CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING SUMMARY

BEHAVIORAL HEALTH TRANSFORMATION

QUALITY AND EQUITY ADVISORY COMMITTEE

MEETING #11

Date: Wednesday, June 17, 2026

Time: 10:00 a.m. – 12:00 p.m. PDT (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: 20

Materials: 6/17 QEAC Meeting #11 Slides

Committee Membership Roll Call:

- Ahmadreza Bahrami; Present
- Albert Senella; Not Present
- Amie Miller; Present
- Anh Thu Bui; Present
- Brenda Grealish; Present
- Catherine Teare; Present
- Elissa Feld; Present
- Elizabeth Bromley; Not Present
- Elizabeth Oseguera; Not Present
- Erika Pinsker; Not Present
- Farrah McDaid Ting; Present
- Felicia Batts; Not Present
- Genia Fick; Not Present
- Humberto Temporini; Not Present
- Jackie Pierson; Not Present
- Jei Africa; Present
- Joaquin Jordan; Not Present
- Julie Seibert; Present
- Kali Patterson; Not Present
- Kara Taguchi; Present
- Karen Larsen; Not Present
- Katie Andrew; Present
- Kenna Chic; Not Present
- Kimberly Lewis; Present

- Kiran Savage-Sangwan; Present
- Kirsten Barlow; Not Present
- Jay Calcagno on behalf of Le Ondra Clark Harvey; Present
- Lishaun Francis; Not Present
- Lynn Thull; Present
- Marina Tolou-Shams; Present
- Mark Bontrager; Present
- Mary Campa; Not Present
- Noel J. O'Neill; Not Present
- Samantha Spangler; Present
- Theresa Comstock; Present
- Tim Lutz; Not Present
- Tom Insel; Not Present
- Toni Navarro; Not Present
- Van Do-Reynoso; Present

Agenda:

- Welcome and Agenda
- Update and Q&A: Final Performance Measures and Planned Measure Releases
- Discussion: Equity Measures
- Update: Refreshing the Cultural Competence Plan Requirements

Welcome and Agenda

The meeting began with a welcome, Department of Health Care Services (DHCS) introductions, and Quality and Equity Advisory Committee (QEAC) roll call.

Update and Q&A: Final Performance Measures and Planned Measure Releases

DHCS provided background on the statewide behavioral health goals and behavioral health transformation (BHT) performance measures. DHCS walked through how the BHT performance measures were constructed, calculated, and used. DHCS also reviewed the final measures list for BHT Phase 2 Performance Measures and previewed the upcoming release of measure documents and rates.

- The committee asked about the publication timeline for the county profile and public rates report, and whether they will include Medi-Cal Managed Care Plan (MCP) data only at the MCP level or stratified by county. DHCS confirmed that the public report would be published annually in the summer. DHCS explained that MCP rates will initially just be reported at the plan level, but that DHCS is exploring reporting MCP rates by county in future releases.
- The committee asked if there will be demographic stratifications of measure performance at the county level in the upcoming county profile release. DHCS

replied that these stratifications are not expected this summer, but that public release of county-level demographic stratification is being explored for future releases. MCPs and Behavioral Health Plans (BHPs) will have access to all stratifications in Medi-Cal Connect, without suppression for small denominator sizes.

- The committee asked about the performance measures for receipt of behavioral health services ("core clinical services") for people with mental health (MH) needs under the "Improve Access to Care" and "Reduce Untreated Behavioral Health Conditions" goals; specifically, whether behavioral health (BH) services are inclusive of substance use disorders (SUD) services. DHCS confirmed that both MH and SUD services are included, in part to allow for a simplified, uniform definition of core clinical services across BHT measures and to reflect that MH support is often provided in SUD treatment. Committee members expressed some confusion about this given the population being measured is people with MH needs and recommended clear explanation of this in the public release.
- One committee member asked when data would be available for local boards and commissions to review, particularly to inform planning and communication during the interim periods between annual public reports. DHCS replied that 12-month rolling rates would be available via Medi-Cal Connect for BHPs to access and share with relevant stakeholders as appropriate and in compliance with data privacy policies.
- The committee raised concerns about how the information on the measures will be communicated to the public, especially given previous QEAC and subcommittee input that BHPs and MCPs may have limited control over performance on some measures. They asked DHCS to carefully consider public messaging around the measures' limitations and to temper expectations for the expected rate of progress.
- The committee noted that it will be important for the State to think about how county profiles can be useful to community members. The state could provide some accompanying analysis to highlight key findings for counties, because not everyone will have the technical expertise to analyze the data.

Discussion: Cross-Goal Equity Measures

DHCS provided background information on the criteria and approach for selecting equity measures. The Department discussed the equity measures selected for BHT and walked through the proposed disparity populations of focus for the measures. DHCS then allocated time to elicit QEAC feedback on the proposed disparity populations of focus:

- The committee asked whether the logic for identifying members with BH needs is the same as the existing managed care population health Risk Stratification, Segmentation, and Tiering (RSST) algorithm for identifying BH under-utilizers, noting that difference in the approach for BHT and RSST would be challenging for MCPs to navigate. DHCS explained that the intention of these two identifiers is distinct: RSST predicts future risk of BH outcomes (adverse events and underutilization of appropriate BH services), while the BHT identifier of BH needs captures a population of individuals with known needs for the purpose of monitoring progress on BHT quality measures.
- The committee also raised concerns about the number of BHT performance measures, especially given that BHP and MCP performance already is measured using existing Healthcare Effectiveness Data and Information Set (HEDIS) measures and Centers for Medicare & Medicaid Services (CMS) measures. They requested DHCS guidance on how to focus efforts, prioritize, and operationalize the new measures. DHCS noted that many of the BHT measures were selected from the HEDIS and CMS measure sets, and that the novel BHT measures have many common themes (i.e., access to BH care for different populations and following various events, care management, evidence-based practices, etc.). DHCS recommended looking at the Theories of Change (TOCs) for the 14 statewide behavioral health goals to see the common throughlines that would improve performance across multiple measures.
- The committee expressed concern that the intentionality behind the measure set may not be clear to the public, noting in particular that stakeholders may struggle to understand why DHCS chose the equity measures and disparity populations of focus, and what those measures will mean in counties where the local disparities do not match the statewide disparities. One member recommended targeting disparity populations of focus based on local data/stratification rather than the statewide target.
- The committee raised concerns about the operational burden of tracking and pursuing progress on new equity metrics, given limited staff capacity and especially in places where the statewide disparities and local disparities are not the same. DHCS indicated that additional guidance will be provided on how to interpret statewide disparity reduction targets at the local level, including in situations where local disparities are different than statewide disparities.
- The committee noted that, while the measures will include race/ethnicity and language stratifications to help counties identify and prioritize local disparities, counties are observing increasingly missing demographic data in local records,

raising questions on how to interpret data changes that may reflect data collection issues rather than lack of improvement in disparity populations of focus.

- A few committee members expressed support for the equity measures and targets.

Update: Refreshing the Cultural Competence Plan Requirements

DHCS is refreshing the Cultural Competence Plan (CCP) reporting requirements to align with the Behavioral Health Services Act (BHSA) reporting requirements. Consistent with DHCS' commitment to streamlining county reporting, DHCS will integrate CCP reporting into the BHSA Integrated Plan (IP), Annual Updates (AU), and Behavioral Health Outcomes, Accountability and Transparency Report (BHOATR). This will sunset the CCP as a standalone reporting requirement and strengthen cultural competence requirements by leveraging BHSA's robust data, planning, accountability, and community engagement infrastructure.