Behavioral Health Equity Missing Demographics FY 25-26

November 4, 2026

Why Demographics?

- **Race and ethnicity:** Helps identify whether some racial or ethnic communities face greater barriers to behavioral health services or experience different treatment outcomes.
- **Language and culture:** Helps determine whether interpretation services and culturally responsive mental health programs are needed.
- **Age:** Collecting age-related demographic data helps BHRS Staff understand the demographic composition of the population being served, including the age groups accessing services and their specific behavioral health needs.
- **Housing:** Helps identify barriers that may prevent people from accessing consistent treatment or maintaining recovery.
- **Gender identity and sexual orientation:** Can help identify gaps in access to affirming, safe, and appropriate behavioral health services.
- **Overall:** Collecting demographic data is important for because it helps us understand the population being served, identify health disparities and barriers to care, and ensure services and resources are equitable, accessible, and responsive to the diverse needs of the community.

Steps Taken to Obtain Data

BHRS 196

Method: **BHRS 196** → Dates: 07/01/2025-06/30/2026→ All SOC→ Service type: Billable

Demographics**:** Age Group, Criminal Justice Involvement, Ethnicity, Living Arrangements, Primary Language, Race, Sex Assigned at Birth, Veteran Status

BHRS 186

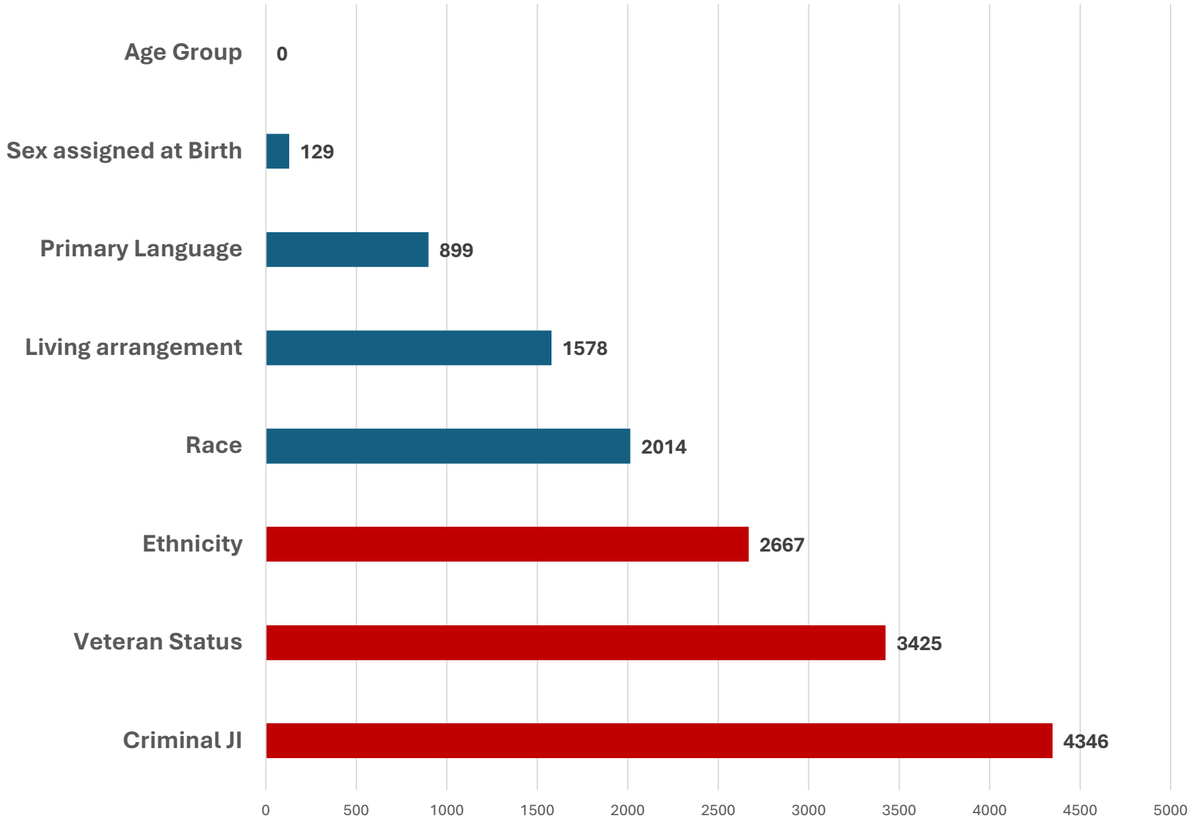
Method: **BHRS 186** → Dates: 07/01/2025-06/30/2026→ → Service Area: MH+DMC→ Client Enrollment Status: Active Inactive

Demographics**:** Ethnicity, Gender Identity, Justice Involved, Living Arrangement, Primary Language, Race, Sex assigned at Birth, Veteran Status

Missing/Blanks

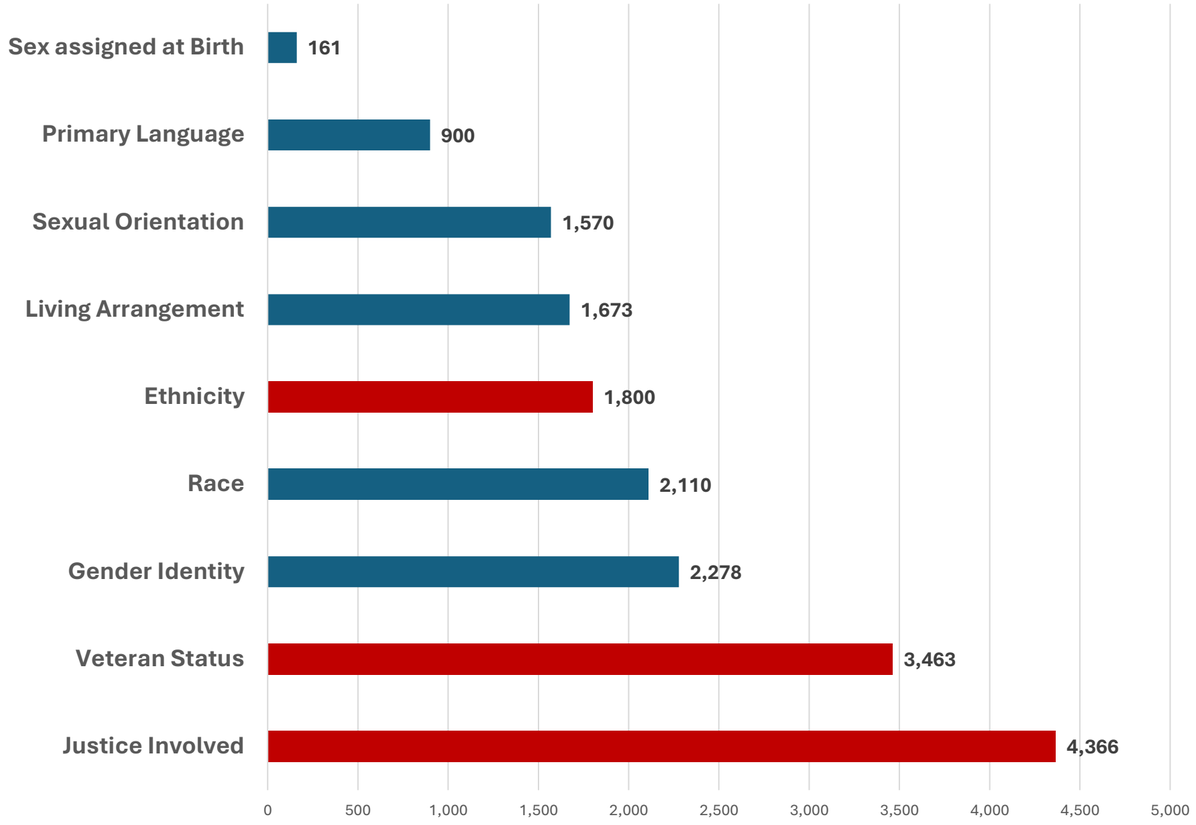
BHRS 196

Total members served FY25-26: **13,052**

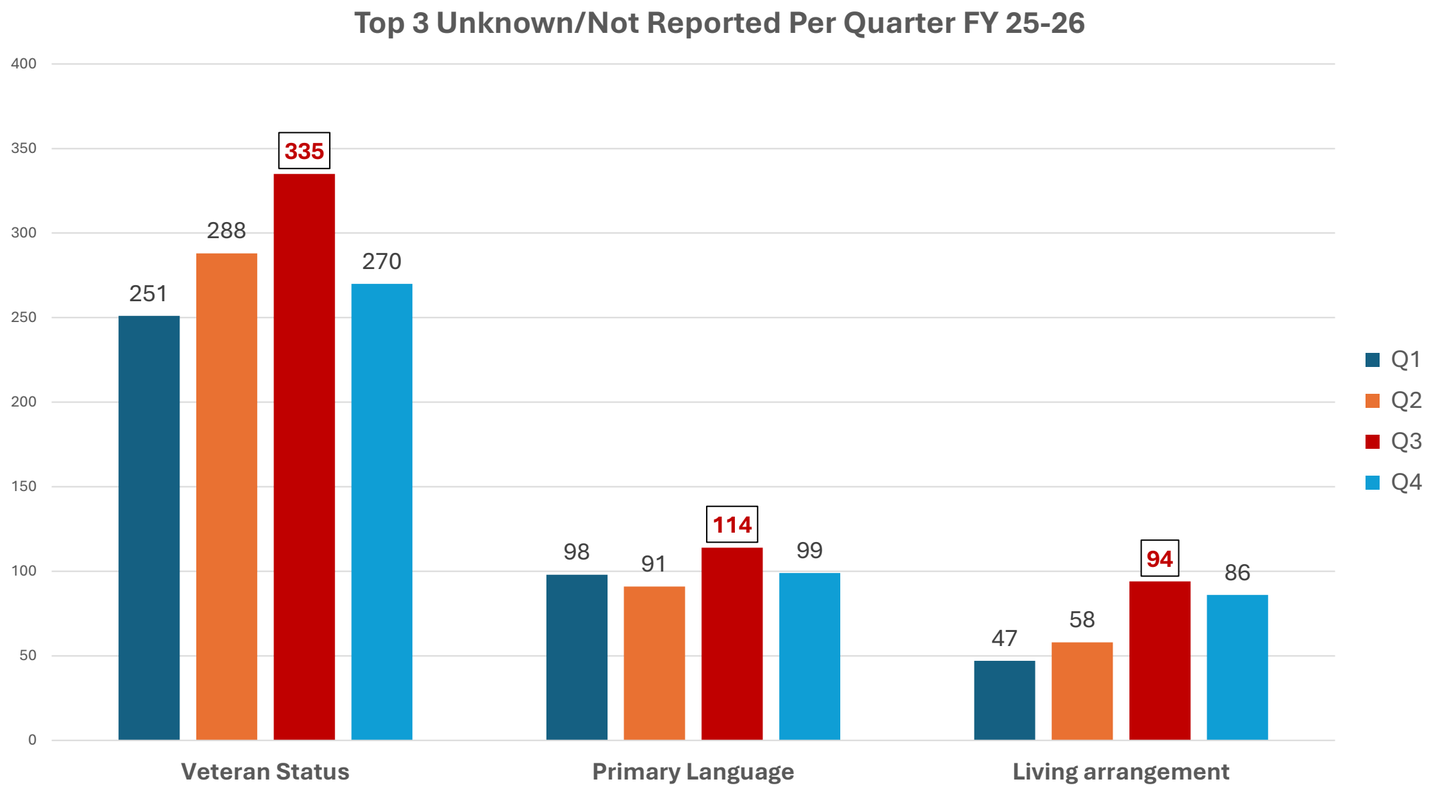


BHRS 186

Total members served FY25-26: **10,548**



Unknown/Not Reported BHRS 196 Only



Total members served FY25-26 per BHRS 196: 13,052

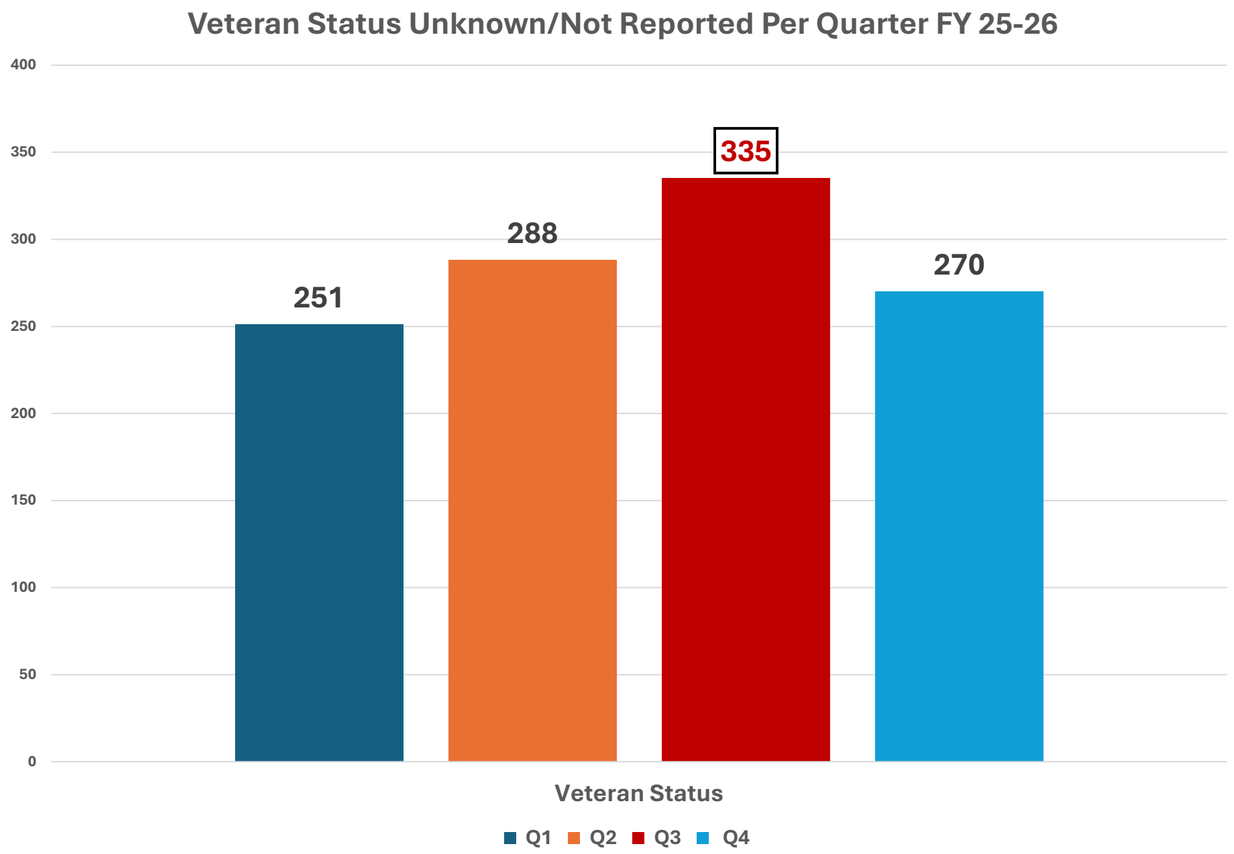
Observations

- **Quarter 3** had the most Unknown/Not reported and then we can see a drop during Quarter 4
  - This could be due to Quarter 4 falling during auditing time
- Veterans Status being left as Unknown/Not Reported is significantly higher all four questers than primary language and living arrangements

Key Takeaway

- There should not be an “unknown” or “not reported” option because we ask members these demographic questions directly, so leaving the information unreported defeats the purpose of collecting the data and limits our ability to identify disparities, understand member needs, and ensure services are equitable and effective.

Veterans Status Not Collected BHRS 196 Only



Total members served FY25-26 per BHRS 196: 13,052

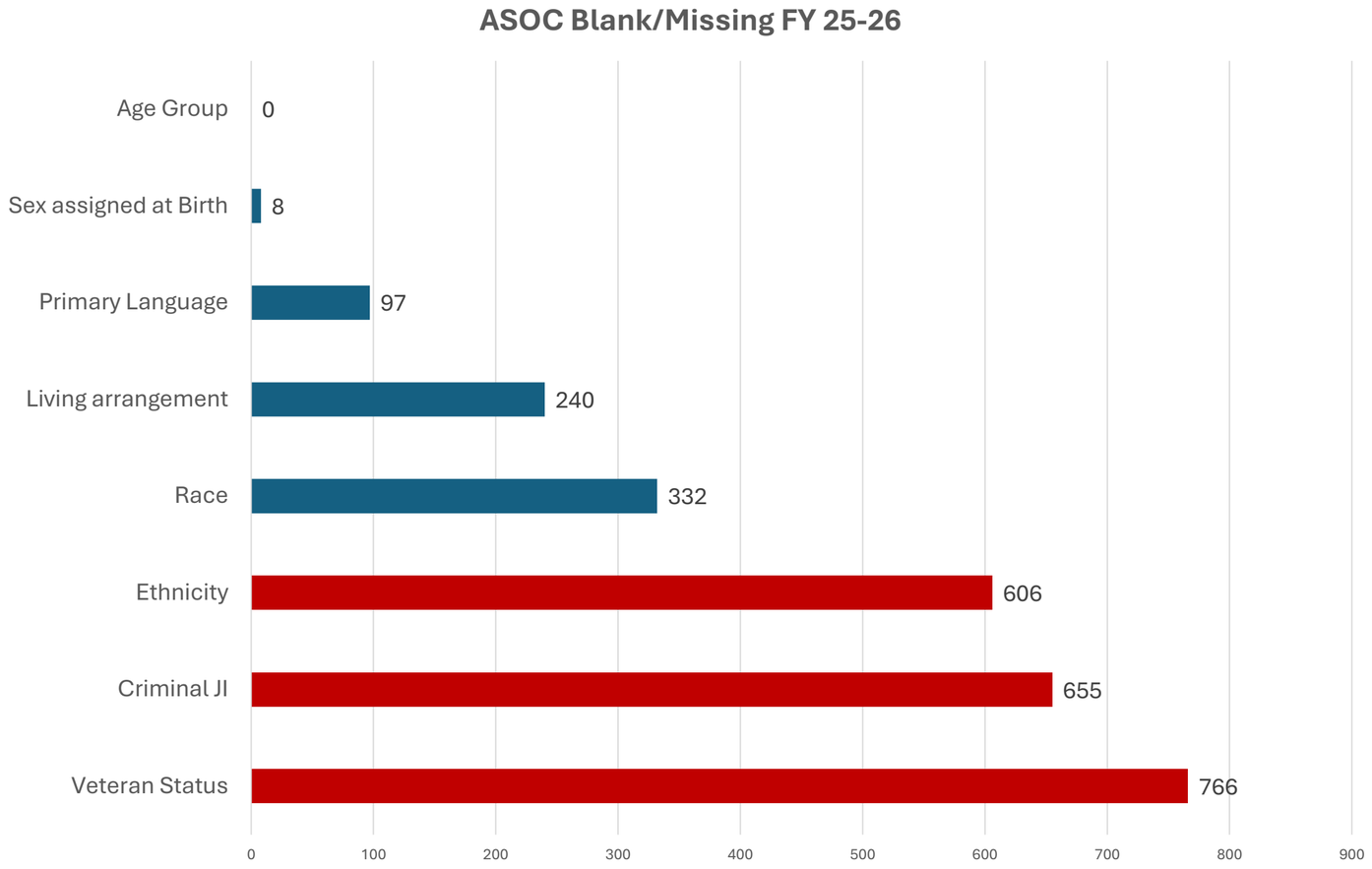
Observations

- Quarter 3 had the most NOT collected could be due to auditing time
- Veterans Status was also the top 3 for “Missing/Blanks” **(3,425)** and “Unknown/ Not Reported” all four quarters.

Importance of Veterans Status Data

- Collecting veteran statistics is important in mental health and substance use services because it helps identify veterans’ needs, improve access to appropriate care, allocate resources effectively, track treatment outcomes, and develop targeted support that promote recovery and wellbeing.

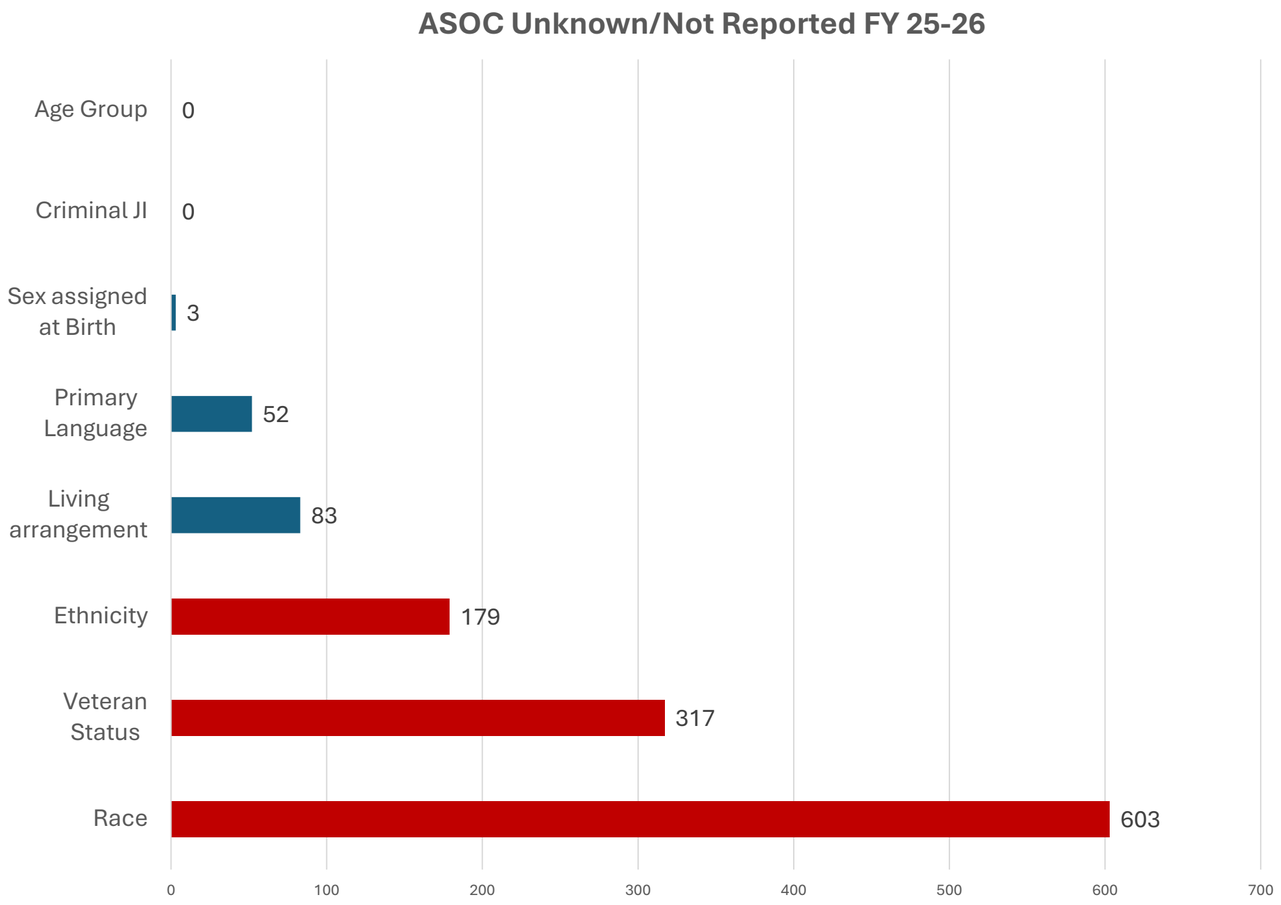
ASOC Missing/Blanks BHRS 196



Observations

- Major Data Gaps: Veteran Status (766), Criminal JI (655), and Ethnicity (606)

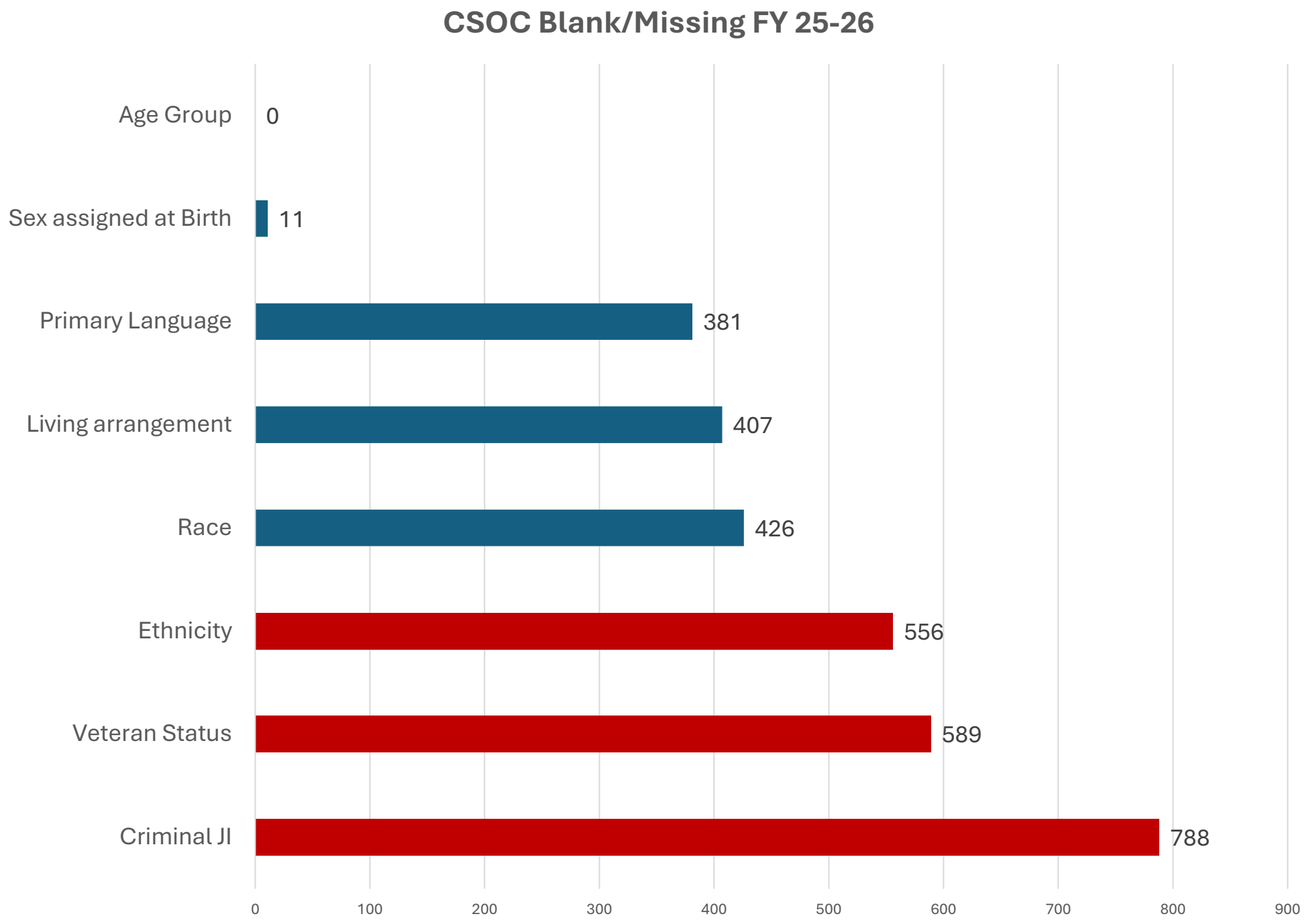
ASOC Unknown/ Not Reported BHRS 196



Observations

- Major Data Gaps :Race (603), Veteran Status (317), and Ethnicity (179).

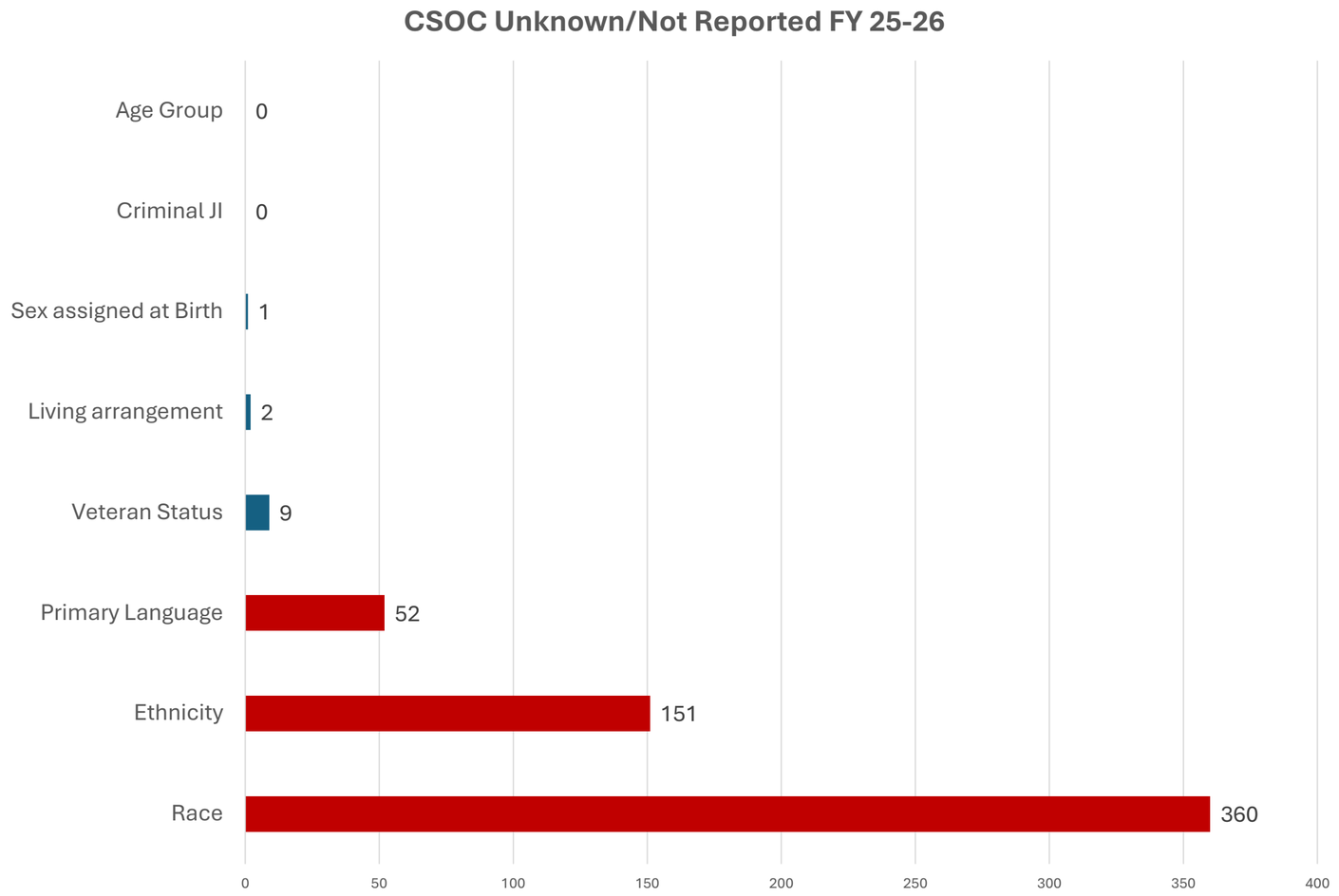
CSOC Blank/Missing BHRS 196



Observations

- Major Data Gaps: Criminal JI (788), Veteran Status (589), and Ethnicity (556).

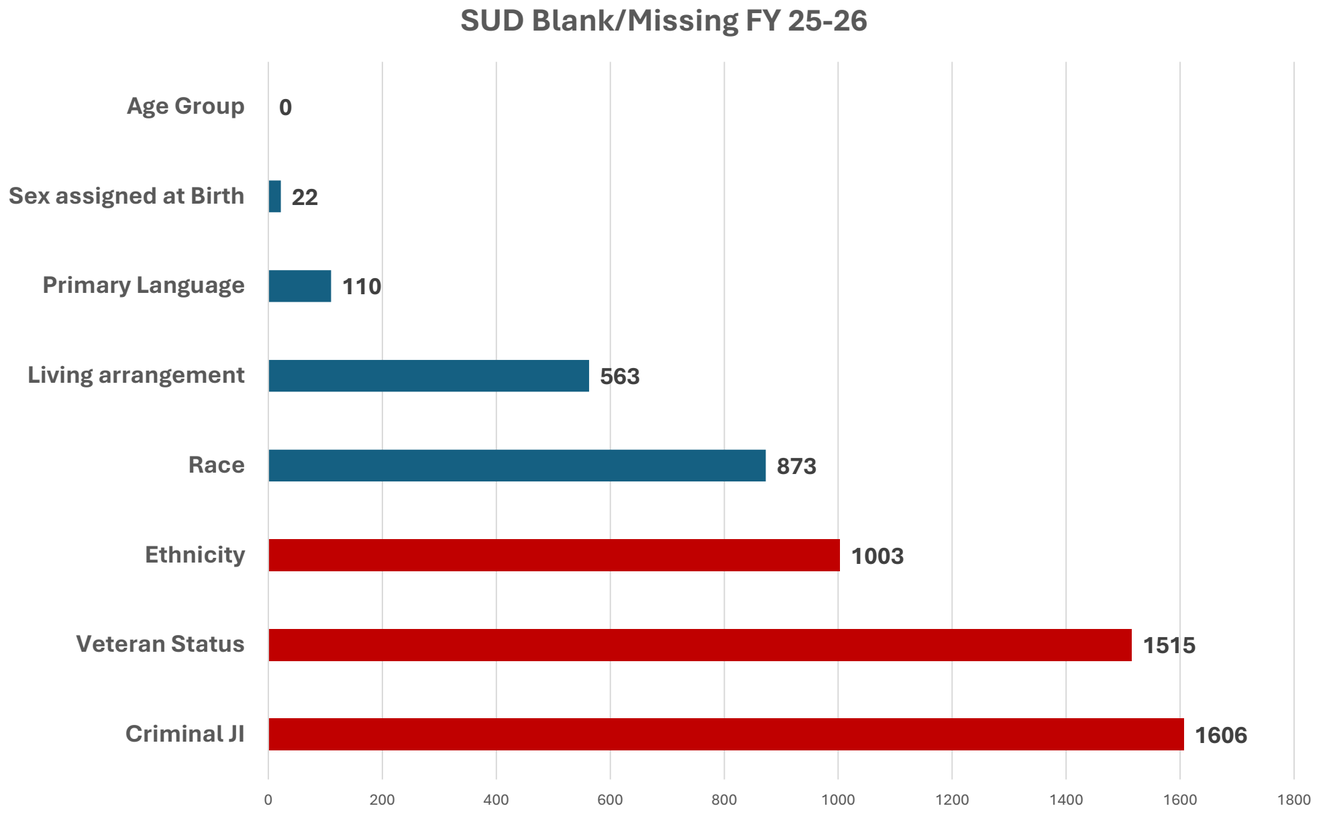
CSOC Unknown/Not Reported BHRS 196



Observations

- Major Data Gaps: Race (360) and Ethnicity (151)

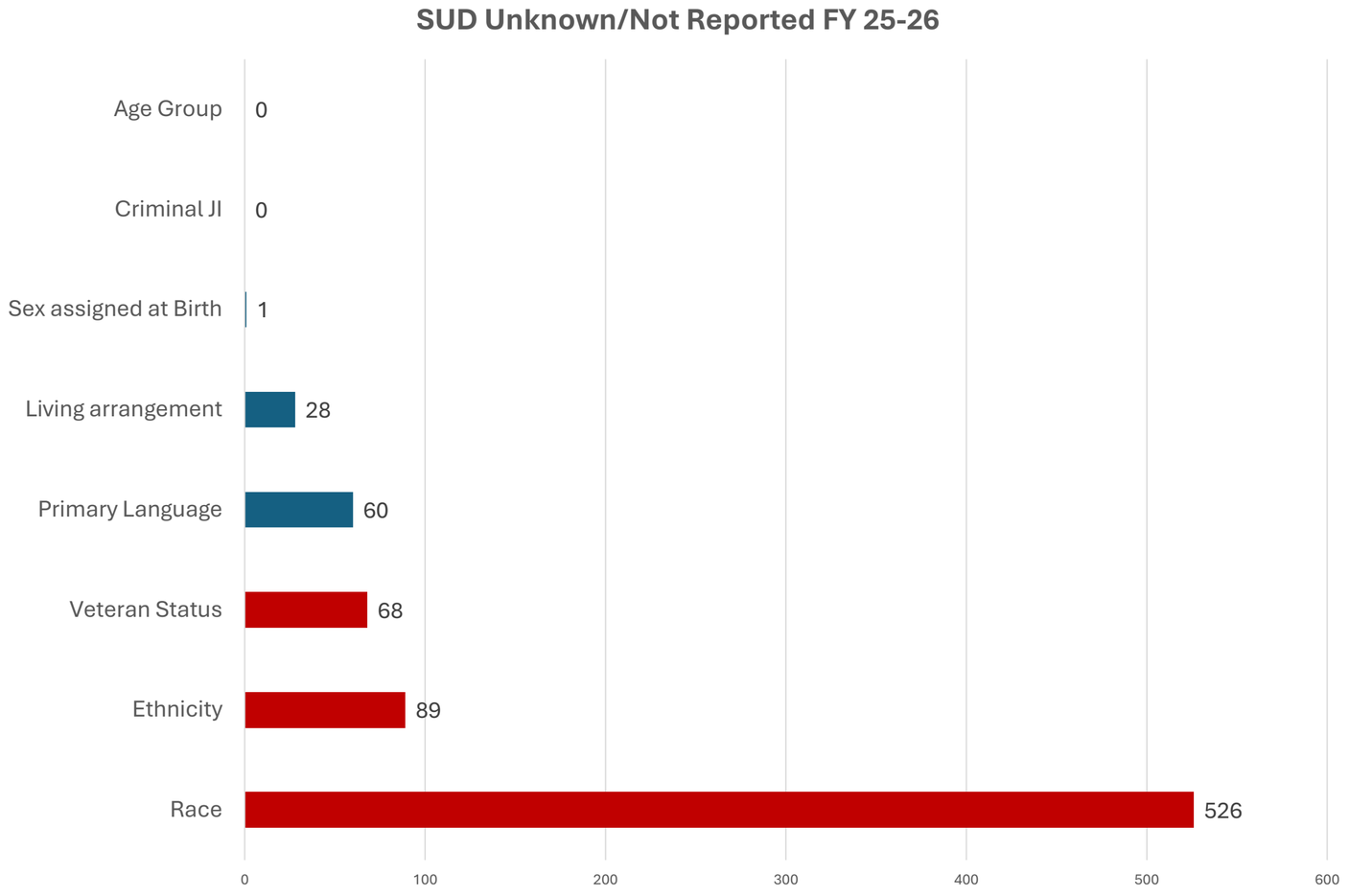
SUD Missing/Blanks BHRS 196



Observations

- Major Data Gaps: Criminal JI (1,606), Veteran Status (1,515), and Ethnicity (1,003).

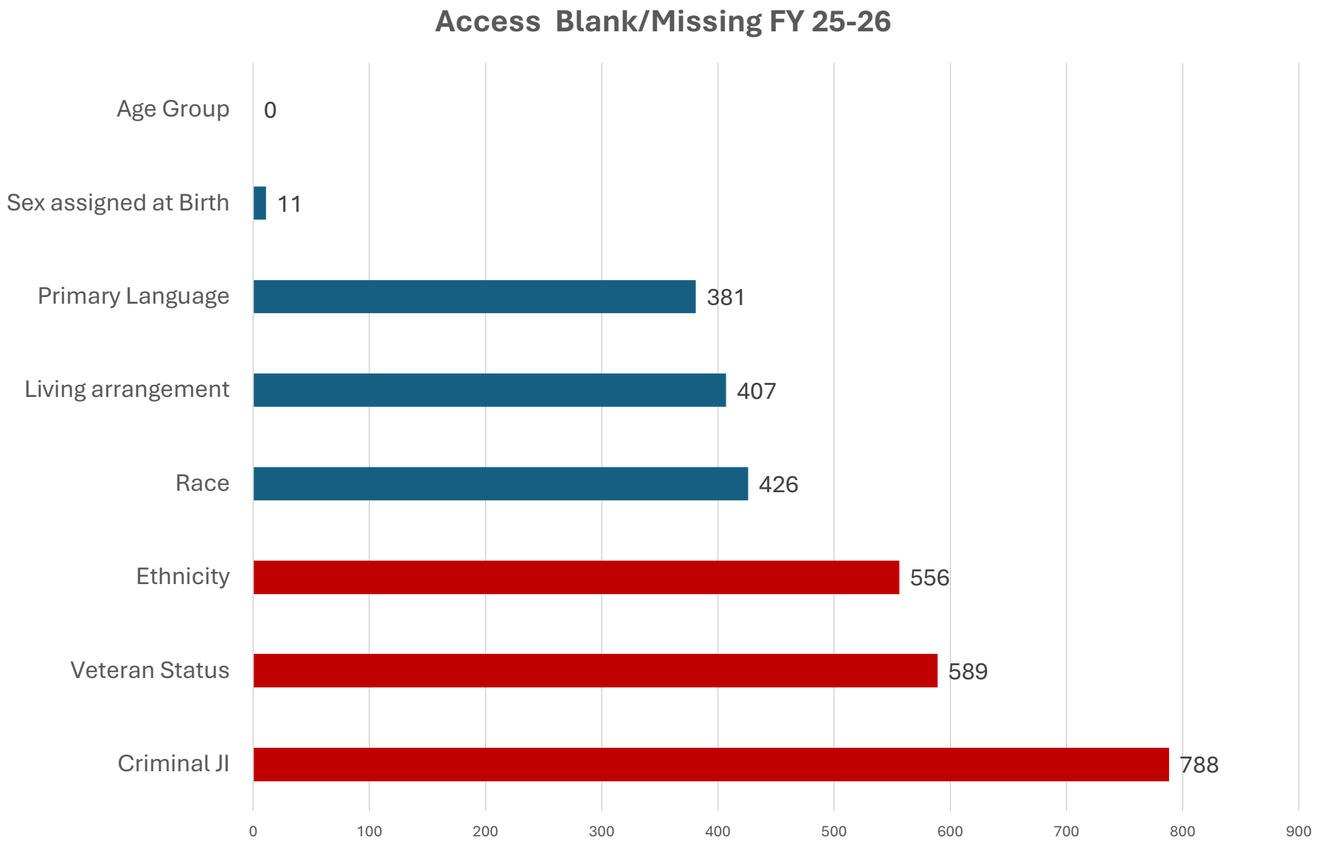
SUD Unknown/Not Reported BHRS 196



Observations

- Major Data Gaps: Race (526), followed by Ethnicity (89).

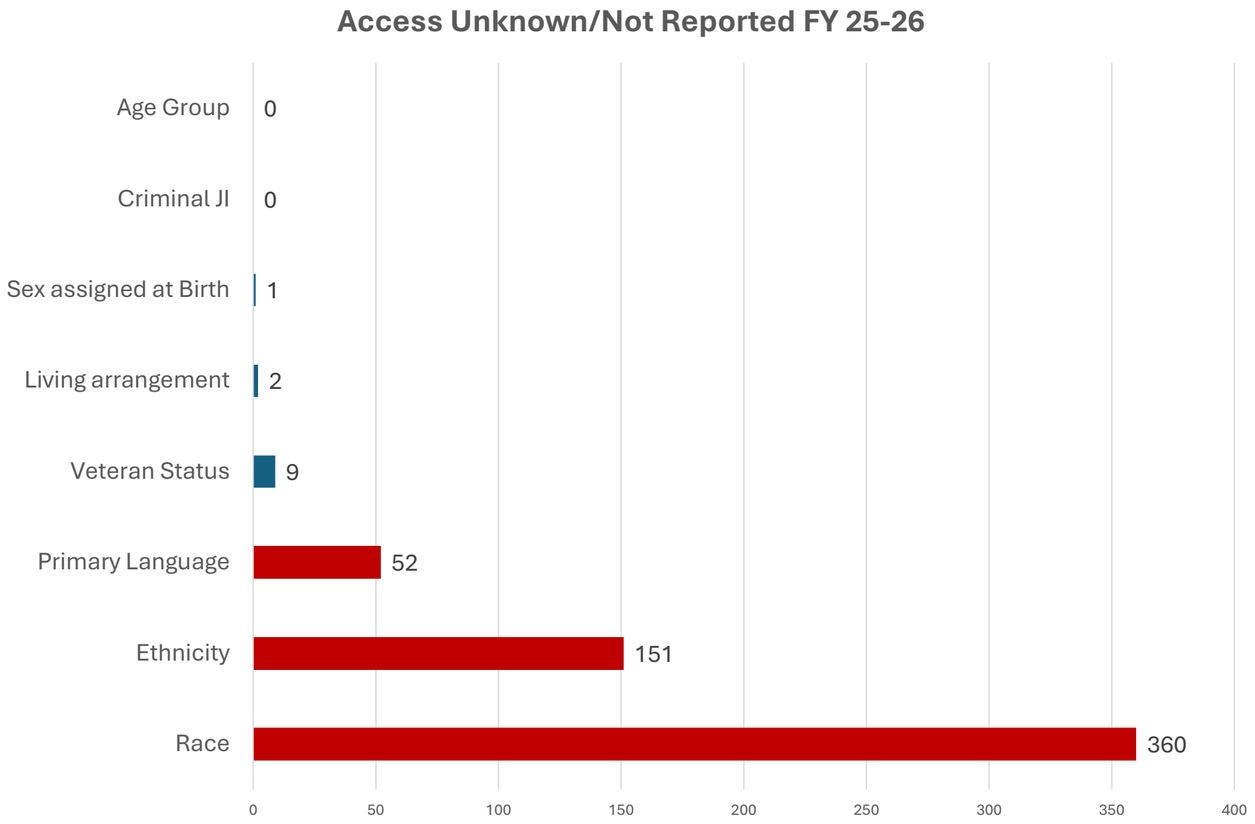
Access Blank/Missing BHRS 196



Observations

- Major Data Gaps: Criminal JI (788), Veteran Status (589), and Ethnicity (556).

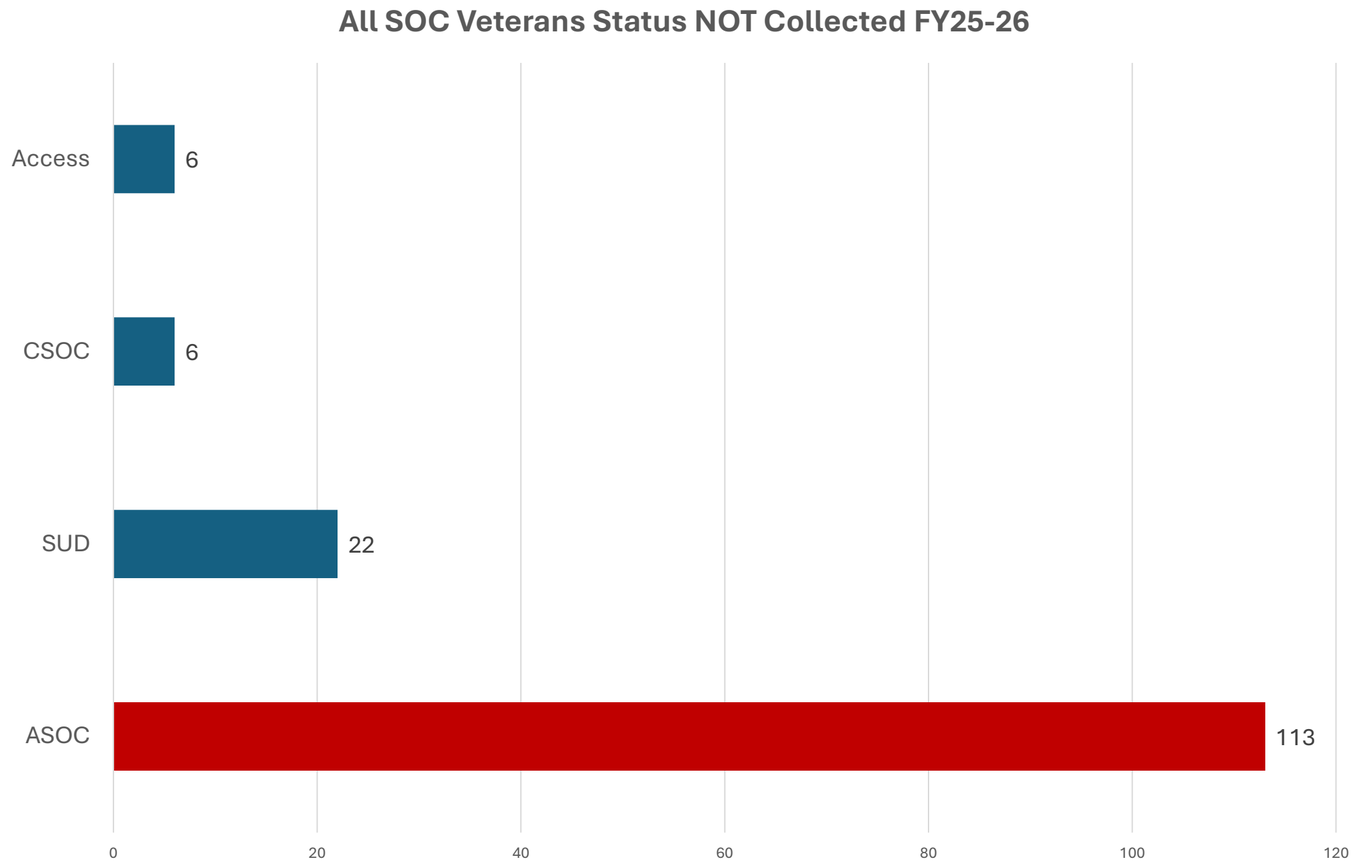
Access Unknown/Not Reported BHRS 196



Observations

- Major Data Gaps: Race (360), Ethnicity (151), and Primary Language (52)

All SOC Veterans Status NOT Collected BHRS 196



Observations

- Major Data Gaps: ASOC (113), accounting for the largest number of records where Veteran Status was not collected.

Solutions for Missing Demographics

- Adding a drop-down selection **“Member Declined to State”**
  - This will limit the use of unknown/not reports and blank/missing as some members when filling out demographics refuse to give us their information
- Adding an Alert on members file if unable to obtain demographic information during intake
- Add asterisks * to all demographic questions to ensure completion of demographics information
- Assigning point person in each program to create a report using BHRS 196 of all missing demographic information weekly/biweekly/monthly
  - Each program will be required to review their caseloads and review demographic information in timely manner

Story: Former SRC CST

“When I worked at the SRC Residential Unit in 2023 and completed intakes or 1:1s with members, I generally did not review the demographics tab unless SmartCare flagged something for me. Members often arrived at their lowest point—under the influence, scared of treatment, overwhelmed, and having difficulty answering questions.

My priority during intake was to build rapport, complete the necessary paperwork and belongings check, and get members settled into their rooms as quickly and comfortably as possible. Residential intake is a lengthy process, and the demographics tab did not stand out as a primary concern to me at the time. Asking certain demographic questions could also make members feel uncomfortable or frustrated when they were already overwhelmed.

My main focus during SRC Residential intakes was to get members admitted safely, build trust, and make them feel as comfortable as possible.”

Solutions for Former CST Scenario

- The admin clerk/point person can view all new members in treatment to ensure that all demographics tabs have been filled out correctly can give a list of members whose demographic information is still pending
- Create alerts to review demographic's tab
- Assigned BHS/CST reviews members demographic tab during 1:1
- Provide member with a printed copy of the demographics information and obtain from member whenever they are ready/willing to complete form