Behavioral Health Transformation
Public Listening Session
February 10, 2025

Population-Level Behavioral Health Measures

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Housekeeping

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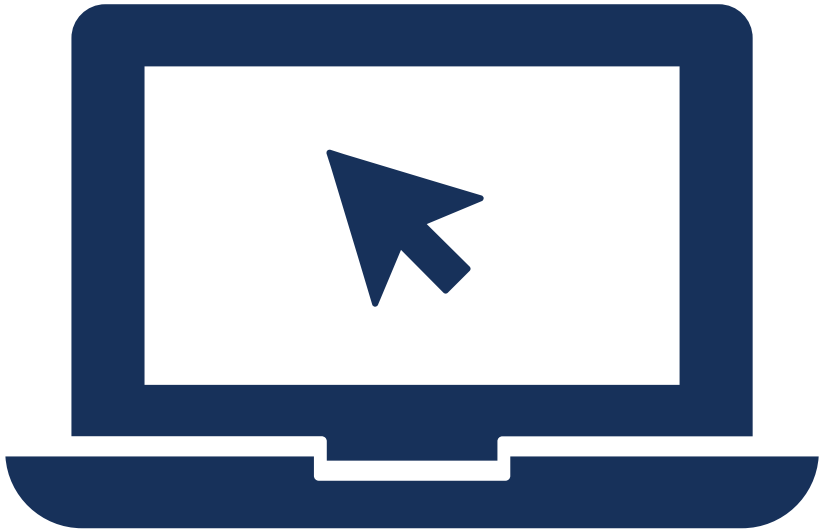
Public Listening Session Format

For each topic, DHCS will:

1. Present the information specified in the Population-Level Behavioral Health Measures.
2. Solicit stakeholder feedback via the prompt(s).



Please note: DHCS is ***gathering information*** and will not be responding to questions during the public listening session. We will only offer points of clarification.

How to Provide Feedback

1. Type your feedback/comments in the Q&A box (click the icon located on your control panel). The chat is unavailable.
2. Send an email to BHTinfo@dhcs.ca.gov with the subject line "Public Listening Session." Feedback will be accepted through **February 17, 2024**. Feedback received after this date will still be considered, but not included in the summary document.

Population Behavioral Health Framework

The Need to Reach *Everyone*

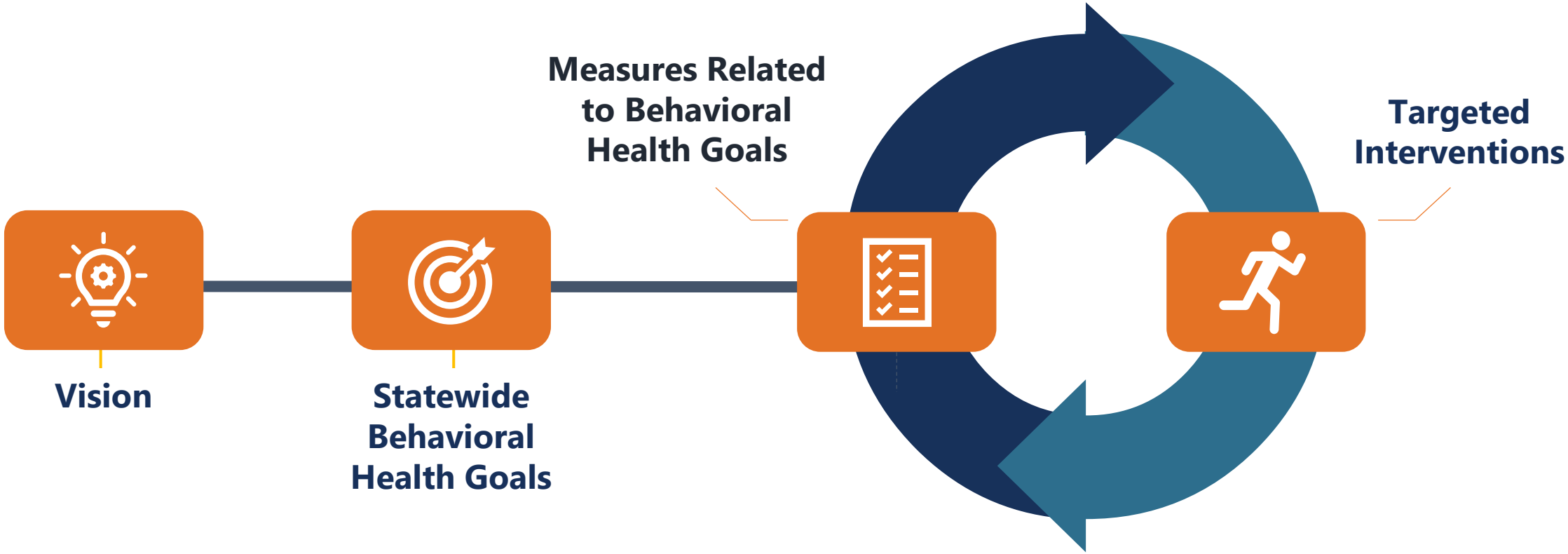
DHCS is developing a population behavioral health approach to meet the needs of **all individuals eligible for behavioral health services**, improve community well-being, and promote health equity.

A population health approach for behavioral health would:

- **Consider the entire population who may benefit from behavioral health services,** not only those currently receiving or seeking care
- Deploy **whole-person care interventions**, including addressing social drivers of health
- **Coordinate across service delivery systems**
- **Use data to**:
  - **Identify populations for targeted outreach and interventions**
  - Improve quality across the Behavioral Health continuum
  - Monitor effectiveness of interventions across populations
  - Support continuous improvement
  - Identify and track racial and ethnic disparities in behavioral health outcomes

Population Behavioral Health Framework

The Population Behavioral Health Framework is **designed to enable** the behavioral health delivery system to make **data-informed decisions** to better meet the needs of individuals **within the communities they serve.**



The proposed statewide Behavioral Health goals were open for public comment 11/15/24 - 12/2/24 and will be updated to reflect feedback in the final BHT Policy Manual – Module 1, scheduled for release in early 2025.

A Full Delivery System Effort

The behavioral health delivery system is designed to meet the diverse treatment needs of Californians through **varying levels of care and shared responsibility among delivery system partners.** The population behavioral health framework **establishes common goals and standards to improve quality and equity** across the continuum of care.

- Inclusive of the following service delivery systems:
  - Public health
  - Schools
  - Child welfare
  - Legal system
  - Commercial insurance plans
  - Community-Based Organizations
  - Housing partners

Statewide Behavioral Health Goals

Planning and progress on these goals in Phase 1 will require coordination across multiple service delivery systems. Health equity will be incorporated in each of the Behavioral Health Goals.

» Goals for Improvement

- Care experience
- Access to care
- Prevention & 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

The proposed statewide Behavioral Health goals were open for public comment 11/15/24 - 12/2/24 and will be updated to reflect feedback in the final BHT Policy Manual – Module 1, scheduled for release in early 2025.

Statewide Behavioral Health Goals in the Integrated Plan

- **The Integrated Plan reminds counties that they must use the statewide behavioral health goals and population-level behavioral health measures in their BHSA planning process**
- The Integrated Plan asks counties to:
  - **Review each population-level behavioral health measure and answer:**
    - Is the county's status below the statewide rate?
    - Have disparities been identified? If so, among which sub-groups? (using a drop-down)
  - **Address State-identified "priority" goals:**
    - Identify which BHSA funding categories will fund interventions to address the goals.
    - Describe programs, services, partnerships, initiatives the county is planning to impact the goals.
    - How the county is planning to track its progress on implementing the goals.

The proposed statewide Behavioral Health goals were open for public comment 11/15/24 - 12/2/24 and will be updated to reflect feedback in the final BHT Policy Manual – Module 1, scheduled for release in early 2025.

Statewide Behavioral Health Goals in the Integrated Plan

In the Integrated Plan, DHCS will ask counties to address **the five state-identified "priority" goals** and **one additional goal for which they are performing below the statewide status**. All other goals will be optional.

Require counties to address statewide goals* aligned with Behavioral Health Transformation priority populations and access:

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice-Involvement
5. Removal of Children from Home

Proposed Population Behavioral Health Goals

Goals for Improvement

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

Goals for Reduction

- Suicides
- Overdoses
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- Institutionalization
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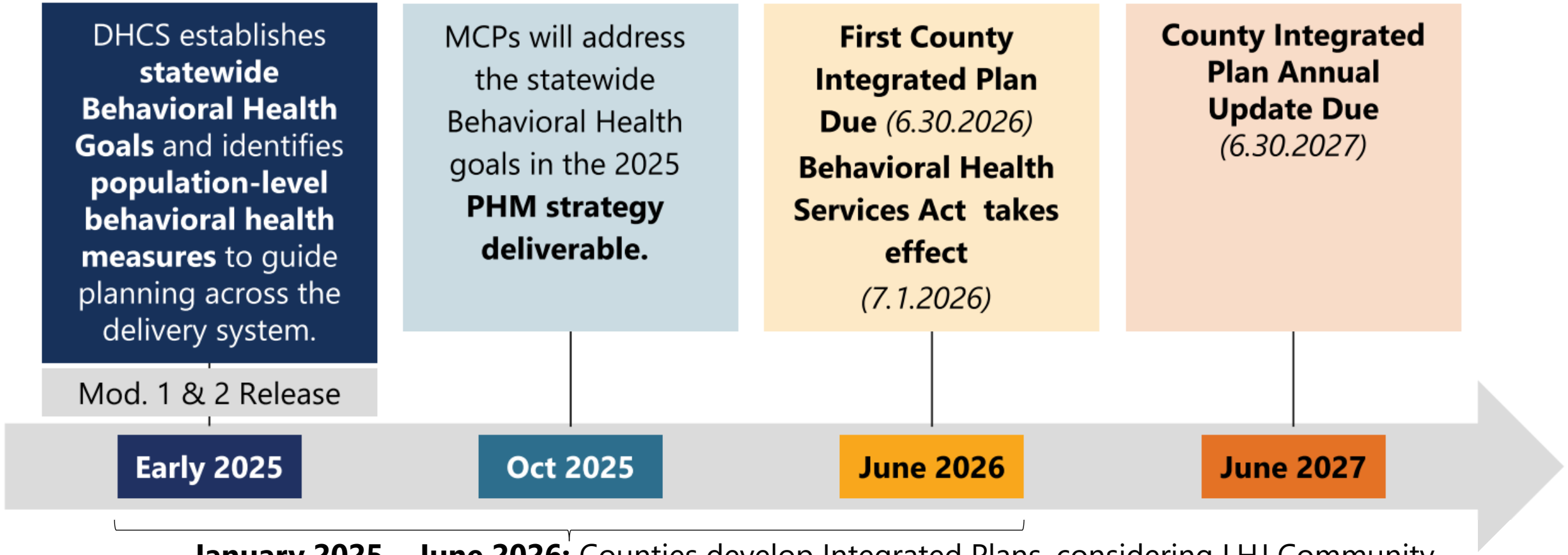
- Justice-Involvement
- Removal of children from home

**These goals are also aligned with major DHCS initiatives including BH-CONNECT, Justice Involved (JI) Re-Entry, Transitional Rent, etc.*

Implementation Timeline

To successfully implement the population behavioral health framework, DHCS aims to 1) **foster collaboration** among Local Health Jurisdictions (LHJs), Managed Care Plans (MCPs), and counties; 2) **enhance data sharing**; and 3) **engage key partners**.



January 2025 – June 2026: Counties develop Integrated Plans, considering LHJ Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs). MCPs also will be meaningfully participating in LHJs' CHAs/CHIPs during this period.

Phased Approach to Measure Selection

Phase 1 vs Phase 2 Measures

Phase 1 measures will **support planning and resource allocation.** For **Phase 2**, DHCS will work with the QEAC and stakeholders to develop additional measures that **support performance measurement and accountability across the behavioral health delivery system.**

Primary Measure Objectives by Phase:

Phase 1

» **Current Focus**

- Population Level Behavioral Health Measurement
- System Planning & Resource Allocation
- Transparency

Phase 2

» Performance Measurement

» Accountability

» System Planning & Resource Allocation

» Transparency

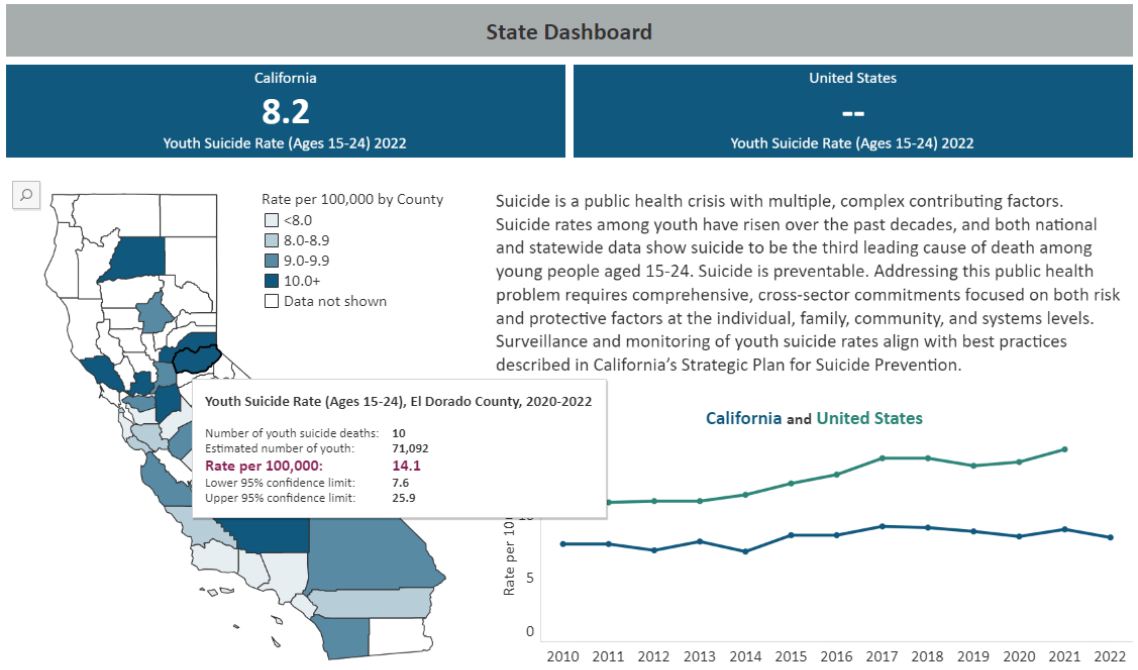
Measures will be based on individual-level data to enable clear delineation of responsibility across the behavioral health delivery system.

Publicly Available Measures

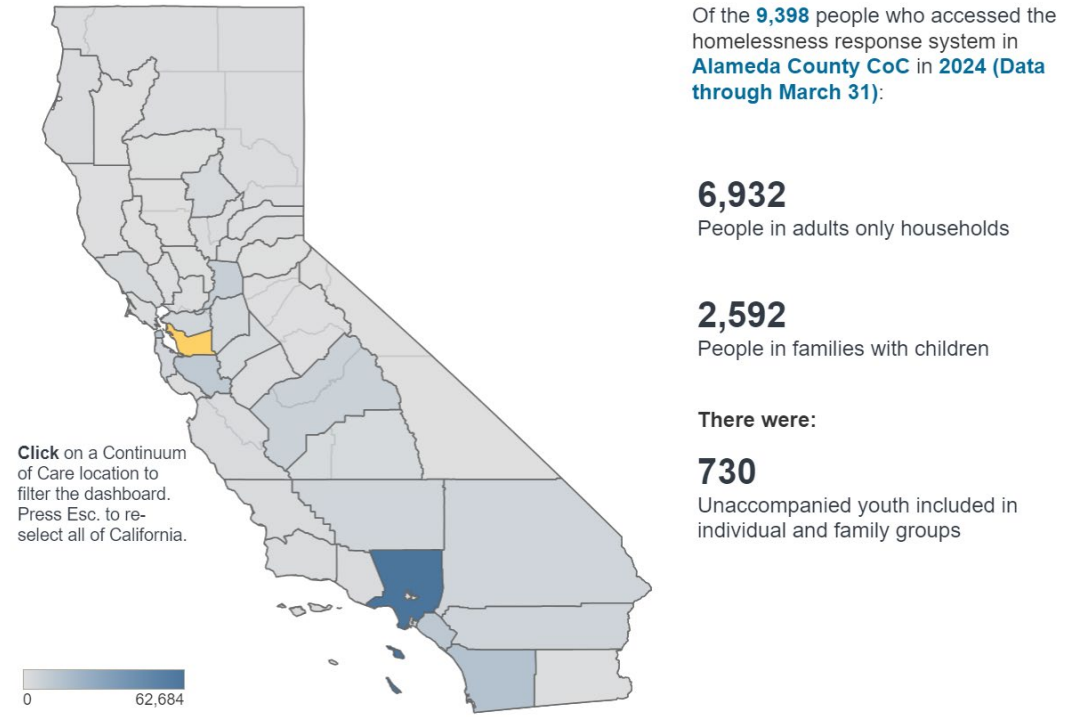
Phase 1 is focused on population-level behavioral health measures and their respective results (e.g., rates) that are **available to the public online without restriction** and sourced **from existing datasets or dashboards**.

Examples of Publicly Available Measures

Youth Suicide Deaths, California Department of Public Health



People Experiencing Homelessness who California Served, Homeless Data Integration System



DHCS Process for Selecting Phase 1 Measures

Measure Inventory

Candidates Measures

Shortlist Measures

Top-Ranked Measures

Considerations During Measure Selection

- The QEAC's role in Phase 1 is to identify publicly-available, population-level behavioral health measures of the **state of county health**.
- DHCS, working with the QEAC-TS, used a **mixed methods approach** to narrow down measure options in stages (depicted at left); top-ranked measures will be discussed today.
- This approach included:
  - Evaluating **quantitative survey results**
  - Robust discussion with the **Technical Subcommittee**
  - Alignment with **DHCS policy and a population health approach**
  - Review of measures against **guiding principles** (see next slide)

Measure Selection

Based on stakeholder feedback, DHCS prioritized **1-2 measures** per goal to provide a comprehensive description of community health and well-being. Where applicable, top-ranked measures include both **population-level measures** and **measures specific to the behavioral health delivery system**.

Top-ranked measures are drawn from the following sources:

	**Population-Level Measures** Capture broad health outcomes to indicate systemic trends and community needs.
	**Healthcare Effectiveness Data and Information Set (HEDIS)* Measures** Provide targeted insights into care quality and outcomes for the behavioral health delivery system.
	**Claims-based Measures** Reflect health system performance based on health care utilization
	**Survey Data** Incorporate the patient voice. Surveys utilized include the California Consumer Perception Survey (CPS), the Quality Perceptions survey (TPS), California Healthy Kids Survey (CHKS), and the California Health interview survey (CHIS)

* Coordinated by the National Committee for Quality Assurance (NCQA), HEDIS measures are one of health care's most widely used performance improvement tools.

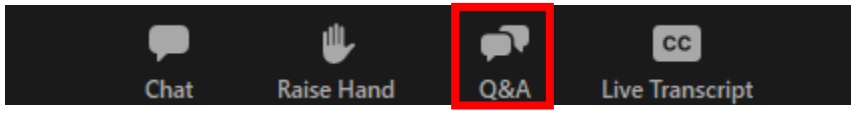
Top-Ranked Measures for each Goals for Reduction

Phase 1 Population-Level Measures: Goals for Reduction *(Slide 1 of 2)*

Goals for Reduction	Measure Name
Suicides	**Suicide deaths (CDPH)**
	Non-fatal ED visits due to self harm (CDPH)
Overdoses	**All Drug-Related Overdose Deaths (CDPH)**
	All Drug-Related Overdose ED Visits (CDPH)
Untreated BH Conditions	**Follow-Up After Emergency Department Visit for Substance Use (FUA-30) (DHCS)**
	Follow-Up After Emergency Department Visit for Mental Illness (FUM-30) (DHCS)
	Adults with serious psychological distress during past year who had no visits for mental health/drug/alcohol issues in past year (CHIS)
Homelessness	**People Experiencing Homelessness Point-in-Time (PIT) Count Rate (NEAH)**
	People Experiencing Homelessness who Accessed Services from a Continuum of Care (CoC) (HMIS/HDIS)
Justice Involvement	**Arrests: Adults and Juveniles rates (DOJ)**
	Adult recidivism conviction rate (CDCR)
	Incompetent to Stand Trial (IST) Counts (DSH)

Under "Measure Name," **bolded measures are the primary measures** for this goal. The remaining supplemental measures will be available to counties for additional context and reference.

Feedback
(Please Use Q&A Feature)



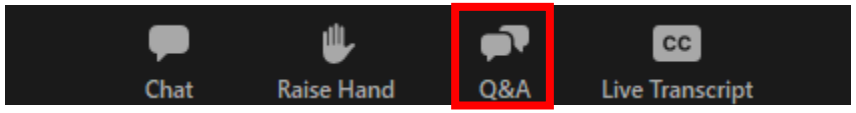
1. What feedback do you have on Phase 1 measures: goals for reduction?

Phase 1 Population-Level Measures: Goals for Reduction *(Slide 2 of 2)*

Goals for Reduction	Measure Name
Institutionalization	**Inpatient administrative days (DHCS)**
	Inpatient Psychiatric Length of Stay (LOS) (DHCS) » SMHS Inpatient » SDMC Hospital Inpatient » Psychiatric Health Facility
	SMHS Crisis Service Utilization (DHCS) » Crisis Residential Tx Services » Crisis Intervention » Crisis Stabilization
Removal of Children from Home	**Children in Foster Care (CWIP)**
	Open Child Welfare Case SMHS Penetration Rates (DHCS)
	Child Maltreatment Substantiations (CWIP)

Under "Measure Name," **bolded measures are the primary measures** for this goal. The remaining supplemental measures will be available to counties for additional context and reference.

Feedback
(Please Use Q&A Feature)



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

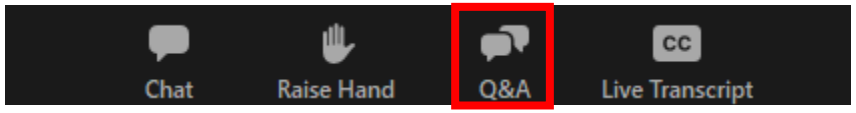
Top-Ranked Measures for each Goals for Improvement

Phase 1 Population-Level Measures: Goals for Improvement *(Slide 1 of 2)*

Goals for Improvement	Measure Name
Care Experience	**Perception of Cultural Appropriateness/Quality Domain Score (CPS)**
	Quality Domain Score (TPS)
Access to Care	**NSMHS Penetration Rates for Adults and Children & Youth (DHCS)** **SMHS Penetration Rates for Adults and Children & Youth (DHCS)** **Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS)**
Prevention of Co-Occurring Physical Health Conditions	» **Adults' Access to Preventive/Ambulatory Health Service (DHCS) &** » **Child and Adolescent Well-Care Visits (DHCS)**
	» Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (DHCS) & » Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS)

Under "Measure Name," **bolded measures are the primary measures** for this goal. The remaining supplemental measures will be available to counties for additional context and reference.

Feedback
(Please Use Q&A Feature)



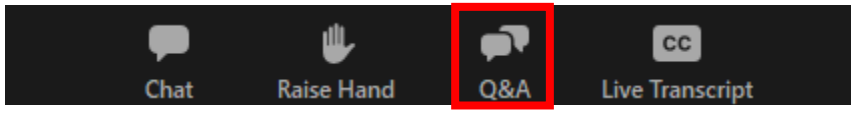
3. What feedback do you have on Phase 1 measures: goals for improvement?

Phase 1 Population-Level Measures: Goals for Improvement *(Slide 2 of 2)*

Goals for Improvement	Measure Name
Quality of Life	**Perception of Functioning Domain Score (CPS)**
	Poor Mental Health days reported (BRFSS)
Social Connection	**Perception of Social Connectedness Domain Score (CPS)**
	Caring Adult Relationships at School (CHKS)
Engagement in School	**Twelfth-graders who graduated high school on time (Kids Count)**
	Meaningful Participation at School (CHKS)
	Student Chronic Absenteeism Rate (Data Quest)
Engagement in Work	**Unemployment rate (CA EDD)**
	Unable to work due to mental problems (CHIS)

Under "Measure Name," **bolded measures are the primary measures** for this goal. The remaining supplemental measures will be available to counties for additional context and reference.

Feedback
(Please Use Q&A Feature)



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

Resources

Behavioral Health Transformation Website and Monthly Newsletter

Explore the Behavioral Health Transformation website to discover additional information and access resources.

Please sign up on the DHCS website to receive monthly Behavioral Health Transformation updates.

Infographics and FAQs

Explore our infographics and FAQs for additional insight in the Behavioral Health Transformation on the Behavioral Health Transformation website, along with this public listening recordings, once available.

Questions and Feedback

Please send any other questions or feedback about Behavioral Health Transformation to BHTInfo@dhcs.ca.gov.

Thank You

For More Information
BHTinfo@dhcs.ca.gov

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

QEAC, QEAC-TS, and SME Engagement

Since October, DHCS has engaged with **a Quality and Equity Advisory Committee (QEAC)** in public meetings, a **technical subcommittee (TS),** and met with numerous subject matter experts (SMEs) to identify publicly-available, population-level behavioral health measures.

The **QEAC-TS** engaged in robust discussion, including:

- Participating in 5 meetings (totaling ~10 hours)
- Completing 4 surveys
- Recommending 21 additional measures
- Providing additional published resources for consideration, and
- Providing thoughtful feedback and dialogue

The **QEAC** engaged in robust discussion, including:

- Participating in 3 meetings (totaling ~6 hours)
- Recommending numerous additional measures
- Providing additional published resources for consideration
- Providing thoughtful feedback and dialogue

Subject matter experts aided on the following topics and goals:

- Justice involvement, institutionalization, and homelessness
- Expertise from other departments and agencies (e.g., Department of State Hospitals, Department of Corrections and Rehabilitation, etc.)