

BHT Quality and Equity Advisory Committee Meeting #1

October 8, 2024

Agenda

Topics	Estimated Timing
» Welcome and Opening Remarks from DHCS Leadership	10 mins
» Joaquin's Lived Experience	5 mins
» Introductions	30 mins
» Quality and Equity Advisory Committee Overview	10 mins
» Behavioral Health Transformation Overview	10 mins
» <i>Break</i>	<i>5 mins</i>
» Behavioral Health Transformation Quality and Equity Strategy <ul style="list-style-type: none">■ Proposed Statewide Behavioral Health Goals■ Phased Approach and Implementation of the BHT Quality and Equity Strategy	35 mins
» Next Steps	5 mins
» Q&A	10 mins

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.



Introductions

The Department of Health Care Services (DHCS)



Marlies Perez

*Community Services
Division Chief and BHT
Project Executive*



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*

Joaquin Jordan



Introductions - the Quality and Equity Advisory Committee

The Behavioral Health Transformation (BHT) Quality and Equity Advisory Committee (QEAC) is comprised of diverse individuals, each contributing unique perspectives and expertise.

Please introduce yourself to the group and share the following in 1 minute or less:



Name

Role or Title and Organizational Affiliation(s)

Please answer one of the following:

What data and measurement 'superpower' will you bring to the QEAC?
What do you hope BHT will change if it is successful?

Quality and Equity Advisory Committee Members

(Slide 1 of 2)

*A **subset of QEAC members** will also be involved in the **Technical Subcommittee** and advise DHCS on measures and specifications.*

- **Albert Senella***, California Association of Alcohol and Drug Program Executive, Inc
- **Amie Miller+**, California Mental Health Services Authority
- **Brenda Grealish***, California Council on Criminal Justice and 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
- **Jei Africa+**, San Mateo County Behavioral Health and Recovery Services
- **Julie Siebert+**, National Committee for Quality Assurance
- **Kara Taguchi+**, Los Angeles County Department of Mental Health
- **Karen Larsen***, Steinberg Institute
- **Kenna Chic***, Former President of Project Lighthouse
- **Kimberly Lewis***, National Health Law Program

Quality and Equity Advisory Committee Members

(Slide 2 of 2)

*A **subset of QEAC members** will also be involved in the **Technical Subcommittee** and advise DHCS on measures and specifications.*

- **Kiran Savage-Sangwan***, California Pan-Ethnic Health Network
- **Kirsten Barlow***, California Hospital Association
- **LeOndra Clark Harvey***, California Council of Community Behavioral Health Agencies
- **Lishaun Francis***, Children Now
- **Lynn Thull+**, LMT & Associates, Inc.
- **Marina Tolou-Shams+**, University of California, San Francisco
- **Mark Bontrager+**, Partnership Health Plan of California
- **Melissa Martin-Mollard+**, Mental Health Services Oversight and Accountability Commission
- **Nanette Star+**, California Consortium for Urban Indian 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
- **Tom Insel+**, Vanna Health

Quality and Equity Advisory Committee Overview



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

The QEAC will Meet Quarterly to Support the BHT Quality & Equity Strategy

*DHCS has convened the QEAC to support the development of a **quality and equity strategy** and advise DHCS on a **comprehensive vision** for improving population behavioral health statewide. The quality and equity strategy will **extend across** multiple statewide behavioral health programs and initiatives.*

Purpose

The QEAC will meet approximately quarterly to **provide DHCS with guidance and recommendations** on proposed statewide population behavioral health goals (BH goals) and associated measures.

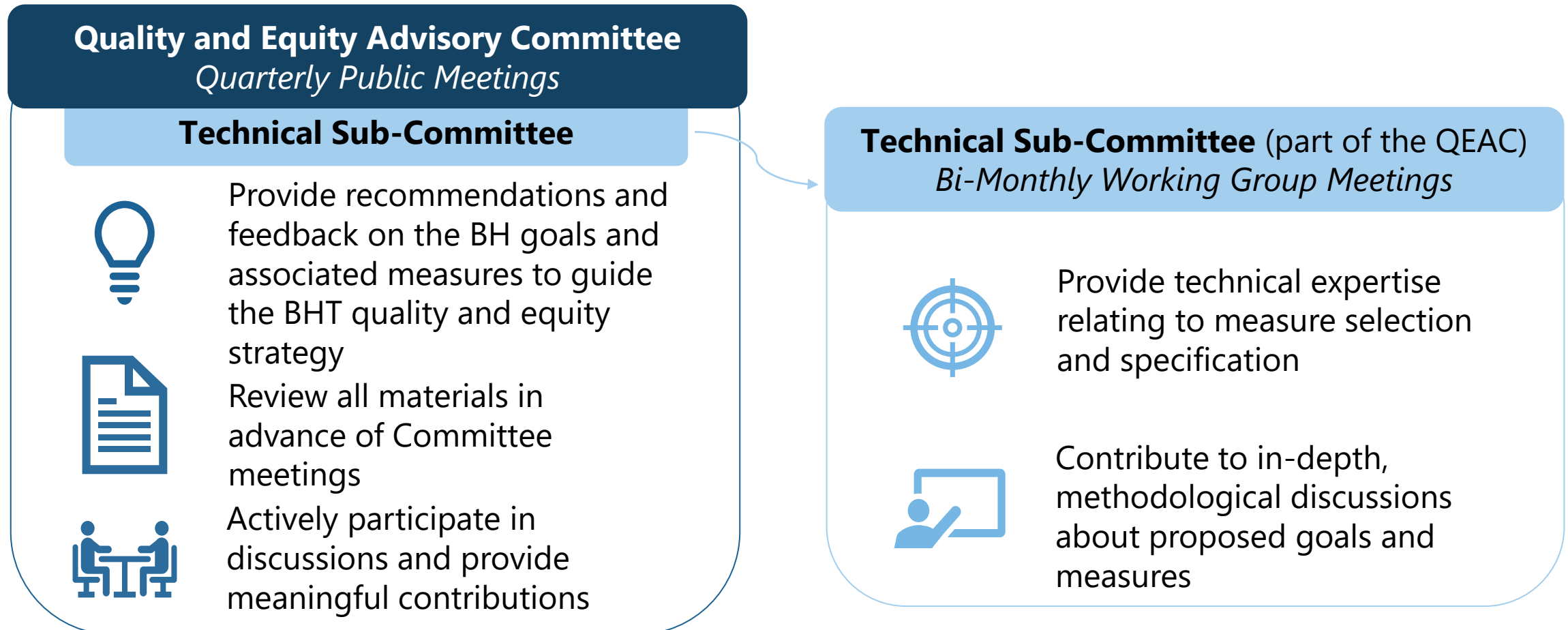
Objectives

DHCS has established a **phased approach** to identify and select statewide population BH goals and associated measures.

- Initially, the QEAC will provide input and recommendations on the statewide population **BH goals**.
- The QEAC will then provide input and recommendations on **publicly reported measures associated with statewide the population BH goals**.
- Additionally, the QEAC *may* be asked to provide recommendations on future BHT measure selection and calculation efforts.

Roles and Responsibilities of the QEAC and Technical Sub-Committee

As part of the QEAC, Technical Sub-Committee members will meet approximately bi-monthly to provide DHCS with recommendations based on their expertise in Behavioral Health Data and Measurement, Population Health, Quality Improvement, and Equity.



Impact of QEAC Guidance and Input

*The BHT quality and equity strategy is intended to **align priorities and desired outcomes across behavioral health programs and initiatives**, while still allowing for program-specific goals and measures, as needed.*



Behavioral Health Services Act ¹

BH-CONNECT (proposed 1115 Demonstration) ²

Medi-Cal Managed Care Plan (MCP) Substance Use Disorder Treatment

Medi-Cal MCP Non-Specialty Mental Health Services

Medi-Cal Specialty Mental Health Services

Drug Medi-Cal (DMC) / DMC Organized Delivery System (ODS)

Other initiatives and programs funded by Realignment and federal block grant programs (e.g., SABG, MHBG) ³

*The QEAC will provide **guidance and input on the comprehensive quality and equity strategy** which will impact multiple programs aimed at improving California's behavioral health delivery system.*

¹ The Behavioral Health Services Act replaces the Mental Health Services Act of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels. More information is available [here](#).

² On October 20, 2023, DHCS submitted its application for a new Medicaid Section 1115 Demonstration to increase access to and improve behavioral health services for Medi-Cal members statewide. More information is available [here](#).

³ SAMHSA's Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention & Treatment Block Grant (SABG).

Behavioral Health Transformation Overview

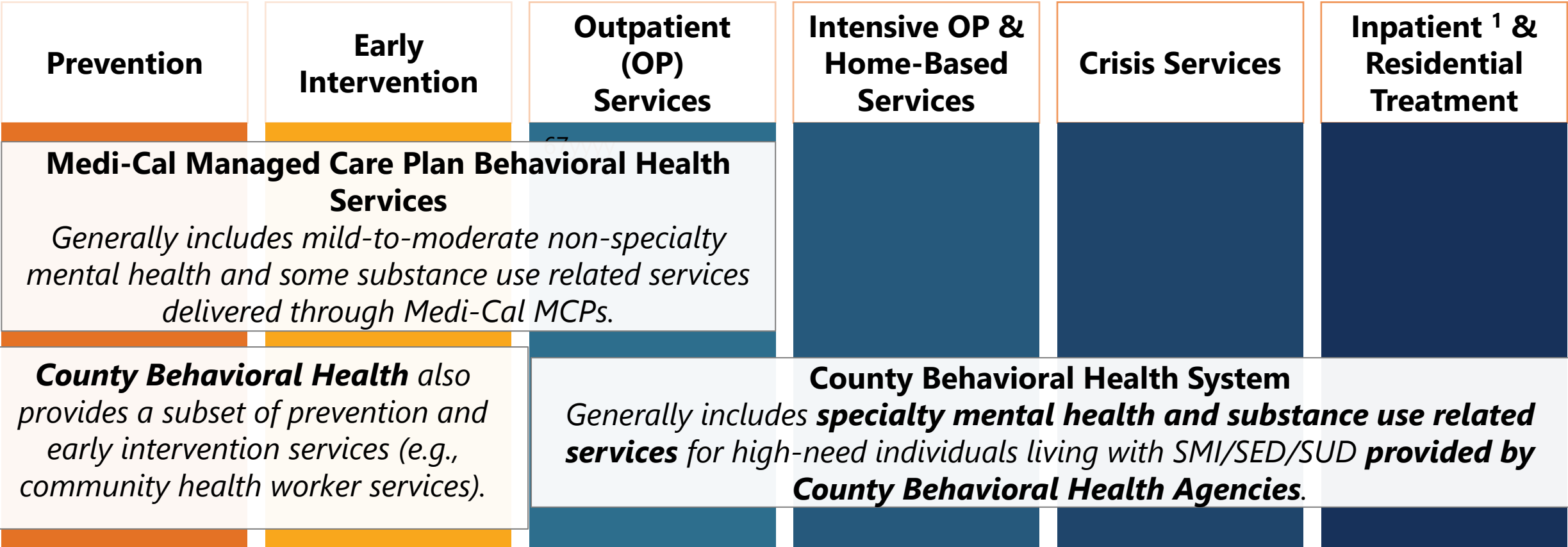


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California’s Public Behavioral Health Delivery System

In California, mental health and substance use disorder services are delivered via distinct systems of care based on the complexity of the services provided and the source of coverage. BHT offers an opportunity to standardize performance measurement across the system via the proposed statewide BH goals and aligned measures.

Mild to Moderate **More Intensive (SMI/SED/SUD)**



¹ In some instances, delivery of inpatient services may be paid for by a Medi-Cal MCP if the individual was not receiving specialty mental health care at the time

Behavioral Health Transformation

In March 2024, California voters passed Proposition 1, a two-bill package, to modernize the state's behavioral health care system, including the **Behavioral Health Services Act** and the **Behavioral Health Bond**. By enacting changes from Proposition 1, Behavioral Health Transformation expands ongoing efforts to **support vulnerable people** living with the **most significant** mental health conditions and SUDs.

Behavioral Health Transformation at a Glance:

1. Evolves the Mental Health Services Act to the Behavioral Health Services Act
2. Includes bonds to increase infrastructure
3. Creates pathways to advance health equity and reduce disparities for individuals with behavioral health needs.

High-level **aims of Behavioral Health Transformation** include:



Improving
Behavioral Health Outcomes and Equity



Expanding Capacity of
Behavioral Health Facilities



Improving
Accountability



Increasing
Transparency

Priority Populations

Behavioral Health Services Act funding targets individuals living with a range of behavioral health needs and prioritizes those disproportionately affected by mental health and SUD challenges with unmet needs. These priority populations mirror those for other statewide behavioral health initiatives and programs.



Individuals experiencing homelessness or at risk of experiencing homelessness



Justice-involved individuals or individuals at risk of criminal justice system involvement



Children and youth, including those involved in the child welfare system



Individuals in or leaving institutional settings, or those at risk of institutionalization

¹ Per California Welfare and Institutions Code § 5892.(d)(1) counties should prioritize eligible adults who are chronically homeless, experiencing homelessness, or at risk of homelessness, at risk of being in the justice system, reentering the community from prison or jail, at risk of conservatorship, at risk of institutionalization.

² Per California Welfare and Institutions Code § 5892.(d)(2) counties should prioritize eligible children and youth who are chronically homeless, experiencing homelessness, or at risk of homelessness, at risk of being in the juvenile justice system, reentering the community from a youth correctional facility, in the child welfare system or at risk of institutionalization.

BREAK | 5 mins

Behavioral Health Transformation Quality and Equity Strategy



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Behavioral Health Transformation Mission: To Improve Behavioral Health For All Californians

Behavioral Health Transformation Vision:

"All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities."

Behavioral Health Transformation presents a historic opportunity to transform behavioral health service delivery for Californians through:



A coordinated
public behavioral
health safety net



A population health
approach that
reaches all in need
of Behavioral Health
services



Trust and
collaboration
across the public
BH delivery
system



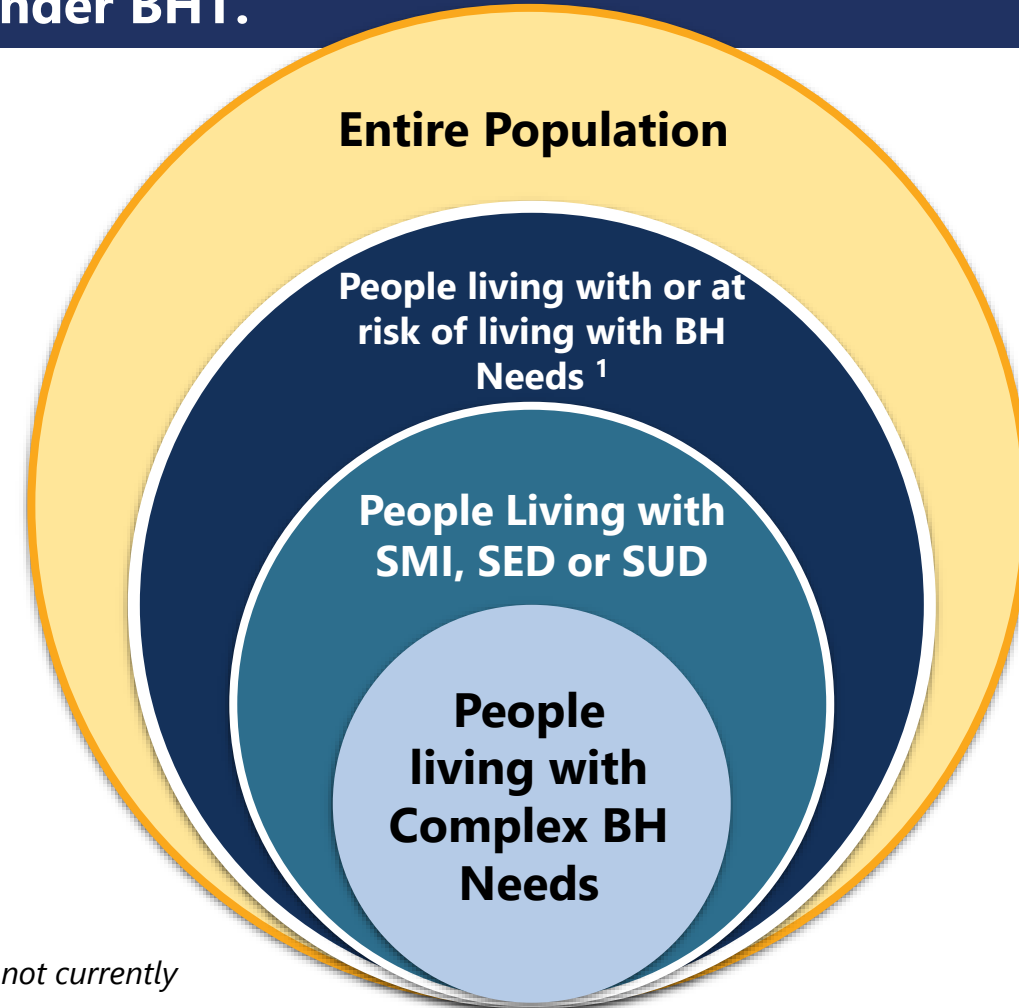
A data-informed
approach using
standard goals
and measures

A Population Health Approach to Behavioral Health Quality and Equity

DHCS is building out population health programs across the delivery system and is seeking to take a population health approach under BHT.

A population health approach² for behavioral health would:

- » Consider the entire population
- » Deploy whole-person care interventions
- » Coordinate across delivery systems
- » Use data to:
 - » Identify groups for targeted interventions
 - » Improve quality across the BH continuum
 - » Monitor effectiveness across populations
 - » Support continuous improvement
 - » Identify and track racial and ethnic disparities in behavioral health outcomes



¹ 'People living with BH needs' extends across the community and includes individuals who need care but are not currently receiving treatment or support.

² See references for population health management on the next slide.

The PHM Program as a Model

DHCS implemented a Population Health Management (PHM) Program¹ for Medi-Cal Managed Care Plans in January 2023 that reorganizes and strengthens existing contract requirements. DHCS is seeking to take a similar approach under BHT.

Under the Population Health Management Program, MCPs and their networks and partners:



Are **responsive to individual member needs** within the community



Work within a **common framework** and set of expectations



Participate in a population health **journey** that evolves over time



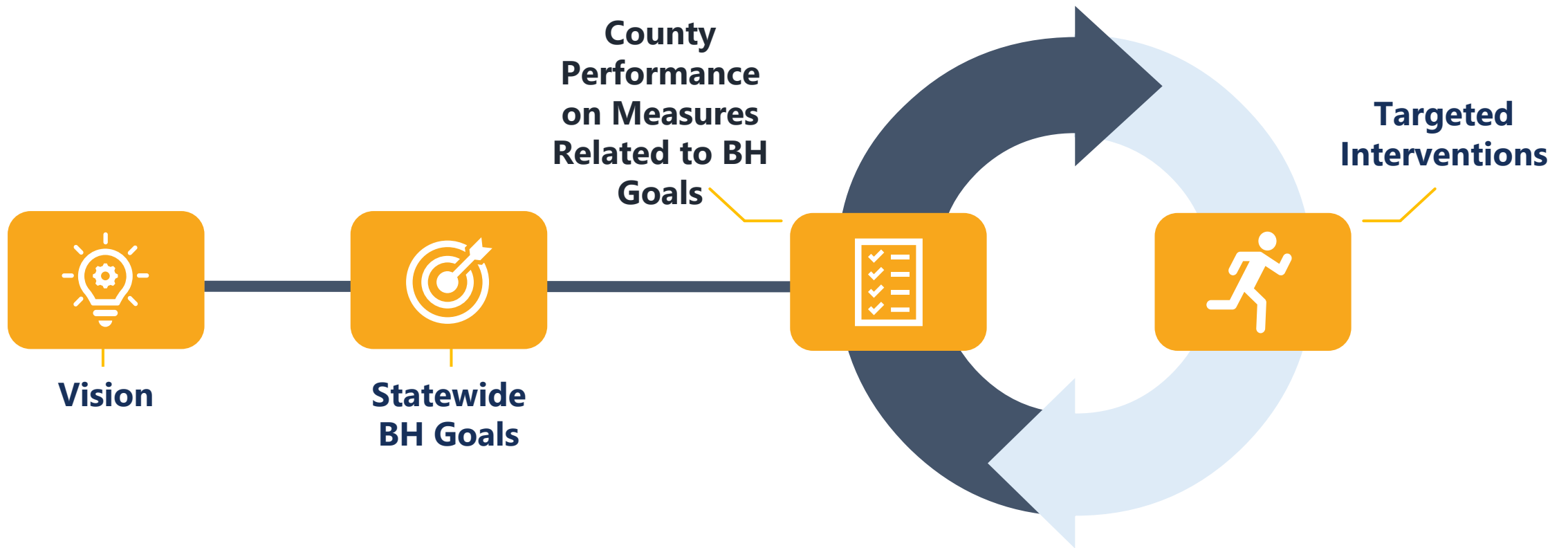
Use **data** to monitor population needs and **target resources**

¹ The [Population Health Management Program](#) is a cornerstone of CalAIM. In May 2024, DHCS released its [CalAIM: PHM Policy Guide](#), serving as a guidance document that sets forth comprehensive requirements applicable for all Medi-Cal Managed Care health plans.

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Population Behavioral Health Framework

The population behavioral health framework is designed to enable counties to make data-informed decisions to better meet the needs of individuals within the communities they serve.



Advancing Population Behavioral Health Through a Data-Driven Strategy

DHCS is laying out a vision for behavioral health transformation using population behavioral health goals and associated measures.



Vision

Set forth by DHCS to ensure that *"All Californians have access to behavioral health (BH) services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities."*



Statewide BH Goals *(QEAC's Initial Focus)*

Establish BH goals that will move the needle toward helping California attain its vision. These goals will help all stakeholders understand what needs to be accomplished and will provide a framework for evaluating progress against the State's vision.



Specified Measures Related to BH Goals

Identifying measures related to the goals will enable DHCS to track and measure progress toward the BH goals and support a data-driven approach to achieving them.



Targeted Interventions

Counties will allocate resources and implement targeted interventions based on their County-level performance on measures to drive progress on statewide goals and better meet community needs, including Behavioral Health Services and Supports, Full Service Partnership Programs, and Housing Interventions.

Deploying the Population BH Approach

Illustrative Example (Slide 1 of 2)



- 1 DHCS envisions** that all Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities.
- In collaboration with stakeholders, DHCS identifies **statewide BH goals and associated measures** to outline desired improvements in the behavioral health delivery system, one of which is to decrease incarceration rates.
- At the start of the county planning process, DHCS provides each county with performance measures for each BH Goal through the BHT Policy Manual and Integrated Plan (IP) template. **County X reviews their performance** against the publicly available measures for each BH goal. County X discovers that they are performing poorly on measures related to incarceration.

Deploying the Population BH Approach

Illustrative Example (Slide 2 of 2)

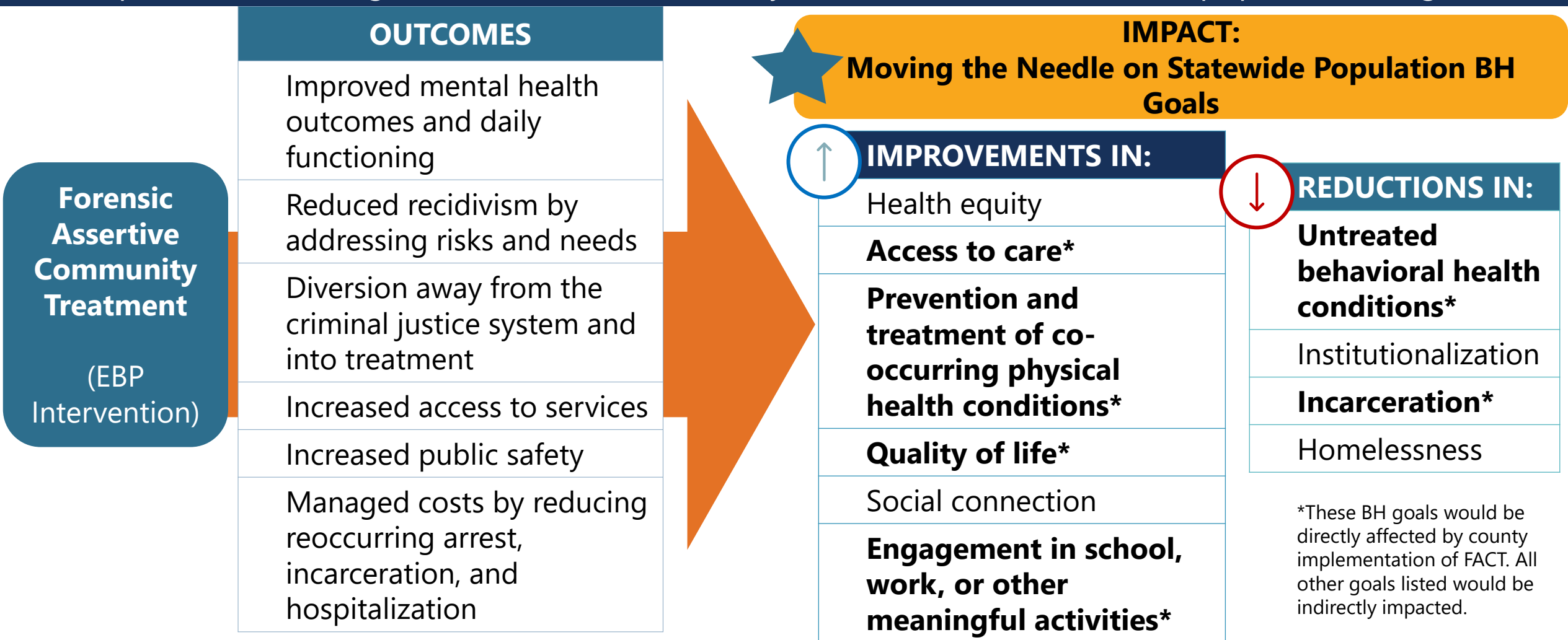


- 1 County X decides to **prioritize their efforts to improve incarceration rates**. They decide to strengthen partnerships with their police department and local county jails to provide mental health education, interventions, and treatments. They also choose to invest in **BHSA-funded interventions** that improve access to behavioral health services for justice-involved individuals, prioritizing Forensic Assertive Community Treatment (FACT) services—an evidence-based approach designed to support justice-involved individuals with severe and chronic behavioral health conditions.
- 2
- 3
- 4
- 5 During the next county planning process, County X **reviews their performance on all measures related to the BH goals** and discovers that incarceration, access to care, and untreated BH conditions all improved, but they are still behind on incarceration rates. The County adjusts spending as needed

to drive further improvements.

Illustrative Example: FACT's Impact on BH Goals

By providing **person-centered, trauma-informed, and time-unlimited services** to justice-involved individuals with serious behavioral health conditions, FACT is expected to drive outcomes that positively impact the wellbeing of Californians and directly contribute to the statewide population BH goals.

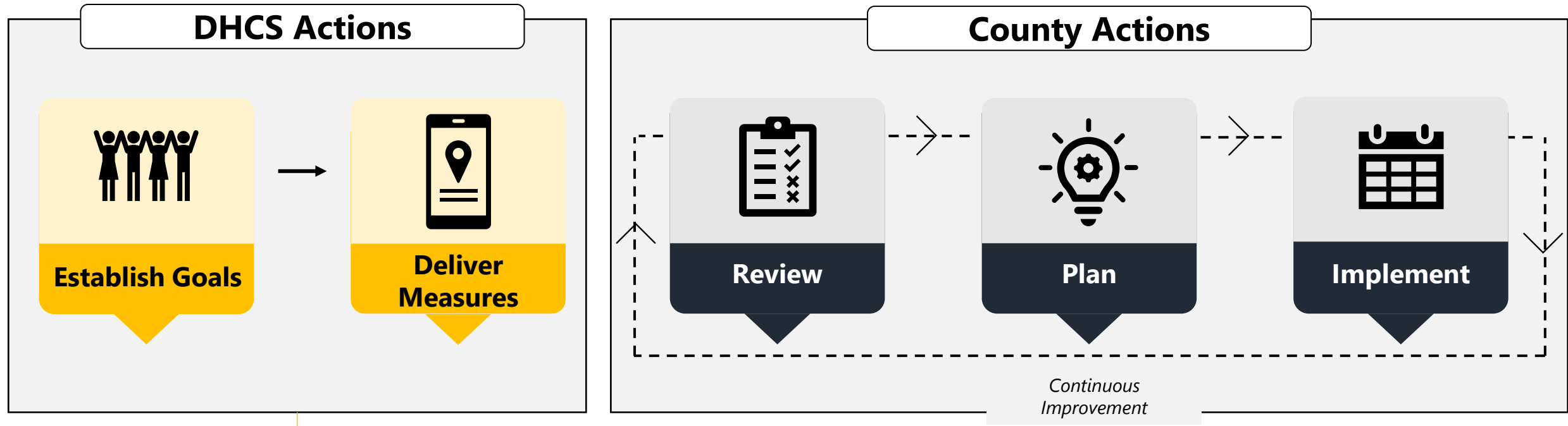


For more information about FACT, visit [the SAMHSA: FACT webpage here](#).

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County Planning Drives Resource Allocation and Improvements on Behavioral Health Goals

In the initial phases of BHT quality measurement, DHCS will outline proposed statewide BH goals and **identify high-quality and public-available measures** related to those goals. The statewide BH goals are expected to be directly or indirectly impacted by interventions funded under BHT.



DHCS is seeking the QEAC's input on the BH Goals and related measures

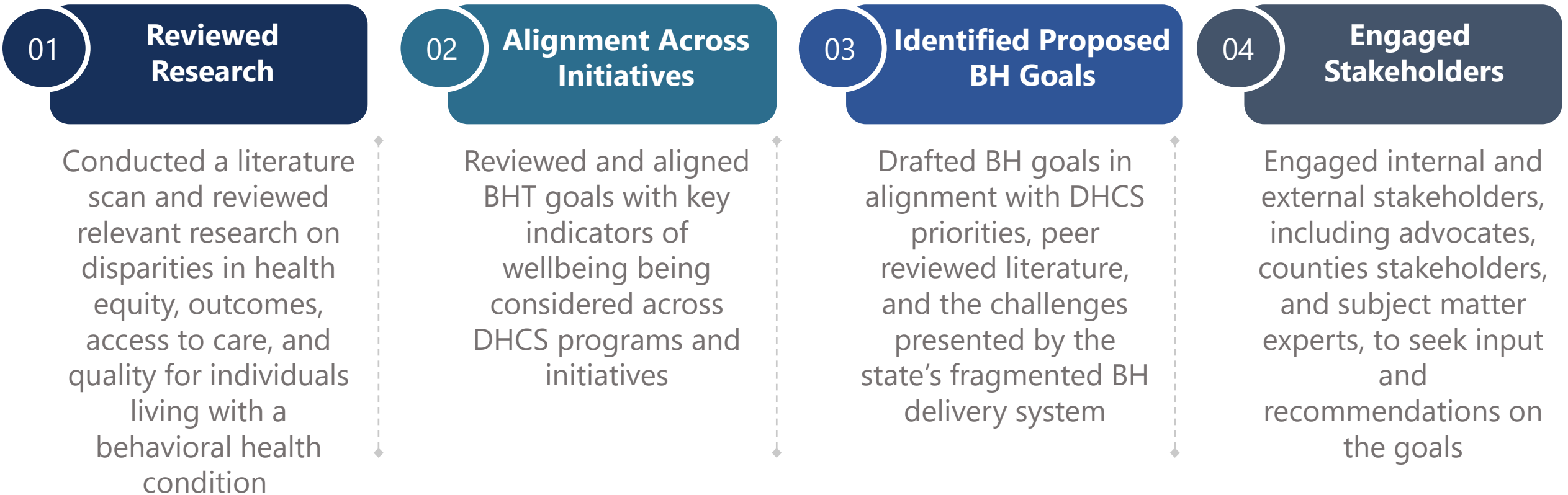
Proposed Statewide Behavioral Health Goals



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Statewide BH Goal Selection Process

*In alignment with BHT and in consultation with stakeholders, DHCS has developed **14 proposed statewide BH goals aimed at taking the pulse of the wellbeing of communities**. DHCS utilized an iterative and systematic process to identify and select each goal and consider and incorporate stakeholder feedback.*



Statewide Population BH Goals

DHCS has proposed statewide BH goals to provide a broad indication of communities' functioning and wellbeing.

Proposed Population BH Goals	
↑ Goals for Improvement	↓ Goals for Reduction
Health equity	Suicides
Member experience	Overdoses
Access to care	Untreated behavioral health conditions
Prevention and treatment of co-occurring physical health conditions	Institutionalization
Quality of life	Homelessness
Social connection	Incarceration
Engagement in school, work, or other meaningful activities	Removal of children from home

Discussion

Proposed Population BH Goals



Goals for Improvement

Health equity

Member experience

Access to care

**Prevention and treatment
of co-occurring physical
health conditions**

Quality of life

Social connection

**Engagement in school,
work, or other
meaningful activities**



Goals for Reduction

Suicides

Overdoses

**Untreated behavioral
health conditions**

Institutionalization

Homelessness

Incarceration

**Removal of children from
home**

1. Are there critical topics that are missing from the proposed BH Goals?
2. Should any of the proposed statewide BH Goals be excluded? If so, why?
3. Are there any critical refinements necessary to the BH Goals?

Phased Approach and Implementation of the BHT Quality and Equity Strategy

Phased Approach to Performance Measurement

*Recognizing the complexity of the delivery system and the **shared responsibilities of the state, counties, managed care plans, and other key stakeholders**, DHCS will take a phased approach to quality and outcome measurement.*

Phase 1

DHCS will identify BH Goals and associated measures that counties will use to guide resource allocation and planning.

POPULATION HEALTH VISION

BEHAVIORAL HEALTH GOALS

COUNTY-LEVEL MEASURES

Phase 2

DHCS will calculate measures using individual-level data and delineate swim lanes for monitoring and accountability.

MONITORING FRAMEWORK

**SWIM LANES FOR
ACCOUNTABILITY**

INDIVIDUAL-LEVEL DATA

Phase 1: Vision, BH Goals, and County-Level Measures

Phase 1	
Objectives	<ul style="list-style-type: none">• DHCS shares statewide vision for improvements under BHT using the BH goals• Counties utilize measures related to the BH goals to learn about the well-being of their community and inform resource allocation and IP development
Type of Measure	<ul style="list-style-type: none">• Publicly available county-level measures that are widely accepted, reliable, and timely
DHCS Actions	<ul style="list-style-type: none">• Define BH Goals• Identify publicly available measures associated with the BH goals
County Requirements	<ul style="list-style-type: none">• Use the publicly-available measures to prioritize areas of greatest need in the community• NOTE: Counties will not be held accountable for performance outcomes at this stage

Phase 2: Monitoring Framework, Swim Lanes for Accountability, and Individual-Level Data

Phase 2	
Objectives	<ul style="list-style-type: none">• DHCS provides counties with a monitoring framework and measures based on individual-level data.• Counties report on the impact of their resource allocation on the BH goals and re-allocate resources as needed to drive performance improvement
Type of Measure	<ul style="list-style-type: none">• DHCS-calculated measures based on individual-level data (e.g., claims data)
DHCS Actions	<ul style="list-style-type: none">• Establish a quality monitoring framework• Clearly define roles ("swim lanes") for stakeholders and areas of shared responsibility• Provide counties with pre-calculated performance measures and individual-level data that can be stratified to identify disparities and target interventions/investments
County Requirements	<ul style="list-style-type: none">• Align planning and implementation of interventions to drive progress on the BH goals and improve performance as needed

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QEAC Input on Statewide BH Goals and Measures

DHCS is seeking input and recommendations from the QEAC and the Technical Sub-Committee to identify and recommend statewide BH goals and aligned measures through a phased approach.

Phased Approach

Phase	Activity
1	Fall 2024 Advise DHCS on statewide BH goals that will drive California’s vision for improving behavioral health care and create a shared understanding of that vision.
	Fall 2024 – Early 2025 Identify publicly reported measures that align with the BH goals so that counties and other partners, including the state, can use a data-informed approach to prioritize investments and improvement initiatives through the integrated plan (IP).
2	Beginning early 2025 DHCS will begin to develop a quality monitoring framework and state-calculated accountability measures to track progress on programs and outcomes that counties can realistically impact.

*The **QEAC** will **initially advise DHCS on these activities** but may be asked to provide recommendations on future BHT measure selection and calculation efforts.*

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Next Steps

Committee Timeline and Upcoming Meeting Schedule

- **Tuesday 10/22**
 - » Technical Subcommittee Meeting #1
 - » Measure Selection
- **Tuesday 11/5**
 - » Technical Subcommittee Meeting #2
 - » Measure Selection
- **Tuesday 11/19**
 - » Technical Subcommittee Meeting #3
 - » Measure Selection
- **Thursday 12/5 - *Tentative***
 - » Technical Subcommittee Meeting #4
 - » Measure Selection
- **Wednesday 12/18**
 - » QEAC Meeting #2
 - » Review Candidate Measures

Homework and Next Steps

Technical Subcommittee

- » DHCS has developed a list of candidate measures related to the BH goals for further consideration and evaluation. In the coming weeks, the Technical Subcommittee will review each candidate measure in collaboration with DHCS and provide input and recommendations on measure selection.
- » DHCS will share background materials with members of the Technical Subcommittee, including an overview of the measure selection process, guiding principles and the candidate measure list.
- » In Technical Subcommittee meetings, DHCS plans to use a multi-modal approach to solicit feedback from Subcommittee members, including completion of a web-based Candidate Measure Survey.
- » **Technical Subcommittee members should review all background materials prior to the first Technical Subcommittee meeting (Tuesday, 10/22).**

QEAC

- » The QEAC will reconvene in early – mid December after DHCS has refined the candidate measure list based on input and feedback from the Technical Subcommittee.
- » The QEAC will advise DHCS on operational and implementation considerations related to the proposed

Q&A