

**BEHAVIORAL HEALTH TRANSFORMATION
QUALITY AND EQUITY ADVISORY COMMITTEE
MEETING #9**

Date: Thursday, January 26, 2026

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

Meeting Format: Virtual

Presenters:

- » **Anna Naify**, PsyD, Consulting Psychologist, BHT Quality and Equity Workstream Lead, Quality and Population Health Management

Number of Committee Members Present: 25

Materials: [QEAC-Meeting-9.pdf](#)

Committee Membership Roll Call:

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



- » Lishaun Francis; Present
- » Lynn Thull; Not Present
- » Marina Tolou-Shams; Present
- » Mark Bontrager; Not Present
- » Mary Campa; Present
- » Noel J. O'Neill; 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
- » Discussion: Cohort 3 Theories of Change and Measure Priorities
- » Preview: Approach for Advancing Equity Through BHT Measures

Welcome and Agenda

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

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

The committee was tasked with identifying the most impactful measurement priorities, including Behavioral Health Plan (BHP) and Medi-Cal Managed Care Plan (MCP) targeted interventions, which could advance each Cohort 3 Goal. The discussion focused on whether the Theories of Change (TOC) for each goal included the key strategies for BHPs and MCPs to advance each goal. The committee also discussed whether implementing the measure priorities would lead to progress towards the goals for members eligible for BHP and MCP services.

Discussion: Improving Engagement in School

Proposed Levers: (1) Behavioral health screening, (2) Early intervention programs and Community-Defined Evidence Practices (CDEPs), (3) SMHS, NSMHS, SUD Services, (4) Care management, (5) BH-CONNECT and BHSA Evidence-Based Practices, (6) Cal-MAP teleconsultation, (7) CYBHI Virtual BH Programs, (8) HRSN and Housing Services

Proposed Measure Priorities: Engagement in School, Early Intervention and Screening, Care Coordination and Management, BH Treatment

- The committee discussed the specific plan responsibilities related to schools within the domains of care management, investment, and targeted interventions.
- The committee pointed out that some of the options for the goal measures fall outside the direct control of plans. QEAC members recommended that measures should focus on levers that BHPs and MCPs can directly influence.
- The committee also discussed that importance of Local Education Agency – MCP Memorandum of Understanding (MOU) and the CYBHI School-Linked Fee Schedule to advance the goal, noting that both are long-term levers available to plans.
- QEAC members emphasized the potential of Adverse Childhood Experiences (ACEs) screening, dyadic services and supports, cultural competence around screenings, and Certified Wellness Coaches as potential measure priorities.

Discussion: Improving Engagement in Work

Proposed Levers: (1) Behavioral health screening, (2) Early intervention programs and Community-Defined Evidence Practices (CDEPs), (3) SMHS, NSMHS, SUD Services, (4) Care management, (5) Employment Support Services, (6) HRSN and Housing Services

Proposed Measure Priorities: Engagement in Work, Employment Support Services

- The measure priorities focus on interventions for individuals living with significant behavioral health needs. The committee discussed how individuals living with significant behavioral health needs are identified based on specific diagnosis and utilization for whom specialized behavioral health services are appropriate.
- The committee emphasized a need for measures to consider cultural competence, with specific attention to the needs of Tribal and Urban Indian communities and older adults.
- The committee emphasized the importance of stratifying measures by age, race, disability, and geography to check for disparities in service delivery across different populations.
- Multiple QEAC members noted that community and county partnerships are central to improving engagement in work.

Discussion: Improving Quality of Life

Proposed Levers: (1) Behavioral health screening, (2) Care management, (3) Early intervention, (4) Goals of care and advance care planning, (5) SMHS, NSMHS, SUD Services, (6) Addressing SDOH Needs, (7) BH-CONNECT Activity Stipends

Proposed Measure Priorities: Improve Quality of Life, Eliciting Goals, Trauma Screening, Health-Related Social Needs Services

- The committee discussed how BH-CONNECT activity stipends could be used for community-based services such as Clubhouse models to improve quality of life.
- The committee recognized that an ideal quality of life measure would focus on individuals' self-reported ability to align with their own personal goals. This is not captured in existing statewide survey tools.
- The committee expressed concerns about using ACES and Pediatrics ACEs for measuring quality of life outcomes because they are point-in-time measures and are more effective as a baseline for understanding exposure to trauma rather than improving an individuals' quality of life. ACEs and PEARLS screenings do not account for protective factors and do not capture positive, aspirational outcomes.
- The committee expressed the need to balance collecting data and overburdening providers.
- The committee also discussed whether to develop new aspirational measures for quality of life or to utilize existing survey tools.

Discussion: Improving Social Connection

Proposed Levers: (1) Behavioral health screening, (2) Early intervention programs and Community-Defined Evidence Practices (CDEPs), (3) SMHS, NSMHS, SUD Services, (4)



Care management, (5) Employment Support Services, (6) HRSN and Housing Services, (7) BH-CONNECT Activity Stipends

Proposed Measure Priorities: Social Connection, Peer-Based Support, Care Models Strengthening Interpersonal Relationships

- The committee recommended including Community-Defined Evidence Practices (CDEPs) as a measure priority but noted that they would need to be adapted for each county.
- The committee noted that schools play an important role in social connection for young people, citing services like Certified Wellness Coaches that can improve social connection.

Preview: Approach for Advancing Equity Through BHT Measures

DHCS previewed the approach for advancing health equity in BHT. All Phase 2 Measures will be stratifiable by key demographics and BHT populations of focus. DHCS will also develop cross-goal equity measures with improvement targets, modeled after DHCS' Bold Goals. The equity measures will be developed on the same timeline as Cohort 3, with advisement from the new QEAC Equity Subcommittee and the QEAC Technical Subcommittee.

Next Steps

- DHCS requested any additional feedback from the QEAC on the Cohort 3 Theories of Change and proposed measure priorities by January 30, 2026.
- DHCS will incorporate QEAC feedback discussed today and sent via email to refine the Cohort 3 Theory of Change.
- DHCS will begin developing measures for Cohort 3 Goals, with support from the QEAC Technical Subcommittee in March 2026.