

BEHAVIORAL HEALTH TRANSFORMATION QUALITY AND EQUITY ADVISORY COMMITTEE MEETING #10

Date: Wednesday, March 18, 2026

Time: 12:00 p.m. – 02:00 p.m. (120 minutes)

Meeting Format: Virtual

Presenters:

- » **Palav Babaria**, MD, Deputy Director & Chief Quality and Medical Officer, Quality and Population Health Management
- » **Anna Naify**, PsyD, Consulting Psychologist, BHT Quality and Equity Workstream Lead, Quality and Population Health Management

Number of Committee Members Present: 23

Materials: [3/18 QEAC Meeting #10 Slides](#)

Committee Membership Roll Call:

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| » Ahmadreza Bahrami; Present | » Genia Fick; Not Present |
| » Albert Senella; Present | » Humberto Temporini; Present |
| » Amie Miller; Not Present | » Jackie Pierson; Not Present |
| » Anh Thu Bui; Present | » Jei Africa; Present |
| » Brenda Grealish; Present | » Joaquin Jordan; Not Present |
| » Catherine Teare; Present | » Julie Seibert; Not Present |
| » Elissa Feld; Present | » Kali Patterson; Not Present |
| » Elizabeth Bromley; Not Present | » Kara Taguchi; Present |
| » Elizabeth Oseguera; Present | » Karen Larsen; Not Present |
| » Erika Pinsker; Present | » Katie Andrew; Present |
| » Farrah McDaid Ting; Present | » Kenna Chic; Present |
| » Felicia Batts; Present | » Kimberly Lewis; Present |



- » Kiran Savage-Sangwan; Present
- » Kirsten Barlow; Not Present
- » Le Ondra Clark Harvey; Not Present
- » Lishaun Francis; Not Present
- » Lynn Thull; Present
- » Marina Tolou-Shams; Not Present
- » Mark Bontrager; Not Present
- » Mary Campa; Present
- » Noel J. O’Neill; Not Present
- » Samantha Spangler; Present
- » Theresa Comstock; Present
- » Tim Lutz; Not Present
- » Tom Insel; Not Present
- » Toni Navarro; Present
- » Van Do-Reynoso; Present

Agenda:

- » Welcome and Agenda
- » Reminder: Background, Approach, Timeline
- » California Department of State Hospitals Case Study
- » Discussion: Proposed Cohort 3 Measures
- » Discussion: Proposed Equity Measures
- » Next Steps & Upcoming Public Comment

Welcome and Agenda

The meeting began with a welcome, DHCS introductions, and QEAC roll call.

California Department of State Hospitals Case Study

Dr. Sean Evans, Chief Psychologist, Clinical Operations Division of the Department of State Hospitals shared stories of people who have been admitted to the state hospital system and missed opportunities for upstream intervention.

Reminder: Statewide Behavioral Health Goals & Approach for Phase 2 Measures

DHCS is developing measures for each of the 14 statewide behavioral health (BH) goals in two phases. Phase 2 measures are based on individual-level data to enable clear delineation of responsibility across the BH delivery system that focus on performance measurement, inform system planning & resource allocation, promote transparency, and include accountability.

DHCS has adopted a structured Theory of Change (TOC) approach that articulates how behavioral health plans (BHPs) and managed care plans (MCPs) can advance progress



on each statewide BH goal and identifies the most impactful BHP and MCP “Levers” (i.e., programs, services, and initiatives) to measure for each goal.

Phase 2 Measures are being developed in cohorts. DHCS is currently developing measures on the final four goals (“Cohort 3”):

1. Engagement in School
2. Engagement in Work
3. Quality of Life
4. Social Connection

DHCS presented and received feedback on the Cohort 3 Theories of Change (TOC) and the approach for equity measures from the QEAC on January 26. The committee is tasked with discussing the proposed Cohort 3 measures and the proposed equity measures and approach for disparity management.

The proposed equity measures are:

1. Access to BH for People with MH Needs
2. Access to BH for People with Significant MH Needs
3. Medication for Addiction Treatment (MAT)
4. Engagement in BH Care for People with BH Needs and a High Trauma Screening Score
5. Multi-System Involvement for People Who Are Already System-Involved

Following today’s meeting, DHCS will incorporate feedback from QEAC on the proposed Cohort 3 and equity measures and provide additional opportunities for public comment on the measures.

Discussion: Improving Engagement in School

Goal Measure: (1) Graduation Rates for Students Living with BH Needs, (2) Chronic Absenteeism for Students Living with BH, (3) Engagement in School Based on Integrated Practice – Child and Adolescent Needs and Strengths (IP-CANS) Score for Children and Youth Who Receive SMHS

Intervention Measure: (1) Care Coordination and Management Services for Children and Youth Living in Families with BH Needs, (2) Development Screening in the First Three Years of Life

- The committee had mixed support for the proposed graduation rates measure, noting that graduation occurs too late in a student’s academic journey to assess their engagement in school.
- The committee noted that chronic absenteeism is influenced not only by a student’s behavioral health needs, but also by family circumstances, economic challenges, and environmental factors. The committee was interested in

expanding the goal-level measures to include additional data on suspensions, expulsions, and other disciplinary action related to behavioral health needs.

- The committee had mixed support for the proposed CANS measure. Some members recommended including this measure to track progress over time on school-related items, while others raised concerns, noting that the CANS is primarily a needs assessment tool and would only capture a narrow population of students.
- The committee noted the importance of stratifying school engagement data by race, ethnicity, disability status, and justice involvement.
- The committee noted that care coordination and developmental screening are not direct indicators of school engagement but agreed that these services are valuable for early intervention in young children.

Discussion: Improving Engagement in Work

Goal Measure: Unable to Work Due to Mental Problems

Intervention Measure: IPS Supported Employment for People Living with Significant BH Needs

- The committee had limited support for including a Goal-Level measure based on California Health Interview Survey (CHIS) data, since CHIS data cannot be disaggregated by payer. Additionally, responses are limited to individuals who want to work but face barriers and would not capture those who choose not to work.
- The committee recommended that Individual Placement and Support (IPS) Supported Employment measure should also capture success in maintaining employment as an outcome. They noted that monitoring model fidelity and employment outcomes for individuals receiving IPS services would strengthen this measure.

Discussion: Improving Quality of Life

Goal Measure: Quality of Life Based on IP-CANS Score for Children and Youth Who Receive SMHS

- The committee did not support using CANS as a goal measure under Quality of Life because CANS only captures a narrow population of children and youth in the specialty mental health system and is not a validated tool to assess quality of life.
- The committee also discussed concerns using the CA Consumer Perception Survey (CPS) scores as a measure, noting that response rates are low and that self-selected respondents tend to either very satisfied or dissatisfied.

- The committee recommended DHCS wait to implement an accountability measure under Quality of Life until a more robust measure is available, such as an updated member survey with specific quality of life questions.

Discussion: Improving Social Connection

Goal Measure: Social Connection Based on CANS Score for Children and Youth Who Receive SMHS

Intervention Measure: Services that Strengthen Interpersonal Relationships for People Living with Significant BH Needs

- The committee reiterated concerns about using CPS data as a Social Connection measure due to low response rates and self-selection bias.
- The committee noted a need to minimize survey burden on counties and to consider implementing more user-friendly surveys that respondents can complete from their phones.

Discussion: Proposed Equity Measures

The QEAC Equity Subcommittee (ES) advised DHCS on identifying priority interventions, outcomes, and populations for measurement. The focus of today's meeting was to discuss the five proposed measures, developed through use of comprehensive selection criteria, QEAC-ES input, and subject matter expert input.

Equity Measure: (1) Access to BH Services for People with MH Needs (2) Access to BH Services for People with Significant MH Needs

- The committee pointed out that a key access issue is an unknown set of people who never touch the behavioral health system. Access barriers contributing to disparities include people not knowing they can access services or not feeling welcome in the spaces/settings available to them.
- The committee emphasized that there is local and systemic variation in the make-up of individuals with mental health needs.

Equity Measure: (3) Medication for Addiction Treatment (MAT)

- This measure focuses on access to / use of MAT for those with opioid and alcohol use disorders (AUD/OD). The committee was asked if this measure should be broadened to include access to a broader set of substance use disorder (SUD) services.
- The committee advocated for the MAT measure as proposed, versus changing the measure to include access to a broader array of SUD services.

Equity Measure: (4) Engagement in BH Care for People with BH Needs and a High Trauma Screening Score

- The measure was developed given disproportionately poor BH outcomes for individuals with a significant trauma history. DHCS proposed use of the ACE survey to determine whether an individual had a significant history of trauma (as indicated with 4+ ACEs).
- The committee noted that the ACE screening is a static score that does not change over time, which affects the efficacy of this measure as there is no way to know from the ACE score alone the level of acuity of an individual at the time of the screening.

Equity Measure: (5) Multi-System Involvement for People Who Are Already System-Involved

- The measure aims to monitor the percent of system involved people (justice involved, experiencing homelessness, in foster care, and/or with an institutional stay) who are involved in more than one system, over a five-year period. DHCS would like to understand broadly how behavioral health work across the state affects these populations of focus.
- Several committee members commented that health plans do not have direct control over these outcomes, expressing disapproval of the measure.
- Other committee members noted the importance of addressing outcomes for people involved in multiple systems, particularly because of poor outcomes for these populations of focus.

Next Steps

- DHCS requests additional feedback from the QEAC on the Proposed Cohort 3 & Equity measures by Friday, March 27th.
- DHCS will consider all QEAC feedback along with additional feedback provided during the broader public comment period, to refine the Cohort 3 and Equity measures.
- DHCS will release an updated version of the Cohort 3 and Equity measures for final feedback from QEAC later this spring.
- DHCS will begin developing measure specifications and seek support from the QEAC Technical Subcommittee on further refinements this spring.