CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING SUMMARY

BEHAVIORAL HEALTH TRANSFORMATION QUALITY AND EQUITY ADVISORY COMMITTEE MEETING #5

Date: Tuesday, June 3, 2025

Time: 10:00 a.m. – 12:00 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: **33**

Materials: PowerPoint Slides

Committee Membership Roll Call:

- Ahmadreza Bahrami; Present
- Albert Senella; Present
- Amie Miller; Present
- Anh Thu Bui; Present
- Brenda Grealish; Present
- Catherine Teare; Present
- Elissa Feld; Present
- Elizabeth Bromley; Present
- Elizabeth Oseguera; Present
- Erika Pinsker; Present
- Farrah McDaid Ting; Present
- Genia Fick; Present
- Humberto Temporini; Present
- Jackie Pierson; Present
- Jei Africa; Present
- Joaquin Jordan; Present
- Julie Siebert; Not Present
- Kara Taguchi; Present
- Karen Larsen; Not Present
- Katie Andrew; Present
- Kenna Chic; Present
- Kimberly Lewis; Present
- Kiran Savage-Sangwan; Present
- Kirsten Barlow; Present

- Lauren Bullard; Present
- Le Ondra Clark Harvey; Present
- Lishaun Francis; Present
- Lynn Thull; Present
- Marina Tolou-Shams; Present
- Mark Bontrager; Present
- Mary Campa; Present
- Melissa Martin-Mollard; Present
- Noel J. O'Neill; Present
- Samantha Spangler; Present
- Theresa Comstock; Present
- Tim Lutz; Not Present
- Tom Insel; Not Present

Agenda:

- Welcome and Agenda
- John's Lived Experience
- Recap of Phase 1
- Approach for Phase 2
- Discussion: Justice-Involvement Goal
- Discussion: Homelessness Goal
- Discussion: Removal of Children from Home Goal
- Discussion: Institutionalization Goal
- Next Steps

Welcome and Opening Remarks

The meeting began with a welcome and DHCS introductions.

John's Lived Experience

John Black shared his personal journey of recovery, beginning with his first crisis intervention experience in 1979 in Stanislaus County, where compassionate, non-clinical support helped him accept mental health care. After achieving sobriety in 1985, John became deeply involved in peer support and advocacy, helping to establish the first Wellness Recovery Center in California and later founding a nonprofit to empower peers as valued community members.

Recap of Phase 1

Phase 1 focused on using publicly available, population-level behavioral health measures to guide system planning, resource allocation, and transparency. For each

goal, there is one primary measure—reflecting community status—and two to three supplemental measures for added context.

Counties must compare their primary measure performance to the statewide average and use supplemental measures to inform planning. All measures will be finalized with the Integrated Plan template by June 2025, and counties must submit their completed IPs by June 2026.

Approach for Phase 2

Phase 2 will leverage the state's ability to link individual-level data to provide a more comprehensive and precise understanding of behavioral health service delivery and outcomes.

DHCS has adopted a structured Theory of Change (TOC) approach that identifies how BHPs and MCPs can impact change on each of the statewide behavioral health goals. Through this approach, DHCS is identifying specific levers (interventions, programs, evidence-based practices) and higher-level strategies for BHPs and MCPs to advance each goal. The focus is on upstream, high-impact interventions that can be feasibly implemented by behavioral health and managed care plans.

These TOCs will inform measures for each goal.

Discussion: Justice-Involvement Goal

Goal: Reduce justice-involvement (JI) for individuals living with BH needs

Key stakeholders in addressing this goal include (but are not limited to) BHPs, MCPs, correctional facilities, and law enforcement agencies.

Key Themes from QEAC Feedback:

Stakeholders emphasized the importance of including employment supports—such as Individual Placement and Support (IPS)—as a key intervention for justice-involved individuals. Several members highlighted the need to address racial disparities explicitly, noting that BH and JI intersect with race and that more upstream, equity-focused strategies are needed. There was also a call to clarify and distinguish between levers (interventions) and strategies (implementation aims), and to consider adding homelessness outreach, CARE Act programs, and more granular approaches for different behavioral health subpopulations. Stakeholders stressed the need to address gaps in the referral and linkage process after screening, particularly for reentry and diversion, and to

involve education systems to prevent youth justice involvement. Finally, members noted the importance of clear accountability for outcomes, stronger collaboration with corrections and law enforcement, and the need for data on the underlying behavioral health reasons for incarceration.

Discussion: Homelessness Goal

Goal: Reduce homelessness for individuals with BH needs

Key stakeholders in addressing this goal include (but are not limited to) BHPs, MCPs, Continuums of Care, real estate developers, landlords and property managers, public health, local government, and public housing authorities, and providers.

Key Themes from QEAC Feedback Included:

Many participants stressed the importance of ongoing income supports, such as SSI/SSDI, and employment opportunities as essential levers for addressing homelessness, particularly for individuals reentering from incarceration. There was a call to recognize and track the full continuum of housing options—from interim to permanent supportive housing—and to ensure that individuals receive the right type of housing support at each stage of their journey.

Stakeholders also highlighted the need to include youth, children, and families in homelessness strategies, noting that these groups are often overlooked due to eligibility restrictions or because they do not fit chronic homelessness definitions, and may be hidden from traditional counts. Other themes included the need to expand housing availability and to map the full array of housing options (including skilled nursing and innovative models), the need to improve data collection and sharing—both within counties and back to communities—to better identify local gaps and ensure services reach all subpopulations, and the need to support and expand the housing provider workforce, equipping them to address BH needs.

Discussion: Removal of Children from Home Goal

Goal: Reduce removal of children from home for children and families living with BH needs

Key stakeholders in addressing this goal include (but are not limited to) BHPs, MCPs, child welfare agencies, and schools.

Key Themes from QEAC Feedback Included:

Many participants questioned whether reducing removals of children from home was the right objective, emphasizing that the ultimate aim should be to reduce abuse and neglect within homes. They noted that a lower removal rate does not necessarily equate to improved child safety and called for explicit inclusion of abuse and neglect prevention in the Theory of Change. Stakeholders also stressed the need to avoid over-pathologizing caregivers and families, advocating for a holistic approach that supports the entire family unit and prioritizes reunification when safe and appropriate.

There was consensus that services should focus on both prevention of removal of children from home and effective reunification, with wraparound care for families and caregivers. Participants highlighted the importance of integrating and coordinating BH services with child welfare agencies. They suggested that the effectiveness of interagency collaboration, such as through memoranda of understanding (MOUs), should be measured and strengthened to improve outcomes. Additionally, stakeholders recommended recognizing the role of specialized programs and services in supporting families and preventing unnecessary removals.

Discussion: Institutionalization Goal

Goal: Reduce institutionalization for individuals living with BH needs

Key stakeholders in addressing this goal include (but are not limited to) BHPs, MCPs, law enforcement agencies, and conservators.

Key Themes from QEAC Stakeholder Feedback:

Participants agreed on the importance of a clear definition of institutionalization, emphasizing that the focus should be on preventing individuals from remaining in institutional settings longer than necessary, particularly when their needs could be met in less restrictive, community-based environments. There was also consensus on the need for critical, higher levels of care (such as inpatient or residential treatment), especially during acute episodes.

A recurring theme was the need for a robust continuum of care. This included calls for more intensive case management, community-based services, and housing supports—particularly for those with complex behavioral and physical health needs. The lack of step-down options and long-term supportive housing was identified as a major barrier. Stakeholders also noted the importance of infrastructure investments, workforce development, and the integration of physical health care with behavioral health services.

Some participants raised questions about the appropriateness of including certain levers, such as IST (Incompetent to Stand Trial) services, given their complexity and overlap with the justice system. The role of conservatorships and the challenges they pose in timely transitions to less restrictive settings were also flagged. Finally, stakeholders highlighted the interconnectedness of institutionalization with other goals, such as homelessness and justice involvement, and called for data-driven planning to address gaps and ensure equitable access to appropriate care.

Next Steps

After today's meeting, the QEAC-Technical Subcommittee (QEAC-TS) will begin to select measures for Cohort 1.

For each of the final Lever priorities, the QEAC-TS may consider: (1) Process measures, (2) Utilization measures, (3) Outcomes measures, and (4) Other types of measures.

QEAC-TS will also look at broader measures of the goal, including Results-focused measures.