BHT Quality and Equity Advisory Committee

Meeting #6

August 12, 2025

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Introductions
California Department of Health Care Services (DHCS)

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Agenda

11:00 – 11:05	Welcome and Agenda
11:05 – 11:15	Carolina's Lived Experience
11:15 – 11:20	Recap of BHT Phase 2
11:20 – 11:30	Recap of Theory of Change & Measure Selection Process
11:30 – 12:55	Proposed Cohort 1 Measures
12:55 – 1:00	Next Steps

Housekeeping

Today's meeting is being **recorded** for note-taking purposes.

Notes will be shared with participants after the session.

Committee Members can use the **raise hand** feature to unmute and contribute during the meeting.

Remain on mute when you are not speaking to minimize distractions.

You may also use the Q&A **feature** to ask questions throughout the meeting.

The Q&A box will be monitored and captured in the notes.

Quality and Equity Advisory Committee (QEAC) Members

QEAC and Subcommittee Members *(Slide 1 of 3)*

- **Ahmadreza Bahrami^,** Fresno County Department of Behavioral Health
- **Albert Senella,** California Association of Alcohol and Drug Program Executive, Inc
- **Amie Miller⁺^,** California Mental Health Services Authority
- **Anh Thu Bui⁺^,** California Health and Human Services Agency
- **Brenda Grealish,** Commission for Behavioral Health
- **Catherine Teare⁺,** California Health Care Foundation
- **Elissa Feld^,** County Behavioral Health Directors Association of California
- **Elizabeth Bromley⁺,** University of California, Los Angeles
- **Elizabeth Oseguera^,** California Alliance of Children and Family Services
- **Erika Pinsker^,** California Department of Public Health
- **Farrah McDaid Ting,** County Health Executives Association of California
- **Genia Fick⁺,** Inland Empire Health Plan

MEMBERSHIP KEY: + Technical Subcommittee ^ TOC Subcommittee

QEAC and Subcommittee Members *(Slide 2 of 3)*

- **Humberto Temporini,** Kaiser National Health Plan
- **Jackie Pierson⁺,** California Consortium for Urban Indian Health
- **Jei Africa⁺,** San Mateo County Behavioral Health and Recovery Services
- **Joaquin Jordan,** Continuity Consulting
- **Julie Siebert⁺,** National Committee for Quality Assurance
- **Kara Taguchi⁺^,** Los Angeles County Department of Mental Health
- **Karen Larsen⁺,** Steinberg Institute
- **Katie Andrew^,** Local Health Plans of California
- **Kenna Chic**, Former President of Project Lighthouse
- **Kimberly Lewis^,** National Health Law Program
- **Kiran Savage-Sangwan,** California Pan-Ethnic Health Network
- **Kirsten Barlow^,** California Hospital Association
- **Lauren Bullard^,** Steinberg Institute
- **Le Ondra Clark Harvey^,** California Council of Community Behavioral Health Agencies
- **Lishaun Francis,** Children Now

MEMBERSHIP KEY: + Technical Subcommittee ^ TOC Subcommittee

QEAC and Subcommittee Members *(Slide 3 of 3)*

- **Lynn Thull⁺^,** LMT & Associates, Inc.
- **Marina Tolou-Shams⁺,** University of California, San Francisco
- **Mark Bontrager⁺,** Partnership Health Plan of California
- **Mary Campa^,** California Department of Public Health
- **Melissa Martin-Mollard⁺,** Commission for Behavioral Health
- **Noel J. O'Neill,** California Behavioral Health Planning Council
- **Samantha Spangler⁺^,** Behavioral Health Data Project
- **Theresa Comstock^,** California Association of Local Behavioral Health Boards / Commissions
- **Tim Lutz**, Director of the Sacramento County Department of Health Services
- **Tom Insel⁺,** Vanna Health

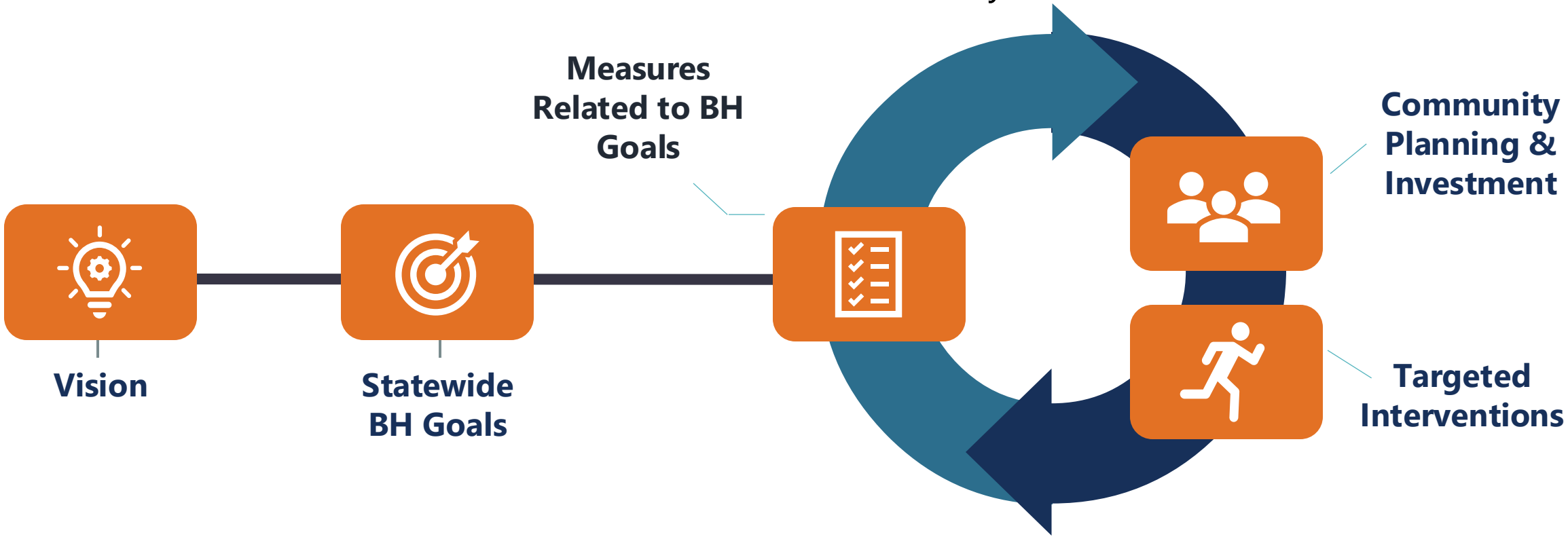
MEMBERSHIP KEY: + Technical Subcommittee ^ TOC Subcommittee

Carolina Ayala

Recap: Statewide Behavioral Health Goals & Measures

Population Behavioral Health Framework

DHCS is developing a *population behavioral health approach* to meet the needs of all individuals eligible for behavioral health services, improve community well-being, and promote health equity. The Population Behavioral Health Framework is designed to enable the behavioral health (BH) delivery system to make data-informed decisions to better meet the needs of individuals within the communities they serve.



Statewide Behavioral Health Goals

Planning and progress on these goals will require coordination across multiple service delivery systems.

Goals for Improvement

- Care experience
- Access to care
- Prevention and treatment of co-occurring physical health conditions
- Quality of life
- Social connection
- Engagement in school
- Engagement in work

Goals for Reduction

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Justice-Involvement
- Removal of children from home

Health equity will be incorporated in each of the BH Goals

Additional information on the statewide behavioral health goals is available in the BHSA Policy Manual.

Measures in Two Phases

DHCS is developing measures for each of the 14 statewide BH goals in two phases:

PHASE 1

Publicly available measures that:

- Focus on population-level behavioral health measurement
- Inform system planning & resource allocation
- Promote transparency

Measures were finalized with the Integrated Plan in June 2025.

PHASE 2

Measures calculated by DHCS based on individual-level data to enable clear delineation of responsibility across the behavioral health delivery system that:

- Focus on performance measurement
- Include accountability
- Inform system planning & resource allocation
- Promote transparency

DHCS began work on Phase 2 in Q1 2025.

Approach for Phase 2

Expectations for the Phase 2 Measure Set (1/3)

A Focused Measure Set	Understanding that there are *many* ways to measure each of these goals, DHCS seeks to narrow as much as possible to a set of measures that the Theories of Changes suggest would drive progress on each goal. • **No more than 5 measures per goal**, including a mix of outcome, process, and other measure types. • 5 measures per goal would mean 70 total measures – so we're aiming for *fewer than 5* measures per goal to keep the set focused, actionable, and manageable while still meeting our objectives for system planning, resource allocation, and accountability.
A Mix of Measures	For each goal, we seek to have approximately: • One measure of the overall goal • Up to four measures of "Levers" and "Results" identified in the Theory of Change DHCS expects that many of these measures will be "new" measures not already developed by measure stewards.

Expectations for the Phase 2 Measure Set (2/3)

How Phase 2 Measures Will Be Used

- **Transparency & Planning:** DHCS expects to publish calculated Phase 2 measures beginning in 2026. DHCS, BHPs, MCPs, and other stakeholders will be able to use these measures to track progress on the goals and inform planning for addressing the goals.

- **Accountability**
  - DHCS expects to incorporate the Phase 2 measures in the BHSA Integrated Plan Annual Updates and BHOATRs, to inform and evaluate allocation of BHSA funding and the extent to which that allocation is addressing local needs.
  - DHCS expects to leverage a subset of Phase 2 measures to monitor MCP and BHP performance.
    - Initially, DHCS expects to focus on measures already being used by DHCS to assess MCP and BHP performance, such as those in MCAS and BHAS.
    - Over time, DHCS expects to incorporate select Phase 2 measures into existing mechanisms for advancing BHP and MCP quality, such as the MCAS and BHAS measure sets.

Expectations for the Phase 2 Measure Set (3/3)

Staggered Releases Based on Data Availability

Some measures may not have data available in time for the first scheduled data release for BHT Phase 2 measures.

Key reasons may include:

- DHCS will not have data in 2026 for BHSA interventions that have not yet launched;
- DHCS may require additional time to acquire and integrate certain external data into DHCS systems; and
- Data improvement activities may be needed to prepare the data for calculations.

DHCS anticipates adding measures as the data becomes available.

How We Are Developing Phase 2 Measures

Developing Measures for Phase 2 in Three Cohorts

DHCS will develop Theories of Change and the Phase 2 measures in three cohorts to allow time for meaningful stakeholder engagement and deliberation on each goal.

Cohort 1 *(March 2025 – October 2025)*

1. Homelessness
2. Institutionalization
3. Justice-Involvement
4. Removal of Children from Home

Cohort 2 *(May 2025 – December 2025)*

1. Access to Care
2. Care Experience
3. Overdoses
4. Prevention & Treatment of Co-occurring Physical Health Conditions
5. Suicides
6. Untreated Behavioral Health Conditions

Cohort 3 *(November 2025 – April 2026)*

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

Developing Health Equity Measures

DHCS is developing a cross-cutting approach to health equity measurement across all three cohorts.

- DHCS has conducted initial work to identify health equity priorities and CLAS Standards for each statewide behavioral health goal by analyzing disparities research and interviewing stakeholders.
- Given the complex interactions and overlap between goals, DHCS plans to develop health equity measures across all three cohorts at the same time.
- DHCS will bring health equity measures for discussion with the QEAC at a later date.

Steps for Developing Measures

1. Identify the **Targeted Interventions** That Will Drive Progress on a Goal

Create a **Theory of Change** that articulates how BHP and MCP interventions can advance each goal

Developed with input from the QEAC-Theory of Change Subcommittee (QEAC-TOC) and other stakeholders

2. Decide **What To Measure** To Drive Progress on a Goal

Drawing from the Theory of Change, identify **Proposed Measures** that would help drive progress on each goal

Selected with input from the QEAC-Technical Subcommittee (QEAC-TS) and other stakeholders

3. Design **How To Measure** It

For each proposed measure, develop **Measure Specifications** detailing key definitions and data sources

Developed with input from the QEAC-Technical Subcommittee (QEAC-TS) and other stakeholders

Reminder: Creating a Theory of Change

If… ***… Then***

Levers	**Strategies**	**Results**	**Goal**
The targeted interventions, workforce investments, infrastructure investments, and operation requirements under the purview of DHCS, BHPs, MCPs, and contracted providers	How research and data suggests Levers should be implemented to strategically and intentionally advance the goal	If the strategies are implemented, research and data suggest specific populations of individuals with BH needs will benefit in these ways	The statewide behavioral health impact sought

The activities

The intended results

The information included in this presentation may be pre-decisional, draft, and subject to change

Reminder: Identifying the Most Impactful BHP and MCP Targeted Intervention Levers for Each Goal

What is an "Impactful" Targeted Intervention Lever? A Prioritization Criteria

1. **Important**. Implementation of this Lever (and the anticipated Results of that Lever) would substantially advance the goal, per the Theory of Change.
2. **Relevant**. The Lever (or Result) is clearly specific and related to the goal.
3. **Required.** BHPs and/or MCPs are required to implement the Lever. (The Result is expected from contractually required Levers.)
4. **Strategic**. The Lever (or Result) is aligned with broader state BH strategy and measurement.
5. ***(Preferred)*** **Upstream.** The Lever (or Result) supports early intervention.

Where We Are on Cohort 1

1. Identify the **Targeted Interventions** That Will Drive Progress on a Goal

- ✓ Conduct research and analysis to identify causal factors influencing each goal
- ✓ Catalogue key policies and programs in California with potential to impact each goal
- ✓ Develop a Theory of Change (TOC) for each goal
- ✓ Identify the most impactful TOC components that could be used for measures

2. Decide **What To Measure** To Drive Progress on a Goal

- ✓ Identify existing or draft new potential measures for each priority TOC component *(59 candidate measure list)*
- ✓ Select measures for each goal (*18 proposed measures)*

- » **<u>Refine proposed measures, with consideration for data feasibility</u>**

3. Design **How To Measure** It

For new measures

- » Define key terms needed for new measures (e.g., "living with BH needs," "experiencing homelessness")
- » Develop specifications for each new measure
- » Conduct measure testing, refinement, and validation
- » Finalize measure specifications

Step 2. Establish a Proposed List of What To Measure

- DHCS developed a list of **18 proposed measures** to evaluate progress on subset of high-impact Theory of Change elements, which were prioritized with feedback from the QEAC-TOC.
- The key inputs which informed proposed measure selection included:
  - Evaluation of data availability and measure feasibility, in accordance with the Guiding Principles for Measure Selection (see appendix for details);
  - QEAC-TS feedback to discuss measure options and refine measure descriptions;
  - DHCS leadership feedback to ensure a balanced measure set aligned with BHT priorities; and
  - Engagement with subject matter experts from academia, DHCS and other CA State agencies.

Cohort 1 Proposed Measures

Reducing Homelessness

Homelessness Goal

Goal: Reduce homelessness for individuals living with BH needs

Background

In the California Statewide Study of People Experiencing Homelessness (CSSPEH):

- 48% of individuals experiencing reported at least one complex BH need.
- Only 21% of individuals who reported mental health symptoms in CSSPEH said they received treatment.

Key Stakeholders

- BHPs and MCPs have an important role in addressing the whole-person needs of individuals at risk of or experiencing homelessness, including behavioral health, housing, and health-related social needs.
  - The majority of individuals experiencing homelessness in California are eligible for Medi-Cal on the basis of income or other needs.
  - Individuals at risk of or experiencing homelessness are a priority population for BHSA services.
- Other key stakeholders needed to advance this goal include (but are not limited to) Continuums of Care, real estate developers, landlords and property managers, public health, local government, and public housing authorities, and providers.

Summary of the Theory of Change

Reduce homelessness for individuals living with BH needs

For individuals living with BH needs who are experiencing or at risk of homelessness…

Strategies

1. Identify and address **housing needs**
2. Identify and address **BH needs** through an integrated approach
3. Identify and address **HRSN** and other risk factors in the home/community that may increase the risk of homelessness
4. Integrate **BH response strategies** and trauma-informed care across all settings

Results

- **Prevent homelessness**
- **Minimize time spent unhoused**
- **Prevent re-occurrence** of homelessness for previously unhoused individuals
- **Reduce disparities** in outcomes related to homelessness

Homelessness Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined further during measure specifications process*
Goal			
Reduce homelessness for individuals living with BH needs	1C	**Comparison to Understand Overrepresentation of Persons Living with BH Needs Who Are Experiencing Homelessness**	Prevalence of persons living with BH needs *who* experienced homelessness *compared with* Prevalence *of* all persons *who* experienced homelessness
Result			
Minimize time spent unhoused for individuals experiencing homelessness	2A	**Permanent Housing for Persons Living With BH Needs Who Are Experiencing Homelessness**	Percent *of* persons living with BH needs and experiencing homelessness *who* attain permanent housing

*Prioritized with QEAC-TOC; Reviewed by QEAC in June
**Selected in Consultation with QEAC-TS; For Discussion Today
***To be refined with QEAC-TS; For Future Review

Homelessness Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined further during measure specifications process*
Levers			
Housing Interventions	3A	**Housing Services for Persons Living With BH Needs Who Are Experiencing Homelessness**	Percent *of* persons living with BH needs and experiencing homelessness *who* receive at least one Medi-Cal housing service (i.e., the Community Support Housing Trio or Medi-Cal Transitional Rent) and at least one BHSA Housing Intervention
Full Service Partnership + Housing Interventions	4A	**FSP and Housing Services for Persons Living with Significant BH Needs and Experiencing Homelessness**	Percent *of* persons living with significant BH needs and experiencing homelessness *who* were enrolled in Full Service Partnership (FSP) *and* received at least one housing service (defined as the Community Support Housing Trio, Medi-Cal Transitional Rent, or a BHSA Housing Intervention)

*Prioritized with QEAC-TOC; Reviewed by QEAC in June
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Discussion: Homelessness Measures

TOC Priority	#	Proposed Measure Name
Goal		
Reduce homelessness for individuals living with BH needs	1C	**Comparison to Understand Overrepresentation of Persons Living with BH Needs Who Are Experiencing Homelessness**
Result		
Minimize time spent unhoused for individuals experiencing homelessness	2A	**Permanent Housing for Persons Living With BH Needs Who Are Experiencing Homelessness**
Levers		
Housing Interventions	3A	**Housing Services for Persons Living With BH Needs Who Are Experiencing Homelessness**
Full Service Partnership + Housing Interventions	4A	**FSP and Housing Interventions for Persons Living with Significant BH Needs and Experiencing Homelessness**

Does the proposed measure set:

- Capture progress on the goal?
- Measure the implementation of targeted interventions that are expected to advance the goal?
- Taken together, incentivize and accurately capture the performance of BHPs and MCPs on the goal?

Reducing Institutionalization

Institutionalization Goal

Goal: Reduce institutionalization for individuals living with BH needs

Definitions

- **Institutionalization**: When an individual living with behavioral health needs is in an institutional setting but that setting provides a Level of Care that is not – or is no longer – the least restrictive environment. Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate.
- **Institutional Setting**: Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.

Key Stakeholders

- BHPs and MCPs are required to coordinate provision of and access to services for Medi-Cal members, including determining the most appropriate delivery system for BH care and facilitating timely transition from one Level of Care to a less restrictive setting when clinically appropriate.
- Individuals at risk of or experiencing institutionalization are a priority population for BHSA services delivered by BHPs.
- Other key stakeholders needed to advance this goal include (but are not limited to) law enforcement agencies and conservators.

Summary of the Theory of Change

Reduce institutionalization for individuals living with BH needs

For individuals living with BH needs who are institutionalized or at risk of institutionalization…

Strategies

1. Identify and address **BH, health care, housing, and health-related social needs**
2. Provide a **robust continuum of crisis care** support de-escalation and keep individuals in the community
3. Provide **high-quality BH care in appropriate institutional settings** and **enable timely transitions** to the least restrictive settings to meet needs
4. Integrate **BH response strategies** and trauma-informed care across all settings

Results

- **Prevent institutionalization**
- **Reduce unnecessary days in institutional settings**
- **Prevent re-institutionalization**
- **Reduce disparities** in outcomes related to institutionalization

Institutionalization Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined during measure specifications process*
Goal			
Reduce institutionalization for individuals living with BH needs	1F	**Bed Days in Institutional Settings for Persons Living with BH Needs***	Aggregated bed day rate *of* persons living with BH needs in each of the following institutional settings: (a) Mental Health Rehabilitation Centers (MHRCs), (b) Skilled Nursing Facility-Special Treatment Programs (SNF-STPs), (c) psychiatric hospitals, (d) PHFs, and (e) state hospital civil commitments **Intended to provide an understanding of the current state only.*
Levers			
Coordinated Specialty Care for First Episode Psychosis	2A	**Coordinated Specialty Care for First Episode Psychosis for Individuals Newly Diagnosed with Psychosis**	Percent *of* persons newly diagnosed with psychosis in the last year *who* receive Coordinated Specialty Care for First Episode Psychosis

*Prioritized with QEAC-TOC; Reviewed by QEAC in June
**Selected in Consultation with QEAC-TS; For Discussion Today
***To be refined with QEAC-TS; For Future Review

Institutionalization Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined during measure specifications process*
Levers			
Transitions of Care Support	3A	**Transitions of Care Support for Persons In or Exiting Institutional Settings**	Percent *of* persons living with BH needs who have a stay in an institutional setting (MHRC, SNF-STP, and state hospital civil commitments) *who* receive at least one type of transitions of care support (defined as a new IHSS services, a new HCBS waiver enrollment, a long-term care-focused Community Supports, Community Transitions In-Reach, Enhanced Care Management, or a CARE Plan) while admitted or within [X] days of discharge
Community-Based Mental Health Services	4B	**Community-Based Mental Health Services Following Discharge from Institutional Stays**	Percent *of* persons with institutional stays (MHRC, SNF-STP, psychiatric hospital, and state hospital civil commitments) *who* received community-based mental health services (including outpatient mental health services with a licensed clinical provider, intensive outpatient program, or Full Service Partnership) within [X] days of discharge *This measure will be evaluated to find alignment with FUH BHAS measure.*

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Discussion: Institutionalization Measures

TOC Priority	#	Proposed Measure Name
Goal		
Reduce institutionalization for individuals living with BH needs	1F	**Bed Days in Institutional Settings for Persons Living with BH Needs*** **Intended to provide an understanding of the current state only.*
Levers		
Coordinated Specialty Care for First Episode Psychosis	2A	**Coordinated Specialty Care for First Episode Psychosis for Individuals Newly Diagnosed with Psychosis**
Transitions of Care Support	3A	**Transitions of Care Support for Persons In or Exiting Institutional Settings**
Community-Based Mental Health Services	4B	**Community-Based Mental Health Services Following Discharge from Institutional Stays**

Does the proposed measure set:

- Capture progress on the goal?
- Measure the implementation of targeted interventions that are expected to advance the goal?
- Taken together, incentivize and accurately capture the performance of BHPs and MCPs on the goal?

Reducing Justice-Involvement

Justice-Involvement Goal

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

Background

- In California, more than 50% of individuals who are incarcerated are living with BH needs.
- Individuals who were formerly incarcerated are more likely to experience poor health outcomes, including higher risk for injury and death due to violence, overdose, and suicide.

Key Stakeholders

- BHPs and MCPs are responsible for addressing whole-person needs of JI individuals in community settings, including BH, housing, and HRSN, of children and families.
  - Adults and children/youth at risk of incarceration/arrest and those released from carceral settings/under community supervision may be eligible for and enrolled in Medi-Cal if they meet eligibility requirements.
  - Under CalAIM, youth and eligible adults in correctional facilities are eligible for targeted Medi-Cal services for up to 90 days prior to release.
  - Individuals at risk of or experiencing JI are a priority population for BHSA services delivered by BHPs.
- Other key stakeholders needed to advance this goal include (but are not limited to) correctional facilities and law enforcement agencies.

Summary of the Theory of Change

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

For individuals living with BH needs who are incarcerated or at risk of incarceration…

Strategies

1. Identify and address **BH needs** through an integrated approach
2. Identify and address the **health-related social needs (HRSN) and other factors in the home/community** that may increase the risk of incarceration
3. Identify and address the health care, BH, and HRSN **reentry needs** of individuals transitioning from carceral settings
4. Integrate **BH response strategies and trauma-informed care** across all settings

Results

- **Prevent incarceration and arrests**
- **Reduce time in carceral settings**
- **Prevent recidivism** for previously incarcerated individuals
- **Reduce disparities** in outcomes related to incarceration

Justice-Involvement Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined during measure specifications process*
Goal			
Reduce individuals with BH needs who are justice-involved	1B	**Comparison to Understand Overrepresentation of Persons Living with BH Needs with Justice Involvement**	Prevalence *of* persons living with BH needs *who* had an episode of justice involvement (arrest, new incarceration) in the past year *compared with* prevalence *of* all persons *who* had an episode of justice involvement (arrest, new incarceration) in the past year
Result			
Prevent recidivism for previously incarcerated individuals living with BH needs	2A	**Recidivism Among Justice-Involved Persons Living with BH Needs**	Percent *of* persons living with BH needs and who had recent justice involvement (arrest or incarceration in past year) *who* experience an episode of recidivism (subsequent arrest or incarceration) within [x] months of arrest and/or release

*Prioritized with QEAC-TOC; Reviewed by QEAC in June
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Justice-Involvement Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined during measure specifications process*
Levers			
BH Links for JI Reentry	3A	**Behavioral Health Links for Persons Living with BH Needs Who Are Enrolled In the Reentry Initiative**	Percent *of* persons with a BH need identified while enrolled in pre-release services *who* completed an encounter to address a BH need within [X] days of release **Intend to provide a drill down showing SUD vs. MH needs*
MAT/Contingency Management for JI Reentry	4B	**MAT for AUD or OUD for Reentry Initiative Enrollees**	Percent *of* persons receiving MAT for OUD and/or AUD during pre-release services *who* continued to receive MAT within 30 days post-release (known by filling prescription or receiving MAT during office visit)
FSP for JI individuals in the community (including FACT/ACT/ICM, Assertive Field-Based Treatment, HFW, IPS)	5B	**Avoidance of Arrest or Incarceration Following FSP Services for JI Persons Living with BH Needs**	Percent *of* justice-involved adults (and juveniles) living with BH needs enrolled in FSP *who* avoided arrest or incarceration after [X] months

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Discussion: Justice-Involvement Measures

TOC Priority	#	Proposed Measure Name
Goal		
Reduce individuals with BH needs who are justice-involved	1B	**Comparison to Understand Overrepresentation of Persons Living with BH Needs with Justice Involvement**
Result		
Prevent recidivism for previously incarcerated individuals living with BH needs	2A	**Recidivism Among Justice-Involved Persons Living with BH Needs**
Levers		
BH Links for JI Reentry	3A	**Behavioral Health Links for Persons Living with BH Needs Who Are Enrolled In the Reentry Initiative**
MAT/Contingency Management for JI Reentry	4B	**MAT for AUD or OUD for Reentry Initiative Enrollees**
FSP for JI individuals in the community	5B	**Avoidance of Arrest or Incarceration Following FSP Services for JI Persons Living with BH Needs**

Does the proposed measure set:

- Capture progress on the goal?
- Measure the implementation of targeted interventions that are expected to advance the goal?
- Taken together, incentivize and accurately capture the performance of BHPs and MCPs on the goal?

Reducing Removal of Children From Home

Removal of Children From Home Goal

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

Background

- National data show that parental substance use disorder (SUD) is a contributing factor in 33% of removals from home.
- Welfare-involved children have high rates of adverse childhood experiences (ACEs) that can contribute to behavioral health issues.

Key Stakeholders

- BHPs and MCPs are responsible for addressing whole-person needs, including BH, housing, and HRSN, of children and families.
  - All children and youth under age 26 who are or have previously been removed from their homes are eligible for Medi-Cal and Specialty Mental Health Services (SMHS), regardless of whether they have a BH diagnosis.
  - Children and youth in the child welfare system are a priority population for BHSA services.
  - Parents and caregivers of children/youth who are involved in child welfare may be eligible for Medi-Cal and/or SMHS based on individual eligibility.
- Other key stakeholders needed to advance this goal include (but are not limited to) child welfare agencies (who are responsible for investigations and placements) and schools.

Summary of the Theory of Change

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

For children and caregivers living with BH needs who are experiencing or at risk of removal of children from home…

Strategies

1. Identify and address **BH needs** through an integrated approach
2. Identify and address the **HRSN and other factors in the home/community** that may increase the risk of removal
3. Identify and address **health care, BH, and HRSN needs** in order to facilitate **timely permanency**
4. Integrate **trauma-informed care strategies** across all settings

Results

- **Prevent removal of children from home**
- **Reduce time removed** from home and facilitate timely permanency
- **Prevent re-removal** for children who have previously been removed from home
- **Promote stability** for adolescents (including transition age youth) aging out of placements and into the community
- **Reduce disparities** in outcomes related to removal of children from home

Removal of Children from Home Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined during measure specifications process*
Goal			
Reduce removal of children from home for children and families living with BH needs	1B	**Children & Youth Who Are Involved in Child Welfare**	Prevalence *of* children and youth *who* have open child welfare cases
Levers			
SMHS for children in child welfare	4A	**SMHS for Child Welfare-Involved Children**	Percent *of* children involved in Child Welfare *who* had at least [X] SMHS visits *DHCS is collaborating with DSS to best assess services to child welfare-involved children.*
SMHS for children in child welfare	4B	**Time to Initial BH Visit for Children & Youth Newly Involved in Child Welfare**	Average time (in days) from a child welfare referral for BH evaluation to the first attended SMHS visit among children and youth who have a newly opened child welfare case

*Prioritized with QEAC-TOC; Reviewed by QEAC in June
**Selected in Consultation with QEAC-TS; For Discussion Today
***To be refined with QEAC-TS; For Future Review

Removal of Children from Home Measures

TOC Priority*	#	Proposed Measure Name**	Draft Description*** *To be refined during measure specifications process*
Levers			
BH services for parents and caregivers	5D+	**BH Services Following Child Welfare Involvement for Parents or Caregivers**	Percent *of* parents or caregivers involved in child welfare that are living with significant BH needs *who* receive at least [X] BH service visits within [X] months following child welfare involvement
High Fidelity Wraparound for children and families	6A	**High Fidelity Wraparound for Child Welfare-Involved Children Living with Significant BH Needs**	Percent *of* children living with significant BH needs and involved in child welfare *who* receive High Fidelity Wraparound (HFW) services

+If parent-child data linkage is not feasible for 5D, an alternate measure on **SUD Services for Pregnant/ Postpartum persons** may be substituted

*Prioritized with QEAC-TOC; Reviewed by QEAC in June
**Selected in Consultation with QEAC-TS; For Discussion Today
***To be refined with QEAC-TS; For Future Review

Discussion: Removal of Children from Home Measures

TOC Priority	#	Proposed Measure Name
Goal		
Reduce removal of children from home for children and families living with BH needs	1B	**Children & Youth Who Are Involved in Child Welfare**
Levers		
SMHS for children in child welfare	4A	**SMHS for Child Welfare-Involved Children**
SMHS for children in child welfare	4B	**Time to Initial BH Visit for Children & Youth Newly Involved in Child Welfare**
BH services for parents and caregivers	5D	**BH Services Following Child Welfare Involvement for Parents or Caregivers**
High Fidelity Wraparound for children and families	6A	**High Fidelity Wraparound for Child Welfare-Involved Children Living with Significant BH Needs**

Does the proposed measure set:

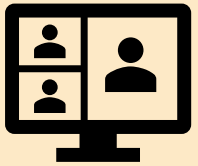
- Capture progress on the goal?
- Measure the implementation of targeted interventions that are expected to advance the goal?
- Taken together, incentivize and accurately capture the performance of BHPs and MCPs on the goal?

Next Steps

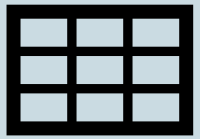
Next Steps for Cohort 1

- DHCS will incorporate QEAC feedback discussed today to refine the Cohort 1 measures.
- DHCS will begin developing measure specifications and seek support from QEAC-TS on further refinements.
- DHCS will share an update on final proposed Cohort 1 measures with the QEAC in Fall 2025.

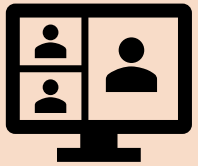
Coming Up for Cohort 2



Public QEAC Meeting to share draft Theories of Change for Cohort 2 goals on **Tuesday, August 19**. *Click here to register.*



DHCS and the QEAC-TS will work to develop a proposed measure list for Cohort 2 goals.



Public QEAC Meeting to share proposed Cohort 2 measures in Fall 2025.