CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING SUMMARY

BEHAVIORAL HEALTH TRANSFORMATION

QUALITY AND EQUITY ADVISORY COMMITTEE

MEETING #8

Date: Tuesday, October 21, 2025

Time: 11:00 a.m. – 1:00 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: 26

Materials: BHT Quality and Equity Advisory Committee Meeting #8

Committee Membership Roll Call:

- Ahmadreza Bahrami; Present
- Albert Senella; Present
- Amie Miller; Present
- Anh Thu Bui; Present
- Brenda Grealish; Present
- Catherine Teare; Not Present
- Elissa Feld; Present
- Elizabeth Bromley; Present
- Elizabeth Oseguera; Present
- Erika Pinsker; Present
- Farrah McDaid Ting; Present
- Genia Fick; Not Present
- Humberto Temporini; Present
- Jackie Pierson; Present
- Jei Africa; Not Present
- Joaquin Jordan; Not 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

- Jay Calcagno on behalf of Le Ondra Clark Harvey; Present
- Lishaun Francis; Present
- Lynn Thull; Present
- Marina Tolou-Shams; Not Present
- Mark Bontrager; Not 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
- Guest Speaker: Cornelious Thompson
- Reminder: Background, Approach, and Timeline
- Discussion: Proposed Cohort 2 Measures
- Update: Key Updates on Cohort 1 Measures
- Discussion: Key Definitions for Cohort 1 and 2 Measures
- Next Steps

Welcome and Agenda

The meeting began with a welcome and DHCS introductions.

Guest Speaker: Cornelious Thompson

Cornelious Thompson shared his journey from being adopted, experiencing childhood trauma and loss, and ultimately being incarcerated for 28 years. Reflecting on the lack of early mental health support he received, he highlighted the importance of listening to young people and having patience in recovery. Now working as a peer navigator, he supports others with similar backgrounds, emphasizing that recovery is unique for everyone and that supportive communities are essential to healing and thriving.

Reminder: Background, Approach, and Timeline

DHCS is developing measures for each of the 14 statewide behavioral health (BH) goals in two phases: Phase 1 with publicly available measures for planning purposes only and Phase 2 with measures calculated by DHCS based on individual-level data that can be used for planning, population health, and accountability. Currently in Phase 2, DHCS is in the process of developing measure specifications for Cohort 1 and finalizing measure selection for Cohort 2.

Discussion: Proposed Cohort 2 Measures

DHCS has developed a list of 23 proposed measures, narrowed from 88 candidate measures, to evaluate progress on the Cohort 2 goals.

- **Improving Treatment (Tx) of Behavioral Health (BH) Conditions** *(11 measures)*: QEAC feedback on Measure 1 called for clearer definitions, highlighted the need for alignment with regulatory standards and noted that it may not fully capture whether individuals received appropriate BH interventions. For Measures 4 and 5, QEAC members noted the focus on cultural congruence in care experience surveys, identified potential challenges with stratifying results by demographics such as language and Sexual Orientation and Gender Identity (SOGI), and suggested using care in interpreting data for both experience and adverse outcome measures due to possible gaps in survey responses.
- **Improving Tx and Prevention of Co-Occurring Physical Health Conditions** *(4 measures)*: QEAC members emphasized the need for more outcomes-focused measures for this goal. They highlighted other opportunities for measurement, such as heart failure, diabetes, hypertension, dental care, and pediatric screenings, while also noting the risks of creating overly complex measures. Members agreed that tracking access to physical care through existing National Committee for Quality Assurance (NCQA) metrics is useful but cautioned against counting Emergency Department (ED) visits as primary care. Suggestions included using assessment tools like Child and Adolescent Needs and Strengths (CANS) for youth and distinguishing between children with BH needs and those with significant needs to tailor interventions more effectively.
- **Reducing Suicides** *(4 measures)* & **Reducing Overdoses** *(4 measures)*: QEAC members discussed whether peer support and peer respite options should be included in follow-up care after high-intensity substance use disorder (SUD) treatment, recognizing that some individuals may prefer peer respite over formal support services. The conversation also covered the status of contingency management programs amid changing federal guidance, clarifying that they remain supported through existing waivers unless directed otherwise by CMS.

Update: Key Updates on Cohort 1 Measures

QEAC members and attendees highlighted important themes across Cohort 1 goals:

- **Homelessness:** There was a suggestion to consider the role of early childhood mental health for these measures and a reminder that unsheltered status can now be captured using point of service codes.

- **Institutionalization:** There was a request for clarification about which descriptive statistics would be calculated for stays in five types of settings.
- **Justice-Involvement:** QEAC members noted that current Medi-Cal "suspension" definitions miss the majority of the jail population incarcerated less than 30 days.
- **Removal of Children from Home:** It was recommended that "child welfare involvement" align with the Family First Prevention Services Act (FFPSA) definition.

Discussion: Key Definitions for Cohort 1 and 2 Measures

To calculate many of the measures in Cohort 1 and Cohort 2, and support population health improvement, DHCS will develop a methodology for estimating and calculating: (1) Indicators that a Person May Need a BH Service and (2) BH Services.

- **Identifying Persons with BH Needs and Significant BH Needs**: QEAC members discussed the importance of distinguishing between mild and significant BH needs, recognizing that individuals' needs can change over time. There was general support for using a blend of diagnosis, service history, and broader touchpoints to identify significant needs, rather than depending solely on one type of data point or system. They noted that relying only on diagnoses or service utilization has limitations, as these methods may not capture everyone who needs care—especially youth or those outside traditional systems. QEAC members also noted that measures should be interpreted carefully to avoid misrepresenting true need and prevalence.
- **Approach for Defining BH Services**: A QEAC member appreciated the alignment with Office of Health Care Affordability's approach for "Encounters to Address BH". An attendee inquired about any efforts to assist in coordinated data collection practices for counties like Los Angeles County, where they operate on siloed systems that track data independently.

Next Steps

- DHCS requests that QEAC members and attendees submit any additional feedback on the Proposed Cohort 1 & 2 measures to BHTInfo@dhcs.ca.gov by October 31.
- DHCS will incorporate QEAC feedback to refine the Cohort 2 measures.
- DHCS will release an updated version of the Cohort 1 & 2 measures for final feedback from QEAC and the broader public by mid-November.
- DHCS will begin developing measure specifications and seek support from QEAC-TS on further refinements.