To:	**BHS Contracted Service Providers**
From:	**Behavioral Health Services**
Date:	**June 15, 2026**
Title	**Adult Outcome Measures & Level of Care Updates**

This notice outlines updates to adult member outcome measurement and Level of Care (LOC) determination tools, aligning County direction with emerging State Department of Health Care Services (DHCS), BH-CONNECT, and Center of Excellence (COE) requirements while reducing duplication and administrative burden.

Key Updates

- LOCUS Implementation: LOCUS will serve as the standard LOC determination and medical necessity tool across adult mental health levels of care, **effective July 1, 2026**. LOCUS is planned to be available in SmartCare and will support consistent placement and transitions across the system.
- Tool Discontinuation:
  - Recovery Markers Questionnaire (RMQ) requirement will be discontinued on June 30, 2026.
  - Milestones of Recovery Scale (MORS) requirement will be discontinued on June 30, 2026.
  - Illness Management and Recovery (IMR) Scale requirement will be discontinued on June 30, 2026.
- Utilization Review processes will be updated, and additional information will be forthcoming
  - IMR, RMQ and MORS updates will not be required if due after June 30, 2026.
- As part of broader simplification efforts, the Data Collection and Reporting (DCR) will also be discontinued effective July 1, 2026. Historically, DCR data was used in some settings to inform discussions regarding outcomes and progress. The discontinuation of DCR does not create a new reporting requirement or replacement tool.

Outcome Measurement Approach

BHS will no longer require specific outcome tools across all adult programs at this time. This approach maintains flexibility while avoiding duplication with emerging State requirements.

- Programs delivering high-fidelity evidence-based practices (EBPs) under BH-CONNECT must follow outcome requirements established by DHCS and the applicable COEs. Some model-specific requirements are still evolving and will be incorporated as they are finalized.
- While not locally required, other programs may use validated tools (e.g., PHQ-9, GAD-7, WHODAS, PROMIS, IMR) based on clinical need and at program's discretion.

Key Considerations

- Multiple tools and systems will continue to be assessed in the near term as State guidance evolves.
- While discontinuing RMQ reduces a standardized client-reported measure, client voice will continue to be captured through State-required mechanisms (e.g., MHSIP surveys).

For More Information:

- Contact your Contracting Officer's Representative (COR) or the BHS Population Health Unit (bhspophealth.hhsa@sdcounty.ca.gov)

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- This approach is intended to avoid conflict with upcoming mandates while promoting alignment across the system.

Next Steps

Providers who will be administering the Level of Care Utilization System (LOCUS) tool are required to complete the associated training, which is accessed through the AACP training platform. The attached AACP Training User Onboarding document provides step by step instructions on how to access the platform and create an account. All applicable program staff should review the instructions and complete the required training no later than July 1 to ensure readiness for implementation of these updates. Additional guidance will follow regarding LOCUS training, SmartCare workflows, and any future updates as State requirements are finalized.

Questions

Please contact your Contracting Officer Representative (COR) or the BHS Population Health Unit (bhspophealth.hhsa@sdcounty.ca.gov).

FAQ: Adult Outcome Measures & LOCUS Implementation

1. What is changing?
   LOCUS becomes the standard LOC and medical necessity tool effective 7/1/26. Other existing required outcome tools will be discontinued effective 6/30/26, including RMQ, IMR and MORS. Programs will be required to complete functional outcome tools based on BH-CONNECT/EBP direction or as determined by each Legal Entity and as clinically appropriate.

2. Why are these changes happening?
   To align with DHCS, BH-CONNECT, and COE requirements, reduce duplication, and avoid conflicts with upcoming State mandates.

3. Is there a required outcome tool for all adult programs?
   No, BHS is not mandating a specific outcome tool for adult programs if not required by DHCS/COE. Programs may use clinically appropriate, validated tools.

4. What should programs use for outcomes?
   EBP programs must follow COE/DHCS requirements. Other programs may use validated tools such as PHQ-9, GAD-7, WHODAS, PROMIS, or IMR.

5. How is client voice captured without use of the RMQ?

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Through State-required mechanisms (e.g., MHSIP surveys) and any additional tools programs choose to use.

6. Does LOCUS replace outcome tools?
   No, LOCUS supports placement and medical necessity while outcome tools measure progress over time.

7. Where will LOCUS be completed?
   LOCUS will be available in SmartCare. Additional workflow guidance will be provided.

8. How often should outcomes be completed?
   No universal frequency is required. Follow COE/EBP guidance or clinical best practice based on tools selected for use.

9. What outcome measure will be used for UM/UR Processes for Adult Populations?
   LOCUS will be integrated into the UM/UR Process to replace MORS, definition of LOCUS scoring for UM/UR requirements will be shared with the SOC and within the OPOH. Associated posted UM/UR forms and explanation documentation will be updated to reflect this change before 6/30/2026.

10. How will progress be tracked?
    The county is not introducing a new centralized outcome tracking system at this time. Existing workflows may continue while State and BH-CONNECT requirements mature.

11. Does this apply to FFS providers?
    LOCUS will be incorporated into FFS provider requirements over time. Outcome expectations will follow State/COE guidance where applicable.

12. Will multiple data collection systems still exist?
    Yes, in the near term due to varying EBP/COE requirements. BHS is working to avoid additional duplication; however, BH-CONNECT EBPs will require data collection through separate systems outside of the SmartCare EHR.

13. Will there be more changes?
    Yes. Updates will follow as DHCS, BH-CONNECT and COE requirements evolve.

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14. Who should I contact with questions?
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