

**February 10, 2025, 10 to 11 a.m. Pacific Standard Time (PST)**

**Total Registrants: 420, Unique Viewers: 266**

## Question 1

What feedback do you have on Phase 1 measures: goals for reduction?

## Participant Responses

### Common Themes

- » **Data Collection and Accessibility:** Improve data collection, particularly for people with disabilities and certain demographic factors, such as race, ethnicity, sexual orientation, and gender identity. Create a central location for counties to access data. Provide client-level data for analysis and data transparency related to consumer satisfaction and institutionalization.
- » **Children and Youth:** Provide clear definitions for the types of visits that count as follow-ups and the relevance of certain measures to children and youth. Recommend that the screening tool used to assign youth to a system of care has its results validated and followed up with care coordination. Provide an additional measure that speaks directly to open child welfare cases reflecting specialty mental health services or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) penetration rates.
- » **Accountability and Performance:** Use a reward and penalty system for performance to support accountability in meeting goals. Collaborate with managed care plans to gain ongoing stakeholder and community feedback. Provide clear benchmarks and validation to confirm that what is measured accurately reflects what is *intended* to be measured. Display data by equity indicators to address disparities.
- » **Service Gaps and Disparities:** Close gaps in care, particularly the lack of Intensive Outpatient services for Medi-Cal patients and the need for reimbursement for these services. Address disparities among populations most affected by behavioral health issues, and incorporate integrated care for

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unserved populations. Recommend stratifying data for all reduction goals by race, ethnicity, language, and other equity indicators to identify and address any disparities.

- » **Population-Based Screening and Early Intervention:** Provide population-based screening to identify health issues (e.g., depression) early to prevent mental health problems in adulthood. Explain how measures will assist with assessing the impact of early intervention and understand the need for measures relevant to children and youth. Recommend a measure showing the combined receipt of at least three mental health visits for children and youth to combat the low rates of mental health support for children and youth enrolled in Medi-Cal.

## Other Responses

- » **Systemic Issues and Broader Context:** Address systemic issues, such as justice involvement and the broader context of social drivers of health. Concerns about the relevance of certain goals, like decreasing the number of children in foster care, and suggest that some issues may be outside the influence of behavioral health departments. Prioritize tobacco assessment and treatment in Behavioral Health Transformation service delivery to align with national and state goals identified by the U.S. Department of Health and Human Services<sup>1</sup>.

**Reduction of Institutionalization:** Oppose the inclusion and characterization of crisis residential treatment services, crisis intervention, and crisis stabilization as forms of institutionalization. Emphasize that these services are designed to be temporary and voluntary, providing immediate assistance without the long-term confinement associated with institutionalization. Stress that these services aim to reduce the need for long-term institutional care by providing effective crisis management and stabilization.

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## Question 2

What feedback do you have on Phase 1 measures: goals for improvement?

### Participant Responses

#### Common Themes

- » **Access to Care:** Certify timely access to care, including measuring wait times from the initial point of contact to the first appointment. Use primary care as an access point in rural counties, with a focus on federally qualified health centers performing screenings and assessments for behavioral health needs and social drivers of health.
- » **Measurement and Data Collection:** Support robust data collection to include underserved groups. Recommend measuring adverse childhood experiences and trauma-related issues. Collect data by age, grade level, and other demographics to ensure comprehensive reporting. Add the Tobacco Assessment and Treatment measure to complement the initiation of substance use disorder treatment to improve behavioral health service delivery.
- » **Consumer Perception and Quality Measures:** Centralize consumer perception and quality measures in patient-centered care. Track outreach efforts and require consistent implementation of measures across districts and counties. Support follow-up and care coordination to meet measures and improve care delivery.
- » **Public Transparency and Accountability:** To enhance transparency and stakeholder engagement, create a public-facing, annually updated, dashboard with measures by county. Consider accessibility in digital spaces for individuals with mental health and cognitive disabilities.
- » **Employment and Engagement:** Measure engagement in work and school, particularly for underrepresented and underserved populations, including people with disabilities. Differentiate between unemployment due to mental health concerns versus other reasons.

#### Other Responses

- » **Integrated and Culturally Appropriate Care:** Implement measures that promote integrated care and cultural appropriateness. Participants encouraged recognition of the role of peer support in reducing stigma and increasing service utilization.

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## References

1. U.S. Department of Health and Human Services. HHS Framework to Support and Accelerate Smoking Cessation 2024.  
<https://www.hhs.gov/sites/default/files/hhs-framework-support-accelerate-smoking-cessation-2024.pdf>

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