details to the community, as evidenced by meeting materials, minutes, or other documentation. (1 point) • Documentation available to demonstrate that the county conducted these presentations in different languages or distributed translated materials. (1 point)
Review Notes	
Criteria Score	/ 2 points

Criteria 1.4: Does the Integrated Plan document what was heard through the Community Planning Process and how that input informed decisions (priorities, strategies, and/or investments) in the Plan?	
Rationale	There should be a clear line between community feedback and Integrated Plan content. Even if the county is unable to implement community recommendations due to state/federal limitations fully, the plan should still demonstrate a good-faith effort to accommodate community voices and document how community feedback informed specific decisions.
Relevant Integrated Plan Section	Section: Community Planning Process Sub Section: Stakeholder Engagement-Question 5, any relevant appendices
Scoring Guidelines	**For each of the listed criteria that is met, assign one point.** • The county summarized specific community feedback from the planning process into the integrated plan, including community-identified strengths, needs, and priorities. (1 point) • The county clearly linked the feedback to concrete plan decisions, such as strategies/programs included/expanded, populations prioritized, funding priorities/allocations, etc. (1 point)
Review Notes	
Criteria Score	/ 2 points

Closing Comments:

Domain 2: Culturally and Linguistically Responsive Workforce
Having a culturally and linguistically responsive workforce improves accessibility, equity, and trust in behavioral health services, all of which are essential to reducing behavioral health disparities.

Domain Score:		/5

Criteria 2.1: Does the county's plan to address workforce gaps identify any specific approaches that will improve its culturally/linguistically competent workforce?	
Rationale	By addressing specific and tangible strategies, counties are more likely to make meaningful improvements to care. Bilingual clinicians, community health workers, and peer support specialists are all demonstrated ways to improve access to services for BIPOC and Limited English Proficiency (LEP).
Relevant Integrated Plan Section	Section: Workforce Strategy Subsection: Build Workforce to Address Statewide Behavioral Health Goals - Assess & Address Workforce Gaps Questions 1-5
Scoring Guidelines	**For each of the listed criteria that is met, assign one point.** • The county's plan acknowledges the need for a culturally and linguistically responsive workforce and references bilingual clinicians, community health workers, and/or peer support specialists. (1 point) • The county includes a detailed strategy to increase the number of bilingual clinicians, as well as community health workers and/or peer support specialists. (1 point)
Review Notes	
Criteria Score	/ 2 points

Criteria 2.2: Does the county's plan to address workforce gaps include BH-CONNECT?	
Rationale	Because BHSA funds are limited, the county should also use BH-CONNECT to maximize its ability to expand a diverse workforce.
Relevant Integrated Plan Section	Section: Workforce Strategy Subsection: Build Workforce to Address Statewide Behavioral Health Goals - Address Questions 1-6
Scoring Guidelines	**Meets Criteria (1 point)** • The county intends to draw on BH-CONNECT to support its workforce strategy. **Fails to Meet Criteria (0 points)** • The county does not intend to use BH-CONNECT to support its workforce strategy.
Review Notes	
Criteria Score	/ 1 points

Closing Comments:	

Domain 2: Culturally and Linguistically Responsive Workforce
Having a culturally and linguistically responsive workforce improves accessibility, equity, and trust in behavioral health services, all of which are essential to reducing behavioral health disparities.

Criteria 2.3: Does the county's plan to address workforce gaps propose metrics to determine whether workforce efforts and investments are advancing a diverse workforce?	
Rationale	By creating metrics to measure the plans' outcomes, the county will be better equipped to track progress and make adjustments to ensure they meet their commitments towards a diverse workforce.
Relevant Integrated Plan Section	Section: Workforce Strategy Subsection: Build Workforce to Address Statewide Behavioral Health Goals - Assess & Address Workforce Gaps Questions 1-5
Scoring Guidelines	**Meets Criteria (1 point):** • The county's plan proposes specific metrics to determine the effectiveness of its efforts to advance a diverse behavioral health workforce. **Fails to Meet Criteria (0 points):** • The county's plan does not specify any metrics to assess the effectiveness of its efforts to advance a diverse behavioral health workforce.
Review Notes	
Criteria Score	/ 1 points

Criteria 2.4: Does the county's plan demonstrate robust use of Community Health Workers/Promotores/Representatives (CHW/P/Rs) in their delivery system?	
Rationale	CHW/P/Rs help advance behavioral health equity by serving as trusted messengers, bridging cultural and linguistic gaps, and supporting individuals in navigating complex systems.
Relevant Integrated Plan Section	Section: Workforce Strategy Subsection: Build Workforce to Address Statewide Behavioral Health Goals - Address Questions 1-6
Scoring Guidelines	**Meets Criteria (1 point):** • The county has meaningfully integrated Community Health Workers/Promotores/Representatives (CHW/P/Rs) into service delivery plans as a way to improve behavioral health outreach and service navigation. **Fails to Meet Criteria (0 points):** • The county does not outline any plans to integrate Community Health Workers/Promotores/Representatives (CHW/P/Rs) in their delivery system.
Review Notes	
Criteria Score	/ 1 points

Closing Comments:

Domain 3: Language Access
Without a concrete strategy to address language access, community members with limited or no English proficiency will be unable to access services.

Domain Score:	/5

Criteria 3.1: Does the county's language access plan contain robust measures to ensure language access?	
Rationale	A strong language access plan informed by community voices ensures that the county has robust guidelines that proactively ensure language access, rather than taking a patchwork and reactive approach.
Relevant Integrated Plan Section	A language access plan may be included within BHSA Integrated Plan, as a stand-alone Language Access Plan document, or within the county's Cultural Competency Plan (CCP) separately.
Scoring Guidelines	**For each of the listed criteria below, assign one point.** • The language access plan includes priority languages identified through data and community input. (1 point) • The language access plan includes provider accountability measures to meet language access requirements across all services (contract requirements, monitoring/audits, corrective action, grievances, etc.). (1 point) • The language access plan includes a translation process for written materials, including field testing/community review. (1 point) • The language access plan includes multiple access points for LEP residents, specifying how they can access services across settings (phone/in-person/crisis, etc.). (1 point) • Language access plan includes dedicated resources and funding to support all named language access strategies. (1 point) *If the county includes language access details within a Cultural Competency Plan (CCP), they will be awarded a point for each criterion after confirming that they will carry those CCPs/language access policies in their CCPs forward into BHSA services.*
Review Notes	
Criteria Score	/ 5 points

Closing Comments:	

Domain 4: Racially Equitable BHSS Strategy
An effective racial equity strategy is comprehensive and integrated into all programs. Counties should integrate anti-racism and disparities reduction into all aspects of BHSA programming.

Domain Score:	/10

Criteria 4.1: Does the county consistently incorporate racial equity and disparities reduction into all of its Behavioral Health Services and Supports (BHSS)?	
Rationale	To maximize its impact, counties should integrate a disparities-reduction approach into all aspects of behavioral health programming, rather than creating siloed health equity interventions that do not affect other parts of the delivery system.
Relevant Integrated Plan Section	Section: Behavioral Health Services and Supports Subsections: Children's System of Care, Adult and Older Adult System of Care, Outreach and Engagement, Full Service Partnership, Housing Interventions, and Innovation Programs
Scoring Guidelines	**This criterion is scored on a points scale. For each of the programs listed in list A, assign 1 point if that program is using at least 1 of the strategies in list B.** **List A: BHSA Programs** • Children's System of Care (1 point) • Adult and Older Adult System of Care (1 point) • Early Intervention (1 point) • Outreach and Engagement (1 point) • Full Service Partnership (1 point) • Housing Interventions (1 point) • Innovation (Bonus point) **List B: Racial Equity and Disparities Reduction Strategies** • Use of culturally/linguistically competent staff • Partnership with CBOs serving key populations of focus • Community-defined evidence practices • Other culturally/linguistically appropriate services • Other specific programs designed to reduce disparities • Explicit commitment to serving BIPOC, immigrant, or refugee populations within the program's description, with at least one named practice, partner, or approach *Innovation is scored as a bonus point; No more than 6 points can be scored in total.* *General statements about cultural responsiveness without any named practice, partner, or approach do not meet the criteria.*
Review Notes	
Criteria Score	/ 6 points

Criteria 4.2: Does the county incorporate Community-Defined Evidence Practices (CDEPs) into its early intervention program or services?	
Rationale	In a statewide evaluation of the California Reducing Disparities project, CDEPs have been shown to be highly effective in improving participants' mental health outcomes.
Relevant Integrated Plan Section	Section: Behavioral Health Services and Supports Subsection: Early Intervention Questions 1-5
Scoring Guidelines	**Meets Criteria (1 point)** • The county incorporates CDEPs into its early intervention program and services by partnering with a community-based organization that serves a key population of focus and operates a CDEP or a program reasonably considered a CDEP. **Fails to Meet Criteria (0 points)** • The county does not mention CDEPs as part of its early intervention services or programs.
Review Notes	
Criteria Score	/1 point

Closing Comments:	

Domain 4: Racially Equitable BHSS Strategy
An effective racial equity strategy is comprehensive and integrated into all programs. Counties should integrate anti-racism and disparities reduction into all aspects of BHSA programming.

Criteria 4.3: Does the county's SUD program include EBPs and validated CDEPs?	
Rationale	Incorporating proven and culturally grounded practices increases the likelihood that SUD services are effective, accessible, and responsive to the community.
Relevant Integrated Plan Section	Section: Behavioral Health Services and Supports Subsection: Assertive Field-Based Substance Use Disorder (SUD) Question 1
Scoring Guidelines	**Meets Criteria (1 point)** • The county has incorporated EBPs and CDEPs into its SUD programs. **Fails to Meet Criteria (0 points)** • The county does not mention EBPs and CDEPs as part of its SUD programs.
Review Notes	
Criteria Score	/1 points

Criteria 4.4: Does the county use housing first principles and address specific needs for BIPOC, immigrant, and/or refugee populations?	
Rationale	Emerging research suggests that the Housing First approach, when combined with anti-racist and anti-oppressive practices, can achieve better results for BIPOC homeless adults with behavioral health conditions.[1]
Relevant Integrated Plan Section	Section: Housing Interventions Subsection: Eligible Populations Questions 1-4
Scoring Guidelines	**For each of the listed criteria below, assign one point.** • *Permanent housing is available to anyone, even those with unmanaged behavioral health conditions, without any mandatory treatment requirements. (1 point)* • *Housing strategies incorporate Housing First principles and address specific needs for BIPOC, immigrant, and/or refugee populations. (1 point)*
Review Notes	
Criteria Score	/ 2 points

[1] https://link.springer.com/article/10.1186/s12889-016-3768-4#ref-CR11

Closing Comments:	

Domain 5: Funding Equity and Sustainability
A stable, multi-source funding approach strengthens long-term behavioral health access, prevents service disruptions, and supports equitable investment in communities with the greatest needs.

Domain Score:		/3

Criteria 5.1: Does the plan describe a concrete strategy to braid BHSA funds with other funding sources to sustain services and expand equitable access?	
Rationale	Because BHSA funds are limited, counties must effectively braid other funding sources to ensure sufficient BHSA funds remain in reserve to support behavioral health equity strategies that cannot be reimbursed through other sources.
Relevant Integrated Plan Section	Refer to Budget: Total County Expenditures Tab For supplemental info refer to sections below: Use of other public funds: County Behavioral Health System Service Delivery Landscape, all subsections Use of other public funds: Priority Statewide Behavioral Health Goals for Improvement, Access to Care, Cross-Measure Questions, Questions 1-2 Medi-Cal and Commercial billing: County Provider Monitoring and Oversight, All BHSA Provider Locations, Questions 1-2
Scoring Guidelines	**For each of the listed criteria below, assign one point.** • Clear plan to maximize billing of Medi-Cal, commercial health plans, and other reimbursable sources. (1 point) • Clear plan to combine at least two other funding sources outside of BHSA (i.e. Medi-Cal [including BH-CONNECT and CalAIM], SAMHSA, and other public funding streams) to maintain and expand the availability of services. (1 point)
Review Notes	
Criteria Score	/ 2 points

Criteria 5.2: Does the county's plan specifically articulate how it will maintain access for uninsured residents, especially those who may not qualify for Medi-Cal due to immigration status?	
Rationale	Due to new restrictions on Medi-Cal for immigrants and refugees, counties should develop specific strategies to ensure access for uninsured residents at the local level.[2]
Relevant Integrated Plan Section	County Provider Monitoring and Oversight, All BHSA Provider Locations, Questions 1-2 Section: Priority Statewide Behavioral Health Goals for Improvement Subsection: Access to Care: Disparities Analysis Question 1; Cross-Measure Question 1
Scoring Guidelines	**Meets Criteria (1 point)** • In addition to stating that it will screen all service recipients for coverage, the county explains how it will use other local and state funding to preserve access for residents without coverage. **Fails to Meet Criteria (0 points)** • The county states that those without the ability to pay may have access to only a limited set of services; OR • The plan does not address maintaining service access for all residents, regardless of immigration status, and no further detail is provided upon request.
Review Notes	
Criteria Score	/ 1 points

[2] https://cpehn.org/publications/2025-policy-bhs-immigrants/

Closing Comments:	

Domain 6: Community-Based Approaches to Care
Strong community-based care approaches expand opportunities for culturally grounded, relationship-centered support that promotes healing and stability in ways law enforcement and institutional settings are not designed to offer.

Domain Score: /4

Criteria 6.1: Does the county direct any BHSA funding towards law enforcement agencies for crisis response activities?	
Rationale	Previous CPEHN research has found that fear of law enforcement deters many BIPOC individuals from seeking behavioral health care.[3] Counties should instead prioritize investments in community-based care approaches.
Relevant Integrated Plan Section	Section: Priority Statewide Behavioral Health Goals for Improvement Subsection: Institutionalization Cross-Measure Question 2-3
Scoring Guidelines	**Meets Criteria (1 point)** • No BHSA funds are used to support crisis response strategies that incorporate law enforcement officers. **Fails to Meet Criteria (-1 points)** • BHSA funds are used to support crisis response strategies that incorporate law enforcement officers.
Review Notes	
Criteria Score	/ 1 points

Criteria 6.2: Does the county direct any BHSA funding towards institutional care? If the county allocates BHSA funds toward restrictive or institutional settings, does the Integrated Plan demonstrate that these investments are necessary and cannot be met outside of those settings?	
Rationale	As BIPOC individuals are less likely to receive care until their behavioral health conditions are severe, counties should invest in prevention and early intervention to reduce the likelihood of untreated behavioral health conditions developing into more serious conditions requiring institutional care.[4]
Relevant Integrated Plan Section	Section: Priority Statewide Behavioral Health Goals for Improvement Institutionalization: Cross-Measure Question 2-3
Scoring Guidelines	**Meets Criteria (1 point)** • No BHSA funds are directed toward the expansion of locked, involuntary settings OR • The county provides clear justification that funds used to expand any locked, involuntary settings for care are necessary and cannot be met outside of those settings **Fails to Meet Criteria (-1 points)** • BHSA funds are directed toward the expansion of locked, involuntary settings without clear prioritization of least restrictive, community-based alternatives and oversight mechanisms.
Review Notes	
Criteria Score	/ 1 points

[3] https://cpehn.org/publications/building-culturally-and-gender-responsive-emergency-services/

[4] https://cpehn.org/publications/a-right-to-heal-mental-health-disparities-in-diverse-communities/

Closing Comments:

Domain 6: Community-Based Approaches to Care
Strong community-based care approaches expand opportunities for culturally grounded, relationship-centered support that promotes healing and stability in ways law enforcement and institutional settings are not designed to offer.

Criteria 6.3: Does the county name specific strategies and programs to reduce institutionalization, with a specific focus on reducing the overrepresentation of people of color in institutional settings?	
Rationale	Because BIPOC individuals, particularly Black and African American individuals, are disproportionately likely to be placed into institutional care due to a lack of access to lower levels of care, any plan to reduce institutionalization should acknowledge this disparity and identify specific strategies to address it.
Relevant Integrated Plan Section	Priority Statewide Behavioral Health Goals for Improvement, Institutionalization, Cross-Measure Questions, Questions 1-3
Scoring Guidelines	**For each of the satisfied criteria listed below, assign one point.** • The county identifies specific disparities impacting immigrants, refugees, and BIPOC individuals –OR acknowledges the absence of data, and explains why data is not available along with plans to address the data gap. (1 point) • The county identifies specific programs, services, partnerships, or initiatives that it will start or strengthen and articulates how they will reduce observed disparities impacting BIPOC individuals. (1 point)
Review Notes	
Criteria Score	/ 2 points

[3] https://cpehn.org/publications/building-culturally-and-gender-responsive-emergency-services/

[4] https://cpehn.org/publications/a-right-to-heal-mental-health-disparities-in-diverse-communities/

Closing Comments:

Domain 7: Promoting Racial Equity and Addressing Racial Disparities
Identifying racial disparities and developing actionable, culturally appropriate strategies to address them increases the likelihood of reducing disparities and improving racial equity in behavioral health goals.

Domain Score: /12

Criteria 7.1: Does the county provide a disparities analysis that identifies specific disparities across race/ethnicity and spoken language?	
Rationale	By identifying how existing care strategies fail to reach specific communities, counties can develop strategies better tailored to those communities' unmet needs. These disparities should be identified through community engagement and, where available, specific data.
Relevant Integrated Plan Section	Section: Priority Statewide Behavioral Health Goals for Improvement Subsection: Primary and Supplemental Measures Question 2 & Disparities Analysis Question 1 (for each goal listed below)
Scoring Guidelines	**For each Behavioral Health Goal in list A, give 1 point if for that goal the county uses at least 1 of the strategies in list B.** **List A: Behavioral Health Goals** • Access to Care (1 point) • Homelessness (1 point) • Institutionalization (1 point) • Justice Involvement (1 point) • Removal of Children from Home (1 point) • Untreated Behavioral Health Conditions (1 point) **List B: Disparities Analysis Strategies** • Identification of specific disparities across race/ethnicity and spoken language when data are available (half points should be awarded where counties identify disparities by just race/ethnicity or just spoken language). • For goals where no disparities are observed, a clear explanation grounded in available data. • For goals with insufficient data, an acknowledgment of data limitations and a description of steps the county will take to improve data availability.
Review Notes	
Criteria Score	/ 6 points

Criteria 7.2: Does the county have specific strategies to address racial disparities in behavioral health outcomes as it relates to behavioral health goals?	
Rationale	By identifying actionable strategies to address specific disparities, counties are more likely to achieve disparities reduction goals. They will also be able to iterate more effectively on strategies to reduce disparities over time.
Relevant Integrated Plan Section	Section: Priority Statewide Behavioral Health Goals for Improvement Subsection: Cross-Measure Question 1-3 (for each goal listed below)
Scoring Guidelines	**For each Behavioral Health Goal listed in list A, give 1 point if the county identifies specific programs, services, partnerships, or initiatives that may reduce identified disparities across race/ethnicity and/or spoken language for that behavioral health goal.** • Access to Care (1 point) • Homelessness (1 point) • Institutionalization (1 point) • Justice Involvement (1 point) • Removal of Children from Home (1 point) • Untreated Behavioral Health Conditions (1 point)
Review Notes	
Criteria Score	/ 6 points

Closing Comments: