CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING SUMMARY

BEHAVIORAL HEALTH TRANSFORMATION

QUALITY AND EQUITY ADVISORY COMMITTEE

MEETING #3

Date: Wednesday, January 15, 2025

Time: 9:00 a.m. – 11:00 a.m. (120 minutes)

Meeting Format: Virtual

Presenters:

- **Anna Naify**, PsyD, Consulting Psychologist, BHT Quality and Equity Workstream Lead
- **Palav Babaria**, MD, Deputy Director & Chief, Quality and Medical Officer, Quality and Population, Health Management
- **David Nessim**, MD, Medical Consultant II, Program Product Owner Performance Measure Dashboards

Number of Committee Members Present: **20**

Materials:

Committee Membership Roll Call:

- Albert Senella; Present
- Amie Miller; Present
- Brenda Grealish; Present
- Catherine Teare; Present
- Elissa Feld; Present
- Elizabeth Bromley; Present
- Elizabeth Oseguera; Present
- Jei Africa; Present
- Kara Taguchi; Present
- Karen Larsen; Present
- Kenna Chic; Present
- Kiran Savage-Sangwan; Present
- Kirsten Barlow; Present
- Le Ondra Clark Harvey; Present
- Lishaun Francis; Present
- Lynn Thull; Present
- Marina Toulou-Shams; Present
- Noel J. O'Neill LMFT; Present
- Samantha Spangler; Present
- Theresa Comstock; Present

- Jackie Pierson; Not Present
- Julie Seibert; Not Present
- Kimberly Lewis; Not Present
- Mark Bontrager; Not Present
- Melissa Martin-Mollard; Not Present
- Tom Insel; Not Present

Agenda:

- Welcome and Opening Remarks
- Person with Lived Experience
- Statewide Behavioral Health Goals
- Top-Ranked Measures
  - Goals for Reduction
  - Goals for Improvement
- Next Steps

Welcome and Opening Remarks

The meeting began with a welcome and opening remarks. Presenters introduced themselves and DHCS took roll call.

Person with Lived BH Experience – Rexanne Irizarry

Rexanne Irizarry, Behavioral Health Care Specialist Program Manager with Sacramento County shared her personal story of overcoming childhood trauma, substance use, and mental health challenges. She highlighted the importance of treating individuals with compassion and understanding their backgrounds.

Statewide Behavioral Health Goals

The meeting continued with a discussion on the statewide behavioral health goals, focusing on the need to ground choices and decisions in the lived experiences of people who need behavioral health services. Palav emphasized the importance of capturing the feedback of the advisory committee as well as the public. The statewide behavioral health goals aim to improve the quality and accessibility of behavioral health services across the state.

Top-Ranked Measures: Goals for Reduction and Improvement

Presenters reviewed and discussed proposed measures for the statewide behavioral health goals. The top-ranked measures for reduction and improvement were discussed in detail, including:

- **Institutionalization:** Reducing inpatient psychiatric administrative days and average inpatient psychiatric length of stay were the top-ranked measures. Committee members acknowledged the complexity of measuring institutionalization, with

concerns about the variability in hospital settings and the potential for hidden trends under average length of stay measures. Future measures will explore the accessibility of crisis services, use of residential beds, and other aspects of the care continuum to ensure people are served in the most clinically appropriate setting for the appropriate amount of time.

- **Justice-Involvement:** Reducing arrest rates, adult recidivism conviction rates, and felony incompetent to stand trial growth cap rates were top-ranked measures. Committee members discussed the over-representation of individuals with behavioral health needs in the justice system. There was some hope among committee members that tracking arrests, recidivism, and conviction rates, along with felony growth rates, will help identify needs without assigning blame.
- **Removal of Children from Home:** Reducing the number of children in foster care and improving child welfare case SMHS penetration rates were top-ranked measures. Committee members discussed the importance of reducing childhood abuse and neglect and that there may be cases in which removal from the home is the right choice for the safety of the child.
- **Care Experience:** Improving perception of cultural appropriateness and quality domain scores were top-ranked measures. Committee members discussed the need for payer-stratified data and the limitations of current surveys like the Consumer Perception Surveys (CPS) and Treatment Perception Surveys (TPS). Members were interested in potentially exploring broader survey measures or replacing the CPS or TPS with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Experience of Care and Health Outcomes (ECHO), a behavioral health-specific CAPS survey.
- **Access to Care:** Improving non-specialty mental health services (NSMHS) and specialty mental health services (SMHS) penetration rates for adults and children, and initiation of substance use disorder treatment were top-ranked measures. Ensuring access to both specialty and non-specialty mental health services, particularly in underserved areas, is crucial. Tracking penetration rates and the initiation and engagement of alcohol and other drug dependence treatment will illuminate cross-system collaboration and service availability and accessibility.
- **Prevention of Co-occurring Physical Health Conditions:** Improving access to preventive/ambulatory health services and diabetes screening for people with schizophrenia or bipolar disorder were top-ranked measures. Committee members discussed the importance of comprehensive screening and monitoring to prevent co-occurring physical health conditions in individuals with behavioral health needs.

- **Quality of Life:** Reducing poor mental health days reported and improving perception of functioning domain scores were top-ranked measures. Committee members supported capturing a comprehensive picture of quality of life, considering the various aspects that contribute to it.
- **Social Connection:** Improving perception of social connectedness and caring adult relationships at school were top-ranked measures. Committee members agreed that measuring social connectedness and its impact on behavioral health is essential and appreciated the inclusion of protective factors.
- **School Engagement:** Committee members discussed the complexity of linking school engagement directly to behavioral health services, considering various contributing factors. Committee members considered measures related to school engagement and absenteeism while acknowledging the broader context and factors influencing these outcomes.
- **Work Engagement:** Committee members agreed that understanding the impact of employment and work engagement on behavioral health is critical. Tracking unemployment rates and self-reported data on individuals unable to work due to mental health issues will provide context for engagement in work and the needs of communities.

Next Steps

The meeting concluded with a review of the measures discussed and an invitation for further feedback. Presenters and Committee members discussed the importance of balancing comprehensive data with a manageable number of proposed measures in the county planning process. The presenters acknowledged that some measures would be further refined and expanded in Phase 2 to include more comprehensive data and accountability mechanisms.