CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING SUMMARY

BEHAVIORAL HEALTH TRANSFORMATION

QUALITY AND EQUITY ADVISORY COMMITTEE

MEETING #6

Date: Tuesday, August 12, 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: **23**

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; Not Present
- Elizabeth Oseguera; Present
- Erika Pinsker; Present
- Farrah McDaid Ting; Present
- Genia Fick; Not Present
- Humberto Temporini; Not Present
- Jackie Pierson; Not Present
- Jei Africa; Not Present
- Joaquin Jordan; Not Present
- Julie Siebert; Not Present
- Kara Taguchi; Present
- Karen Larsen; Present
- Katie Andrew; Present
- Kenna Chic; Present
- Kimberly Lewis; Present
- Kiran Savage-Sangwan; Not Present
- Kirsten Barlow; Present

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

Agenda:

- Welcome and Agenda
- Carolina's Lived Experience
- Recap of BHT Phase 2
- Recap of Theory of Change & Measure Selection Process
- Proposed Cohort 1 Measures
- Next Steps

Welcome and Opening Remarks

The meeting began with a welcome and DHCS introductions.

Carolina's Lived Experience

Carolina Ayala described her journey from addiction and instability to recovery, crediting treatment and peer-led community organization support for helping her rebuild her life. Today, she has regained full custody of her oldest daughter and advocates for accessible, long-term behavioral health (BH) support for others facing similar barriers through the Happier Life Project.

Recap of BHT Phase 2

Phase 2 of DHCS's population BH strategy began in early 2025 and focuses on developing a targeted set of performance measures based on individual-level data. These measures are designed to clarify accountability across the BH delivery system, inform system planning and resource allocation, and promote transparency. DHCS aims to include no more than five measures per goal, with a mix of outcome, process, and other types, many of which will be newly developed. The Phase 2 measures will be calculated and published in stages starting in 2026, allowing DHCS and stakeholders to track progress and guide future planning efforts.

Recap of Theory of Change & Measure Selection Process

The DHCS measure selection process began with the adoption of a structured Theory of Change (TOC) approach, which identified how county behavioral health plans (BHPs) and Medi-Cal managed care plans (MCPs) can drive progress on statewide BH goals. Through this approach, DHCS pinpointed specific levers—such as interventions, programs, and evidence-based practices—and higher-level strategies to advance each goal, with a focus on upstream, high-impact interventions that are feasible for BHPs and MCPs to implement.

Building on this foundation, DHCS has compiled a list of 18 proposed final measures for Cohort 1, drawing on feedback from technical experts, leadership, and subject matter specialists as well as considerations of data feasibility. Additional health equity measures spanning all three goal cohorts will be developed and shared with the QEAC at a later date. DHCS will refine the proposed measures to ensure they are practical and aligned with system priorities.

Proposed Cohort 1 Measures

Goal: Reducing Homelessness

- QEAC members discussed measurement challenges and definitions, noting the complexity of comparing BH needs among people experiencing homelessness and suggesting ongoing refinement of inclusion criteria to better capture outcomes.
- Committee members sought clarification on how measures would be calculated, publicly reported, and whether health plans would be responsible for outcomes influenced by external factors.
- Members highlighted difficulties in defining eligible populations for housing services and coordinating across systems due to data limitations. QEAC members suggested more detailed stratification to assess effectiveness of coordination.
- Committee members noted that these measures represent advancement of BHP and MCP accountability and emphasized the importance of equity. They also recommended improved data collection, age stratification, and tracking care pathways to better identify needs and prevent adverse outcomes.

Goal: Reducing Institutionalization

- QEAC members suggested including administrative days in psychiatric hospitals as an indicator of inappropriate stays, hospital readmission rates, and consistency in facility types across measures.

- Additional suggestions included: expanding the list of tracked community-based mental health services after discharge to ensure comprehensive support and prevent rehospitalization, incorporating peer-run respite services as both transition and preventative supports, and measuring whether respite stays help individuals avoid institutionalization.
- A participant recommended stratifying all measures by demographic factors such as race, ethnicity, language, geography, disability, and sexual orientation and gender identity (SOGI) to address equity in performance measurement.
- QEAC members highlighted the importance of tracking re-institutionalization rates as a key outcome indicator, advocating for a stronger focus on measuring the effectiveness of care and successful recovery after discharge.

Goal: Reducing Justice Involvement

- QEAC members discussed challenges in identifying BH needs among justice-involved individuals, noting the difficulty of determining such needs at the time of arrest or incarceration without clear prior system contact. They noted that recent federal government changes could lead to increased incarceration rates for those with BH conditions, making it challenging to set realistic reduction goals for these measures.
- QEAC members suggested refining how outcomes are measured, including tracking arrest or incarceration rates while individuals are actively receiving FSP services to better demonstrate program effectiveness. Members also recommended disaggregating MAT data, considering psychostimulant use, and tracking homelessness following release, while highlighting the challenge of identifying BH needs when individuals may not self-disclose.

- Additional feedback from members emphasized the importance of addressing high-acuity and "super-utilizer" populations, with recommendations to use data from parole agents and measure this subpopulation to improve coordination across BH, homelessness, and justice systems. It was also noted that securing housing and services for people with serious mental illness or co-occurring conditions after release remains a significant challenge, contributing to ongoing instability and system cycling.

Goal: Reducing Removal of Children from Home

- QEAC members discussed the distinction between children with open child welfare cases and those actually removed from their homes. They recommended that measures should reflect family preservation and BH services that help prevent removal, rather than simply tracking open cases.
- QEAC members requested clarification on the scope of child welfare involvement measures, recognizing that poverty and related factors are closely linked to the

risk of child removal. They suggested expanding tracking to include broader benefits such as supported housing and social supports.

- QEAC members also noted systemic barriers faced by single mothers with substance use disorders (SUDs), noting that caregiving responsibilities and program restrictions can limit access to recovery services. Members emphasized the importance of considering family circumstances and social determinants in intervention design.
- QEAC members highlighted compounded barriers for individuals with SUDs in violent relationships, recommending that program design address overlapping challenges—such as restrictive shelter rules—to more effectively prevent unnecessary family separation.

Next Steps

- DHCS will incorporate QEAC feedback discussed today to refine the Cohort 1 measures.
- DHCS will begin developing measure specifications and seek support from the QEAC Technical Subcommittee (QEAC-TS) on further refinements to Cohort 1.
- DHCS will share an update on final proposed Cohort 1 measures with the QEAC in Fall 2025.
- DHCS will hold a Public QEAC Meeting to share draft Theories of Change for Cohort 2 goals on Tuesday, August 19.
- DHCS and the QEAC-TS will work to develop a proposed measure list for Cohort 2 goals.
- DHCS will hold a Public QEAC Meeting to share proposed Cohort 2 measures in Fall 2025.